THE RELATIONSHIP BETWEEN HUSBAND'S KNOWLEDGE AND SUPPORT WITH PREGNANT WOMEN'S VISITS DURING THE COVID-19 PANDEMIC

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ABSTRACT

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Key words: Husband's Knowledge, husband's support, ANC Visito pregnant women The Visits of pregnant women are one of the important indicators for pregnant women during pregnancy. Regular ANC visits can detect early complications during pregnancy, so they can be treated early. Husband's knowledge and husband's support for regular ANC visits, even during the Covid-19 pandemic, is very important to encourage pregnant women to regularly attend ANC visits. The purpose of this study was to determine the relationship between husband's knowledge and support and visits by pregnant women during the Covid-19 pandemic. The design used is an analytical survey with a cross sectional approach. A sample of 30 respondents with total sampling technique. The research instrument was the husband's knowledge and support questionnaire for the regularity of ANC visits by looking at the mother's MCH handbook. The research results obtained that knowledge is included in the good category, namely as many as 12 respondents (40%). Husband support, half of respondent which did not support, namely as many as 16 respondents (53.3%). Part of the regularity of visiting pregnant women is irregular, namely 17 respondents (56.7%). The results of data analysis using Spearman correlation rho value of r 0.020 with significance (p value) = 0.05. Conclusion: there is a significant relationship between knowledge and regularity of visiting pregnant women during the Covid 19 pandemic. It is hoped that husbands need to increase their knowledge and support to motivate pregnant women to visit ANC even during the Covid-19 pandemic

INTRODUCTION

Pregnancy check-up is care given to pregnant women to find out the health condition of the mother and baby during pregnancy provided by a health professional. There are several components in ANC services, namely identifying risks, providing prevention and management of diseases during pregnancy, education and health promotion (WHO, 2016). Providing antenatal care at least 6 times during pregnancy, and at least 2 times by a doctor in the first and third trimesters. 2 times in the first trimester (up to 12 weeks of gestation), 1 time in the second trimester (over 12 weeks to 24 weeks of gestation), 3 times in the third trimester (over 24 weeks to 40 weeks of gestation). (Latest MCH Handbook 2020 Revision).

Indonesia is facing a non-natural national disaster namely COVID-19 so that maternal and neonatal health services are one of the impacts both in terms of access and quality. Pregnant women and their fetuses are a highrisk group during an outbreak of an infectious disease. Physiological and immunological changes during pregnancy make the mother more susceptible to viral infections. Two reports found that as many as 18 pregnancies with COVID-19 were mostly infected in the third trimester. One of them found fetal distress and premature labor in several cases (POGI, 2020). Maternal and neonatal deaths are still a big challenge, especially now that there is an outbreak of COVID-19 so that maternal and neonatal health services are one of those affected both in terms of access and quality (Ministry of Health, 2020).

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The health sector experienced a decline in treatment and health services (OCHA, 2020). Reports from health workers, data obtained for stopped health services, namely 76% of posyandu, 41% of home visits and 7% of puskesmas services. At the posyandu level, the cessation of antenatal care (ANC) services was 46% (Inayah, 2019). During the COVID-19 pandemic there was a decrease in antenatal care services by 51% in Indonesia, the coverage of pregnant women for the First Visit (K1) of East Java Province in 2020 was 97.70% While the coverage of the 4th Visit (K4) was 90.94%. This figure has decreased compared to 2019, namely the First Visit (K1): 100.6% and the 4th Visit (K4): 99.44%. The Maternal Mortality Rate in East Java has increased in 2020. This is due to restrictions on visits for prenatal care so that the screening of high-risk pregnant women is not optimal, there are several districts/cities the number of deliveries assisted by traditional birth attendants has increased from the previous year, many pregnant women who should have delivered at referral health facilities, were delivered at primary health facilities due to limited beds in the hospital, there is a covid-19 pandemic.

What underlies pregnant women to make ANC visits before the COVID-19 pandemic is influenced by several factors. Predisposing factors include age. education level. employment status, parity of pregnant women, distance between pregnancies, knowledge and attitudes. Enabling factors such as distance of residence, family income and information media. While reinforcing factors include husband's support, family support and health workers (Rachmawati et al., 2017). Pregnant women are advised to carry out routine pregnancy checks during the pandemic even though there are service modifications (social distancing).

