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Mental Health Immunization: Interprofessional Collaboration Based on Spiritual and Cultural Theory to Prevent Major Depressive Disorder

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ABSTRACT

Mental Health Immunization Program is a new and creative innovation in preventing depression in pregnant women by involving collaboration between culturally and spiritually-based health teams. This study aims to determine the effect of mental health immunization on depression in pregnant women. This quasi-experimental study used a pretest-posttest design with a control group. The researchers used stratified random sampling and the Major Depression Inventory (MDI) as the research instrument. The experimental group received the Mental Immunization program in three meetings. The sample included 100 respondents in the intervention group and 100 in the control group. The collected data were analyzed using the Independent-Samples t-test. The intervention's effectiveness was clearly evident in the treatment group, which experienced a drastic reduction in the mean depression score, dropping from 12.7 at the pre-test to 4.8 at the post-test, with 3% of respondents initially experiencing mild depression successfully transitioning entirely to the minimal depression category. The Independent Samples t-test yielded a p-value of 0.001 (< 0.05), indicating that the intervention had a significant impact. This program highlights the importance of addressing mental health during pregnancy to improve outcomes for both mothers and infants.

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INTRODUCTION

Maternal depression remains a pressing global threat, with a prevalence of 11.9%. As many as 10% of pregnant women and 13% of postpartum women experience mental disorders (Adar, 2022). In Indonesia, the incidence ranges from 50–70% of women giving birth. In 2022, the Jember Regency Health Office recorded maternal deaths across several community health centers (*Puskesmas*) in Jember Regency (Rahmawati, 2024). A high prevalence of psychological issues among pregnant women has also been observed in Jember Regency. Previous research conducted in Plerean Village, Sumberjambe District, Jember Regency, reported that 75% of the pregnant women interviewed expressed anxiety and worry regarding childbirth; meanwhile, an assessment of 32 women in their third trimester revealed that 31 respondents (96.9%) fell into the severe anxiety category (Handayani et al., 2024). The negative impact of pregnancy depression not only affects the mother, but also the child and their family. Depression experienced by pregnant women from pregnancy through delivery can lead to various risks, such as premature birth, miscarriage, and prolonged labor. Meanwhile, its impact on the fetus includes low birth weight and a tendency for the fetus to become hyperactive (Mauludiyah et al., 2023). Therefore, collaboration between culturally and spiritually based professions is necessary to prevent depression in pregnant women.

Mental Health Immunization Program is a new and creative innovation in preventing depression in pregnant women by involving collaboration between culturally and spiritually-based health teams (Anggraeni et al., 2024). This approach views the mental health of pregnant women holistically, not only focusing on medical aspects but also taking into account cultural values, beliefs, and spiritual needs that exist and thrive in the community. With the involvement

of health workers, cultural leaders, and spiritual elements, Mental Immunization is expected to provide a sense of security, emotional support, and psychological empowerment for pregnant women throughout pregnancy and delivery (Lestari et al., 2025). Midwives and nurses play a central role in early detection and psychological support for pregnant women at risk of depression, including screening using valid instruments, supportive counseling, stress management education, and referral to professional mental health services (Aulia & Wahyuntari, 2022). Community leaders, cadres, and cultural figures play a role in improving maternal health through community empowerment, strengthening social support, and motivating mothers to seek appropriate health care through a local approach (Wahyu et al., 2021). Religious leaders can provide moral and spiritual support, guide healthy behaviors, including adherence to health visits, provide inner peace, and provide social support that helps reduce anxiety and stress in pregnant women (Jefri et al., 2025).

This program has the potential to improve the mental preparedness of pregnant women and reduce the incidence of depression, which can lead to pregnancy complications. Therefore, the Mental Health Immunization program needs to be implemented as a basis for developing sustainable promotive and preventive interventions that align with the cultural and spiritual values of the community. The aim of this study is to determine the effect of the "Mental Health Immunization" intervention on the incidence of depression among pregnant women. Research on this topic remains under-explored, with most studies focusing solely on physical and psychological factors. Therefore, the researchers formulated the following research question: "Is there an effect of interprofessional collaboration based on spiritual and cultural theory on Major Depressive Disorder in Pregnant Women in Jember Regency?"

