

The Relationship Between Knowledge, Attitudes of Pregnant Women and Husband's Support For Antenatal Care Examinations At The Leo Leo Health Center

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Abstract: Generally, pregnancy develops normally until delivery, but some pregnancies can be at risk in certain circumstances so that pregnancy checks (antenatal care) are needed. Some pregnant women do not do ANC (K1 and K4) allegedly due to lack of husband's support, lack of knowledge and negative attitudes about ANC. To determine the effect of husband's support, knowledge, and attitudes of pregnant women on Antenatal Care Visits. This type of research is an analytical survey with a Cross Sectional approach. The research was conducted at the Leo Leo Health Center, with the research time in Desember 2024. The population in this study were all pregnant women in the third trimester of the Leo Leo Health Center, namely 38 people and all of them were used as samples (total population). Data were analyzed univariately, bivariately with the chi-square test, and multivariately using multiple logistic regression tests at a 95% confidence level ($\alpha=0.05$). The study showed that the majority of ANC visits by pregnant women were not up to standard (52.6%), those up to standard (47.4%). Pregnant women's ANC visits at the Leo Leo Health Center were influenced by husband's support ($p = 0.033$), and knowledge ($p = 0.004$), while attitude had no effect ($p = 0.156$). The knowledge variable was the most dominant variable influencing ANC visits. Pregnant women with good knowledge were 13.7 times more likely to make ANC visits according to standards compared to pregnant women with less knowledge. The probability of pregnant women making ANC visits according to standards was 90.99% if husband's support was good and mother's knowledge was good. Husband's Support and Pregnant Women's Knowledge influenced ANC Visits at the Leo Leo Health Center. Gather pregnant women and husbands or families to provide counseling on the importance of ANC Visits and remind pregnant women and husbands to always read the KIA Book so that they know the importance of ANC Visits

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Keywords: ANC Visits, Attitude, Husband's Support, Knowledge

1. Introduction

Pregnancy is an extraordinary thing because it involves physiological, biological and psychological changes that change a woman's life (Maulana, 2016). Pregnancy is a hormonal change, which is part of the response to pregnancy that can cause stress, and can be a change in feelings, almost the same as when they are about to menstruate or during menopause (Bobak, 2016). Generally, pregnancy develops normally and results in the birth of a healthy

baby at full term through the birth canal (Chomaria, 2016). However, not all pregnancy and childbirth outcomes will please a husband, mother and healthy baby, but pregnant women can face emergencies with mild to severe degrees that can pose a danger of discomfort, dissatisfaction, pain, disability and even death for pregnant women, high risk, or low who experience complications in childbirth (Astuti, 2015). It is very difficult to know in advance whether pregnancy will be a problem or not, and the risk assessment system cannot predict whether a pregnant woman will have problems or not during her pregnancy. Therefore, the view that considers pregnancy a natural event needs to be changed socioculturally (Solikhah, 2016). Regular and routine antenatal care (ANC) check-ups are the most appropriate and important way to monitor and support the health of normal pregnant women and detect mothers with normal pregnancies, pregnant women should visit a midwife or doctor as early as possible since they feel pregnant to get antenatal care services/care (Saifuddin, 2017).

One of the indicators of the level of health is the maternal mortality rate (MMR) (Ministry of Health of the Republic of Indonesia, 2017). The maternal mortality rate is still relatively slow to decline, therefore hard work is still needed to reduce maternal, infant and toddler mortality rates. The SDGs target in 2030 is to reduce maternal mortality to below 70 per 100,000 live births. By 2030, end preventable infant and toddler deaths, with all countries trying to reduce the Neonatal Mortality Rate to at least 12 per 1,000 live births and the Toddler Mortality Rate to 25 per 1,000 live births (Ministry of Health of the Republic of Indonesia, 2015).

According to the Indonesian Ministry of Health (2016), factors that influence mothers to make K1 and K4 visits to pregnant women include internal factors (parity and age) and external factors (knowledge, attitude, economy, socio-culture, geography, information and support). Characteristics are distinctive features that have a distinctive nature of a person or society influenced by education, age, behavioral attitudes, ethnicity, gender, education, income and spirituality (beliefs) that underlie attitudes and behavior (Notoatmodjo, 2016). Antenatal examinations play an important role for pregnant women in their pregnancy and childbirth journey. Seeing the description above, it is interesting to conduct research on the influence of husband's support, knowledge, and attitudes of pregnant women on antenatal care visits at the Leo Leo Health Center.

