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Analysis of Factors Influencing the Low Coverage of K6 Antenatal Visits Among Pregnant Women

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ABSTRACT

Low coverage of K6 antenatal visits remains a concern because it affects maternal health services and early detection of pregnancy complications. This study aimed to analyze factors associated with low K6 antenatal visit coverage among pregnant women. This quantitative observational study used an analytical cross-sectional design and was conducted at Dupak Public Health Center from August to October 2025. A total sampling technique was applied involving 43 third-trimester pregnant women who met the inclusion criteria. Data were analyzed using Pearson's Chi-Square test and Fisher's Exact test with a significance level of $p < 0.05$. The results showed significant associations between occupation, parity, education, maternal knowledge, accessibility of health facilities, and husband's support with K6 antenatal visit coverage ($p < 0.05$). In contrast, age, availability of health facilities, and cultural perception factors were not significantly associated. Husband's support and maternal knowledge were identified as important factors influencing compliance with K6 visits. Improving antenatal care coverage requires integrated interventions focusing on maternal education, family involvement, and equitable access to healthcare services. However, the relatively small sample size limits the generalizability of the findings.

Keywords: Antenatal Care; Determinant Factors; K6 Visit; Pregnant Women

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INTRODUCTION

Maternal mortality remains a major public health concern in Indonesia. Although various maternal health programs have been implemented, maternal deaths are still largely attributable to hemorrhage, hypertensive disorders of pregnancy, and infections. In 2020, the maternal mortality ratio (MMR) in Indonesia reached 305 deaths per 100,000 live births, showing an increase from the previous year and remaining far above the global target of 70 deaths per 100,000 live births by 2030 (Kementerian Kesehatan Republik Indonesia, 2020). This situation indicates that existing efforts to reduce maternal mortality have not yet achieved the expected impact.

One strategy widely recognized as essential in reducing maternal mortality is the provision of high-quality and continuous antenatal care (ANC). Antenatal care plays a crucial role not only in monitoring pregnancy but also in the early identification of risks and complications that may threaten the health of both mother and fetus (Armaya, 2018; Sulastri et al., 2023). Consequently, the regularity of ANC visits becomes a key element in ensuring maternal safety throughout pregnancy. In response to this need, integrated ANC services have been promoted as part of Indonesia's national strategy to accelerate the reduction of maternal mortality (Kementerian Kesehatan Republik Indonesia, 2022).

To strengthen the continuity and quality of ANC services, the government introduced the K6 antenatal visit as an indicator within the Local Area Monitoring of Maternal and Child Health (PWS KIA). The K6 indicator emphasizes sustained antenatal care through at least six contacts with competent health professionals during pregnancy, in accordance with established service standards (Kementerian Kesehatan Republik Indonesia, 2020). However, despite this policy framework, the achievement of K6 visits remains less optimal when compared with earlier ANC visits.

Data from the PWS KIA reveal that while coverage of initial ANC visits (K1 and K4) is relatively high at national and regional levels, K6 coverage continues to lag behind. In 2021, national K6 coverage reached only 63%, with East Java Province reporting 73.3% (Kementerian Kesehatan Republik Indonesia, 2022; Dinas Kesehatan Provinsi Jawa Timur, 2023). A similar pattern is observed at the city level. In Surabaya, despite K1 and K4 coverage exceeding national targets, several primary health centers still record low K6 coverage. Dupak Public Health Center, for example, reported a K6 coverage of only 23.1% in 2022, creating a striking gap when compared to its K1 and K4

achievements (Dinas Kesehatan Kota Surabaya, 2023). This discrepancy suggests a problem in the continuity of antenatal care that warrants closer examination.

Previous studies suggest that compliance with ANC visits is influenced by multiple factors, including maternal knowledge, education, parity, occupation, access to health services, and husband's support (Zuchro et al., 2022; Sulastri et al., 2023; Sari & Winarni, 2023). When ANC visits are not conducted regularly, the early detection of pregnancy-related complications—such as anemia, preeclampsia/eclampsia, multiple pregnancy, malpresentation, and infectious diseases—may be delayed, increasing the risk of morbidity and mortality for both mothers and infants (Sari, 2022; Zuchro et al., 2022).

