

KORESPONDENSI JURNAL

Judul Artikel : The Determinants of Four or More Antenatal Care Visits Among Working Women in Indonesia

Nama Jurnal : Asia Pacific Journal of Public Health

Penulis : **1. Hanifa M. Denny, MPH, PhD**
2. Agung D. Laksono, MPH, PhD
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4. Bina Kurniawan, BSPH, MPH

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Hanifa Maher Denny <hanifadenny@live.undip.ac.id>

Asia Pacific Journal of Public Health APJPH-21-Jan-010

3 messages

Asia Pacific Journal of Public Health <onbehalfof@manuscriptcentral.com>

Wed, Jan 6, 2021 at 10:37 PM

Reply-To: aph@sagepub.com

To: hanifadenny@live.undip.ac.id, agungdl1@gmail.com, ratu.matahari77@gmail.com, k3bina999@gmail.com

06-Jan-2021

Dear Dr. Denny:

Your manuscript entitled "THE DETERMINANTS OF ANTENATAL CARE COMPLETENESS DURING PREGNANCY AMONG WORKING WOMEN IN INDONESIA" has been successfully submitted online and is presently being given full consideration for publication in Asia Pacific Journal of Public Health.

Your manuscript ID is APJPH-21-Jan-010.

You have listed the following individuals as authors of this manuscript:

Denny, Hanifa; Laksono, Agung; Matahari, Ratu; Kurniawan, Bina

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Sincerely,

Bairave Shunmugam

Asia Pacific Journal of Public Health

Hanifa Maher Denny <hanifadenny@live.undip.ac.id>

Thu, Jan 7, 2021 at 12:12 PM

To: aph@sagepub.com

Cc: agungdl1@gmail.com, Ratu Matahari <ratu.matahari77@gmail.com>, Bina Kurniawan <k3bina999@gmail.com>

Dear Ms. Shunmugam,

Thank you very much for the prompt response. I will add the ORCID ID of the authors. We hope for a speedy review process and get some favorable inputs.

Hanifa

*Hanifa M. Denny, Ph.D.**Associate Professor**Faculty of Public Health**Diponegoro University*

*Jl. Prof. Sudarto, SH, Tembalang
Semarang - Central Java - Indonesia, 0239
Phone/Fax: +62-24-7460044
Mobile: +62-811-296-228*

[Quoted text hidden]

Hanifa Maher Denny <hanifadenny@live.undip.ac.id>
To: aph@sagepub.com

Sat, Jan 9, 2021 at 2:46 PM

Dear Ms. Shunmugam,

Attached to this email are the author's and co-authors' ORCID IDs.

Thank you very much.

*Hanifa M. Denny, Ph.D.
Associate Professor
Faculty of Public Health
Diponegoro University
Jl. Prof. Sudarto, SH, Tembalang
Semarang - Central Java - Indonesia, 0239
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**Title ANC Completeness Among Working Women SAGE APJPH
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Asia Pacific Journal of Public Health <onbehalf@manuscriptcentral.com>

Wed, Jan 20, 2021 at 3:25 PM

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To: hanifadenny@live.undip.ac.id

20-Jan-2021

Dear Dr. Denny,

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1. Blinding: Please remove the author information and other disclosure statements from the main document and add it in the Title page to preserve the blinding of the paper.

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Sincerely yours,

Deepanjali Gurung

Asia-Pacific Journal of Public Health



Hanifa Maher Denny <hanifadenny@live.undip.ac.id>

Asia Pacific Journal of Public Health APJPH-21-Jan-010

1 message

Asia Pacific Journal of Public Health <onbehalfof@manuscriptcentral.com>

Fri, Feb 5, 2021 at 5:21 PM

Reply-To: aph@sagepub.com

To: hanifadenny@live.undip.ac.id, agungdl1@gmail.com, ratu.matahari77@gmail.com, k3bina999@gmail.com

05-Feb-2021

Dear Dr. Denny:

Your manuscript entitled "THE DETERMINANTS OF ANTENATAL CARE COMPLETENESS DURING PREGNANCY AMONG WORKING WOMEN IN INDONESIA" has been successfully submitted online and is presently being given full consideration for publication in Asia Pacific Journal of Public Health.

