



## Antenatal Care Compliance within a Matrilineal Society: Husbands' Knowledge and Attitudes among Urang Sumando in Padang Pariaman

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### Abstract

Husband involvement is a critical determinant of Antenatal Care (ANC) compliance. In Padang Pariaman Regency, this involvement is uniquely shaped by the matrilineal culture through the concept of *Urang Sumando*, in which husbands are positioned as “guests” within the wife’s family, often limiting their authority in maternal health decision-making. This study aimed to analyze the relationship between husbands’ knowledge and attitudes and maternal ANC compliance within this specific cultural context. A cross-sectional study was conducted between May and August 2025 involving 100 pairs of pregnant women and their husbands. Husbands’ knowledge and attitudes were assessed using validated questionnaires, while ANC compliance was verified through an audit of the Maternal and Child Health Book. Data were analyzed using chi-square tests and logistic regression. The results showed that ANC compliance reached 71%, with 58% of husbands demonstrating good knowledge and 62% showing positive attitudes toward ANC. Good knowledge was significantly associated with ANC compliance (OR = 3.21; 95% CI 1.30–7.93;  $p = 0.009$ ), as was a positive attitude (OR = 2.74; 95% CI 1.16–6.49;  $p = 0.019$ ). After controlling for age, education, and living status with in-laws, both knowledge (aOR = 2.70; 95% CI 1.12–6.52;  $p = 0.027$ ) and attitude (aOR = 2.33; 95% CI 1.03–5.25;  $p = 0.042$ ) remained significant predictors of compliance. Living with in-laws tended to reduce the likelihood of ANC compliance, although this association was not statistically significant (aOR = 0.52; 95% CI 0.24–1.13;  $p = 0.097$ ). In conclusion, husbands’ knowledge and attitudes play a significant role in improving ANC compliance. Educational interventions grounded in local wisdom and involving both husbands and extended family members are strongly recommended.

**Keywords:** Antenatal Care, Husband Support, Knowledge, Attitude, Urang Sumando, Padang Pariaman.

## **Introduction**

Maternal and neonatal well-being are fundamental pillars within the international development framework, as mandated by the Sustainable Development Goals (SDGs). This target projects a reduction in the global maternal mortality rate (MMR) to below 70 per 100,000 live births by 2030. According to World Health Organization data (2020), the majority of maternal deaths in developing countries are triggered by medical complications that could potentially be prevented through a comprehensive pregnancy monitoring system. In this regard, Antenatal Care (ANC) has evolved beyond routine medical procedures into a strategic instrument for information transfer, health education, and the early detection of clinical anomalies.

In Indonesia, although statistics indicate a downward trend, maternal mortality remains a crucial issue. The latest findings from the Indonesian Health Survey (SKI) confirm a striking gap in access to healthcare services across various regions (Ministry of Health, 2023). Family unpreparedness to detect danger signs during pregnancy often serves as a determining factor in these deaths. Therefore, the level of maternal compliance with ANC service standards is a vital indicator of the effectiveness of health interventions at the community level in Ghana.

The Ministry of Health of the Republic of Indonesia has initiated major reforms to the antenatal care protocols. Through Regulation of the Minister of Health Number 21 of 2021, the minimum frequency of checkups increased from four visits (K4) to six visits (K6). This update mandates at least two check-ups by a physician during the first and third trimesters, reinforced by the use of basic ultrasonography (USG) to identify risks such as fetal malpresentation and growth retardation.

The implementation of the K6 policy is expected to minimize long-term pathological risks, including preeclampsia and postpartum hemorrhage, and contribute to the prevention of stunting (Sari et al., 2025). Nevertheless, this regulatory shift requires massive behavioral adaptation, not only from pregnant women but also from their supporting ecosystems. Compliance with the K6 protocol demands investment of time, logistics costs, and psychological readiness, all of which are strongly influenced by social support from the immediate environment.

