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Factors associated with the completeness of k6 antenatal care examinations among pregnant women

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Abstract

Background: The Maternal Mortality Rate (MMR) in Pringsewu Regency increased from 16 per 100.000 live births in 2023 to 194 per 100,000 live births in 2024. One of the key efforts to reduce MMR is ensuring comprehensive Antenatal Care (ANC) visits, including the minimum standard of six visits (K6). However, the K6 coverage at Adiluwih Health Center in 2024 remained relatively low at 66.8%.

Purpose: To identify the factors associated with the completeness of K6 examinations among pregnant women.

Method: This research is a quantitative study with a cross-sectional approach. The population consisted of postpartum mothers at Adiluwih Health Center from January to April 2025, and the sample included 81 respondents, representing the total population. The data used were secondary data obtained from maternal and child health (MCH) books. The statistical test employed was the Chi-Square test.

Results: The results showed that most respondents had good knowledge (48 respondents; 59.3%), a positive attitude (60 respondents; 74.1%), supportive family support (71 respondents; 87.7%), supportive health worker assistance (70 respondents; 86.4%), and complete K6 examinations (57 respondents; 70.4%).

Conclusion: Statistical analysis indicated significant relationships between knowledge, attitude, family support, and health worker support and the completeness of K6 examinations among pregnant women (p -value < 0.05).

Suggestion: is expected that pregnant women undergo at least six antenatal visits according to standards during pregnancy, with at least two of these visits conducted by a doctor during the first and third trimesters.

Keywords: Attitudes; Completeness of K6 Antenatal Examinations; Knowledge; Supportive Family; Supportive Health Workers.

INTRODUCTION

Pregnancy is the beginning of a new life for two, where the mother has the important task of caring for her fetus until it is full-term and ready for delivery. The fetus and mother are one entity that influence each other. Optimal health for the mother will improve the growth and development of the fetus (Khasanah & Yunitasari, 2021). Some of the causes of complications and deaths of mothers and newborns are due to the condition of the community itself, which is less aware of the importance of carrying out complete antenatal care visits during pregnancy (Suherni, Putri, Markolinda, & Masrizal, 2023).

The goal of health development in 2020-2024 is to improve the health status of the community. One indicator of community health status is the Maternal Mortality Rate. The Maternal Mortality Rate (MMR) in Indonesia in 2023 is 189 per 100,000 live births. In terms of trends over this four-year period, the MMR has declined, but this figure is still one of the highest among ASEAN countries. The targets set in the National Medium-Term Development Plan (RPJMN) for 2023 are 194 per 100.000 live births (LB) and for 2024 are 183 per 100.000 LB. These achievements are still far from the Sustainable Development Goals (SDGs) target of reducing MMR to less than 70 per

100,000 live births by 2030 (Ministry of Health of the Republic of Indonesia, 2025).

Based on data from the Lampung Provincial Health Office, the MMR in Lampung Province has fluctuated over the past 5 years. In 2019, the MMR in Lampung Province reached 110/100,000 live births, and in 2023 it was 105/100,000 live births (Lampung Provincial Health Office, 2024). Meanwhile, the Maternal Mortality Rate (MMR) in Pringsewu Regency in 2024 was recorded at 11 cases among 5,684 mothers, equivalent to 194 per 100,000 live births. This figure increased compared to 2023, which was 16 per 100,000 live births. In addition to MMR, the Infant Mortality Rate (IMR) in Pringsewu Regency in 2024 was recorded at 9.9 per 1,000 live births, an increase compared to the 2023 figure of 7 per 1,000 live births. The IMR in Pringsewu Regency remains above the target set in the Ministry of Health's 2020–2024 National Medium-Term Development Plan (RPJMN), which is 16 per 1,000 live births. Nevertheless, this remains a major concern for Pringsewu Regency, highlighting the need to improve health services in order to reduce the infant mortality rate (Pringsewu District Health Office, 2024).