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Bairave Shunnmugam

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Hanifa Maher Denny <hanifadenny@live.undip.ac.id>

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Asia Pacific Journal of Public Health <onbehalf@manuscriptcentral.com>

Thu, Feb 4, 2021 at 12:07 PM

Reply-To: aph@sagepub.com

To: hanifadenny@live.undip.ac.id

04-Feb-2021

Dear Dr. Denny,

Your manuscript, APJPH-21-Jan-010, entitled "THE DETERMINANTS OF ANTENATAL CARE COMPLETENESS DURING PREGNANCY AMONG WORKING WOMEN IN INDONESIA" has been unsubmitted to the Asia Pacific Journal of Public Health. It may either have been unsubmitted at your request or because you did not complete all necessary parts of the submission.

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Please contact the Editorial Office if you have further questions.

Sincerely yours,
Aishwarya Sharma
Asia-Pacific Journal of Public Health

Hanifa Maher Denny <hanifadenny@live.undip.ac.id>

Fri, Feb 5, 2021 at 5:24 PM

To: aph@sagepub.com

Dear Ms. Sharma,

We have made a change in the title page and re-submitted back.

Best regards,
Hanifa

*Hanifa M. Denny, Ph.D.
Associate Professor
Faculty of Public Health
Diponegoro University
Jl. Prof. Sudarto, SH, Tembalang
Semarang - Central Java - Indonesia, 0239
Phone/Fax: +62-24-7460044
Mobile: +62-811-296-228*

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Hanifa Maher Denny <hanifadenny@live.undip.ac.id>

Thu, Mar 4, 2021 at 1:53 PM

To: aph@sagepub.com

Dear Ms. Sharma,

I would like to follow up on the manuscript, APJPH -21-Jan-010, entitled "THE DETERMINANTS OF ANTENATAL CARE COMPLETENESS DURING PREGNANCY AMONG WORKING WOMEN IN INDONESIA"

Let me know if there are some inputs from the reviewers.

Thank you very much.

Best regards.

Hanifa

Hanifa M. Denny, Ph.D.

Associate Professor

Faculty of Public Health

Diponegoro University

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Semarang - Central Java - Indonesia, 0239

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Mobile: +62-811-296-228

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Hanifa Maher Denny <hanifadenny@live.undip.ac.id>

Asia Pacific Journal of Public Health

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Asia Pacific Journal of Public Health <onbehalf@manuscriptcentral.com>

Thu, Mar 4, 2021 at 6:02 PM

Reply-To: aph@sagepub.com

To: hanifadenny@live.undip.ac.id

04-Mar-2021

APJPH-21-Jan-010 - THE DETERMINANTS OF ANTENATAL CARE COMPLETENESS DURING PREGNANCY AMONG WORKING WOMEN IN INDONESIA

Dear Dr. Denny:

We invited potential reviewers for your manuscript, however, all the invited reviewers have either declined or not responded to the invitation.

We have invited more reviewers to review the paper; currently, we await their response to the invitation.

Once we have two agreed reviews, the Journal editor will make decision and will be in touch with you.

I hope this answers your question; please feel free to contact me to seek updates anytime.

Sincerely,
Miss Aishwarya Sharma
Asia Pacific Journal of Public Health

[EXTERNAL]

Dear Ms. Sharma,

I would like to follow up on the manuscript, APJPH-21-Jan-010, entitled "THE DETERMINANTS OF ANTENATAL CARE COMPLETENESS DURING PREGNANCY AMONG WORKING WOMEN IN INDONESIA"

Let me know if there are some inputs from the reviewers.

Thank you very much.

Best regards.

