

## The Relationship Between the Role of Health Cadres and Compliance with Antenatal Care Visits

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|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Keywords:                                                 | Antenatal Care (ANC) merupakan pelayanan kesehatan esensial selama kehamilan yang bertujuan untuk mendeteksi risiko secara dini dan menjaga kesehatan ibu serta janin. Meski pemerintah menetapkan standar minimal enam kali kunjungan ANC, realisasi di Puskesmas Sipatana pada tahun 2023 masih rendah, dengan cakupan K4 sebesar 34,8% dan K6 hanya 30,5%. Hal ini menunjukkan rendahnya tingkat kepatuhan ibu hamil dalam melakukan kunjungan ANC. Kader kesehatan memiliki peran penting dalam meningkatkan kepatuhan melalui edukasi dan pendampingan. Penelitian ini bertujuan untuk mengkaji hubungan peran kader kesehatan terhadap kepatuhan kunjungan ANC. Pendekatan yang digunakan adalah kuantitatif dengan desain cross-sectional. Sampel berjumlah 50 kader kesehatan yang dipilih melalui total sampling. Data dikumpulkan melalui kuesioner yang telah melalui uji validitas dan reliabilitas serta dokumentasi rekam medis, kemudian dianalisis menggunakan uji Chi-Square Test of Independence. Hasil menunjukkan bahwa 46% kader berperan kurang dan 26% sangat kurang, serta 60% ibu hamil tidak patuh terhadap kunjungan ANC. Terdapat hubungan yang signifikan antara peran kader kesehatan dan tingkat kepatuhan ibu hamil ( $p = 0,033$ , $OR = 4,09$ ). Kesimpulan: Peran kader berpengaruh signifikan terhadap kepatuhan kunjungan ANC. Penguatan kapasitas kader sangat diperlukan guna meningkatkan cakupan pelayanan.                |
| Kader kesehatan, Kepatuhan, antenatal care, ibu hamil,    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| Health cadres, compliance, antenatal care, pregnant women |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| Date posted:                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 07 Agustus 2025                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Revised date:                                             | <i>The Relationship Between the Role of Health Cadres and Compliance with Antenatal Care Visits</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| Date received:                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 02 September 2025                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| DOI Article:                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Page: 423-438                                             | Antenatal Care (ANC) is an essential health service during pregnancy that aims to detect risks early and maintain the health of the mother and fetus. Although the government has set a minimum standard of six ANC visits, the realization at the Sipatana Health Center in 2023 is still low, with K4 coverage of 34.8% and K6 only 30.5%. This indicates the low level of compliance of pregnant women in making ANC visits. Health cadres have an important role in increasing compliance through education and assistance. This study aims to examine the relationship between the role of health cadres and compliance with ANC visits. The approach used is quantitative with a cross-sectional design. The sample consisted of 50 health cadres selected through total sampling. Data were collected through questionnaires that has gone through validity and reliability tests and documentation of medical records, then analyzed using the Chi-Square Test of Independence. The results showed that 46% of cadres played a less role and 26% were very less, and 60% of pregnant women were not compliant with ANC visits. There is a significant relationship between the role of health cadres and the level of compliance of pregnant women ( $p = 0.033$ $OR = 4,09$ ). Conclusion: The role of cadres has a significant effect on compliance with ANC visits. Strengthening the capacity of cadres is very necessary to increase service coverage. |

**Introduction**

Antenatal care (ANC) is a health service service provided to pregnant women to monitor the health of the mother and fetus during pregnancy ANC aims to prevent and reduce pregnancy complications. Health services for pregnant women or antenatal care must be carried out at least six examinations during pregnancy, with two of them in the form of ultrasound examinations conducted by doctors (Ministry of Health of the Republic of Indonesia, 2020) Assessment of the quality of health services for pregnant women can be assessed through the scope of K4 and K6. This indicator reflects how easily pregnant women can get health services and the extent of their compliance in undergoing pregnancy examinations by health workers. The higher the K4 and K6 coverage figures, the better the quality of ANC services in accordance with the set standards. (WHO, 2023) (Ministry of Health of the Republic of Indonesia, 2023)

