

## HUSBAND SUPPORT AND THE ACTIVITY OF HEALTH OFFICERS TO ANTENATAL CARE (ANC) VISITS OF PREGNANT WOMEN

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### ABSTRACT

Antenatal Care (ANC) is the care provided by skilled health professional nurses towards pregnant women and young women to ensure the best health conditions for mothers and babies during pregnancy. The coverage of maternal health services at Sangurara Health Center for K1 and K4 were 99.3% and 93%. However, this achievement has not yet reached the national target of 95% and 100%. The purpose of this research was to determine the relationship of husband support and health officers support through ANC visits for pregnant women. The type of this research was analytical with a cross-sectional approach. The research population was 285 respondents. The sampling technique uses Purposive sampling with a total of 74 respondents. The results showed 47 pregnant women who had ANC visits regularly (64%). Pregnant women who received husband support were 52 respondents (70%) and received support from active health officers as many as 53 respondents (72%). The Chi-Square test results showed that there was a significant relationship between husband's support and ANC visits of pregnant women ( $p=0.01$ ) and there was a significant relationship between the health officers support and ANC visits towards pregnant women ( $p=0.01$ ). A pregnant woman who had the support of her husband would be motivated to make regular ANC visits to health officers. Health officers who actively support pregnant women during prenatal care will strengthen the formation of continuous ANC visits. In conclusion, there is a relationship between the husband's support and the health professional supports through ANC visits. It is recommended that the midwife and the health community center can involve the husband in carrying out ANC visits and the health worker still provides an explanation of the importance of prenatal care to the mother and husband.

**Keywords:** ANC Visit, Support, Husband, Health Officer

### INTRODUCTION

World Health Organization (WHO) defines as Antenatal Care (ANC) as care given by professional health professional to a pregnant woman and young women to ensure the best health condition during the pregnancy. ANC components are consisted of: risk identification, prevention, and management of concurrent or concurrent pregnancy diseases, health education and promotion (WHO, 2016). Antenatal care is a way to increase labor rates helped by nurses/midwives in Papua (Asiah et al., 2014). A systematic review shows that in preventing the birth of premature babies for at-risk mothers developed specialist antenatal clinics (Malouf & Redshaw, 2017). Meta-analysis and systematic reviews show that ANC directly reduces the morbidity and mortality of pregnant and perinatal women, through the detection and treatment of pregnancy-related complications, and indirectly, through the identification of women and girls with an increased risk of developing complications during labor (Carroli et al., 2001). Research in East Java (2014) on ANC showed the percentage of mothers who died without ANC (30.6%) was higher than the percentage of mothers who were still alive

without ANC (29.2%) and vice versa, mothers who still alive had a percentage of ANC (70, 8%) higher than mothers who died (69.4%) (Tejayanti, et al., 2010). It is reported that in general, the coverage of health services for pregnant women K1 and K4 have decreased, this shows the low of public access to health services for pregnant women, the low of the utilization of health facilities, the low of the willingness of people to carry out prenatal checks to midwives. The trend of K1 from year to year is to decrease along with the trend of coverage K4 (Dinkes Prop. Sulawesi Tengah, 2015). A retrospective study assessed antenatal use an index of prenatal care. The use of intensive antenatal care is noted in more than half of low-risk women. On the other hand, there are 26% of high-risk women without intensive use. High-risk or non-educated women tend to have a higher level of utilization of antenatal care compared to the educated ones (Malouf & Redshaw, 2017). A systematic review of 14 studies in low and middle-income countries shows that the education of mothers and their partners is the most significant factor affecting the use of maternal health services in addition to factors in wealth

quintile, exposure to media and rural/urban dwellings (Banke-Thomas et al., 2017).