Hanifa

Hanifa M. Denny, Ph.D.
Associate Professor
Faculty of Public Health
Diponegoro University
Jl. Prof. Sudarto, SH, Tembalang
Semarang - Central Java - Indonesia, 0239
Phone/Fax: +62-24-7460044
Mobile: +62-811-296-228

On Thu, Feb 4, 2021 at 12:07 PM Asia Pacific Journal of Public Health <onbehalf@manuscriptcentral.com> wrote:
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Your manuscript, APJPH-21-Jan-010, entitled "THE DETERMINANTS OF ANTENATAL CARE COMPLETENESS DURING PREGNANCY AMONG WORKING WOMEN IN INDONESIA" has been unsubmitted to the Asia Pacific Journal of Public Health. It may either have been unsubmitted at your request or because you did not complete all necessary parts of the submission.

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Sincerely yours,
Aishwarya Sharma
Asia-Pacific Journal of Public Health

Hanifa Maher Denny <hanifadenny@live.undip.ac.id>
To: aph@sagepub.com

Fri, Mar 5, 2021 at 9:01 PM

Dear Ms. Sharma,
Thanks very much for your email. Hope more reviewers will be available soon.

Thanks again,
Regards,
Hanifa

[Quoted text hidden]



Hanifa Maher Denny <hanifadenny@live.undip.ac.id>

Asia Pacific Journal of Public Health APJPH-21-Jan-010

2 messages

Asia Pacific Journal of Public Health <onbehalf@manuscriptcentral.com>

Sun, Jan 24, 2021 at 8:31 PM

Reply-To: aph@sagepub.com

To: hanifadenny@live.undip.ac.id, agungdl1@gmail.com, ratu.matahari77@gmail.com, k3bina999@gmail.com

24-Jan-2021

Dear Dr. Denny:

Your manuscript entitled "THE DETERMINANTS OF ANTENATAL CARE COMPLETENESS DURING PREGNANCY AMONG WORKING WOMEN IN INDONESIA" has been successfully submitted online and is presently being given full consideration for publication in Asia Pacific Journal of Public Health.

Your manuscript ID is APJPH-21-Jan-010.

You have listed the following individuals as authors of this manuscript:

Denny, Hanifa; Laksono, Agung; Matahari, Ratu; Kurniawan, Blna

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Thank you for submitting your manuscript to Asia Pacific Journal of Public Health.

Sincerely,
Bairave Shunmugam
Asia Pacific Journal of Public Health

Hanifa Maher Denny <hanifadenny@live.undip.ac.id>

Mon, Apr 12, 2021 at 2:17 PM

To: aph@sagepub.com

Dear Mr. Shunmugam

Kindly allow me to follow up on the submission manuscript ID is APJPH-21-Jan-010.
Any inquiry or follow-up is welcomed.

We are looking forward to hearing from you soon.

Best regards,

on behalf of the authors,

Hanifa M. Denny, Ph.D.

Associate Professor
Faculty of Public Health
Diponegoro University
Jl. Prof. Sudarto, SH, Tembalang
Semarang - Central Java - Indonesia, 0239
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Tue, Jun 15, 2021 at 11:11 AM

Reply-To: lowwy@um.edu.my
To: hanifadenny@live.undip.ac.id
Cc: aph@sagepub.com

15-Jun-2021

Dear Dr. Denny,

Manuscript ID APJPH-21-Jan-010 entitled "THE DETERMINANTS OF ANTENATAL CARE COMPLETENESS DURING PREGNANCY AMONG WORKING WOMEN IN INDONESIA" which you submitted to the Asia Pacific Journal of Public Health, has been reviewed. The comments of the reviewer(s) are included at the bottom of this letter.

The reviewer(s) have suggested some revisions to your manuscript. Therefore, I invite you to respond to the reviewer(s) comments and revise your manuscript accordingly and point-by-point. Please note that your revised manuscript will be checked by the original reviewers and the handling editor, and only then a final decision will be made.