Partnerships between health workers, cadres, midwives and the community in utilizing ANC services is the main strategy to reduce maternal and infant mortality and pain. Health workers run community-based maternal and child health (KIA) services and programs with support from cadres. One of the health services that involves community participation is posyandu. Cadres have a crucial role in the implementation of posyandu, such as providing health education, encouraging people to come to posyandu, and inviting them to implement a clean and healthy lifestyle. In an effort to improve maternal and child health, cadres are also tasked with conveying information to pregnant women about birth planning, healthy food intake, the importance of maintaining personal hygiene, and recognizing danger signs during pregnancy. In addition, the main role of cadres is to increase awareness of pregnant women about the importance of regular pregnancy check-ups and to motivate them so that they do not miss the check-up (Qurrata Ayuni & Chalik Sjaaf, 2023)

According to WHO data through the Global Health Observatory (GHO) in 2023, global K4 coverage of 70% is still far from the set standard of 90%. Based on data on Indonesia's health profile in 2022, health services for pregnant women K4 were 86.2%, where this figure decreased compared to the previous year, health services for pregnant women K6 were 70.9%. Based on Indonesia's health profile data in 2023, K4 coverage is 85.6%, and K6 is 74.4%. Based on data on the health profile of Gorontalo Province, in 2022 the K4 coverage of

Gorontalo province is 82.8% and K6 coverage is 57.53%, in 2023 the K4 coverage of Gorontalo province is 78.20% and the K6 coverage of Gorontalo province is only 62.5%. Based on Gorontalo City health profile data in 2022, K4 coverage is 89.36% and K6 coverage is 60.35% in 2023, K4 coverage is 71.36% and K6 coverage is 63.07%. Based on data from the Gorontalo City Health Office, in 2022 at the Sipatana Health Center, the K4 coverage was 66.5% and K6 coverage was 17%. In 2023, the K4 coverage of the Sipatana Health Center is 34.8% and the K6 coverage is 30.5%. (Wulandari & Suryani, 2019)

Although the role of cadres has been recognized in the literature, there have not been many studies that specifically link the role of cadres to the low achievement of K4 and K6 in the Sipatana Health Center area, which has a much below standard ANC compliance rate. There has been no research that specializes in the Sipatana area, which has the characteristics of low ANC coverage. The low coverage of antenatal care has the potential to cause risk factors in pregnant women to not be identified early, so that treatment becomes late and can increase the risk of maternal death. Complications that occur during pregnancy and childbirth, which are the main causes of maternal death, can actually be prevented by regularly conducting pregnancy check-ups through antenatal care services. (Tanjung, Effendy, Niswati Utami, & Syafitri Nasution, 2024)

In supporting the goal of health transformation, especially in the first pillar, namely the transformation of primary services, the Ministry of Health plans to improve the competence of health cadres. This effort is carried out by providing a mark of proficiency for cadres who have mastered 25 basic skills, which are categorized into three levels, namely Purwa, Madya, and Utama. "The government has made efforts to improve the health status of pregnant women by forming a health cadre program in each region". (Nadia Tarmizi, 2023) (S. P. Handayani, Jupriyanto, & Kusmiwiyati, 2024)

Research conducted by showed that there is a strong relationship between the role of health cadres and compliance with antenatal care visits in pregnant women. To increase antenatal care visits for pregnant women, a good cadre role is needed. The less support the cadres, the more pregnant women will not be compliant in conducting antenatal care visits. Another study revealed that the role of cadres as motivators is related to the completeness of antenatal visits for pregnant women in the third trimester. Through the assistance carried out

by health cadres, it can indirectly increase the concern of pregnant women and their families for the health of the mother and baby, encourage pregnant women to pay more attention and ensure that pregnancy conditions are maintained. (Lestari, Azza, & Kholifah, 2022) (Lestari et al., 2022) (S. P. Handayani et al., 2024)

Health cadres are human resources that have the potential to assist health workers in community empowerment to support the realization of a society that has healthy living behaviors. Health cadres play a role as the front line in community services, because they have direct proximity to residents and have received health science briefings from trained medical personnel. (Ministry of Health of the Republic of Indonesia, 2021) (S. P. Handayani et al., 2024)

The preliminary study conducted in the work area of the Sipatana Health Center in the posyandu has health cadres with a total of 10 cadres in each village. So that the number of health cadres in the work area of the Sipatana Health Center is 50 people. Interviews with 2 cadres from each village said that he had not been optimal in accompanying pregnant women in his area to conduct routine pregnancy checks.

