Factors Affecting of Pregnancy Women to K4 Visits in Timika Public Health Center, District of Mimika, Papua

Lefaan Margareta M.K[1], Rantetampang A.L[2], Sandjaja B[3], Anwar Mallongi[4]

[1]District Health Office of Mimika; Master Program, Faculty of Public Health, Cendrawasih University, Papua
[2]Chief Study Program of Postgraduate Program of the Faculty of Public Health, Cendrawasih University, Papua
[3]Faculty of Public Health, Cendrawasih University, Papua
[4]Department of Environmental Health, Faculty of Public Health, Hasanuddin University

Corresponding Author: Lefaan Margareta M.K

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ABSTRACT

The Background: Antenatal services given by health professionals to elevate in degree the health of pregnant women and her fetus. Antenatal service regular and comprehensive can detect early abnormality and risk that might arise during pregnancy, so it will quickly and correctly overcome. Indicators of antenatal service is the scope of K4, according to standard antenatal services at least 4 times; at least 1 times in the first trimester, 1 times in second trimester, 2 times in a third trimester. Antenatal care can be lowered the maternal mortality to 20 % with referral system effective, mortality rate can be suppressed to 80 %. The Purpose: Discover of factors affect the low visits K4 pregnant mothers in Puskesmas Timika, Mimika District 2018.
The Method: This research uses the quantitative, design research cross sectional. Population: all pregnant women in the work area of Puskesmas Timika as many as 100 people visit in the period April until May 2018. Technique of sampling: total of sampling. Data sources: primary questioner data, secondary data and medical record. Analysis of data was done using Chi-square with a p-value <0.05 and value of OR 95 %.
The Result: There are significant age of pregnant women (p-value = much as 0.021), paritas (p-value = 0,001), education (p-value = 0,004), knowledge (p-value = 0,012), husband support (p-value = 0,048), affordability (p-value = 0,005), the attitudes and behavior of medical workers (p-value = 0,006) and medical equipment and facilities (p-value = 0.010) in the low visits k4 pregnant mothers at Puskesmas Timika. The results of the analysis regression of multiple logistics, most dominant factors influence the low visits k4 pregnant mothers in Puskesmas Timika is knowledge of mother with p-value 0,011 (OR 5,126; 95% CI: 1,460–18,005).

Keywords: Scope of K4, pregnant women, the ANC

1. INTRODUCTION

Antenatal care is a health service provided by health professionals to improve the health status of pregnant women and the fetus they contain. Regular and comprehensive antenatal care can detect early abnormalities and risks that may arise during pregnancy, so that these disorders and risks can be resolved quickly and appropriately (Hardianti et al., 2013). WHO estimates that about 15% of all pregnant women will develop into complications related to pregnancy and can be life-threatening. So to be effective in the handling of pregnant women and newborns, upbringing Antenatal care should be focused on interventions that have been proven useful in reducing morbidity and mortality of mothers and newborns. (Pusdiknakes, 2013). The high maternal mortality rate (MMR) in the world is a problem that needs to be taken seriously. The World Health Organization (WHO) estimates that 500,000 women die during pregnancy and childbirth. Based on the Indonesian Demographic Health Survey (2012), the average maternal mortality rate (MMR) reached 359 per 100 thousand live births. The average death rate is far higher

than the result of the 2007 IDHS that reached 228 per 100 thousand live births.

According to Health Minister Nila F. Moeloek, of 5000 maternal deaths per the number decreases to 4,912 in 2016. One of the factors that influence the decreasing of AKI is the increasing of utilization of health service facility for delivery process (86%) so that the emergency condition is quickly handled. Although in absolute numbers the number decreased, the AKI survey remains high, the figure reached 306 people per 100 thousand when calculated using a national health indicator survey. This condition will be able to be improved towards the better when pregnant women take Antenatal Care (ANC) services in early pregnancy on a regular basis.