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Once again, thank you for submitting your manuscript to the Asia Pacific Journal of Public Health and I look forward to receiving your revision.

Yours sincerely,

Wah Yun Low, PhD
Managing Editor, Asia-Pacific Journal of Public Health
University of Malaya
Kuala Lumpur, Malaysia
Email: lowwy@um.edu.my

Reviewer(s)' Comments to Author:

The theme of the manuscript on antenatal care in working women is very important in Indonesia and is also important topics in mother and child health in every country.

My inquiry and comments are as follows:

1. Title: Is this study represents all Indonesian working women?
Please describe how authors obtain a sample of 8239 from the IDHS data in the Method section.
2. Methods: Is ethics approval not required for using IDHS data?
3. Results: In the text, it is not necessary to repeat the numerical value which is shown in the Tables.
4. Discussion and conclusion should be developed based on the results. Therefore, it is better to adjust confounders to examine the relationship of antenatal care visits with predictors such as "place of residence"
5. Tables: It is necessary to follow standard appropriate form of presentation in descriptive statistics/Chi-square test/ binary logistic regression analysis.

Editor's comments to author:

1. Change the title from "THE DETERMINANTS OF ANTENATAL CARE COMPLETENESS DURING PREGNANCY AMONG WORKING WOMEN IN INDONESIA" to "The Determinants of Four or More Antenatal Visits Among Working Women In Indonesia"
2. Do not use the term "completeness" in your paper. Use "4 or more antenatal visits" to be consistent with WHO practice.
3. Define the objective and content of an antenatal visit
4. See the open access paper "Quality of antenatal care services and completion of four or more antenatal care visits in Ethiopia: a finding based on a demographic and health survey" in BMC Pregnancy and Childbirth volume 17, Article number: 300 (2017) .
5. At the end of the introduction add a concise on sentence objective for your study. It should inform readers of exactly what they can expect to find in the article. (State what will be in the article, not what it will attempt.)
6. Write in concise international journal standard English
7. Since you have submitted to a regional journal, what suggestions do you have for other countries.
8. Do not include so many numbers in the text. Refer to your tables.
9. Include at least one APJPH article in your references to show relevance to our readers
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Hanifa Maher Denny <hanifadenny@live.undip.ac.id>

Tue, Jun 15, 2021 at 5:39 PM

To: lowwy@um.edu.my

Cc: [dwilaksono agung <agung_dwilaksono@yahoo.co.id>](mailto:dwilaksono_agung_<agung_dwilaksono@yahoo.co.id>), [RATU MATAHARI <ratu.matahari@ikm.uad.ac.id>](mailto:RATU_MATAHARI_<ratu.matahari@ikm.uad.ac.id>), [Bina Kurniawan <k3bina999@gmail.com>](mailto:Bina_Kurniawan_<k3bina999@gmail.com>)

Dear Dr. Wah Yun Low,

Thank you very much for giving us the opportunity to submit the revised draft of the manuscript. I and the co-authors will be responding and make some necessary revisions to the manuscript to reflect most of the suggestions from the reviewers. We would like to express our appreciation and gratitude to the reviewers for their insightful comments.

Best regards,

Hanifa M. Denny, Ph.D. and the co-authors

Associate Professor

Faculty of Public Health

Diponegoro University

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Semarang - Central Java - Indonesia, 0239

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1 **The Determinants of Four or More Antenatal Care Visits Among Working Women in Indonesia**

2 *Hanifa M. Denny, MPH, Ph.D.¹, Agung D. Laksono, MPH, Ph.D.², Ratu Matahari, BSPH,

3 MPH,³ Bina Kurniawan, BSPH, MPH⁴

4

5 ¹ Faculty of Public Health, Diponegoro University. Jl. Prof. Sudarto, SH, No. 1269, Tembalang,

6 Semarang, Indonesia, 50275. ORCID: 0000-0002-9359-3153

7 ² National Institute of Health Research and Development, The Indonesian Ministry of Health,

8 Jl. Percetakan Negara 29, Jakarta, Indonesia. ORCID: 0000-0002-9056-0399

9 ³ Faculty of Public Health, Ahmad Dahlan University, Yogyakarta, Indonesia.