The family who is most responsible for giving birth to pregnancy and labor is a husband. The husband must be active in looking after his wife. Active participation of the husband in accompanying his wife in the process of pregnancy and childbirth is one of the important factors, which helps the husband to make decisions related to the health of his wife. This study aims to identify the variables and trends, which significantly affect the husband's participation in accompanying his wife during pregnancy and childbirth. The data used in this study are from the 2012 Indonesian Demographic Health Survey. The study used binary logistic regression as an analysis method. The results showed that 8,237 husbands with their wives in antenatal care and childbirth. Variables that significantly affect the husband are wife's age, husband's education, wife and husband's employment status, number of children, pregnancy status, and area of residence. The possibility of a husband to accompany his wife is greater in several factors, such as a wife between the ages of 21-35 years, a husband who has at least graduated from junior high school, a working husband, and the number of children is less than or equal to two and the expected pregnancy (Rumaseuw et al., 2018). Husband's support for pregnant women is one of the factors that play an important role in antenatal visits to pregnant women. Hanifah's research (2018) shows that predisposing, enabling and strengthening factors from husbands are very important in encouraging pregnant women to make antenatal visits during pregnancy (Hanifah et al., 2018). Dewi (2014) showed indicated that there is a relationship between knowledge ( $p=0.045$ ), attitude ( $p=0.039$ ), education ( $p=0.007$ ), income ( $p=0.013$ ) and husband support ( $p=0.011$ ) with the regularity of antenatal care access by expectant mothers. Whereas age, parity, and occupation were not influential factors. Husband support plays the most dominant role in influencing the inclusivity of maternal antenatal care (Dewi, 2014). Suami SIAGA, which translates literally as the 'alert husband', is a national campaign that was created in early 2000 to promote male participation in maternal and child health program in Indonesia. Kurniati et al (2017) study found

that 86% of the respondents were categorized as SIAGA husbands. After controlling all the variables, age and education of wife factors were significantly associated with Suami SIAGA, especially in the group of women aged 41-49 years old and women with a secondary level of education and higher. SIAGA husbands were more likely to attend their wives' ANC (OR = 2.3; 95% CI: 1.4-3.7). The benefit of husband involvement in maternal health, especially to improve ANC attendance. Empowering women themselves should also be addressed in leveraging the impact of Suami SIAGA (Kurniati et al., 2018)

In Bangladesh, Rahman study showed among women who attended antenatal care (ANC), 47% were accompanied by their husbands. Around half of the husbands were present at the birthplace during birth. Of the 22% of women who received postpartum care (PNC), 67% were accompanied by their husbands. Husbands accompanying their wives was positively associated with women receiving ANC from a medically trained provider<sup>(12)</sup> In Myanmar study Ky Mar Wai (2015) showed Of 426 husbands, 64.8% accompanied their spouses for an antenatal visit more than once. Husbands were major financial supporters for both antenatal (95.8%). Increased utilization of maternal health services was found among spouses of husbands who accompanied them to antenatal visits and those who had a well birth plan. The majority of husbands supported their spouses' maternal care services use financially; however, they were less involved in birth preparedness and postnatal care. Exposure to maternal health education and their maternal health knowledge were the main predictors of their involvement. Women were more likely to use maternal care services when their husbands company them for ANC visits and had a well-birth plan in advance (Rahman et al., 2018). In Pakistan Study Jin Won Noh (2019) showed Most women 83.5% received one or more ANC, mostly by doctors (95%), but only 57.3% of them made the recommended four or more visits, and just 53.7% received their initial ANC care during the first trimester. Making four or more ANC visits was associated with: fewer household occupants, large city residence, higher women's education, greater household wealth and receiving Maternal and Child Health information from

a lady health worker, mother-in-law and other relatives/friends, or nurse/midwife (Noh et al., 2019). Studi Teklesilasie (2018) in Ethiopia showed There was a strong statistically significant association between husbands' involvement during antenatal care and women's use of skilled attendants during birth. This implies that a woman's utilization of skilled attendants during birth can be improved by involving their husbands in at least one antenatal care visit (Teklesilasie & Deressa, 2018).

The Mukaromah and Saenun study (2014) in Surabaya showed a relationship between the support of health professional and antenatal care visits. Pregnant women who are given a sense of comfort and comfort when conducting a pregnancy check-up will make pregnant women carry out antenatal visits regularly. Antenatal services are health services performed by health professional, especially midwives during their pregnancy according to antenatal care standards. midwives who do not support have a role to make pregnant women disobedient in conducting antenatal care examinations 3 times compared to supporting midwives (Azizah, 2018). Study Sriwahyu in Aceh showed that out of 84 mothers, only 26 mothers (31.0%) utilized the ANC. It's found there was relationship between knowledge, parity, health personnel's support, trust, the family/husband's support and the utilization of ANC (Sriwahyu et al., 2014). Kurnia Study showed that the pregnant women, decision in selecting the antenatal care service in Jambula Public Health Center in Ternate City have most correlation with knowledge, family support, culture, and the service of human resources (Kurnia, 2015).