Gestation is an intense period of biological and emotional transition, during which women are highly vulnerable to anxiety disorders, stress, and even antenatal depression (Febriati & Zakiyah, 2022). The provision of adequate psychosocial support during this period is positively correlated with maternal mental health and directly influences the optimal neurobiological maturation of the fetus (Rahmawati et al., 2025).

The most impactful emotional support comes from the partner. UNICEF (2021) stresses that the active participation of husbands in pregnancy monitoring can reduce the psychological burden on mothers while simultaneously increasing the regularity of health check-ups. Conversely, a lack of attention from husbands can trigger feelings of alienation in mothers, potentially resulting in neglecting crucial medical appointments for their children.

Sociocultural aspects have a dominant influence on reconstructing health behaviors

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within Indonesian society, particularly in West Sumatra, where a matrilineal system prevails. In Padang Pariaman Regency, kinship relations position the husband as Urang Sumando, with a social status similar to that of a “guest” in the wife’s family home. This structure often restricts the husband’s jurisdiction in household decision-making, with the wife’s male relatives (nirik mamak) or mother-in-law typically holding greater authority (Fitrayeni et al., 2022).

This scenario creates a paradox in reproductive health management. Although husbands bear financial responsibilities, their autonomy to guide their wives’ health behaviors is often hampered by the extended family’s dominance. There is a prevailing stigma that pregnancy matters are an exclusively female domestic domain, thereby rendering male involvement seemingly nonurgent (Agus & Horiuchi, 2021). These structural barriers risk degrading the quality of husband’s involvement and lowering ANC compliance rates.

Husbands’ knowledge of ANC standards and the identification of pregnancy risks form the primary foundation for cultivating a proactive attitude toward ANC care. This competency is not limited to technical information but also includes awareness of the moral responsibility to provide protection. Indriyani (2025) notes that husbands with good health literacy tend to offer measurable instrumental (logistical and financial) and affective support.

The orientation of the husband’s attitude, both cognitively and emotionally, acts as a catalyst in every medical decision-making process. In matrilineal societies, improving husbands’ knowledge is expected to redefine the Urang Sumando role from a passive figure to a “health manager” for their families. Without integrating positive understanding and perception, the “Alert Husband” initiative would remain mere rhetoric with no concrete application in the community. While there is a wealth of literature on husband support, studies that specifically evaluate the interaction between husbands’ knowledge and attitudes within the cultural framework of Urang Sumando in the K6 policy era are limited. Padang Pariaman Regency offers a relevant research locus due to the combination of strong cultural characteristics and healthcare accessibility challenges.

This study aims to provide theoretical contributions on how the variables of knowledge and attitude can penetrate the rigidity of matrilineal cultural structures. Practically, the results of this study are expected to serve as a foundation for local health authorities to formulate more inclusive health promotion strategies involving husbands and traditional leaders in strengthening the maternal health protection ecosystem.

### **Literature Review**

#### *Husband’s Involvement in Antenatal Care Compliance*

Husband involvement has been consistently associated with improved utilization of antenatal care services, including early initiation and completion of recommended ANC visits. Evidence from systematic reviews indicates that women whose husbands actively participate in pregnancy-related decision-making are significantly more likely to comply with ANC schedules and facility-based care (Yargawa & Leonardi-Bee, 2015; Tokhi et al., 2018). Male

involvement contributes to financial preparedness, emotional reassurance, and facilitation of access to health services, all of which are critical determinants of maternal health outcomes (Ditekemena et al., 2019).

#### *Husbands' Knowledge and Attitudes toward Maternal Health*

Husbands' knowledge and attitudes toward maternal health play a crucial role in shaping women's health-seeking behavior during pregnancy. Studies suggest that husbands with adequate understanding of pregnancy danger signs and ANC benefits are more likely to encourage routine check-ups and support timely medical decisions (Mullany, 2017). Positive attitudes toward shared responsibility in pregnancy have also been linked to higher levels of emotional support and reduced maternal stress, which indirectly improves ANC adherence (Story & Burgard, 2016).

