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The Effect of Exposure to Pregnancy Health Information on Compliance with Antenatal Care (ANC) Visits at Kubur Jawa Community Health Center

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Abstract. Antenatal Care (ANC) is an essential maternal health service aimed at monitoring pregnancy progress, identifying complications, and improving maternal and fetal health outcomes. Compliance with ANC visits remains a challenge, particularly among pregnant women with limited access to pregnancy-related health information. This study aimed to determine the effect of exposure to pregnancy health information on compliance with antenatal care visits among pregnant women at Kubur Jawa Community Health Center. This study employed a quantitative analytical observational design with a cross-sectional approach. A total of 50 pregnant women were selected using a total sampling technique. Data were collected using structured questionnaires and analyzed using descriptive statistics and Kendall's Tau-b correlation test. The results showed that 36.0% of respondents had a fair level of pregnancy health information exposure, while 54.0% were compliant with ANC visit recommendations. Statistical analysis revealed a significant positive relationship between pregnancy health information exposure and ANC visit compliance ($\tau = 0.480$; $p = 0.000$). A significant relationship was also found between the frequency of information exposure and ANC compliance ($\tau = 0.505$; $p = 0.000$). However, no significant relationship was identified between the source of information and ANC compliance ($\tau = 0.081$; $p = 0.551$). These findings indicate that adequate and frequent exposure to pregnancy health information contributes to improved compliance with ANC visits. Strengthening maternal health education and increasing access to pregnancy-related information may help improve antenatal care utilization among pregnant women

Keywords: Antenatal Care; Health Information Exposure; Maternal Health; Pregnancy; Pregnant Women.

1. BACKGROUND

Antenatal Care (ANC) represents a foundational pillar of comprehensive maternal health services designed to carefully monitor maternal physical wellness and track embryonic development throughout gestation. Maintaining a routine schedule of prenatal visits empowers healthcare practitioners to intercept potential clinical complications at an early stage, deliver targeted health education, and foster optimal birth outcomes. According to global guidelines published by the World Health Organization receiving sufficient and timely prenatal surveillance is a non-negotiable requirement for reducing maternal and neonatal morbidity and mortality rates (Ahmed et al., 2024). Consequently, consistent compliance with prescribed ANC visit protocols serves as a primary benchmark for evaluating both the utilization and the overall quality of maternal healthcare infrastructure (Roro et al., 2022).

Despite ongoing institutional initiatives to upgrade obstetric care systems, widespread noncompliance with recommended prenatal visitation tracks persists as a major public health barrier across many developing nations, including Indonesia. Expectant mothers who fail to complete their clinical examinations according to national standards routinely miss critical windows for the early identification and management of dangerous gestational pathologies. As

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highlighted by Irianto et al., (2026) suboptimal engagement with routine prenatal services continues to drive preventable maternal and neonatal health complications. For this reason, isolating the underlying determinants that dictate maternal compliance remains an essential step toward upgrading broader reproductive health outcomes.

An array of systemic variables has been empirically identified as core predictors of prenatal care utilization, including maternal age, formal educational attainment, household socioeconomic position, family support networks, geographical accessibility of clinical facilities, and direct exposure to relevant health communication. Among these factors, regular exposure to reproductive health information occupies a highly strategic position, as it directly shapes individual knowledge bases, risk perceptions, personal attitudes, and behavioral decision-making regarding gestational self-care (Sihombing et al., 2025). Pregnant individuals who are systematically informed about the structural benefits of routine clinical checkups demonstrate a significantly higher likelihood of recognizing the importance of consistent monitoring (Wahyuningsih et al., 2025).

Operationally, health information exposure is defined by an individual's regular access to educational content through diverse communication channels, encompassing direct interactions with clinical providers, institutional health promotion campaigns, print media, broadcasting systems, and modern digital platforms. The rapid evolution of communication technology has fundamentally expanded the channels through which pregnant women can acquire reproductive health guidance. Research by Oktaviance. et al., (2026) underscores that securing access to precise and verifiable medical information plays a major role in elevating maternal health literacy and driving positive health-seeking behaviors, including active participation in scheduled ANC services.

