

# Behavioral Transformation of Pregnant Women in Utilizing First Pregnancy Checkups (K1)

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## ABSTRACT

**Purpose:** This study aims to understand the process of behavioral transformation among pregnant women in utilizing first pregnancy check-up services (K1) in Kadolomoko Village, Baubau City, from traditional practices to medical services, considering the social, cultural, economic, and technological factors that influence it.

**Research Method:** This study employed a descriptive qualitative approach, utilizing data collection techniques that included in-depth interviews, field observations, and documentation. Informants were selected purposively and consisted of pregnant women, posyandu cadres, puskesmas midwives, and community leaders. Data were analyzed using a thematic approach to identify patterns of behavioral change and the factors that drove them.

**Results and Discussion:** The study's results indicate that behavioral transformation among pregnant women occurs gradually and is influenced by health education interventions, community health worker support, the use of digital technology, and the 1,000 Days of Life (HPK) program. Although most women began to utilize medical services at health facilities, traditional practices continued to be carried out as a complement due to strong cultural values.

**Implications:** These findings emphasize the importance of an integrative approach that respects local cultural values to support sustainable health behavior change. The practical implication is that maternal health interventions need to be designed in an adaptive, participatory, and community-based manner to achieve long-term success.

**Keywords:** behavioral changes; pregnant women; K1 examination; traditional healers; community health centers.

## Introduction

Maternal health is a fundamental indicator of a nation's health development, as it reflects a country's readiness to produce a healthy, intelligent, and productive future generation. One of the most essential services in ensuring the safety of mothers and fetuses from the beginning of pregnancy is antenatal care, particularly the first antenatal visit (K1) (Hu *et al.*, 2021). This visit aims to detect early pregnancy risks, provide health education, and build a relationship between pregnant women and healthcare providers. Furthermore, the K1 examination plays a crucial role in supporting the achievement of the first 1,000 days of life (HPK), which is a golden period for optimal child development, both physically and cognitively (Mulati *et al.*, 2015). Thus, the success of the K1 program not only



contributes to reducing maternal and infant mortality rates but also serves as a foundation for long-term human resource development. However, the implementation of K1 examinations in various regions of Indonesia still faces significant challenges. One example can be found in Kadolomoko Village, Baubau City. In this area, most pregnant women still prefer to undergo prenatal examinations by traditional birth attendants or traditional healers rather than accessing medical services at health facilities (faskes). This choice is not only driven by geographical or accessibility issues. Still, it is more complex, rooted in cultural belief systems, generations of experience, and the belief that traditional birth attendants better understand the spiritual and emotional aspects of pregnancy (Aryastami & Mubasyiroh, 2021). In local communities, traditional birth attendants are often seen as capable of addressing non-medical issues such as "wind entering the body," "possession," or "cultural taboos," which are not covered by conventional medical services. Additionally, from a socio-economic perspective, the services of traditional birth attendants are considered more affordable and offer a more familiar atmosphere compared to clinics or health centers. A study by Nyande et al. (2022) reveals that emotional closeness with traditional healers and comfort in social interactions are crucial factors influencing pregnant women's decisions to opt for non-medical care. This phenomenon highlights cultural and psychological barriers that hinder the optimal utilization of medical services. Therefore, a thorough study of this behavioral transformation is necessary to align health policies with the socio-cultural characteristics of the local community.

Previous studies have highlighted the importance of determining factors that influence pregnant women's behavior in utilizing antenatal care services, particularly the first visit (K1). One key variable is the knowledge of pregnant women about pregnancy and the importance of early check-ups. When mothers have access to adequate information, they are more likely to utilize K1 services on time. Conversely, low knowledge often leads to poor service utilization (Nurul *et al.*, 2019; Thalib *et al.*, 2023). This suggests that educational and outreach efforts are essential in promoting mothers' participation in formal health services. In addition to knowledge, the attitudes of pregnant women are also important variables in influencing their behavior toward antenatal visits, especially K1. Positive attitudes toward health services increase the likelihood of undergoing examinations at health facilities, while skeptical or fearful attitudes toward medical personnel can reduce motivation to visit (Nurul *et al.*, 2019). On the other hand, support from health workers, particularly midwives and other cadres, is crucial to the effectiveness of these services. Studies indicate that the presence of communicative, empathetic, and responsive health workers significantly contributes to building pregnant women's trust in undergoing routine medical examinations (Thalib *et al.*, 2023). Other studies by (Wulandari & Sholika, 2025; Azizah *et al.*, 2022) found that a combination of adequate knowledge, positive attitudes, and a supportive environment can increase the utilization of screening services, such as ultrasound, and reduce the incidence of the triple syndrome for HIV, Hepatitis B, and Syphilis. Additionally, Suarayasa et al. (2025) noted that sociodemographic factors, such as educational level and formal employment, also strengthen positive maternal behavior toward K1 visits. Spousal or partner support is also highlighted as crucial in supporting pregnant women's involvement in antenatal care. Sudiari & Rahyani, (2025) demonstrate that a holistic approach involving families and communities is essential for driving behavioral transformation toward formal healthcare services.

