

## Original Article

# Knowledge, attitude, and husband's support as predictors of postpartum visit adherence: A cross-sectional study

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## ABSTRACT

**Introduction:** Postpartum visits are crucial for postpartum mothers as they play a significant role in ensuring the health and well-being of both the mother and the newborn. Nevertheless, only few postpartum women have attended all of the required postpartum visits. This study aimed to determine the factors associated with postpartum visits in Seberang Padang Village, Padang, Indonesia.

**Methods:** This study was a descriptive analytical study with a cross-sectional approach. The Total Sampling approach was used to collect data from 43 postpartum women with infants ages 6 to 8 weeks. A questionnaire about respondent characteristics, knowledge, attitude, spouse support, and postpartum visit was utilized to collect data. Chi-square was employed for bivariate analysis, and logistic regression was used for multivariate analysis.

**Results:** Postpartum visits were associated with knowledge ( $P$ -value = .038), attitude ( $P$ -value = .001), and husband's support ( $P$ -value = .006), according to bivariate analysis. Multivariate analysis revealed that attitude, with  $P$ -value = .021 and Exp (B) = 15.188, was the most significant variable linked to postpartum visits.

**Conclusion:** To increase postpartum mothers' understanding of how to conduct postpartum visits, health professionals are anticipated to host communication, information, and education events. This practice is intended to enhance postpartum moms' knowledge, attitudes, and desire to have postpartum checkups.

**Keywords:** attitude; husband's support; knowledge; postpartum visit

## INTRODUCTION

The health and well-being of both the mother and the newborn are greatly enhanced by postpartum visits, which are essential for new mothers. They are essential for the early detection and management of complications such as infections, excessive bleeding, and mental health issues, which are common during this time (Dahab et al., 2024; Giouleka et al., 2024). Missing postpartum checkups can cause mothers to suffer from unidentified medical and psychological issues that worsen over time. The United State has a high maternal mortality rate, with inadequate postpartum care contributing to this issue (Jayangondaperumal, 2022). Attendance at postpartum visits is associated with a 50% increase in the likelihood of using modern contraceptives, reducing the risk of unintended pregnancies (Masho et al., 2016).

Current trends in postpartum maternal mortality rates reveal significant disparities across regions, particularly between high-income and low-income countries. While global maternal mortality has decreased, approximately

287,000 women still die annually from pregnancy-related complications, predominantly in low-income areas, especially sub-Saharan Africa (Kulczycki & Logan, 2024). The average maternal mortality ratio in Africa is alarmingly high at 415 per 100,000 live births, with Central Africa projected to have the highest rates by 2030 (Yaya et al., 2021). Postpartum maternal mortality rates in Asia, particularly in Indonesia, reveal significant challenges. Indonesia's Maternal Mortality Rate has shown an alarming increase, with 4,627 deaths reported in 2020, highlighting the need for targeted interventions (Rahayu et al., 2023). Notably, 61.59% of maternal deaths occur during the postnatal period, emphasizing the critical role of postnatal care (PNC) in reducing mortality rates (Cahyono et al., 2021).

Preexisting medical conditions, such as thyroid disease and hypertension, increase the likelihood of postpartum visits, as these conditions necessitate closer monitoring. The presence of postpartum complications also prompts more frequent visits. A high proportion with preexisting medical and peripartum morbidities was not evaluated within 8 weeks of hospital discharge (Butwick et al., 2022). Postpartum mothers who do not receive regular home visits may experience unaddressed health issues, increased risk of chronic complications, and lower maternal satisfaction (Yonemoto et al., 2017).

The first postpartum visit (KF1), the entire postpartum visit (KF4), and postpartum women who got vitamin A are indicators at health service facilities that can be used to assess maternal or postpartum maternal health. The Ministry of Health of the Republic of Indonesia (2022) recommends that postpartum maternal health treatments include at least four visits. Data from the Padang City Health Office shows that

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postpartum visits (KF) in Padang City climbed to 80.5% in 2021 from 77.4% in 2020. On the other hand, postpartum visits dropped in 2022 with KF1 79.5% and KF4 76.5%. The lowest attendance rates in Padang City postpartum were KF1 69.1% and KF4 51.1% at the Seberang Padang Health Centre (Padang City Health Office, 2022).