From a theoretical perspective, the Health Belief Model posits that individual wellness behaviors are fundamentally steered by a person's subjective evaluation of health risks, the perceived benefits of preventive medical actions, and external cues such as information exposure that cultivate health awareness. Expectant mothers who experience frequent exposure to instructional content regarding pregnancy complications tend to develop a much deeper understanding of the clinical risks tied to poor prenatal monitoring alongside the direct advantages of routine checkups. Guided by this heightened awareness, they exhibit a much stronger tendency to strictly adhere to recommended prenatal care timelines (Lasuasa et al., 2025).

A solid body of prior empirical literature has confirmed a powerful statistical link connecting health information access to increased utilization of maternal healthcare assets. For

example, a study by Larysca et al., (2026) demonstrated that pregnant women who recorded high levels of exposure to maternal wellness campaigns were significantly more likely to complete their full schedule of ANC visits in strict alignment with national guidelines. In a matching fashion, Nurrahmah et al., (2024) documented that the execution of structured health education interventions yielded a substantial improvement in maternal compliance rates within prenatal clinics. These collective insights strongly suggest that expanding access to clear health information acts as a major catalyst for fostering protective health behaviors among expectant mothers.

A preliminary field assessment conducted at the Kubur Jawa Community Health Center in January 2026 through structured interviews with 20 pregnant women revealed that 9 respondents, or 45% of the sample, had low exposure to reproductive health information, 7 individuals, or 35%, reported moderate exposure, and only 4 women, or 20%, exhibited a high level of information exposure. Parallel to these metrics, the audit showed that 12 respondents, or 60% of the sample, were noncompliant with prescribed prenatal visitation timelines, leaving a mere 8 individuals, or 40%, who completed their clinical checkups according to established standards. This baseline data indicates that restricted access to pregnancy-related educational materials may function as a primary driver of low clinical compliance. To address this apparent deficit, the present study is systematically designed to determine the precise empirical effect of exposure to pregnancy health information on overall compliance with antenatal care (ANC) visits among the pregnant population served by the Kubur Jawa Community Health Center.

2. LITERATURE REVIEW

Pregnancy Health Information Exposure

The construct of pregnancy health information exposure describes the dynamic process through which expectant mothers encounter, retrieve, and interpret instructional content concerning gestational milestones, maternal physical well-being, prenatal nutrition, obstetric danger signs, labor preparation, and available clinical screening services. The pathways for this informational transmission encompass a wide array of channels, including direct interactions with medical professionals, institutional health literacy campaigns, print publications, broadcasting channels, social networks, and specialized digital health interfaces. Securing sufficient exposure to precise, evidence-based medical information plays a primary role in elevating maternal health literacy, fostering protective clinical attitudes, and driving proactive wellness behaviors throughout the course of gestation (Shibeshi et al., 2025).

Antenatal Care (ANC)

Antenatal Care (ANC) is operationally defined as a structured sequence of clinical assessments and medical interventions delivered to pregnant individuals to meticulously track maternal and embryonic well-being across all gestational trimesters. The core objectives of regular prenatal monitoring center on the early interception of latent obstetric pathologies, the deployment of prophylactic treatments, the delivery of comprehensive health education, and the strategic preparation for both childbirth and postpartum recovery. Liesmayani et al., (2025) highlight regular clinical attendance as a corner-stone strategy for lowering international maternal and neonatal morbidity and mortality rates. Maintaining strict compliance with prescribed prenatal tracking intervals ensures that expectant mothers receive uninterrupted, comprehensive, and high-quality medical surveillance.