## **MATERIAL AND METHOD**

This type of research is an analytical survey with a cross-sectional survey design. This research was conducted from July 24 to August 5, 2018, in the Sangurara Health Center Working Area. The population in this study was all pregnant women in the work area of Sangurara Health Center totaling 285 people. Sampling in this study was carried out by purposive sampling technique. The inclusion criteria in this study were: mothers with third-trimester gestational age ( $\geq 28$  weeks to  $\leq 40$  weeks). The number of research samples was 74 people. Husband's support in this study is

a manifestation of the attitude of the husband to pregnant women so that pregnant women regularly visit ANC. Supports if the respondent's score is  $\geq$  mean, does not support if the respondent's score is  $<$ mean. The support of health professional in this study is a manifestation of the attitude of health professional to pregnant women actively and passively. Active Support if the respondent's score is  $\geq$  mean, Passive Support if the respondent scores  $<$ mean. Antenatal Care visits in this study were visits made by first-trimester pregnant women to the third trimester to health facilities to obtain antenatal examinations. Regular if  $\geq 4$  visits with provisions  $\geq 1$  visits in the 1st and 2nd trimesters and  $\geq 1$  visits in the 3rd trimester. Irregular if  $< 4$  visits or  $< 1$  visit in 1st trimester and 2 and  $< 1$  visit in trimester 3.

Primary data collection in this study was data obtained from respondents through filling out questionnaires containing statements of husband's support and support from health professional and recording the number of ANC visits in the respondents' KIA (Card of mother and child). The questionnaire contains a statement about the husband's support and the support of health professional using a Likert scale which amounts to 27 statements with alternative answers "always, often, sometimes, never". For a positive statement, if the respondent answers "always" given a score of 4, if "often" is given a score of 3, if the answer is "sometimes" given a score of 2, and if the answer is "never" given a score of 1. Meanwhile for negative statements, if the respondent answers "always" given a score of 1, if "often" is given a score of 2, if the answer "sometimes" is given a score of 3, and if the answer "never" is given a score of 4. The score of each respondent will be summed then from all the total scores obtained from each respondent will be calculated the mean (average value) then determine the results of each respondent for husband's support and support of health professional.

Univariate analysis was carried out on each variable, namely the dependent variable (husband's support and health care support) and the independent variable namely the Antenatal Care visit to see the frequency of each variable. Bivariate analysis was conducted to see the relationship between two variables, namely

the independent variable and the dependent variable. This Bivariate analysis uses chi-square to determine the presence or absence of a meaningful relationship from the independent variables namely husband's support and health care support with the dependent variable namely Antenatal Care visit.

## RESULT AND DISCUSSION

Sangurara Health Center is located in Tatanga Subdistrict, precisely in Duyu with a distance about 10 km to the city center. It serves residents in 5 urban villages with a population of 48,646 people. The most populated area is in Balaroa as many as 14,772 inhabitants, and the last is in Duyu 7,672 inhabitants. The largest area is 13.67 km<sup>2</sup> in Duyu (6.16 km<sup>2</sup>) and the smallest is Nunu (1.22 km<sup>2</sup>). Duyu Primary Health Center (Puskesmas) supervises 4 auxiliary health centers, 1 polindes and 6 poskesdes which spread across in 5 urban villages. Health professional at the Puskesmas, Poskesdes, and Polindes as many as 34 people with 1 dentist, 1 general practitioner, 11 nurses, 10 midwives, 2 dental nurses, 3 sanitarian, 2 pharmacist assistants, 1 nutritionist, 1 person who graduated from Public health and 2 people from high school.

