

SOCIO-CULTURAL INFLUENCES ON PREGNANT WOMEN'S FIRST CONTACT WITH HEALTH WORKERS IN THE WORKING AREA OF THE WAWAROPE PUBLIC HEALTH CENTER KONAWE KEPULAUAN REGENCY

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Abstract. The Wawarope District, Konawe Islands Regency, remains a region deeply rooted in local cultural values and traditions. Community adherence to Islamic customs and practices is still strong, shaping socio-cultural influences on daily life. A preliminary study revealed that socio-cultural factors, particularly knowledge and habits, affect maternal health-seeking behavior. Many pregnant women continue to place strong trust in traditional birth attendants (paraji) as long as the fetus is perceived to be healthy, thereby discouraging them from seeking early prenatal care. The objective of this study was to examine the socio-cultural influence on the first contact between pregnant women and health workers at the Wawarope Community Health Center (Puskesmas), Konawe Islands Regency, in 2025. This quantitative study employed a cross-sectional design with 30 respondents, selected through purposive sampling, and data were collected using questionnaires. The chi-square test showed a p-value of $0.000 < \alpha = 0.05$, leading to the rejection of H_0 and acceptance of H_a . This indicates a significant influence of socio-cultural factors on the first contact of pregnant women with health workers in the Wawarope Community Health Center working area, Konawe Islands Regency, in 2025. In conclusion, the stronger the belief in traditions and myths that hinder visits to health workers, the greater the likelihood that pregnant women will delay their first antenatal check-up.

Keywords: Socio-Culture, First Contact of Pregnant Women.

1 Introduction

Maternal health is an important aspect that reflects the quality of a country's health development. Attention to maternal health during pregnancy, childbirth, and the postpartum period not only determines the safety of the mother but also greatly influences the growth and development of the baby (World Health Organization (WHO), 2021). A healthy pregnancy provides a greater opportunity to produce a high-quality generation. Conversely, if pregnancy is not properly monitored, the risk of complications increases, which ultimately leads to higher rates of morbidity and mortality for both mothers and babies. Pregnancy is essentially a normal physiological process (Ministry of Health of the Republic of Indonesia, 2020). However, the physiological changes that occur in the mother's body can lead to complications if they do not receive proper attention and care. Therefore, antenatal care (ANC) is a crucial intervention for monitoring the condition of the mother and fetus, detecting risk factors early, providing health counseling, and preparing the mother for childbirth. Quality ANC services have been proven to reduce the risk of complications, decrease maternal mortality rates, and improve the quality of life for mothers and babies (Farah, F. E.; Sulistiawati, 2022).

However, the global situation shows that maternal mortality rates are still high. *The World Health Organization* (WHO) reports that in 2020, every two minutes a mother dies from complications of pregnancy or childbirth. Overall, nearly 800 women die every day from causes that can be prevented through proper maternal health services. *Data Trends in Maternal Mortality 2000–2020* shows that although there was a global decline in MMR in the early 2000s, progress has slowed

in the last decade. This confirms that pregnancy is still a critical period that requires serious attention, especially in developing countries with limited access to health services (World Health Organization (WHO), 2023) .

The global *Sustainable Development Goals* (SDGs) agenda targets a reduction in MMR to less than 70 per 100,000 live births by 2030 (World Health Organization (WHO), 2023) . This ambitious target requires all countries, including Indonesia, to improve access, coverage, and quality of maternal health services. Countries in the Southeast Asia region show varying achievements. Malaysia, for example, has succeeded in reducing MMR to below 30 per 100,000 live births thanks to high ANC coverage and an effective referral system. Thailand has also shown similar success with a relatively low maternal mortality rate. In contrast, Indonesia still faces major challenges as its MMR remains high, comparable to other countries such as the Philippines and Myanmar (World Health Organization (WHO), 2023). In Indonesia, the MMR is recorded at 305 per 100,000 live births. This figure indicates that many mothers are still dying from complications that are actually preventable. The national target and SDGs for 2024 are to reduce MMR to 183 per 100,000 live births. The considerable gap between the current figure and the target shows the need for a more comprehensive strategy (Ministry of Health of the Republic of Indonesia, 2023) .

