

THE RELATIONSHIP BETWEEN FAMILY SUPPORT AND ANTENATAL CARE COMPLIANCE AND K8 COVERAGE AT PMB ANA IMROATUS KLAKAH

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ABSTRACT

Pregnancy is a period that is vulnerable to health problems. One effort to maintain maternal and fetal health is through antenatal care (ANC) examinations. Non-compliance with ANC visits can lead to decreased maternal health status and contribute to an increased maternal mortality rate. One of the factors influencing compliance with ANC visits is family support. Family support plays an important role in preventing high-risk pregnancies through the fulfillment of complete antenatal care visits, including K8 coverage. This study aimed to determine and analyze the relationship between family support and pregnant women's compliance in attending antenatal care (ANC) examinations to achieve K8 coverage at PMB Ana Imroatus. This study employed an observational analytic design with a cross-sectional approach, conducted in March 2026 at PMB Ana Imroatus. The population consisted of all pregnant women who attended ANC services, with a total sample of 31 respondents selected using a total sampling technique. Data on family support were collected using a structured questionnaire, while ANC compliance data were obtained from the Maternal and Child Health (MCH) handbook. Data analysis was performed using the Chi-Square test with a significance level of 0.05. The results showed that 51.6% of pregnant women received good family support, 25.8% received moderate support, and 22.6% received poor support. Meanwhile, 61.3% of respondents were compliant with ANC visits, while 38.7% were non-compliant. Cross-tabulation analysis indicated that pregnant women who received good family support were more likely to be compliant compared to those with poor family support. The Chi-Square test results showed a p-value of 0.015 ($p < 0.05$), indicating that there is a significant relationship between family support and pregnant women's compliance in undergoing antenatal care examinations to achieve K8 coverage..

Keywords: ANC, Compliance, Family support, K8 coverage, Pregnancy

INTRODUCTION

Pregnancy is a period that is vulnerable to health problems for both the mother and the fetus, therefore regular examinations are necessary to detect complications as early as possible. One of the efforts to maintain maternal and fetal health is through antenatal care (ANC), which aims to monitor the condition of the mother and fetus and prevent complications during pregnancy. A study on ANC compliance (2024) shows that antenatal care plays a crucial role in ensuring maternal and fetal safety during pregnancy[1]. ANC visits are defined as contacts between pregnant women and professional health workers according to established service standards. Non-compliance with ANC visits can lead to

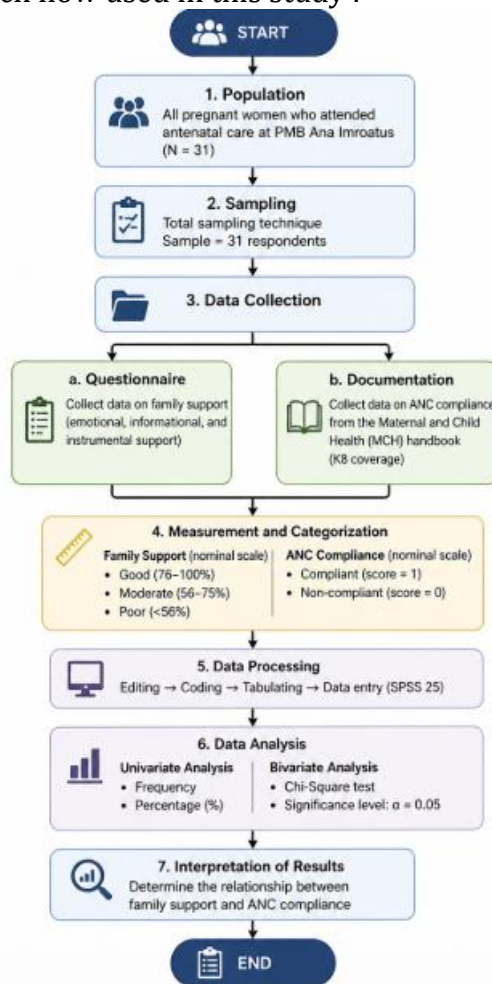
decreased maternal health status and increase the risk of complications and maternal mortality. Research on factors affecting ANC compliance (2023) indicates that adherence to ANC is influenced by behavioral and socio-demographic factors[2]. One of the most important factors influencing ANC compliance is family support. Family support can be in the form of emotional support, information, and practical assistance, which plays a role in increasing the motivation of pregnant women to attend regular check-ups. A study (2025) found a significant relationship between family support and ANC compliance ($p < 0.05$)[3]. This finding is supported by another study (2024) which states that family support is a major factor in improving pregnant women's compliance with antenatal care services[4]. In addition, research conducted in 2021 also showed a significant relationship between family support and ANC compliance among pregnant women[5]. Other factors such as motivation, knowledge, and socioeconomic conditions also influence ANC visits; however, family support remains a dominant factor in shaping maternal health behavior. A study (2023) reported that family support and motivation significantly affect pregnant women's participation in integrated ANC services[6]. Based on a preliminary study conducted at PMB Ana Imroatus in March–April 2026, it was found that 61.3% of pregnant women did not routinely attend antenatal care due to a lack of family support, while 51.6% of those who regularly attended ANC received support from their families. This indicates a gap between ANC compliance and family support.