Considering these conditions, the persistently low coverage of K6 antenatal visits, particularly in the working area of Dupak Public Health Center, represents an important issue that requires systematic investigation. The low achievement of K6 visits is likely shaped by the interaction of individual characteristics, access-related factors, and socio-cultural influences. Therefore, this study aims to analyze the influence of knowledge, education, parity, occupation, age, accessibility and availability of health service facilities, husband's support, as well as perceptions and cultural factors on the coverage of K6 antenatal visits among pregnant women.

METHOD

This study employed a quantitative observational analytic design with a cross-sectional approach to examine factors associated with K6 antenatal visit coverage. The study was conducted in the working area of Dupak Public Health Center over a three-month period from August to October 2025. The initial study population consisted of 43 third-trimester pregnant women registered during the study period who met the inclusion criteria. Due to the relatively limited number of eligible pregnant women in the study setting, a total sampling technique was applied to include all accessible respondents, maximize population representation, and reduce the risk of sampling error. Therefore, the final sample included all 43 eligible respondents.

Data were collected using structured questionnaires covering respondent characteristics and variables related to K6 antenatal visits, including knowledge, education, parity, occupation, age, accessibility and availability of health service facilities, husband's support, and cultural perceptions. Data analysis was conducted using univariate analysis to describe variable distributions and

bivariate analysis to assess associations between independent variables and K6 antenatal visit coverage. Pearson's Chi-Square test was used for variables that met the expected cell frequency assumptions, while Fisher's Exact test was applied when expected frequencies were less than 5. Statistical significance was determined at $p < 0.05$.

Given the relatively small sample size and the unequal distribution across several variable categories, this study was intended as an exploratory analysis to identify factors potentially associated with K6 antenatal visit coverage in the local setting. Although total sampling was used, the study may still be subject to selection bias because the respondents were drawn from a single health center area and limited study period. Therefore, the findings should be interpreted cautiously and may not be fully generalizable to broader populations. In addition, the limited sample size may have reduced the statistical power to detect smaller associations between variables.

RESULTS AND DISCUSSIONS

Result

1. Univariate Analysis

The frequency distribution of respondent characteristics in this study is presented as follows:

Table 1. Frequency Distribution of Respondent Characteristics

Variables	Category	Frequency (n)	Percentage (%)
Age	High risk	5	11.63
	Not high risk	38	88.37
Occupation	Employed	17	39.53
	Unemployed	26	60.47
Parity	Primiparous	23	53.49
	Multiparous	17	39.53
	Grand multiparous	3	6.98
Education	Primary	9	20.93
	Secondary	29	67.44
	Higher	5	11.63
Knowledge	Good	25	58.14
	Moderate	11	25.58
	Poor	7	16.28
Facility Accessibility	Near	35	81.40
	Far	8	18.60
Facility Availability	Complete	39	90.70
	Incomplete	4	9.30
Husband's Support	Supportive	33	76.74
	Not supportive	10	23.26
Cultural Perceptions	Agree	8	18.60
	Strongly agree	35	81.40
TOTAL		43	100

Source: Primary Data, 2025

Table 2. Frequency Distribution of Respondents' K6 Antenatal Visits

Variables	Category	Frequency (n)	Percentage (%)
K6 antenatal visit	Yes	31	72.09
	No	12	27.91
TOTAL		43	100

Source: Primary Data, 2025

Table 1 shows that most respondents were in the not high-risk age category, with 38 respondents (88.37%). In terms of occupation, 17 respondents were employed (39.53%), while 26 respondents were unemployed (60.47%). Based on parity, 23 respondents were primiparous (53.49%), 17 were multiparous (39.53%), and 3 were grand multiparous (6.98%). Regarding education level, the majority of respondents had secondary education, accounting for 29 respondents (67.44%). In terms of knowledge, 25 respondents (58.14%) had good knowledge, 11 respondents (25.58%) had moderate knowledge, and 7 respondents (16.28%) had poor knowledge. Based on facility accessibility, most respondents lived near the public health center, totaling 35 respondents (81.40%). Regarding the availability of facilities at the public health center, most respondents perceived the facilities as complete (90.70%). In terms of husband's support, the majority of respondents reported supportive husbands, with 33 respondents (76.74%), while 10 respondents (23.26%) reported a lack of support. Based on the cultural perception variable, most respondents strongly agreed (81.40%) or agreed (18.60%).

