# DETERMINANTS OF K6 ANTENATAL CARE VISITS AMONG THIRD TRIMESTER PREGNANT WOMEN AT PAHANDUT HEALTH CENTER IN PALANGKA RAYA CITY

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## ABSTRACT

*The coverage rate of K6 Visits for pregnant women at the Pahandut Health Center in Palangkaraya City of 86.72% has not yet met the target of 100%. There are several factors that influence pregnant women in making ANC visits, namely behavioral factors and factors outside of behavior. The purpose of this study was to determine the Determinants of Antenatal Care K6 Visits for pregnant women at the Pahandut Health Center in Palangka Raya City. This study used an Observational Analytical study with a cross-sectional design to identify the Determinants of Antenatal Care K6 visits at the Pahandut Health Center. The instrument in this study was a questionnaire and this study used Univariate and Bivariate data analysis. Bivariate analysis showed a significant relationship between Knowledge ($\rho = 0.007$), Attitude ($\rho = 0.017$), Husband's Support ($\rho = 0.035$), Distance of Residence ($\rho = 0.040$) with K6 coverage. While employment status was not significantly related ($\rho = 0.445$). Based on the results of the study, it was found that there was a significant relationship between Knowledge, Attitude, Husband's Support and Distance of Residence with K6 ANC Visits, while there was no relationship between Job and K6 ANC Visits.*
**Keywords: Antenatal Care, Determinants, Pregnant Women, Trimester III, Visits (K6)**

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## INTRODUCTION

Maternal mortality rate (MMR) is an important indicator in assessing the welfare of society. WHO (2020) reported a global MMR of 223 per 100,000 KH, in ASEAN 235 per 100,000 KH, and Indonesia 189 per 100,000 KH. In Central Kalimantan, the MMR in 2020 was 141 per 100,000 KH, increased in 2021 to 212 per 100,000 KH, then decreased in 2022 to 149 per 100,000 KH. Meanwhile, In Palangka Raya City, the MMR was 69.61 per 100,000 KH in 2021, decreased to 46.04 in 2022, and then increased again in 2023 to 90.95 per 100,000 KH.

The main causes of maternal mortality in Indonesia are hypertension in pregnancy, obstetric bleeding, and other obstetric complications. Efforts to reduce MMR can be done through routine Antenatal Care (ANC) visits according to standards (M. Sari, 2024). Based on the Palangka Raya City Health Profile (2023), K1 coverage was 90.17% and K4 was 88.54%, while K6 coverage was only 68.58%, a decrease from the previous year. In Pahandut Health Center itself, K6 coverage of 86.72% is still below the 100% target (Palangka Raya City Health Office, 2023).

Low ANC K6 visits are influenced by various factors. Lawrence Green's theory mentions predisposing factors (knowledge, attitudes, occupation), enabling factors (distance from the place of residence), and reinforcing factors (husband support) affect ANC visit behavior. Previous research showed that low knowledge, less positive attitudes, time-constrained work, long distances, and lack of husband support were the causes of low ANC visits (Siti Maryam & Erin Padilla Siregar, 2023).

Previous studies in Indonesia have mainly focused on the coverage and determinants of K1 and K4 ANC visits as key indicators of maternal health service utilization. However, studies specifically analyzing the determinants of K6 visits are still limited. In Palangka Raya, especially at Pahandut Health Center where the K6 coverage in 2023 was only 86.72%, no prior research has examined this issue in depth. The novelty of this study lies in its focus on the determinants of ANC K6 visits among third-trimester pregnant women in Pahandut Health Center, providing evidence that can support targeted interventions to improve maternal health outcomes.

Based on this, researchers are interested in examining the Determinants of Antenatal Care Visit K6 in third trimester pregnant women at the Pahandut Health Center in Palangka Raya City with a focus on knowledge, attitudes, occupation, distance of residence, and husband support.

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## METHODS

This study used an analytic observational study with a *cross-sectional* design (Ummul Aiman et al., 2022). The population was all third trimester pregnant women at the Pahandut Health Center totaling 212 with a sample of 153 respondents who were taken using consecutive sampling techniques according to the inclusion and exclusion criteria. Primary data were collected using a questionnaire that adapted from previous research, while secondary data were obtained from the Palangka Raya City Health Profile. Data were analyzed univariately for frequency distribution and bivariate using the chi-square test with a 95% confidence level (p<0.05).

## RESULTS AND DISCUSSION
## RESULTS
### 1. Univariate Analysis
#### a. ANC visits

Table 4.1 Frequency Distribution of ANC K6 Visits in Trimester III Pregnant Women

| ANC Visit K6 | Frequency (f) | Percentage (%) |
|---|---|---|
| Incomplete | 85 | 55,6 % |
| Complete | 68 | 44,4 % |
| Total | 153 | 100 % |

Source: Primary data 2025

Of the 153 third trimester pregnant women, 85 (55.6%) did not complete the ANC K6 visit and 68 (44.4%) made a complete visit.