Several studies have examined the factors influencing the utilization of antenatal services, including knowledge, attitudes, support from health workers, and sociodemographic variables. However, most of these studies have focused on quantitative approaches that emphasize statistical relationships between variables. There have been few in-depth studies exploring the socio-cultural

dimensions and dynamics of behavioral transformation among pregnant women in communities that still adhere to traditional practices. In communities such as Kadolomoko Village in Baubau City, the choice of conventional birth attendants as providers of pregnancy services is not only based on rational considerations but also on cultural and spiritual values that have been passed down through generations. Previous studies also tend to assume that increased knowledge will automatically encourage positive health behaviors. However, field findings indicate that good knowledge does not always lead to appropriate behavior, especially when a conflict arises between medical expertise and traditional beliefs. In this context, few studies have explored how the interaction between cultural beliefs, formal health interventions, and social roles, such as those of cadres and community leaders, can shape the process of behavioral change among pregnant women. Therefore, a gap remains in understanding how culture-based strategies can accelerate the transition from traditional practices to the utilization of medical services, particularly in achieving pure first antenatal care visits (K1). This gap underscores the need for more contextually sensitive, participatory, and locally relevant qualitative approaches.

This study is novel in that it qualitatively explores the process of behavioral transformation among pregnant women in the transition from traditional practices to formal health services for the first pregnancy check-up (K1) in an area with a strong cultural background, namely Kadolomoko Village, Baubau City. Unlike previous studies that have focused more on individual aspects, such as knowledge and attitudes, this study integrates cultural, social, and institutional dimensions to understand changes in maternal health behavior. The uniqueness of this study lies in its in-depth examination of the role of traditional beliefs, social proximity to traditional healers, and community-based intervention strategies such as the involvement of posyandu cadres and community leaders in promoting the transition to medical examinations. Using a qualitative approach, this study aims to identify factors that drive and hinder changes in the behavior of pregnant women, understand the roles of local actors in this process, and formulate contextual and culturally sensitive approaches to improve the sustainable utilization of K1 services. The findings of this study are expected to enrich the theoretical discourse on culture-based health behavior, while also providing practical contributions to the development of more inclusive and responsive maternal health service policies that align with local values.

## Literature Review and Hypothesis Development

### Behavioral Changes in Pregnant Women

Changes in the behavior of pregnant women can be defined as a dynamic process in which women undergoing pregnancy adapt, change, or modify their habits in response to information, experiences, cultural values, and environmental conditions that influence their decisions regarding access to health services. These changes are not linear but are influenced by various multidimensional factors, including socioeconomic, cultural, educational, and institutional factors, as well as interventions by healthcare providers. In many societies, as demonstrated in a study by Dsane-Nsor et al. (2025), the transition from traditional practices to the use of modern health services among pregnant women is significantly influenced by the integration of digital interventions and education with local cultural understanding. In resource-limited settings, behavioral change often requires an approach that respects long-standing value systems. One of the most common barriers to behavioral change is the perception that medical services are rigid and do not address the emotional and spiritual aspects of pregnant women, as explained by Zerrouki *et al.*, (2025), who found that trust in traditional healers, such as traditional birth attendants, can be a barrier to the adoption of medical examinations. Therefore,

changing the behavior of pregnant women is not just about delivering medical information, but also about building emotional and social bridges through targeted communication.