Table 2 shows that, for the K6 antenatal visit variable among third-trimester pregnant women, 12 respondents (27.91%) did not attend K6 antenatal visits regularly, while 31 respondents (72.09%) attended K6 antenatal visits regularly.

2. Bivariate Analysis

Table 3. Bivariate Analysis

Variables	K6 Antenatal Visit				Total		*p-value*
	Yes		No				
	n	%	N	%	N	%	
Age							
High risk	4	12.90	1	8.33	5	11.63	0.159*
Not high risk	27	87.10	11	91.67	38	88.37	
Occupation							
Employed	11	35.48	2	16.67	13	30.23	0.017**
Unemployed	20	64.52	10	83.33	30	69.77	
Parity							
Primiparous	17	54.84	6	50.00	23	53.49	0.006*
Multiparous	13	41.94	4	33.33	17	39.53	
Grand multiparous	1	3.23	2	16.67	3	6.98	
Education							
Primary	3	9.68	6	50.00	9	20.93	0.000*
Secondary	24	77.42	5	41.67	29	67.44	
Higher	4	12.90	1	8.33	5	11.63	
Knowledge							0.000**

Variables	K6 Antenatal Visit				Total		*p-value*
	Yes		No				
	n	%	N	%	N	%	
Good	23	74.19	2	16.67	25	58.14	
Moderate	7	22.58	4	33.33	11	25.58	
Poor	1	3.23	6	50.00	7	16.28	
Facility Accessibility							
Near	28	90.32	7	58.33	35	81.40	0.000**
Far	3	9.68	5	41.67	8	18.60	
Facility Availability							
Complete	30	96.77	9	75.00	39	90.70	0.316*
Incomplete	1	3.23	3	25.00	4	9.30	
Husband's Support							
Supportive	28	90.32	5	41.67	33	76.74	0.000**
Not supportive	3	9.68	7	58.33	10	23.26	
Cultural Perceptions							
Strongly disagree	0	0	0	0	0	0	0.074*
Disagree	0	0	0	0	0	0	
Neutral	0	0	0	0	0	0	
Agree	1	3.23	7	58.33	8	18.60	
Strongly agree	30	96.77	5	41.67	35	81.40	
TOTAL	31	100	12	100	43	100	

Source: Primary Data, 2025
***Fisher Exact test**
****Chi-Square test**

Based on the table 3 above, the results of the chi-square dan fisher exact statistical analysis indicate p-values of less than 0.05 for the variables of occupation, parity, education, knowledge, facility accessibility, and husband's support. These findings suggest that these factors are significantly associated with K6 antenatal visit attendance. In contrast, age, facility availability, and cultural perceptions did not show a statistically significant association with K6 antenatal visits, as the fisher exact test results yielded p-values greater than 0.05.

Discussion

1. Relationship between Age and K6 Antenatal Visits among Pregnant Women

The bivariate analysis showed that maternal age was not significantly associated with K6 antenatal visits, with a p-value of 0.159 ($p > 0.05$). This finding indicates that differences in maternal age did not influence mothers' compliance in completing antenatal visits up to K6 at Dupak Public Health Center.

Theoretically, maternal age is often linked to physical and psychological maturity, with the healthy reproductive age (20–35 years) considered the ideal period for pregnancy due to lower risk of complications. However, health service utilization behavior is not determined by age alone but is influenced by other factors, such as knowledge, attitudes, family support, access to health services, the role of health care providers, and previous pregnancy experience (Notoatmodjo, 2014). In this study, the absence of an age effect may be explained

by the relatively equal access to and quality of antenatal services, supported by scheduled ANC visits, the active role of midwives in providing education, and the implementation of integrated antenatal care standards that encourage pregnant women to attend visits regardless of age (Kementerian Kesehatan Republik Indonesia, 2020).