10 Jl. Prof. DR. Soepomo SH, Yogyakarta, Indonesia 55164. ORCID: 0000-0002-3750-9201

11 ⁴ Faculty of Public Health, Diponegoro University. Jl. Prof. Sudarto, SH, No. 1269, Tembalang,

12 Semarang, Indonesia, 50275. ORCID: 0000-0003-3753-1983

13

14 *Corresponding Author

15 Hanifa M. Denny, BSPH, MPH, Ph.D.

16 Email: hanifadenny@live.undip.ac.id

1 **The Determinants of Four or More Antenatal Visits Among Working**
2 **Women in Indonesia**

3

4

ABSTRACT

5

6This study aimed to analyze the determinants of four or more antenatal care (ANC) visits among
7working women in Indonesia. The researchers extracted data from the Indonesian Demographic
8and Health Survey (IDHS) 2017 and obtained a sample size of 8,239 working women between
915–49 years. The women’s residence, age, marital status, education level, parity, economic
10status, and health insurance were selected as the independent variables. Binary logistic regression
11was utilized for analysis. Older working, married, educated, higher economic status, and health
12insurance were more likely to complete four or more of their ANC visits. The more children the
13working women had, the less likely they would complete their ANC visits. In conclusion, age,
14marital status, education, parity, economic status, and health insurance are the determinants for
15completing ANC visits among working women in Indonesia. At the same time, place of
16residence does not affect the frequency of ANC visits.

17

18Keywords: antenatal care, women's health, parity, ANC, working women.

19

20What we already know

- 21 • The demographic area plays an important factor in contributing to the four or more ANC
22 visits.
- 23 • Older pregnant women tend to have better four or more ANC visits.
- 24 • The more educated the working woman has, the more likely to have a complete ANC.

25What this article adds

- 26 • Working women have a potential contribution to the success of four or more ANC visits.
- 27 • Less-educated working women living in rural areas need more attention to increase the
28 coverage of four or more ANC visits.
- 29 • The determinants of four or more ANC visits among female workers in Indonesia can
30 enrich the scarcity of information on reproductive health program implementation among
31 working women in Indonesia.

32

33INTRODUCTION

34 Maternal mortality rate (MMR) and infant mortality rate (IMR) are maternal and child
35health indicators. Reduction in maternal and infant deaths is the target of sustainable
36development goals (SDGs).¹ In 2015, the Indonesian MMR had decreased from 359 deaths per
37100,000 live births to 305 per 100,000 live births. However, these condition is still below the
38target SDGs, 70 deaths per 100,000 live births.² Meanwhile, according to the Indonesian
39Demographic and Health Survey (IDHS) 2017, the IMR in Indonesia is 15 deaths per 1000 live
40births.³

41 Antenatal care (ANC) is defined as the access and use of health care during pregnancy. Its
42 objective is to prevent malnutrition among women during pregnancy, reduce low birth weight
43 and infant mortality. ANC is part of the Indonesian programs on decent work to improve women
44 workers' health status during pregnancy. ANC involves health risk diagnoses during pregnancy
45 and childbirth to minimize the adverse effects on women's reproductive health.² The World
46 Health Organization recommends four visits during pregnancy to prevent malnutrition in
47 mothers and reduce the risk of low birth weight.⁶ The ANC visit in Ethiopia were negatively
48 affected by the lower education, poverty, rural residence, and higher birth order. However, better
49 ANC services contributed to the pregnant women having more visits.⁷

50 In Indonesia, complete ANC or at least four ANC visits during pregnancy are still
51 insufficient to reach the country's target.⁸ This phenomenon is similar to Pakistan, showing
52 65.8% to 79.8% access toward four ANC Visits or ANC completeness.⁹ However, Indonesia has
53 the highest percentage of ANC visits (86%) as compared to Cambodia (83%) and Myanmar
54 (47%).¹