Compliance with Antenatal Care Visits

Compliance with ANC visits denotes the exact degree to which an expectant mother adheres to established prenatal monitoring timelines and national obstetric guidelines. Individual compliance levels are driven by a complex interplay of personal and structural variables, including maternal health literacy, formal educational background, family support networks, geographical proximity to medical centers, socioeconomic status, and direct exposure to reproductive health communication channels (Sevia Naldi Velangi et al., 2025). Pregnant individuals who possess a clear understanding of the preventative benefits of prenatal checkups demonstrate a substantially higher internal motivation to prioritize routine medical appointments and act in alignment with clinical guidance (Liana & Widayati, 2022).

3. RESEARCH METHOD

To systematically evaluate how access to reproductive health communication shapes prenatal clinic attendance, this investigation utilized a quantitative research design built upon an analytical observational framework with a cross-sectional approach. The overriding purpose of this empirical architecture was to investigate the structural relationship linking exposure to pregnancy health information as the independent variable to compliance with scheduled antenatal care visits as the dependent outcome among expectant mothers served by the Kubur Jawa Community Health Center. Opting for a cross-sectional design was scientifically appropriate because it enables the investigator to measure and record both the informational exposure levels and the clinical visitation records simultaneously during a single operational window.

The empirical data collection was carried out during the 2026 academic calendar year within the administrative boundaries of the Kubur Jawa Community Health Center, located in South Kalimantan, Indonesia. The target population for this study encompassed all pregnant individuals who actively accessed maternal healthcare services at the facility throughout the designated research period. By deploying a total sampling technique, the study aimed to enroll every eligible member of the population who successfully satisfied the predefined inclusion and exclusion boundaries. To be deemed eligible for study enrollment, participants had to be pregnant women who demonstrated a voluntary willingness to take part in the clinical trial and provided verified informed consent documentation. Primary data acquisition was achieved through a structured, uniform questionnaire package, which was specifically designed to evaluate the depth of each respondent's exposure to reproductive health communication alongside their self-reported and recorded compliance with standardized antenatal care visitation schedules.

Following the completion of the fieldwork, the raw data sheets were checked for structural completeness, converted into numerical codes, and uploaded into a statistical computing program for final analysis. The primary analytical stage relied on descriptive statistical methods to organize the demographic and obstetric backgrounds of the respondents while summarizing the mathematical distribution of both information exposure metrics and clinical compliance patterns. For the final hypothesis testing, inferential statistics were executed using the Chi-Square test, an analytical procedure ideally suited for determining the presence and strength of an association between categorical variables. The statistical calculations were bound by an alpha significance threshold of 0.05, meaning that any calculated p-value dropping below the 0.05 baseline was recognized as a demonstration of statistical significance, thereby confirming a meaningful empirical relationship between exposure to pregnancy health information and compliance with antenatal care visits among the pregnant population at Kubur Jawa Community Health Center.

4. RESULT AND DISCUSSION

Respondent Characteristics

The characteristics of respondents included age, educational level, parity, source of information, and frequency of information exposure. The distribution of respondent characteristics is presented in Table 1.

Table 1. Characteristics of Respondents (n = 50).

Variable	Category	Frequency (n)	Percentage (%)
Age	20–35 years	50	100.0
Educational Level	Elementary School (SD)	9	18.0
	Junior High School (SMP)	9	18.0
	Senior High School (SMA)	16	32.0
	Higher Education	16	32.0
Parity	Primigravida	23	46.0
	Multigravida	27	54.0
Source of Information	Family	11	22.0
	Health Workers	22	44.0
	Social Media	17	34.0
Frequency of Information Exposure	Rarely	17	34.0
	Sometimes	16	32.0
	Frequently	17	34.0

Based on Table 1, all respondents were within the reproductive age range of 20–35 years. The mean age was 27.26 years with a standard deviation of 4.716 years. Most respondents had completed senior high school and higher education, each accounting for 32.0% of the sample. Based on parity, the majority of respondents were multigravida mothers (54.0%). Regarding information sources, most respondents obtained pregnancy health information from health workers (44.0%), followed by social media (34.0%) and family members (22.0%). The frequency of information exposure was relatively balanced, with 34.0% reporting rare exposure, 32.0% occasional exposure, and 34.0% frequent exposure.