From the preliminary study conducted in January 2022, the researchers conducted interviews and collected data from the register of visits by pregnant women over the past 3 months, there was a decrease in visits to the Selorejo Poskesdes. The results of interviews with midwives were mostly due to the lack of visits due to husbands' limited knowledge as measured by the education level of the population, most of them had graduated from elementary school and most of them had farmer jobs, so there was a lack of husband's support for pregnant women to check their pregnancies.

METHOD

The design used in this study was an analytic survey with a cross sectional approach. The population taken in this study was all husbands of third semester of pregnant women and husbands of postpartum mothers who were in one village. The number of respondent is 30 respondents. The research sample is 30 respondents with total sampling technique. The inclusion criteria in this study were husbands who live with their wives and are willing to be respondents. This research was conducted at one POSKESDES in one village in April-May 2022. The study used a knowledge questionnaire with 20 questions, husband support with 30 statements and regularity of visits with 3 open questions using a Likert scale which had been tested for validity and reliability as a data collection instrument (Alpha Cronbach on the knowledge questionnaire the reliable value is 0.959 and for the support questionnaire the reliable value is 0.706).

In this study the researcher visited the houses of the respondents and distributed questionnaires to the respondents by giving informed consent and then filling in each of the questions listed on the questionnaire with the time needed by the respondent 30-40 minutes. If the respondents who have disabilities cannot read or write, the researcher will help. After it was completed, all researchers looked back at the completeness of the questionnaire.

RESULT AND DISCUSSION

Table 1 Frequency Distribution of Husband's Knowledge about Pregnancy Check-up Visits

| Husband's Knowledge | n | % |
|------------------------|----|------|
| Good | 16 | 53,3 |
| Enough | 13 | 43,3 |
| Less | 1 | 3,3 |
| TOTAL | 30 | 100 |

Based on table 1, it was found that more than half (53.3%) of respondents had good knowledge and a small portion (3.3%) of respondents had poor knowledge. Based on the results of the research on 30 respondents, 13 respondents (43.3%) had sufficient knowledge and there was still 1 respondent (3.3%) who had less knowledge. The results obtained in filling out the questionnaire for the majority of respondents to the first examination question during pregnancy as many as 20 respondents (66%) gave wrong answers. Furthermore, for questions related to visiting standards set by the government, as many as 19 respondents (63%)answered correctly. Shows knowledge of visit standards is included in the understand stage.

The impact of knowledge that occurs on individuals who fall into the less category will have a greater influence on progress, compared to sufficient knowledge. Lack of knowledge can have an impact on awareness, information and generation. In a husband who does not have concern for his wife's

pregnancy, it will result in many factors such as fulfilling the mother's nutrition. Poor nutrition can result in fetal growth and development such as giving birth to babies with low weight, birth defects, miscarriages, having babies with low memory and various other complications.

Table 2 Frequency Distribution of Husband's Support on the Regularity of Visits of Pregnant Women

| Husband's Support | n | % |
|-------------------|----|------|
| Adequate | 14 | 46,7 |
| in adequate | 16 | 53,3 |
| TOTAL | 30 | 100 |

Based on table 2 shows that more than half (53.3%) of respondents do not have husband's support and less than half (46.7%) of respondents have husband's support. Based on the interview results, one of the causes of the lack of husband's support is work. In table 4.2, most of the 63.3% of respondents work as farmers. Work is a support for life and a source of income for a family. As farmers who always spend their time working in the fields, some husbands always invite or include their wives to help work. This makes the husband less willing to accompany his wife and reminds the wife to have a pregnancy checked at an existing health facility. Husband's support in a pregnancy is the most important thing. This is in accordance with the results of research conducted by Ainur (2018) entitled The relationship between husband support and regularity of pregnant women in third trimester antenatal care (ANC) visits at the Kedungkandang Malang Health Center, there is a significant relationship between husband support and regularity of visits by pregnant women in ANC visits. third trimester at the Kadungkandang Health Center Malang. In accordance with the opinion According to Aprillia (2011), the things that husbands

should do for pregnant women are as an encouragement, to help relieve various complaints and to give praise.