The main causes of maternal mortality are hypertension during pregnancy and postpartum hemorrhage. Meanwhile, the causes of mortality in the perinatal group are intrapartum complications (28.3%) and low birth weight (LBW) babies (19%). This illustrates that the condition of the mother before and during pregnancy greatly determines the delivery and the condition of the baby at birth. Postpartum hemorrhage is associated with anemia during adolescence and pregnancy. Issued antenatal care (ANC) service guidelines aimed at ensuring that all pregnant women receive comprehensive and high-quality antenatal care. This enables pregnant women to experience pregnancy and childbirth positively and to give birth to healthy and high-quality infants. A positive experience is one that is enjoyable and provides added value, benefiting pregnant women in fulfilling their roles as women, wives, and mothers. ANC services prepare expectant mothers to be fully ready for pregnancy and childbirth and help ensure that the surrounding environment can protect infants from infection. Doctors and midwives are expected to deliver high-quality ANC, conduct early detection (screening), establish diagnoses, provide appropriate management, and make referrals, thereby

contributing to efforts to reduce maternal and neonatal mortality (Ministry of Health of the Republic of Indonesia, 2020).

The frequency of Antenatal Care (ANC) visits should be conducted at least six times during pregnancy, with two of these visits involving examinations by a physician or an obstetrician–gynecologist in the first and third trimesters. K6 refers to the contact between a pregnant woman and a healthcare provider with clinical/midwifery competence to receive integrated and comprehensive antenatal care services in accordance with established standards, with a minimum of six visits throughout pregnancy. The visits are distributed as follows: two visits in the first trimester (0–12 weeks), one visit in the second trimester (>12–24 weeks), and three visits in the third trimester (>24 weeks until delivery), with at least two visits involving contact with a physician one in the first trimester and one in the third trimester (Haninggar (2024),

Antenatal visits may exceed six, depending on individual needs and the presence of complaints, illnesses, or pregnancy-related complications. If the pregnancy has reached 40 weeks of gestation, the woman should be referred for a decision regarding pregnancy termination. During the fifth visit in the third trimester, the physician conducts birth planning and screens for risk factors associated with delivery, including ultrasonography (USG) examination, and arranges a planned referral if necessary. Failure to attend the minimum recommended antenatal care visits at health facilities may result in undetected pregnancy abnormalities, the occurrence of hemorrhage due to inadequate monitoring of danger signs in pregnant women, and an increased risk of morbidity and mortality among pregnant women (Haninggar, Rangkuti, Yuliani, Siagian, Damayanti, Sari, & Anita, 2024).

Antennatal care (ANC) visits by pregnant women, which are a form of health behavior, are influenced by several factors. The division of factors that influence a person's behavior in utilizing health services based on Green's theory consists of predisposing factors, enabling factors, and reinforcing factors. Predisposing factors consist of knowledge, attitudes, beliefs, and sociodemographic factors such as age, education level, occupation, and parity. Enabling factors include the attitudes and behaviors

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of health workers or other personnel who serve as behavioral reference groups for the community. Facilitating factors include health infrastructure and facilities (Liana, 2022).

RESEARCH METHOD

Quantitative research, this study was conducted with the aim of determining factors related to the completeness of K6 examinations in pregnant women in the Adiluwih Community Health Center Work Area. The study was conducted from September 1 to October 11, 2025, in the Adiluwih Community Health Center work area. The researcher used the total population as the research sample. Therefore, the sample in this study was 81 people.

The independent variables are: knowledge, attitude, family support, and support from health workers and the dependent variable is: completeness of K6 inspection. The instruments used in this study were the KIA Handbook and a questionnaire to measure knowledge, attitudes, family support, and health worker support, as well as antenatal care visits in the Adiluwih Community Health Center (Puskesmas) area. The questionnaire was developed

based on a theoretical review of the dependent and independent variables in this study. The questionnaire will undergo validity and reliability testing before use. Validity and reliability testing will be conducted in the Bandungbaru Community Health Center area.

Based on the results of the validity test on all research questionnaires, it is known that the calculated r value $> r$ table (0.4683) so it can be concluded that all questions in the knowledge, attitude, family support and health worker support questionnaires are declared valid. The score of the K6 examination completeness variable is given a score of 1 and a score of 0 if incomplete, the knowledge variable is said to be good if it gets a score of ≥ 75 , sufficient $\geq 56-75$ and is said to be bad if the score is <56 . Positive attitudes are given a score of ≥ 40 and for negative attitudes are given a score of <40 , give a score of ≥ 50 if you get family support and <50 if you don't get family support and give a score of ≥ 50 if you get support from health workers, if you don't get support from health workers, give a score of <50 .

