QUALITATIVE RESEARCH: ANALYSIS OF FACTORS INFLUENCING THE UTILIZATION OF ANC SERVICES

Shinta Rahma*, Dewi Agustina, Delfriana Ayu Astuty

Universitas Islam Negeri Sumatera Utara, Jl. William Iskandar Ps. V, Medan Estate, Percut Sei Tuan, Deli Serdang, North Sumatera 20371, Indonesia

*shintarahma229@gmail.com

ABSTRACT

According to WHO, in 2020 MMR worldwide amounted to 295,000 deaths caused by many factors. In 2019-2020, MMR in Indonesia showed a significant increase of 4,197 cases to 4,627 cases. ANC services are health services carried out by health workers carried out in accordance with predetermined standards, aimed at monitoring the health of mothers and children. If ANC utilization services are not utilized properly, then many impacts will affect, for example, not being able to detect early health problems experienced. Objective: this study aims to analyze what factors influence the use of ANC services in pregnant women. This study uses exploratory qualitative research methods with centralized interviews also using secondary data from national articles using electronic media Google Scholar data base (2020-2023). MMR in Pematang Jaya sub-district is 0%, while K1 coverage is 81.34% and K4 is 87.31% in 2022. The most dominant factors are predisposing characteristics and reinforcing characteristics which include factors regarding the knowledge of pregnant women, attitudes of pregnant women and support from husbands and families, the role of posyandu cadres and village midwives. In this study, it can be concluded that antenatal care services at UPT Puskesmas Pematang Jaya have been carried out well. The influencing factors are in the predisposing characteristics that include maternal knowledge and maternal brushes and the reinforcing characteristics include the support factors of husbands and families as well as the village cadres and midwives who are doominan to influence ANC visits.

Keywords: antenatal care; influencing factors; pregnant women visit

INTRODUCTION

According to WHO, in 2020 the worldwide maternal mortality rate was 295,000 deaths with deaths caused by high blood pressure during pregnancy (pre-eclampsia and eclampsia), postpartum infections, bleeding, and unsafe abortions.26 In ASEAN data, the highest number of MMRs is in Myanmar with 282.00/100,000 KH in 2020, while the lowest number of MMRs is in Singapore where there are no maternal deaths (ASEAN Secretariat, 2021 In)10.In Indonesia, the Maternal Mortality Rate (MMR) is still high compared to other countries, where the maternal mortality rate (MMR) and Infant Mortality Rate (AKB) are important indicators in a country where it is an indicator that describes the health welfare of the people in the country (Lubis et al., 2022)14. In 2019-2020, maternal deaths in Indonesia showed a significant increase of 4,197 cases to 4,627 cases 4. According to the Ministry of Health 2019, Indonesia is one of the countries that has a red record in terms of high MMR scores in Asia.2 Where Indonesia is one of the 13 countries with the highest MMR in the world, this is due to complications during pregnancy (Central Bureau of Statistics Kota Binjai, 2023). Maternal

and child health programs are the priority and success of an MCH program, which is the main indicator of the National Long-Term Development Plan (RPJPN) 205-2025. MMR in Indonesia which is still high makes the government make efforts to reduce MMR as a priority program in health development in the country. Most cases of maternal death in the world occur in developing countries such as Indonesia, one of them. One of the efforts made by Indonesia to reduce maternal mortality (MMR) and prevent complications and other health problems during childbirth is by conducting pregnancy checks (Antenatal Care) routinely 17.

In reducing maternal mortality (MMR), Antenatal care (ANC) is one of the policies that has been made by the government. This ANC service is a health service carried out by health workers to pregnant women and is carried out in accordance with the standards that have been set for pregnant women, and aims to monitor the health of mothers and children. Antenatal care services for pregnancy at least 6x visits with details 2x in Trimester I, 1x in Trimester II, and 3x in Trimester III. At least 2x checked by a doctor during the 1st visit in the first trimester and during the 5th visit in the 3rd trimester. (2). Indicators for access to pregnant women for antenatal visits using K1 coverage, namely first contact and K4, which is 4 times contact with health workers who have competence according to standards. According to Riskesdas data in 2018, K1 coverage is 94.1%, K4 is 88.54%, the Ministry of Health's 2019 Strategic Plan (Renstra) Target is 80% 13.