Based on the above explanation, the research problem is whether there is a relationship between family support and pregnant women's compliance in attending antenatal care to achieve K8 coverage. Therefore, this study aims to determine the relationship between family support and pregnant women's compliance in undergoing antenatal care examinations to achieve K8 coverage at PMB Ana Imroatus.

RESEARCH METHODS

This study employed an analytic correlational design with a cross-sectional approach, in which data on independent and dependent variables were collected simultaneously at a single point in time. The study was conducted at PMB Ana Imroatus, Klakah District, Lumajang Regency, in March 2026. The population consisted of all pregnant women who attended antenatal care at PMB Ana Imroatus, totaling 31 individuals. The sampling technique used was total sampling, in which the entire population was included as the research sample, resulting in 31 respondents. This study involved two variables: the independent variable was family support, and the dependent variable was pregnant women's compliance with antenatal care (ANC). Family support was defined as behaviors provided by family members, such as giving information, reminders, and emotional or practical assistance to encourage routine ANC visits. Meanwhile, ANC compliance was defined as the adherence of pregnant women to attend antenatal care visits according to the standard of at least eight visits during pregnancy (K8 coverage). Data on family support were collected using a structured questionnaire, while ANC compliance data were obtained from the Maternal and Child Health (MCH) handbook. Family support was measured using a nominal scale and categorized into three levels: good (76–

100%), moderate (56–75%), and poor (<56%). ANC compliance was categorized into two groups: compliant (score = 1) and non-compliant (score = 0). Data collection procedures included preparation, implementation, and data collection stages. Respondents were recruited and informed about the study, and informed consent was obtained prior to participation. Data were collected either during antenatal visits or through direct visits while ensuring ethical considerations. Data processing included editing, coding, tabulating, and data entry using SPSS version 25. Univariate analysis was performed to describe the distribution of variables using frequencies and percentages. Bivariate analysis was conducted using the Chi-Square test with a significance level of 0.05 to determine the relationship between family support and ANC compliance. Ethical considerations in this study included informed consent, anonymity, and confidentiality. Respondents’ identities were protected using coded initials, and all collected data were kept confidential and used solely for research purposes. Figure 1 shows the research flow used in this study :



(Figure 1. Research Flow of the Study)

RESULTS AND DISCUSSION

A. General Data

Table 1 Distribution of Respondents' Characteristics

Characteristics	Category	Frequency	Percentage (%)
Age	<20 years	3	9.7
	20–30 years	23	74.2
	>35 years	5	16.1
Education	Elementary School	13	41.9
	Junior High School	10	32.3
	Senior High School	7	22.6
	Higher Education	1	3.2
Occupation	Housewife	22	71.0
	Private Employee	3	9.7
	Self-employed	6	19.4
Parity	Primipara	9	29.0
	Multipara	17	54.8
	Grand multipara	5	16.1
Total		31	100

Most respondents were aged 20–30 years (74.2%), had elementary school education (41.9%), were housewives (71.0%), and were multiparous (54.8%).