Social, cultural, and economic factors significantly influence the behavior of pregnant women. In many cases, the reluctance of pregnant women to switch from traditional checkups to formal health facilities is rooted in social norms that have been established for generations. Sembiring et al. (2024) emphasize that in specific communities, traditional birth attendants are not only childbirth assistants but also spiritual leaders and family advisors, wielding significant influence over women's health decisions. This explains why conventional medical interventions are often not entirely accepted if they fail to account for these cultural dimensions. Conversely, when medical approaches adapt to the local cultural context, community acceptance of health services increases. This is reinforced by the findings of Gamberini et al. (2022), who emphasize the importance of participatory approaches and community involvement in antenatal education. When posyandu cadres or midwives collaborate with community leaders, including traditional or religious leaders, behavioral change is more likely to occur because trust and ownership of the health services offered are built. The success of behavioral change also depends on strengthening the basic service system, including the availability of adequate infrastructure and human resources at the village level. Thus, behavioral change among pregnant women is the result of cross-sectoral work that combines education, cultural approaches, and adaptive health service policies.

Digital technology has become a significant driver in accelerating behavioral change among pregnant women in the modern era. The implementation of pregnancy tracking systems, utilizing applications and online appointment reminders, has proven to improve access to information and enhance coordination among pregnant women, community health workers, and medical personnel. Research by Lee *et al.*, (2023) suggests that personalization and localization in digital interventions are essential for addressing the unique needs of pregnant women from diverse social and cultural backgrounds. Meanwhile, Thorne *et al.*, (2024) explain that involving midwives in technology-based education helps create a safe and inclusive discussion space, enabling pregnant women to feel heard and supported in their decision-making process. Digital systems also facilitate the identification of pregnant women who have not yet received services or have not attended their first antenatal visit (K1), enabling interventions to be carried out more efficiently and accurately. Arefaynie *et al.*, (2022) note that the utilization rate of antenatal services, including K1, increased significantly in areas where digital monitoring was implemented with community health workers as active users of the system. However, it is essential to ensure that digital transformation does not erode the social closeness that has been a key strength in community-based services. Therefore, changes in the behavior of pregnant women must be supported by inclusive technology tailored to local needs, combined with a humanistic approach through community health workers or field staff who understand the local culture.

#### First pregnancy checkup (K1)

The first pregnancy check-up, also known as the first antenatal visit (K1), is the initial visit of a pregnant woman to a health facility during the first trimester, ideally before the pregnancy reaches 12 weeks. This check-up plays a crucial role in detecting risks of complications early on, providing health education for the mother and fetus, and establishing a therapeutic relationship between the mother and healthcare provider. According to Silaen *et al.*, (2025), the K1 examination serves as the starting point in the maternal health monitoring system, which, if conducted on time, can prevent maternal and infant morbidity and mortality. Research in Indonesia indicates that K1 visits are frequently delayed due

to low awareness among mothers about the importance of early examinations, particularly in areas with limited access to information and healthcare services. Paratmanitya *et al.*, (2021) found that community-based maternal mentoring significantly increased the proportion of pregnant women who underwent timely K1, through an educational approach conducted by community health workers and local health personnel. Additionally, Kase *et al.*, (2025) in a national study in Kenya identified that the gestational age at the time of the K1 visit was significantly influenced by exposure to media information, the mother's educational level, and her employment status. These findings suggest that K1 is influenced not only by medical or geographical conditions but also by sociodemographic factors that shape pregnant women's service-seeking behavior. Therefore, a comprehensive understanding of the mother's background and social context is crucial for enhancing the coverage and quality of K1.

The factors influencing the utilization of K1 services are complex and interrelated, ranging from mothers' knowledge levels and family support to local public service policies. In a study by Towongo *et al.* (2022), it was mentioned that delays in K1 were common in rural areas due to a combination of low health literacy and a lack of basic health facilities. Even when services are available, a lack of understanding about the benefits of early pregnancy check-ups causes some mothers to delay visits until the second or third trimester. Similar findings were reported by Khatri *et al.*, (2022) in their global review, which concluded that the success of K1 programs heavily depends on the integration of key input factors, including healthcare worker training, accurate recording systems, and the presence of culturally appropriate communication programs. Annisa & Umi, (2024) highlighted disparities between urban and rural areas in terms of access and quality of antenatal care visits, with pregnant women in urban areas tending to have better K1 coverage due to easier transportation and access to information. Community-based interventions, such as the involvement of traditional and religious leaders, have proven effective in promoting positive changes in K1 visit behavior, particularly in communities with strong conventional social structures. Therefore, a community-based approach is considered the most effective strategy for reaching pregnant women who K1 services have not optimally reached. This strategy facilitates dialogue between the formal health system and existing social and cultural practices.

