



## **The Role of Family Support in Improving Pregnant Women's Compliance with Antenatal Care in the Totoli Public Health Center Area**

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### **ABSTRACT**

Antenatal Care (ANC) is an essential health service for pregnant women aimed at monitoring both maternal and fetal conditions regularly, in accordance with standard healthcare protocols. Compliance with ANC schedules is influenced by various factors, one of which is family support. This study aimed to examine the relationship between family support and pregnant women's compliance with ANC visits in the working area of Totoli Primary Health Center. A quantitative research design was employed, using purposive sampling and data collection through structured questionnaires. The study involved 93 respondents who met the inclusion criteria: pregnant women residing in the Totoli Health Center service area, currently undergoing antenatal care, and in their third trimester of pregnancy. Data were analyzed using the Gamma correlation test. The results revealed that 44.1% of the respondents received low family support, and 62.4% showed low compliance with ANC visits. Statistical analysis indicated a significant relationship between family support and ANC compliance, with a p-value of 0.000. In conclusion, the study demonstrated a significant association between family support and pregnant women's compliance with Antenatal Care.

## **INTRODUCTION**

Antenatal Care (ANC) is a crucial effort in the early detection of pregnancy complications, provision of health education, and improvement of maternal and fetal health. Although ANC has been proven effective in reducing maternal mortality rates (MMR), data from the World Health Organization (WHO) in 2020 reported that over 287,000 women worldwide died due to preventable pregnancy and childbirth complications (Siti Maryam & Erin Padilla Siregar, 2023). In Southeast Asia, Indonesia ranked third in the highest maternal mortality cases, with a rate of 305 per 100,000 live births (Awaliyah, 2024). In West Sulawesi, 56 maternal deaths were recorded in 2020, with Majene Regency reporting the highest number (West Sulawesi Health Profile, 2020). These figures indicate that the quality and accessibility of ANC services remain a significant public health challenge.

The implementation of standard ANC—defined as at least four visits throughout pregnancy (K1 to K4)—is essential for identifying risk factors and ensuring timely intervention. The WHO even recommends eight visits; however, ANC coverage in West Sulawesi Province remains uneven, despite achieving the national target. In practice, limited maternal visits to health facilities are still observed, often due to constraints in transportation, insufficient knowledge, or lack of social support, including from family members.

Family support, particularly from husbands, is a key determinant of successful ANC utilization. This support may include emotional encouragement, financial assistance, and accompaniment to healthcare facilities (Retno Palupi Yonni Siwi et al., 2023). Pregnant women who receive spousal support are more likely to complete all recommended ANC visits (Farkhia et al., 2023). Previous studies have shown that factors such as education, income, and the husband's socioeconomic status also influence the level of support provided to pregnant women (Sulistyowati et al., 2021).

As the smallest social unit, the family plays a vital role in shaping pregnant women's health behavior. When the family offers attention and encouragement, the mother tends to feel more motivated, confident, and enthusiastic during pregnancy. In contrast, lack of support can lead to anxiety, reduced compliance, and increased risks to maternal and fetal health. Therefore, involving families in maternal health education and pregnancy classes has been recognized as a strategic approach to improving ANC visit rates (Irianti & Karlinah, 2021).

In the working area of Totoli Community Health Center, the number of pregnant women reached 121 in 2023—the highest among other subregions (Majene District Health Office, 2024). However, data indicate that ANC visits from K1 to K4 remain low and unevenly distributed. Furthermore, interviews with several pregnant women in Totoli revealed that transportation barriers and lack of family support are the main reasons for poor adherence to ANC recommendations.

Given these conditions, this study aims to investigate the relationship between family support and pregnant women's adherence to ANC visits in the working area of Totoli Community Health Center. Based on the aforementioned background, the researcher is interested in further exploring the role of family support in improving pregnant women's compliance with Antenatal Care in the Totoli Community Health Center area.