METHOD

This study used a quasi-experimental pretest-posttest design with a control group. The experimental group received the Mental Health Immunization program, consisting of three sessions delivered by nurses, midwives, lecturers, and religious leaders. The first session included an assessment for Major Depressive Disorder; the second focused on implementing the Mental Health Immunization (with each facilitator delivering a 30-minute educational session); and the third was dedicated to evaluation. The topics covered were as follows: nurses addressed myths and pregnancy taboos; midwives covered nutrition and prenatal check-ups; lecturers provided education on culture and stress management; and religious leaders offered spiritual guidance. The control group did not participate in the Mental Immunization program and continued with their usual activities. This study was conducted in the Panti Community Health Center (*Puskesmas*) area, Jember, with a sample of 200 pregnant women.

The sampling technique employed was stratified random sampling, which involves selecting samples based on population strata in accordance with inclusion and exclusion criteria. The study sample included 100 respondents in the intervention group and 100 in the control group. Inclusion criteria included literate pregnant women in their first, second, or third trimester. Respondents were excluded if they declined to participate or failed to complete the questionnaire. Data collection was conducted using the Major Depression Inventory (MDI) questionnaire, which assesses symptoms over the preceding two weeks to identify no depression, mild, moderate, or severe depression (Lundin et al., 2023). The researcher coded, collected, cleaned, edited, tabulated, and analyzed the data using statistical software. Prior to data analysis, the researcher conducted the Kolmogorov–Smirnov test to determine the data distribution within each group. The collected data were then analyzed using the Independent-Samples t-test (Azari, 2024). This research has received ethical approval from Muhammadiyah University of Jember with number NO. 0122/KEPK/FIKES/V/2026.

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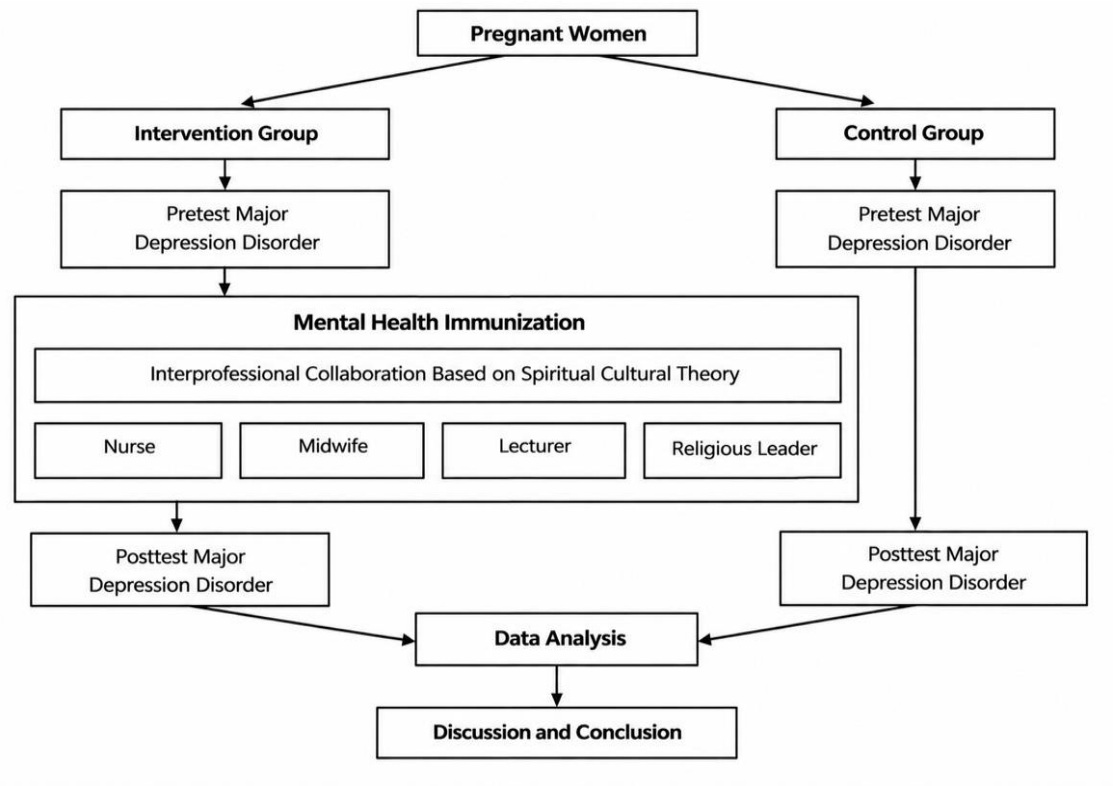