In addition to educational and socio-cultural approaches, the use of information technology has also been a significant driver in expanding the coverage of K1 check-ups. Digital systems used for data collection on pregnant women and appointment reminders have been proven to increase maternal compliance with antenatal services. Paratmanitya *et al.*, (2021) stated that the use of short messages (SMS reminders) as part of community-based interventions successfully accelerated K1 visits and improved mothers' retention of health information. However, the implementation of technology also requires infrastructure readiness and digital literacy skills from both health workers and pregnant women. In a study by Kase *et al.*, (2025), it was found that areas implementing community-based e-health systems experienced a significant increase in K1 reporting and follow-up. However, technical and logistical challenges persisted in remote areas. Meanwhile, Silaen *et al.*, (2025) emphasized that integrating digital reporting systems with local health service systems can accelerate the detection of cases of mothers who have not attended their K1 visits. Technology also enables more active involvement of healthcare workers in real-time, data-driven monitoring, making interventions more targeted and effective. However, technological approaches cannot stand alone without social sensitivity and an understanding of local culture. As highlighted by Khatri *et al.*, (2022), systemic solutions that combine technological, social, and policy aspects are key to creating adaptive, inclusive, and sustainable K1 services.



## Traditional Healer

Traditional healers are individuals who local communities have trusted for generations to assist with pregnancy, childbirth, and postpartum care, drawing on traditional knowledge, cultural practices, and the spiritual beliefs of the local community. Their role is not limited to clinical functions but also encompasses social and spiritual aspects that are considered important in maintaining balance between the body, mind, and environment. In rural communities across many developing countries, including Indonesia, traditional healers play a vital role in the informal healthcare system. Aryastami & Mubasyiroh, (2021) demonstrate that belief in traditional healers has a significant impact on pregnant women's decisions not to seek formal health services immediately. Traditional healers are perceived as emotionally closer, more accessible, and capable of addressing ailments that are not always medically explainable, such as "wind entering the body" or "possession." Felisian *et al.*, (2023) emphasize that in pastoral communities in Tanzania, similar beliefs lead many pregnant women to prefer traditional healers because they feel more culturally understood. This phenomenon also occurs in Indonesia, particularly in areas with limited access to health information and medical facilities. Shimpuku *et al.*, (2021) explain that traditional practices remain the primary reference point because local culture views pregnancy not only as a biological process but also as a spiritual and social one. Thus, the presence of traditional healers is not merely seen as an alternative to medical services but as guardians of the cultural values that are alive within the community.

Although advances in formal health systems have reached many areas, traditional healers still play an essential role in the process of pregnancy care, especially in remote areas and indigenous communities. Musie *et al.*, (2022) argue that in many African communities, traditional healers feel neglected by modern health systems even though they are often the first point of contact for pregnant women. They seek recognition and collaboration with professional healthcare workers to improve the quality of maternal care. In Indonesia, similar issues arise in the integration of traditional and formal healthcare services. Kassie *et al.*, (2022) in a study in Ethiopia noted that the absence of precise coordination mechanisms between healthcare facilities and traditional healers leads to inefficiency in maternal care, exacerbating information gaps and disparities in treatment. However, when collaboration is successful, as highlighted by Dwivedi *et al.*, (2024) in their meta-analysis, training and integrating traditional birth attendants into the formal healthcare system can reduce the risk of childbirth complications and increase antenatal care coverage. This demonstrates that the role of traditional birth attendants is not something to be eliminated but rather formalized through training, supervision, and policy recognition. In the Indonesian context, an approach that respects local wisdom is likely to be more effective in improving pregnant women's adherence to medical services compared to top-down approaches, which often lead to resistance. Therefore, the transformation of maternal health care systems should consider traditional birth attendants as strategic partners, not as obstacles.