K4 service coverage in 2021 increased from the previous year where K4 coverage was 88.80%. In 2021, MMR in Indonesia showed 7,398 people from various causes, including COVID-19, bleeding, hypertension, heart, infection, metabolic disorders, circulatory system disorders, abortion and other causes. As for K4 in 2021 it was 88.8%, where this figure has increased from the previous year (Ministry of Health, 2022). In 2019, K1 coverage was 91.29% and K4 was 85.56%. However, in 2020 the K4 figure in North Sumatra Province was 79.99% 6. In 2021, K1 coverage is 91.69% and K4 is 84.2%, which proves that K4 coverage in North Sumatra Province is still very low because it has not reached the 95% target set by the North Sumatra Health Office Strategic Plan (BPS Sumut, 2021 in (Alviani, 2021)). In 2022, the coverage of K4 presentations in North Sumatra is 82.89%, which shows a decrease from the previous year 7. The number of MMRs in North Sumatra in 2021 was 248 people from 278,100 live births (89.18 per 100,000 live births)7. In 2022, the number of MMRs in North Sumatra decreased from the previous 131 deaths from 258,884 live births (50.60%), 6.

Antenatal care (ANC) is a pregnancy examination conducted by pregnant women which aims to detect early high risk of pregnancy and childbirth.1. On service Antenatal care in a government and private health institution and individual or group practices need to be carried out comprehensively and integrated, including preventive, promotive efforts, as well as rehabilitative and curative efforts, which include nutrition, MCH, infectious disease control and non-communicable disease management (Fatma, 2020). If service antenatal care Not carried out routinely, this can have an impact where the progress of pregnancy is not monitored, then the health of pregnant women and fetuses we cannot know the condition and early detection of abnormalities that may occur in pregnant women. So antental care services during pregnancy in pregnant women are very important which is to ensure the natural process of the uterus functioning normally. 12.

In 2020, the number of MMRs in Langkat Regency was 11 people with K4 coverage of 87.54% 8. In the following year, the MMR number in Langkat Regency increased by 18 people with K4 coverage of 90.95% in 20216. The number of MMRs in 2022 has decreased where the number of MMRs is 8 people with K4 coverage of 89.17% 7. From data from the

last 3 years, the number of MMRs has fluctuated, but in 2022 the number of MMRs has decreased from the previous year, but for K4, it has decreased from 2021. This study aims to find out whether antenatal care services are running well or not, then to find out what impacts can occur if antenatal care services are still not carried out routinely, aims to find out what factors affect low or high antenatal care services. Based on the background and phenomena above, the author is interested in conducting a case study on factors that affect the use of antenatal services with the title "Analysis of Factors Affecting the Utilization of Antenatal Care Services" precisely at the UPT Puskesmas Pematang Jaya, Langkat Regency.

METHOD
This study used exploratory qualitative research methods with centralized interviews. Where it aims to describe what factors influence the occurrence of success and deepen knowledge. In addition, it also uses secondary data from national articles using the electronic media data base Google Scholar, articles used from 2019 to 2023. The article used in this study is limited from the last 5 years. This research was conducted in Langkat Regency, precisely in Pematang Jaya District, located at the UPT Puskesmas Pematang Jaya, where data collection and centralized interviews were conducted from mid-November to early December. In this study there were two data collected, which were secondary and primary data. Primary data is data obtained from data sources that directly provide data to researchers, while secondary data is a data source that does not directly provide data to the researcher as for example through document 24. In this study there were 4 informants interviewed, namely the key informant X1, then for the main informant, namely X2, while for supporting informants, namely X3 and X4 where these informants were employees working at the UPT Puskesmas Pematang Jaya. In addition to using a centralized interview method, researchers also used secondary data from national articles with keywords used "Factors Affecting Antenatal Care, and MMR". Then the article is analyzed and made a discussion in the form of words and bkan in the form of a series of numbers. In presenting the data, it also uses short words and narrative text.