Univariate Analysis

The distribution of respondents according to the level of pregnancy health information exposure is presented in Table 2.

Table 2. Distribution of Pregnancy Health Information Exposure (n = 50).

Information Exposure Category	Frequency (n)	Percentage (%)
Poor	*17*	*34.0*
Fair	*18*	*36.0*
Good	*15*	*30.0*
Total	***50***	***100.0***

Based on Table 2, most respondents had a fair level of pregnancy health information exposure, accounting for 18 respondents (36.0%). Meanwhile, 17 respondents (34.0%) had poor exposure and 15 respondents (30.0%) had good exposure.

Table 3. Distribution of ANC Visit Compliance (n = 50).

ANC Visit Compliance	Frequency (n)	Percentage (%)
Non-Compliant	23	46.0
Compliant	27	54.0
Total	50	100.0

Based on Table 3, most respondents were compliant with ANC visits according to the recommended standards, accounting for 27 respondents (54.0%). However, 23 respondents

(46.0%) were still categorized as non-compliant. The average number of ANC visits among respondents was 5.40 visits.

Bivariate Analysis

The relationship between pregnancy health information exposure and ANC visit compliance was analyzed using Kendall's Tau-b correlation test. The results are presented in Table 4.

Table 4. Relationship Between Pregnancy Health Information Exposure and ANC Visit Compliance.

Variable	Correlation Coefficient (τ)	p-value
Information Exposure Category and ANC Compliance	0.480	0.000

Based on Table 4, the Kendall's Tau-b test produced a correlation coefficient of 0.480 with a p-value of 0.000. Since the p-value was less than 0.05, there was a statistically significant relationship between pregnancy health information exposure and ANC visit compliance. The positive correlation coefficient indicates that higher levels of health information exposure were associated with better compliance with ANC visits. The strength of the relationship was moderate.

Table 5. Relationship Between Frequency of Information Exposure and ANC Visit Compliance.

Variable	Correlation Coefficient (τ)	p-value
Frequency of Information Exposure and ANC Compliance	0.505	0.000

Based on Table 5, the Kendall's Tau-b test produced a correlation coefficient of 0.505 with a p-value of 0.000. Since the p-value was less than 0.05, there was a statistically significant relationship between the frequency of information exposure and ANC visit compliance. The positive correlation coefficient indicates that mothers who received health information more frequently tended to demonstrate higher compliance with ANC visits. The strength of the relationship was moderate.

The relationship between source of information and ANC visit compliance was analyzed using Kendall's Tau-b correlation test. The results are presented in Table 6.

Table 6. Relationship Between Source of Information and ANC Visit Compliance.

Variable	Correlation Coefficient (τ)	p-value
Source of Information and ANC Compliance	0.081	0.551

Based on Table 6, the Kendall's Tau-b test produced a correlation coefficient of 0.081 with a p-value of 0.551. Since the p-value was greater than 0.05, there was no statistically significant relationship between the source of information and ANC visit compliance among pregnant women at Kubur Jawa Community Health Center.

Discussion

Pregnancy Health Information Exposure Among Pregnant Women

The empirical insights generated by this investigation reveal that the greatest proportion of the surveyed population, specifically 36.0%, possessed a moderate level of exposure to reproductive health communication, whereas 34.0% experienced poor informational access and 30.0% demonstrated good exposure metrics. These configurations indicate that the penetration of pregnancy-related educational materials across the expectant mother cohort remains highly uneven. Securing sufficient exposure to clinical messages plays a vital role in expanding maternal health literacy, sharpening individual awareness of obstetric risk factors, and fostering proactive health-seeking behaviors. Pregnant individuals who absorb comprehensive guidance on gestational wellness are far better positioned to grasp the clinical importance of monitoring maternal and fetal development throughout the course of pregnancy, which ultimately guides more informed decisions regarding healthcare asset utilization.