## **Method**

This study uses a quantitative approach with a cross-sectional design, which aims to determine the relationship between the role of health cadres and the adherence of pregnant women to antenatal care visits. The population in this study is all health cadres in the work area of the Sipatana Health Center which is 50 people, and all of them are used as research samples with total sampling techniques. Primary data was collected through questionnaires that had been tested for validity and reliability, filled out by cadres regarding their mentoring activities, motivation, education, and involvement in supporting pregnant women. Secondary data was taken from the medical records of the Sipatana Health Center regarding the compliance of ANC visits for pregnant women in the third trimester. The independent variable is the role of health cadres, while the dependent variable is the compliance of ANC visits. Data analysis was carried out univariate to describe the distribution of data, and bivariate used the Chi-Square Test of Independence test to determine whether there was a relationship between the role of cadres and compliance with ANC visits in the work area of the Sipatana Health Center. In addition, the

Odds Ratio (OR) calculation is used to determine the high chance of ANC compliance in pregnant women who are accompanied by cadres who play a good role compared to those who are accompanied by cadres who play a less/very poor role. This study also pays attention to ethical aspects by applying for research permits and informed consent to respondents.

## Research Results

### Respondent Characteristics

Table 1. Characteristics of Health Cadres

| Respondent Characteristics  | Sum | Percentage |
|-----------------------------|-----|------------|
| <b>Age</b>                  |     |            |
| 20-30 Years                 | 12  | 24%        |
| 31-40 Years                 | 9   | 18%        |
| 41-50 Years                 | 15  | 30%        |
| >50 Years                   | 14  | 28%        |
| Total                       | 50  | 100%       |
| <b>Education</b>            |     |            |
| SMP                         | 1   | 2%         |
| SMA                         | 38  | 76%        |
| Diploma                     | 4   | 8%         |
| Bachelor                    | 7   | 14%        |
| Total                       | 50  | 100%       |
| <b>Work</b>                 |     |            |
| Honor                       | 3   | 6%         |
| Cake Employees              | 1   | 2%         |
| Dagang                      | 1   | 2%         |
| Housewives                  | 45  | 90%        |
| Total                       | 50  | 100%       |
| <b>Cadre Training</b>       |     |            |
| Pernah                      | 40  | 80%        |
| Never                       | 10  | 20%        |
| Total                       | 50  | 100%       |
| <b>Long Time as a Cadre</b> |     |            |
| <5 Years                    | 25  | 50%        |
| 5-10 Years                  | 13  | 26%        |
| >10 Years                   | 12  | 24%        |
| Total                       | 50  | 100%       |

From table 1, it is known that the most health cadres are 41-50 years old as many as 15 people (30%), high school education 38 people (76%), housewives 45 people (90%), 40 people

(80%) have participated in cadre training, and 25 people (50%) have been cadres for less than 5 years (50%).

Table 2. Characteristics of Pregnant Women

| Characteristics               | Sum       | Percentage   |
|-------------------------------|-----------|--------------|
| <b>Age</b>                    |           |              |
| <20 Years                     | 3         | 6%           |
| 20-35 Years                   | 41        | 82%          |
| >35 Years                     | 6         | 12%          |
| <b>Total</b>                  | <b>50</b> | <b>100 %</b> |
| <b>Education</b>              |           |              |
| Bachelor                      | 14        | 28%          |
| Diploma                       | 4         | 8%           |
| High School/Vocational School | 21        | 42%          |
| SMP                           | 8         | 16%          |
| SD                            | 3         | 6%           |
| <b>Total</b>                  | <b>50</b> | <b>100 %</b> |
| <b>Work</b>                   |           |              |
| PNS                           | 3         | 6%           |
| Honor                         | 1         | 2%           |
| Employee/Private              | 5         | 10%          |
| Self employed                 | 2         | 4%           |
| Housewives                    | 39        | 78%          |
| <b>Total</b>                  | <b>50</b> | <b>100 %</b> |
| <b>Paritas</b>                |           |              |
| Primigravida                  | 13        | 26%          |
| Multigravity                  | 37        | 74%          |
| <b>Total</b>                  | <b>50</b> | <b>100 %</b> |

Based on table 2, it is known that the most pregnant women are 20-30 years old 41 people (82%), high school/vocational education 21 people (42%), housewife work 39 people (78%), and multigravida parity 37 people (74%).