B. Specific Data

Table 2 Distribution of Family Support and ANC Compliance

Variables	Category	Frequency	Percentage (%)
Family Support	Good	16	51.6
	Moderate	8	25.8
	Poor	7	22.6
ANC Compliance	Compliant	19	61.3
Variables	Category	Frequency	Percentage (%)
Family Support	Good	16	51.6

Most pregnant women received good family support (51.6%), and the majority were compliant with antenatal care visits (61.3%).

C. Cross-tabulation of Family Support and Pregnant Women's Compliance at PMB Ana Imroatus

Table 3 Cross-tabulation of Family Support and Pregnant Women's Compliance at PMB Ana Imroatus

Family Support	Compliance				Total		<i>p-value</i>
	Compliant		Non-compliant				
	n	%	n	%	n	%	
Good	12	38,7	4	12,9	16	51,6	0,015

Family	Compliance						<i>p-value</i>
Moderate	6	19,4	2	6,5	8	25,8	
Poor	1	3,2	6	19,4	7	22,6	
Total	19	61,3	12	38,7	31	100	

The table above shows that out of 31 pregnant women, 16 respondents (51.6%) received good family support, of whom 12 respondents (38.7%) were compliant with antenatal care visits and 4 respondents (12.9%) were non-compliant. Among 8 respondents (25.8%) who received moderate family support, 6 respondents (19.4%) were compliant and 2 respondents (6.5%) were non-compliant. Meanwhile, among 7 respondents (22.6%) who received poor family support, 1 respondent (3.2%) was compliant and 6 respondents (19.4%) were non-compliant.

The Chi-Square statistical test showed a *p*-value of 0.015 (<0.05), indicating that there is a significant relationship between family support and pregnant women's compliance in antenatal care visits to improve K8 coverage at PMB Ana Imroatus.

Based on the study results, most respondents were aged 20–30 years (74.2%). This age group falls within the healthy reproductive age, where women are physically and psychologically more prepared to undergo pregnancy and make appropriate health-related decisions. Women in this age range tend to have better awareness of the importance of antenatal care (ANC) services. This finding is consistent with a study which states that women of reproductive age are more likely to utilize ANC services compared to those in high-risk age groups (<20 and >35 years)[7]. In terms of education, most respondents had only completed elementary school (41.9%). A low level of education can affect a mother's ability to understand health information, including the importance of regular ANC visits. Limited education is often associated with low health literacy, which influences healthcare utilization behavior. This is in line with research showing that maternal education level is significantly associated with ANC utilization[8]. Most respondents were housewives (71.0%). This condition indicates that mothers tend to depend on their husbands for financial support and decision-making, including health-related decisions. Limited economic independence may become a barrier to accessing healthcare services, including ANC. This finding is supported by a study stating that women's employment status and economic autonomy significantly influence maternal health service utilization[9]. Based on parity, most respondents were multiparous (54.8%). Previous pregnancy experience can influence maternal behavior in attending ANC visits. Multiparous women may have better knowledge and experience regarding pregnancy; however, in some cases, it may also lead to overconfidence, resulting in lower compliance with ANC visits. This is consistent with research indicating that parity influences maternal healthcare utilization, either positively or negatively depending on risk perception[10]. Overall, the characteristics of respondents in this study indicate that age, education, occupation, and parity are important factors influencing maternal behavior in utilizing ANC services. This is supported by research stating that socio-demographic factors are key determinants of antenatal care compliance[10].