#### *Sociocultural Context of Matrilineal Society and the Role of Urang Sumando*

In collectivist and extended-family settings, household decision-making dynamics may either facilitate or hinder maternal health service utilization. Research has demonstrated that when husbands have limited authority in family decision-making, women's access to ANC may be delayed despite adequate knowledge and service availability (Story & Burgard, 2016; Mullany, 2017). This finding supports the argument that sociocultural norms and family power structures must be addressed in interventions aiming to improve ANC compliance through male engagement.

## **Research Method**

### *Study Design and Setting*

This study employed an analytic observational design with a cross-sectional approach to examine the association between husbands' knowledge and attitudes and antenatal care (ANC) compliance at a single point in time. The study was conducted in the service areas of several Primary Health Centers (Puskesmas) in Padang Pariaman Regency, West Sumatra Province, Indonesia. This setting was purposively selected because of its strong matrilineal sociocultural system, which is particularly relevant for understanding the role of Urang Sumando (husbands) in maternal health decision-making. Data collection was conducted over a four-month period from May to August 2025.

### *Population and Sample*

The study population comprised pregnant women and their husbands, residing in Padang Pariaman Regency. Sampling was conducted using a consecutive sampling technique, whereby all eligible pregnant women (Trimester I–III) and their husbands who visited the selected Puskesmas during the study period were recruited consecutively until the minimum required sample size was achieved. Based on the minimum sample size calculation for hypothesis testing of proportions, 100 couples of reproductive age were included in this study.

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### *Inclusion Criteria*

The inclusion criteria were as follows:

1. Pregnant women officially registered as residents of Padang Pariaman Regency.
2. They were accompanied by their husbands at the time of data collection.
3. The participants were willing to participate and provided informed consent.

### *Study Variables and Operational Definitions*

The variables are operationally defined as follows:

#### 1. ANC Compliance

ANC compliance was assessed using medical records documented in the Maternal and Child Health (MCH/KIA) handbook. Participants were categorized as compliant if the first ANC visit (K1) occurred at  $\leq 12$  weeks of gestation and the total number of visits met at least four visits (K4) appropriate for gestational age at the time of assessment. Failure to meet either criterion was classified as non-compliance.

#### 2. Husbands' Knowledge

Husbands' knowledge referred to their understanding of updated ANC service standards (K6), pregnancy danger signs, and maternal nutrition. Knowledge was measured using a 20-item questionnaire consisting of true/false and multiple-choice questions. Scores  $\geq 75\%$  were classified as good knowledge, while scores  $< 75\%$  were categorized as poor knowledge.

#### 3. Husbands' Attitudes

Husbands' attitudes reflected their tendency to support maternal health and pregnancy care. This variable was measured using a 20-item Likert scale questionnaire. Attitude scores were categorized as positive or negative using a median-split approach.

#### 4. Covariates

The covariates included maternal age, maternal education level, and living arrangements (living with parents-in-law or independently).

### *Instrument Validity and Reliability*

The research instruments were assessed for content validity by three midwifery and maternal nursing experts. Reliability testing demonstrated Cronbach's alpha values greater than 0.70 for all scales, indicating acceptable internal consistency.

### *Data Analysis*

The data were analyzed using statistical software in a stepwise manner. A univariate analysis was conducted to describe the frequency distribution of each variable. Bivariate analysis using the chi-square test examined the associations between husbands' knowledge and

attitudes and ANC compliance, with results expressed as Odds Ratios (ORs) and 95% Confidence Intervals (CIs). Finally, multivariate logistic regression analysis was performed to identify the dominant predictors of ANC compliance, while controlling for covariates. Statistical significance was set at  $\alpha = 0.05$ .

*Ethical Approval (Optional)*

This study received ethical approval from the Ethics Committee of Alifah University of Padang (Reference No: 004162/KEP Universitas Alifah Padang/2024). Written informed consent was obtained from all respondents prior to participation.