## Univariate Analysis

### The Role of Health Cadres

Table 3. Distribution of the Role of Health Cadres in Sipatana District

| Category     | Sum       | Percentage   |
|--------------|-----------|--------------|
| Excellent    | 0         | 0%           |
| Good         | 14        | 28%          |
| Less         | 23        | 46%          |
| Very Less    | 13        | 26%          |
| <b>Total</b> | <b>50</b> | <b>100 %</b> |

Based on table 3, it was found that of the 50 cadres, the most had a low role, which amounted to 23 people (46%) and the least had a very poor role, which amounted to 13 people (26%).

### Antenatal Care Visit Compliance

Table 4. Distribution of Compliance of Antenatal Care Visits at Sipatana Health Center

| ANC visit compliance | Sum       | Percent     |
|----------------------|-----------|-------------|
| Obedient             | 20        | 40%         |
| Non-compliant        | 30        | 60%         |
| <b>Total</b>         | <b>50</b> | <b>100%</b> |

Table 4 shows that pregnant women at the Sipatana Health Center were not compliant in conducting antenatal care visits for 30 people (60%).

### Bivariate Analysis

Table 5. The Relationship of the Role of Health Cadres to the Compliance of Antenatal Care Visits in the Work Area of the Sipatana Health Center

| The Role of Cadres | ANC Kunjuran Compliance |            |               |            | Sum       | P value | OR   |
|--------------------|-------------------------|------------|---------------|------------|-----------|---------|------|
|                    | Obedient                |            | Non-compliant |            |           |         |      |
|                    | n                       | %          | n             | %          |           |         |      |
| Good               | 9                       | 18%        | 5             | 10%        | 14        | 0.033   | 4,09 |
| Less               | 5                       | 10%        | 18            | 36%        | 23        |         |      |
| Very Less          | 6                       | 12%        | 7             | 14%        | 13        |         |      |
| <b>Total</b>       | <b>20</b>               | <b>40%</b> | <b>30</b>     | <b>60%</b> | <b>50</b> |         |      |

Table 5 shows that out of 50 health cadres, there are 9 (18%) who have a good role with obedient pregnant women in conducting antenatal care visits and 5 (10%) pregnant women who do not comply. Then the role of health cadres was less with 5 obedient pregnant women (10%) and 18 non-obedient pregnant women (36%). Meanwhile, the role of cadres is very lacking with 6 obedient pregnant women (12%) and 7 non-obedient pregnant women (14%).

The results of the statistical test using the Chi-Square test obtained the result that the p value = 0.033 (<0.05) then  $H_a$  was accepted and  $H_o$  was rejected. It can be concluded that there is a significant relationship between the role of health cadres and compliance with antenatal care visits in the work area of the Sipatana Health Center. OR = 4.09 means that pregnant women with cadres who play a good role have a chance of being about 4 times greater

to comply in ANC visits compared to pregnant women who are accompanied by cadres with a less/very less role.

## **Discussion**

### **The Role of Health Cadres**

This study shows that most of the roles of health cadres in the work area of the Sipatana Health Center are lacking. The lack of role of cadres is influenced by several factors, namely there are still cadres over 50 years old, not all cadres have participated in training, have been cadres for less than 5 years and incentives that are not smooth.