2. Research Method

This type of rResearch is an analytical survey with a Cross Sectional approach. The research was conducted at the Leo Leo Health Center, with the research time in Desember 2024. The population in this study were all pregnant women in the third trimester of the Leo Leo Health Center, namely 38 people and all of them were used as samples (total population). Data were analyzed univariately, bivariately with the chi-square test, and multivariately using multiple logistic regression tests at a 95% confidence level ($=0.05$).

3. Results and Discussion

Results

Table 1 Cross Tabulation of the Relationship between Husband's Support, Knowledge, Attitude and Pregnant Women's ANC Visits		
Respondent Identity	(f)	(%)
Age (years)		
20-35 year	14	36,8
<20 year and >35 year	24	63,2
Education		
High (high school/college)	13	34,2
Low (Primary/Junior High School)	25	65,8
Work		
Not working (housewife)	19	50,0
Work (laborer, employee, private, etc.)	19	50,0
Paritas		
Paritas 2-3	17	44,7
Paritas 1 / ≥ 4	21	55,3

Table 1 above shows that based on the age of the respondents, the majority of respondents are 20-35 years old, namely 24 people (63.2%), the minority are <20 years old and >35 years old, namely 14 people (36.8%). The level of education of the respondents is mostly high school/college, namely 25 people (65.8%), the minority are elementary/junior high school educated, namely 13 people (34.2%). Based on occupation, the number of those who work and the number of those who do not work are the same, each of which is 19 people (50.0%). Based on parity, the majority of respondents are in parity 1 or ≥ 4 people, namely 21 people (55.3%), the minority are in parity 2-3, namely 17 people (46.7%).

Table 2 Multivariate Regression Test							
	n	%	N	%	n	%	
Husband Support							
Good	12	66,7	6	33,3	18	100,0	0,024
Less	6	30,0	14	70,0	20	100,0	
Knowledge							
Good	13	76,5	4	23,5	17	100,0	0,001
Less	5	23,8	16	76,2	21	100,0	
Attitude							
Positive	15	68,2	7	31,8	22	100,0	0,003
Negative	3	18,8	13	81,3	16	100,0	

The relationship between independent and dependent variables in bivariate analysis can be seen in the following table.

Based on table 2 above, it shows that husband's support is related to ANC visits with a p value = 0.024 < 0.05. Of the 18 pregnant women who received good support from their

husbands, the majority of ANC visits were in accordance with the standard, namely 12 people (66.7%). Of the 20 pregnant women who received less support from their husbands, the majority of ANC visits were not in accordance with the standard, namely 14 people (70.0%).

The knowledge variable is related to ANC visits with a p value = 0.001 < 0.05. Of the 17 pregnant women who had good knowledge, the majority of ANC visits were in accordance with the standard, namely 13 people (76.5%). Of the 21 pregnant women with less knowledge, the majority of ANC visits were not in accordance with the standard, namely 16 people (76.2%).

The attitude variable is related to ANC visits with a p value = 0.003 < 0.05. Of the 22 pregnant women who had a positive attitude, the majority of ANC visits were in accordance with the standard, namely 15 people (68.2%). Of the 16 pregnant women with negative attitudes, the majority of ANC visits did not meet standards, namely 13 people (81.3%).

Discussion

The results of the study showed that there was a significant relationship between husband's support and ANC visits with a p value = 0.024 (< 0.05). This shows that pregnant women who receive good support from their husbands are more likely to make ANC visits according to standards compared to pregnant women who do not receive enough support from their husbands. Support from a husband can be in the form of emotional, informational, and practical support, such as accompanying the wife during pregnancy check-ups, reminding her of the ANC schedule, and providing motivation in maintaining the health of the mother and fetus (Fitriani et al., 2021).

In addition, the role of the husband as a companion during pregnancy greatly influences the mother's decision to comply with the ANC schedule. Previous studies have shown that mothers who receive husband's support have a higher level of ANC compliance compared to mothers who do not receive enough support from their husbands (Putri & Sari, 2020). Lack of support from a partner can cause mothers to feel less motivated to carry out routine check-ups, thus increasing the risk of experiencing pregnancy complications that are not detected early (Sari et al., 2019).

In addition to the husband's support factor, the results of this study also found that the knowledge of pregnant women was significantly related to compliance with ANC visits (p = 0.001). Pregnant women who have good knowledge tend to be more aware of the importance of ANC examinations to prevent the risk of pregnancy complications, such as preeclampsia, anemia, and fetal growth retardation (Lestari et al., 2022). Conversely, mothers with low knowledge are more likely to skip ANC visits because they do not understand the benefits or feel that pregnancy checks are not very important (Rahmawati & Yuliani, 2019).

