

THE RELATIONSHIP BETWEEN KNOWLEDGE AND HUSBAND'S SUPPORT ON THE LEVEL OF COMPLIANCE OF PREGNANT WOMEN IN ATTENDING ANC K6

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ARTICLE INFORMATION (COMPLETED/VERIFIED BY EDITORIAL TEAM)

DOI	https://doi.org/10.33024/jkm.v12i8.27855	Received	21 Agustus 2026
Revised	26 September 2026	Accepted	29 September 2026
Published/Available Online	Published/Available Online	License	CC BY 4.0

ABSTRAK

Latar belakang: ANC berperan sebagai langkah awal dalam mencegah faktor risiko selama kehamilan. Pelayanan antenatal yang tidak optimal dapat meningkatkan risiko komplikasi kehamilan yang tidak terdeteksi sejak dini.

Tujuan: diketahui hubungan pengetahuan dan dukungan suami terhadap tingkat kepatuhan ibu hamil melakukan ANC K6 Di Wilayah Kerja Puskesmas Liwa Lampung Barat Tahun 2026

Metode: penelitian kuantitatif. Penelitian dilaksanakan di Wilayah Kerja Puskesmas Liwa Lampung Barat dilakukan Mei 2026. Rancangan *cross-sectional*, dengan desain penelitian observasional. Populasi 131 ibu hamil TM III dan sampel 67 ibu hamil di Wilayah Kerja Puskesmas Liwa Lampung Barat dengan *accidental sampel*. Analisa data menggunakan analisa univariat dan bivariat dengan uji statistika *Chi Square*.

Hasil: Distribusi mayoritas pengetahuan kurang baik 35 (52.2%), dukungan suami mayoritas tidak mendukung 34 (50.7%), tingkat kepatuhan ANC K6 mayoritas tidak teratur 40 (59.7%). Hasil *p-value* $0,005 < \alpha$ (0,05) dan nilai OR 4.933 (1.712-14.214) untuk pengetahuan. *P-value* $0,010 < \alpha$ (0,05) dan nilai OR 4.411 (1.542-12.616) untuk dukungan suami.

Kesimpulan: ada hubungan pengetahuan dan dukungan suami dengan tingkat kepatuhan ibu melakukan ANC K6 di Wilayah Kerja Puskesmas Liwa Lampung Barat Tahun 2026.

Saran: dengan dilakukan penelitian ini dapat meningkatkan pengetahuan, dukungan suami dalam melakukan kunjungan ANC selama kehamilan.

Kata kunci : kehamilan, dukungan suami, pengetahuan, kunjungan ANC K6,

ABSTRACT

Background: ANC plays an initial role in preventing risk factors during pregnancy. Suboptimal antenatal care can increase the risk of pregnancy complications that are not detected early.

Objective: to determine the relationship between knowledge and husband's support and the level of compliance of pregnant women in undergoing ANC K6 in the Working Area of Liwa Health Center, West Lampung, in 2026

Method: quantitative research. The research was conducted in the Working Area of Liwa Community Health Center, West Lampung, in May 2026. A cross-sectional design was used, with an observational research design. The population consisted of 131 third-trimester pregnant women and the sample consisted of 67 pregnant women in the Working Area of Liwa Community Health Center, West Lampung, using accidental sampling. Data analysis used univariate and bivariate analyses with the Chi Square statistical test.

Results: The distribution showed that the majority had poor knowledge 35 (52.2%), the majority of husbands were unsupportive 34 (50.7%), and the majority had irregular ANC K6 adherence 40 (59.7%). The *p-value* was $0,005 < \alpha$ (0,05) and the OR was 4.933 (1.712-14.214) for knowledge. The *p-value* was $0,010 < \alpha$ (0,05) and the OR was 4.411 (1.542-12.616) for husband support.

Conclusion: there is a relationship between knowledge and husband support and the level of maternal adherence to ANC K6 in the Working Area of Liwa Community Health Center, West Lampung, in 2026.

Recommendation: this research can improve knowledge and husband's support in making ANC visits during pregnancy.

Keywords : pregnancy, husband's support, knowledge, ANC K6 visits,

INTRODUCTION

The World Health Organization (WHO) in 2023 reported that maternal mortality was very high, with nearly 95% of all maternal deaths occurring in low- and lower-middle-income countries in 2020, and most of these deaths were actually preventable. At present, between 2000 and 2020, the region or subregion with the highest mortality rate, such as Sub-Saharan Africa, alone accounted for approximately 70% of maternal deaths (202,000), while South Asia accounted for approximately 37% (47,000). Meanwhile, the coverage of ANC K6 visits worldwide in 2023 was approximately 75% of pregnant women (WHO, 2024).

The maternal mortality rate in 2022 reached 4.005 and in 2023 increased to 4.129. The maternal mortality rate (MMR) in Indonesia remains high, although the data show a downward trend, the figure is still quite high given the target of reducing the maternal mortality rate to 183/100,000 live births. The most common causes of death among women giving birth are preeclampsia and eclampsia, which occur when blood pressure rises during pregnancy, causing seizures, shortness of breath, and heart failure. Other causes include bleeding and infection (Eko Schoolmedia, 2023). Meanwhile, in Indonesia, the coverage of a minimum of 6 ANC visits (K6) reached 73,6%, which is still below the national target of 80%. Meanwhile, in 2024, approximately 88% of pregnant women worldwide made at least one Antenatal Care (ANC/K6) visit, but complete coverage (a minimum of 4-6 visits) was still far from the target, especially in developing countries (Kemenkes RI, 2025).