Chart 1. Mental health immunization flowchart

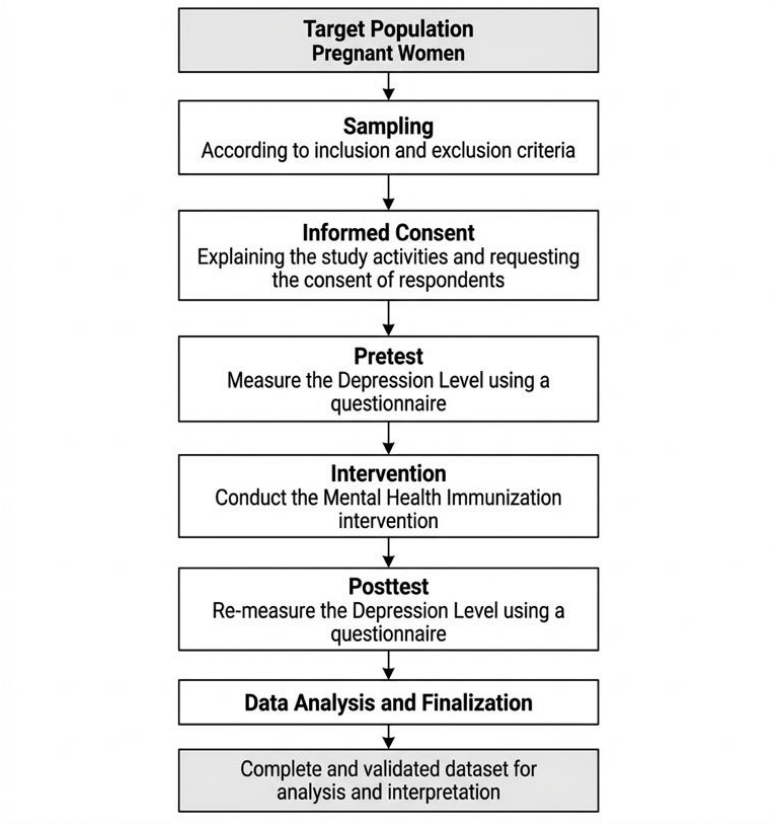


Chart 2. Data collection workflow

RESULTS

Table 1. Univariate analysis

Category	Results
Psychosocial development	
Early adulthood (Age 20–40 Years)	100%

Table 1 presents the distribution of respondents by psychosocial development category. Of the total data measured, all respondents (100%) fell into the early adulthood group, aged 20–40 years.

Table 2. Bivariate analysis

Category	Results	p-value
Mean (Pre-Test)		
Intervention group	12.7	
Control group	12.7	
Mean (Post-Test)		
Intervention group	5.2	
Control group	12.7	
Intervention Group (Pre-Test)		
No depression	97%	
Mild depression	3%	0.001
Intervention Group (Post-Test)		
No depression	100%	
Control Group (Pre-Test)		
No depression	98%	
Mild depression	2%	
Control Group (Post-Test)		
No depression	98%	
Mild depression	2%	

The results showed that before the intervention, the average level of depression in the intervention group and control group was 12.7, respectively. After being given Mental Health Immunization, the average depression level in the intervention group decreased to 5.2, while in the control group it remained at 12.7, with a p-value = 0.001. In the intervention group, the proportion of respondents who did not experience depression increased from 97% at pre-test to 100% at post-test, while the proportion with mild depression decreased from 3% to 0%. In contrast, in the control group, the proportion of respondents who did not experience depression remained at 98%, while mild depression remained at 2% in both the pre-test and post-test. These descriptive findings show that there was a greater change in depression levels in the group that received the intervention compared to the control group.

DISCUSSION

Research indicates that adults who become pregnant are highly vulnerable to psychological problems. Other research indicates that the experience of anxiety and stress during the perinatal period is associated with various factors, including social support, experiences with healthcare services, social norms and expectations, coping abilities, and concerns regarding maternal and infant health (McCarthy et al., 2021). Antenatal anxiety has a prevalence that may vary according to the trimester of pregnancy. This condition can be associated with various changes during pregnancy, including physical changes, concerns regarding the fetus's condition and childbirth, and the need to adjust to the role of a mother.