55 Several factors related to ANC completeness include geographical conditions (living in
56 rural/urban areas), sociodemographic conditions (economic status, low education, number of,
57 short birth spacing, giving birth without the assistance of health workers or skilled attendants),
58 and cultural values adopted by an individual. A national survey in 2018, showed that 96.1%
59 women between 10-54 years old had the first accessed ANC services or increased by 1% as
60 compared to the coverage in 2013. Meanwhile, the fourth ANC visit percentage in 2018 is 74.1%
61 or increased by 4.1% compared to 70% in 2013. Although the percentage of ANC visits has
62 increased, the number is still below the national target of 76%.¹¹

63 Working women’s reproductive health is crucial, as workplace hazards could affect their
64pregnancy. Some examples of the hazards include fatigue due to excessive working hours or
65standing for more than seven hours, stress, extreme exposure to chemicals, sounds, heat,
66biological hazards such as viruses and vibrations that can cause miscarriage or reproductive
67outcome disorders.¹²

68 This study aimed to analyze determinants of four or more ANC visits among working
69women in Indonesia. This study is expected to provide some inputs for the upcoming policy and
70strategy to increase the coverage of four or more ANC visits among working women in
71Indonesia.

72

73METHODS

74 This study utilized secondary data from the IDHS 2017 as part of the International
75Demographic and Health Survey (IDHS) program conducted by the Inner-City Fund (ICF). The
76IDHS 2017 uses stratification and multistage random sampling methods. The sample consisted
77of 8,239 women working or who had a job at the interview time, were between the ages of 15–
7849, and had given birth in the last five years.

79

801. Procedure

81 The researchers obtained permission to analyze the IDHS data upon registering the study
82on this website: <https://dhsprogram.com/data/new-user-registration.cfm>. Subsequently, the
83respondents' identity was removed from the dataset to ensure confidentiality.

84

852. Data Analysis

86 The dataset includes information about working women's ANC visits to a health service
87 facility or a midwife. The ANC procedure entails a one-time visit during the first trimester, a
88 one-time visit during the sixth month of pregnancy, and two visits between the seventh and ninth
89 months of pregnancy. ANC is considered complete when a pregnant woman completes four
90 visits to a health service facility or a midwife.³ The independent variables for this study were
91 categorical data of the respondents' residence, age, marital status, education level, parity,
92 economic status, and health insurance coverage. A Chi-square test was employed to detect the
93 variables related to ANC utilization during pregnancy. The binary logistic regression was applied
94 at the final stage due to the nature of the dependent variable. The SPSS 22 software was operated
95 in all stages of the statistical analysis.

96

97 RESULTS

98 The working women from urban areas were higher in their four ANC visits (Table 1).
99 Working women in 30–34 years of age had the highest ANC completeness score. Married
100 working women, secondary education, had 2 to 4 parity, had higher economic status, and their
101 health insurance coverage was recorded higher in their four or more ANC visits.

102

{Insert Table 1 here}

103 Table 2 shows the result of the binary logistic regression of ANC visits among working
104 women in Indonesia. There was no difference in the ≥ 4 ANC visits score of women living in
105 rural and urban areas.

106

{Insert Table 2 here}

107 Furthermore, working women between 20 and 24 years old were 2.533 times more likely
108 to have ≥ 4 ANC visits than 15–19 years old. Working women in 30 and 34 years old were 4.466

109times more likely to have ≥ 4 ANC visits than those aged between 15–19 years. Working women
110aged between 45–49 years were 4.896 times more likely to have ≥ 4 ANC visits than those 15–
11119 years old. The tendency to have ≥ 4 ANC visits increased with the respondents' age.