In Lampung Province, the MMR showed a significant increase compared with the previous year, from 96 cases in 2022 to 105 cases in 2023. The causes of maternal deaths were dominated by bleeding with 36 cases (34,3%), followed by hypertension in pregnancy with 24 cases (22,9%), cardiovascular disorders with 10 cases (9,5%), infection with 4 cases (3,8%), as well as other causes such as autoimmune disorders and cerebrovascular disorders, each recorded as one case. MMR cases in Lampung Province in 2024 showed that the highest number was in Central Lampung Regency, with 23 maternal deaths, followed by East Lampung Regency in second place with 13 maternal deaths and Pringsewu in third place with 11 maternal deaths, while West Lampung Regency itself recorded 6 maternal deaths (BPS Provinsi Lampung, 2024)

Official data on the complete coverage of Antenatal Care (ANC) K6 in Lampung Province for 2025 had not been fully published as of February 2026. However, the latest data trends (through 2024) and local data from previous years (such as Pringsewu) indicate that K6 coverage (complete visits) is generally already high, exceeding 93,6% in several areas. Examinations are now required at least 6 times (BPS Provinsi Lampung, 2025)

ANC K6 coverage for pregnancy services at Balik Bukit Health Center, West Lampung Regency, in 2025, with a total of 808 pregnant women, had ANC K6 coverage of 587 women or 73,37%, this phenomenon proves that ANC K6 visits at Liwa Health Center (Balik Bukit) have not yet reached the minimum service standard of 95% among pregnant women from TM I through TM III (Data Puskesmas Liwa (Balik Bukit), 2025).

With regular visits and routine monitoring by health workers, it is expected that complications that may occur during pregnancy can be managed quickly and appropriately, thereby reducing the risk of morbidity and mortality for pregnant women. Antenatal Care examinations according to service standards consist of a minimum of 6 examinations during pregnancy, and a minimum of 2 examinations by a doctor in the first and second trimesters. 1 time in the first trimester (pregnancy up to 12 weeks), 2 times in the second trimester above 12 weeks to 28 weeks), 3 times in the third trimester (pregnancy above 24 weeks to 40 weeks). Antenatal care is an early prevention of pregnancy risk factors (Ginting, 2023).

ANC serves as an initial step in preventing risk factors during pregnancy. This service is provided by health workers to pregnant women according to standards that include anamnesis, general and obstetric physical examinations, laboratory examinations based on medical indications, as well as basic and specific interventions to maintain the health of the mother and fetus (I. K. Ningsih & Hastuti, 2018; Patria & Amatiria, 2018).

Suboptimal antenatal care can increase the risk of pregnancy complications that are not detected early. Therefore, pregnant women are advised to make at least six visits during pregnancy, with two visits in the first trimester, one visit in the second trimester, and three visits in the third trimester. Examination by a doctor should

be performed at least twice, namely at the first visit in the first trimester and the fifth visit in the third trimester (Azizah, 2021).

Family support, especially from the husband, plays an important role for pregnant women, considering that the mother's psychological condition during pregnancy tends to be more unstable compared to that of non-pregnant women. Husbands and families should play an active role in accompanying mothers in dealing with various complaints during pregnancy so that mothers do not feel alone. Prolonged emotional instability can lead to decreased appetite, physical weakness, as well as excessive nausea and vomiting. The presence and involvement of the husband during pregnancy can provide the mother with self-confidence and emotional readiness in undergoing pregnancy and childbirth (Kumalasari, 2022; Sutrisnawati et al., 2023).

In line with the research by Sipayung (2024) Using a descriptive correlation design with a cross-sectional approach, this study involved 52 third-trimester pregnant women at Pratama Maria Clinic, North Jakarta. Data were collected through questionnaires and analyzed using the Chi-Square test. The results showed that although mothers with good knowledge and optimal husband support had higher levels of compliance, there was no significant relationship between these two variables and ANC compliance ($p\text{-value} > 0,05$). These findings indicate that other factors, such as pregnancy experience and individual motivation, also play a role in ANC compliance. Therefore, more effective educational strategies are needed to increase pregnant women's awareness regarding the importance of routine antenatal examinations

Based on the results of a pre-survey conducted in April 2026 at Balik Bukit Public Health Center, West Lampung Regency, with a total of 288 pregnant women and K6 coverage of 131 or 45,48%. During interviews with 10 pregnant women, it was found that 8 mothers (80,0%) said they had only undergone their pregnancy examinations 2 times, conducted during the second and third trimesters at Balik Bukit Public Health Center, and the other 2 mothers (20,0%) had undergone pregnancy examinations 4 and 5 times, either at independent midwife practices, public health centers, or doctor consultations during examinations.

RESEARCH METHODS

This study used a quantitative research design. The research was conducted in the Working Area of Liwa Public Health Center (Balik Bukit), West Lampung. This research was conducted during May 2026. A cross-sectional design is an observational research design that collects data from various subjects (individuals, groups) at a specific point in time (a single data collection) to examine the relationship or distribution of variables (exposure and effect/disease) simultaneously, so that it can describe prevalence, but cannot prove causality because there is no time dimension. The population in this study was the coverage of postpartum mothers at PMB in the Working Area of Liwa Public Health Center (Balik Bukit), West Lampung, totaling 131 people, and the sample consisted of 67 respondents. The sampling technique used in this study was accidental sampling. The independent variables were knowledge and husband support. The dependent variable was compliance in carrying out ANC K6. Data analysis used univariate and bivariate analysis with the chi square statistical test.

RESEARCH RESULTS

Respondent Characteristics

Based on Table 1 above, it can be seen that the characteristics of pregnant women undergoing ANC K6 in the Working Area of Liwa Health Center (Balik Bukit), West Lampung, are as follows: the majority of mothers were in the non-risk age category (20 to 35 years), totaling 45 (67.1%) respondents, the majority of mothers' education category was junior high school graduates, totaling 25 (37.3%) respondents, the majority of mothers' employment category was mothers who were not working or housewives, totaling 37 (55.2%) respondents, the majority of mothers' parity category was multiparous, totaling 36 (53.7%) respondents, and the majority of mothers' gestational age category was 27-30 weeks, totaling 34 (50.7%) respondents.