**Results**

**Respondent Characteristics**

A total of 100 pregnant women and their spouses participated in this study. The characteristics of the respondents are detailed in Table 1, which summarizes key demographic and socioeconomic variables, including maternal age, educational attainment, living arrangements, as well as the husbands' knowledge and attitudes toward antenatal care. These characteristics provide an overview of the study population and serve as the foundation for subsequent analyses examining factors associated with antenatal care compliance.

**Table 1.** Distribution of Respondent Characteristics (n = 100)

No	Characteristics	Frequency	%
<b>1</b>	<b>Maternal Age</b>		
	< 20 years	10	10.0
	20–35 years	70	70.0
	> 35 years	20	20.0
<b>2</b>	<b>Maternal Education</b>		
	Primary (Elementary/Junior High School)	25	25.0
	Secondary (Senior High School)	55	55.0
	Higher (Diploma/University)	20	20.0
<b>3</b>	<b>Living Arrangement</b>		
	Living with husband/children	38	38.0
	Living with parents-in-law/extended family	62	62.0
<b>4</b>	<b>Maternal Occupation</b>		
	Housewife	60	
	Employed (formal/informal)	40	
<b>5</b>	<b>Husband's Occupation</b>		
	Employee	25	25.0
	Informal sector (trader, laborer, driver)	55	55.0
	Other	20	20.0

Source: Primary Data

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Based on the data in Table 1, the majority of respondents were within the healthy reproductive age range, namely 20–35 years old (70%). In terms of education, more than half of the pregnant women (55%) had a secondary education (high school). The most prominent social characteristic in this study is living arrangements, where most respondents (62%) live with their in-laws or extended family. This reflects the sociocultural structure at the research location, which is strongly influenced by extended kinship systems. Regarding economic status, most respondents were housewives (60%), with their husbands predominantly working in the informal sector (55%).

**Table 2.** Association of Husbands' Knowledge and Attitudes with Antenatal Care (ANC) Compliance (n = 100)

<b>Independent Variables</b>	<b>OR (95% CI)</b>	<b>p-value</b>
Husbands' Knowledge (Good)	3.21 (1.30–7.93)	0.009*
Husbands' Attitudes (Positive)	2.74 (1.16–6.49)	0.019*

Source: Primary Data

The results showed that the overall ANC compliance rate among pregnant women in Padang Pariaman was 71%. Husbands' factors emerged as key determinants of ANC compliance. After controlling for demographic variables, good husbands' knowledge was associated with a 2.7- fold increase in the likelihood of ANC compliance, while positive husbands' attitudes increased the odds by 3.2 times. These findings indicate that husbands who are well-informed and demonstrate supportive attitudes play a crucial role in encouraging timely and adequate ANC utilization.

In contrast, living with parents-in-law was associated with a 48% reduction in the likelihood of ANC compliance. This finding reflects potential constraints on husbands' autonomy (*Urang Sumando*) in maternal health decision-making within a matrilineal extended family structure. Under close supervision by the extended family, husbands may experience limited authority to actively support or influence their wives' health-seeking behaviors, thereby affecting adherence to recommended ANC schedules.

**Table 3.** Determinants of Antenatal Care (ANC) Compliance Based on Logistic Regression Analysis

<b>Variables</b>	<b>aOR (95% CI)</b>	<b>p-value</b>
Husbands' Knowledge	2.70 (1.12–6.52)	0.027*
Husbands' Attitudes	2.33 (1.03–5.25)	0.042*
Living with Parents-in-law	0.52 (0.24–1.13)	0.097

