

Original Research

# Knowledge, Husband Support, and Culture as the Main Determinants of Timeliness of K1 Visits for Pregnant Women

Abdul Latip\*, Mariya Ulfah and Doni Yanu Arianto

Department of Midwifery, Poltekkes Kemenkes Surabaya, Surabaya, Indonesia

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## \*Correspondence:

Abdul Latip

Address: Jl. KH.R. Moh. Rosyid,  
Sumbertlaseh RT 01 RW 01, Dander,  
Bojonegoro 62171, East Java, Indonesia.

Email: [abdullatip746@gmail.com](mailto:abdullatip746@gmail.com)

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## ABSTRACT

**Background:** K1 is the first contact of pregnant women with health workers who have good clinical/obstetric and interpersonal competence, to get integrated and comprehensive services according to standards. The first contact should be made as early as possible in the first trimester (0-12 weeks). The achievement of K1 visits for pregnant women in Bojonegoro Regency in 2022 was 96.7% of pregnant women. Based on the 2022 Monitoring Report of Maternal Health at the Dander Public Health Center, Bojonegoro Regency, the achievement of Pure K1 Visits for pregnant women is 87.41% of the target of 100%, so that there are 12.59% of pregnant women who are not on time at the first visit. **Methods:** This observational analytic study employed a cross-sectional design. The sample consisted of 117 pregnant women in their second and third trimesters, selected using simple random sampling. Collecting data using a questionnaire. Data were analyzed using the Multiple Logistic Regression Test to assess influence of knowledge, accessibility, and husband support, and culture on the timeliness of K1 visits with  $p < 0.05$ . Collecting data using a questionnaire. **Results:** There was an influence of knowledge ( $p = 0.007$ ), husband support ( $p = 0.017$ ), and culture ( $p = 0.032$ ) on the timeliness of K1 visits. There was no effect of accessibility ( $p = 0.732$ ). **Conclusion:** Good knowledge of K1 visits will foster awareness and positive attitudes in conducting early pregnancy checks; husband's support can provide motivation, and foster awareness of the importance of early pregnancy checkups; a culture that values and prioritizes the health of the mother and fetus will encourage pregnant women to immediately carry out pregnancy checks early. The researcher is then expected to be able to research other factors that can affect the K1 visit of pregnant women, namely belief, motivation, facilities, community leaders, and health workers.

**Keywords:** Pregnant people; K1 visit; determinant; timeliness; pregnant women

## 1. INTRODUCTION

Antenatal services are any activity or series of activities carried out from the conception period to before the start of the childbirth process that is comprehensive and quality and given to all pregnant women. ANC services prepare mothers-to-be to be really ready to get pregnant, give birth and maintain the surrounding environment to be able to protect the baby from infection. Doctors and midwives are able to carry out quality ANC and carry out early detection (screening), enforce diagnosis, conduct management and referrals so that they can contribute to efforts to reduce maternal and neonatal mortality. K1 is the first contact of pregnant women with health workers who have good clinical/obstetric and interpersonal competence, to get integrated and comprehensive services according to standards.

The first contact should be made as early as possible in the first trimester (0-12 weeks). The first contact can be divided into pure K1 (0-12 weeks) and access K1 (>12 weeks).<sup>(1)</sup>

The achievement of K1 visits for pregnant women in Bojonegoro Regency in 2022 was 96.7% of pregnant women. Based on the 2022 Report of Maternal Health at the Dander Public Health Center, Bojonegoro Regency, the achievement of Pure K1 Visits for pregnant women is 87.41% of the target of 100% pregnant women so that there are 12.59% of pregnant women who are not on time at the first visit (K1).<sup>(2)</sup>

K1 visits for pregnant women are health behaviors. Based on Lawrence Green's behavioral theory, factors that affect the timeliness of K1 visits for pregnant women are predisposing factors (knowledge, attitudes, beliefs), enabling factors (accessibility, availability of facilities), reinforcing factors (family support, community leaders, officers). Behavior is also influenced by environmental factors (physical, biological, socio-cultural). The impact of not making K1 visits for pregnant women is the undetectability of pregnancy danger signs, pregnancy-related diseases, and labor complications.<sup>(3-11)</sup> Efforts to improve the timeliness of K1 visits for pregnant women is to carry out cadre empowerment to carry out counseling and assistance to pregnant women's families about the benefits of antenatal visits, especially K1 visits.