The findings of this study are consistent with previous research by Sari et al. (2019) and Lestari and Handayani (2021), which reported no significant association between maternal age and ANC visit compliance, while factors such as maternal knowledge, husband's support, and the quality of midwife counseling were more influential. However, these results differ from the study by Wulandari et al. (2018), which found a significant relationship between maternal age and antenatal visits. Such discrepancies may be attributed to differences in study settings, research designs, sample sizes, and levels of education and access to health services.

2. Relationship between Occupation and K6 Antenatal Visits among Pregnant Women

The bivariate analysis demonstrated a significant association between maternal employment status and K6 antenatal visits ($p = 0.017$; $p < 0.05$), indicating that employment influences pregnant women's compliance with completing antenatal care up to K6 at Dupak Public Health Center.

From a theoretical perspective, employment is a sociodemographic factor that can affect health-seeking behavior. According to the Health Belief Model, working pregnant women may experience practical barriers such as time constraints, work demands, and limited flexibility, which can reduce adherence to scheduled antenatal visits, particularly follow-up visits like K6 (Glanz et al., 2015). Similarly, Andersen's model explains that employment status may either facilitate or hinder access to health services, as non-working women generally have more flexible time to attend ANC compared to those in formal employment (Andersen, 1995).

These findings are consistent with previous studies reporting that non-working mothers are more likely to complete antenatal visits than working mothers due to fewer time and workload constraints (Wulandari & Suryani, 2019; Rahmawati et al., 2020; Sari et al., 2021). However, some studies have reported contrasting results, suggesting that working women may show better compliance due to higher education and health awareness (Lestari & Handayani, 2021). Such differences likely reflect variations in employment type, education level, and workplace support. Overall, this

study suggests that employment status influences the continuity of antenatal care, highlighting the need for flexible scheduling, supportive counseling, and family and workplace support to help working pregnant women complete K6 visits.

3. Relationship between Parity and K6 Antenatal Visits among Pregnant Women

The bivariate analysis showed a significant association between parity and K6 antenatal visits ($p = 0.006$; $p < 0.05$), indicating that parity influences pregnant women's compliance in completing antenatal care up to the sixth visit.

Conceptually, parity reflects a mother's previous pregnancy experience, which shapes her perception of risk and need for care. Primiparous women generally have higher information needs and greater caution toward their pregnancy, leading to better adherence to antenatal visits. In contrast, women with higher parity may feel more confident based on prior experience, which can reduce motivation to complete antenatal visits (Notoatmodjo, 2014; Haslin et al., 2025). From the Health Belief Model perspective, higher parity is often associated with lower perceived susceptibility, allowing practical barriers such as time constraints and family responsibilities to limit ANC attendance, including K6 (Glanz et al., 2015).

These findings are consistent with previous studies reporting that women with lower parity demonstrate better compliance with antenatal visits than those with higher parity (Haslin et al., 2025; Sulastri & Handayani, 2024). However, some studies have reported contrasting results, suggesting that parity is less influential than other factors such as maternal education or prior adverse pregnancy experiences (Azahra et al., 2025; Safmia et al., 2024). Overall, this study suggests that parity plays an important role in K6 antenatal visit behavior. Therefore, antenatal education and support should be tailored to parity level, emphasizing the importance of completing antenatal visits for all pregnant women, regardless of previous pregnancy experience.

4. Relationship between Education Level and K6 Antenatal Visits among Pregnant Women

The bivariate analysis demonstrated a statistically significant association between maternal education and K6 antenatal visits ($p = 0.000$; $p < 0.05$), suggesting that educational attainment shapes pregnant women's adherence to completing antenatal care up to the sixth visit at Dupak Public Health Center.

Education is widely recognized as a fundamental factor in health service utilization. Within Andersen's Behavioral

Model, education is positioned as a predisposing factor that influences how individuals recognize health needs, interpret information, and decide to seek care. Women with higher levels of education tend to have stronger health literacy, greater capacity to access relevant information, and a clearer understanding of the importance of completing antenatal visits, which may explain their higher compliance with K6 schedules. Similar patterns have been reported in previous studies, which found that higher maternal education was associated with more regular and complete ANC attendance (Fransiska, 2021; Yulita et al., 2025; Ujung & Nainggolan, 2022).