Cadres over the age of 50 tend to have physical limitations that can affect their mobility in carrying out field tasks such as home visits, accompanying posyandu activities, or socializing the importance of antenatal care visits. In addition, old age is also often associated with difficulties in receiving new information or technology, thereby slowing down cadres' adaptation to digital-based reporting or communication systems. The limitations of training are also the main obstacle to the effectiveness of the role of cadres. Without adequate debriefing, cadres have difficulty understanding the educational materials that must be delivered to pregnant women, especially related to early detection of pregnancy risks, the importance of ANC visits, and referral procedures to health facilities. This is exacerbated if cadres also have minimal experience, which is less than 5 years because they do not have enough experience in dealing with various dynamics in the field. On the other hand, incentives that are not given regularly or inadequately can have a direct impact on cadre motivation. Although many cadres work voluntarily, rewards in the form of incentives remain important as a form of appreciation and a morale booster, especially when they have to sacrifice time and effort. (Ministry of Health of the Republic of Indonesia, 2020) (Wulandari & Suryani, 2019) (ICECRD, 2021)

This finding is in line with a study in the Journal of Community Health which states that cadres with an elderly age and less than five years of experience tend to have a lower level of participation and effectiveness in posyandu activities. Natural research from the Journal of Public Health Sciences also shows that cadres who do not receive regular training have low knowledge and skills in conveying health information to the public. In addition, the Indonesian Journal of Health Administration revealed that unfavorable incentives are one of the causes of



declining motivation of cadres in carrying out their roles. (L. Handayani & Hidayat, 2020) (Rahmawati et al., 2021) d (Utami & Nugroho, 2019)

The researcher assumes that the low role of health cadres in assisting pregnant women is influenced by the age of some over 50 years, lack of training, lack of experience (the length of time is less than five years), and incentives that are not smooth. Old age limits the mobility and adaptation of cadres to technology, while lack of training and experience hinders communication skills and understanding of health materials and uncertainty of incentives also reduces cadre motivation. Therefore, increasing the role of cadres requires productive age recruitment, regular training, proper incentives, and continuous coaching.

### **Antenatal Care Visit Compliance**

Secondary data at the Sipatana Health Center shows that the compliance of pregnant women in conducting antenatal care visits is still very low. Pregnant women are not compliant in conducting pregnancy examinations according to standards. It is said to be non-compliant if pregnant women do not carry out pregnancy checks with a minimum frequency of 6 times during pregnancy, namely 1 time in the first trimester, 2 times in the 2nd trimester and 3 times in the 3rd trimester. The low compliance of antenatal care visits is influenced by the age of pregnant women less than 20 years old, education and parity.

According to him, there are internal factors that affect the completeness of antenatal care visits, namely things that come from the mother herself, such as age, number of previous pregnancies (parity), and education level. Pregnant women under the age of 20 tend not to have mature thinking, so they are less aware of the importance of pregnancy visits. Low levels of education in pregnant women can affect their understanding of various health information so that pregnant women are unable to understand the importance of pregnancy checks. Then parity (the number of pregnancies that have been experienced), mothers who have experienced several previous pregnancies (multigravida or grandemultigravida) tend to be less routine in undergoing antenatal care (ANC) visits, especially if the previous pregnancy went normally. This happens because they rely more on experiences from previous pregnancies to deal with physical and psychological changes in their current pregnancy. (Hasniati & Nurhayati, 2020) (Juniarty, 2021) (Priyanti, Irawati, & Syalfina, 2020) (Priyanti et al., 2020)

These findings are in line with the results of a study conducted by the University of Wisconsin, which shows that most pregnant women under the age of 20 do not have sufficient knowledge about the risk of pregnancy. These findings suggest that a lack of information and understanding in young pregnant women could be one of the reasons why they have not consistently undergone regular pregnancy checkups. Another study on the relationship between the level of education of pregnant women and compliance with antenatal care (ANC) visits at the Tanralili Health Center was conducted by finding that pregnant women with low levels of education tended to be less compliant in undergoing ANC examinations. These findings confirm that the lower the level of education, the more likely pregnant women are to overlook the importance of regular pregnancy checkups. The number of pregnancies a mother has experienced, or commonly called parity, also affects how regularly the mother participates in antenatal care (ANC) visits. From the research carried out, mothers who have been pregnant more than once (multigravida) tend to be less diligent in undergoing regular pregnancy checkups at health facilities because they already have previous experience in undergoing their pregnancy. This suggests that previous pregnancy experiences may make some mothers less aware of the importance of regular checkups during pregnancy. (Nurjanah, 2024) (Hasniati & Nurhayati, 2020) (Nurhayati & Maulida, 2022)