The integration of traditional practices with modern medical approaches is increasingly recognized globally as a solution to improve the effectiveness of maternal and child health services. In a study by Aryastami & Mubasyiroh, (2021) it was emphasized that health policies that do not consider cultural practices risk failing to reach vulnerable groups such as pregnant women in indigenous areas. Culture-based collaboration tailored to local values has proven more effective in increasing the coverage of first antenatal visits (K1) and maternal participation in health programs. Felisian *et al.*, (2023) noted that traditional birth attendants equipped with basic medical knowledge can serve as agents of change within their communities. When they understand the benefits of medical pregnancy check-ups,

they can direct pregnant women to immediately access formal health services without feeling that they are losing their cultural identity. Dwivedi *et al.*, (2024) noted that training traditional birth attendants significantly improved the quality of basic care and accelerated referrals to medical facilities when complications arose. On the other hand, the challenge that needs to be addressed is how to ensure that such training does not erode the community's trust in traditional birth attendants but rather strengthens their role as a bridge between culture and medicine. Therefore, the healthcare system must develop a community-based approach that integrates the roles of midwives, health workers, and traditional birth attendants into a single, mutually respectful healthcare system. With such synergy, transforming the behavior of pregnant women in choosing healthcare services will be achieved more easily and sustainably.

## Research Method

This study employs a descriptive qualitative approach that aims to provide an in-depth description of the changes in the behavior of pregnant women in Kadolomoko Village, particularly in choosing the location for their first pregnancy check-up (K1). This approach was chosen because it enables researchers to gain a comprehensive understanding of the reasons, experiences, and thought processes underlying the shift from traditional prenatal care provided by traditional healers to medical services at health facilities, such as community health centers or clinics. Qualitative methods offer a space for exploring the subjective experiences of pregnant women within the social and cultural context they directly face (Nasution *et al.*, 2023). The study was conducted in Kadolomoko Village, Baubau City, Southeast Sulawesi—an area that still shows strong social and cultural ties to traditional healing practices. This location was selected purposively because it exhibits noticeable behavioral changes, where some pregnant women have begun shifting from conventional healers to health facilities for prenatal care. The study was conducted over two months, from May to June 2025, to provide sufficient time for researchers to conduct interviews, field observations, and collect supporting documents from relevant institutions (Pongtiku *et al.*, 2016).

Data was collected through in-depth interviews, direct observation, and documentation. Research informants were selected purposively based on their experience, knowledge, or direct involvement in the behavioral change. Informants included pregnant women who had previously undergone prenatal check-ups with traditional birth attendants but had since switched to health facilities, active posyandu cadres accompanying pregnant women, midwives at the Kadolomoko Health Center, as well as community leaders or village officials involved in maternal and child health programs. The number of informants was not predetermined but followed the principle of "data saturation," meaning that the process continued until no new significant information was discovered (Achjar *et al.*, 2023). Interviews were conducted using a semi-structured guide, which provided flexibility in exploring the informants' experiences and perspectives in greater depth while maintaining focus. Observations were conducted on posyandu activities, health education, and pregnancy check-ups at the Puskesmas to gain a direct understanding of the interactions between pregnant women, health workers, and cadres. Meanwhile, documentation included K1 visit records, lists of pregnant women monitored by cadres, as well as visual documentation and activity reports from the Puskesmas and village office (Ximenes & Martins, 2024).

The data were analyzed using a thematic approach, with stages of repeatedly rereading the interview results, identifying keywords and specific patterns, and grouping the information into main

themes. Themes that emerged include the initial reasons for choosing traditional healers, factors driving the change to health facilities, the role of cadres and government programs such as the First 1,000 Days of Life (HPK), and the barriers still faced in the behavior change process (Adelliani *et al.*, 2023). To ensure data validity, source triangulation and technique triangulation were conducted. Source triangulation involved comparing data from various types of informants (pregnant women, cadres, and midwives), while technique triangulation involved comparing the results of interviews, observations, and documentation. Additionally, data confirmation (member checking) was conducted with several informants to ensure that the researcher's interpretations align with the informants' actual intentions (Muslihah *et al.*, 2022).

This method aligns with previous studies that emphasize the importance of a qualitative approach in understanding community behavior within a local context. For example, research by Karamolahi *et al.*, (2021) demonstrates that the use of digital applications for pregnancy education enhances mothers' awareness of the importance of regular medical checkups. A study by the Indonesian Ministry of Health (2023) also emphasizes the importance of involving village health workers and midwives in improving access to antenatal care, particularly in areas that previously relied on traditional birth attendants. Meanwhile, research in Papua and Kalimantan has shown that an approach that prioritizes respect for local culture while continuing to provide health education is more effective in promoting behavioral change (Aryastami & Mubasyiroh, 2021). With this approach, the study aims to provide a comprehensive understanding of the dynamics of behavioral changes among pregnant women in choosing K1 check-up services, and serve as a foundation for developing more adaptive intervention strategies tailored to local socio-cultural characteristics. It is hoped that the behavioral changes observed will be sustainable and have a positive impact on improving the health status of mothers and children.