Based on the results of this study, most pregnant women received good family support (51.6%), and the majority were compliant with antenatal care (ANC) visits (61.3%). This finding indicates that family support plays an important role in encouraging pregnant women to attend ANC services regularly. Family support, including emotional, informational, and instrumental support, can increase motivation and awareness among pregnant women to maintain their health during pregnancy. Good family support can positively influence maternal attitudes and behaviors toward pregnancy care. Families, especially husbands, often act as decision-makers and provide encouragement for mothers to attend ANC visits. This is in line with a study which found that strong family support significantly increases the likelihood of pregnant women utilizing ANC services[11]. Furthermore, pregnant women who receive adequate support from their families are more likely to feel confident and motivated to access healthcare services. Emotional and social support can reduce anxiety during pregnancy and improve adherence to recommended health services. This is supported by research stating that social and family support are significant predictors of maternal healthcare utilization[12]. In contrast, pregnant women who receive poor family support (22.6%) tend to show lower compliance with ANC visits. Lack of support may lead to decreased motivation, limited access to healthcare, and reduced awareness of the importance of regular check-ups. This finding is consistent with a study showing that inadequate family support is associated with lower utilization of maternal health services[13].

Family involvement, particularly from husbands, is crucial in improving maternal health behaviors. Support in the form of financial assistance, transportation, and emotional encouragement can significantly enhance ANC attendance. This is in line with research indicating that partner involvement improves adherence to antenatal care visits[14]. Overall, the findings of this study suggest that family support is a key factor influencing pregnant women's compliance with ANC visits. This is reinforced by research stating that social support systems play a vital role in improving maternal health outcomes and increasing ANC coverage[15]. Based on the cross-tabulation results, it was found that pregnant women who received good family support were mostly compliant with antenatal care (ANC) visits (38.7%), while those who received poor family support were mostly non-compliant (19.4%). This indicates that stronger family support is associated with higher compliance in ANC visits. Family support plays an important role in shaping maternal behavior, especially in maintaining routine pregnancy check-ups. The Chi-Square test result showed a p-value of 0.015 (<0.05), which means there is a statistically significant relationship between family support and pregnant women's compliance with ANC visits. This finding confirms that family support is not only descriptively related but also statistically influences ANC compliance. Family support, including emotional, informational, and instrumental support, can encourage mothers to access healthcare services more regularly. This is supported by research showing that social network support significantly influences women's decisions to initiate and utilize ANC services[16]. In addition, encouragement from husbands and family members has been shown to be a key factor in motivating pregnant women to attend ANC visits. Family encouragement acts as a facilitating factor in early and regular ANC attendance[17]. A study also found that lack of family support,

including limited involvement of husbands, is associated with lower utilization of ANC services[18]. Furthermore, family support contributes to maternal compliance by reducing barriers such as transportation, financial limitations, and lack of confidence in seeking healthcare services. This is consistent with findings that factors influencing completion of maternal health services include social and family support systems[19]. Research also highlights that family support is a significant determinant in antenatal care utilization, where inadequate support increases the risk of non-compliance with ANC visits[20]. In addition, studies show that family support, including husband involvement, has a statistically significant relationship with ANC compliance behavior[20]. Other research confirms that family support plays a key role in improving compliance with antenatal care visits, as it directly influences maternal motivation and health-seeking behavior[21]. According to the researcher, although there is a significant relationship between family support and ANC compliance, family support is not the only determining factor. This is evident from the presence of mothers with good support who are still non-compliant, as well as those with poor support who remain compliant. Therefore, ANC compliance is also influenced by other factors such as knowledge, access to healthcare services, and individual motivation. Family support is better considered a reinforcing factor; thus, efforts to improve compliance should be comprehensive, focusing not only on family involvement but also on health education and improving access to healthcare services.

CONCLUSION

The findings of this study indicate that family support is significantly associated with pregnant women's compliance in antenatal care (ANC) visits. Pregnant women who receive better family support tend to show higher compliance. However, this relationship is influenced by other factors such as knowledge, access to healthcare services, and individual motivation, indicating that ANC compliance is multidimensional.

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