At the same time, several studies have pointed out that education does not operate in isolation. Its influence may be shaped by family support, accessibility of health services, and the effectiveness of counseling provided by healthcare workers (Primadella et al., 2025). In this context, education can be seen as a facilitating factor that enhances awareness and motivation, while the actual realization of antenatal visits depends on supportive social and service environments. These findings suggest that efforts to improve K6 attendance should combine maternal health education with broader strategies that strengthen family involvement and service accessibility.

Relationship between Knowledge Level and K6 Antenatal Visits among Pregnant Women

The bivariate analysis identified a significant association between maternal knowledge and compliance with antenatal K6 visits (p-value = 0.000; $p < 0.05$). This finding indicates that higher levels of knowledge contribute to greater adherence to recommended antenatal schedules. Knowledge functions as a predisposition factor in health behavior, as mothers who understand the benefits of ANC and the risks of pregnancy are more likely to utilize health services consistently (Notoatmodjo, 2014; Kementerian Kesehatan RI, 2020). The Health Belief Model further explains this relationship, emphasizing those perceptions of vulnerability, severity, and benefits influence individual health actions (Glanz et al., 2015). WHO also underscores the importance of adequate education during pregnancy in improving both the regularity and quality of antenatal care (WHO, 2016; WHO, 2023).

These results are consistent with previous studies reporting that maternal knowledge positively affects ANC compliance (Annisa et al., 2025; Universitas Muhammadiyah Parepare, 2024; Ghasyiyah & Azizah, 2025; Fastika, C. et al., 2025). Health worker education and the use of the maternal health book (KIA)

have been shown to strengthen maternal understanding and adherence (Kementerian Kesehatan RI, 2022). Nonetheless, some studies found no significant relationship, highlighting that family support, accessibility of services, and socioeconomic conditions may exert stronger influences (Annisa et al., 2025). This suggests that compliance with K6 is multifactorial, requiring strategies that not only enhance maternal knowledge but also address structural and social determinants to improve coverage.

5. Relationship between Facility Accessibility and K6 Antenatal Visits among Pregnant Women

The bivariate analysis confirmed a significant relationship between health facility accessibility and maternal compliance with antenatal K6 visits (p-value = 0.000; $p < 0.05$). Women who experienced fewer barriers in terms of distance, travel time, transportation, and cost were more likely to complete the recommended visits. Within Andersen's Health Service Utilization framework, accessibility is categorized as an enabling factor that directly shapes the likelihood of service use (Andersen & Davidson, 2018). Limited access often results in delayed or incomplete visits, even among mothers who already possess adequate knowledge and positive attitudes toward ANC (Kementerian Kesehatan RI, 2020).

This result is consistent with prior studies highlighting the influence of proximity and transport availability on ANC adherence (Sari et al., 2021; Putri & Wahyuni, 2022; Rahmawati et al., 2023). WHO also emphasizes that ease of access is fundamental to improving antenatal coverage and service quality (WHO, 2016). Nevertheless, some evidence suggests that accessibility alone may not be decisive; family support, service quality, and maternal motivation can outweigh physical access in shaping behavior (Lestari et al., 2022). These variations underscore the multifactorial nature of ANC utilization, indicating that strategies to strengthen K6 coverage must integrate improvements in service delivery and social support alongside efforts to reduce physical barriers.

6. Relationship between Facility Availability and K6 Antenatal Visits among Pregnant Women

When looking at the bivariate analysis, the numbers tell me something important: the availability of health facilities does not show a significant relationship with antenatal K6 visits (p-value = 0.316; $p > 0.05$). At first glance, this feels counterintuitive—one might expect that more facilities would automatically lead to better compliance. But the data suggest otherwise. Simply having facilities in place does not guarantee that mothers will

use them consistently (Kementerian Kesehatan RI, 2020). Andersen's Health Service Utilization Model helps explain this: availability is only one enabling factor, while actual utilization depends equally on predisposition and perceived need (Andersen & Davidson, 2018). Without a strong sense of necessity or motivation, the presence of facilities alone is not enough to drive behavior.