Antenatal services are one of the manifestations of the Safe Motherhood Assessment program with the help of WHO, UNICEF and UNDP, since 1990-1991, in an attempt to bring down Indonesia's still high Maternal Mortality Rate (MMR) of 307 per 100,000 live births. The program is to ensure all women receive the necessary care so that they are safe and healthy during pregnancy and childbirth. The effort was continued with the Mother Love Program (GSI) program in 1996. Other efforts that have also been made is the strategy of Making Pregnancy Safer (MPS) proclaimed in 2000 and then through the Minister of Health Decree No. 43 / Menkes / SK / X / 2016 on Minimum Health Service Standards (SPM) in the health sector in districts or municipalities, especially maternal and child health services with a target of 2016 in the form of coverage of pregnant women visit K1 and K4. K1 is the first visit of a pregnant woman to a health facility or health worker during pregnancy. Closing under 100% (compared to the target number of pregnant women within a year) shows the affordability of low antenatal care, which may be due to an inadequately active service pattern. Low K1 mother pregnant shows that the officer's access to pregnant women still needs to be improved. While K4 pregnant women are contacts at least 4 times during pregnancy to obtain antenatal care, which consists of at least 1 contact in the first trimester, once in the second trimester, and twice in the third trimester. K4 coverage below 95% (compared to the target number of pregnant women within a year) indicates inadequate quality of antenatal care. The low K4 indicates the low quality of maternal and child health services which also means low chance of encompassing and treating high risk of obstetrics.

2. MATERIALS AND METHODS

The type of this research is analytic descriptive with cross sectional study design, i.e. variable data taking at one time (at one time approach) to know the correlation between the variables studied (Swarjana, 2013). And multivariate analysis: multiple logistic regression test to determine the influence of the most dominant variable. The population in this study consists of all pregnant women in the work area of Puskesmas Timika as many as 100 people who come to visit in the period April 2018 until May 2018. Sampling with total sampling technique. The samples in this research are 100 respondents. Source of data used comes from primary data in the form of filler pensioner by respondent and secondary data in the form of medical record of respondent. Data analysis using Chi-Square with significance level (α) <0,05 and OR 95%

3. RESEARCH RESULT

3.1 Univariate Analysis
- Age of Pregnant Women

Age is divided into two categorical that is not risky and risky. Respondents with no risk age were 78 respondents (78%) and 22 respondents (22%) were at risk
- Parity

Parity is divided into two categories ie low and high. Respondents with low parity were 60 respondents (60%) and high parity of 40 respondents (40%).
- Education

Education is divided into two categories, namely low and high. Respondents with low education are 44 respondents (44%) and respondents with higher education are 56 respondents (56%).

• Knowledge

Knowledge is divided into two categories i.e. less and good. Respondents who have knowledge with categorical less as much as 52 respondents (52%) and respondents who have knowledge as much as 48 respondents (48%).

• Husband Support

Support Husband is divided into two categories namely less and better. Respondents who have husband support with categorical less as much as 56 respondents (56%) and respondents with husband support with categorical good as many as 44 respondents (44%).

• Affordability

Affordability is divided into two categories: difficult and easy. Respondents who have affordability with difficult categorical as much as 50 respondents (50%) and affordability with easy categorical as much as 50 respondents (50%).

• Attitude and Behavior of Health Officers

Attitudes and Behavior of health workers are divided into two categories, namely less and good. Respondents who have attitudes and behavior of health officers with categorical less as many as 47 respondents (47%) and respondents who have attitudes and behavior of health workers with good categorical as much as 53 respondents (53%).

• Facilities And Health tools

Health facilities and equipments are divided into two categories namely less and good. Respondents who said facilities and health equipment with categorical less than 65 respondents (65%) and respondents who said facilities and health equipment with categorical good as 35 respondents (35%).

• K4 Pregnant Visit at Puskesmas Timika

K4 visits of pregnant women are divided into two categories, routine and non-routine. Respondents who said that K4 visits of pregnant women with categorical is not routine as many as 32 respondents (32%) and respondents who said K4 visits pregnant women with regular categorical as much as 68 respondents (68%).