Source: Primary Data

Multivariate analysis revealed that husbands' knowledge and positive attitudes were the most significant determinants of antenatal care (ANC) compliance. After controlling for demographic variables, it was found that husbands possessing good knowledge were 2.7 times more likely to support adequate ANC utilization (aOR = 2.70), while those with positive attitudes exhibited a 2.33-fold increased likelihood of ANC compliance (aOR = 2.33). These results emphasize the crucial role of informed and supportive husbands in ensuring the continuity of antenatal care. Conversely, cohabitation with parents-in-law was

associated with a sociocultural trend towards reduced ANC compliance, resulting in a 48% decrease in adherence likelihood (aOR = 0.52). Although this association did not achieve statistical significance ( $p = 0.097$ ), it holds important clinical and contextual implications. Within the matrilineal family system, the limited autonomy of husbands (Urang Sumando) under extended family oversight may restrict their involvement in health-related decision-making. This finding underscores that, beyond knowledge and attitudes, husbands' psychological support and decision-making independence are vital for maintaining optimal antenatal care for their wives.

## **Discussion**

The discussion interprets the findings of the study within the context of maternal health research, with a particular focus on the role of husbands in a matrilineal cultural system. The results are analyzed in relation to the existing literature, sociocultural dynamics, and clinical implications, followed by considerations of the limitations and recommendations for future research and practice.

### **Respondent Characteristics and Sociodemographic Context**

The respondent characteristics indicated that the majority of pregnant women were within the healthy reproductive age of 20–35 years (70%). Clinically, this age group is associated with lower obstetric risks and better health awareness than the extreme age groups (<20 or >35 years). Previous studies have shown that women in this age range tend to be more proactive in seeking health information and are more capable of communicating pregnancy-related needs to their partners (Indriyani, 2025). This demographic advantage provides a favorable foundation for adherence to antenatal care (ANC) recommendations. In terms of education, more than half of the respondents (55%) had completed secondary education (senior high school). This level of education suggests adequate health literacy to understand medical instructions and policy changes, including the national transition from K4 to K6 ANC standards. Education functions as an enabling factor that facilitates the acceptance of health innovation. However, maternal education alone is insufficient without adequate understanding and support from husbands, who often serve as the primary decision-makers and facilitators of health service utilization (Sari et al., 2025). The predominance of husbands working in the informal sector (55%), combined with secondary education levels, provides important insights into the instrumental support capacity of the household. Employment in the informal sector is often characterized by income instability, which may pose challenges to consistent healthcare utilization. Nevertheless, the findings suggest that knowledge and attitudes can compensate for economic constraints, reinforcing the notion that cognitive and affective factors may outweigh financial considerations in determining ANC compliance.

### **ANC Compliance and Health Policy Adaptation**

The study found that 71% of pregnant women adhered to the recommended antenatal care (ANC) visits, indicating a positive trend in community adaptation to the Indonesian Ministry of Health's updated ANC policy (PMK No. 21 of 2021), which increased the

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minimum standard from four (K4) to six visits (K6). The K6 standard signifies not only an increase in visit frequency but also an enhancement in care quality, including at least two physician-led examinations and ultrasonography screening in the first and third trimesters for the early detection of conditions such as preeclampsia and stunting. According to Sari et al. (2025), the successful implementation of this policy necessitates high levels of household health literacy. While the compliance rate in Padang Pariaman suggests that health information has reached a substantial portion of the population, the remaining 29% non-compliance rate is clinically concerning. Non-adherent women risk missing critical “golden periods” for detecting asymptomatic complications. This noncompliance is often associated with the misconception that ANC is necessary only when physical symptoms are present, a belief that underscores the need for continuous and culturally sensitive health education (Ministry of Health of Indonesia, 2023).

### **Husbands' Knowledge as a Determinant of ANC Compliance**

Multivariate analysis indicated that husbands' knowledge significantly influenced ANC compliance, with adequate knowledge increasing the likelihood of compliance by 2.7 times (aOR = 2.70;  $p = 0.027$ ). In this study, knowledge encompassed husbands' understanding of the K6 schedule, pregnancy danger signs, and the importance of medical examinations compared to traditional practices. Adequate knowledge transforms husbands from "passive companions" to clinical navigators. Husbands who understand the risks of obstetric complications, such as hemorrhage or hypertensive disorders, are more proactive in arranging logistics, finances, and transportation for ANC visits. This informational support plays a crucial role in reinforcing maternal health-seeking behavior (Siregar et al., 2020). In the post-pandemic era, enhanced digital literacy among husbands in rural areas has further facilitated access to maternal health information through online platforms and social media (Rahmawati et al., 2025).