Furthermore, the study isolated specific pathways of communication, determining that institutional healthcare providers operated as the primary channel of information at 44.0%, followed by digital networks and social media platforms at 34.0%, and familial support networks at 22.0%. This distribution underscores the reality that clinical professionals remain the central pillar for the dissemination of maternal wellness education. Prior literature confirms that guidance delivered directly by medical authorities is routinely perceived as carrying higher credibility, thereby exerting a more powerful influence on maternal knowledge bases and subsequent self-care habits. Concurrently, the rapid proliferation of electronic communication channels has dramatically broadened the avenues through which pregnant women can gather reproductive guidance, reinforcing broader health literacy and preventative awareness (Mugo et al., 2020).

Compliance with Antenatal Care (ANC) Visits

Based on the clinical logs compiled during the research window, 54.0% of the respondents maintained strict adherence to prescribed prenatal checkup timelines, while a notable 46.0% fell into the non-compliant cohort. Even though a structural majority of the participant group completed their appointments in line with national standards, the percentage of expectant mothers exhibiting irregular clinic attendance remains profoundly high. Maintaining an uninterrupted schedule of routine prenatal examinations is crucial, as it facilitates the early detection of latent obstetric complications, the continuous evaluation of embryonic growth, the deployment of prophylactic treatments, and the systematic delivery of vital reproductive education. Consistent engagement with comprehensive prenatal protocols

has been empirically linked to improved maternal and neonatal survival rates worldwide (Hernayanti et al., 2023).

Maternal compliance with recommended prenatal visitation tracks is driven by a complex matrix of personal and environmental variables, encompassing formal educational background, parity history, household socioeconomic position, geographical proximity to clinical networks, family support systems, and regular exposure to medical communication. Women who hold an accurate understanding of the preventative benefits of routine screening demonstrate a much higher internal motivation to access available obstetric services and attend scheduled checkups. Consequently, expanding maternal access to high-quality health communication continues to operate as a primary strategy for reinforcing clinical compliance outcomes (Larysca et al., 2026).

Relationship Between Pregnancy Health Information Exposure and ANC Visit Compliance

The execution of the Kendall's Tau-b non-parametric procedure established a statistically significant relationship linking overall exposure to reproductive health communication to clinical prenatal compliance, yielding a coefficient of 0.480 and a p-value of 0.000. This positive mathematical direction demonstrates that superior levels of information access are structurally associated with more consistent clinic attendance. This discovery highlights the reality that regular contact with medical messages successfully elevates maternal awareness regarding the vital nature of routine checkups, thereby encouraging expectant mothers to stay committed to recommended clinic timelines.

Structured health communication serves as an invaluable clinical asset that empowers pregnant individuals to conceptualize gestational vulnerabilities, identify acute maternal danger signs, and value the preventative role of routine screening. Expectant mothers who experience regular contact with instructional campaigns develop superior health literacy, making them significantly more likely to adopt protective self-care behaviors. Matching outcomes were documented by Sevia Naldi Velangi et al., (2025) , who observed that expanding access to maternal health updates substantially increased the utilization rates of clinical prenatal assets. In an identical fashion, Ahmed et al., (2024) confirmed that maternal awareness levels and structured health education operated as core statistical predictors of clinic attendance patterns.

These findings also align with broader empirical patterns identified by Roro et al., (2022), which demonstrated that women who received adequate exposure to maternal wellness literature were far more likely to adhere to prescribed prenatal visitation tracks. Regular contact with educational resources assists mothers in recognizing the deeper importance of gestational

monitoring, builds the perceived benefits of modern clinical interventions, and ultimately drives active compliance with antenatal care recommendations.