3.2 Bivariate Analysis

Table 1. Influence of Pregnant Women's Age on Low K4 Visits of Pregnant Women

Age		K4 Visits				Total		p-value
		Not routine		Routine				
		n	%	n	%	n	%	
	Not risks	20	25,6	58	74,4	78	100	0,021
	Risks	12	54,5	10	45,5	22	100	
Total		32		68		100	100	
RP= 0,470 ; 95% CI= (0,275 – 0,804)								

The result of analysis shows that p-value is 0,021 (p-value <0,05) with RP value 0,470 (95% CI = 0,275 - 0,804) meaning there is significant influence between age with low coverage of K4 pregnant woman. So it can be concluded that the age of pregnant women is a factor in preventing low K4 visits of pregnant women.

Table 2. Influence Parity of Pregnant Women on Low Visits K4 Pregnant Women

Parity		K4 Visits				Total		p-value
		Not routine		Routine				
		n	%	n	%	n	%	
	Low	11	18,3	49	81,7	60	100	0,001
	High	21	52,5	19	47,5	40	100	
Total		32		68		100	100	
RP=0,349; 95% CI= (0,190 – 0,643)								

The result of analysis shows that p-value is 0,001 (p-value <0,05) with value of RP equal to 0,349 (95% CI = 0,190 - 0,643) meaning there is significant influence between parity with low coverage of K4 pregnant mother. So it can be concluded that parity is a factor preventing low K4 visits of pregnant women.

Table 3. Influence of education K4 Visits Pregnant Women at Timika Health Center

Education		K4 Visits				Total		p-value
		Not routine		Routine				
		n	%	n	%	n	%	
	Low	7	15,9	37	84,1	44	100	0,004
	High	25	44,6	31	55,4	56	100	
Total		32		68		100	100	
RP= 0,356; 95% CI= (0,170 – 0,756)								

The result of analysis shows that p-value is 0,004 (p-value <0,05) with value of RP equal to 0,356 (95% CI = 0,170 - 0,756) meaning there is significant influence between education with low coverage of K4

pregnant woman. So it can be concluded that education is a factor in preventing low K4 visits of pregnant women.

Table 4. The Influence of Knowledge on Low K4 Visits Pregnant Women At Timika Health Center

Knowledge		K4 Visits				Total		p-value
		Not routine		Routine				
		n	%	n	%	n	%	
	Less	23	44,2	29	55,8	52	100	0,012
	Good	9	18,7	39	81,3	48	100	
Total		32		68		100	100	
RP= 2,359; 95% CI= (1,215 – 4,579)								

The result of analysis shows that p-value equal to 0,012 (p-value <0,05) with RP value 2,359 (95% CI = 1,215 - 4,579) means that there is significant influence between knowledge with low coverage of K4 pregnant women. So it can be concluded that knowledge is a risk factor for low K4 visits of pregnant women

Table 5. The Influence of Husband Support on Low K4 Visits of Pregnant Women at Timika Health Center

Husband support		K4 Visits				Total		p-value
		Not routine		Routine				
		n	%	n	%	n	%	
	Less	23	41,1	33	58,9	56	100	0,048
	Baik	9	20,5	35	79,5	44	100	
Total		32		68		100	100	
RP= 2,008; 95% CI= (1,036 – 3,892)								

The result of analysis shows that p-value is 0,048 (p-value <0,05) with value of RP equal to 2,008 (95% CI = 1,036 - 3,892) meaning there is significant influence between husband support with low coverage of K4 pregnant woman. So it can be concluded that the support of husbands is a risk factor for low K4 visits of pregnant women

Table 6. Influence of Pregnant Women's Affordability on Low K4 Visits Pregnant Women at Timika Health Center

Affordability		K4 Visits				Total		p-value
		Not routine		Routine				
		n	%	n	%	n	%	
	Difficult	9	18	41	82	50	100	0,005
	Easy	23	46	27	54	50	100	
Total		32		68		100	100	
RP= 0,391; 95% CI= (0,202 – 0,760)								

The result of the analysis shows that p-value of 0.005 (p-value <0.05) with RP value of 0.391 (95% CI = (0.202 - 0.760) means that there is a significant influence between affordability and low coverage of pregnant women's K4, so it can be concluded that affordability is a factor in preventing low K4 visits of pregnant women.