For pregnant women, this adaptation unfolds alongside physical and emotional changes and preparations for motherhood. A mother's psychological state during the perinatal period is influenced by various interacting factors, including her prior psychological condition, social

support, social norms and expectations, and her ability to cope with change (Matvienko-Sikar et al., 2025). The greater the pressure felt during pregnancy, the greater the tendency for anxiety to arise, while psychological abilities in dealing with pressure can play a role in reducing its impact.

Depression level before mental health immunization intervention

Prior to the intervention, the psychosocial status of respondents in both groups was relatively homogeneous, with the minimal depression category predominating. This is evidenced by the identical baseline mean depression score of 12.7 in both the intervention and control groups. Furthermore, the distribution of depression categories at the pre-test stage revealed an identical pattern across both groups: 97% of respondents fell into the minimal depression category, while the remaining 3% experienced mild depression.

High stress and anxiety during pregnancy cause disturbances in the hormonal regulation of pregnant women, especially through a continuous increase in the release of cortisol and catecholamine hormones. This psychological condition triggers narrowing of the uterine blood vessels (utero-placental vasoconstriction), which reduces blood flow to the placental tissue. As a result, pregnant women with high levels of anxiety are at greater risk of experiencing physical complications such as gestational hypertension, preeclampsia, and cardiovascular health problems during pregnancy (Jorge & Nomura, 2023).

Children born to mothers with a history of high anxiety during pregnancy show a greater tendency to experience emotional and behavioral problems. Long-term impacts include an increased risk of childhood anxiety disorders, delays in cognitive function, and challenges with attention regulation (Collins et al., 2024). Elevated levels of anxiety and stress can adversely affect the placenta's function. Stress impairs the placenta's ability to deliver essential nutrients and oxygen from the mother's bloodstream to the fetus. This disruption in nutrient delivery poses a significant risk of premature birth, miscarriage, and potentially compromised organ development in the infant (Rahayu & Kustriyanti, 2025).

Pregnant women are strongly advised to prioritize their mental well-being by employing relaxation techniques, effectively managing stress, and candidly communicating their concerns to their partners or families. At the same time, healthcare providers must integrate routine mental health screenings into prenatal care protocols, provide relevant psychological education, and establish responsive counseling and referral services. This comprehensive approach ensures that potential stress and anxiety can be identified and addressed promptly, thereby safeguarding the overall well-being of both the mother and the developing fetus.

Depression level after mental health immunization intervention

Following the intervention, the psychosocial conditions of the two groups exhibited a highly significant difference. The treatment group demonstrated a significant rate of recovery from depression compared to the control group. The sharp decline in mean depression scores among the intervention group resulted in all respondents (100%) who initially exhibited mild depression shifting entirely to the minimal or depression-free category. Conversely, the control group, which received no intervention, showed a tendency toward stagnation with no meaningful changes in scores, as the majority of respondents remained in their initial depression category.

Medical support provided systematically through quality Antenatal Care (ANC) services plays an important role in monitoring the health condition of the mother and fetus on an ongoing basis. This monitoring includes checking blood pressure, screening for possible obstetric complications, and early identification of various clinical risk factors, including preeclampsia and gestational diabetes. Carrying out routine medical supervision can increase pregnant women's sense of security, because any changes in health conditions can be immediately recognized and they can receive appropriate treatment by professional health workers (Sidabungke et al., 2025).

Spiritual support serves as an internal coping mechanism that assists expectant mothers in finding positive meaning in the physical and emotional transformations experienced during pregnancy. This process encompasses religious activities, prayer, spiritual meditation, or spiritual guidance that fosters self-acceptance and a sense of surrender. Spiritual beliefs provide a solid mental foundation for confronting the uncertainties and apprehensions associated with

childbirth. From a neurobiological perspective, the tranquility derived from spiritual coping helps suppress activity in the Hypothalamic-Pituitary-Adrenal (HPA) axis and stabilize cortisol production. This generates a natural calming effect that alleviates sympathetic nervous system tension, diminishes psychological stress levels, and significantly enhances the mother's emotional well-being (subjective well-being) throughout the gestation period (Kiyak, 2025).

Adequate nutrition plays a crucial role in the formation of the fetus's brain tissue and vital organs, while also reducing the risk of preterm birth and low birth weight. From a maternal perspective, balanced nutrition ensures sufficient energy levels, strengthens the immune system, and regulates the synthesis of brain neurotransmitters that maintain mood stability and prevent prenatal depression (Capra et al., 2026). Regular psychological support has also proven effective in preventing mild stress from escalating into prenatal or postpartum depression. Effective emotional management regulates the body's systemic inflammatory response and vascular tension, thereby creating an optimal intrauterine environment for fetal growth and development while enhancing the quality of the mother-infant bond (Ponting et al., 2020).