The researcher assumes that the internal factors that cause the low compliance of pregnant women in undergoing antenatal care visits at the Sipatana Health Center are due to the young age of the mother, low education, and multigravity parity. Young mothers often do not fully understand or realize how important it is to have regular checkups during pregnancy. On the other hand, mothers with low education are typically less fully informed about pregnancy risks and the benefits of ANC. In addition, mothers with previous pregnancy experience may feel that they are experienced enough to be less motivated to follow the checkup schedule consistently. This has an impact on the low awareness and compliance of pregnant women in participating in routine and complete pregnancy examinations at health facilities.

Compliance in undergoing antenatal care is very important. Regular checkups can help detect pregnancy complications early, ensure fetal growth and development go well, and prevent serious risks that can threaten the safety of both mother and baby. Therefore, the low

level of compliance with ANC visits is not just a statistical number, but a public health issue that must be followed up with a comprehensive and sustainable approach.

### **The Relationship of the Role of Health Cadres to the Compliance of Antenatal Care Visits in the Work Area of the Sipatana Health Center**

The results of the study showed a relationship between the role of health cadres and the compliance of pregnant women in undergoing antenatal care (ANC) visits in the working area of the Sipatana Health Center. The aspect of the role of cadres that is still lacking is in terms of accompanying pregnant women directly. This lack of assistance has an impact on the low awareness of pregnant women to routinely carry out pregnancy checkups. The duties of cadres as companions for pregnant women include ensuring that pregnant women check their pregnancy according to the standard 6 times during pregnancy, checking the KIA book about pregnancy checkup visits, accompanying pregnant women to conduct pregnancy checks at health facilities, accompanying/monitoring pregnant women taking blood-boosting tablets and providing education to pregnant women and families about the importance of pregnancy checkups. Secondary data from the Sipatana Health Center shows that the low role of health cadres as companions causes pregnant women to be non-compliant, namely at the first visit (K1) and the last visit (K6).

The K1 visit is an initial meeting between pregnant women and health workers who have good clinical competence and interpersonal skills in the first trimester with the aim of providing integrated and comprehensive pregnancy services according to standards. K6 visits are the final visit before childbirth often neglected because the mother feels that her pregnancy is going normally and there are no complaints. To increase antenatal care visits for pregnant women, a good role of health cadres is needed. The less support there is for health cadres, the more likely pregnant women are not to be compliant in conducting antenatal care visits. Through the assistance carried out by health cadres, it can indirectly increase the concern of pregnant women and their families for the health of the mother and baby, encourage pregnant women to pay more attention and ensure that pregnancy conditions are maintained. (Lestari et al., 2022) (S. P. Handayani et al., 2024)

The weak role of cadres in accompanying pregnant women from the beginning to the end of pregnancy has a great influence on the low compliance of ANC visits, especially in crucial

phases such as K1 and K6. This finding is in line with the results of a study conducted by the Andalas Journal of Public Health, showing that pregnant women who are actively accompanied by cadres tend to be more obedient in undergoing antenatal care (ANC) visits than those who do not receive assistance. The presence of cadres not only helps to remind the visit schedule, but also provides a simple and easy-to-understand explanation of the importance of regular pregnancy check-ups. The results of their research show that cadres are effective in encouraging pregnant women to make complete ANC visits, especially at the beginning (K1) and end (K6) visits which are often overlooked. Research by Nurjanah (2019) in the Journal of Public Health Sciences also emphasized that the low number of K6 visits is often associated with the absence of a reminder system for pregnant women, including the weak role of cadres in providing assistance in the final phase of pregnancy, which is also a factor that inhibits mothers from completing the entire series of ANC completely. Another study said that through the assistance carried out, cadres can indirectly increase the concern of pregnant women and their families for the health of the mother and baby, encourage pregnant women to pay more attention and ensure that the condition of pregnancy is maintained. (Sari & Yuniarti, 2020) (S. P. Handayani et al., 2024)