A study by Handayani and Susanti (2020) showed that mothers who received information from health workers, the media, and the social environment were more likely to make regular ANC visits. Health education for pregnant women can increase their awareness of the importance of ANC, thereby increasing the standard ANC coverage rate (Saputri et al., 2021).

In addition to knowledge, the attitude of pregnant women also plays an important role in compliance with ANC visits. The results of this study indicate that attitude is related to ANC visits with a p value = 0.003. Pregnant women who have positive attitudes make more

ANC visits according to standards than mothers with negative attitudes. Positive attitudes towards ANC can be formed through personal experiences, information received, and support from family and health workers (Mardiana et al., 2021).

Mothers' attitudes towards ANC are also influenced by psychological, social, and cultural factors. Mothers who have positive experiences in previous pregnancy check-ups will be more motivated to attend ANC regularly. Conversely, mothers who are afraid or have negative experiences with health services may be more reluctant to visit ANC (Suryani & Wulandari, 2022).

In this context, the role of health workers is very important in forming positive attitudes towards ANC for mothers. Good communication between health workers and pregnant women can increase mothers' trust and motivation to undergo routine check-ups. Effective health education can help mothers understand the benefits of ANC and overcome their fears or concerns (Wijayanti et al., 2023).

In addition to individual factors for pregnant women, social and environmental factors also play a role in ANC compliance. Economic factors, accessibility of health facilities, and health service policies can influence mothers' decisions to visit ANC (Andini & Prasetyo, 2020). Therefore, interventions involving the community, health workers, and families are needed to increase the number of ANC visits according to standards.

The results of this study have practical implications for health workers in health care facilities. One strategy that can be done is to hold a pregnancy education program that involves husbands and families so that they better understand their role in supporting pregnant women (Mahmudah et al., 2021).

In addition, health workers also need to develop a more personal approach in providing health education to pregnant women, such as through individual or group counseling, the use of digital media, and community-based approaches (Indrayani, 2023). Thus, it is hoped that pregnant women can better understand the importance of ANC and increase their compliance with visits to health facilities.

In conclusion, the results of this study indicate that husband support, knowledge, and attitudes of pregnant women have a significant relationship with compliance with ANC visits. Therefore, increasing family support, health education, and community-based intervention strategies are needed to increase ANC coverage according to standards. With a holistic approach and involving At various parties, it is hoped that maternal and infant mortality rates can be minimized through early detection of pregnancy risks and optimal care for pregnant women.

4. Conclusion

Based on the results of the study, there was a significant relationship between husband's support and compliance with ANC visits, with a p value = 0.024 (<0.05). Pregnant women who received good support from their husbands were more likely to make ANC visits according to standards compared to mothers who did not receive sufficient support. Husband's support in the form of emotional, informational, and practical plays an important

role in increasing maternal compliance with pregnancy check-ups and reducing the risk of undetected complications.

In addition, this study also showed that pregnant women's knowledge was significantly related to compliance with ANC visits ($p = 0.001$). Mothers with a good level of knowledge better understood the benefits of ANC check-ups in preventing pregnancy complications such as preeclampsia, anemia, and fetal growth retardation. Conversely, mothers with low knowledge tended to ignore ANC visits due to a lack of understanding of the importance of pregnancy check-ups.

The attitude of pregnant women towards ANC also had a significant relationship with compliance with visits, with a p value = 0.003. Mothers who had a positive attitude made more ANC visits according to standards compared to mothers who had a negative attitude. This attitude was influenced by personal experience, information received, and support from family and health workers.

Social and environmental factors, such as economy, accessibility of health facilities, and health service policies, also play a role in maternal compliance with ANC. Therefore, community-based interventions, family support, and effective health education are needed to improve pregnant women's compliance in making ANC visits.

This study has practical implications for health workers in increasing ANC coverage according to standards. Strategies that can be implemented include pregnancy education programs involving husbands and families, a personal approach to health counseling, and the use of digital media to disseminate maternal and child health information.

With a comprehensive approach involving various parties, it is hoped that maternal and infant mortality rates can be minimized through early detection of pregnancy risks and providing optimal care for pregnant women. Therefore, increasing awareness, social support, and supportive health policies are needed to ensure that every pregnant woman receives standard pregnancy care.

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