The objective of this study is to analyze the influence of knowledge, accessibility, husband support and culture on the timeliness of K1 visits of pregnant women. The urgency of this study is that the Maternal Mortality Rate (MMR) in Bojonegoro Regency is still high compared to the SDGs target, so the right strategy is needed to reduce MMR. The benefit of this research is that the results of this study can be used as input for health workers in an effort to improve the timeliness of K1 visits for pregnant women so that they can improve the quality of early detection of diseases in pregnant women.

## 2. METHODS

### 2.1 Study Design

This study employed an observational analytic approach using a cross-sectional design. The research was conducted at Dander Public Health Center, Bojonegoro Regency from March to August 2025. The study population consisted of all pregnant women in their second and third trimesters in Dander Public Health Center, Bojonegoro Regency. A simple random sampling

method was used to select 117 pregnant women who met the inclusion criteria. The independent variables included knowledge, accessibility, husband support, and culture. The dependent variable was the timeliness of K1 visit.

### 2.2 Data Collection and Instruments

Data were collected using a structured questionnaire administered through face-to-face interviews with respondents. The data collection process is assisted by midwives who work at the Public Health Center as enumerators. The questionnaire consisted of characteristics, knowledge, accessibility, husband support, culture, and the timeliness of K1 visits for pregnant women. The questionnaire was pre-tested to assess validity and reliability before full implementation.

### 2.3 Data Analysis

The data collected were analyzed using the Multiple Logistic Regression Test with SPSS software to determine the relationship between independent variables (knowledge, accessibility, husband support, and culture) and the dependent variable, timeliness of K1 visits. Statistical significance was set at  $p < 0.05$ .

## 3. RESULTS

### 3.1 Respondent Characteristics

Table 1 presents the demographic characteristics of respondents. The majority were aged 20–25 years (40.2%), followed by 26–30 years (33.3%), indicating that most participants were in their early reproductive age. In terms of education, most had completed senior high school (68.4%), and the largest proportion worked as housewives (75.2%), suggesting that many respondents were not engaged in formal employment.

### 3.2 Variable Description

#### 3.2.1 Knowledge

As shown in Table 2, most respondents demonstrated good knowledge (76.9%) regarding K1 visits for pregnant women, while 23.1% had less knowledge. This indicates that the majority of mothers were aware of the importance and purpose of K1 antenatal care visits during pregnancy.

#### 3.2.2 Accessibility

Table 2 shows that 74.4% of respondents reported good accessibility, whereas 25.6% experienced limited access to K1 services. The findings suggest that antenatal care facilities are generally reachable for most pregnant

women in the study area, although some still face barriers to access.

### 3.2.3 Husband's support

According to Table 2, the majority of respondents received strong support from their husbands (77.8%),

while 22.2% reported less supportive husbands. These findings highlight the positive involvement of husbands in promoting timely antenatal visits among pregnant women.

**Table 1.** Respondent characteristics

Characteristic	Category	Frequency	Percentage
Age	20-25 years	47	40.2
	26-30 years	39	33.3
	31-35 years	22	18.8
	36-40 years	9	7.7
Education	Elementary school	4	3.4
	Junior high school	19	16.2
	Senior high school	80	68.4
	College	14	12.0
Work	Employee	6	5.1
	Teacher	14	12.0
	Self employed	7	6.0
	Housewives	88	75.2
	Health workers	2	1.7

### 3.2.4 Culture

Table 2 indicates that the cultural environment was largely supportive (75.2%) of K1 visits, with only 24.8% of respondents reporting less supportive cultural influences. This suggests that traditional beliefs and community norms in the study area generally encourage pregnant women to seek antenatal care.

### 3.2.5 Timeliness of K1 visits

As shown in Table 2, most respondents conducted K1 visits on time (80.3%), within the first 0–12 weeks of pregnancy, while 19.7% made their visits after 12 weeks. This shows a high level of compliance with recommended antenatal visit schedules among pregnant women.