One such strategy is through increasing the coverage and quality of ANC. The Indonesian government has established a new policy through the 2023 Minister of Health Regulation, which requires a minimum of six ANC visits during pregnancy. The standard consists of two visits in the first trimester, one in the second trimester, and three in the third trimester. This policy also emphasizes the importance of ultrasound examinations (USG) as part of early detection of complications (Ministry of Health of the Republic of Indonesia, 2023) . However, data shows that the implementation of this policy has not been fully successful. (Directorate General of Nutrition and Maternal and Child Health, 2024) , notes that the coverage of K4 ANC visits in Indonesia has not yet reached the target. In Southeast Sulawesi Province, for example, ANC K4 coverage in 2022 was 86.2%, decreasing to 85.6% in 2023. This figure is still below the national target of 92%. The coverage of ANC K1 in the province also has not met the target of 90% (Southeast Sulawesi Provincial Health Office, 2024) . Similar conditions were also found in several other provinces, such as Papua and East Nusa Tenggara, where geographical factors, limited access, and the influence of local culture were the main obstacles to pregnancy check-ups (Ministry of Health of the Republic of Indonesia, 2023) .

Culture is a highly influential factor in the health behaviors of pregnant women. Culture encompasses values, norms, and customs that have been passed down from generation to generation, which influence the way people view health, illness, and health services. Ashriady Ashriady, Dina Mariana, Ajeng Hayuning Tiyas(2022) , state that some Indonesians have experienced a cultural shift in their attitudes toward pregnancy and childbirth, while others still strongly adhere to old traditions. According to (Fiqry Hardiansyah, 2021) , social change does not necessarily eliminate traditions, but often creates acculturation where old customs are maintained while accepting new concepts. Myths and taboos surrounding pregnant women are still widely found in various regions. Some have a positive impact, such as encouraging mothers to maintain good behavior and avoid risky activities. However, there are also many that have a negative impact, such as prohibiting the consumption of certain nutritious foods. This can lead to chronic energy deficiency, anemia, and the risk of stunted fetal growth (Wulandari, R. D., & Wahyuni, 2019) .

Siti Rohmah Ririn Lestari (2023) emphasizes that food restrictions for pregnant women often cause protein and calorie deficiencies, which ultimately increase the risk of complications. In addition, some pregnant women believe that pregnancy checkups are unnecessary if there are no complaints, so their first contact with health workers is often delayed. The family and community environment also plays a major role in a mother's decision to have her pregnancy checked. Nurhayati & Nanik Yuliwati (2024) found that in some communities, families can even be an obstacle. Some families forbid pregnant women from leaving the house during the first trimester, or encourage them to entrust their pregnancy to traditional birth attendants or shamans. This belief causes delays in initial visits to health workers, even though the first visit is very important for early detection of risk factors.

It's research on the Baduy tribe shows that cultural factors have a significant relationship with the regularity of ANC visits. Of the 30 respondents, only 56.7% made regular visits, while the other

43.3% did not. The results of this study show that culture is an important determinant of maternal health behavior. A similar phenomenon has also been found in other areas of Indonesia, such as Kalimantan and Papua, where traditional practices are still more dominant than the use of formal health services. Similar conditions can also be seen in Konawe Kepulauan Regency, Southeast Sulawesi, particularly in the working area of the Wawarope Community Health Center in Langara District.

A preliminary study showed that of the seven pregnant women interviewed at the Samuya Integrated Health Service Post, two preferred to have their pregnancies checked by a traditional birth attendant, three only came to get immunizations, and only two had undergone ANC since the beginning of their pregnancies. These data show that cultural influences are still very strong in determining the delay in the first contact (K1) of pregnant women with health workers. Delayed first contact has serious consequences. The initial visit is an opportunity to conduct basic examinations, screen for risk factors, provide nutritional supplements, and provide counseling on pregnancy care. If the first contact is delayed, early detection of complications cannot be carried out optimally, which ultimately increases the risk of morbidity and mortality for both the mother and the fetus.

Thus, it can be identified that there is a gap between national policy targets and the reality in the community, especially in areas with strong cultural traditions. The low awareness of pregnant women in to attend ANC visits, especially the first contact, is one of the factors hindering the achievement of the target of reducing maternal mortality. Research on the socio-cultural influence on the delay in the first contact of pregnant women is very important because it can provide an empirical picture of the root of the problem and serve as a basis for developing intervention strategies that are appropriate to the local context (Siti Rohmah Ririn Lestari, 2023) .