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RESEARCH RESULTS**Table The Relationship Between Mother's Knowledge, Attitude, Family Support and Health Worker Support the Completeness of K6 Examinations**

Variable	Completeness of K6 Examination		P-value
	Incomplete (n=24)	Complete (n=57)	
Mother's Knowledge (n/%)			
Poor	12/50.0	0/0	0.000
Enough	9/37.5	12/21.0	
Good	3/12.5	45/79.0	
Attitude (n/%)			
Negative	21/ 87.5	0/0	0.000
Positive	3/12.5	57/100	
Family Support (n/%)			
Less supportive	9/37.5	1/2.0	0.000
Supportive	15/79.1	56/98.2	
Health Worker Support (n/%)			
Less supportive	11/46.0	0/0	0.000
Supportive	13/54.0	57/100	

Based on table above, it shows that of the 81 respondents, the highest number was respondents with good knowledge and who underwent complete pregnancy check-ups, totaling 45 respondents (55.6%), while the lowest number was respondents with poor knowledge and who underwent complete pregnancy check-ups, totaling 0 respondents (0%). Based on the statistical test, the p-value = 0.000 < 0.05, it can be concluded that there is a significant relationship between maternal knowledge and the completeness of K6 examinations. This means that the better the respondents' knowledge, the more complete their pregnancy check-ups will be. the highest number was respondents with a positive attitude and undergoing a complete pregnancy check-up, totaling 57 respondents (70.4%), while the lowest number was respondents with a negative attitude and undergoing a complete pregnancy check-up, totaling 0 respondents (0%). Based on the statistical test, the p-value = 0.000 < 0.05, it can be concluded that there is a significant relationship between the mother's attitude and the completeness of the K6 examination. This means that the better the respondent's attitude, the more complete their pregnancy check-ups will be relationship between family support and the completeness of K6 examinations. it shows that out of 81 respondents, the highest number was respondents with supportive families who underwent complete pregnancy check-ups, totaling 56 respondents (69.1%), while the lowest number was respondents with less supportive families who underwent complete pregnancy check-ups, totaling 1 respondent (1.2%). Based on the statistical test, the p-value was 0.000 < 0.05, so it can be concluded that there is a significant relationship between family support and the completeness of K6 examinations and the highest number was respondents with health worker support who supported and conducted complete pregnancy check-ups, totaling 57 respondents (70.4%), while the lowest

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number was respondents with health worker support who did not support and conduct complete pregnancy check-ups, totaling 0 respondents (0%). Based on the statistical test, the p-value was $0.000 < 0.05$, indicating a significant relationship between healthcare provider support and the completeness of K6 examinations. This means that the better the healthcare provider support for respondents, the more complete their prenatal examinations will be.

DISCUSSIONS

The results showed that of the 12 respondents with insufficient knowledge, 12 respondents had incomplete K6 examination status, which was higher than the number of respondents who had completed the K6 examination. In addition, out of 48 respondents with good knowledge, there were 3 respondents (3.7%) with incomplete K6 examination status, which is less than the number of respondents who completed the K6 examination, namely 45 respondents (55.6%).

A person's health is influenced by two factors: behavioral factors and factors outside behavior. Behavioral factors are influenced, among others, by knowledge. Knowledge is a very important domain in shaping an individual's actions and plays a crucial role in determining attitudes. Therefore, the knowledge possessed by a mother influences her pregnancy check-ups. Mothers need to know, understand, and be aware that during pregnancy they must truly maintain their health. Understanding pregnancy, the risks encountered during pregnancy, childbirth, and the postpartum period, as well as the efforts that can be undertaken to ensure a safe pregnancy, is essential for mothers (Pakpahan, Siregar, Susilawaty, Tasnim, Ramdany, Manurung, & Sitanggang, 2021). Knowledge has an impact on the utilization of antenatal care services. As an indicator underlying an individual's actions, knowledge is an important factor influencing pregnant women's motivation to attend ANC visits. For mothers with high levels of knowledge regarding maternal health, ANC visits are not merely perceived as an obligation but as a necessity for their pregnancy (Tanjung, Effendy, Utami, Asriwati, & Nasution, 2024).

Based on the results of the research questionnaire regarding knowledge, it is known that the majority of respondents already have good knowledge regarding various aspects of pregnancy services, such as the schedule for hepatitis laboratory tests, upper arm circumference (UAC) measurements during pregnancy, blood pressure measurements during pregnancy, consumption of iron tablets provided by midwives, and preparation of a

contraception plan after giving birth. This shows that most respondents understand the importance of routine check-ups, monitoring nutritional status, preventing anemia, and family planning after childbirth as part of efforts to maintain the health of mothers and fetuses. However, there are still respondents with a low level of knowledge regarding the frequency of pregnancy check-ups and compliance with taking FE tablets.