Table 7. Influence of Attitude and Behavior of Health Officer on Low Visits of K4 Pregnant Women at Timika Health Center

Attitude and Behavior of Health Officers		K4 Visits				Total		p-value
		Not routine		Routine				
		n	%	n	%	n	%	
	Less	22	46,8	25	53,2	47	100	0,006
	Good	10	18,9	43	81,1	53	100	
Total		32		68		100	100	
RP= 2,481; 95% CI= (1,313 – 4,686)								

The result of analysis shows that p-value equal to 0,006 (p-value <0,05) with RP value 2,481 (95% CI = 1,313 - 4,686) means that there is significant influence between attitude and behavior of health worker with low coverage of K4 pregnant woman. So it can be concluded that attitudes and behavior of health workers is a risk factor for low K4 visits of pregnant women.

Table 8. Influence of Facilities and Equitable Health Equipment on Low Visits K4 Pregnant Women At Puskesmas Timika

Facilities and Health Equipment		K4 Visits				Total		p-value
		Not routine		Routine				
		n	%	n	%	n	%	
	Less	27	41,5	38	58,5	65	100	0,010
	Good	5	14,3	30	85,7	35	100	
Total		32		68		100	100	
RP= 2,908; 95% CI= (1,229 – 6,880)								

The result of analysis shows that p-value of 0,010 (p-value <0,05) with RP value 2,908 (95% CI = 1,229 - 6,880) means that there is significant influence between facility and health equipment with low K4 coverage of pregnant women. So it can be concluded that facilities and health equipment is a risk factor for low K4 visits of pregnant women.

3.3 Multivariate Analysis

Variables	Sig.	OR	95% C.I.for OR	
			Lower	Upper
Age	0,003	0,123	0,031	0,494
Education	0,012	0,155	0,036	0,668
Knowledge	0,011	5,126	1,460	18,005
Husband support	0,026	3,763	1,172	12,076
Health staff attitude	0,009	4,478	1,454	13,796
Health facilities	0,037	4,411	1,095	17,774
Constant	0,478	0,178		

The result of multiple logistic regression analysis obtained the final result that from the factors that influence the low of visit of pregnant woman in Community Health Center of Timika Kencana District of Mimika Regency of 2018, the most dominant factor is p-value knowledge 0,011 (OR 5,126; 95% CI: 1,460 - 18,005).

4. DISCUSSION

4.1 Influence of Pregnant Women's Lifestyle on Low K4 Visits Pregnant Women at Timika Health Center

Age affects the ability to catch and the mindset of a person. The increase of age will also develop the capability and mindset, so the knowledge gained is getting better, this is as a result of experience and maturity of his soul, so that the maturity of pregnant women can affect in receiving information about pregnancy examination and visit during pregnancy (Budiman, 2013). The more mature a mother is, the better the maturity level in thinking that will be motivated to check the pregnancy, also know the importance of pregnancy examination. The younger the mother's age, the less understanding about the importance of pregnancy checkup. Productive age, safe for pregnancy and childbirth is 20-35 years (Padila, 2014). Several studies on the age of pregnant women have been done.

Research Sumiati (2012), states there is no significant relationship between maternal age with the visit of pregnancy examination. These results indicate that the older age of the mother may not be able to do ANC well, and otherwise the younger mother is also not necessarily able to perform the ideal ANC in health facilities. Similarity results obtained by Siswosuharjo (2004), states that age are not significantly associated with the decision of the mother to choose ANC services. Age is a predisposing factor for a person deciding to take advantage of health services, but to act still considered quality, accessibility, and affordability of health services. When a person is asked to choose ANC services with limited costs, a person's age can not be a key determinant of decision-making factors, but rather the ability to afford and affordability. The final adolescent is the transition age from adolescence to adulthood. In this age there is a process for self-maturation that aims to form a human person who is able to overcome any problems surrounding health and seek optimal health for himself and his family. A mother who is mature in thinking will be able to respond positively to the importance of making antenatal care visits. Ancient visits are essentially behaviors undertaken by pregnant women to make visits to health care centers to obtain information about pregnancies experienced, to determine the conditions of pregnancy that occur and seek to access the health services available. An understanding of antenatal care must first be possessed by a pregnant woman. Pregnant women who already understand the pregnancy will indirectly occur in the weighing process. Pregnant women will consider the benefits of making a pregnancy visit. Once pregnant women know about the benefits of pregnancy, pregnant women will behave positively, especially to visit antenatal care