Table 1
Characteristics of Pregnant Women Undergoing ANC K6 in the Working Area of Liwa Health Center (Balik Bukit), West Lampung

Characteristics	Total	Percentage (%)
Mother's age		
At-risk age (<20 years and >35 years)	22	32.9%
Not at risk (20 years-35 years)	45	67.1%
Mother's education		
SARJANA	9	13.4%
SD	9	13.4%
SMA	24	35.8%
SMP	25	37.3%
Mother's job		
IRT	37	55.2%
Merchant	10	14.9%
Private-sector employee	5	7.5%
Farmer	7	10.4%
PNS	8	11.9%
Maternal Parity		
Multipara	36	53.7%
Primipara	31	46.35
Gestational age		
27-30 weeks	34	50.7%
31-38 weeks	33	49.3%

Univariate Analysis

Frequency Distribution of Pregnant Women's Knowledge of Conducting ANC K6 in the Working Area of Liwa Health Center (Balik Bukit), West Lampung

Table 2
Frequency Distribution of Pregnant Women's Knowledge of Conducting ANC K6 in the Working Area of Liwa Health Center (Balik Bukit), West Lampung

Knowledge	Total	Percentage (%)
Good Level of Knowledge	32	47.8%
Poor Level of Knowledge	35	52.2%

Based on Table 2 above, it can be seen that the majority of pregnant women's level of knowledge regarding ANC K6 in the Working Area of Liwa Health Center (Balik Bukit), West Lampung, was poor, namely 35 (52.2%) respondents, while 32 (47.8%) respondents had a good level of knowledge.

Frequency Distribution of Husband Support Among Pregnant Women Undergoing ANC K6 in the Working Area of Liwa Health Center (Balik Bukit), West Lampung

Table 3
Frequency Distribution of Husband Support for Pregnant Women Undergoing ANC K6 in the Working Area of Liwa Health Center (Balik Bukit), West Lampung

Husband's Support	Total	Percentage (%)
Supportive Husband	33	49.3%
Unsupportive Husband	34	50.7%

Based on Table 3 above, it can be seen that husbands who support pregnant women in undergoing ANC K6 in the Working Area of Liwa Health Center (Balik Bukit), West Lampung, namely the category of supportive husbands, numbered 33 (49.3%), which is almost the same as husbands who do not provide support, namely 34 (50.7%) respondents.

Frequency Distribution of Pregnant Women's Compliance with ANC K6 Visits in the Working Area of Liwa Health Center (Balik Bukit), West Lampung

Table 4
Frequency Distribution of Pregnant Women's Compliance with ANC K6 Visits in the Working Area of Liwa Health Center (Balik Bukit), West Lampung

Variable	Total	Percentage (%)
Regular ANC Visits	27	40.3%
Irregular ANC Visits	40	59.7%

Based on Table 4 above, it can be seen that the majority of pregnant women's compliance with ANC K6 in the Working Area of Liwa Health Center (Balik Bukit), West Lampung, was irregular, namely 40 (59.7%) respondents, while 27 (40.3%) respondents made regular ANC visits.

Bivariate Analysis

Relationship Between Knowledge and the Level of Compliance of Pregnant Women in Undergoing ANC K6 in the Working Area of Liwa Health Center (Balik Bukit), West Lampung

Table 5
Relationship Between Knowledge and the Level of Compliance of Pregnant Women in Undergoing ANC K6 in the Working Area of Liwa Health Center (Balik Bukit), West Lampung

Knowledge	ANC K6 visit compliance						P-value	OR
	Compliant		Non-compliant		Total			
	n	%	n	%	n	%		
Good Level of Knowledge	19	28.4	13	19.4	32	47.8	0.005	4.933 (1.712-14.214)
Poor Level of Knowledge	8	11.9	27	40.3	35	52.2		

Based on Table 5 above, it can be seen that the results of the chi-square test are: p-value $0.005 < \alpha$ (0.05) and OR value 4.933 (1.712-14.214), with the result that H_a is accepted and H_0 is rejected, meaning that there is a relationship between knowledge and the level of compliance of pregnant women in undergoing ANC K6 in the Working Area of Liwa Health Center (Balik Bukit), West Lampung.

Hubungan Dukungan Suami Dengan Tingkat Kepatuhan Ibu Hamil Melakukan ANC K6 Di Wilayah Kerja Puskesmas Liwa (Balik Bukit) Lampung Barat

Tabel 6
Relationship Between Husband's Support and the Level of Pregnant Women's Compliance with Attending K6 ANC in the Working Area of Liwa Community Health Center (Balik Bukit), West Lampung

Husband's Support	ANC K6 visit compliance						P value	OR
	Compliant		Non-compliant		Total			
	n	%	n	%	n	%		
Supportive Husband	19	28.4	14	20.9	33	49.3	0.010	4.411 (1.542-12.616)
Unsupportive Husband	8	11.9	26	38.8	34	50.7		

Based on Table 6 above, it can be seen that the chi-square test results are: p-value $0.010 < \alpha$ (0.05) and OR value 4.411 (1.542-12.616), with the result that H_a is accepted and H_0 is rejected, meaning that there is an

association between husband's support and the level of compliance of pregnant women in undergoing ANC K6 in the Working Area of Liwa Health Center (Balik Bukit), West Lampung.

DISCUSSION

Univariate Analysis

Characteristics of Pregnant Women Undergoing ANC K6 in the Working Area of Liwa Health Center (Balik Bukit), West Lampung

It can be seen that the characteristics of pregnant women undergoing ANC K6 in the Working Area of Liwa Health Center (Balik Bukit), West Lampung show that the majority of respondents were in the non-risk age category (20-35 years), namely 45 people (67,1%), while pregnant women in the risk age category (<20 years and >35 years) numbered 22 people (32,9%). The age of 20-35 years is considered a healthy reproductive age and the safest age for pregnancy and childbirth. At this age, mothers are considered physically mature, with mature reproductive organs and psychological readiness, so they are more aware of the importance of maintaining pregnancy health and completing ANC visits (K6). Conversely, although the percentage is smaller, the presence of 32,9 % of pregnant women at risk still requires special attention and close monitoring by health workers at Liwa Health Center to prevent complications.

The educational characteristics show that the respondents' education levels varied considerably, with the highest proportions at the junior high school level at 37,3% (25 people) and senior high school at 35,8% (24 people). Meanwhile, elementary school and bachelor's degree each had the same percentage of 13,4% (9 people). A person's level of education is often directly proportional to their level of knowledge and ability to receive health information. The majority of pregnant women in this study had secondary education (junior high school and senior high school). This indicates that most respondents had a fairly good capacity to understand education regarding the importance of ANC K6.

The majority of respondents' occupation was housewife, namely 37 respondents (55,2%). Other occupational categories included traders (14,9%), civil servants (11,9%), farmers (10,4%), and private employees (7,5%). Being a housewife provides the advantage of greater time flexibility to have pregnancy check-ups at health facilities without being bound by formal working hours. This is presumed to be one of the main supporting factors enabling mothers to fulfill the standard of complete ANC K6 visits at Liwa Health Center.