**Table 2.** Different variables regarding K1 visits for pregnant women

Characteristic	Category	Frequency	Percentage
Respondents' knowledge	Good	90	76.9
	Less	27	23.1
Accessibility	Good	87	74.4
	Less	30	25.6
Husband support	Support	91	77.8
	Less supportive	26	22.2
Cultural	Support	88	75.2
	Less supportive	29	24.8
Timeliness of K1 visits	On time (0-12 weeks)	94	80.3
	Not on time (>12 weeks)	23	19.7

### 3.3 Hypothesis Test

The results of the hypothesis test using the multiple logistic regression test are represented in **Table 3**. Based on the results of the multiple logistic regression test in **Table 3**, it shows that there is an influence of knowledge

on the timeliness of K1 visits of pregnant women with a value of  $p = 0.007$  ( $p < 0.05$ ), there is no effect of accessibility on the timeliness of K1 visits for pregnant women with a value of  $p = 0.723$  ( $p > 0.05$ ), there is an effect of husband's support on the timeliness of K1 visits of pregnant women with a value of  $p = 0.017$  ( $p < 0.05$ ),

and there is a cultural influence on the punctuality of visits of pregnant women with a value of  $p = 0.032$  ( $p < 0.05$ ).

The determination of the most dominant variable that affects the timeliness of K1 visits for pregnant women can be determined based on the results of the logistic

regression test by looking at the highest value of  $\text{Exp}(B)$  of all variables that have a significant effect or the value of  $p < 0.05$ . The most dominant variable that affects the referral behavior of pregnant women is the knowledge variable with a value of  $\text{Exp}(B) = 19.568$ .

**Table 3.** Logistic regression test results

Variable	<i>p</i> -value	Exp(B)	Significancy
Knowledge	0.007	19.568	Significant
Accessibility	0.723	0.569	Not Significant
Husband's Support	0.017	14.497	Significant
Culture	0.032	10.229	Significant

## 4. DISCUSSION

There is an influence of knowledge on the timeliness of K1 visits of pregnant women. These results are in accordance with the research of Redi et al. (2022), Alem et al. (2022), Putri and Dieningsih (2023), Rehlikansa et al. (2024), Duwila et al. (2025) which stated that there is an influence of knowledge on the timeliness of K1 visits of pregnant women.<sup>(12-16)</sup> Knowledge is a very important domain in shaping one's actions. Behavior based on knowledge will be more consistent than behavior that is not based on knowledge. Knowledge is an indicator of a person in taking action, when a person is based on good knowledge of health, the person will understand the importance of maintaining health and motivate themselves to apply it in their lives. Knowledge is needed as support in fostering confidence and attitudes and behaviors every day, knowledge is the main factor that supports a person's actions. The knowledge that mothers have about pregnancy checks and the importance of pregnancy checks will have an impact on pregnant women in conducting their pregnancy checks on health workers.<sup>(17)</sup> Pregnant women who have good knowledge will make K1 visits on time. Good knowledge of K1 visits will foster awareness, positive attitudes, and finally obedient behavior in conducting early and regular pregnancy checks, which supports the health of the mother and baby. Good knowledge of the purpose and benefits of K1 visits such as early detection of health problems, monitoring the condition of the mother and fetus, and preparing for childbirth will increase the mother's awareness and compliance to check themselves. Good knowledge can form a positive attitude towards ANC visits, which then encourages pregnant women to

take concrete action, namely to make the first visit as early as possible. Knowledge is an indicator of a person in taking action, when a person is based on good knowledge of health, the person will understand the importance of maintaining health and motivate themselves to apply it in their lives. Knowledge is needed as support in fostering confidence and attitudes and behaviors every day, knowledge is the main factor that supports a person's actions. A good mother's knowledge of the importance of a first-visit ANC examination will change the mother's behavior to check her pregnancy as early as possible when she feels pregnant.