Mental health immunization is an innovative program involving healthcare workers, religious leaders, and community figures, alongside adequate nutrition, to improve pregnant women's mental health; this helps prevent risks that could harm not only the mother but also fetal development.

The effect of mental health immunization intervention on depression

The intervention was shown to have a significant impact on reducing participants' depression levels, as evidenced by a drastic drop in mean scores following the treatment. The significant difference in outcomes between the treatment and control groups confirms that the intervention possesses demonstrable clinical efficacy in addressing depression and facilitating sustained recovery.

The innovative Mental Health Immunization program incorporates several key components designed to improve the mental health of pregnant women. The education covers topics such as myths and taboos during pregnancy, nutrition and prenatal check-ups, cultural aspects and stress management, and spiritual insights.

The prevalence of pregnancy myths, social taboos, and inaccurate information on social media platforms significantly impacts the psychological well-being of expectant mothers. Exposure to misconceptions, such as anxiety concerning physical appearance, medically unfounded fears about fetal abnormalities, and alarming myths about childbirth, has been demonstrated to elevate Pregnancy-Related Anxiety (PRA) scores. Expectant mothers who rely on information from non-professional sources tend to experience substantially higher levels of anxiety (Ghadeer et al., 2021). The findings underscore the pivotal role of medical professionals in actively dispelling pregnancy myths and providing expectant mothers with reliable, scientifically substantiated information, including education on mental health immunization.

Suboptimal nutritional intake during pregnancy is unequivocally associated with a substantial augmentation in the risk of intrauterine growth restriction (IUGR), low birth weight (LBW), and neural tube defects. Conversely, appropriate nutritional interventions and education not only support optimal fetal growth and development but also speed the mother's physical and mental recovery after delivery (Apostolopoulou et al., 2024). Through Mental Health Immunization, pregnant women will receive education on nutritional requirements during pregnancy and undergo routine health monitoring during Posyandu (Integrated Health Post) visits. This initiative aims to facilitate the early detection of potential issues, particularly those related to mental health, that may arise during pregnancy.

Cultural values, local traditions, and societal beliefs influence how expectant mothers perceive pregnancy, determine their behaviors, and cope with pregnancy-related pressures. Culturally sensitive maternal health education can clarify health-risking beliefs or myths while respecting prevailing customs and values. This approach fosters the delivery of prenatal care that is more humane, contextually relevant, and readily accepted by expectant mothers and their families (Ansong et al., 2022). Consistent implementation of spiritual education has shown efficacy in stabilizing neuroendocrine responses to stress. Biologically, the tranquility derived from spiritual practices such as prayer, dhikr, or religious meditation helps suppress activity

within the hypothalamic-pituitary-adrenal (HPA) axis and reduces cortisol production. Consequently, this directly reduces anxiety, enhances emotional regulation, and supports optimal psychological well-being (Yoosefee et al., 2025).

A key factor closely linked to efforts to prevent depressive disorders in pregnant women is the role of regional policymakers. Mental Health Immunization is an innovative program that can serve as a reference for proactively addressing potential mental health issues among pregnant women. This research represents an effort to contribute to resolving mental health challenges faced by pregnant women. It is hoped that these mental health issues can be promptly addressed, leading to an improvement in public health standards.

CONCLUSION

A Mental Health Immunization intervention significantly reduced depression levels in pregnant women compared to a control group. The intervention, which included education on nutrition, prenatal care, stress management, and spiritual insights, demonstrated clinical efficacy in addressing depression and facilitating recovery. This program highlights the importance of addressing mental health during pregnancy to improve outcomes for both mothers and infants. Healthcare providers are advised to conduct periodic mental health screenings for pregnant women during antenatal visits and to provide education on stress and depression management. Simple interventions such as emotional regulation exercises, expressing feelings, and employing adaptive coping strategies can be integrated into antenatal care. Pregnant women should also be encouraged to communicate any emotional concerns to healthcare providers to ensure they receive early support and care.

AUTHOR'S DECLARATION

Authors' contributions and responsibilities

AAF: Collected data, prepared an activity plan, and prepared the manuscript; **AAZ**: Analyzed research data, research needs, and finances; **DIL**: Made conclusions, produced research outputs, and reported evaluations.