The parity characteristics of the mothers showed that most respondents were multiparous, namely 36 respondents (53,7%), while the primiparous group consisted of 31 respondents (46,3%). Previous pregnancy experience among multiparous women may influence health service-seeking behavior. On the other hand, the relatively high proportion of primiparous women reflects the enthusiasm and vigilance of new mothers in maintaining their first pregnancy.

The characteristics of gestational age showed an almost balanced proportion between the 27-30 week category, comprising approximately 34 respondents (50,7%), and the 31-38 week category, comprising 33 respondents (49,3%). These data confirm that all respondents were in the third trimester, which is a crucial period for ANC K6 visits to prepare for safe delivery and detect complications early before childbirth.

The union or fertilization of sperm and egg, followed by implantation, is the natural process of pregnancy. A high-risk pregnancy is a pregnancy that can endanger the lives of the mother and fetus. Prenatal monitoring, which is a component of antenatal care (ANC), is primarily concerned with tracking fetal growth and development as well as maternal health. The purpose of this study was to evaluate the relationship between pregnant women's knowledge of high-risk pregnancy and the frequency of ANC visits. By fostering trust, detecting potentially fatal pregnancy problems, preparing for childbirth, and promoting maternal health, antenatal care is essential to ensuring maternal and fetal health (Ananda et al., 2022).

According to recognized antenatal service standards, health workers provide antenatal care (ANC) services to pregnant women or women of reproductive age (WUS). To maximize the mental and physical health of pregnant women before childbirth, during the postpartum period, during breastfeeding, and during reproductive health recovery, ANC requires midwifery care through examinations by doctors or at health facilities, according to research by Damayanti and Nur A (Sari, 2021). At least six ANC visits should be made by women with normal pregnancies, according to the Ministry of Health (2020).

These antenatal care visits are also influenced by several factors, namely occupational factors, and age factors. Age is one of the factors that influences antenatal care visits among pregnant women (Nasution et al., 2023). The younger the age, the less they understand the importance of pregnancy examinations. Age greatly determines maternal health, and a mother is considered high risk if she is pregnant under 20 years of age and over 35 years of age. Age is useful for anticipating the diagnosis of health problems and the actions to be taken.

As a biological being, a woman enters reproductive age several years before reaching the age at which pregnancy and childbirth can occur safely, namely 20-35 years, after which the maternal risk increases each year (Nasution et al., 2023).

In line with the research conducted by Juwita, D., Aisyn, A., & Nursupian, N. (2025). Analysis of Factors Associated with Compliance with Antenatal Care Visits among Third-Trimester Pregnant Women at Bhakti Asih Primary Clinic. *Midwife Care Journal*, 2(1), 29-39.. The results showed a significant relationship between education level ($p=0,000$), occupation ($p=0,004$), parity ($p=0,003$), and knowledge ($p=0,001$) and compliance with ANC visits. There was no significant relationship between age ($p=0,080$) and compliance. It can be concluded that education level and knowledge are the dominant factors in compliance with ANC visits

According to the researcher, the problem identified from the research results is that age plays an important role in compliance with Antenatal Care (ANC) visits. Pregnant women of reproductive age (20-35 years) generally have better mental maturity, insight, and emotional stability, so they tend to be more compliant with examinations for the health of their fetus compared with pregnancies during adolescence or at an older age Age 20-35 Years (Ideal/Productive Category) At this stage, pregnant women are in prime physical condition and have greater awareness, knowledge, and a more rational way of thinking. The level of compliance with ANC visits in this group tends to be high. Age < 20 Years (Adolescents) Pregnant adolescents often do not yet have mental readiness and emotional stability. They tend to feel afraid, ashamed, or hide their pregnancy, making them more vulnerable to irregular attendance or missing examination schedules. Age > 35 Years (High Risk)

At this age, mothers are vulnerable to anxiety due to the greater risk of pregnancy complications. Some mothers may become more compliant because of doctors' instructions, while others may instead feel anxious and afraid to undergo examinations.

For the education level variable, there is a significant relationship between education level and compliance with Antenatal Care (ANC) visits. The higher a mother's education level, the more likely she is to have greater awareness, knowledge, and ease of access to health information. This motivates her to comply with routine pregnancy examinations for the safety of both mother and fetus.

For occupation, pregnant women's employment has a significant relationship with compliance with ANC (Antenatal Care) visits. Mothers who do not work tend to be more compliant because they have more flexible free time, while working mothers often face obstacles due to busy work schedules, fatigue, and difficulty obtaining permission. Mothers Who Do Not Work (Housewives): Generally have a higher level of compliance. They can more easily arrange their time to come to health facilities and follow the examination schedule (ideally at least 6 times during pregnancy). Working Mothers: Have a higher risk of non-compliance. The main obstacles include Difficulty arranging schedules between working hours and clinic/health center operating hours. Fatigue after work often causes mothers to postpone or cancel examination appointments.

Parity (the number of children previously delivered) greatly influences compliance with Antenatal Care (ANC) visits. Mothers with low parity (primipara/first child) tend to be more compliant, while mothers with high parity (multipara/many children) often feel that they already have experience and therefore ignore the recommended visit schedule. For primiparous mothers, anxiety, limited pregnancy experience, and high motivation to ensure fetal safety make them very diligent in following the recommended examination schedule of at least 6 times. Multiparous mothers feel that they already have experience from previous pregnancies. They assume that the current pregnancy will proceed smoothly as before. In addition, the demands of caring for other children at home make it difficult for them to find time to have their pregnancy checked at a health facility.

Based on the research results obtained in the respondent characteristic category, the researcher recommends conducting ANC examinations at least 6 times during pregnancy to identify problems and determine further actions for the mother and fetus, thereby minimizing the occurrence of maternal and neonatal complications.

Frequency Distribution of Pregnant Women's Knowledge in Conducting ANC K6 in the Working Area of Liwa Health Center (Balik Bukit), West Lampung

The frequency distribution of pregnant women's knowledge in conducting ANC K6 in the Working Area of Liwa Health Center (Balik Bukit), West Lampung, shows that 32 (47.8%) respondents were in the good knowledge category and 35 (52.2%) respondents were in the poor knowledge category. Knowledge is a very important domain in shaping a person's actions. In the context of maternal health services, mothers' knowledge regarding the importance of ANC K6 becomes the main driving force for them to complete their examination visits.