4.2 The Influence of Pregnant Parity's on Low Visits K4 Pregnant Women at Timika Health Center

Parity is the number of fetuses weighing more than 500 grams or more who have been born, alive or dead. When weight is not known then the 24-week pregnancy age limit is used, based on the above understanding then parity affects pregnancy. Parity 1 and high parity (more than 3) have a higher maternal mortality rate. The higher the parity of the mother the less endometrium. The first mother to get pregnant is so new that she is motivated to have her pregnancy tested. Conversely, women who have given birth more than one person have the assumption that he has experienced so not motivated to check her pregnancy (Wiknjosastro, 2005). Parity is the state of a mother who gives birth to more than one fetus. The first mother to get pregnant was so new that she was motivated to have her pregnancy tested for health. In contrast, a mother who has given birth to more than one person, has the assumption that she is experienced so that she is not motivated to check her pregnancy (Padila, 2014). Women who are pregnant for the first time tend to try to do anything positive for pregnancy such as antenatal care visits.

This is because the mother wants the pregnancy experienced no unwanted things such as the occurrence of pregnancy disorders or disruption during pregnancy. In this study found primigravida reluctant to make antenatal care visits. This is possible because they do not have time to just visit the health care center because of the assumption that antenatal care will require a lot of cost and time-consuming. However, for multigravida, most have antenatal care visits.

This may be due to the fact that pregnant mothers are aware of the importance of antenatal care visits so that mothers will do the same as they did in previous pregnancies to avoid pregnancy or risk of pregnancy

4.3 Influence of Pregnant Women's Education on Low K4 Visits Pregnant Women at Timika Health Center

Higher education in this study includes high school education. Notoatmodjo (2010) states that the higher the education of a person, the easier it will be in receiving information and the better the knowledge possesses that affect the behavior of a person, including maternity compliance in the ANC visit. The education of the mother is related to the amount of knowledge and breadth of insight that is owned by the mother. Knowledge is derived from the formal education he lived. Mother with secondary education is understood to have the ability to absorb a variety of information coming in to him. In accordance with Kuncoroningrat cit Hardiani (2015) mentions the higher the education of a person, the more easily receive information so that more knowledge is owned. Preferably, less education will hamper a person's development of newly introduced values. Opinion from Suharyono states that although a mother who has a formal education that is not too high does not necessarily have no knowledge, perceptions and good behavior compared with people with higher formal education, but it should be considered that the educational level factors also determine the ease of absorbing and understand the knowledge that mother acquired (Suradi, 2012). Mothers with higher education mean having the ability to absorb the various information that comes in to it. This will shape the understanding and knowledge of the mother. In accordance with Notoatmodjo (2005) education will provide or increase knowledge. This will form a positive behavior in the mother especially in pregnancy health behaviors. Good health behavior will affect ANC visit compliance. The results of this study have similar results with previous research conducted by Herliani (2013). The higher the level of mother education the better the knowledge and the better the mother's behavior in implementing ANC. This can mean that education is related to health maintenance behavior. Also supported by the opinion of Notoatmodjo (2005) which mentions the task of education is to provide or increase knowledge in the hope of improving behavior in ANC compliance for the better. The results also show that most pregnant women are not working, the unemployed mother has a more flexible time to look after the child and her family. Most of the time the mother is used to perform the household duties so that the time is not tied to certain working hours. Flexible time allows for the mother to perform other activities including to make preparations for pregnancy. A mother who is a housewife (not working) has the advantage of preparing for her pregnancy well.

4.4 The Influence of Knowledge on Low K4 Visits Pregnant Women at Timika Health Center

Knowledge is the result of "knowing" and it occurs after people make sense to a particular object. Sensation occurs through the five senses of man, namely the sense of sight, hearing, smell, taste and touch. Much of human knowledge is obtained through the eyes and ears (Notoatmodjo, 2003). The higher the level of knowledge of a person, then the behavior

will be more enduring mother who knows and knows about the amount the ideal, then the mother will behave in accordance with what he knows. Knowledge of mother about ANC service and the importance of pregnancy examination impact on pregnant women will check their pregnancy to health officer.