The fulfillment of postpartum visits in Indonesia is influenced by knowledge, attitude, and spousal support. These influences are the ones that create the safe environment for mothers to take care of themselves and visit hospitals for medical treatment. Through the interaction of these influences, it is understood why they are two of the most influential factors (S. Putri *et al.*, 2023; Pratiwi *et al.*, 2024).

The influence of knowledge, husband's attitude, and support of the husband on visit frequency during the postpartum period is significant, as indicated by various studies. All of these play a role in ensuring that women in the postpartum period keep up with planned health check-ups, which are crucial for minimizing maternal mortality. Knowledge of postpartum care is an important determinant of visit frequency. There is a large gap in the knowledge of mothers regarding postpartum complications, as per studies showing that only 23.9% of Southern Ethiopia's women had such knowledge (Yaya *et al.*, 2023). Enhanced awareness of complications, including postpartum hemorrhage, can lead to early healthcare visits, as seen with interventions that enhanced knowledge from 48.2% to 80.6% about uterotonics in Kenya (Muthamia *et al.*, 2024).

In Sidomulyo, Indonesia, a significant relationship was found between mother's knowledge and postpartum visit attendance with *P*-value of .023, indicating that more informed mothers would go for postpartum visits more frequently (S. Putri *et al.*, 2023). The same phenomenon can be found in antenatal care, whereby knowledge rendered visits more frequent and showed a similarity in postpartum cases (Harahap, 2022).

A positive attitude towards PNC will enhance the potential for follow-up visits, which are crucial to maternal and neonatal well-being. Quality and communication of care also play an immense role in attitudes with increased acceptance at the health centers making them more likely to visit (Sètondji *et al.*, 2020). Education plays a critical role; mothers with educated husbands were less likely to have negative attitudes towards PNC (Abdullahi & Usman, 2022).

## METHODS

### Study Design

The study has a cross-sectional, descriptive-analytic design, meaning that the researcher measures and observes the data for the independent and dependent variables just once.

### Samples and Sampling

This study included 43 postpartum moms who lived in Seberang Padang Village, Padang City, between March and May 2024. The sampling strategy employed was total sampling. The study comprised forty-three postpartum moms who had children between the ages of six and eight weeks, had completed the postpartum period, were willing to participate, and were in good health. For this study, participants should exclude mothers with severe postpartum complications, high-risk pregnancies, or neonates requiring prolonged Neonatal Intensive Care Unit care, as these conditions may independently affect postpartum visit adherence.

Additionally, mothers facing significant barriers, such as relocation, cognitive impairment, or language limitations, should be excluded to ensure effective participation in the intervention and follow-up.

### Variables

Postpartum visits are the dependent variable in this study, whereas knowledge, attitude, and husband's support are the independent variables.

### Instruments

Postpartum visit adherence is assessed based on records in the Maternal and Child Health Handbook. A mother is classified as adherent if she has attended four postpartum visits, as recommended. Conversely, if the number of visits is less than four, she is categorized as non-adherent.

To assess mothers' knowledge, Haspindori (2019) created a questionnaire and examined its validity and reliability. The validity test results indicated that every question on the knowledge variable was deemed genuine since either all of the questions had a value  $> .444$  or the estimated *r* value was higher than the *r* table. Based on the knowledge variable's reliability test results, its value was higher than the *r* table value limit of .60. The value for the knowledge variable was .980. Using the Guttman scale, this questionnaire asks twenty questions to gauge respondents' knowledge of postpartum visits. The questions include the option of correct or incorrect responses. Knowledge is categorized into poor, moderate, and good levels. A mother is classified as having good knowledge if she achieves a score of  $\geq 75\%$ .

Rahmawati (2015) developed a questionnaire and assessed its validity and reliability before using it to gauge postpartum mothers' attitudes. The questionnaire employed in this study can be considered legitimate as the validity test findings showed that each statement's computed *r* value was larger than *r* table = .445. The attitude questionnaire consists of eight questions measured using a four-point Likert scale, ranging from strongly agree to strongly disagree. Attitudes are categorized as positive or negative based on the respondent's total score.

A questionnaire created and checked for validity and reliability by Haspindori (2019) was used to gauge husbands' support for new moms. According to the validity test results, every item on the family support variable was deemed valid because either all of the items had a value  $> .444$  or the calculated *r*-value was higher than the *r*-table. The variable's value exceeds the *r*-table value limit of .60, according to the family support reliability test results. The husband's support variable yielded a value of .932. The questionnaire on husband's support consists of 10 questions covering emotional, informational, and instrumental support, with Yes/No response options. Support is categorized as supportive if the total score ranges from 6 to 10.