## Results and Discussion

### **Analysis Result and Discussion**

In-depth interviews with ten pregnant women in Kadolomoko Village revealed that most of them still chose to undergo their first check-up (K1) with a traditional birth attendant during the early stages of pregnancy. This choice was not merely an individual decision, but rather a reflection of the social norms and cultural values deeply rooted in their community. Emotional closeness, accessibility, and spiritual trust in the abilities of traditional birth attendants are the main reasons behind this decision. Pregnant women feel more comfortable and emotionally secure when examined by someone they have known for a long time, who is not only considered to understand their physical condition but also believed to be able to ward off non-medical disturbances. One informant explained that "the traditional healer comes to my house, so I just wait. The cost is also minimal, and sometimes there is no charge at all." This statement suggests that, in specific socioeconomic contexts, choosing a traditional healer is a rational decision because it does not impose a financial burden and offers psychological comfort.

The social closeness between the community and traditional healers also makes the examination process feel more personal and less frightening. In some cases, healers even have family ties with the pregnant women they examine, so that the examination takes place in a family atmosphere that is not often found in formal health facilities. The belief that traditional healers can protect mothers and fetuses from disturbances such as "wind entering the body," "evil spirits," or "cultural taboos" reinforces their position as spiritual guardians. It is therefore not surprising that most pregnant women



prefer traditional methods in the early stages of pregnancy. In this situation, decisions are not only based on medical information but also cultural values and collective beliefs. However, observations indicate significant behavioral changes in recent years. Pregnant women are increasingly opting to visit formal healthcare facilities, such as community health centers, midwives, and maternity clinics, for their first-trimester check-ups. This change is not an instant process but rather the result of consistent education and persuasive approaches by healthcare workers and posyandu cadres. They convey information about the importance of professional pregnancy check-ups, including blood pressure monitoring, early detection of complications such as preeclampsia, immunization, and fetal growth and development records. Cadres actively convey this material using a personal approach that is easy for the community to understand. One respondent stated, "I used to be afraid to go to the health center because I didn't know anything, but after the health worker came and explained the benefits, I became brave and finally went for a check-up there." This testimony shows that the presence of health workers is not merely as information providers but also as supportive figures capable of building trust.

Posyandu cadres also play a central role as a bridge between pregnant women and health workers. They actively conduct home visits to collect data, assist with service registration, and help arrange check-up schedules. In practice, they also often serve as a source of information for pregnant women who are confused or concerned about medical procedures. One innovation that has contributed to the success of this intervention is the use of digital technology. Health centers and cadres use an app to record data on pregnant women, send appointment reminders, and monitor K1 service coverage. With this digital system, pregnant women who have not yet undergone check-ups can be identified earlier, and interventions can be provided promptly and effectively. A midwife mentioned that digital technology has been invaluable in achieving antenatal service coverage targets and speeding up the service process.

Although the transition toward medical services has shown positive trends, some pregnant women still maintain traditional examination practices as a complementary measure. They believe that combining medical and spiritual services provides more comprehensive protection for fetal safety. This choice is not solely due to a lack of awareness about medical benefits, but also stems from a need for inner peace and a sense of security. This phenomenon shows that behavioral change is not a process of eliminating traditions, but rather a process of integrating local cultural values with modern medical approaches in a harmonious manner. Thus, health practices cannot be separated from the socio-cultural context in which they are embedded. However, this process of change still faces various challenges. Economic barriers, such as limited transportation costs, remain a significant obstacle, despite the fact that services at community health centers are provided free of charge. Some pregnant women reported that the cost of traveling to health facilities is relatively high, considering the expenses for round-trip transportation. Additionally, domestic responsibilities such as caring for children and managing household chores make it difficult for some women to allocate time to visit health facilities. A fear of medical procedures perceived as foreign, such as the use of ultrasound machines, remains prevalent. The perception that medical examinations are too technical and incompatible with local understanding serves as an additional barrier in the behavioral change process.