One of the factors influencing ANC visits is pregnant women's knowledge, the lack of knowledge among mothers and families regarding the importance of pregnancy examinations has an impact on pregnant women not

having their pregnancies examined by health workers, so health workers, especially midwives, are expected to increase ANC visits by providing education about the importance of pregnancy examinations to mothers and providing good and quality services (Novitasari, cited in Anggareni et al., 2019).

In line with research conducted by Mansyur (2026) "The Relationship between Family Support and Maternal Knowledge with Pregnant Women's Compliance in Attending Pregnant Women's Classes in the Working Area of Sinaboi Health Center, Rokan Hilir Regency" The results of the univariate analysis showed that 78 respondents (57,4%) had good knowledge, 74 respondents (54,9%) received family support, and 106 respondents (78,0%) complied with attending pregnant women's classes. The Chi-square test results showed a significant relationship between pregnant women's knowledge and compliance with attending pregnant women's classes (p -value = 0,03), and there was also a significant relationship between family support and pregnant women's compliance (p -value = 0,02). This research is expected to serve as a basis for health workers in improving.

Other research by Rahmawati et al. (2020) also found that pregnant women who have low knowledge about ANC tend to be less disciplined in making ANC visits. This is supported by the statement of Notoatmodjo (2019), which explains that health behavior, including ANC visits, is influenced by individual knowledge, attitudes, and awareness. Mothers who have low knowledge tend not to realize the importance of regular visits to health workers, so they often neglect to comply with the ANC schedule. In addition, a study entitled Knowledge, Attitudes, and Practices Related to Antenatal Care Among Pregnant Women in Rural Nigeria by Smith et al. (2020), conducted in Nigeria, found that pregnant women with higher levels of education and knowledge had higher levels of compliance with the ANC program. This study shows that interventions to improve knowledge through health education can significantly increase ANC visits and, ultimately, lead to better pregnancy outcomes (Abebe et al., 2020)

Based on the results of the research that has been conducted, which showed that 32 (47.8%) respondents had a good level of knowledge, this was due to the respondents' educational background because knowledge is influenced by education and adequate sources of information. Meanwhile, 35 (52.2%) respondents were in the poor knowledge category, stating that they did not pay much attention to the examinations being conducted because they felt healthy and did not have any danger signs during pregnancy, so they did not have to undergo pregnancy examinations.

According to the researcher, pregnant women's knowledge regarding Antenatal Care (ANC) has a significant relationship with compliance in making pregnancy examination visits. The better the mother's understanding of the benefits and examination schedule, the higher her awareness and compliance. Conversely, mothers with low levels of knowledge often consider pregnancy examinations to be less important if they do not experience any complaints. This can increase the risk of delays in early treatment if complications occur during pregnancy or childbirth.

From the research results obtained, the researcher recommends that pregnant women increase their knowledge by diligently following developments in health science, especially regarding pregnancy, which can be accessed through social media. Health workers are also advised to be more active in providing education in classes for pregnant women.

Frequency Distribution of Husband Support Among Pregnant Women Undergoing K6 ANC in the Working Area of Liwa Health Center (Balik Bukit), West Lampung

The frequency distribution of husband support among pregnant women undergoing K6 ANC in the Working Area of Liwa Health Center (Balik Bukit), West Lampung, shows that 33 (49.3%) respondents were in the category of husbands who provided support and 34 (50.7%) respondents were in the category of husbands who did not provide support. Husband support is one of the reinforcing factors that is very crucial in influencing the health behavior of pregnant women. This form of support may include emotional, instrumental, informational, or research support.

Antenatal care is a pregnant woman's visit to a midwife or doctor as early as possible from the beginning of pregnancy to receive antenatal services/care. Antenatal services are intended to prevent obstetric complications and ensure that complications are detected as early as possible and adequately managed. It is stipulated that the frequency of ANC visits is at least 6 times during pregnancy, with the recommended service schedule being at least 2 times in the first trimester (pregnancy up to 12 weeks), 1 time in the second trimester (12-28 weeks), and 3 times in the third trimester (after 28-36 weeks and after 36 weeks).

In line with research conducted by Sipayung (2024), "The Relationship Between Knowledge and Husband Support and Compliance with Antenatal Care (ANC) Visits Among Pregnant Women," the results showed that

although mothers with good knowledge and optimal husband support had higher levels of compliance, there was no significant relationship between the two variables and ANC compliance (p -value > 0.05). These findings indicate that other factors, such as pregnancy experience and individual motivation, also play a role in ANC compliance. Therefore, more effective educational strategies are needed to increase pregnant women's awareness regarding the importance of routine pregnancy examinations.

Based on the results of the research conducted, there was a category of husbands who provided support totaling 33 (49.3%) respondents, one of the factors that can influence husband support being knowledge and education. The large number of respondents who provided good support was influenced by the husbands' knowledge about the importance of maternal and child health examinations possessed by the respondents' families. Meanwhile, the category of husbands who did not provide support totaled 34 (50.7%) respondents, who stated that the family functions as a support system for its members. High family support is caused by emotional support, instrumental support, informational support, and appraisal support provided by the family to pregnant women.

According to the researcher, routine and regular antenatal care examinations are very important for the health and safety of both the mother and the fetus she carries. Therefore, husband support is needed so that it can foster pregnant women's compliance in undergoing antenatal care examinations routinely and regularly. Husband support can encourage pregnant women to be more enthusiastic in facing the changes that occur during pregnancy, including maintaining pregnancy health through increased regular pregnancy visits.

Based on the research results, the researchers recommend that healthcare workers involve husbands during pregnant women's classes to increase husbands' knowledge so that it is expected to foster husbands' awareness of the importance of moral and spiritual support for pregnant women

Frequency Distribution of Pregnant Women's Compliance with ANC K6 in the Working Area of Liwa Health Center (Balik Bukit), West Lampung

Frequency distribution of the level of compliance among pregnant women in undergoing K6 ANC in the Working Area of Liwa Health Center (Balik Bukit), West Lampung, with the category of regular ANC visits totaling 27 (40.3%), and the category of irregular ANC visits totaling 40 (59.7%) respondents. Compliance of pregnant women in undergoing K6 ANC visits greatly determines the quality of maternal and neonatal health. However, these univariate findings show a less-than-ideal picture, where the majority of pregnant women (59.7%) were non-compliant in having their pregnancies examined.