### Data Collection

After receiving permission to carry out the study, the researcher was referred to the Head of the KIA Program, who oversees the postpartum mother program in Seberang Padang Village, Padang City. In a number of "posyandu" that were being held, the researcher and the posyandu cadres looked for respondents who fit the requirements. With the help of two enumerators, research was conducted on respondents who did not visit the posyandu through a house visit. Following their consent to participate in the study, participants will complete a questionnaire that includes demographic information, knowledge tests, attitudes, and husband support.

**Table 1.** Demographic Characteristics of Respondents (n=43)

Characteristics	n	%
<b>Age</b>		
<20 years	2	4.7
20-35 years	34	79.1
>35 years	7	16.3
<b>Education</b>		
Elementary School	3	7.0
Junior High School	4	9.3
Senior High School	29	67.4
Diploma/ Bachelor Degree	7	16.3
<b>Employment Status</b>		
Unemployed	40	93.0
Employed	3	7.0
<b>Ethnicity</b>		
Minang	40	93.0
Jawa	1	2.3
Batak	2	4.7
<b>Parity</b>		
1	21	48.8
≥2	22	51.2

**Table 2.** Relationship between knowledge, attitude, husband's support with postpartum visits (n=43)

Variables	Postpartum Visits						P-value
	Non-Adherent		Adherent		Total		
	n	%	n	%	n	%	
<b>Knowledge</b>							
Poor	16	100.0	0	.0	16	100.0	.038
Moderate	10	76.9	3	23.1	13	100.0	
Good	9	64.3	5	35.7	14	100.0	
<b>Attitude</b>							
Negative	27	96.4	1	3.6	28	100.0	.001
Positive	8	53.3	7	46.7	15	100.0	
<b>Husband's Support</b>							
Unsupportive	24	96.0	1	4.0	25	100.0	.006
Supportive	11	61.1	7	38.9	18	100.0	

**Table 3.** Multivariate analysis

		B	S.E	Wald	df	Sig.	Exp(B)	95% C.I.for EXP(B)	
								Lower	Upper
Step 1	Knowledge	1.240	.895	1.918	1	.166	3.456	.598	19.990
	Attitude	2.263	1.287	3.092	1	.079	9.614	.771	119.829
	Husband's Support	1.036	1.341	.597	1	.440	2.818	.204	39.003
	Constant	-9.671	3.621	7.135	1	.008	.000		
Step 2	Knowledge	1.287	.863	2.223	1	.136	3.622	.667	19.660
	Attitude	2.720	1.177	5.347	1	.021	15.188	1.514	152.382
	Constant	-8.760	3.116	7.903	1	.005	.000		

## Data Analysis

Bivariate analysis was performed using the chi square test with a 95% confidence level or  $P\text{-value} \leq .05$ . Multivariate analysis used in this study was logistic regression with the backward method. The Backward method or backward step elimination method is one method by entering all independent variables into the model and then removing them one by one by testing their parameters and using partial F.

## Ethical Clearance

Research ethical issues including informed consent, anonymity, and confidentiality, were addressed carefully during the study process. The research ethical clearance approval letter was obtained from the Research Ethics Committee at Faculty of Nursing, Universitas Andalas, Padang, Indonesia, No. 283/KEPKFKEP UNAND/2024, on April 19, 2024.

## RESULTS

Characteristics of respondents based on demographic data reveal that 79.1% of mothers aged 20–35 years. Table 1 further illustrates that the majority of respondents—29, or 67.4%—have a high school diploma. Nearly all of the respondents—40, or 93.0%—are unemployed. Forty of the respondents, or 93.0%, are Minang. The majority of responders (51.2%) had parity  $\geq 2$ .

Table 2 reveals that all respondents with less knowledge, 96% of respondents who did not have spousal support, 96.4% of respondents who had unfavorable attitudes, did not follow the postpartum visit schedule. A substantial correlation between postpartum moms' compliance with mandated postpartum visits and their knowledge ( $P\text{-value} = .038$ ), attitude ( $P\text{-value} = .001$ ), and husband support ( $P\text{-value} = .006$ ) is demonstrated by the statistical test findings.