Table 1.  
Frequency Distribution of 3<sup>rd</sup> Trimester Pregnant Women in Conducting ANC Visits in the Sangurara Health Center Area in 2018

Variable	f	%
Husband Support		
Support	52	70
Does not support	22	30
Health professional support		
Active	53	72
Passive	21	28

The ANC visits		
Regularly	47	64
Irregular	27	36
Total	74	100

Based on the data, majority of the respondents who visited ANC were respondents who received husband support, as many as 52 respondents (70%) and a small number who did not receive husband support were 22 respondents (30%). Active supports from health professional were 53 respondents (72%) and a small proportion who received passive support from health professional was 21 respondents (28%). Pregnant women have had regular ANC visits were 47 respondents (64%) and a small percentage still have irregular ANC visits were 27 respondents (36%).

Table 2  
Distribution of Relationships between Husband Support and health worker support With ANC Visits in the Sangurara Health Center Working Area in 2018

Support	ANC Visits				Total	p
	Irregular		Regularly			
	f	%	f	%		
Husband						
Doesn't support	13	59	9	41	22	0.010
Supports	14	27	38	73	52	
Health worker						
Active	14	67	7	33	21	0,002
Passive	13	25	40	75	53	

Table 2 shows that out of 74 respondents, the number of respondents who did not get husband's support who regularly visited ANC were 14 respondents (27%) and those who did irregular ANC visits were 13 respondents (59.1%). While the number of respondents who received support from husbands who regularly visited ANC as many as 38 respondents (73%) and those who did irregular ANC visits was 9 respondents (40.9%). The statistical test results using chi-square with an error rate of 10% were obtained (p.value 0.01 <  $\alpha$  = 0.05), it means that there was a significant relationship between husband's support and ANC visits. The number of respondents who received support from health professional was passive who regularly visited ANC as many as 7 respondents (14.9%) and those who did irregular ANC visits were 14 respondents

(51.9%). While the number of respondents who received support from health professional actively who regularly visited ANC as many as 40 respondents (85.1%) and those who did irregular ANC visits were 13 respondents (48.1%). The statistical test results using chi-square with a 10% error rate obtained a value ( $p.value = 0.002 < \alpha = 0.05$ ), meaning that there was a significant relationship between the support of health professional with Antenatal Care visits.

Based on table 2 about the relationship of husband's support with ANC visits, the results of data analysis showed a value ( $p.value = 0.01 < \alpha = 0.05$ ), it means that there was a significant relationship between husband's support and ANC visits in the Sangurara Community Health Center work area. However, respondents who had the support of their husbands still had irregular Antenatal Care visits. According to the researchers' analysis this is due to the lack of knowledge of pregnant women about the importance of conducting prenatal care and lack of awareness of the mother on the health of herself and her fetus so that they did not make regular visits, in accordance with the theory that knowledge or cognitive domain is very important for the formation of one's actions (Dewi & Wawan, 2011).

According to researchers, the husband's support for pregnant women has a relationship with the regularity of ANC visits. A pregnant woman who has the support of her husband will be motivated to make ANC visits regularly to health professional since the mother has received approval to conduct a pregnancy check-up, the husband facilitates the pregnancy check-up, and the husband cares about the health condition of pregnant women.

The results of this study are in line with previous research conducted by Dinarohmayanti et al. (2013) in Kauditan Public Health Center, Kauditan District, North Minahasa Regency, obtained statistical test results ( $p. Value = 0,000 < \alpha = 0.05$ ), meaning that there is a significant relationship between husband support relationship with ANC visits and also a research conducted by Nirmala et al (2014) in the Kotabumi Udik Health Center in North Lampung found that the value ( $p.value = 0.004 < \alpha = 0.05$ ) meaning that there is a significant relationship between husband's support and ANC visit.

A husband is a person who is considered important for a wife so that a husband is a person who can be expected and asked to agree to take action or be asked for his opinion. Based on the theory above, it can be concluded that in conducting ANC visits, pregnant women need approval from their husbands in making decisions to make ANC visits to health professional. So if the woman who gets support from her husband will make a good visit without any barriers. Based on table 2 about the relationship of health worker support with ANC visits, the results of data analysis showed a value ( $p.value = 0.002 < \alpha = 0.05$ ) meaning that there was a significant relationship between the support of health professional with ANC visits in the Sangurara Health Center work area in 2018. However, there were still respondents who received support from health professional who regularly conducted irregular Antenatal Care visits. According to the researchers' analysis of things due to the lack of knowledge of pregnant women about the importance of examining the pregnancy and lack of awareness of the mother on the health of themselves and their fetus, so they did not care about the health conditions in accordance with the theory that knowledge or cognitive domain is very important for the formation of someone's actions.