### 2. Bivariate Analysis

#### a. Knowledge and ANC K6 Visits

Table 4.2 Relationship between Pregnant Women's Knowledge and ANC K6 Visit at Pahandut Health Center, Palangkaraya City

| Knowledge | ANC K6 Visits | | | | Total | | ρ - Value |
| | Incomplete | | Complete | | | | |
| | f | % | f | % | f | % | |
|---|---|---|---|---|---|---|---|
| Less | 17 | 38,6 | 27 | 61,4 | 44 | 100 | |
| Good | 68 | 62,4 | 41 | 37,6 | 109 | 100 | 0,007 |
| Total | 85 | 55,6 | 68 | 44,4 | 153 | 100 | |

Source: Primary data 2025

There is a significant relationship between knowledge and ANC K6 visits (ρ=0,007). There were more incomplete (62.4%) than complete (37.6%) mothers with good knowledge.

#### b. Attitude and ANC K6 Visits

Table 4.3 Relationship between Pregnant Women's Attitudes and ANC K6 Visits at Pahandut Health Center, Palangka Raya City

| Attitude | ANC K6 Visits | | | | Total | | ρ - Value |
| | Incomplete | | Complete | | | | |
| | f | % | f | % | f | % | |
|---|---|---|---|---|---|---|---|
| Negative | 62 | 62,6 | 37 | 37,4 | 99 | 100 | |
| Positive | 23 | 42,6 | 31 | 57,4 | 54 | 100 | 0,017 |
| Total | 85 | 55,6 | 68 | 44,4 | 153 | 100 | |

Source: Primary data 2025

There was a significant relationship between attitude and ANC K6 visits (ρ=0.017). Negative attitude mothers were more incomplete (62.6%) than complete (37.4%).

#### c. Working Status and ANC K6 Visits

Table 4.4 Relationship between Working Status of Pregnant Women and ANC K6 Visits at Palangkaraya City Health Center

| Working Status | ANC K6 Visits | | | | Total | | ρ - Value |
| | Incomplete | | Complete | | | | |
| | f | % | f | % | f | % | |
|---|---|---|---|---|---|---|---|
| Not Working | 59 | 53,6 | 51 | 46,4 | 110 | 100 | |
| Working | 26 | 60,5 | 17 | 39,5 | 43 | 100 | 0,445 |
| Total | 85 | 55,6 | 68 | 44,4 | 153 | 100 | |

Source: Primary data 2025

There was No. significant relationship between employment and ANC K6 visits (ρ=0.445). Non-working mothers had more complete visits (46.4%) than working mothers (39.5%).

### d. Husband Support and ANC K6 Visits

**Table 4.5** Relationship between Husband Support for Pregnant Women and ANC K6 Visits at Pahandut Health Center, Palangkaraya City

| Husband Support | ANC K6 Visits | | | | Total | | ρ - Value |
|---|---|---|---|---|---|---|---|
| | Incomplete | | Complete | | | | |
| | f | % | f | % | f | % | |
| Not Supporting | 70 | 60,3 | 46 | 39,7 | 116 | 100 | 0,035 |
| Supporting | 15 | 40,5 | 22 | 59,5 | 37 | 100 | |
| Total | 85 | 55,6 | 68 | 44,4 | 153 | 100 | |

Source: Primary data 2025

There was a significant association between distance of residence and ANC K6 visits (ρ=0.040). Ms. with distance Long distances had more incomplete (76.2%) than short distances (52.3%).

## DISCUSSION

### 1. Univariate Analysis

### a. ANC visits

The finding that more than half (55.6%) of third-trimester pregnant women did not complete ANC K6 visits indicates that knowledge and accessibility alone are not sufficient determinants of compliance. This suggests that other factors, such as attitudes, husband's support, and cultural perceptions of pregnancy, play an important role in determining adherence to ANC standards.

There was a significant association between husband support and ANC K6 visits (ρ=0.035). Mothers without husband support were more incomplete (60.3%) than those with support (40.5%).

### e. Distance of Residence and ANC K6 Visits

**Table 4.6** Relationship between distance of residence of pregnant women and ANC K6 visits at Pahandut Health Center, Palangkaraya City

| Distance of Residence | ANC K6 Visits | | | | Total | | ρ - Value |
|---|---|---|---|---|---|---|---|
| | Incomplete | | Complete | | | | |
| | f | % | f | % | f | % | |
| Far | 16 | 76,3 | 5 | 23,8 | 21 | 100 | 0,040 |
| Near | 69 | 52,3 | 63 | 47,7 | 132 | 100 | |
| Total | 85 | 55,6 | 68 | 44,4 | 153 | 100 | |

Source: Primary data 2025

The results of this study are in line with Anggraini (2025) who found the majority of pregnant women did not complete ANC. According to Rini (2023) emphasizes ANC at least 6x for early detection of risks, supported by Irmadani (2024) who mentions the importance of communication and pregnancy support. Thus, the researchers concluded that ANC K6 visits have an important role in detecting risks early so that complications can be prevented as early as possible.