## METHODS

This study is a quantitative research with a cross-sectional design, which is an analytical observational study aimed at collecting data simultaneously on several research variables. The study was conducted in June 2024 within the working area of Totoli Community Health Center (Puskesmas Totoli), Majene Regency. The population consisted of all pregnant women registered in the Totoli Community Health Center area, totaling 121 individuals. The sample size was determined using Slovin's formula due to the population exceeding 100, with a 5% margin of error. Based on the calculation, the sample size obtained was 93 respondents.

The sampling technique employed was non-probability sampling with a purposive sampling approach. The inclusion criteria were pregnant women residing in the working area of Puskesmas Totoli, undergoing antenatal care (ANC) examination, and in their third trimester

of pregnancy. The exclusion criteria were pregnant women who were unwilling or refused to participate as respondents.

This study examined two variables: family support as the independent variable and pregnant women's compliance with antenatal care examinations as the dependent variable. Data were analyzed using the gamma correlation test. Data collection was carried out using questionnaires consisting of 15 items on family support and 8 items on compliance. The questionnaires used were adapted from Mutiara Sari Dewi (2019), which have been previously validated and shown to be reliable.

## RESULTS

Univariate and bivariate analyses were conducted in this study, including the following:

**Table 1.** Distribution of Respondent Characteristics based on Age, Education, Occupation, Gravida, and Family Support among Pregnant Women in the Working Area of the Health Center (n = 93)

Respondent Characteristics		Frequency (n)	Percentage (%)
Age (Years)	Umur		
	17 – 25	12	12,9
	26 – 35	64	68,8
	36 - 39	17	18,3
Education	Elementary School	4	4,3
	Junior High School	32	34,4
	Senior High School	28	30,1
	Vocational High School	18	19,4
	Bachelor Degree	11	11,8
Occupation	Housewife	84	90,3
	Honorary Staff	7	7,5
	Civil Servant	2	2,2
Gravida	1-3	66	71
	4-5	27	29
Family Support	Good	25	26,9
	Moderate	27	29
	Poor	41	44,1

Source: Primary Data, 2025

Based on Table 1, the largest age group of respondents was 20–35 years old, consisting of 64 individuals (68.8%). The highest number of respondents in terms of education level had completed junior high school (SMP), with 32 individuals (34.4%). Regarding occupation, the majority of respondents were housewives, totaling 84 individuals (90.3%). In terms of gravida, most respondents had between 1 and 3 pregnancies, accounting for 66 individuals (71.0%). The most common level of family support reported was low support, with 41 individuals (44.1%). Furthermore, the majority of respondents exhibited low compliance, totaling 58 individuals (62.4%).

Data analysis using the Gamma Correlation test showed that among 93 respondents in the “good” category, 17 respondents (68.8%) demonstrated high adherence, while only 8 respondents (32.0%) exhibited low adherence. In the “fair” category, out of 93 respondents, 17 respondents (63.0%) had low adherence, and only 10 respondents (37.0%) had high adherence. In the “poor” category, 33 respondents (80.5%) showed low adherence, whereas only 8 respondents (19.5%) exhibited high adherence. The test results yielded a *p*-value of 0.000 ( $<0.05$ ), indicating a significant relationship between family support and pregnant women's adherence to antenatal care (Table 2).

**Table 2.** Relationship Between Family Support and Pregnant Women's Compliance with Antenatal Care

Variable		Compliance		Koefisien Korelasi	<i>p</i> -Value
		High	Low		
Family Support	Good	17 (68,8%)	8 (32%)	0,616	0,000
	Moderate	10 (37 %)	17 (63,9%)		
	Poor	8 (19,5 %)	33 (80,5%)		
Total		35 (37,6%)	58 (62,4%)		

Source: Primary Data (processed), 2025

## DISCUSSION

Based on the univariate analysis, it was found that the majority of respondents were in the age group of 26–35 years (68.8%), which is considered a productive reproductive age. This age range is associated with greater emotional and physical maturity, which in turn influences awareness of the importance of regular antenatal care (ANC) visits (Ministry of Health of the Republic of Indonesia, 2021). The highest level of education among respondents was junior high school (34.4%). Higher education levels are generally associated with better health literacy, which influences compliance with antenatal care (Zuchro et al., 2022).