With a  $P\text{-value}$  of  $.021 < .05$ , attitude emerged as the most dominant variable in the multivariate analysis (Table 3) utilizing logistic regression of three independent variables. This indicates that the attitude variable was significantly associated with postpartum visits, and it had the highest OR value of 15.188, indicating that the higher the exp(B) value, the stronger the association between the variable and postpartum visits.

## DISCUSSION

Postpartum period involves a complex interplay of physical recovery, emotional adjustment, and lifestyle adaptation, which can impact both the mother and the infant. Postpartum mothers experience various physical changes, including recovery from childbirth, which may involve wound healing, pelvic floor health, and management of conditions like gestational diabetes and hypertension (Hussain, 2022). Not attending postpartum visits can lead to missed opportunities for improving women's health, including counseling on contraception, screening for postpartum depression, and addressing chronic health conditions, potentially impacting subsequent pregnancies and overall maternal well-being (Morgan *et al.*, 2018).

One of research found that one-third of all women who attended a prenatal visit at Montefiore Hospital did not return for a postpartum visit. Socioeconomic disadvantage groups like younger mothers and publicly covered patients are less likely to attend postpartum visits, exacerbating health inequities (Wilcox *et al.*, 2016). Low postnatal consultation rates might

lead to occult maternal and newborn pathologies and pose a greater threat to health. Early diagnosis and management of potential complications among postpartum mothers and their infants rely on frequent visits (Sètondjì *et al.*, 2020).

In the current study, maternal knowledge and postpartum visits were strongly associated ( $P\text{-value}=.038$ ). Greater maternal knowledge can lead to improved health-seeking behaviors, ultimately reducing maternal and neonatal mortality. Socioeconomic status and access to healthcare facilities are critical predictors of knowledge. Women with better socioeconomic status are expected to have higher knowledge that predicts their ability to get healthcare services (Moyo *et al.*, 2023). Postpartum danger signs information significantly influences health-seeking behavior because empowered mothers are in a better position to recognize complications and receive timely treatment. Such information prevents delay in decision-making, thus leading to improved maternal health status and decreased maternal mortality rates (Dangura, 2020). This research identified that the care provided to postpartum women with Orem's self-care model prevented postpartum complications and enhanced the self-care agency of postpartum women (Nazik & Eryilmaz, 2013).

About 85.7% of mothers who were highly educated were non-compliant with postpartum visits in this study. Irrespective of higher education, postpartum visit behavior is influenced by family support, cultural beliefs, and health facility distance, pointing out that education cannot ensure adherence to required health visits (Mayangsari *et al.*, 2022). Facilitating factors such as housing instability, transportation difficulties, and issues of communication with providers are key in influencing compliance with postpartum visits, suggesting that highly educated mothers can be faced with non-medical barriers to postpartum care adherence (Bryant *et al.*, 2006).

The study also showed that postpartum visits had a strong correlation with instrumental, informational, and emotional support from the husband. Husbands' emotional support reduces anxiety and depression in postpartum women, encouraging them to seek healthcare services (Pratiwi *et al.*, 2024). Overload stressors and insufficient support resources play a significant role in mental well-being, whereas self-care coping mechanisms improve psychological well-being (Walker *et al.*, 2024). Increased awareness of the necessity of postpartum care among husbands is also associated positively with increased levels of support, which indirectly influences mothers' compliance with healthcare visits (Yasin *et al.*, 2024).

Postpartum visits are most strongly associated with the attitude variable, according to the findings of a logistic regression study of three independent factors. Compared to postpartum visits, maternal knowledge in this study falls into the lower group since an individual's understanding is shaped by their own attitude. Attitude significantly influences women's behaviour across various contexts. Feedback loop suggests that changing attitudes can lead to significant behavioral changes, emphasizing the importance of addressing underlying beliefs (Eilers, 2024). Attitude significantly influences postpartum visits to healthcare facilities, as evidenced by various studies highlighting the correlation between women's perceptions and their healthcare-seeking behaviours. A study in Nigeria found that 87.4% of postpartum women perceived PNC as beneficial, with 69.5% willing to attend multiple visits (Sanusi *et al.*, 2023). In Northern Nigeria, 93.7% of urban mothers had a good attitude towards PNC, yet only 15.7% utilized the services, indicating a gap between attitude and actual behaviour (Abdullahi & Usman, 2022).