RESULTS
In 2021 in Langkat Regency, the number of MMRs was 18 people, 7 maternal deaths, but in 2022 MMRs decreased in Langkat Regency, where the number in 2021 was 18 people, while the figure in 2022 was 8 maternal deaths, 6. Meanwhile, in 2022 in Pematang Jaya District, the number of MMRs is not found, where the figure is 0%, while in health service coverage for pregnant women in Langkat Regency, precisely in Pematang Jaya District, which consists of 8 villages, the total of all K1 is 81.34% and K4 is 87.31%. Where in Limau Mungkur village with data on pregnant women as many as 23 people with K1 figures of 108.7% and K4 91.3%. Then in Serang Jaya Hilir village with 44 pregnant women with K1 of 75.0% and K4 of 84.1%, Damar Condong village with 34 pregnant women with K1 of 85.3%, K4 of 94.1%, Perk. Damar Leans with the number of pregnant women as many as 13 with K1 as 100% while K4 as 100%, Perk. Prapen with 13 pregnant women with K1 of 100% and K4 of 84.6%, Pematang Tengah with 54 pregnant women with K1 of 74.1% and K4 of 77.8%, Serang Jaya Village of 32 pregnant women with K1 of 84.4% and K4 of 96.6%, then the last village is Salah Haji village with 55 pregnant women with K1 of 69.1% while K4 is 85.5%. This figure is already better than the previous number.

In the data on the number of maternal deaths in the health profile of the Pematang Jaya Health Center of 0%, where in Pematang Jaya District and in villages in Pematang Jaya it indicates that there are no cases of maternal deaths in the Pematang Jaya area. Meanwhile, the data on the number of pregnant women who received blood added tablets (TTD) at the puskesmas of Pematang Jaya sub-district was 86.9% with each in Limau Mungkur village 78.3%, Serang Jaya

Hilir 88.6%, Damar Condong 88.2% Perk. Damar Leaning 76.9%, Perk. Prapen 92.3%, Pematang Tengah 85.2%, Serang Jaya 87.5%, Salah Haji 90.9%. The results of interviews with informants regarding visits by pregnant women in antenatal care examinations at UPT Puskesmas Pematang Jaya are as follows with Description: P (Researcher); X1 (Key Informant); X2 (Main Informant); X3 (Supporting Informant 1); X4 (Supporting Informant 2).

"... Already La Son, because the percentage obtained from this Antenatal Care service is high, son. Later, you will see for yourself directly the data in the health profile book at this health center, son..." The researcher asked about the utilization of antenatal care services in Pematang Jaya, and Informant Informant X2 stated that the use of this service was good because pregnant women often had their pregnancy checked. Informant X3 also expressed a similar opinion that service utilization was good. Informant X4 agreed with this opinion, adding that the community was also enthusiastic about utilizing other health services such as free medical services and posyandu. Then, the researcher asked to see the data, which Informant X1 agreed to. Next, the researcher asked about the impact of low utilization of antenatal care services on society, and Informant Then, the conversation shifted to the question of AKI, where Informant X1 said that there were no AKI services in the village. Another informant suggested confirming with Informant X1 who is an expert in the KIA field. Informant X3 emphasized the importance of reducing maternal mortality by not giving birth at home.

Then, the researcher asked about the factors that influenced the high utilization of antenatal care services, and Informant Other informants also highlighted the role of posyandu cadres and community knowledge about the importance of these inspections. The next question was whether pregnant women used BPJS for antenatal care checks, to which Informant X4 answered that they did not use BPJS because the service was free. The informant also stated that antenatal care checks using BPJS are rarely carried out because classes for pregnant women are free. Finally, the researcher asked whether the antenatal care service had achieved the government's target, which was answered positively by Informants X1, X2, and X3, with X3 emphasizing the importance of the percentage of births in health facilities.