However, from the results of the study, it was also found that the role of health cadres was good but pregnant women did not comply with ANC visits and the role of cadres was less but pregnant women were obedient to ANC visits. For pregnant women who do not comply with ANC visits and the role of good cadres, this is due to age, education and parity. Pregnant women under the age of 20 tend not to have mature thinking, so they are less aware of the importance of pregnancy visits. Low levels of education in pregnant women can affect their understanding of various health information so that pregnant women are unable to understand the importance of pregnancy checks. Then parity (the number of pregnancies that have been experienced), mothers who have experienced several previous pregnancies (multigravida or grandemultigravida) tend to be less routine in undergoing antenatal care (ANC) visits, especially if the previous pregnancy went normally. This happens because they rely more on experiences from previous pregnancies to deal with physical and psychological changes in their current pregnancy (Juniarty, 2021) (Priyanti et al., 2020) (Priyanti et al., 2020)

For the role of health cadres, it is lacking, but compliance with antenatal care visits is good, it can be influenced by the knowledge of pregnant women. Good knowledge of the importance of ANC can increase the motivation of pregnant women to access health services and undergo optimal pregnancy check-ups. According to a person's knowledge, it is influenced by age, education, occupation, experience, means of information and socio-cultural environment. In this study, when viewed from the characteristics of pregnant women with less cadre roles, pregnant women are obedient in conducting antenatal care visits because of the mature age of pregnant women, which is between 20-35 years old, high education and experience from previous pregnancies. Mothers with an age range of 20-35 years generally have a more mature mindset, so they are more aware of the importance of pregnancy checkups and tend to do it regularly. A higher level of education in pregnant women can improve their understanding of various health information, making them better able to deal with and manage psychological and physiological changes during pregnancy. Parity refers to the number of pregnancies a mother has experienced, which provides experience in dealing with the pregnancy process (Priyanti et al., 2020). (Notoatmojo, 2014) (Juniarty, 2021) (Priyanti et al., 2020)

Research conducted by said that the higher the mother's knowledge about pregnancy and the importance of antenatal examination, the greater her tendency to routinely visit health services as recommended. Other studies have shown a strong link between maternal knowledge levels and their adherence to pregnancy check-ups (ANC). Pregnant women who have a good understanding of screening during pregnancy are usually more aware of the importance of pregnancy screenings, so they are more routine and obedient to undergo ANC visits as recommended. (Eka Putri, Friza Novita, Pangaribuan, Simanjuntak, & Tarigan, 2025) (Nugrawati, Harismayanti, & Retni, 2023)

The researcher assumes that the compliance of pregnant women in conducting antenatal care visits even though the role of cadres is lacking, in addition to being influenced by the knowledge of the pregnant woman herself is also influenced by other factors such as the support of her husband and family. As the closest environment for pregnant women, the support of the husband and family has a crucial role in influencing psychological conditions and increasing the motivation of mothers in undergoing health behaviors, including compliance with

pregnancy checks. The researcher realizes that there are still other factors that can affect pregnant women's compliance in conducting antenatal care visits that have not been analyzed in this study. Therefore, these results do not reflect a comprehensive picture of all the factors involved.

From the description above, the results of this study can be concluded that the better the role of health cadres in providing assistance to pregnant women, the higher the likelihood of pregnant women to comply with standard pregnancy examinations. The existence of active and competent cadres can be the key to improving the coverage and quality of antenatal care services, which ultimately has an impact on reducing maternal and infant mortality rates. The limitation of this study is that there are other factors that also have the potential to affect compliance, such as family support, economic conditions, and transportation access, which are not further analyzed in this study so they need to be considered in future research.

### **Conclusion**

Based on the results of the study on the relationship between the role of health cadres and compliance with antenatal care visits in the work area of the Sipatana Health Center, it can be concluded that there is a significant relationship between the role of health cadres and compliance with antenatal care visits in the work area of the Sipatana Health Center. The role of good health cadres increases the likelihood of compliance with ANC visits by about 4 times compared to cadres whose role is less/very less.

### **Acknowledgments**

Thank you to the District and Sipatana Health Center and all parties who have contributed to this research both directly and indirectly.

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