



KNOWLEDGE AND ATTITUDES OF THIRD TRIMESTER PREGNANT WOMEN TOWARD ATTENDING THE SIXTH ANTENATAL CARE VISIT (K6)

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Abstract

The sixth antenatal visit (K6) refers to a scheduled maternal healthcare appointment in which pregnant women receive comprehensive and integrated antenatal services from qualified healthcare providers, with a minimum of six visits recommended throughout the course of pregnancy. The Bengkulu City Health Office continues to enhance K6 visit achievements by strengthening collaborative efforts in antenatal care services among midwives, obstetricians, and the PONEK and PONEK referral networks. These initiatives aim to explore the knowledge and attitudes of pregnant women in their third trimester regarding the K6 visits. This study employed a cross-sectional research design. The sampling technique utilized was total sampling. The study population consisted of 104 primigravida pregnant women beyond 36 weeks of gestation within the Bengkulu City primary healthcare centers' working area in 2024. Data collection instruments included questionnaires and maternal health visit books (KIA). Data analysis was conducted using univariate and bivariate approaches, with the Chi-square test applied for inferential analysis. The results indicated that among the 104 respondents, the majority 65 participants (62.5%)—demonstrated good knowledge, while 62 respondents (59.6%) exhibited positive attitudes. Additionally, 55 respondents (52.9%) adhered regularly to the sixth antenatal visit (K6). Bivariate analysis revealed significant associations between knowledge ($p=0.004$) and attitude ($p=0.022$) with K6 attendance, indicating that both factors are significantly related to the practice of attending the sixth antenatal visit among pregnant women in their third trimester. It is recommended that healthcare providers enhance participation and motivation among pregnant women to undergo antenatal care during the K6 visit for early detection of pregnancy danger signs.

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INTRODUCTION

The K6 visit is a scheduled antenatal care appointment in which pregnant women receive integrated and comprehensive services from healthcare professionals, in accordance with established standards, with a minimum of six visits throughout the course of pregnancy (Kemenkes RI, 2020). Low utilization of primary antenatal care services can increase maternal and neonatal complications, as well as maternal and infant mortality, due to the presence of high-risk pregnancies that are not promptly

managed. The Indonesian government has implemented efforts to improve maternal health through the Antenatal Care program (Sakilla, 2021).

According to the World Health Organization (WHO) recommendations in 2020, antenatal care visits for pregnant women should be conducted at least eight times, with the distribution of one visit in the first trimester, two visits in the second trimester, and five visits in the third trimester. In 2020, the Indonesian Ministry of Health updated antenatal care services, which previously included only K1 and K4 visits, to now consist of K1 and K6 visits. These visits require scheduled appointments and risk factor screenings-including communicable diseases, non-communicable diseases, and psychological assessments-as well as ultrasound examinations conducted by physicians.

According to the Ministry of Health (2020), in the book *Guidelines for Antenatal, Delivery, Postnatal, and Newborn Services in the Era of New Habit Adaptation*, antenatal visits are conducted six times, with the distribution of two visits in the first trimester, one visit in the second trimester, and three visits in the third trimester. Minimum antenatal care requires at least two medical examinations by a physician during visits in the first trimester (0–12 weeks) and the late third trimester (31–36 weeks) (Kemenkes RI, 2020).

According to the 2016 Indonesian Health Profile data, there was a decline in the coverage of the sixth antenatal visit (K6), from 87.48% in 2016 to 85.35% in 2020. In 2020, the Indonesian Ministry of Health set a target of 60% for the K6 visit coverage indicator. This indicator reflects the achievement of the number of pregnant women who undergo antenatal care (ANC) services (Kemenkes RI, 2020).

According to the Bengkulu City Health Office in 2023, there are 20 primary healthcare centers (puskesmas) with an average K6 visit coverage of 89.3%. However, some of these centers have yet to achieve the K6 coverage target. The Bengkulu City Health Office continues to strive to improve K6 visit coverage by strengthening collaboration in antenatal care services among midwives, obstetricians, and the PONED and PONEK referral networks (Dinas Kesehatan Kota Bengkulu, 2023).