DISCUSSION
According to WHO Antenatal Care is to detect early the occurrence of high risk during pregnancy and childbirth, antenatal care It can also reduce maternal mortality and also monitor the health of the fetus in the mother's womb 9. According to other studies say that the understanding of antenatal care is a planned program in the form of observation, education and medical treatment of pregnant women which aims to obtain a pregnancy process and also a satisfactory and safe preparation for both, where pregnant women at that time face the risk of complications that can be life-threatening 20. There are several factors that can affect ANC service visits for pregnant women, namely characteristics Presdisposition (including maternal knowledge, maternal education, maternal age, occupation, attitudes and gender), characteristics of abilities / reinforcement or support (including family income and family support, availability of health workers and accessibility / affordability of services), characteristics of needs (including history of disease, complaints and level of satisfaction).4 According to Anderson in 1974 put forward a theory that there are 3 factors that affect the use of health services, including: 1. Predisposing character; Where this factor is used to describe the fact that everyone tends to have different health services, which is due to the characteristics of individuals who are divided into 3 groups which (demographic characteristics (gender and age), social structure (level of education, employment, ethnicity, race), health benefits (knowledge and attitudes)). 2. Supporting characteristics; This characteristic reflects that despite having the desire to use health services they will not act to use them, if they are unable to use them. This supporting characteristic comes

from family resources (family opinions, husband and family support) while community resources include the availability of health workers, accessibility and others. 3. Characteristics of needs; Needs characteristics are basic as well as direct incentives for the use of health services when there is a level of predisposition and enabling. Disisni needs are divided into 2 categories, perceived and evaluated. Characteristics of this need include the history of the supplier and the level of satisfaction1

In this journal article, data obtained from direct interviews with key informants, main informants and supporting informants. Apart from these interviews, this journal article also identifies using a database based on several criteria which include journals or articles that can be accessed, full text, publications ranging from 2019 to 2023 ranging from Indonesian to English. In the results section of this journal article, researchers have analyzed the factors that influence the use of services antenatal care In Langkat District, Pematang Jaya District from interviews with informants are factors of maternal knowledge, the role of support for husbands and parents of pregnant women, factors for the role of posyandu cadres and village midwives, and factors in the attitude of pregnant women.

In several journal articles related to the title that has been raised in the research of this journal article get results where the family support factor that affects the compliance of pregnant women with antental care visits, while the factors of age, education, employment status, maternal knowledge, distance of residence, family income, information media and support of health workers do not affect the compliance of pregnant women's visits to the use of antenatal care services (Setiyorini et al., 2021)19. According to research (Aryani et al., 2022) shows that at the age of pregnant women, work, parity, knowledge and family support with values ($p = 0.024$; $p = 0.037$; $p = 0.035$; $p = 0.000$) have a relationship with visit utilization antenatal care During the Covid 19 period in the performance area of Pukesmas ingin Jaya, Aceh Besar Regency.2 Factors affecting service utilization antenatal care are factors of age, education level, occupation, gender, knowledge, attitude, distance, income, information media, husband and family support and support from health workers. But the most prominent influence on service utilization antenatal care In this study is the factor of knowledge of pregnant women who are still low and low education in pregnant women (Siregar et al., 2023)22. From the results of direct interviews with informants and with the results of previous research similar to the problems raised in this journal article, the most directly influential factors with the use of antenatal care services are:

Factor Knowledge of Pregnant Women
Knowledge is an important factor that greatly influences a person's actions, both positive actions and negative actions. For pregnant women if they have high knowledge about pregnancy health, they will definitely consider antenatal care services important. Where not only considered as a visit to fulfill an obligation, but as a very important need for her pregnancy. According to Taolin, MPG, et al (2022) said that where there is an influence on the knowledge factor of pregnant women on the use of services antenatal care. This is also in line with research from (Tassi et al., 2021)24 which states that mothers who have higher knowledge make more use of services antenatal care Compared to mothers whose knowledge of mothers is low.