Researchers believe that the health professional who give support to a pregnant woman who does prenatal care visits can strengthen the continuous ANC visits. A woman who gets support from the health professional feel comfortable, safe, belief and cared so it can encourage woman to carry out repeated and regular prenatal checks to health professional on schedule.

The results of this study are in accordance with Lawrence Green's theory in Erlina et al (2013) that officers' attitudes are reinforcing factors that can influence behavior change and other theories. Health professional are responsible for the health of pregnant women. Health professional support questions and answers about what pregnant women feel when taking drugs and vitamins and when to visit ANC and provide counseling to pregnant women and families about the importance of ANC visits.

Achievement of health services for pregnant women can be assessed using K1 and K4 coverage indicators. Coverage



K1 is the number of pregnant women who have received antenatal care for the first time by health professional compared to the target number of pregnant women in one work area for one year. Whereas K4 coverage is the number of pregnant women who have obtained antenatal care according to the standard at least four times according to the recommended schedule compared to the target number of pregnant women in one work area for one year. The indicator shows access to health services of pregnant women and the level of compliance of pregnant women in their pregnancy checks to health professional (Dinkes Prop. Sulawesi Tengah, 2015).

Even in the WHO ANC Model 2016, WHO recommends a minimum of eight ANC contacts, two contacts are scheduled in the first trimester (up to 12 weeks of pregnancy), two contacts are scheduled in the second trimester (at 20 and 26 weeks gestation) and five contacts scheduled for the trimester third (at ages 30, 34, 36, 38 and 40 weeks). With this model, the word "contact" has been used instead of "visit", because this means the active relationship between pregnant women and health care is not implied by the word "visit" (WHO, 2016).

Antenatal services are considered qualified if the antenatal service meets the standards set by the government, which is 10 T (weigh weight and measure height, measure blood pressure, nutritional status values (measure upper arm circumference / LILA), measure the height of uterine fundus, determine fetal presentation and fetal heart rate (FHR), screening for tetanus immunization status and administration of tetanus immunization if needed, administration of blood tablets, simple (routine/special) laboratory examinations, management/case management, speech/counseling). Focused antenatal care has the meaning of focusing its attention on the assessment of pregnant women and the actions needed in making decisions and providing basic services to every pregnant woman. This approach to antenatal care for pregnant women places more emphasis on quality than quantity (Chalid, 2016).

ANC visits according to SP 2010 and Riskesdas 2010 data showed a pretty good percentage of more than 65%, although this figure is still far from the standard ANC visit which is 100%. ANC can help in

detecting complications in the mother during pregnancy so that the emergence of complications at delivery should be aware of (Tejayanti et al., 2015).

Suarayasa's Study (2016) in Palu showed low implementation of ANC standard as well as compliance consumption of Fe tablet because 1) Health service aspect (Community Health Center and midwife): availability of facilities and infrastructure, midwife compliance, limited time of examination, and ANC evaluation pattern that focusing on quantity aspect (contact frequency), not on quality aspect (implementation of ANC standard); and 2) Expectant mother aspect: low understanding of expectant mother and low family support(24) and other study Suarayasa (2017) showed that the influence of the students' assistance toward the implementation of the ANC standard and early detection of high-risk of pregnancy and the influence of age, education and antenatal frequency on the implementation of the ANC standard and gravid have an effect on early pregnancy risk high dose. This research also produced an implementation model of household-based the ANC (pregnant and family mothers) through a student mentoring approach.

Study about determine the behaviour of pregnant women on ANC visits in the working area of Tawaeli Health Center, Palu showed that the knowledge is not good enough because pregnant women get less information about pregnancy and antenatal care examinations, negative attitude in conducting K1 visits and low K4 visits, health facilities are sufficient, family support is good yet it has a little effect on the regularity of pregnant women in conducting antenatal care visits, Midwives have less role in providing information to pregnant women about antenatal care examinations (Nurul, 2019).

Kaparang's research (2018) showed that there was no relationship between motivation and midwife's performance in Health Center in South of Palu working area ( $p = 1,000$ ), there was no correlation between rewards with midwife's performance of ANC in Palu Health Center ( $p = 0.846$ ), there was the relationship between the completeness of facilities and infrastructure and the performance of midwives in ANC in the Health Center in South of Palu working area ( $p = 0.032$ ).