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Availability of data and materials

All data are available from the authors.

Competing interests

The authors declare no competing interests.

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REFERENCES

Adar, O. (2022). Prenatal Depression's Impact On Newborns And Long-Term Effects On Child Development. *Journal Of Psychiatry Psychology And Behavioral Research*, *3*(2), 43–48. https://doi.org/10.21776/ub.jppbr.2022.003.02.10

Anggraeni, L., Handayani, L., & Gustina, I. (2024). Kepercayaan Tradisional, Praktik Budaya, Pola Pengambilan Keputusan Pada Ibu Hamil Di Pedesaan Dan Perkotaan Indonesia. *Jurnal Kesehatan Reproduksi*, *15*(1), 16–29. https://doi.org/10.58185/jkr.v15i1.189

Ansong, J., Asampong, E., & Adongo, P. B. (2022). Socio-Cultural Beliefs And Practices During Pregnancy, Child Birth, And Postnatal Period: A Qualitative Study In Southern Ghana. *Cogent Public Health*, *9*(1). https://doi.org/10.1080/27707571.2022.2046908

Apostolopoulou, A., Tranidou, A., Tsakiridis, I., Magriplis, E., Dagklis, T., & Chourdakis, M. (2024). Effects Of Nutrition On Maternal Health, Fetal Development, And Perinatal Outcomes. *Nutrients*, *16*(3), 375. https://doi.org/10.3390/nu16030375.

Aulia, D., & Wahyuntari, E. (2022). The Role Of Midwives In Maternal Mental Health In The First 1000 Years Of Life : Peran Bidan Terhadap Kesehatan Mental Ibu Di 1000 Pertama Kehidupan. *Jurnal Kebidanan Midwiferia*, *8*(2), 137–152. https://doi.org/10.21070/midwiferia.v8i2.1662

Azari, A. A. (2024). *Analisis Data Penelitian Kesehatan: Memahami Dan Menggunakan Spss Untuk Pemula* (I). Yogyakarta: Gosyen Publishing.

Capra, M. E., Bellani, A., Berzieri, M., Fradusco, A., Esposito, S., & Biasucci, G. (2026). Maternal Nutrition During Pregnancy And Fetal Outcome, Short- And Long-Term Health Effects: A Narrative Review. *Nutrients 2026, Vol. 18, Page 1375*, *18*(9), 1375. https://doi.org/10.3390/nu18091375

Collins, J. M., Keane, J. M., Deady, C., Khashan, A. S., Mccarthy, F. P., O'keeffe, G. W., Clarke, G., Cryan, J. F., Caputi, V., & O'mahony, S. M. (2024). Prenatal Stress Impacts Foetal Neurodevelopment: Temporal Windows Of Gestational Vulnerability. *Neuroscience & Biobehavioral Reviews*, *164*, 105793. https://doi.org/10.1016/j.neubiorev.2024.105793

Ghadeer, H. A. Al, Kishi, N. A. Al, Almubarak, D. M., Almurayhil, Z., Alhafith, F., Makainah, B. A. Al, Algurini, K. H., Aljumah, M. M., Busaleh, M. M., Altaweel, N. A., & Alamer, M. H. (2021). Pregnancy-Related Anxiety And Impact Of Social Media Among Pregnant Women Attending Primary Health Care. *Cureus*, *13*(12), E20081. https://doi.org/10.7759/cureus.20081

Handayani, Y., Anggraeni, E., Faronita, F., & Dr Soebandi, U. (2024). The Effect Of Hypnobirthing Relaxation On Reducing Anxiety Levels In Pregnant Women Trimester Iii. *Jurnal Mid-Z (Midwivery Zigot) Jurnal Ilmiah Kebidanan*, *7*(2), 159–166. https://doi.org/10.56013/jurnalmidz.v7i2.3396

Jefri, J., Manongga, S. P., Wahyuni, M. M. D., Picauly, I., & Nayoan, C. R. (2025). Pengaruh Dukungan Emosional Terhadap Cakupan Kunjungan Antenatal Care Di Puskesmas Waipare. *Jurnal Manajemen Kesehatan Indonesia*, *13*(1), 27–38. https://doi.org/10.14710/jmki.13.1.2025.27-38

Jorge, T. F., & Nomura, R. M. Y. (2023). Effects Of Maternal Anxiety On Fetal And Maternal Circulation. *Revista Da Associação Médica Brasileira*, *69*(3), 410. https://doi.org/10.1590/1806-9282.20221011