ANC is a key component in achieving the Sustainable Development Goals (SDGs), particularly in reducing maternal mortality (Shamanewadi, Pavithra, and Madhukumar, 2020). ANC is an integrated service that offers comprehensive and high-quality care for pregnant women, provided by doctors, midwives, nurses, and other trained and professional health workers (Hartati, 2018; Shamanewadi, Pavithra, and Madhukumar, 2020).

Antenatal Care (ANC) serves as an important preventive measure to address pregnancy-related risk factors. According to WHO, the objectives of ANC are to detect risks associated with pregnancy and childbirth early, monitor fetal development, and strive to minimize maternal and infant mortality (Wiknjosastro, 2010; Oktavia, 2018).

The main objectives of ANC are to ensure healthy outcomes for the mother and fetus by establishing a trusting relationship with the mother, detecting potentially life-threatening complications early, preparing for childbirth, and providing essential health education.

Compliance is rooted in the word "patuh" which in the Great Dictionary of the Indonesian Language (KBBI) means an attitude that consistently submits and adheres to rules, orders, or norms, accompanied by discipline (Purwanti & Amin, 2016). The meaning of compliance is further explained by Taylor as an action that conforms to the wishes or requests of another party, namely behavior that arises due to external encouragement (Tri Wibowo, 2006; Purwanti & Amin, 2016).

In line with research conducted by Diyanti (2025) This study used a quantitative analytical method with a cross-sectional design. The sample size in this study was 35 postpartum mothers selected using purposive sampling. The data were analyzed using the Spearman rho test to determine the relationship between the level of ANC knowledge and compliance with ANC visits among pregnant women. The results showed a significant relationship between the level of ANC knowledge among pregnant women and their compliance in undergoing ANC visits, with a p -value of 0.01 (<0.05). The correlation coefficient of 0.561 indicated a strong relationship between the two variables. Based on these findings, it is expected that health workers can improve education and socialization regarding the importance of ANC examinations so that pregnant women better understand its benefits and are more compliant in undergoing routine pregnancy visits.

The research results obtained showed that the category of regular ANC visits totaled 27 (40.3%), where pregnant women who comply with ANC visits will have easier access to information regarding the importance of maintaining pregnancy, receive professional assistance if they encounter problems during pregnancy, and obtain health services, thereby encouraging mothers to undergo pregnancy visits regularly. The level of compliance among pregnant women can be seen by matching the schedule in the MCH register with those who come according to the schedule recommended by health workers. Mothers are expected to make the best use of health facilities, because in addition to receiving information about the importance of maintaining pregnancy, mothers can monitor fetal growth and development, so that the nutrition of both the mother and fetus can be monitored properly. Meanwhile, the category of irregular ANC visits totaled 40 (59.7%) respondents, where the problems with these visits were based on age, as a person's level of maturity and strength will become more mature in thinking and working. Thus, they will be motivated to undergo examinations (Padila, 2014). Maternal compliance with ANC examinations is influenced by the education possessed by pregnant women. Maternal understanding or knowledge regarding pregnancy is greatly influenced by the mother's level of education, the higher the mother's education, the easier it is for the mother to obtain information.

According to the researcher, to improve pregnant women's compliance with undergoing regular pregnancy examinations, a comprehensive approach from all parties is required. The suggestion for health workers is to optimize education and the use of MCH books. Pregnant women also need full support from their families, especially their husbands, so husbands are advised to increase their knowledge about health, particularly pregnancy, by utilizing information through social media.

Bivariate Analysis

The Relationship Between Knowledge and the Level of Compliance of Pregnant Women in Undergoing ANC K6 in the Working Area of Liwa Health Center (Balik Bukit), West Lampung

Based on the results of the cross-analysis between the knowledge variable and the level of compliance among pregnant women in Table 4.5, it shows that of the 32 respondents who had a good level of knowledge, the majority had compliance with ANC K6 visits, namely 19 respondents (28,4%), while 13 respondents (19,4%) were non-compliant. Conversely, of the 35 respondents who had a poor level of knowledge, the majority had regular compliance with ANC K6 visits, namely 27 respondents (40,3%), while only 8 respondents (11,9%) were regular. The results of the statistical test using chi square obtained a p value=0,005. This value is smaller than the significance value α (0,05), so H_a is accepted and H_o is rejected. This shows statistically that there is a significant relationship between knowledge and the level of compliance of mothers in undergoing ANC K6 in the working area of Liwa Health Center (Balik Bukit), West Lampung. In addition, an OR value of 4,933 was obtained with a Confidence interval (CI 95%) between 1,712 and 14,214. An OR value greater than 1 proves that knowledge is both a risk factor and a driver of compliance. Epidemiologically, this means that pregnant women who have a poor level of knowledge have a 4,9 times greater risk of being non-compliant with ANC K6 visits compared with mothers who have a good level of knowledge.

ANC serves as an initial step in preventing risk factors during pregnancy. This service is provided by health workers to pregnant women in accordance with standards that include anamnesis, general and obstetric physical examinations, laboratory examinations based on medical indications, as well as basic and specific interventions to maintain the health of the mother and fetus (I. K. Ningsih & Hastuti, 2018; Patria & Amatoria, 2018).

During pregnancy, pregnant women routinely receive health examination services to ensure their own and the fetus's well-being as well as information regarding pregnancy. Compliance with ANC can be measured based on the frequency of pregnancy visits. However, the percentage of pregnant women who undergo ANC 6K is still very small. Low compliance with ANC 6K can increase the risk of complications (Murni & Nurjanah, 2020). Various studies have shown that the success of ANC (antenatal care) plays a significant role in saving lives and reducing the maternal mortality rate (MMR). ANC provides opportunities for more effective education and health promotion for pregnant women. In addition to playing a role in reducing MMR, the supportive and communicative functions of ANC also contribute to improving the quality of life of mothers and babies. In addition, improvements in the quality of health services can also occur indirectly as a result of the implementation of quality ANC.