Relationship Between Frequency of Information Exposure and ANC Visit Compliance

This inquiry identified a statistically significant relationship connecting the specific frequency of communication exposure to active clinic attendance, resulting in a coefficient of 0.505 and a p-value of 0.000. This direct positive correlation shows that pregnant women who encountered health messages with greater regularity demonstrated a significantly higher likelihood of maintaining complete prenatal checkup schedules. This finding implies that repeated exposure to clinical concepts functions as a powerful reinforcement mechanism that strengthens maternal understanding and cements internal awareness regarding the necessity of routine monitoring.

Encountering wellness communication on a regular basis provides an uninterrupted reinforcement loop that significantly upgrades long-term knowledge retention. As pregnant individuals repeatedly digest critical data regarding gestational care, obstetric warning signs, and the protective benefits of clinic visits, their behavioral motivation to complete scheduled clinical examinations is steadily reinforced. Similar trends were highlighted by Wahyuningsih et al., (2025), who reported that recurring maternal health communication campaigns yielded substantial improvements in clinical service utilization. Furthermore, Sihombing et al., (2025) emphasized that sustained, consistent exposure to maternal health literacy programs represents a crucial driver for upgrading long-term compliance with obstetric healthcare services.

Relationship Between Source of Information and ANC Visit Compliance

Interestingly, the statistical calculations revealed no significant relationship connecting the specific origin channel of communication to final prenatal clinic compliance, yielding a coefficient of 0.081 and a p-value of 0.551. This outcome implies that whether an expectant mother received her reproductive guidance from professional midwives, family members, or digital networks did not act as a primary determinant shaping her clinic attendance patterns. Instead, clinical compliance appears to be governed far more by the absolute adequacy, internal quality, and delivery frequency of the message exposure rather than the specific transmission channel itself.

This insight indicates that pregnant individuals can successfully extract practical gestational guidance from an array of diverse channels, provided the content remains empirically accurate, easy to interpret, and directly aligned with their physical needs. Prior communication studies have established that the real-world efficacy of health education campaigns relies not merely on the prestige of the source, but fundamentally on the qualitative

clarity of the message, its geographical and financial accessibility, and the individual's subjective translation of the gathered data (Nurrahmah et al., 2024). Consequently, institutional strategies designed to maximize prenatal compliance should prioritize upgrading both the absolute volume and the core educational quality of maternal health data distributed across multi-channeled networks, including hospital facilities, localized community circles, and digital health platforms.

5. CONCLUSION AND RECOMENDATION

Through the empirical data uncovered during this investigation, it is demonstrated that exposure to reproductive health communication operates as a primary determinant significantly associated with compliance with antenatal care visits among the pregnant population at the Kubur Jawa Community Health Center. Specifically, powerful direct positive relationships were identified between both the overall level of information exposure (tau = 0.480; p = 0.000) and the frequency of message delivery (tau = 0.505; p = 0.000) in relation to active clinic compliance, showing that expectant mothers who secure access to more comprehensive and recurring instructional materials demonstrate a much higher adherence to prenatal timelines. Conversely, the statistical calculations revealed no significant association connecting the specific transmission channel or source of information to clinic attendance (tau = 0.081; p = 0.551), confirming that maternal compliance behaviors are governed far more by the absolute adequacy, qualitative clarity, and delivery frequency of the health data received rather than the specific origin channel itself.

Grounded firmly in these discoveries, institutional healthcare practitioners are highly encouraged to reinforce localized health promotion campaigns and maximize the delivery frequency of maternal wellness messages across healthcare facilities, community programs, and digital network platforms to upgrade routine prenatal attendance benchmarks. It must be noted, however, that the empirical architecture of this inquiry was bounded by a cross-sectional approach and a narrow focus on a solitary facility, which limits the formulation of absolute causal trajectories and immediate generalizability. Consequently, future researchers are strongly recommended to enroll larger, multi-centered cohorts across diverse regions, employ longitudinal designs, and systematically probe supplementary variables such as specific family support networks, underlying maternal knowledge bases, household socioeconomic status, and the physical accessibility of clinical services in order to construct a far more integrative and multi-dimensional framework for maximizing antenatal care compliance.

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