Attitude also significantly influences women's behaviour by shaping their intentions towards using Long-Acting Reversible Contraceptives (LARC). Positive attitudes, formed through knowledge and support, lead to higher intentions to adopt LARC, as demonstrated in the study's findings on postpartum women (T. E. Putri et al., 2021), while knowledge and support are vital, barriers such as socioeconomic status and healthcare accessibility also play significant roles in determining postpartum visit attendance, indicating a multifaceted issue that requires comprehensive solutions (Tierny et al., 2024).

Generally, mothers have a negative opinion toward postpartum visits. Most moms are in the ideal age range of 20 to 30 years, during which time problems are uncommon. Their views about not doing postpartum visits may be impacted by this condition. As per the health behavior hypothesis, those who believe they are well or not at high risk are more likely to view preventative interventions as superfluous (Glanz et al., 2015). Because they do not perceive any threat to their health, mothers at this ideal age may believe that postpartum checkups are unnecessary. Furthermore, local beliefs and cultural influences could also have an impact on this negative attitude. The majority of postpartum mothers in Seberang Padang Village are Minang ethnicity, who might have a stronger belief in alternative or traditional medicine.

## CONCLUSION

Postpartum visits are essential for safeguarding maternal and neonatal health, particularly in the early stages of recovery. This study highlights the critical role of knowledge, attitude, and husband's support in influencing postpartum visit adherence among mothers in Seberang Padang Village, Padang, Indonesia. The findings indicate that a positive attitude is the most significant predictor of adherence, with a strong association evidenced by multivariate analysis. Knowledge and husband's support also play vital roles, underscoring the importance of comprehensive education and spousal involvement during the postpartum period. These results emphasize the need for targeted interventions to address barriers to postpartum care. Health professionals should focus on improving maternal knowledge and fostering supportive attitudes through communication, information, and educational programs. By addressing these determinants, healthcare systems can improve postpartum care outcomes, reducing the risks of undetected complications and contributing to maternal and neonatal health equity. Building on the findings of this study, future research should focus on developing and evaluating targeted educational interventions aimed at improving postpartum visit adherence. Furthermore, longitudinal research is needed to examine the long-term effects of postpartum visit adherence on maternal and neonatal health outcomes.

## Declaration of Interest

The authors report no actual or potential conflicts of interests.

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## Data Availability

The datasets generated during and/or analyzed during the current study are available from the corresponding author on reasonable request.

## REFERENCES

- Abdullahi, H. M., & Usman, N. O. (2022). Attitude and utilization of postnatal care services among women of reproductive age in the rural and urban communities in Northern Nigeria. *Calabar Journal of Health Sciences*, 6, 72–79. [https://doi.org/10.25259/CJHS\\_13\\_2022](https://doi.org/10.25259/CJHS_13_2022)
- Bryant, A. S., Haas, J. S., McElrath, T. F., & McCormick, M. C. (2006). Predictors of compliance with the postpartum visit among women living in healthy start project areas. *Maternal and Child Health Journal*, 10(6), 511–516. <https://doi.org/10.1007/s10995-006-0128-5>
- Butwick, A. J., Bentley, J., Daw, J., Sultan, P., Girsan, A., Gibbs, R. S., & Guo, N. (2022). Postpartum care visits among commercially insured women in the United States. *AJOG Global Reports*, 2(4), Article 100106. <https://doi.org/10.1016/j.xagr.2022.100106>
- Cahyono, M. N., Efendi, F., Harmayetty, H., Adnani, Q. E. S., & Hung, H. Y. (2021). Regional disparities in postnatal care among mothers aged 15-49 years old in Indonesia. *F1000Research*, 10, Article 153. <https://doi.org/10.12688/f1000research.50938.1>
- Dahab, A. A., Miski, S. S., Hajjaj, A. M., Alnughmush, M. S., Buradhah, F. E., Basakran, G. G., Bashwan, A. A., Aseeri, K. I., Alshahrani, A. R., & Almoagal, H. S. (2024). A review on the role of postpartum homecare program in identification, managing and preventing common complications. *International Journal of Community Medicine and Public Health*, 11(11), 4480–4485. <https://doi.org/10.18203/2394-6040.ijcmph20242992>
- Dangura, A. D. (2020). Knowledge about child birth and postpartum obstetric danger signs and associated factors among mothers in Dale district, Southern Ethiopia. *BMC Pregnancy and Childbirth*, 20(1), Article 340. <https://doi.org/10.1186/s12884-020-02989-7>
- Eilers, M. A. (2024). Attitudes and behavior feedback loops for young women's premarital sex. *Socius*, 10. <https://doi.org/10.1177/23780231241277690>
- Giouleka, S., Tsakiridis, I., Kostakis, N., Boureka, E., Mamopoulos, A., & Kalogiannidis, I. (2024). Postnatal care: A comparative review of guidelines. *Obstetrical & Gynecological Survey*, 79(2), 105–121. <https://doi.org/10.1097/OGX.0000000000001224>
- Glanz, K., Rimer, B. K., & Viswanath, K. (2015). *Health behavior: Theory, research, and practice* (5th ed.). Jossey-Bass.
- Harahap, N. A. (2022). *Hubungan pengetahuan, sikap ibu hamil dan dukungan suami terhadap kunjungan K4*. Universitas Jambi
- Haspindori. (2019). *Faktor yang berhubungan dengan kepatuhan kunjungan masa nifas pada ibu di wilayah kerja puskesmas Aek Batu Kabupaten Labuhan Batu Selatan* [Unpublished thesis]. Universitas Helvetia. [https://repository.helvetia.ac.id/eprint/2730/1/Haspindori%20\(1702022124\).pdf](https://repository.helvetia.ac.id/eprint/2730/1/Haspindori%20(1702022124).pdf)
- Hussain, S. (2022). Postpartum maternal wellbeing. *InnovAiT*, 15(1), 48–50. <https://doi.org/10.1177/17557380221096494>