Factors of Husband and Family Support of Pregnant Women
In the factor of husband support is needed by pregnant women. From the support given by the husband to pregnant women, it is the affection of a husband and prospective father for the health of his wife and future children. From good support by the husband, it will cause positive energy for the pregnant woman, where the pregnant woman will feel loved and encourage her to maintain her pregnancy higher. Family support is no less important than support from the

husband. Family support is the closest environment, where family support plays an important role in influencing and maintaining psychology and motivation for pregnant women to always maintain their pregnancy. In this part of the factor is in line with research (Wiratmo et al., 2020)25 which states that the support of the husband who is the closest person is very important and very much needed by pregnant women such as motivation, fulfillment of maternal needs and comfort and tranquility of pregnant women, where this will cause positive energy for pregnant women for the health of mothers and children who are in the womb. Apart from that, this factor is also the same as the results obtained from the study (Mustafa et al., 2022)16 as well as research from (Singarimbun, 2020)21 and 15 who also stated that the support of the husband and family influenced the visit antenatal care Ini.

Attitude Factors of Pregnant Women

The mother's attitude factor is also related to the mother's knowledge factor, where if pregnant women's knowledge is high about the importance of pregnancy health, pregnant women will realize how important the use of services is antenatal care for pregnant women. This has a relationship with the attitude of pregnant women. From high knowledge will give or will cause a positive attitude for pregnant women. This positive siikap and good response reflects the concern of pregnant women for their health and the health of the fetus in their stomach. This is also true in research (Sinambela &; Solina, 2021)20 which states that the attitude of pregnant women who do not choose services at health facilities is caused by lack of motivation so that they do not get good information about pregnancy services. In addition, on research (Nainggolan et al., 2022)17 Also in line with this, where the IU pregnant attitude factor has an influence on the use of services antenatal care aforementioned. Apart from the research article above, in the research article (Hanifah, 2022)11 which is also in line with this. Factors of knowledge of pregnant women and factors of attitude of pregnant women are integrated into predisposing characteristics. This predisposing characteristic is a factor that makes it easy to change a person's behavior. In addition to covering the knowledge and attitudes of pregnant women, this factor also includes such as the age of pregnant women, the level of education of pregnant women, employment status, parietas of pregnant women.

As well as the role of posyandu cadres and village midwives

The role of posyandu cadres and also the role of village midwives greatly affects compliance in carrying out service utilization antenatal care Therefore, for pregnant women, because without education from cadres and also village midwives, the community and pregnant women will definitely understand how important visits are antenatal care for pregnant women. The role of village cadres and midwives is also included in the support of health workers, which is also in line with research (Taolin et al., 2022)23 as well as on research (Ima et al., 2022) which also found that the support factor of health workers affects the use of services antenatal care. In addition, the role of cadres who actively support pregnant women to carry out examinations antenatal care is also very important, which is very evident from submitting data to puskesmas which is done to synchronize data which is in line with where the role of cadres and health workers has an influence in ANC visits (Retnaningtyas et al., 2022)18. In the factor of husband support and family support for pregnant women, the role of posyandu cadres and village midwives is included in the characteristics of reinforcement. This strengthening factor is a factor that influences and encourages pregnant women to continue to carry out health behaviors. In addition to husband support and family support, factors included in the strengthening factor are support factors from health workers or the role of posyandu cadres and the role of village midwives.

CONCLUSION

From the results and discussion in this study, it can be concluded that the antenatal care service in Pematang Jaya District has been running well, as evidenced by the coverage of MMR, K1, and K4 in the district. Factors influencing antenatal care service visits in Pematang Jaya District encompass predispositional characteristics and reinforcing factors. Predispositional characteristics include maternal knowledge and attitude towards antenatal care visits at UPT Puskesmas Pematang Jaya in Langkat district. Reinforcing factors affecting ANC service visits include the support of husbands and the involvement of posyandu cadres and village midwives at the Pematang Jaya health center UPT. The family income factor does not significantly impact antenatal care visits at the puskesmas due to the availability of a free class program for pregnant women, which is free of charge. Conversely, the characteristics of needs have minimal impact on the coverage of ANC visits at the puskesmas.