There is no effect of accessibility on the timeliness of K1 visits for pregnant women. The results of this study are different from the research of Yulianti et al. (2021), Utami and Gipfel (2022), which stated that there is an effect of accessibility on the timeliness of K1 visits for pregnant women.<sup>(18-19)</sup> Accessibility is access to health services, health services must be accessible to the community, not hindered by geographical, social, and economic circumstances. The farther the distance from home to the health center, the less likely it is for mothers to make an examination visit to the health center. Geographic access is measured by distance, length of trip, travel cost, type of transportation to get health services and economic access.<sup>(20)</sup> Pregnant women will still carry out K1 visits because of personal motivation to maintain the health of their fetus and prevent pregnancy complications so that pregnant women continue to visit even though there are accessibility barriers.

There is an influence of husband support on the timeliness of K1 visits of pregnant women. These results are in accordance with the research of Laksono et al. (2020), Natai et al. (2020), Herawati and Sutrisno (2022), Wati (2023), Wirdaniyah and Safitri (2025), Shiferaw and

Minale (2025), Ernawati (2025), which stated that there is an effect of husband support on the timeliness of K1 visits of pregnant women.<sup>(21-28)</sup> Partner support plays an important role in influencing the utilization of health services by pregnant women. Mothers with good family support are very likely to make antenatal care visits regularly and according to the recommended time. The family materially and non-materially must be able to support the wife to make the first visit of the ANC for the benefit of the mother and the unborn baby. Giving permission to check pregnancy, encouraging pregnant women to check their pregnancy with health services, providing time to accompany pregnant women to check their pregnancy, providing funds for mothers to check their pregnancy, assisting mothers in seeking information about health during pregnancy, reminding pregnant women to check their pregnancy, and paying attention to the health of pregnant women during pregnancy are forms of family support for wives during pregnancy. These things are urgently needed in the hope that during the wife's pregnancy until the delivery process runs smoothly and the mother and baby are in good health.<sup>(29)</sup> Pregnant women who have good husband support will carry out K1 visits on time. The husband is the closest person to the pregnant woman and plays an important role in supporting pregnancy health. Husband's support can provide motivation, calm anxiety, and foster awareness of the importance of pregnancy checkups, including the first visit. Good support from the husband can be an effective strategy to increase pregnant women's participation in ANC services, starting from the first visit.

There is a cultural influence on the timeliness of K1 visits of pregnant women. These results are in accordance with the research of Rabiattunnisa et al. (2023), Kristiningrum et al. (2024), Degefa et al. (2024), Abdiwali et al. (2024) which states that there is a cultural influence on the timeliness of K1 visits for pregnant women.<sup>(30-33)</sup> Pregnancy is a physiological process, but in society there are many beliefs and cultures that are practiced by the community from generation to generation to time to maintain or care for pregnancy. Cultural values, traditions, customs and cultural beliefs related to pregnancy are local wisdom that supports pregnancy care.<sup>(34)</sup> Pregnant women who have a culture that supports K1 visits will carry out K1 visits for pregnant women in a timely manner. A culture that values and prioritizes the health of the mother and fetus will encourage pregnant women to immediately carry out pregnancy checks early. A supportive culture of the local

community, then families and communities will provide positive support, including financial and emotional support, so that pregnant women feel more comfortable and encouraged to access health services.

## 5. CONCLUSION

The conclusion of this research are good knowledge of K1 visits will foster awareness, positive attitudes, and finally obedient behavior in conducting early and regular pregnancy checks, which supports the health of the mother and baby; husband's support can provide motivation, calm anxiety, and foster awareness of the importance of pregnancy checkups, including the first visit; a culture that values and prioritizes the health of the mother and fetus will encourage pregnant women to immediately carry out pregnancy checks early. A culture that values and prioritizes the health of the mother and fetus will encourage pregnant women to immediately carry out pregnancy checks early. The researcher is then expected to be able to research other factors that can affect the K1 of pregnant women, namely belief, motivation, facilities, community leaders, health workers, physical and biological environment.

### Ethical Approval

This study received ethical exemption from the Ethics Committee of Poltekkes Kemenkes Surabaya (Approval No. EA/3456./KEPK-Poltekkes\_Sby/V/2025).

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### Competing Interests

All the authors declare that there are no conflicts of interest.

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### Underlying Data

Derived data supporting the findings of this study are available from the corresponding author on request.

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