Knowledge means everything that is known. The intelligence related to a particular matter. According to Notoatmodjo (2018), knowledge is the result of knowing, which occurs after a person senses a particular object. Sensory perception is obtained through the five human senses, namely sight, hearing, smell, taste and touch. Human knowledge is acquired through the eyes and ears through the processes of seeing and hearing, as well as through experience and formal and informal learning processes (Budiman., Aryanto, 2021).

A person's knowledge is the result of a thinking process that develops through curiosity and experience (Asmoro & Mukti, 2019; Situmeang, 2021). In the context of pregnancy, mothers who have good knowledge are generally more compliant with ANC visits. However, this compliance is also influenced by other factors such as personal perception and motivation (Gobel, 2021; P. Ningsih, 2020). Motivation, whether originating from within oneself or from encouragement from the surrounding environment, plays a very important role in shaping maternal compliance with routine antenatal examinations (Aprianti et al., 2024; Nasution et al., 2023).

Research conducted by (Firsty, 2019) showed that 10% of 14.000 pregnant women did not regularly attend pregnancy examinations. Meanwhile, research conducted by Duha (2019) through bivariate analysis showed that of the three respondents with a good level of knowledge, only two people (6,3%) were compliant with ANC visits. Meanwhile, of the 18 respondents with a low level of knowledge, only four people (12,5%) were compliant with visits. The results of this study indicate a relationship between the level of knowledge and compliance of pregnant women in attending ANC visits. Knowledge is one of the factors that determines a person's behavior in maintaining their health (Fatkhayah et al., 2020).

The results of the study showed that among respondents with a good level of knowledge who made regular ANC visits, there were 19 (28,4%) respondents because the mothers understood the importance of early detection of pregnancy risks. Ease of obtaining health information from medical personnel or media, as well as receiving encouragement from family, strengthened the intention to undergo regular examinations. Meanwhile, mothers with good knowledge but non-compliant ANC visits numbered 13 (19,4%) respondents because the mothers felt that their pregnancies were normal due to previous experience of having healthy children without problems, the mothers were also too busy managing household affairs or other work, their place of residence was far away or difficult to reach from health facilities, and there was minimal encouragement from their husbands or families to accompany them for examinations.

For the low knowledge level, those with good knowledge who were compliant with ANC visits numbered 8 (11,9%) respondents because the mothers said they received support and involvement from their husbands or close family members who reminded, motivated, and accompanied them to health facilities, their place of residence was close and easily accessible from the health service location, and there was encouragement or good intention toward pregnancy health despite limited theoretical understanding. Meanwhile, for the low knowledge level, those with good knowledge who were compliant with ANC visits numbered 27 (40,3%) respondents the mothers said that when attending ANC visits their husbands or close family members always reminded them, accompanied them, and financed visits to health facilities, midwives or medical personnel actively provided direct counseling, conducted outreach, or rescheduled the mothers' visits, as well as the presence of personal concerns or advice from experienced parents/relatives so that the pregnancy remained healthy. This was confirmed by the OR value of 4.933 (1.712-14.214), which shows the strength of this relationship, where a person's knowledge can influence ANC visits among pregnant women.

Based on the results of the study, it was shown that mothers in the good and adequate knowledge categories were more compliant with antenatal care examinations. Compared with mothers who had a low knowledge category and were non-compliant with antenatal care examinations. The results of this study indicate that there is a relationship between a person's knowledge and pregnancy examinations, knowledge about ANC is related to knowledge of pregnancy, fetal growth in the womb, self-care during pregnancy, and danger signs that need to be watched for. If a mother's knowledge about ANC is lacking then she knows what she should do to maintain her pregnancy health. It can be concluded that the mother's level of knowledge greatly influences compliance with antenatal care examinations where the better a person's level of knowledge, the more compliant they will be with antenatal care examinations.

According to the researcher's assumption, the results show that knowledge significantly influences ANC attendance among pregnant women. Knowledge functions as a driver of behavioral change, because those who have a good understanding will be more motivated to adopt healthy practices. Information about pregnancy care can be disseminated through counseling about fetal development and maternal health, thereby helping to promote regular ANC visits

According to the researchers, there is a significant and positive relationship between the level of knowledge of pregnant women and compliance with Antenatal Care (ANC) visits. The better the mother's understanding of the importance of pregnancy examinations, the higher their awareness and compliance in routinely having their pregnancy checked.

Relationship Between Husband's Support and the Level of Pregnant Women's Compliance with Undergoing ANC K6 in the Working Area of Liwa Health Center (Balik Bukit), West Lampung

Based on the results of the cross-analysis between the husband's support variable and the level of compliance among pregnant women in Table 4.6, it shows that of the 33 respondents who received supportive husbands, the majority had compliance with ANC K6 visits, namely 19 respondents (28,4%), while 14 respondents (20,9%) were non-compliant. Conversely, of the 34 respondents who stated that their husbands were not supportive, the majority had irregular compliance with ANC K6 visits, namely 26 respondents (38,8%), while only 8 respondents (11,9%) had regular visits. It is known that the result of the chi square test was: $p\text{-value} = 0,010$. This value is smaller than the significance value α (0,05), so H_a is accepted and H_o is rejected. This statistically indicates that there is a significant relationship between husband's support and the level of compliance of mothers in making ANC K6 visits in the working area of Liwa Health Center (Balik Bukit), West Lampung. And the OR value is 4.411 (1.542-12.616) Confidence interval (CI 95%) between 1,542 and 12,616. An OR value greater than 1 proves that husband's support is a very dominant reinforcing factor. Epidemiologically, this means that pregnant women who have unsupportive husbands have a 4.4 times greater risk of not complying with ANC K6 visits compared with mothers who receive full support from their husbands.

Husband support is often known by another term, namely support in the form of sympathy, which is evidence of affection, attention and the desire to listen to other people's complaints. The needs, abilities and sources of support change throughout a person's life. The family is the first environment known by individuals in their socialization process. Husband support is assistance that can be provided to the family in the form of information and advice, which makes the recipient of the support feel loved and valued (Efrata, 2023).