REFERENCES

Alviani, S. (2021). Factors affecting the use of antenatal care services in the working area of the Galang Health Center, Galang District, Deli Serdang Regency (Vol. 10) [State Islamic University of North Sumatra Medan]. Retrieved from http://repository.uinsu.ac.id/12657/1/Skripsi%20Siska%20Alviani%20%280801171040%29%20FIX%20LUX.pdf

Aryani, R., Yudistira, A., & Husna, P. H. (2022). Factors related to the visit of Tenatal Care examination during Covidaryani 19 in the working area of Pukesmas-Puskesmas ingin jaya, Aceh Besar Regency. *Obsgin Scientific Journal, 14,* 282.

ASEAN Secretariat. (2021). *ASEAN Statistical Yearbook*. Jakarta: ASEAN Secretariat.

Awalia, S. T. (2022). Factors related to the use of antenatal care services during the Covid-19 pandemic at the Setu Health Center in 2022 [Syarif Hidayatullah State Islamic University Jakarta 1433]. In *Journal of Reproductive Health*. Retrieved from https://journaliakmitangsel2.iakmi.or.id/index.php/kespro/article/view/34

Central Bureau of Statistics Binjai City. (2023). *Binjai City in 2023 Figures*, 560. Retrieved from https://binjaikota.bps.go.id/publication/download.html?nrbvfeve=Y2I5OGE3MWIzOGI4OTg3MjE2ZjAxMzRm&xzmn=aHR0cHM6Ly9iaW5qYWlrb3RhLmJwcy5nby5pZC9wdWJsaWNhWNhdGlvbi8yMDIzLzAyLzI4L2NiOThhNzFiMzhiODk4NzIxNmYwMTM0Zi9rb3RhLWJpbmphaS1kYWxhbS1hbmdrYS0yMDIzLmh0bWw%3D&tw

North Sumatra Health Office. (2021). *Health Profile of North Sumatra 2021*. North Sumtaera Health Profile 2021, 12–26.

North Sumatra Health Office. (2022). *Health Profile of North Sumatra Province*. Health Office of North Sumatra, 2, 1–466.

North Sumatra Health Office. (2020). *Health Profile of North Sumatra Province in 2020*. North Sumatra Provincial Health Office, 1–422.

Fatma, F. (2020). Factors related to the use of antenatal care at the Katumbangan Campalagian Health Center, Polewali Mandar Regency, West Sulawesi Province. Thesis.

Febriani, D. T., Maryam, M., & Nurhidayah, N. (2022). Comprehensive obstetric care at Mrs. I age 35 years with an old primi pregnancy. *Indonesian Journal of Health Science, 2*(2), 77–82. https://doi.org/10.54957/ijhs.v2i2.324

Hanifah, H. (2022). Literature review: Factors affecting antenatal care (ANC) examination compliance in pregnant women. *Periodical Journal of Public Health Sciences, 4*(2), 49–56.

Ima, I. H., Atika Zahria Arisanti, & Endang Susilowati. (2022). Factors Influencing Antenatal Care Screening: Literature Review. *Indonesian Health Promotion Publication Media (MPPKI), 5*(7), 783–789. https://doi.org/10.56338/mppki.v5i7.2358

Ministry of Health of the Republic of Indonesia. (2022). *Indonesia Health Profile 2021*. In Pusdatin.Kemenkes.Go.Id.