The researcher believes that having good knowledge generally helps individuals adopt healthy behaviors, including adhering to complete antenatal care examinations. However, since only about 70.4% of mothers met the K6 criteria, there appears to be a gap between knowledge and actual practice. This indicates that possessing knowledge alone is not sufficient to automatically lead mothers to complete antenatal examinations. The researcher also considers that several factors may have influenced the study results, including the fact that although mothers are aware of the importance of examinations, they still face external barriers such as distance to healthcare facilities, transportation costs, and time constraints. Psychological, social, and cultural factors also play a role, such as traditional beliefs that may discourage mothers from seeking care from healthcare providers. In addition, the roles of healthcare professionals and family members are crucial in transforming knowledge into concrete action (Assari & Mincy, 2021).

The relationship between the attitudes of pregnant women and the completeness of K6 examinations in pregnant women the results showed that of the 21 respondents with negative attitudes, 21 respondents (25.9%) had incomplete K6 examination status, which was higher than the number of respondents who had completed the K6 examination. In addition, out of 60 respondents with positive attitudes, there were 3 respondents (3.7%) with incomplete K6 examination status, which is less than the number of respondents who completed the K6 examination, namely 57 respondents (70.4%).

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The results of this study are in line with the results of previous studies, which stated that there is a relationship between maternal attitudes and K6 Antenatal Care visits with a p value of 0.003. The Odd Ratio (OR) value of 0.284 means that 0.284 pregnant women with positive attitudes tend to have incomplete K6 Antenatal visits compared to pregnant women with negative attitudes. A person's attitude towards something will show how well they know, and the information they obtain will influence their response to accept it positively (support it). Conversely, lack of knowledge will result in a negative response (not supporting) (Zjubaidi & Chairiyah, 2024).

The manifestation of attitude cannot be seen directly but can only be interpreted in advance from hidden behavior. Attitude clearly shows the connotation of a suitable reaction to a particular stimulus, which in everyday life is an emotional reaction to social stimuli. A positive attitude on the part of a pregnant woman will facilitate antenatal care. Attitude is an important factor and has a significant influence on health. A pregnant woman's response to pregnancy checkups is one factor that influences the regularity of antenatal care. A positive attitude toward antenatal care reflects a pregnant woman's concern for her own health and that of her fetus (Liana, 2019).

Researchers argue that positive attitudes are usually associated with compliance with examinations. However, the K6 completeness rate was only 70.4%, indicating a gap between attitudes and actual actions in the field. This means that positive attitudes have not yet fully translated into complete K6 examinations. The difference in figures (74.1% positive attitude vs. 70.4% K6 completeness) indicates several obstacles, such as external factors like access to health facilities, availability of health workers and examination equipment, internal factors such as time constraints, cost, or health conditions that may prevent complete visits despite a positive attitude, and social factors such as support from family and community that influence actual behavior.

The relationship between family support for pregnant women and the completeness of K6 examinations in pregnant women the results showed that of the 10 respondents with insufficient family support, 9 respondents (11.1%) had incomplete K6 examination status, which was higher than the number of respondents with complete K6 examination status, which was 1 respondent (1.2%).

In addition, out of 71 respondents with supportive family support, 15 respondents (18.5%) had incomplete K6 examination status, which is lower than the number of respondents with complete K6 examination status, namely 56 respondents (69.1%).

At each stage of pregnancy, mothers experience changes that are both physical and psychological in nature. They must adapt to these changes, during which the greatest sources of stress often arise as part of the adaptation to specific conditions. Throughout this process, pregnant women greatly need intensive support from their families, expressed through care and affection. Family support is one of the reinforcing elements that influence individual behavior. Mothers who receive family support are more likely to attend high-quality antenatal care visits compared to those who do not receive such support. Family support plays an important role in shaping mothers' attitudes, determining maternal health status, and influencing the utilization of healthcare services (Kasmianti, Dian, Ernawati, Juwita, Salina, Winda, & Kartika, 2023).

The results of this study are in line with the results of other studies which stated that out of 70 respondents, most respondents received support from their husbands for Antenatal Care Visits K6, namely 58 people (82.9%). The results of this study indicate that most respondents received support from their husbands for Antenatal Care Visits (K6), because many husbands are aware of their responsibilities as heads of the family and realize that pregnancy is a shared responsibility (Zjubaidi & Chairiyah, 2024).