Furthermore, this research is unique because it was conducted in an archipelago with a community that still adheres strongly to customs and traditions. The focus of this research on the behavior of pregnant women in making their first contact (K1) is also rarely studied in depth, even though K1 is the main entry point for antenatal services. Therefore, the results of this study are expected to contribute significantly to improving the quality of maternal health services and supporting the achievement of the target of reducing maternal mortality in Indonesia. Based on the above description, this study aims to analyze the influence of sociocultural factors on the delay in the first contact of pregnant women with health workers in the working area of the Wawarope Community Health Center, Konawe Islands Regency, in 2025.

2 Methods

This study uses a quantitative approach with a correlational design. The research design aims to examine the relationship between independent and dependent variables (Paramita et al., 2023) , in this case, sociocultural factors and first contact with pregnant women. The approach used is *cross-sectional*, where variable measurements are taken at a single point in time to provide a simultaneous picture of the relationship between the two (Adiputra et al., 2021; Widodo et al., 2023).

The study was conducted in the working area of the Wawarope Community Health Center, Langara District, Konawe Kepulauan Regency. This location was chosen based on the consideration that the coverage of antenatal visits in the area was still below the set target, as well as the existence of a strong sociocultural influence in shaping the health behavior of pregnant women. The study was conducted from February to March 2025, in accordance with the schedule of maternal health services in the working area of the health center.

The population in this study consisted of all pregnant women registered in the working area of the Wawarope Community Health Center from January to December 2024, totaling 43 people. From this population, some were selected as research samples. Sampling was conducted using *purposive sampling* techniques . This technique was chosen because it allows researchers to select respondents based on predetermined criteria, ensuring that the data obtained is more representative and aligned with the research objectives. While the inclusion criteria in this study included pregnant women in their first to third trimesters, residing in the working area of the Wawarope Community Health Center, pregnant women who had visited a health care facility at least once during their pregnancy, expressed their willingness to be respondents by signing an *informed consent* form, and had adequate communication skills.

The research procedure began with obtaining permission from the educational institution and the Head of the Wawarope Community Health Center. After obtaining permission, the researchers explained the purpose, objectives, and benefits of the study to the prospective respondents. Respondents who were willing to participate were asked to sign an *informed consent* form before being given the questionnaire. The entire data

collection process was carried out directly by the researchers while maintaining the confidentiality of the respondents' identities.

Data collection techniques were carried out through structured interviews with the help of questionnaires and observations (Surjaatmadja, 2024). The data obtained was primary data collected directly from respondents. The instrument used was a questionnaire that had been tested for validity and reliability, containing questions about socio-cultural factors and pregnant women's first contact with health workers. Observation sheets were used to record additional information about the behavior of pregnant women in utilizing antenatal services. The collected data was processed through several stages, namely completeness checking (*editing*), *coding*, *scoring*, *tabulating*, and data *cleaning* (Adiputra et al., 2021). Data analysis was performed using the *Chi-Square* test with SPSS software. The *Chi-Square* test aims to determine whether there is a relationship (Ixora, S. Kep.,Ns.,M. Kep. et al., 2025) between sociocultural factors and the first contact of pregnant women. The significance level was set at $\alpha = 0.05$. If the $p\text{-value} \leq 0.05$, a significant relationship was declared.

The analysis results were then interpreted to answer the research objective, which was to assess the influence of sociocultural factors on the delay in the first contact of pregnant women with health workers. Thus, the data obtained not only produced statistical information but also provided a deeper understanding of the gap between the national target for antenatal care and the reality in the field.

3 Results And Discussion

This study was conducted at the Wawarope Community Health Center, Langara District, Konawe Kepulauan Regency, Southeast Sulawesi Province. The health center's working area covers several villages in coastal and island areas. The local community is highly dependent on sea transportation as the main means of mobility (Konawe Kepulauan Regency Central Statistics Agency, 2024). These geographical conditions pose challenges in accessing health services because weather factors and limited transportation often prevent people from reaching health facilities, especially pregnant women. Most of the community works in primary sectors such as fishing, agriculture, and plantations. Limited access to transportation also has an impact on economic activities, distribution of production, and ultimately affects the community's ability to utilize health services, including antenatal services.

Based on the results of a study conducted at the Wawarope Community Health Center on the Socio-Cultural Influence on the First Contact of Pregnant Women with Health Workers in the Wawarope Community Health Center Working Area, the following results were obtained:

A. Results of Univariate Analysis

1. First Contact of Pregnant Women with Health Workers

The univariate analysis results regarding the first contact of pregnant women with health workers in the Wawarope Community Health Center working area are explained in Table 4.1 below.