### **Husbands' Attitudes and Emotional Support**

In addition to knowledge, husbands' positive attitudes significantly increased ANC compliance by 2.33 times (aOR = 2.33;  $p = 0.042$ ). Attitudes encompass mental readiness, values and intentions. Husbands with positive attitudes perceive pregnancy as a shared responsibility rather than an exclusively female one. This emotional support plays a crucial psychophysiological role in reducing maternal stress levels. Pregnant women who feel emotionally supported by their husbands tend to exhibit stronger intrinsic motivation to protect their health and that of their fetuses. Conversely, negative or indifferent attitudes from husbands often create psychological barriers, discouraging women from seeking permission or financial support for ANC visits (UNICEF 2021). Thus, husbands' attitudes serve as a cornerstone for maintaining stability in antenatal care at the household level. Living Arrangement and Cultural Autonomy.

### **Living Arrangements and Cultural Autonomy**

Living with parents-in-law was associated with a 48% reduction in the likelihood of ANC compliance (aOR = 0.52;  $p = 0.097$ ). Although this association did not achieve statistical

significance, it has considerable clinical and sociocultural importance. In West Sumatra's matrilineal system, husbands take on the *Urang Sumando* role, often seen as guests in their wife's extended family household. The presence of parents-in-law may establish a dual-authority structure. While extended families can provide social support, they may also perpetuate traditional beliefs and practices that conflict with the medicalized K6 ANC standard (Agus and Horiuchi, 2021). Husbands may experience reluctance or discomfort (*sungkan*) in asserting health-related decisions that contradict senior family members' views. This "autonomy barrier" helps elucidate the observed decline in compliance among couples living with extended families. Therefore, enhancing ANC utilization in matrilineal communities necessitates culturally sensitive strategies that engage not only husbands but also parents-in-law and extended family members, enabling husbands to assume a more decisive role in maternal health decision-making (Fitrayeni et al., 2022).

## **Conclusion**

This study concludes that husbands' knowledge and positive attitudes are significantly associated with antenatal care compliance among pregnant women in Padang Pariaman Regency. Husbands' involvement emerged as a critical enabling factor for achieving the national K6 ANC standard, even within the complexities of a matrilineal family structure. These findings highlight that cognitive, emotional, and sociocultural dimension of spousal support are central to the success of maternal health programs.

Healthcare institutions should prioritize the implementation of Father's Classes and integrated family counseling programs to strengthen husbands' roles as clinical companions and decision-makers during pregnancy. Nursing and midwifery practitioners are encouraged to conduct comprehensive family assessments that actively involve *Urang Sumando* and the wife's extended family in educational interventions. Such culturally attuned strategies are essential for improving ANC compliance and ultimately enhancing maternal and fetal health outcomes in matrilineal societies.

## *Author's Contribution Statement*

Yesi Maifita contributed to the study conception and design, data collection, data analysis, interpretation of findings, and drafting of the manuscript. Linda Andriani contributed to data analysis, interpretation of results, critical revision of the manuscript for important intellectual content, and methodological refinement. Nela Novita Sari contributed to data collection, literature review, and manuscript editing. All authors read and approved the final version of the manuscript and agreed to be accountable for all aspects of the work.

## *Conflicts Of Interest*

The authors declare that there are no conflicts of interest related to this study. The authors have no financial, personal, or institutional relationships that could inappropriately influence or bias the conduct, interpretation, or reporting of the research. This declaration is made to ensure the

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integrity, transparency, and credibility of the study.

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