According to Indonesian Ministry of Health (2020), the impact of not undergoing antenatal examinations during the K6 visit includes pregnant women lacking essential information on proper pregnancy care, as well as the failure to detect early signs of pregnancy complications such as anemia, which may cause bleeding during delivery, abnormalities in pelvic shape or spinal deformities, multiple pregnancies, and undiagnosed comorbidities or complications during pregnancy, including preeclampsia and chronic diseases.

Rahmawati (2017) stated that knowledge greatly influences the regularity of antenatal visits. Pregnant women who have a good understanding of their pregnancy health perceive the sixth antenatal care (ANC) visit as a necessity rather than an obligation. Furthermore, good knowledge requires an attitude characterized by readiness or willingness to act. With the development of a positive attitude toward antenatal care visits, pregnant women are more likely to undergo pregnancy examinations conducted by healthcare professionals who can monitor the condition and development of both the mother and fetus (Pratiwi., et al 2023).

Low human resources among pregnant women, poor social and economic conditions, and passive attitudes toward antenatal care examinations are several factors influencing K6 visits at healthcare facilities. The limited human resources are mainly affected by a lack of knowledge about K6 visits, especially during the first trimester of pregnancy (Shiyam et al., 2020).

This study aims to examine the relationship between knowledge and attitudes of third-trimester pregnant women and their K6 visits in the working area of Bengkulu City primary healthcare centers.

MATERIALS AND METHODS

This study employed an analytical correlational approach using a cross-sectional design. The study population consisted of primigravida pregnant women with gestational age above 36 weeks. Sampling was conducted using a total sampling method, including all 104 primigravida pregnant women respondents. The inclusion criteria were primigravida pregnant women with gestational age > 36 weeks who were willing and present as respondents and willing to participate in the entire research process. The exclusion criteria included pregnant women who were uncooperative during the study. Ethical approval was obtained from the Ethics Committee (KEPK.BKL/555/06/2024) on June 24, 2024. The study was conducted in the working areas of Sukamerindu, Penurunan, and Betungan primary healthcare centers from June 19 to June 29, 2024.

This study utilized a questionnaire to assess the relationship between knowledge and attitudes of third-trimester pregnant women and their K6 visits. Univariate analysis was conducted to describe the frequency distribution of the dependent variable, namely K6 visits, in relation to the independent variables, which are knowledge and attitudes of third-trimester pregnant women. Meanwhile, bivariate analysis using the Chi-Square test was performed to evaluate the association between knowledge and attitudes of third-trimester pregnant women and K6 visits.

RESULTS AND DISCUSSION

Univariate analysis was conducted to obtain a frequency distribution overview of the dependent variable, namely K6 visits, in relation to the independent variables, which include knowledge and attitudes of third-trimester pregnant women. The frequency distribution of these variables is presented as follows:

Table 1. frequency Distribution of Third-Trimester Pregnant Women Based on Knowledge, Attitude, and K6 Visits

Variable	Frequency (n=104)	Percentage 100%
Knowledge		2
High	65	62,5
Low	39	37,5
Attitude		
Positive	62	59,6
Negative	42	40,4
K6 Visits		
Regularly	55	52,9
Irregularly	49	47,1

Based on Table 1, it was found that out of 104 respondents, 65 (62.5%) had a good level of knowledge, 62 (59.6%) showed a positive attitude, and 55 (52.9%) reported regular attendance at K6 antenatal visits. A bivariate analysis was conducted to examine the relationship between the knowledge and attitudes of third-trimester pregnant women and their participation in K6 visits in the working area of Bengkulu City Public Health Center in 2024. The Chi-Square statistical test was used for this analysis.