These findings are consistent with the study by Indah Rezki Nasution (2020) conducted at Puskesmas II North Denpasar, which reported that 42 respondents (59.2%) showed low compliance with ANC visits, while 29 respondents (40.8%) demonstrated high compliance. Among those with low compliance, the majority (47.9%) had only completed junior high school, and most of them were housewives (53.5%). Pregnant women with higher educational backgrounds are more receptive to health-related information, leading to increased knowledge, more informed decision-making, and higher compliance with ANC visits (Mane et al., 2024).

Respondents with higher educational levels are generally more compliant with ANC due to their understanding of the importance of maternal and child health (Fitrayeni et al., 2017). As education level increases, individuals are more likely to absorb new information and adapt to it. Conversely, lower education levels may hinder one's ability to acquire new knowledge and shape positive health behaviors (Nainggolan & Harista, 2021; Singarimbun, 2020).

Most respondents were housewives (90.3%), who theoretically have more flexible time to access healthcare services. However, other factors, such as family support, play a crucial role in determining compliance (Safari et al., 2023). The flexibility in their schedule potentially

increases their participation in promotive and preventive health activities such as regular check-ups or attending health counseling. Nevertheless, compliance with health services is not solely determined by the availability of time. Support from the immediate social environment, especially family members, is also essential. Emotional, informational, and practical support from family can significantly influence one's attitudes and behaviors toward maintaining health. Without such support, even individuals with sufficient time may face barriers in consistently accessing healthcare or following medical recommendations (Eliwarti, 2020).

In terms of obstetric history, most respondents were gravida 1–3 (71%), indicating that the majority were in the early stages of pregnancy experience and thus in need of additional support during the gestational period (Literatur et al., 2020). Regarding family support, 44.1% of respondents reported receiving insufficient support, which was linked to low ANC compliance among 62.4% of the respondents. This finding aligns with the theory presented by Amanah (2018), which emphasizes that family support is a crucial motivator and reinforcement for pregnant women—providing emotional, empathetic, and practical assistance. Such support from husbands, parents, or other close relatives plays a significant role in helping mothers undergo a healthy and smooth pregnancy and delivery.

The bivariate analysis revealed a significant relationship between family support and pregnant women's compliance with antenatal care, with a p-value of 0.000 ( $<0.05$ ) and a Gamma correlation coefficient of 0.616. This indicates that the better the family support, the higher the level of compliance with ANC.

These results are consistent with the study by Ananda (2020), which found that family support was positively associated with pregnant women's compliance with antenatal visits. The study showed that mothers who received emotional, informational, and practical support from their families were more motivated to attend regular ANC visits. Similarly, research by Farkhia et al. (2023) revealed that women with strong family support were 2–3 times more likely to follow the standard ANC schedule compared to those without support.

This study's findings are also in line with the modern family health theory by the World Health Organization (WHO, 2022), which highlights the crucial role of families in promoting health behaviors through emotional, financial, and practical support. Furthermore, the updated Health Belief Model (HBM) by Champion emphasizes that 'cues to action,' such as family support, serve as critical triggers for adopting healthy behaviors, including ANC compliance (Mane et al., 2024).

Family support plays a pivotal role in shaping maternal health behavior, particularly in adhering to antenatal care recommendations. The results of this study reinforce the assumption that there is a significant relationship between the level of family support and ANC compliance. The data indicate that pregnant women with strong family support tend to show higher levels of compliance compared to those with moderate or poor support. This underscores the notion that success in improving ANC adherence is not only an individual effort but also significantly influenced by the surrounding social environment, especially family members.

Therefore, the findings of this study strengthen the importance of health interventions that not only target pregnant women individually but also engage families as strategic partners in supporting positive health behaviors, particularly in the implementation of antenatal care.

## CONCLUSION

The results of this study indicate a significant relationship between family support and pregnant women's adherence to antenatal care. This finding suggests that the higher the level of family support, the greater the adherence of pregnant women in undergoing antenatal check-ups. These results highlight the critical role of family involvement in supporting maternal health during pregnancy.

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