Thinking further, this pattern resonates with earlier studies that found no direct link between facility availability and ANC compliance. Mothers often weigh other aspects—comfort of services, attitudes of health workers, or family support—more heavily than the physical presence of infrastructure (Lestari et al., 2022; Rahmawati et al., 2023). Yet, contrasting evidence exists: some research points out those adequate facilities can indeed encourage greater ANC utilization (Putri & Wahyuni, 2022). These mixed findings remind me that context matters—regional differences and respondent characteristics shape outcomes. In practice, improving K6 coverage cannot rely solely on expanding facilities; it requires parallel efforts to enhance service quality, strengthen maternal education, and build supportive environments.

7. Relationship between Husband's Support and K6 Antenatal Visits among Pregnant Women

The bivariate analysis demonstrated a significant association between husband's support and maternal compliance with antenatal K6 visits (p-value = 0.000; $p < 0.05$). This finding suggests that spousal involvement plays a crucial role in encouraging mothers to attend antenatal care regularly. Emotional, informational, and instrumental support—such as reminders, accompaniment, or assistance in decision-making—help mothers feel more prepared both psychologically and practically (Kementerian Kesehatan RI, 2020). From the perspective of social support theory, close interpersonal relationships strongly influence health behavior. WHO also emphasizes that partner involvement during pregnancy contributes to improved utilization of antenatal services and maternal health outcomes (WHO, 2016).

These results are consistent with previous studies reporting that women who receive support from their husbands are more likely to complete ANC visits according to standards (Putri et al., 2021; Sari & Handayani, 2022; Rahmawati et al., 2023). However, other evidence indicates that spousal support may not always be decisive, as factors such as service accessibility, quality of care, and prior

pregnancy experiences can exert stronger influences (Lestari et al., 2022). This variation highlights that the impact of husband's support is context-dependent. Consequently, strategies to improve K6 coverage should adopt a comprehensive approach that actively involves husbands while simultaneously addressing other enabling and structural factors.

8. Relationship between Cultural Perceptions and K6 Antenatal Visits among Pregnant Women

The bivariate analysis indicated that cultural perceptions were not significantly associated with maternal compliance in antenatal K6 visits (p-value = 0.074; $p > 0.05$). This outcome suggests that cultural beliefs, at least in this study context, did not serve as a decisive factor in determining whether mothers completed the recommended visits. Instead, maternal behavior appeared to be shaped more strongly by other influences beyond cultural views.

From a theoretical perspective, culture functions as a system of values that shapes how individuals interpret health and pregnancy. Yet, the social determinants of health framework argues that cultural influence is often indirect, interacting with education, health knowledge, and service availability (Marmot & Wilkinson, 2016). When mothers already have sufficient access and understanding of ANC, cultural considerations tend to lose their weight in decision-making. This helps explain why, in this case, cultural perceptions did not emerge as a significant predictor of compliance.

The findings are consistent with studies reporting no meaningful link between cultural beliefs and ANC utilization, particularly when education and family support are accounted for (Lestari & Handayani, 2022; Wahyuni et al., 2023). However, other research has shown that traditional beliefs can act as barriers to service use (Rahman et al., 2021). These contrasting results highlight that the role of culture is highly context-dependent shaped by social conditions and community characteristics. Therefore, even though cultural perceptions were not significant in this study, antenatal care strategies should remain culturally sensitive to ensure interventions are well received across diverse populations.

CONCLUSION

Looking at the findings, it becomes evident that maternal compliance with antenatal K6 visits is shaped by several interconnected factors, including employment status, parity, educational attainment, maternal knowledge, accessibility of health facilities, and husband's support. Together, these elements influence both the practical

readiness and psychosocial motivation of mothers to complete the recommended schedule. The results suggest that improving K6 coverage requires integrated interventions that strengthen maternal education, enhance equitable access, and actively involve family support. Based on these findings, future programs should prioritize community-based education, expand outreach to working mothers and multiparous women, and foster husband involvement as a central strategy to ensure optimal utilization of antenatal care and better maternal health outcomes.

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