112 Working women with husbands or partners were 2.012 times more likely to have ≥ 4 ANC
113visits than unmarried ones. It indicates that being married or having a partner is a predictive
114factor for the four or more ANC visits among respondents.

115 The analysis showed that working women with primary education were 2.371 times more
116likely than those with no educational attainment to have ≥ 4 ANC visits. Working women with
117secondary education were 3.658 times more likely than those with no educational attainment to
118have ≥ 4 ANC visits. Working women with higher education were 3.147 times more likely than
119those with no educational attainment to have ≥ 4 ANC visits. Thus, this information shows that
120working women's tendency to have ≥ 4 ANC visits increased with their education level.

121 Working women with parity < 2 were 4.789 times more likely than those with parity > 4 to
122have ≥ 4 ANC visits. Working women with 2 to 4 parity were 2.949 times more likely to ≥ 4
123ANC visits than those with parity >4 . It shows that more children contribute negatively to have
124 ≥ 4 ANC visits.

125 Women whose economic status was in the mediocre category were 1.623 times more likely
126than impoverished women to complete ≥ 4 ANC visits. Working women whose economic status
127was in the middle category were 2.015 times more likely to complete ≥ 4 ANC visits than most
128impoverished women. The most prosperous woman was 4.177 times more likely to complete ≥ 4
129ANC visits than the poorest group. This analysis suggests that the likelihood of ≥ 4 ANC visits
130increased with an increase in economic status.

131 Working women with health insurance coverage were 1.436 times more likely to ≥ 4 ANC
132 visits than without health insurance coverage. It reveals that health insurance among working
133 women is a predictive factor for having four or more ANC visits.

134 DISCUSSION

135 We found that older working women are more likely to complete their ANC visits during
136 pregnancy. Age is one of the determinants for completing ANC, as shown in previous studies in
137 Indonesia,¹⁰ Guinea-Bissau, Ethiopia, Ghana, and several other countries. The age factor is
138 closely related to a woman and her partner's decision related to bearing a child or children, as
139 working women tend to delay their first pregnancy and are more mature in terms of age during
140 pregnancy than those who do not have an occupation.¹⁴

141 Being married is a predictive factor among working women to complete their ANC visits.
142 Extramarital pregnancy is frowned upon in the Indonesian culture. This social context often leads
143 to unmarried pregnant women hiding their pregnancies, resulting in lower ANC visits.

144 Better education might help working women understand their needs and demands and
145 make them feel confident about making independent decisions. Education is closely related to
146 power in sexual relationships, especially in a paternalistic social system. Women with better
147 education might have more freedom to decide what is beneficial for their health. In Vietnam,
148 inequality or fewer ANC visits occurred among minority groups, poor economic status, and low
149 educational women. ^{19, 20}

150 The results show that the higher the parity, the less likely to complete the ANC
151 requirements. Women who have been pregnant or have given birth before tend to neglect their
152 need to seek help from health workers. This result contradicts a study in China that pregnant
153 women tend to have fewer ANC visits during their first and second pregnancies.²¹

154 The higher the working women's economic status, the higher the possibility of them having
155ANC visits. A study in India reported that the wealthiest woman was 3.59 times more likely than
156a woman from the most impoverished household to complete all ANC visits.²² Studies reported
157that women's education and economic status influenced the effectiveness of the ANC visits.

158 Having health insurance coverage is a positive factor for working women to have four or
159more ANC visits. This result supports the Indonesian health insurance scheme's ultimate goal
160known as "BPJS" as the Indonesian universal health coverage.²⁴ Studies have confirmed that
161health insurance, whether run by the government or the private sector, positively impacts
162healthcare services

163 access.^{25, 26}

164 Several other studies show that maternal health service providers' factors also contribute to
165the frequency of ANC visits (e.g., pregnant women's response to service innovation and the
166midwife's attitude as a maternal service provider).²⁷ A possible limitation of the current study
167could be that the data focus only on working women as consumers of maternal health services.