4.5 The Influence of Husband Support on Low K4 Visits of Pregnant Women at Timika Health Center

One of the factors that influence adherence is family or husband support. Looking at the data above can be seen there are still pregnant women who have not done pregnancy examination in accordance with the recommended at least four times, namely one trimester minimally done one examination, two trimesters performed at least one examination and three trimesters performed at least twice during pregnancy. As a father-to-be, a husband's attitude toward a pregnant woman, who in this case is his wife, is crucial to his love for the health of his wife and future child. Through the support of a good husband as the closest companion of the mother, the higher the impetus that pregnant women get to keep their pregnancy, so that the mother is motivated to make ANC visit. Factors of support from the family will affect the wishes of pregnant women to make an ANC visit (Sulistyawati, 2011).

4.6 Influence of Pregnant Women's Affordability on Low K4 Visits Pregnant Women at Timika Health Center

ileage between pregnant mother's house and antenatal care service center will indirectly affect the pregnant mother in doing antenatal care visit. The more distance a pregnant woman has to travel to have an antenatal care visit, the smaller the chances that pregnant women will have to have an antenatal care visit. In every pregnancy, not all pregnancies occur in the normal category, not all pregnant women can have optimal conditions during pregnancy. To conduct antenatal care visits,

one of the factors that will be analyzed by pregnant women is the distance. Mother will imagine the tiredness that must be experienced if he did visit antenatal care especially if the distance is too far. Pregnant women will feel anxious about the condition of pregnancy if she forced myself to visit antenatal care and eventually pregnant women decided not to make antenatal care visit. This is a natural model of thinking that occurs in every pregnant woman. If you have to travel a long distance with the risk of tired or afraid of happening things that harm their health, pregnant women will choose not to make antenatal care visits.

4.7 Influence of Attitude and Behavior of Health Officer on Low Visits of K4 Pregnant Women at Timika Health Center

This research is in line with Rauzatul (2016) reported that there is a relationship between attitudes and behavior of midwives in the Work Area of Kuta Baro District Health Center of Aceh Besar Regency in 2015. Based on the data it can be concluded that the better the midwife's attitude the better the midwife's performance. Attitude reflects an expression or expression of how a person feels or responds to a particular factor. Attitudes of health workers at health-care facilities affect the frequency of ANC visits of pregnant women. The better the attitude of the health worker the more often a pregnant woman visits the health facility to check her pregnancy. Researchers assume that the better the attitude of health workers will affect the community or patients to come to the health service. The researcher also assumed the attitude of the good health officer to the patient and society will influence the perception of the society or the patient by trusting the health worker so that there will be a desire to come back to the health service so that it can increase the coverage of K4 pregnant mother to be better.

4.8 Influence of Facilities and Equitable Health Equipment on Low Visits K4 Pregnant Women at Puskesmas Timika

Based on the results of this study there is an influence between health facilities and equipment with low coverage of pregnant women K4 supposedly with complete equipments of adequate health facilities as well as the availability of competent health personnel can improve the performance of health personnel in providing quality health services.

5. CONCLUSION

There were significant influence of maternal age (p-value = 0,021), parity (p-value = 0,001), education (p-value = 0,004), knowledge (p-value = 0,012), husband support (p-value = 0,048), accessibility (p-value = 0.006) and health equipment facilities (p-value = 0.010) to low K4 visits of pregnant women at Timika Health Center. The result of multiple logistic regression analysis found that the most dominant factor influenced the low of K4 visit of pregnant mother at Puskesmas Timika of Kencana District of Regency of Mimika Year 2018 that is knowledge of pregnant woman with p-value 0,011 (OR 5,126; 95% CI: 1,460 - 18,005).

6. SUGGESTION

The Health Office through the Mother and Child Health Program Holder may not only act as a report collector but must perform analysis and provide feedback on monthly reports of LB3 puskesmas so that the puskesmas can evaluate and improve their performance. It is necessary to increase the knowledge of the community about the importance of pregnancy checking, especially in the mother in early pregnancy, involving husband / family to support and motivate from early pregnancy mother to check the pregnancy at least 4x according to standard, because this is a problem but rarely realized as problem

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