The researcher believes that strong family support can help mothers be more compliant in attending antenatal care examinations. However, despite relatively high levels of family support, only about 70.4% of mothers completed all components of the K6 examinations. This indicates that family support alone is not sufficient to ensure that pregnant women receive services in accordance with established standards. The discrepancy between the high level of family support (87.7%) and the still suboptimal completeness of K6 (70.4%) suggests the influence of other factors. These include the quality and availability of healthcare services, such as existing equipment and facilities, the number of healthcare personnel, as well as maternal factors such as knowledge level, health status, and time constraints.

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In addition, external factors such as distance to healthcare facilities, ease of transportation access, and service policies may also have an impact (Zuchro, Zaman, Suryanti, Sartika, & Astuti, 2022).

The results showed that of the 11 respondents with insufficient support from health workers, 11 respondents (13.6%) had incomplete K6 examination status, which was higher than the number of respondents who had completed the K6 examination. In addition, out of 70 respondents with supportive healthcare worker assistance, 13 respondents (16%) had incomplete K6 examination status, a figure that is lower than the 57 respondents (70.4%) who had complete K6 examinations.

Health professionals such as midwives, psychologists, or nurses can also serve as a support system for pregnant women. Pregnant women will feel empowered when surrounded by professionals in health care (Adelita, Aryastuti, & Febriani, 2024). These individuals can help pregnant women overcome problems during and after treatment, as well as address other health-related issues. The perception of health workers in health facilities correlates with the number of ANC visits by pregnant women. Pregnant women regularly visit health centers for pregnancy checkups if health workers behave better. Pregnant women's access to medical care can also be influenced by the uneven distribution of medical personnel in remote areas. In a study conducted by. The attitude of health workers at health facilities affects the frequency of visits, whereby the better the health workers are, the more often pregnant women visit health facilities for pregnancy check-ups (Suhadah, Lisca, & Damayanti, 2023).

Based on the results of the questionnaire regarding health worker support, it was found that the majority of respondents had received support from health workers during pregnancy check-ups, such as providing information about the importance of iron tablets during pregnancy, allowing time for questions and answers about the mother's complaints, providing accurate and up-to-date information about pregnancy, and helping them access the health services they needed during pregnancy. This shows that health workers play a significant role in assisting and ensuring that pregnant women receive optimal antenatal care (Rahmaniah, 2024). However, there are still respondents who have not received support from health workers regarding the importance of

pregnancy check-ups and support and motivation when undergoing check-ups. Furthermore, there are still health workers who do not provide information about follow-up visit schedules.

Incomplete antenatal care result in risks and complications of pregnancy that are not detected early and can lead maternal and infant mortality. The main factor causing the death of pregnant women each year is due to bleeding. This can be prevented with complete and routine antenatal care (Nani, Weraman, & Sir, 2022). Antenatal care (ANC) is prenatal care provided to pregnant women. It prepares for labor and delivery, preventing, addressing, and detecting potential problems during pregnancy. These problems or complications can lead to maternal death and increase the maternal mortality rate (MMR) in Indonesia. Therefore, the government has implemented a policy program for antenatal care with a minimum frequency of four visits during pregnancy (Sari, 2024).

Researchers argue that although support from health workers is already quite high, the completeness rate of K6 examinations in previous results only reached 70.4%. This shows that support from health workers alone is not enough; there are other factors that influence this, such as a lack of facilities and infrastructure, the level of compliance among pregnant women, social and economic factors, and access to health services. High support from health workers should increase the completeness rate of K6 examinations. However, the difference between the support of health workers (86.4%) and the completeness rate of K6 examinations (70.4%) indicates that there are obstacles from factors that are not only related to health workers, such as pregnant women not attending according to schedule, geographical or transportation barriers, limited service time at health facilities, or incomplete facilities and equipment for K6 examinations.

CONCLUSION

There is a relationship between the knowledge of pregnant women and the completeness of K6 examinations in pregnant women (p -value = 0.000). There is a relationship between the attitudes of pregnant women and the completeness of K6 examinations for pregnant women (p -value = 0.000). There is a relationship between family support for

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pregnant women and the completeness of K6 examinations for pregnant women (p-value = 0.000) and a relationship between health worker support and the completeness of K6 examinations in pregnant women (p-value = 0.000).

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