168CONCLUSION

169 Age group, marital status, education level, parity, economic status, and health insurance
170coverage play a significant role in having four or more ANC visits among working women in
171Indonesia. Those factors are the keys to enhance the future success of ANC visits among
172working women in Indonesia. **The factors found as determinants of ≥ 4 ANC visits in the
173analysis of this study would provide a clear direction for the government to modify its
174acceleration policy to increase the coverage of ≥ 4 ANC visits among working women in**

175Indonesia. The findings in this study could be useful for other countries in other regions since
176this study results are consistent and confirm previous studies from multiple countries.

177Disclosure statement

178The authors report no potential conflict of interest.

179Acknowledgments

180We express our gratitude to ICF International for granting permission to the author to analyze the
181IDHS 2017.

182

183

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260 antenatal care. *Sex Reprod Healthc.* 2020:100505.
261

262 **Table 1. The descriptive statistics of the respondent of female workers in Indonesia**
 263 (n=8,239)

Variables	Categories	ANC visits		p-value
		< 4 (n=923)	≥ 4 (n=7316)	
Type of Residence	Urban	33.6%	51.4%	* < 0.001
	Rural	66.4%	48.6%	
Age group	15-19	3.7%	1.2%	* < 0.001
	20-24	13.8%	12.1%	
	25-29	20.4%	25.6%	
	30-34	23.1%	27.3%	
	35-39	22.1%	21.6%	
	40-44	12.9%	10.0%	
	45-49	4.1%	2.2%	
Having a husband	No	8.5%	4.0%	* < 0.001
	Yes	91.5%	96.0%	
Education Level	No education	6.9%	1.1%	* < 0.001
	Primary	40.1%	21.5%	
	Secondary	40.4%	51.0%	
	Higher	12.6%	26.4%	
Parity	< 2	21.6%	30.9%	* < 0.001
	2 - 4	54.7%	61.9%	
	> 4	23.7%	7.2%	
Wealth status:	Poorest	51.4%	22.3%	* < 0.001
	Poorer	18.7%	17.5%	
	Middle	14.4%	18.2%	
	Richer	8.7%	20.3%	
	Richest	6.8%	21.7%	
Health insurance coverage	No	44.4%	33.7%	* < 0.001
	Yes	55.6%	66.3%	

264 Note: *p < 0.001.

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271 **Table 2. The Result of Binary Logistic Regression** of ANC visits among Female Workers in
272 Indonesia (n=8,239)

Variables	Categories	p-value	≥ 4 ANC visits		
			AOR	95% CI Lower Bound	Upper Bound
Type of residence	Urban	0.999	1.000	0.841	1.189
	Rural	-	-	-	-
Age group	15-19	-	-	-	-
	20-24	*<0.001	2.533	1.601	4.007
	25-29	*<0.001	3.944	2.477	6.278
	30-34	*<0.001	4.466	2.765	7.213
	35-39	*<0.001	4.830	2.958	7.889
	40-44	*<0.001	5.179	3.085	8.692
Having a husband	45-49	*<0.001	4.896	2.640	9.081
	No	-	-	-	-
Educational attainment:	Yes	*<0.001	2.012	1.524	2.658
	No education	-	-	-	-
	Primary	*<0.001	2.371	1.644	3.421
	Secondary	*<0.001	3.658	2.513	5.324
Parity	Higher	*<0.001	3.147	2.062	4.803
	< 2	*<0.001	4.789	3.525	6.507
	2 - 4	*<0.001	2.949	2.362	3.682
Wealth status	> 4	-	-	-	-
	Poorest	-	-	-	-
	Poorer	*<0.001	1.623	1.325	1.988
	Middle	*<0.001	2.015	1.603	2.532
	Richer	*<0.001	3.324	2.516	4.392
Health Insurance coverage	Richest	*<0.001	4.177	3.023	5.771
	No	-	-	-	-
	Yes	*<0.001	1.436	1.236	1.667

273 Note: *p < 0.001.

274



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