Table 4.1 First Contact of Pregnant Women with Health Workers in the Wawarope Community Health Center Working Area in 2025

No	First Contact of Pregnant Women	Frequency (n)	Percentage
	Yes	13	43.3
2	No	17	56.7
	Total	30	100

Source: Primary Data Processing Results, 2025

Based on Table 4.1 above, it can be explained that of the 30 respondents, the first contact of pregnant women with health workers in the Wawarope Community Health Center Working Area was dominated by pregnant women who did not make first contact, totaling 17 respondents or (56.7%). Meanwhile, 13 respondents (43.3%) had their first contact. This indicates that most pregnant women in the Wawarope Community Health Center working area have not utilized antenatal services since the beginning of their pregnancy. This condition is important to note because delayed first contact has the potential to reduce the opportunity to detect risk factors early on (S).

2. The Influence of Social and Cultural Factors on Pregnant Women

The results of the univariate analysis regarding the social and cultural influences on pregnant women in the Wawarope Health Center service area are presented in Table 4.2 below.

Table 4.2 Social and Cultural Influences on Pregnant Women in the Wawarope Health Center Work Area in 2025

No	Social and Cultural	Frequency (n)	Percentage
1	Social culture has a positive impact	11	36.7
2	Negative socio-cultural impact	19	63.3
Total		30	100

Source: Primary Data Processing Results, 2025

Based on Table 4.2 above, it can be explained that of the 30 respondents, the socio-cultural influence in the Wawarope Community Health Center Working Area was dominated by pregnant women who had a negative socio-cultural influence, totaling 19 respondents or (63.3%). Meanwhile, those who had a positive socio-cultural influence totaled 11 respondents or (36.7%). The results of this study indicate that values, norms, and habits that are less supportive still have a significant influence on the lives of pregnant women, as reflected in food taboos, beliefs in traditional birth attendants, and the dominance of the family in decision-making. These factors contribute to delays in the first contact with health workers (Ernias et al., 2020).

B. Bivariate Analysis Results

After conducting frequency distributions based on the variables studied in this research, bivariate analysis was performed using the *chi-square test* with a value of $\alpha = 0.05$. This analysis aimed to find the significant influence of sociocultural factors on the first contact of pregnant women with health workers in the Wawarope Community Health Center Working Area, Konawe Islands Regency, in 2025, as explained in Table 4.3 below.

Table 4.3 Socio-Cultural Influence on the First Contact of Pregnant Women with Health Workers in the Working Area of the Wawarope Community Health Center, Konawe Islands Regency, in 2025

	First Contact of Pregnant Women						
Socio-Cultural	Yes		No		Number		P-value
	n	%	n	%	n	%	
Positive	10	33.3	1	3.3	11	36.7	
Negative	3	10	16	53.3	19	63.3	0.000
Total	13	43.3	17	56.7	30	100	

Source: SPSS Data Processing, 2025

Table 4.3 shows that of the 30 respondents, negative sociocultural factors dominated, with 19 respondents or (63.3%). Of these 19 respondents, 3 respondents or (10%) had their first contact with health workers during pregnancy, while 16 respondents or (53.3%) did not.

Meanwhile, of the 30 respondents, 11 respondents or (36.7%) had positive sociocultural factors. Of these 11 respondents, 10 respondents or (33.3%) had their pregnant mothers make initial contact with health workers, and 1 respondent or (3.3%) did not have their pregnant mothers make initial contact with health workers.

The results of the *chi-square test* using Fisher's Exact Test significance table showed a value of $p = 0.000$ < $\alpha = 0.05$, so H_0 was rejected and H_a was accepted, meaning that there was a socio-cultural influence on the first contact between pregnant women and health workers in the Wawarope Community Health Center Working Area, Konawe Islands Regency, in 2025. The results of this study indicate that sociocultural factors have an important influence on the behavior of pregnant women in seeking health services, particularly in terms of utilizing antenatal services in the early stages. The results of this study indicate that sociocultural factors have a significant influence on pregnant women's health-seeking behavior, particularly in terms of utilizing antenatal services in the early stages. Thus, interventions that consider the context of local values, norms, and customs are important to increase the coverage and timeliness of pregnant women's first contact with health workers (N).

C. First Contact with Pregnant Women and Health Workers

The first antenatal visit (K1) is the first visit by a pregnant woman during her pregnancy. K1 visits are divided into pure K1 and access K1. Pure K1 is the first contact of a pregnant woman with a health worker to obtain antenatal services in accordance with standards and is carried out in the first trimester. Access K1 is the first contact of a pregnant woman with a health worker to obtain antenatal services in accordance with standards and is carried out outside the first trimester (pregnancy age over 12 weeks) (R

Based on the research findings, it was explained that out of 30 respondents, the first contact of pregnant women with health workers in the Wawarope Health Center Work Area was dominated by pregnant women who did not make their first contact, totaling 17 respondents or (56.7%). Meanwhile, 13 respondents (43.3%) had their first contact. From these research results, it can be concluded that the awareness and compliance of pregnant women with antenatal care standards are still low.

Antenatal care is a planned program consisting of observation, education, and medical services for pregnant women to achieve a safe and satisfying pregnancy and childbirth process so that during pregnancy check-ups, the mental and physical health of pregnant women can be optimized. This enables them to face childbirth, the postpartum period, preparation for breastfeeding, and the return of reproductive health in a natural way (Primayanti, 2022) . The goal is to fulfill every pregnant woman's right to quality health services so that she can have a healthy pregnancy, a safe delivery, and give birth to a healthy baby (Permenkes, 2021) . ANC services are provided at least six times during pregnancy, namely once in the first trimester, twice in the second trimester, and three times in the third trimester (Ministry of Health of the Republic of Indonesia, 2023) . However, the results of this study show that more respondents did not undergo ANC in the first trimester of pregnancy. Factors influencing mothers to undergo ANC include age, education, occupation, and parity (Fauzi et al., 2021) . This study is in line with the research by Primayanti (2022) , which found that more pregnant women (55.3%) did not attend ANC visits during the first trimester of their pregnancy. Only 44.7% of pregnant women attended ANC during the first trimester of their pregnancy.

This phenomenon is consistent with health behavior theory, which states that compliance with health services is greatly influenced by predisposing factors (age, education, parity), enabling factors (access to services, health information), and reinforcing factors (family and health worker support) (Glanz et al., 2024) . Low K1 achievement in the first trimester can be influenced by several factors. First, there is a perception that pregnancy is a natural condition that does not require health checks if there are no complaints. This view makes some mothers tend to delay ANC visits until they enter the later trimesters. Second, experience also plays a role. Multiparous mothers often feel that they are already experienced in dealing with previous pregnancies, so they are less motivated to undergo early examinations, unlike primigravida who are usually more vigilant and motivated to get checked (Fauzi et al., 2021) . In addition, age and education level are also related to mothers' decisions to undergo ANC. Mothers of productive age (20–35 years) tend to have a more rational mindset and are more open to health information than mothers who are too young or too old. Higher education facilitates understanding of the importance of early detection of pregnancy complications, thereby increasing the likelihood of undergoing K1 on time (Kartika et al., 2024) .

The impact of low K1 visits is an increased risk of delayed detection of pregnancy complications, such as hypertension or anemia, which are only discovered when they are already severe. In fact, antenatal care from the beginning of pregnancy is very important to monitor fetal growth and development, prepare mothers for childbirth, and ensure that the mental and physical health of mothers remains optimal (Magdalena et al., 2020) . Therefore, efforts to increase K1 visits should focus on educating women of childbearing age who are about to marry and pregnant women in their first trimester through counseling, mass media, and individual counseling. This intervention is important so that mothers understand that early check-ups are not just a routine but a preventive measure against pregnancy and childbirth risks.

According to the researchers' assumption, first-time mothers are very new to pregnancy and are therefore motivated to have their pregnancies checked by health workers. Conversely, mothers who have given birth more than once assume that they are already experienced and are

therefore not motivated to have their pregnancies checked. One of the predisposing factors that influence pregnant women's compliance with ANC is age, as age affects a person's mindset. Mothers of productive age (20-35 years) can think more rationally than mothers who are younger or older. Therefore, mothers of productive age are more motivated to have their pregnancies checked. One solution to increase pregnancy visits (K1) is through counseling for women who are about to get married and mass media campaigns about the importance of early pregnancy check-ups, at least before 12 weeks of pregnancy. Counseling is an effective and efficient way to increase mothers' knowledge about pregnancy, childbirth, postpartum, and the risks they may face so that preventive measures can be taken.

D. Social and Cultural Influences

The cultural values of a community, which are passed down from generation to generation, are expressed in the form of myths, both in the form of taboos and recommendations regarding food, behavior, and certain rituals. Pregnancy care is a very important factor in preventing complications and death during childbirth, as well as maintaining the optimal growth and health of the mother and fetus. Understanding pregnancy care behaviors, especially those related to socio-cultural aspects in a particular region, is important to determine the health impact on babies and mothers (Ashriady et al., 2022) .

Based on the research results, it was explained that out of 30 respondents, the socio-cultural influence in the Wawarope Health Center Working Area was dominated by pregnant women with negative socio-cultural attitudes, totaling 19 respondents or (63.3%). Meanwhile, those with positive socio-cultural attitudes numbered 11 respondents or (36.7%). The results of this study indicate that the values, norms, and beliefs that are still strong in the community influence the behavior of pregnant women in attending antenatal care (ANC) visits. Thus, health efforts should not only emphasize medical education but also need to understand the socio-cultural context of the local community. Culturally-based approaches, such as involving community leaders or health cadres, can help change perceptions and increase pregnant women's awareness of the importance of ANC from the first trimester (Nurhayati, T., & Nanik Yuliwati., 2024).

Culture in this study concerns the behavior of mothers, as well as habits that describe the habits of pregnant women in conducting ANC visits. Culture is a complex that includes knowledge and habits practiced by a group of community members. Culture, which encompasses the knowledge and habits of a community, as seen from the characteristics of the respondents, most of whom are housewives who also help their husbands with farming or working in the fields, is one of the factors causing pregnant women not to attend their first ANC visit. Another factor is the habit of pregnant women who consider pregnancy to be a normal, natural, and inevitable thing. They feel that there is no need to have regular check-ups with a midwife or doctor if they have no complaints. The fact that many mothers are still unaware of the importance of pregnancy check-ups means that high-risk factors that they may experience are not detected (Hasibuan, 2021) . The influence of culture is also evident in decision-making. Many pregnant women still rely on their families, especially their husbands or parents, to determine when to have their pregnancy checked. This dependence hinders mothers' independence in accessing health services, resulting in ANC visits, especially K1, not being carried out on time (Hasibuan, 2021) .

According to the researchers' assumptions, what happens in the field is that there are still pregnant women who undergo examinations at traditional healers' homes, such as examinations to determine the sex of the baby, believing that traditional healers can tell by touching the mother's stomach due to traditional culture. Not many pregnant women rely heavily on older family members or their husbands in making decisions about their pregnancy checkups. In fact, many mothers still consider pregnancy to be normal, natural, and inevitable. They feel that there is no need to have regular check-ups with a midwife or doctor. The fact that many mothers are unaware of the importance of pregnancy check-ups means that high-risk factors that may be experienced by pregnant women are not detected. These risks are only discovered during childbirth because it is too late, resulting in death.

E. Analysis of the Influence of Social and Cultural Factors on the First Contact of Pregnant Women with Health Workers

Based on the results of the bivariate test, it shows that out of 30 respondents, negative sociocultural factors dominated, with 19 respondents or (63.3%). Of these 19 respondents, 3 respondents or (10%) had their first contact with health workers, while 16 respondents or (53.3%) did not.

The results of this study indicate that pregnant women who are supported by positive cultural factors, such as the habit of regular pregnancy check-ups or encouragement from their community to undergo early detection, are more likely to attend ANC on time. Conversely, mothers with a negative culture tend to neglect early visits, either because they feel that pregnancy is a natural thing, trust traditional healers/paraji, or depend on family decisions (husband or parents). The results of this study are in line with the study "(2022)", which found a significant relationship between culture and compliance with ANC visits at the Kintamani V Community Health Center.

Meanwhile, of the 30 respondents, 11 respondents or (36.7%) had positive sociocultural factors. Of these 11 respondents, 10 respondents or (33.3%) had their first contact with health workers, and 1 respondent or (3.3%) did not have their first contact with health workers.

The results of statistical analysis using the *chi-square* test by looking at the *Fisher's Exact Test* significance table showed a value of $p = 0.000$ < $\alpha = 0.05$, so H_0 was rejected and H_a was accepted, which means that there is a socio-cultural influence on the first contact between pregnant women and health workers in the Working Area of the Wawarope Community Health Center, Konawe Islands Regency, in 2025.

This study is in line with the research by Ni Luh Risa et al. (2022), which found that 12 pregnant women with positive sociocultural assessments underwent ANC TW I, while six pregnant women with positive sociocultural impacts did not undergo ANC TW I. Five pregnant women with negative sociocultural assessments underwent ANC, while 15 pregnant women with negative sociocultural assessments did not undergo ANC. The p-value was $0.01 < 0.05$, so it can be assumed that there is a relationship between sociocultural factors and the first *antenatal care* visit (KI) among pregnant women in Songan Village, Kintamani V Health Center work area, in 2022.

This is consistent with the opinion of Simbolon and Nahak that pregnant women who undergo ANC, one of which is a positive culture regarding pregnancy check-ups, are three times more likely to have regular visits compared to mothers who have a negative culture. The better the culture of pregnant women in their environment and daily life, the more regularly they will attend ANC visits or have their pregnancies checked according to the trimester of pregnancy. Conversely, a poor culture among pregnant women in their environment or daily life will hinder them from attending ANC visits regularly according to the trimester (Simbolon & Nahak, 2021).

Leininger (2002) argues that humans tend to maintain their culture even if it is not beneficial, and this behavior is also supported by the respondents' environment. Based on the research results and theoretical description above, culture in a region is essentially formed by the customs of life that exist in a community environment. Ultimately, customs that have been widely adopted by the majority of the community will influence a person's views and behavior towards a particular issue or phenomenon. Therefore, if someone adheres to a culture that supports something positive and in line with health, such as *antenatal care*, it will encourage positive health behaviors as well.

According to the researcher's assumption, socio-cultural factors are closely related to the beliefs and habits of pregnant women, especially those who still strongly believe in traditional healers (paraji) as long as the fetus is healthy, so they consider it unnecessary to undergo early check-ups. The results of the study show that not all respondents who had a negative sociocultural impact did not make their first contact with the health center (), but there were three respondents who still made their first contact because they considered it very important to check the condition of the fetus in pregnant women who were at high risk. Meanwhile, among the respondents who had a positive sociocultural impact, there was still one respondent who did not make their first contact because they were busy with work and did not have time to visit early. The better the culture of pregnant women in their environment and daily life, the more

regularly they will visit the ANC or have their pregnancy checked according to the trimester of pregnancy. Conversely, a poor culture of pregnant women in their environment or daily life will hinder them from visiting the ANC regularly according to the trimester, especially for the first contact.

This study has several limitations that need to be considered. One of the main limitations is the relatively small number of respondents, namely only 30 pregnant women, which may not fully represent the entire population of pregnant women in the working area of the Wawarope Community Health Center. In addition, the sampling technique used was purposive sampling, which allows for bias because the selection of respondents was based on certain criteria, not randomly. The quantitative approach used in this study also limited the researchers in exploring more deeply the meanings and cultural values held by the respondents. To address these limitations, the researchers sought to clarify the inclusion criteria to maintain data consistency. The researchers also provided comprehensive explanations to respondents so that they understood the meaning of each question in the questionnaire. It is hoped that future studies will use a qualitative or mixed methods approach and expand the number and scope of the sample to obtain more comprehensive and in-depth results.

4. Conclusion

Based on the results of the study conducted on "The Influence of Socio-Cultural Factors on Pregnant Women's First Contact with Health Workers in the Working Area of the Wawarope Community Health Center, Konawe Islands Regency, in 2025," the following conclusions can be drawn:

1. The socio-cultural factors of pregnant women are dominated by pregnant women who have a negative socio-cultural attitude (63.3%) towards the behavior of pregnant women in making their first contact with health workers. Traditional beliefs, myths, and local customs still influence pregnant women's decisions to immediately undergo pregnancy check-ups.
2. The first contact between pregnant women and health workers was dominated by pregnant women who did not make their first contact, accounting for 56.7%. This was influenced by various factors, such as family support that was still influenced by local cultural norms.
3. The results of the chi-square test analysis show that there is a socio-cultural influence on the first contact of pregnant women with health workers in the Wawarope Community Health Center Working Area, Konawe Islands Regency, in 2025. The stronger the belief in traditions and myths that hinder visits to health workers, the greater the likelihood that pregnant women will delay their first pregnancy check-up.

Thus, it can be concluded that sociocultural factors are important determinants in pregnant women's compliance with their first ANC visit. Efforts to increase K1 visits should not only be through medical education but also must pay attention to the sociocultural context of the community by involving families, community leaders, and health cadres to build awareness of the importance of early pregnancy detection

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