The conclusion is there was no relationship between motivation and rewards with the performance of midwives in Antenatal care, and there was a relationship between the completeness of facilities and infrastructure and the performance of midwives in Antenatal care in the Health Center of South Palu working area. The health center should meet the complete facilities and infrastructure for midwives in conducting ANC services so that the services are more optimal, and for midwives are to improve the quality of ANC services according to the standards provided by the government so that the services are more maximal (Kaparang, 2018).

Along with Yuliati Study's (2017), there is a meaningful relationship between the attitude of midwives and ANC service standards with ANC services for pregnant women in the work area of Siniu Community Health Center, Parigi Moutong District (Yuliati, 2015).

The number of children also significantly influenced the participation of husbands in the examination of pregnancy and childbirth, and the results of this study are that most of the new couples have less than two children. Having less than two children indicates the experience of pregnancy and childbirth is still less so that the husband participates in the examination of pregnancy with the aim to learn together about the condition of his pregnant wife, and this can hopefully play an active role in keeping the wife safe during pregnancy. Another factor that significantly affects the participation of husbands in the examination of pregnancy and childbirth is the occupation of the wife and the husband. This suggests that the economic conditions affect the role of the husband in participating in the wife's pregnancy examination. The higher the economic conditions affect the husband's support during pregnancy. Family income will affect the behavior of a person in using health services as the lower the family income, the lower the family activity on the health of pregnant women. This is due to the high cost of daily living that they prioritize, compared with the maternal health of pregnant women. Participation of husbands during pregnancy, labor, and childbirth, the largest percentage is the husband accompanying the wife during childbirth. The role of the husband is very

important in the process of the pregnancy of the wife, both during pregnancy and during childbirth. A husband's support will affect the success of labor. Good interaction between husband and wife during childbirth will affect the wife's emotional state during childbirth, thus decreasing anxiety and improving the success of labor and early breastfeeding initiation. Husband's participation in labor is influenced by the wife's tendency to get emotional support during labor. Labor is a condition that requires good physical and mental readiness for a mother. One of the causes of stress in pregnant women is the mother's fear of labor. Husband's support is very important in the labor process, and research shows that a wife with her husband who accompanies during childbirth will experience fluency during labor, compared to a wife who is not accompanied by a husband during childbirth. Husband support during labor will reduce anxiety during postpartum wives. Educational factors are also one of the factors that influence the husband's participation in accompanying his wife during childbirth. These factors affecting the role of assistants in shipping are socio-economic, cultural, environmental, experience, age, and education factors. Education will affect the need for maternal help during labor. Education will greatly affect one's knowledge and coping. Someone with higher education may also have good health literacy; thus, it has an impact on increasing good knowledge about the importance of the role of the husband in accompanying him during labor. The wife's working status also becomes one of the factors influencing husband participation during childbirth. Wives who work have a tendency to be accompanied during labor. One of the factors that influence the accompaniment of the husband during childbirth is socioeconomic. The higher socioeconomic person, the better the husband in accompanying the wife during the labor process is. Wives who work in a family can help the family economy, so tend to have a better economic level, compared with wives who do not work. Planning a pregnancy itself is also a form of cooperation and effective communication between the husband and wife; thus, the husband also has the responsibility to participate in maintaining the health of the

wife and the fetus that she contains during pregnancy until the birth process. One of the responsibilities of the husband is accompanying the wife during the examination of pregnancy until the process of childbirth. In addition, mothers with experience who were accompanied during the previous labor had a tendency to be recharged during labor. The psychological state of the mother will affect the process of childbirth so that it takes the support of a husband, at least in the form of touch and words of praise that can make her comfortable, give a reinforcement, and improve family harmony (Rumaseuw, 2018).

## CONCLUSION

There is a husband's support relationship with Antenatal Care visits in the Sangurara Community Health Center work area. There is a relationship between the support of health professional and ANC visits in the work area of the Sangurara Health Center. It is expected that midwives can more involved husbands in conducting ANC visits, conduct classes for pregnant women and still provide an explanation about the importance of prenatal care to mothers and husbands.

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