Lubis, K., Simanjuntak, P., & Manik, D. J. (2022). Factors affecting the low number of antenatal care visits at the Gunung Baringin Health Center, East Panyabungan District, Mandailing Natal in 2022. *Indonesian Journal of Medical and Health Sciences, 2*(3), 29–38. https://journal.amikveteran.ac.id/index.php/jikki

Malemna, S., Barus, B., Silalahi, M., Ginting, R., Prima, U., Jalan, I., Jalan, S., I, S. P. T., Petisah, K. M., Medan, K., Utara, S., & Srimalemnabarusgmailcom, E. (2020). Factors that affect the utilization of antenatal care services in the working area of Puskesmas Darussalam Medan. *Journal of Health & Nutrition (JKG), 3*(1), 11–21.

Mustafa, S. R., Wahyuni, N. I., & Angelia Rizki Pelealu. (2022). Factors Influencing Maternal Behavior on the Accuracy of Antenatal Care Visits at RSU Bahagia Makassar. *Muhammadiyah Journal of Nursing, 7*(2), 112–117. http://103.114.35.30/index.php/JKM/article/viewFile/12611/5017

Nainggolan, A. W., Simanjuntak, P., Damanik, N. S., Ginting, A. B., Sinaga, R., Sinaga, F., & Tarigan, I. (2022). Factors Affecting Low Antenatal Care Visits in the First Trimester at Pagurawan Health Center, Batubara Regency in 2022 *Journal of Health and Physiotherapy (KeFis Journal) | e-ISSN : 2808 - 6171*. *Journal of Health and Physiotherapy (KeFis Journal), 2*, 196–203.

Retnaningtyas, E., Wahyuni, C., Siwi, R. P. Y., Natalia, S., Wulandari, A., & Putri, E. N. K. (2022). Factors that affect the regularity of antenatal care examinations in term pregnant women. *Public Health and Safety International Journal, 2*(01), 1–10. https://doi.org/10.55642/phasij.v2i01.128

Setiyorini, A., Yuliana Sijabat, F., & Anita Sari, M. (2021). Factors Affecting Compliance of Pregnant Women in Conducting Antenatal Care (ANC) Visits at Kesehatan.pdf Services. *I Care Journal of Nursing STIKes Panti Rapih, 2*(1), 1–12. https://doi.org/10 .46668/jurkes.v2i1.147

Sinambela, M., & Solina, E. (2021). Analysis of factors that influence pregnant women to antenatal care (ANC) examinations during the Covid-19 pandemic at the Talun Kenas Health Center in 2020. *Kestra Midwifery Journal (Jkk), 3*(2), 128–135. https://doi.org/10.35451/jkk.v3i2.604

Singarimbun, N. B. (2020). Factors that influence mothers in conducting antenatal care

(ANC) visits during pregnancy in the working area of the Puskesmas Kenangan Deli Serdang in 2019. *Midwifery Senior, 3,* 31–40.

Siregar, H. Z., Harahap, F. H., Selian, L. S. P., & Gurning, F. P. (2023). Factors affecting people's interest. *Journal of Kesmas Prima Indonesia, 7,* 31–35.

Taolin, M. P. G., Goa, M. Y., & Bina, M. Y. (2022). Factors Affecting Pregnant Women in Conducting Antenatal Care at Kupang City Health Center. *Chmk Widwifery Scientific Journal, 5*(1), 400–414.

Tassi, W. D., Sinaga, M., & Riwu, R. R. (2021). Analysis of Factors Influencing the Behavior of Pregnant Women in the Utilization of Antenatal Care (K4) Services in the Tarus Health Center Work Area. *Public Health Media, 3*(2), 175–185. https://doi.org/10.35508/mkm.v3i2.3251

Wiratmo, P. A., Lisnadiyanti, & Sopianah, N. (2020). Factors influencing antenatal care visits on antenatal care behavior. *CoMPHI Journal: Community Medicine and Public Health of Indonesia Journal, 1*(2), 67–76. https://doi.org/10.37148/comphijournal.v1i2.14

World Health Organization. (2021). *Monitoring Health For the SDGs, Sustainable Development Goals*. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO.