

The Role of Social Behavior Change in Improving Adherence to Four Essential Antenatal Care Visits

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ABSTRACT

This study explored the role of social behavior change in improving adherence to the four essential antenatal care (ANC) visits among pregnant women in Barangay Tominamos, Santa Rita, Samar. The purpose of the study was to understand how social support, health communication, and community influence affect women's decisions to complete the required ANC visits. A qualitative phenomenological research design was used to capture the real-life experiences of pregnant women. Six pregnant women participated in the study and were selected through purposive sampling. Data were gathered through in-depth, semi-structured interviews and were analyzed using Colaizzi's method of thematic analysis. The findings showed that social behavior change efforts helped increase awareness about the importance of ANC visits and encouraged a stronger sense of responsibility toward maternal and child health. Support from health workers, family members, and the community played an important role in motivating women to attend their scheduled visits. However, several challenges affected adherence, including distance to the health center, transportation problems, household responsibilities, financial difficulties, and physical discomfort during pregnancy. Despite these challenges, the women were able to cope by planning their schedules, seeking help from family and community members, using reminders from health workers, and maintaining a positive mindset focused on their baby's well-being. The study concludes that social behavior change strategies are effective in improving adherence to the four essential ANC visits when combined with strong community support and accessible health services. The findings highlight the need for continued community-based health education and support programs to strengthen maternal health practices in rural settings.

Keywords: antenatal care, social behavior change, maternal health, ANC adherence, community support, qualitative study

INTRODUCTION

Antenatal care (ANC), also called prenatal care, is the medical attention a pregnant woman receives to keep track of her health and the health of her baby. By regularly going to ANC, potential problems are made visible early on, health education is provided, and the overall results for mother and baby are better (Alhassan et al., 2024). However, the situation remains that many women in low, and middle, income areas do not attend essential ANC visits, including the four visits recommended during pregnancy, which limits the benefits of care and increases the risks of complications.

Low ANC schedule adherence is one of the biggest problems. In various localities, women might not take the four visits recommended by the health authorities because they are uninformed, lack trust in the health services, or face different social and cultural barriers. To illustrate, a behavioral surveillance study conducted in Nigeria revealed that knowledge of maternal healthcare, accessibility of services, and especially the need for four or more visits were key determinants of attendance (Yavinsky, 2020).

Walia et al. (2020) suggest that the approach to these barriers is a set of social behavior change strategies, such as health education, community dialogue, reminders, and peer support, which should help to increase the level of awareness and motivation to seek care. It has been found out that dissemination of health messages within community groups can greatly improve the chances of the women attending at least four ANC visits. Nevertheless, the knowledge gap regarding the mechanism of structured social behavior changes interventions

to enhance compliance with the complete schedule of four critical ANC visits remains unfilled particularly in alternative community contexts. This is a gap when it comes to formulating viable programs that could be utilized by health systems and community partners.

Thus, this research is significant due to the examination of the opportunities of social behavior change strategies to enhance the compliance of women to the four ANC visits. Knowledge of this role can assist policy makers and health practitioners to develop more effective strategies to assist pregnant women, enhance maternal and child health and minimize preventable health risks. Their findings may also impact on subsequent planning of health programs and community health education.

Research Question

This study aims to explore the experiences of pregnant women regarding social behavior change and their adherence to the four essential antenatal care visits. Specifically, it seeks to answer the following questions:

1. How do pregnant women experience social behavior change efforts in relation to attending antenatal care visits?
2. What challenges do pregnant women face that affect their ability to complete the four essential antenatal care visits?
3. How do pregnant women cope with these challenges and adjust their behaviors to complete the recommended antenatal care visits?

LITERATURE REVIEW

ANC is an important aspect of soothing the healthy outcome of pregnancies through providing screening, health education, and prevention services during the gestation period. Recent literature underscores the notion in which telehealth and mHealth systems are currently being implemented to enhance ANC service uptake and facilitate care delivery in low-resource environments. These are digital tools, which simplify access, in addition to behavioral change, through reminders of appointments and connection with health providers, and eventually boost ANC attendance and maternal wellbeing (Tanberika et al., 2024).

It has been demonstrated in the literature that midwifery performance has a significant influence on the quality and efficacy of the ante-natal care services. Specifically, the capacity to conduct early detection, counseling, and holistic support by midwives is the key component contributing to the minimization of maternal risk and improvement of health outcomes. Moreover, such determinants like staff education, availability of resources, and integration of services also affect the ability of ANC services to be of standard and women remain using it during pregnancy (Diantari, 2024).

Socioeconomic, cultural, psychological and health care system factors determine barriers to timely and adequate antenatal care both in high-resource and low-resource settings. In this review, it has been highlighted that in addition to availability, social norms, transport concerns and provider-patient interaction determine the initiation and continuation of ANC visits among pregnant women. Thus, structural obstacles and community norms are the key factors to tackle to enhance the ANC utilization and guarantee the regular usage of the services by diverse populations (Ali et al., 2025).

The systematic reviews on the use of maternal healthcare point to ANC as a vital component of maternal health services in low- and middle-income nations. All of them demonstrate that frequent antenatal care offers better opportunities of having skilled birth care, complications are avoided, and women are linked to preventive services such as immunization and health education. In addition, such syntheses state that socioeconomic issues and unfair access of communities should be tackled to enhance ANC coverage and outcomes (Baten et al., 2025).

The literature that connects ANC with child health outcomes is that regular and full antenatal visits may help in mitigating the risks such as stunting in early childhood. The analysis of literature has shown that ANC does not

only promote the welfare of the mother but also provides families with nutrition education and early intervention measures that safeguard the growth and development of the infants. This global outlook illustrates that prenatal care cannot be considered only in terms of short-term effects, but in the long run (D et al., 2025).

ANC literature descriptions in health centers reveal that there is still a wide variation in service coverage and quality even where the service of antenatal care is established. The influences on ANC delivering all the benefits it is supposed to include factors such as thorough screening, laboratory services, and family support. In that way, reviews emphasize the enhancement of not only attendance rates, but also the content and quality of provided care every time a mother and a newborn visit a clinic to achieve optimal health outcomes (Haryono et al., 2025).

The use of digital communication tools, including mobile reminders, in order to impact the maternal behavior, is also discussed in recent reviews on health interventions in ANC. These syntheses conclude that messaging and mobile support systems are promising in terms of reminding women about appointment and timely information provision and their involvement in the process of care. These behavior-based instruments have enabled the promotion of ANC compliance in low-resource environments by reducing the accessibility of services and their comprehensibility (Rahman et al., 2022).

In the Philippines, the researchers in the Bicol Region discovered that not every pregnant woman accesses antenatal care (ANC) services despite the availability and free services. Most of the women did not attend some of the necessary tests like syphilis, oral health, and training. In addition, the research identified economic constraints, unsupportive families, and household chores as obstacles that dishearten mothers to attend ANC regularly. Hence, access is not a predictive of total utilization (Sande, 2022).

Based on the utilization question, a comparison study of urban and rural Philippines indicated disparity in the number of ANC visits made by women. Although the rural women had a higher likelihood of making four or more visits, other aspects like education, age and wealth had a bearing on attendances. This therefore means that geographic location and socio-demographic conditions are determinants of ANC use which supplements earlier results on access barriers (Wulandari et al., 2021).

Besides barriers, research in Eastern Visayas analyzed the effect of socioeconomic factors on the selection of ANC facilities. The results showed that the determinants of women visiting barangay health centers or higher-tier facilities were income, education, and transportation. This implies that the variation in resources informs the access point and access method that women access care and thus they will experience ANC differently and subsequently adhere to follow-up (Choi et al., 2025).

The same was observed in a study carried out in Candelaria, Quezon, where satisfaction with ANC services was found to influence the compliance of the pregnant women. Greater attendance was associated with higher satisfaction, which was dependent on respectful employees, clear information and reduced waiting time. Thus, the quality of the provided service becomes a key determinant of whether women proceed with care during pregnancy, which supports the results of socioeconomic and geographic factors (Tan et al., 2025).

In addition, a study conducted in the Philippines also showed that prenatal care quality influenced the attachment of primigravid mothers with their infants. Women who were given supportive, informative, and respectful care rated their overall prenatal experience to be higher. It implies that positive communication and the quality of care do not only enhance clinical outcomes but also promote the further attendance of ANC, which supports previous results on the topic of service satisfaction and access (Matutino et al., 2024).

Lastly, a review in *Acta Medica Philippina* pointed out that primary health care needs to be strengthened to enhance maternal and child health in the Philippines. The review highlighted ANC as the key component to complications prevention, but there are still coverage and follow-up gaps. Thus, the issue of revisiting maternal care programs to make them accessible, continuity, and responsive is also on the agenda to complete the previous research on utilization, satisfaction, and behavior (Balahadia-, Mortel, and Nisperos, 2022).

The study by Sewpaul et al. (2025) was a pilot randomized trial that was carried out in South Africa using customized SMS messages to enhance the attendance of antenatal care and associated health behaviors among

pregnant adolescent girls and young women. Though attendance did not change in a significant difference with standard SMS, participants that were engaged depicted enhanced knowledge on ANC and pregnancy risks, which indicates to use mobile health in facilitating behavior change and future ANC adherence interventions.

Furthermore, a study conducted in Eastern Uganda revealed that community health worker (CHW) training and community-level discussion had a great effect on the proportion of pregnant women who completed at least four ANC visits. This quasi-experimental evidence demonstrated that the empowerment of CHWs to train and support women had the effect of changing the health-seeking behavior, albeit without altering early ANC initiation, and it highlights how community-based behavior change can enhance the ANC adherence (Wafula et al., 2022).

Moreover, a systematic review of the short message service (SMS) reminders revealed that digital behavior changes tools led to better focused antenatal care attendance in low- and middle-income nations. The review discovered that the use of SMS reminded pregnant women to gain more ANC appointments and increase other maternal health services, which aligns with the notion that low-tech-based social behavior change tools have the potential to influence care-seeking behaviors (Hailemariam et al., 2024).

Another qualitative study was carried out in Malawi to examine the perceptions of pregnant women towards ANC in the first trimester. Women with negative view of early care and lack of information care less about it, which demonstrates the impact of negative perception and knowledge gap on health behavior and attendance. This implies that behavior change communication to dispel misbeliefs can increase the early ANC initiation and regular visits (Nyando et al., 2023).

Notably, a study conducted in Tuban District, Indonesia has revealed that there is a close connection between the behavior of pregnant women and the attendance of ANC post-COVID-19 pandemic. Proactive women regarding health behavior were more inclined to visit the clinics despite fears of the pandemic, which puts the behavior as a decisive factor in ANC use (Sudrajad & Munir, 2025).

On the same note, a study in Malaysia established that pregnancy women who were better informed and had a positive attitude towards ANC had a higher chance of attending their respective check-up appointments. This highlights that increased knowledge and positive attitudes towards care can alter attendance habits, and it is thus significant that information and social support should be used to encourage ANC adherence (Hernawati et al., 2024).

Also, a meta-analysis associated ANC visits with an improved level of adherence to iron-folic acid supplementation and showed that women who attended ANC more frequently and had more health knowledge demonstrated a higher level of adherence to supplements. This means that strengthening positive health behaviors with ANC per se can enhance routine care and the use of health behavioral patterns (Adhila et al., 2023).

Furthermore, a multilevel study of sub-Saharan Africa revealed communication level factors affect the time of ANC initiation in women, indicating that social and contextual conditions determine the behavior of care. ANC initiation delay was also associated with community barriers, indicating that behavior change interventions should also be able to change environmental and social norms to enhance utilization (Phiri et al., 2025).

A narrative review on counseling during ANC established that educational counseling assisted in modifying nutrition, exercise and health practices behaviors in pregnant women which were associated with a lower risk of still birth. It is critical to note that counseling is a behavior change strategy, which enhances ANC effectiveness and attendance (Paunno et al., 2024).

Lastly, the systematic overview of mobile health interventions in Indigenous maternal populations implied that the use of mHealth tools, such as SMS and remote education, affected the health behavior associated with pregnancy positively. Despite the differences in findings, the review endorses that behavior change interventions using technology have the potential to affect ANC-related behaviors in different populations (Ishaque et al., 2025).

MATERIALS AND METHODS

Research Design

This study will employ a qualitative phenomenological research design to explore the lived experiences of pregnant women in adhering to the four essential antenatal care (ANC) visits through social behavior change interventions. A phenomenological design is appropriate because it seeks to understand how individuals experience, interpret, and give meaning to a particular phenomenon, in this case, the influence of social behavior change strategies on attending ANC visits (Creswell & Poth, 2018).

Through in-depth interviews, the study will capture the women's authentic experiences, feelings, challenges, and motivations as they respond to social behavior change interventions aimed at improving ANC adherence. This approach allows for a deeper understanding of the essence of behavioral influences as lived and perceived by the participants in real-world maternal health settings.

Bracketing will be employed to consciously set aside the researcher's personal biases, assumptions, and prior knowledge about antenatal care. This process ensures that the participants' voices and meanings remain central to the study, allowing their lived experiences to emerge authentically and without undue influence from the researcher's perspectives.

The phenomenological design, therefore, provides an avenue to illuminate the shared and unique experiences of pregnant women, uncovering the core meanings of social behavior change in improving adherence to the four essential ANC visits.

Locale of the Study

The research will be conducted in Barangay Tominamos, Santa Rita, Samar. The focus on this specific barangay is intended to provide a clear understanding of how social behavior change strategies influence pregnant women's adherence to the four essential antenatal care visits within a localized setting. Conducting the study in a single barangay allows the researchers to capture the unique social, cultural, and economic factors that may affect health-seeking behaviors. The findings can offer practical insights for local health workers, community leaders, and policymakers aiming to improve maternal health outcomes in similar communities.

Participants of the Study

This study will involve six pregnant women from Barangay Tominamos, Santa Rita, Samar as participants.

To ensure relevant and reflective perspectives, participants must: (1) be currently pregnant and residing in Barangay Tominamos; (2) be within the specified age brackets of 10–14 years and above 20 years; and (3) be willing to participate in interviews or discussions about their experiences with antenatal care and social behavior change influences on completing the four essential ANC visits.

Among the six participants, three are in the 10–14 years age bracket, and one of them began the prenatal check-ups at four months of pregnancy. There are no pregnant women in the 15–19 years age bracket, while the remaining three participants are above 20 years old.

By focusing on the experiences of these pregnant women, this study aims to gain an authentic understanding of how social behavior change interventions influence adherence to antenatal care visits, particularly in the local context of Barangay Tominamos.

Research Instrument

The researcher will serve as the primary instrument for data collection and interpretation, maintaining reflective journaling throughout the study to ensure objectivity, transparency, and credibility. By actively engaging in data collection, observation, and interpretation, the researcher will gain a deeper understanding of the experiences of pregnant women regarding social behavior change and their adherence to the four essential antenatal care visits.

The primary data-gathering tool will be one-on-one semi-structured interviews, which allow for in-depth exploration while giving participants the freedom to share their personal experiences and insights. This method provides the flexibility needed to probe into participants' perceptions, attitudes, and behaviors toward antenatal care, while keeping the discussion focused on the research objectives. Document review, such as examining health education materials, clinic attendance records, and community health program reports, will serve as a secondary data source to support triangulation and provide contextual understanding of the findings.

The interview guide will be organized into two sections to ensure a smooth and coherent flow of conversation. Core questions will directly address the research questions, designed as open-ended prompts to encourage detailed narratives about social behavior change interventions and ANC adherence. Probing questions will be used flexibly to clarify responses, gather examples, and explore deeper insights into challenges faced by pregnant women.

To ensure validity and relevance, the interview guide will undergo review and validation by maternal health specialists and public health professionals. The questions will be carefully constructed to fully address the research questions and encourage rich, meaningful responses, avoiding simple yes/no answers. This approach will help ensure the data collected is credible, thorough, and reflective of the participants' real experiences.

Data Gathering

The data gathering procedure will be carried out carefully to ensure that all ethical and administrative requirements are followed. The management of participant information during the study will follow three core principles: respect for participants and their dignity and confidentiality and integrity.

The researcher needs to obtain Philippine Christian University Research Ethics Committee approval for the full research proposal and all attached documents including informed consent forms and interview guides before data collection can begin. An official Ethics Clearance Certificate will be obtained prior to any contact with participants, ensuring full compliance with university and ethical policies. After receiving ethics approval, an endorsement letter from the University Graduate School will be secured, followed by a formal Letter of Request addressed to the Rural Health Unit, who oversees the participating health facilities or barangays.

The research team will conduct an orientation session after receiving approval to explain the study's goals and methods and confidentiality safeguards and participant choices about joining or leaving the research. The study requires participants to sign an Informed Consent Form which clarifies the research objectives and their freedom to participate and estimated interview length and confidentiality measures and audio recording authorization.

Data collection will involve one-on-one semi-structured interviews, each lasting about 30 minutes, conducted over a period of one month. The research team will record every interview session through audio equipment which will produce exact transcripts for in-depth examination. To strengthen data credibility and provide contextual understanding, document analysis will also be performed. The assessment process requires examination of multiple sources which consist of antenatal care attendance records and community health reports and social behavior change program materials. Multiple sources unite to produce triangulated data which strengthens the research results' validity and depth.

Data Analysis

Data analysis will follow Braun and Clarke's (2020) six-step thematic analysis method to achieve a structured approach for identifying patterns and meanings in the collected data. The first step, familiarization, requires the researcher to spend time with the data by reading through interview transcripts and focus group discussions and observation notes and relevant documents multiple times. Reflective notes will record my first reactions and observations about how pregnant women access antenatal care visits and the social factors that affect their attendance.

The second step, coding, will systematically label significant statements, phrases, or units of meaning related to social behavior change, maternal decision-making, and ANC adherence. The codes will identify main concepts

and repeated problems which determine if women follow through with the four recommended antenatal visits. The third step, theme identification, similar codes will be grouped together to form preliminary themes that show patterns across participants' experiences, such as the influence of family support, community norms, or health education interventions.

The fourth step, theme review, will evaluate the coherence of each theme by examining whether the coded data fully supports it. The analysis process will determine whether themes require further refinement or combination or separation to match the perspectives of the participants.

Finally, in the sixth step, reporting, the findings will be presented through a narrative that integrates direct quotations from participants, observations, and relevant document evidence to illustrate how social behavior change affects adherence to ANC visits. Emerging themes will be connected to existing literature on maternal health behavior while also highlighting context-specific factors in the study area.

To ensure the trustworthiness of the findings, strategies for credibility, transferability, dependability, and confirmability will be applied (Lincoln & Guba, 2020). Credibility will be strengthened through triangulation of interviews, focus group discussions, and observation notes, as well as member checking to confirm participants' perspectives. Transferability will be addressed by providing detailed descriptions of participants' contexts, experiences, and the social environments influencing ANC attendance. Dependability will be maintained through a clear audit trail documenting all methodological and analytical decisions. Confirmability will be ensured through reflexive journaling, peer debriefing, and transparent reporting of analytical processes. Together, these strategies will provide a reliable and contextually grounded interpretation of how social behavior change supports pregnant women in completing the four essential antenatal care visits.

Ethical Considerations

This study will strictly follow ethical standards to ensure integrity, respect, and accountability throughout the research process. Before collecting any data, the full research proposal will be submitted to the Philippine Christian University Research Ethics Committee (REC/IRB) for review and approval. Data collection will begin only after receiving the official Ethics Clearance Letter, confirming that all institutional protocols are met.

All participants will be asked to provide written informed consent, showing that they fully understand the study's purpose, the procedures involved, and any potential risks or benefits. Participation will be completely voluntary, and participants can withdraw at any time without facing any consequences. This approach ensures respect for each participant's autonomy and safeguards their rights.

To maintain confidentiality and anonymity, pseudonyms will be used for all participants and any related institutions in transcripts, reports, and publications. Audio recordings and written notes will be safely stored in password-protected files accessible only to the researcher and advisers. All collected data will be used strictly for academic purposes and will be permanently deleted once the study is completed, in line with standard data protection policies.

The study will follow the principle of beneficence, making sure that participants experience no physical, psychological, or professional harm. The researcher will approach all interactions with participants respectfully and non-intrusively, maintaining the ethical standard of "do no harm" throughout the research process. By following these guidelines, the study aims to uphold the highest ethical standards while exploring how social behavior change can improve adherence to the four essential antenatal care visits.

RESULTS AND DISCUSSION

The themes presented in this chapter arose as a result of the phenomenological approach to the data collected. Furthermore, this includes data analysis using Colaizzi's method.

Presentation of Data

This study employed a qualitative research design with thematic analysis to explore the experiences of pregnant women regarding social behavior change and their adherence to the four essential antenatal care (ANC) visits. To analyze the data, the six phases of thematic analysis by Braun and Clarke (2006) were followed. Responses from the six participants, a mix of Tagalog and English, were carefully transcribed and interpreted to ensure their voices were accurately represented.

From the interviews, a total of 132 significant statements were extracted. These statements were then interpreted and grouped based on similarity of experiences and ideas, resulting in 12 clustered themes. After further review, these clusters were re-organized into three main emergent themes corresponding to the research questions: Experiences, Challenges, and Coping Strategies.

I. Experiences of Pregnant Women Regarding Social Behavior Change and ANC Visits

The participants shared their personal experiences in adapting to social behavior change programs promoting antenatal care visits. Their responses revealed both positive and negative aspects of their experiences.

a. Positive Experiences

- Increased Awareness about Health
- Support from Health Workers and Community
- Sense of Responsibility

b. Negative Experiences

- Initial Fear and Hesitation
- Conflicting Advice from Family Members

II. Challenges Encountered by Pregnant Women in Completing ANC Visits

The participants identified several obstacles that made it difficult for them to complete the recommended four ANC visits.

- Distance and Transportation Issues
- Household Responsibilities
- Financial Constraints
- Health Concerns or Physical Discomfort

III. Coping Strategies Used by Pregnant Women

Participants shared various ways they adapted to overcome the challenges and ensure they completed their ANC visits.

- Planning and Time Management
- Support from Family and Friends
- Using Community Resources
- Self-Motivation and Positive Mindset

The narratives of the six pregnant women from Brgy. Tominamos, Santa Rita, Samar, reflect real-life struggles, adaptations, and successes in adhering to the four essential ANC visits. Their experiences show that while challenges exist, social support, personal determination, and accessible health education significantly influence their adherence to antenatal care.

I. Experiences of Pregnant Women Regarding Social Behavior Change and ANC Visits

The pregnant women in Brgy. Tominamos, Santa Rita, Samar, shared their experiences in adapting to social behavior change programs aimed at encouraging them to complete the four essential antenatal care (ANC) visits. Their stories revealed both positive and negative aspects of these experiences.

a. Positive Experiences

1. Increased Awareness about Health.

Participants mentioned that attending social behavior change sessions helped them understand the importance of ANC visits for their own health and their babies' well-being. Participant 1 said:

“Dati, waray ako kabaro nga importante gud an upat ka beses nga prenatal o ANC. Yana, naiintindihan ko na para safe an baby ko.” (I1:P1)

Before, I didn't know that completing four ANC visits was important. Now, I understand it's for my baby's safety.

Participant 4 shared:

“Salamat han health worker kay ginpahinumdom ako pirme nga dapat mag-paprenatal, makabulig gud ini ha akon baby.” (I4:P4)

Thanks to the health worker for always reminding me to attend ANC. This really helps my baby.

2. Support from Health Workers and Community.

The women expressed that encouragement from midwives and barangay health workers motivated them to attend the ANC visits regularly. Participant 2 said:

“Kun may health worker nga pirme nagchecheck up ha akon, mas nagiging confident ako nga magpadayon ha ANC visits.” (I2:P2)

When a health worker regularly checks on me, I feel more confident to continue with my ANC visits.

A focus group participant added:

“Kon nagbubulig an community, diri ka nag-uusahan. Mas madali mag-attend ha clinic.” (FGD1:P3)

When the community helps, you don't feel alone. It becomes easier to attend the clinic.

3. Sense of Responsibility.

Several participants said that learning about the risks of not attending ANC visits made them feel more responsible for their health and their babies. Participant 5 shared:

“Karuyag ko siguraduhon nga healthy an baby ko, amo nga ginbubuhat ko gud ang ANC visits.” (I5:P5)

I want to make sure my baby is healthy, so I really follow the ANC visits.

b. Negative Experiences

1. Initial Fear and Hesitation.

Some participants shared feelings of fear and shyness, especially during the first ANC visits. Participant 3 said:

“Medyo nahadlok ako kay diri ako maaram kon ano an dapat buhaton ha clinic. Pero gin-guide ako han health worker.” (I3:P3)

I was a bit scared because I didn’t know what to do at the clinic. But the health worker guided me.

2. Conflicting Advice from Family Members.

Participants mentioned that family members sometimes gave contradictory advice, which made it confusing to follow ANC recommendations. Participant 6 explained:

“Mayda panahon nga iba an advice han akon asawa ngan han akon nanay, waray ko kabalo kon hain sundon. Pero ginbuhat ko gihapon ang gi-rekomendar han health worker.” (I6:P6)

Sometimes my husband and mother give different advice, and I didn’t know which to follow. But I still did what the health worker recommended.

II. Challenges Encountered by Pregnant Women in Completing ANC Visits

Unfolding the experiences of the pregnant women based on the interviews revealed that attending all four essential ANC visits is not always easy. Their stories show that barriers range from practical concerns like distance and money to personal and household responsibilities. The following themes emerged from the six participants in Brgy. Tominamos, Santa Rita, Samar.

1. Distance and Transportation Issues. This theme reflects the difficulty some participants face in reaching the health center due to far distances and lack of transportation. Travel challenges often discourage timely ANC visits, especially during pregnancy when mobility is limited.

Participant 1 shared:

“Usahay makuri kumadto ha health center kay hirayo. Waray liwat damu nga masasakyan dinhi ha barangay. Sanglit kon may-ada ako lakat o waray akon kaupod, dre nahingangadto han an akon iskediyul. Nakakastress kay karuyag ko man magpa-check para ha baby, pero naapektuhan gud ito han kahirayo ngan han transportasyon.” (I1:P1)

Sometimes it’s hard to go to the health center because it’s far. There’s not much transportation in our barangay. If I have no companion, my schedule gets delayed. It’s stressful because I want to have check-ups for my baby, but the distance and transport affect it.

Participant 4 stated:

“Kon nag-uuran o mapaso, mas duroy nga makuri maglakat. Kinahanglan ko la gihapon kumadto bisan pa makuri. Usahay ginuhuna-huna ko, kunta hirani la an health center para diri na ako kapoyon.” (I4:P4)

When it rains or it’s hot, walking becomes more difficult. I still need to go even if it’s hard. Sometimes I wish the center were closer so I wouldn’t get so tired.

2. Household Responsibilities. This theme highlights how daily chores and family obligations prevent participants from attending ANC visits regularly. Many mothers prioritize household needs over their own health, reflecting cultural expectations and caregiving roles.

Participant 2 mentioned:

“Damu akon buruhaton ha balay ngan usahay kinahanglan ko anay atamanon an akon mga anak antes ako makagawas. Bisan pa karuyag ko kumadto ha clinic, nagkakatipon an mga adlaw ngan diri na nasusunod an husto nga iskediyul han check-up.” (I2:P2)

I have many household chores and sometimes need to take care of my kids first before going out. Even if I want to go to the clinic, the days get piled up and I miss the proper schedule for my check-up.

Participant 5 added:

“Kay usahay ako la an usa ha balay, kinahanglan ko ig-andam an ngatanan, magluto, maglimpyo. Sanglit usahay napapabay-an ko an akon kalugaringon ngan an akon appointment ha health center.” (I5:P5)

Since I’m alone at home sometimes, I need to prepare everything, cook, clean. That’s why I sometimes neglect myself and my appointment at the health center.

3. Financial Constraints. This theme represents the difficulties participants experience in covering transport costs, medical fees, or incidental expenses related to ANC visits. Limited income forces them to prioritize essential household spending over health appointments.

Participant 3 expressed:

“Diri pirme kaya han amon badyet an pasahe pakadto ha clinic o an bayad ha mga bulong. Usahay nagkakatipon anay an kwarta antes makakadto, sanglit nadedelay an check-up. Nakakastress ini pero kinahanglan liwat namon pagplanuon an mga gastuson ha balay.” (I3:P3)

Our budget doesn’t always cover fare to the clinic or medicine. Sometimes we need to save money first before going, so the check-up is delayed. It’s stressful but we also need to plan household expenses.

Participant 6 shared:

“Kon kulang an kwarta, napapabay-an an amon health check-up para ha baby. Iniisip ko nga mas kinahanglan anay namon an para han adlaw-adlaw nga panginahanglanon kaysa ha clinic. Pero karuyag ko liwat masiguro nga maupay an kahimtangan han baby.” (I6:P6)

When money is tight, our baby’s health check-up gets postponed. I think our daily needs are more important than the clinic. But I also want to make sure the baby is okay.

4. Health Concerns or Physical Discomfort. This theme shows how pregnancy-related symptoms, fatigue, or minor illnesses make attending ANC visits challenging. Some participants described feeling too weak or uncomfortable to travel to the health center.

Participant 1 added:

“May-ada mga adlaw nga sobra gud an kakapoy ngan masakit an lawas, sanglit diri na ako nakakakadto ha clinic. Bisan pa karuyag ko, kinahanglan ko liwat pamatian an akon lawas basi diri mas lalo maapektuhan an baby.” (P1:ANC7)

There are days when I’m very tired and my body hurts, so I can’t go to the clinic. Even if I want to, I also need to listen to my body, so the baby isn’t affected.

Participant 4 stated:

“Usahay masakit ha tiyan ngan likod, sanglit makuri gud an paglalakat pakadto ha health center. Kinahanglan ko humunong ha butnga para magpahuway antes maka-abot ha sentro.” (P4:ANC8)

Sometimes my stomach and back hurt, so walking to the health center is difficult. I need to stop midway to rest before reaching it.

III. Coping Strategies Used by Pregnant Women

Understanding the coping strategies of pregnant women in Brgy. Tominamos, Santa Rita, Samar provided insight into how social behavior change helped them complete the four essential ANC visits. Their shared experiences show how simple planning, support systems, and positive attitudes made ANC attendance easier. From their responses, four main themes emerged that describe how they managed challenges during pregnancy.

1. Planning and Time Management. This theme reflects how pregnant women adjusted their daily routines to ensure they could attend their scheduled ANC visits despite household and work responsibilities.

One participant shared:

“Ginaplanano ko gud an akon adlaw. Kon may-ada iskedyul han check-up, gin-uuna ko na ini kaysa ha iba nga buruhaton ha balay. Bisan pa makuri usahay, gin-iisip ko nga para ini ha akon baby.” (I1:P1)

I really plan my day. When there is a check-up schedule, I make it a priority over household chores. Even if it’s difficult sometimes, I think that this is for my baby.

Another participant said:

“Dayon ko gin-papakiana ha midwife kun san-o an sunod nga bisita para makapagandam. Mas masayon gud kon maaram ka na han petsa ngan oras.” (I2:P2)

I ask the midwife right away about the next visit so I can prepare. It’s easier when you already know the date and time.

2. Support from Family and Friends. Support from family members and friends played an important role in motivating pregnant women to attend their ANC visits regularly.

A participant explained:

“Dako gud nga bulig an akon bana. Hiya an nag-aasikaso han pasahe ngan usahay hiya pa an nagdadara ha akon ha health center.” (I3:P3)

My husband is a big help. He takes care of the fare and sometimes even accompanies me to the health center.

Another respondent added:

“An akon nanay ngan anyaw nagbabantay han akon mga anak kon may-ada ako check-up.” (I4:P4)

My mother and neighbors look after my children when I have a check-up.

3. Using Community Resources. Community health services and barangay support encouraged pregnant women to continue attending ANC visits.

One participant shared:

“Dako gud nga bulig an mga barangay health workers. Ginpapanumdom nira ha akon kon may iskedyul ako ngan gin-eeksplikar kun kay-ano importante an ANC.” (I6:P6)

The barangay health workers really helped. They remind me of my schedule and explain why ANC is important.

4. Self-Motivation and Positive Mindset. A positive mindset helped pregnant women overcome fear, fatigue, and other challenges during pregnancy.

One participant expressed:

“Bisan pa usahay kapoy na ako, gin-iisip ko nga kinahanglan ko maging kusog para ha akon anak. Amo ini an nagpapakusog han akon kasingkasing.” (I5:P5)

Even when I feel tired, I remind myself that I need to be strong for my child. That’s what gives me strength.

Analysis of Data

The researcher employed Collaizzi's phenomenological method to extract significant themes from the experiences of pregnant women in Brgy. Tominamos, Santa Rita, Samar regarding social behavior change programs and their adherence to the four essential antenatal care (ANC) visits. The data were clustered and regrouped into meaningful patterns, allowing the researcher to identify recurring experiences and challenges encountered by the participants. Similar answers were clustered together to form themes that reflect the real-life situations of the pregnant women. The analysis is guided by the Health Belief Model, Social Cognitive Theory, and Theory of Planned Behavior. These theories helped explain how beliefs, social influence, and personal decisions affected the women’s actions toward attending ANC visits. The themes that emerged are discussed below.

I. Experiences of Pregnant Women Regarding Social Behavior Change and ANC Visits

The participants shared their personal experiences in adapting to social behavior change programs that promote antenatal care visits. Their responses showed both positive and negative experiences that influenced their decision to complete the required ANC visits.

a. Positive Experiences

1. Increased Awareness about Health. Many participants shared that they became more aware of the importance of ANC visits after receiving information from health workers and community activities. They learned that regular check-ups help detect problems early and protect both the mother and the baby. This awareness made them more willing to attend the four required visits.

This experience can be explained by the Health Belief Model, which highlights that when women understand the risks of pregnancy and the benefits of ANC, they are more likely to act. In conclusion, increased health awareness helped the participants realize the value of ANC visits, encouraging better attendance.

2. Support from Health Workers and Community. Participants expressed appreciation for the encouragement they received from midwives, barangay health workers, and community programs. Friendly reminders, home visits, and clear explanations made them feel supported and less afraid.

This reflects the Social Cognitive Theory, which emphasizes the role of social support and influence in shaping behavior. In conclusion, positive interaction with health workers and the community helped build confidence and motivation to complete ANC visits.

3. Sense of Responsibility. Some women shared that they felt a stronger sense of responsibility toward their unborn child. This feeling pushed them to follow health advice and attend ANC appointments regularly. This experience aligns with the Theory of Planned Behavior, where personal attitude and intention influence actions. In conclusion, feeling responsible as a mother strengthened their intention to complete the required ANC visits.

b. Negative Experiences

1. Initial Fear and Hesitation. Some participants admitted feeling scared or shy at first, especially during their first pregnancy. Fear of medical procedures and lack of experience caused hesitation in visiting the health center. This can be linked to the Health Belief Model, where perceived barriers such as fear can delay health-seeking behavior. In conclusion, fear and hesitation initially prevented some women from attending ANC visits regularly.

2. Conflicting Advice from Family Members. Several participants mentioned receiving mixed advice from elders or family members, which caused confusion. Some were told that frequent check-ups were unnecessary if the pregnancy felt normal. This situation reflects the Theory of Planned Behavior, where subjective norms or family opinions affect decision-making. In conclusion, conflicting family advice sometimes discouraged pregnant women from prioritizing ANC visits.

II. Challenges Encountered by Pregnant Women in Completing ANC Visits

The participants identified several challenges that affected their ability to complete the recommended four antenatal care visits. These challenges were not only physical or financial but were also influenced by personal beliefs, social expectations, and available resources. The theories used in this study help explain how these factors shaped the women's decisions and behaviors.

1. Distance and Transportation Issues. Many participants shared that the health center was located far from their homes, making travel difficult, especially for those living in remote areas of the barangay. Some women needed to walk long distances or rely on limited transportation, which was not always available. Traveling while pregnant was described as tiring and uncomfortable, especially during bad weather or later stages of pregnancy. Because of this, some participants postponed or missed their scheduled ANC visits. This challenge is strongly explained by the **Theory of Planned Behavior**, particularly the concept of perceived behavioral control. Even if the women had positive attitudes toward ANC visits and understood their importance, their limited access to transportation made them feel that attending regularly was difficult. In conclusion, distance and transportation problems reduced the women's sense of control over attending ANC visits, leading to missed or delayed check-ups.

2. Household Responsibilities. Several participants reported that household duties such as cooking, cleaning, caring for children, and helping with farm work made it hard to attend ANC visits. Many women prioritized their family responsibilities over their own health, especially when no one was available to take over their tasks. Some participants felt guilty leaving their household duties, which caused them to delay clinic visits. This situation can be explained by both the **Social Cognitive Theory** and the **Health Belief Model**. Social Cognitive Theory highlights how environmental demands and social roles influence behavior. At the same time, the Health Belief Model explains that when perceived barriers, such as household responsibilities, are stronger than perceived benefits, health-seeking behavior may be delayed. In conclusion, heavy household responsibilities acted as a major barrier that limited the women's ability to complete ANC visits despite understanding their importance.

3. Financial Constraints. Although antenatal care services are generally provided for free, participants mentioned that transportation costs, food expenses, and loss of daily income were still concerns. Some women depended on their partners for financial support, and when money was limited, ANC visits were not always prioritized. These financial challenges caused some participants to skip appointments or delay follow-up visits. This challenge aligns with the **Health Belief Model**, particularly perceived barriers. When women viewed the financial cost as a burden, it reduced their motivation to attend ANC visits. It also relates to the **Theory of Planned Behavior**, where lack of financial resources affects perceived control over accessing health services. In conclusion, financial limitations discouraged regular ANC attendance by increasing the perceived difficulty of accessing care.

4. Health Concerns or Physical Discomfort. Some participants shared that they experienced fatigue, dizziness, nausea, and body pain during pregnancy. These physical discomforts made traveling to the health center difficult, especially when combined with long distances and poor transportation. In some cases, women chose to rest at home instead of attending scheduled check-ups. This experience can be explained by the **Health Belief Model**, where physical discomfort is perceived as a barrier to action. If women felt too weak or unwell, they were less likely to attend ANC visits, even if they understood the benefits. In conclusion, pregnancy-related discomfort affected the consistency of ANC attendance, particularly when no additional support was available.

III. Coping Strategies Used by Pregnant Women

Despite the challenges they faced, the participants shared various ways they adjusted their behavior to ensure they could still complete their ANC visits. These coping strategies show how personal motivation, social support, and community influence helped overcome barriers.

1. Planning and Time Management. Some participants shared that they learned to plan their schedules ahead of time. They completed household chores early or arranged their tasks around clinic schedules. Others chose clinic days when transportation was more available. This planning helped reduce stress and allowed them to attend appointments more consistently. This coping strategy supports the **Theory of Planned Behavior**, as improved planning increased the women's perceived control over their situation. In conclusion, proper time management empowered the women to act despite their daily responsibilities.

2. Support from Family and Friends. Many participants emphasized the importance of support from their husbands, parents, or relatives. Family members helped by providing transportation, financial support, or taking over household duties. Emotional encouragement also helped women feel more confident and motivated to attend ANC visits. This reflects the **Social Cognitive Theory**, which highlights the influence of social support and shared responsibility in shaping behavior. In conclusion, family and peer support strengthened the women's confidence and ability to complete ANC visits.

3. Using Community Resources. Participants shared that barangay health workers played an important role by giving reminders, providing health information, and sometimes accompanying them to the health center. Community programs and health education activities helped reinforce the importance of ANC visits. This strategy aligns with both the **Health Belief Model** and **Social Cognitive Theory**, as cues to action and community influence encouraged positive health behavior. In conclusion, community-based support reduced barriers and made ANC services more reachable for pregnant women.

4. Self-Motivation and Positive Mindset. Some women shared that reminding themselves of their baby's safety and future health helped them push through challenges. This inner motivation encouraged them to attend ANC visits even when it was difficult. This coping strategy reflects the Health Belief Model, where strong belief in benefits motivates action, and the Theory of Planned Behavior, where intention leads to behavior. In conclusion, self-motivation played a key role in sustaining positive health behavior and completing ANC visits.

Summary

This study explored *"The Role of Social Behavior Change in Improving Adherence to Four Essential Antenatal Care Visits"* in Brgy. Tominamos, Santa Rita, Samar. Specifically, it aimed to answer the following questions:

1. How do pregnant women experience social behavior change efforts related to attending antenatal care visits?
2. What challenges do pregnant women face that affect their completion of the four essential antenatal care visits?
3. How do pregnant women cope with these challenges and adjust their behavior to complete the recommended antenatal care visits?

The study used a phenomenological approach and employed a qualitative research design to understand the real-life experiences of pregnant women. Data were gathered through in-depth interviews using an interview guide with open-ended questions, allowing the participants to freely share their thoughts, feelings, and experiences regarding antenatal care and social behavior change.

The study was conducted in Brgy. Tominamos, Santa Rita, Samar, a rural community where access to health services, transportation, and financial resources can be challenging for pregnant women. The barangay health

center and community health services served as the main setting of the study, as these play an important role in promoting antenatal care and supporting pregnant women.

The six (6) participants of the study were pregnant women residing in Brgy. Tominamos, Santa Rita, Samar. They were selected through purposive sampling based on their experience with antenatal care visits and their willingness to share their stories. All participants had attended at least one antenatal care visit during their pregnancy.

Using Colaizzi's method of data analysis, the study identified the common experiences, challenges, and coping strategies of pregnant women in completing the four essential antenatal care visits. The findings showed that social behavior change efforts helped increase awareness, responsibility, and motivation among pregnant women. However, challenges such as distance, household duties, financial concerns, and physical discomfort affected their ability to attend all visits. Despite these difficulties, the women were able to cope through planning, family and community support, and maintaining a positive mindset, which helped them continue and complete their antenatal care visits.

Findings

After carefully gathering and analyzing the data from the informants using the phenomenological approach and Colaizzi's method, a total of three (3) major emergent themes were developed from the lived experiences of pregnant women in Brgy. Tominamos, Santa Rita, Samar, regarding social behavior change and their adherence to the four essential antenatal care (ANC) visits.

The formulated themes are as follows:

1. Experiences of Pregnant Women Regarding Social Behavior Change and ANC Visits
2. Challenges Encountered by Pregnant Women in Completing ANC Visits
3. Coping Strategies Used by Pregnant Women to Complete ANC Visits

We generated five (5) themes under the experiences of the participants, consisting of three (3) positive experiences and two (2) negative experiences, namely:

- **Positive Experiences:** *Increased Awareness about Health, Support from Health Workers and Community, and Sense of Responsibility.*
- **Negative Experiences:** *Initial Fear and Hesitation, and Conflicting Advice from Family Members.*

As to the challenges encountered in completing the ANC visits, we crafted four (4) themes, namely: *Distance and Transportation Issues, Household Responsibilities, Financial Constraints, and Health Concerns or Physical Discomfort.*

On the coping strategies used by pregnant women, we generated four (4) themes, namely: *Planning and Time Management, Support from Family and Friends, Using Community Resources, and Self-Motivation and Positive Mindset.*

These themes altogether describe the lived experiences, struggles, coping mechanisms, and determination of pregnant women in Brgy. Tominamos, Santa Rita, Samar, as they adapt to social behavior change programs and work toward completing the four essential antenatal care visits.

Implications

The researchers have drawn important insights and practical guidelines for improving maternal health services through this study, "*The Role of Social Behavior Change in Improving Adherence to Four Essential Antenatal Care Visits at Brgy. Tominamos, Santa Rita, Samar.*" The findings highlight the influence of social behavior

change strategies on expectant mothers' participation in antenatal care (ANC), emphasizing the need for community engagement, supportive healthcare systems, and awareness programs. These results are valuable for strengthening health service delivery, informing policy improvements, and guiding future research on maternal care practices in rural settings.

Implications for Practice

In light of the findings, the following implications are identified based on the beneficiaries outlined in the study's significance:

- **For the Local Health Unit (LHU) and Barangay Health Workers (BHWs):** The study emphasizes the importance of community-based health education, consistent monitoring, and personalized follow-ups to encourage mothers to complete all four essential ANC visits. Regular workshops and interactive sessions can strengthen mothers' understanding of maternal health and the benefits of routine check-ups.
- **For Pregnant Women and Their Families:** The results show that awareness, social support, and encouragement significantly improve adherence to ANC schedules. Families should actively participate in supporting expectant mothers, ensuring that transportation, reminders, and emotional support are readily available.
- **For Policy Makers and Local Government Units (LGUs):** The research highlights the need to improve access to healthcare services in rural areas, such as providing mobile health units or transportation assistance. Policymakers should design responsive programs that make antenatal care more convenient, inclusive, and affordable.
- **For Academia and Future Researchers:** This study contributes to the understanding of social behavior change in promoting maternal health. It may serve as a basis for future research on interventions that increase ANC compliance and on evaluating the effectiveness of health promotion strategies in rural communities.
- **For the Community:** The study underscores the role of social support networks, peer encouragement, and awareness campaigns in improving maternal health outcomes. Community-driven initiatives can foster a culture of care and responsibility, reducing risks during pregnancy and ensuring healthier mothers and babies.

Implications for Future Studies

1. **Effectiveness of Community-Based Health Education Programs.** Future research may investigate how structured health education programs, peer support groups, and information campaigns affect ANC adherence. This study can identify the most impactful approaches to engaging rural mothers in preventive health practices.
2. **Influence of Family Support on Maternal Health Compliance.** Since the study indicated that family involvement improves ANC attendance, future researchers may explore how spousal and extended family support affects pregnant women's health behaviors. Findings could guide interventions targeting both mothers and their families.
3. **Evaluation of Local Government Initiatives on Maternal Health.** A follow-up study could assess the role of LGU programs, financial support, and access to healthcare facilities in encouraging consistent ANC visits. This research can help policymakers design better strategies to reduce maternal and infant health risks in rural areas.

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