Overall, the behavioral transformation of pregnant women from traditional check-ups to medical check-ups in K1, Kadolomoko Village, was influenced by the complex interaction of various factors. Continuous education from health workers, assistance from posyandu cadres, utilization of information technology, and an approach that prioritizes local cultural values have shaped a dynamic and gradual path of change. These findings align with the research by Nyande et al. (2022), which

highlights that cost and cultural beliefs are the primary barriers to accessing formal healthcare services. The World Health Organization (2024) also notes that integrating traditional and medical practices can enhance community acceptance of healthcare services.

The active role of health workers and cadres has proven crucial to the success of interventions. Karamolahi et al. (2021) showed that consistent community-based education can increase mothers' motivation to utilize antenatal services. The Indonesian Minister of Health (2023) also noted that cadre assistance at the village level has significantly increased the coverage of K1 visits in the last two years. The digitization of health service systems in villages has become a major supporting factor in accelerating the achievement of service targets, as stated by the Indonesian Ministry of Health (2023), which noted that digital information systems have strengthened service monitoring and response to patient needs. On the other hand, preserving the role of traditional healers within the cultural framework remains essential and should not be neglected. Strategies emphasizing integration between medical and traditional practices have proven more effective and acceptable to the community than approaches that force change. Aryastami & Mubasyiroh, (2021) explain that respecting cultural values and involving traditional leaders in health intervention processes can reduce resistance to formal programs. Furthermore, these behavioral changes also directly contribute to national efforts to reduce maternal and infant mortality rates and the prevalence of stunting. Emphasizing the importance of prenatal check-ups, balanced nutrition, and immunization is a key component of the 1,000 HPK strategy. Saudia & Anggraini, (2020) state that intensive monitoring during the HPK period can reduce the risk of mortality and developmental disorders in children. Inayati & Nuraini, (2021) found that collaboration between village governments and health workers in integrated education successfully reduced maternal mortality rates by 30% over two years. (Handayani, 2024) noted that timely nutritional interventions and regular prenatal check-ups reduced the prevalence of stunting by 20% in rural areas. Thus, the success of behavioral changes among pregnant women in Kadolomoko Village is the result of synergy among various actors and approaches. To ensure the sustainability of these changes, inclusive policies, improved transportation access, and ongoing training for community health workers and medical staff are required to understand the local socio-cultural context. This collaborative strategy will strengthen the effectiveness of maternal and child health programs in the future and serve as a best practice model for other areas with similar socio-cultural characteristics.

## Conclusion

This study aims to explore the transformation of pregnant women's behavior in utilizing the first pregnancy check-up (K1) in Kadolomoko Village, Baubau City. The results show that, although most pregnant women previously preferred traditional midwives due to social proximity, accessibility, and spiritual trust, there is now a shift toward utilizing medical services at health facilities. Various factors, including continuous education for health workers and community health workers, the use of digital technology in pregnancy monitoring, and social support from the surrounding community influence this transformation. However, deeply rooted cultural values, economic limitations, and fear of medical procedures remain challenges in this behavioral change process.

Scientifically, this study makes an original contribution to enriching our understanding of the health behaviors of pregnant women through a contextual and culturally sensitive qualitative approach. Unlike previous studies that focused more on individual factors in a quantitative manner, this study emphasizes the importance of social interactions, local cultural values, and integrative strategies in

promoting health behavior change. From a practical perspective, the findings of this study have managerial implications for policymakers, particularly in developing community-based education programs and strengthening the capacity of posyandu cadres through training and technological support. From a policy perspective, recommendations include providing transportation facilities, strengthening community-based primary healthcare services, and integrating local values into an adaptive and inclusive healthcare system.

The limitations of this study lie in its geographical scope and the limited number of participants, which were restricted to one sub-district; therefore, the findings cannot be generalized to areas with different cultural characteristics. Additionally, the qualitative approach employed did not thoroughly explore the perspectives of health workers or traditional leaders, who are essential actors in behavioral transformation. Therefore, further research is recommended to adopt a multi-actor approach with a broader geographical scope and utilize mixed methods to obtain a more comprehensive picture. Future studies are also expected to develop culturally based intervention models that can be replicated in other community contexts to strengthen efforts to reduce maternal and infant mortality rates and support the achievement of national maternal health targets.

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