### b. Knowledge

The result of this study are consistent with Kurnawati (2025), indicating that most pregnant women understand the importance of ANC. Rainuny (2024) emphasized that good knowledge influences thinking patterns

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and behavior, while Muthalib (2024) described knowledge as the initial capital for changes in health behavior. Therefore, the researcher concludes that good maternal knowledge affects ANC visit behavior, thereby helping to prevent pregnancy danger signs.

c. **Attitude**

Mothers with negative attitudes were more likely to have incomplete visits (62.6%). This shows that attitude shaped by cultural beliefs, previous experiences, and family influence is a stronger predictor of behavior than knowledge. As Zjubaidi (2024) noted, attitude is affected by social support and emotional factors, which in turn influence compliance.

The results of this study are similar to those of Destalia (2024) and Retnowati (2024). Ramadhaniati (2023) stated that a positive attitude increases motivation and compliance with ANC, while Maryam (2023) emphasized the importance of attitude as a reflection of the mother's readiness to maintain her pregnancy. Therefore, the researcher concludes that a positive attitude reflects the mother's concern for her own health and that of the fetus, enabling ANC visits to be carried out regularly.

d. **Working Status**

Non-working mothers still showed incomplete visits (53.6%). This may be due to other competing responsibilities at home or lack of motivation despite having more time availability. Similar findings were reported by Nurfitriyani (2022), who argued that being a housewife does not guarantee compliance with health services.

The results of this study are consistent with Latifah (2024), who reported that most pregnant women are housewives. Habibah (2022) explained that employment can influence income, economic independence, and access to ANC services. Therefore, the researcher concludes that although employed mothers may have better financial capacity, time constraints can become a barrier to routine ANC visits.

e. **Husband Support**

Lack of husband's support was strongly related to incomplete visits (60.3%). Husbands who are busy with work or who perceive pregnancy checks as unimportant may not encourage their wives to attend all six visits. This confirms findings by Wati (2023) that husband involvement is critical to maternal compliance.

The results of this study are in line with the findings of Laila (2022). According to Adelita (2024), husband's support is an important factor in improving compliance with ANC visits because husbands play a key role in

decision-making regarding health services. Therefore, the researcher concludes that husband's support can motivate mothers to attend pregnancy check-ups regularly and completely.

**f. Distance of Residence**

Mothers living far from the health center had higher incomplete visits (76.2%). This reflects accessibility barriers such as transportation, cost, and time. Even though most respondents lived nearby, distance remained a significant factor for those further away. Simanjuntak (2023) also highlighted that transportation availability amplifies the effect of distance.

The results of this study are consistent with Retnaningtyas (2022) and Simanjuntak (2023), who stated that distance affects the motivation for ANC visits. Prasetyo (2024) emphasized that the farther the distance, the greater the access barriers, especially when transportation facilities are limited. Therefore, the researcher concludes that shorter distances increase the regularity of ANC visits because access is easier, more cost-effective, and time-saving.

**2. Bivariate Analysis**

**a. Knowledge and ANC Visit K6**

The p-value = 0.007 (<0.05) indicates that there is a significant relationship between knowledge and ANC K6 visits. Supported in Kondamaru's research (2024). Hikmawati (2024) said good knowledge increases compliance, knowledge without awareness makes mothers underestimate ANC. The researcher concluded that knowledge is important in shaping the behavior of complete ANC visits.

**b. Attitude and ANC Visit K6**

Obtained p-value = 0.017 (<0.05) indicates there is a significant relationship. In line with Wandra (2024) p=0.000. Zjubaidi (2024) said attitudes are influenced by experience, culture, and emotions. The researcher concluded that attitude Positivity can encourage mothers to have regular pregnancy check-ups.

**c. Working Status and ANC Visits K6**

The p-value = 0.445 (>0.05) indicates there is no significant relationship. In line with Tanjung (2024) p=0.514. According to Nurfitriyani (2022), housewives have more time than working mothers. The researcher concluded that work was not a significant factor in ANC K6 visits at the study site.

**d. Husband Support and ANC K6 Visits**

Obtained p-value = 0.035 (<0.05) indicates there is a significant relationship. Supported by Wati (2023), and Munaim (2025). Adami (2023) said that husband's support increases

motivation, while Mulyani (2024) said that a busy husband is a barrier. We concluded that husband support is important for regularity of ANC visits.

### e. Distance of Residence and ANC K6 Visits

The p-value = 0.040 (<0.05) indicates a significant relationship. In line with Susanti (2025) who emphasized the affordability of distance is important for service access, but Simanjuntak (2023) mentioned transportation is also influential. The researcher concluded that proximity makes it easier for pregnant women to make routine ANC K6 visits.

## CONCLUSIONS

This study showed that knowledge (ρ=0.007), attitude (ρ=0.017), husband's support (ρ=0.035), and residential distance (ρ=0.040) were significantly associated with ANC K6 visits, while working status was not associated (ρ=0.445). This study demonstrated that knowledge, attitude, husband's support, and distance of residence were significantly associated with ANC K6 visits, while employment status was not. Despite many mothers having good knowledge and living near the health center, incomplete visits remained common, suggesting that knowledge and accessibility alone do not ensure compliance. Negative attitudes and lack of husband's support appear to be the most influential barriers to completing ANC K6 visits.

## THANK YOU

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