In line with the research by Sipayung (2024) Using a descriptive correlation design with a cross-sectional approach, this study involved 52 third-trimester pregnant women at Pratama Maria Clinic, North Jakarta. Data were collected through questionnaires and analyzed using the Chi-Square test. The results showed that although mothers with good knowledge and optimal husband support had higher levels of compliance, there was no significant relationship between the two variables and ANC compliance ($p\text{-value} > 0,05$). These findings indicate that other factors, such as pregnancy experience and individual motivation, also play a role in ANC compliance. Therefore, more effective educational strategies are needed to increase pregnant women's awareness regarding the importance of routine antenatal examinations.

The results of the study conducted showed that the category of husbands who provided support with compliance with ANC visits consisted of 19 (28,4%) respondents because they had emotional motivational support such as husbands providing encouragement and a sense of security so that mothers did not feel anxious during pregnancy, providing good physical assistance such as husbands often taking the time to accompany and accompany their wives during examinations and providing financial support such as husbands covering transportation costs and routine antenatal examinations. Meanwhile, husbands who did not provide support with irregular ANC visits consisted of 14 (20,9%) respondents, this was caused by husbands being busy working so they did not have time to accompany their wives to health facilities, husbands did not yet understand the importance of routine antenatal examinations for the health of the mother and fetus, husbands thought that the pregnancy was healthy and did not need to be frequently examined by a doctor or midwife.

For husbands who did not provide support with compliance with ANC visits, there were 8 (11,9%) respondents due to the lack of husband support generally being caused by the husband's work commitments, lack of knowledge regarding the importance of antenatal examinations, as well as the assumption that pregnancy is a normal occurrence that does not require routine examinations. Meanwhile, husbands who did not provide support with irregular ANC visits consisted of 26 (38,8%) respondents because of the husband's lack of knowledge, work commitments because they considered their time to be spent earning a living so they could not accompany their wives, as well as the assumption that pregnancy is a normal occurrence that does not need to be routinely examined. This is confirmed by the OR value of 4.411 (1.542-12.616), which shows the strength of the relationship, where husband support can influence ANC visits among pregnant women.

The high level of husband support in this study was influenced by the characteristics of the respondents, all of whom lived in the same household as their husbands, thus allowing for more intense interaction and continuous support during pregnancy. This study shows that the relationship between husband support and ANC visit coverage is such that if the husband supports the mother in making ANC visits, the mother will make ANC visits more frequently. Husbands who facilitate mothers by reminding them to make ANC visits and accompanying them to make ANC visits, so that mothers will feel happy and always undergo routine ANC examinations.

According to the researcher, the social support proposed by House consists of emotional, informational, instrumental, and appraisal support. In this study, low husband support was mainly found in the aspects of

informational and instrumental support, such as the lack of provision of information regarding the importance of ANC as well as limited practical assistance (accompaniment or transportation facilities). This condition shows that the physical presence of the husband is not always accompanied by active involvement in the pregnancy care process.

CONCLUSION

It is known that the characteristics of pregnant women undergoing ANC K6 in the Working Area of Liwa Health Center (Balik Bukit), West Lampung, in the maternal age category were predominantly women of non-risk age (20 years to 35 years), totaling 45 (67.1%) respondents, in the maternal education category the majority were junior high school graduates, totaling 25 (37.3%) respondents, in the maternal occupation category the majority were mothers who did not work or were housewives, totaling 37 (55.2%) respondents, in the maternal parity category the majority were multiparous, totaling 36 (53.7%) respondents, and in the maternal gestational age category the majority were 27-30 weeks, totaling 34 (50.7%) respondents. It is known that the frequency distribution of knowledge among pregnant women undergoing ANC K6 consisted of 32 (47.8%) respondents in the good knowledge level category and 35 (52.2%) respondents in the poor knowledge level category. It is known that the frequency distribution of husband support among pregnant women undergoing ANC K6 consisted of 33 (49.3%) respondents in the supportive husband category and 34 (50.7%) respondents in the non-supportive husband category. It is known that the frequency distribution of the level of compliance among pregnant women undergoing ANC K6 in the Working Area of Liwa Health Center (Balik Bukit), West Lampung, consisted of 27 (40.3%) respondents in the compliant ANC visit category and 40 (59.7%) respondents in the non-compliant ANC visit category. It is known that there is a relationship between knowledge and the level of compliance among pregnant women undergoing ANC K6 in the Working Area of Liwa Health Center (Balik Bukit), West Lampung, with the chi-square result of: $p\text{-value } 0,005 < \alpha (0,05)$ and OR value 4.933 (1.712-14.214). It is known that there is a relationship between husband support and the level of compliance among pregnant women undergoing ANC K6 in the Working Area of Liwa Health Center (Balik Bukit), West Lampung, with the chi-square result of: $p\text{-value } 0.010 < \alpha (0.05)$ and OR value 4.411 (1.542-12.616),

SUGGESTION

It is hoped that this research can serve as a source of information that can later provide education, particularly from healthcare professionals to the community, especially pregnant women, to undergo ANC with a minimum of 6 visits during pregnancy.

Ethics Approval and Informed Consent

Ethical approval for this study was obtained from the Health Research Ethics Committee of Universitas Malahayati, Number 5401/EC/KEP-UNMAL/V/2026. Written informed consent was obtained from all respondents who participated in this study.

Author Contributions

Sinarwati contributed to the conceptualization, methodology, data collection, data analysis, interpretation of findings, and drafting of the manuscript. Dewi Yuliasari contributed to supervision, methodological guidance. Wayan aryawati interpretation of findings, and critical revision of the manuscript. Zarma provision of academic input, and final approval of the manuscript. All authors have read and approved the final version of the manuscript.

Funding

This research did not receive internal or external funding.

Conflict of Interest

The authors declare that there is no conflict of interest related to this study

Artificial Intelligence Declaration

Generative artificial intelligence via OpenAI ChatGPT was used to a limited extent to support the manuscript revision process, specifically for refining English language usage, checking for consistency, organizing the manuscript structure, and adjusting formatting. Any contributions generated with the assistance of AI have undergone evaluation and verification by the authors. Full responsibility for the scientific validity, originality of the work, publication integrity, and the final substance of the manuscript rests with the authors.

Data Availability Statement

The data supporting the findings of this study are available from the corresponding author upon reasonable request, subject to applicable ethics, privacy, and confidentiality requirements.

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