- Jayangondaperumal, R. (2022). *Preventing postpartum complications using a home visitation model of care* [Doctoral dissertation, Dominican University of California].
- Kulczycki, A., & Logan, A. M. (2024). *Maternal mortality and morbidity*. In Encyclopedia of reproductive health (pp. 123–134). Elsevier.
- Pratiwi, L., Mahmud, U. H., Astuti, H. P., Nawangsari, H., Puspitasari, M. T., & Winancy, W. (2024). Associations of husband support with the incidence of post partum blues in the working area of Development Health Center and Tarogong Health Center Garut district. *International Journal of Health and Social Behavior*, 1(3), 1–7. <https://doi.org/10.62951/ijhsb.v1i3.41>
- Masho, S. W., Cha, S., Charles, R., McGee, E., Karjane, N., Hines, L., & Kornstein, S. G. (2016). Postpartum visit attendance increases the use of modern contraceptives. *Journal of Pregnancy*, 2016, Article 2058127. <https://doi.org/10.1155/2016/2058127>
- Mayangsari, D., Gunarmi, G., Mendrofa, F. A. M., & Hikmah, N. (2022). Analysis of determinants related to public health visits for post-partum mother during the COVID-19 pandemic. *Jurnal SMART Kebidanan*, 9(2), 114–122. <https://doi.org/10.34310/sjkb.v9i2.693>
- Morgan, I., Hughes, M. E., Belcher, H., & Holmes, L. (2018). Maternal sociodemographic characteristics, experiences and health behaviors associated with postpartum care utilization: Evidence from Maryland PRAMS dataset, 2012–2013. *Maternal and Child Health Journal*, 22(4), 589–598. <https://doi.org/10.1007/s10995-017-2417-6>
- Moyo, E., Moyo, P., Dzinamarira, T., Murewanhema, G., & Ross, A. (2023). Mapping evidence on the determinants of postnatal care knowledge among postpartum women in sub-Saharan Africa: A literature review. *Global Journal of Health Science*, 15(12), 16–31. <https://doi.org/10.5539/gjhs.v15n12p16>
- Muthamia, M., Nyaga, F., Kiio, M., Nyawira, E., Muia, C., & Ruto, D. (2024). Postpartum women's knowledge on pregnancy related danger signs, uterotonics and their perceptions on respectful maternity care in 10 selected counties, Kenya. *Research Square*. [Preprint] <https://doi.org/10.21203/rs.3.rs-3823253/v1>
- Nazik, E., & Eryilmaz, G. (2013). The prevention and reduction of postpartum complications: Orem's model. *Nursing Science Quarterly*, 26(4), 360–364. <https://doi.org/10.1177/0894318413500402>
- Padang City Health Office. (2022). *Annual report of Padang City Health Office*.
- Putri, S., Yulyana, N., & Dewi, R. (2023). Hubungan pengetahuan dan dukungan suami dengan kepatuhan kunjungan nifas di Puskesmas Sidomulyo. *Midwifery Care Journal*, 4(4), 142–150. <https://doi.org/10.31983/micajo.v4i4.9678>
- Putri, T. E., Pradanie, R., & Kusumaningrum, T. (2021). Analysis factors of the intention of postpartum women using long-acting reversible contraceptive based on the theory of planned behavior. *Pedimatern Nursing Journal*, 7(1), 16–25. <https://doi.org/10.20473/pmnj.v7i1.21498>