Kiyak, S. (2025). The Relationship Between Fetal Health Anxiety, Spiritual Well-Being, And Perceived Social Support In High-Risk Pregnant Women In Türkiye. *Journal Of Religion And Health*, *64*(4), 2858. https://doi.org/10.1007/s10943-025-02288-5

Lestari, D. I., Fadilah, S. Z., Arifah, N., Azari, A. A., & Balaputra, I. (2025). Health Education And Interprofessional Collaboration To Improve Maternal Knowledge On Stunting Prevention. *Healthcare In Low-Resource Settings*, *13*(S2). https://doi.org/10.4081/hls.2025.13697

Lundin, A., Möller, J., & Forsell, Y. (2023). The Major Depression Inventory For Diagnosing According to DSM-5 and ICD-11: Psychometric Properties And Validity In A Swedish General Population. *International Journal Of Methods In Psychiatric Research*, *32*(4), E1966. https://doi.org/10.1002/mpr.1966

Matvienko-Sikar, K., Dijk, W. V., Dockray, S., & Leahy-Warren, P. (2025). Modifiable And Vulnerability Factors For Maternal Stress And Anxiety In The First 1000 Days: An Umbrella

Review And Framework. *Women And Birth : Journal Of The Australian College Of Midwives*, *38*(4). https://doi.org/10.1016/j.wombi.2025.101941

Mauludiyah, Z., Mauludiyah, Z., & Fitrianingtyas, R. (2023). Hypnobirthing Berpengaruh Terhadap Penurunan Tingkat Ansietas Dan Peningkatan Kadar Oksitosin Pada Ibu Hamil. *Malang Journal Of Midwifery (Majory)*, *5*(1), 68–75. https://doi.org/10.31290/majory.v5i1.3867

Mccarthy, M., Houghton, C., & Matvienko-Sikar, K. (2021). Women's Experiences And Perceptions Of Anxiety And Stress During The Perinatal Period: A Systematic Review And Qualitative Evidence Synthesis. *Bmc Pregnancy And Childbirth*, *21*(1), 811-. https://doi.org/10.1186/s12884-021-04271-w

Ponting, C., Mahrer, N. E., Zelcer, H., Dunkel Schetter, C., & Chavira, D. A. (2020). Psychological Interventions For Depression And Anxiety In Pregnant Latina And Black Women In The United States: A Systematic Review. *Clinical Psychology & Psychotherapy*, *27*(2), 249. https://doi.org/10.1002/cpp.2424

Rahayu, H., & Kustriyanti, D. (2025). Maternal Stress And Anxiety And Their Association Among Pregnant Women In Limbangan Kendal. *Jurnal Kesehatan Manarang*, *11*(3), 402–410. https://doi.org/10.33490/jkm.v11i3.1686

Rahmawati, L. (2024). *Hubungan Peran Tenaga Kesehatan Dengan Kemampuan Identifikasi Risiko Kehamilan Pada Ibu Hamil Trimester III Di Wilayah Kerja Puskesmas Ajung Kabupaten Jember*. [Universitas Muhammadiyah Jember]. https://repository.unmuhjember.ac.id/23311/

Sidabungke, M. D., Anggraini, L., Sulistyaningrum, H., Wildan, V., & Sulfiah, W. (2025). The Importance Of Quality Antenatal Care In Improving Maternal And Infant Health. *International Journal Of Psychology And Health Science*, *3*(4), 562–570. https://doi.org/10.38035/ijphs.v3i4.1386

Wahyu, N., Maratus Sholekhah, S., Khotimatul Wakidah, H., Qomah Ayu, I., & Wahyuni Adriani, S. (2021). Pemberdayaan Keluarga, Kader Dan Tokoh Masyarakat Dalam Meningkatkan Kesehatan Ibu Hamil Di Desa Jubung Kabupaten Jember. *Jurnal Pengabdian Kesehatan Komunitas*, *1*(3), 175–187. https://doi.org/10.25311/jpkk.vol1.iss3.1022

Yoosefee, S., Tehrani, F. J., & Azarpira, H. (2025). Effect Of Spiritual Care Programs On Anxiety And Quality Of Life Of Chronic Respiratory Patients. *Journal Of Education And Health Promotion*, *14*(1), 248. https://doi.org/10.4103/jehp.jehp_418_24