Table 2. The Relationship Between the Knowledge of Third-Trimester Pregnant Women and K6 Antenatal Visits in the Working Area of the Bengkulu City Public Health Center in 2024

Variable	Regularity						<i>p value</i>
	Regularly		Irregularly		Total		
	N	%	N	%	N	%	
Knowledge							0,004
High	42	64,6%	23	35,4%	65	100	
Low	13	33.3%	26	66,7%	39	100	

Based on Table 2, data show that out of 65 respondents, 42 (64.6%) had good knowledge and regularly attended K6 visits, while 23 respondents (35.4%) had good knowledge but attended K6 visits irregularly. The Chi-Square statistical test yielded a p-value of 0.004 (< 0.05), indicating a significant relationship

between the knowledge of third-trimester pregnant women and the regularity of their K6 visits.

This study aligns with the research conducted by Fajrika., et al (2023) Their study, which utilized the Chi-Square test, reported a p-value of 0.002 (< 0.05), indicating that the alternative hypothesis was accepted; there is a significant relationship between pregnant women's knowledge and antenatal care visits. One of the indicators of the success of a method is knowledge. The higher the pregnant women's knowledge about antenatal care, the higher the regularity of their antenatal care visits.

Based on the research findings, it was discovered that good maternal understanding is attributed to receiving information about antenatal care examinations during K6 visits from healthcare facilities, as well as active participation in activities such as integrated health service posts (posyandu), pregnancy exercise programs, and pregnancy check-ups conducted by midwives and specialist doctors throughout the pregnancy period. Conversely, poor maternal knowledge was associated with a lack of information regarding antenatal care examinations during K6 visits.

One of the indicators when performing an action is knowledge. The frequency of antenatal visits increases in line with the level of pregnant women's understanding regarding the regularity of antenatal care visits (Fajrika., et al 2023). This occurs because the regularity of K6 visits is influenced not only by knowledge but also by other factors such as maternal attitude, knowledge, age, parity, occupation, and others (Mukharrim., et al 2023).

Table 3. The Relationship Between Attitudes of Third-Trimester Pregnant Women and K6 Visits in Bengkulu City Public Health Center Working Area, 2024

Variable	Regularity						<i>p value</i>
	Regularly		Irregularly		Total		
	N	%	N	%	N	%	
Attitude							0,022
Positive	39	62,9%	23	37,1%	62	100	
Negative	16	38.1%	26	61,9%	42	100	

Based on Table 3, data show that out of 62 respondents, 39 (62.9%) had a positive attitude and regularly attended K6 visits, while 23 respondents (37.1%) had a positive attitude but attended K6 visits irregularly.

The results of the Chi-Square statistical test showed a p-value of 0.022 (< 0.05), indicating a significant relationship between the attitudes of third-trimester pregnant women and the regularity of their K6 visits. This study is consistent with the findings of Irmawati., et al (2023), which revealed a significant

relationship between the attitudes of pregnant women and antenatal care visits. Similarly, Pratiwi., et al (2023), reported a p-value of 0.02 (< 0.05), indicating a significant association between the attitudes of pregnant women and the coverage of K6 visits.

Based on the research findings, it was found that positive attitudes among pregnant women can be enhanced through comprehensive healthcare facilities, comfortable healthcare environments, and health education regarding antenatal care examinations during K6 visits throughout the pregnancy period. Conversely, negative attitudes among pregnant women were attributed to a lack of understanding, where their attitudes were limited to merely accepting and responding but unable to fully embrace the information.

Notoadmodjo (2014) stated that personal experience, culture, significant others, mass media, institutions or educational organizations, religion, and individual emotions influence a person's attitude. With the emergence of positive awareness regarding the importance of antenatal care (ANC), pregnant women are able to undergo pregnancy examinations by healthcare professionals to monitor the condition of both mother and fetus (Pratiwi et al., 2023).

CONCLUSION

The results of the study and discussion regarding the relationship between the knowledge and attitudes of third-trimester pregnant women and K6 visits in the working area of the Public Health Center, Bengkulu City, in 2024 indicate a significant association. The majority of pregnant women possess good knowledge, have a positive attitude, and almost most of them regularly attend antenatal visits.

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