- Rahayu, L., Ulfa, E. M., Sasmita, N. R., Sofyan, H., Kruba, R., Mardalena, S., & Saputra, A. (2023). Unraveling geospatial determinants: Robust geographically weighted regression analysis of maternal mortality in Indonesia. *Infolitika Journal of Data Science*, 1(2), 73–81. <https://doi.org/10.60084/ijds.v1i2.133>
- Rahmawati, L. (2015). *Faktor yang berhubungan dengan kunjungan ibu nifas di wilayah kerja Puskesmas Jelbuk Kabupaten Jember*. Universitas Jember
- Sanusi, T. A., Abdus-Salam, R. A., & Oladokun, A. (2023). Attitude of postpartum women towards multiple postnatal clinic schedule in south-west Nigeria. *European Journal of Obstetrics & Gynecology and Reproductive Biology: X*, 18, Article 100197. <https://doi.org/10.1016/j.eurox.2023.100197>
- Sètondji, G. R. P., Badirou, A., Tognissè, M. V., Georgia, D., & Paul, A. (2020). Poor use of postnatal care service at health facilities in rural Southern Benin: What factors should we target? *The Journal of Community Health Management*, 7(3), 147–153. <https://doi.org/10.18231/2394-2738.2020.0033>
- The Ministry of Health of the Republic of Indonesia. (2022). *Buku Kesehatan Ibu dan Anak*.
- Tierney, K., Pearce, N., Miller, E., Steiner, A., Tighe, K., Presberry, J., & Kothari, C. (2024). Barriers to Postpartum Care: A Mixed Methods Study of Midwestern Postpartum Women. *Maternal Child Health Journal*, 28(2), 93–103. <https://doi.org/10.1007/s10995-023-03800-7>
- Walker, L. O., Murry, N., Becker, H., & Li, Y. (2020). Leading stressors and coping strategies associated with maternal physical and mental health during the extended postpartum period. *Journal of Midwifery & Women's Health*, 65(5), 581–589. <https://doi.org/10.1111/jmwh.13641>
- Wilcox, A., Levi, E., & Garrett, J. M. (2016). Predictors of non-attendance to the postpartum follow-up visit. *Maternal and Child Health Journal*, 20(Suppl. 1), 22–27. <https://doi.org/10.1007/s10995-016-2184-9>
- Yasin, A. M., Tekle, M. H., Asegid, D. T., Beshir, A. B., Amara, T. G., & Tefera, Y. M. (2024). Predictors of husbands in supporting wives to use obstetrics care services by health professionals, Dire Dawa administration, Ethiopia: A community based cross sectional study. *International Journal of Scientific Reports*, 10(5), 156–164. <https://doi.org/10.18203/issn.2454-2156.IntJSciRep20240979>
- Yaya, S., Anjorin, S. S., & Adedini, S. A. (2021). Disparities in pregnancy-related deaths: Spatial and Bayesian network analyses of maternal mortality ratio in 54 African countries. *BMJ Global Health*, 6(2), Article e004233. <https://doi.org/10.1136/bmjgh-2020-004233>
- Tessema, G. Y., Ayele, G., Tessema, K. F., Ukke, G. G., & Boynito, W. G. (2023). Knowledge of postpartum complications and associated factors among women who gave birth in the last 12 months in Arba Minch Town, Southern Ethiopia, 2019: A community-based cross-sectional study. *PLOS ONE*, 18(2), Article e0281242. <https://doi.org/10.1371/journal.pone.0281242>
- Yonemoto, N., Dowswell, T., Nagai, S., & Mori, R. (2017). Schedules for home visits in the early postpartum period. *Cochrane Database of Systematic Reviews*, 2017(7), Article CD009326. <https://doi.org/10.1002/14651858.CD009326.pub3>