Husband's support is the most important element in helping individuals to solve problems, if there is support, self-confidence will increase and motivation to deal with problems that occur will increase (Tamher and Noorkasiani, 2009). Husband's support is important for the wife's pregnancy because sometimes the wife is faced with a situation of fear and loneliness, so the husband is expected to always motivate and accompany pregnant women. In addition, the support provided by the husband can reduce anxiety, restore the confidence of the expectant mother in going through the pregnancy process. Although husband support is very important for pregnant women in carrying out ANC visits, there are still some respondents or husbands of pregnant women who are busy working and only advise mothers to be regular during pregnancy checks but husbands did not accompany them to carry out ANC examinations and pregnant women became reluctant to visit during the covid pandemic

Table 3 Frequency Distribution of Visits by Pregnant Women

| Frequency | n | % |
|-----------|----|-----|
| Regular | 13 | 43 |
| Irregular | 17 | 57 |
| Total | 30 | 100 |

Based on table 3, it shows that more than half (57%) of the respondents did not regularly make ANC visits and less than half (43%) of the respondents had regular husband support to make ANC visits. Based on the results of this study, the regularity of prenatal check-ups was obtained from the MCH handbook for pregnant women. The results showed that 56.7% of mothers did not regularly make

prenatal visits. In the review of the MCH book, 65% more patients did not visit TM I and II. It can be concluded that some pregnant women in the Selorejo village village health post are not regular in conducting antenatal care visits. One of the factors that influence antenatal care visits for pregnant women is education. In this study, most of the respondents had elementary school education (57%) with irregular visits of 30%, pregnant women with junior high school education level (30%) with irregular visits of 20, and pregnant women with high school education level (13, 3%) with irregular visits of 6.6%.

This result is in accordance with the opinion of Notoatmodjo (2012) a person's educational level determines how much knowledge one has. The higher or lower the education of pregnant women has an influence on the regularity of visits. In line with research conducted by Basura (2014) which stated that there was a relationship between education and antenatal care visits in the working area of the Dengilo Health Center, Pohuwato Regency, low education with a low number (53.3%), moderate education (30.0%)) and higher education (16.7%) shows that the level of education also has a significant relationship.

Table 4 Cross Table of Respondents' Knowledge Relationship with Regular Visits of Pregnant Women

| Visit frequency | Knowledge | | | | | P value | |
|--------------------|-----------|----------|----|----------|---|------------|-------|
| | Goo | d Enough | | Less | | | |
| | n | % | n | % | n | % | |
| regular | 12 | 40 | 4 | 13 | 0 | 0 | |
| inregular | 4 | 13 | 9 | 31 | 1 | 3 | 0.020 |
| Total | 16 | 53 | 13 | 44 | 1 | 1 | |

Based on table 4 it was found that the percentage of respondents with good knowledge (40%) regularly and a small

proportion (13%) did not regularly make ANC visits while for respondents with sufficient knowledge (31%) most of them did not regularly make ANC visits and knowledge respondents less (3%) at least irregularly making ANC visits. Based on the results of statistical tests, the results obtained were an r value of 0.020 with a significance (p value) of 0.05, so there was a relationship between knowledge and visits to pregnant women because the p value <0.05.

Based on research that has been carried out on 30 respondents, 12 respondents (40%) are well-informed and regularly make visits and those who are well-informed but not regular are 4 respondents (13%), have sufficient and regular knowledge of 4 respondents (13%), knowledgeable sufficient and irregular as many as 9 respondents (31%) and less knowledgeable irregular as much as 1 respondent (3%). As well as the results of statistical tests with an r value of 0.020 with a significance (p value) of 0.05, which means that there is a weak relationship between knowledge and the regularity of visiting pregnant women. This is consistent with the results of the study (Wahyu Padesi et al., 2021) showing that based on bivariate analysis p=0.000, with a coefficient value (r=0.876) greater than r table (r=0.632), so there is a relationship between knowledge and ANC regularity.

In research (Arine Mamalanggo, 2019) it is known that mothers have good knowledge with regular antenatal care (ANC) visits as many as 38.4% of mothers and 21.0% less regular visits while knowledge is not good with less regular antenatal care (ANC) visits 27.2% and regular intranatal visits 13.6%. The results of the chi square test showed that the value of p = 0.011 with an error rate of 0.05 so that Ho was rejected so that it stated that there was a relationship between maternal knowledge and antenatal care visits (ANC).

As an effort to anticipate the fulfillment of visits by pregnant women to health facilities, health workers must open service hours according to community needs. Based on the results of the interviews, it was found that services were also opened in the evenings 3 times a week but there was still a lack of inspection visits. This is in line with research (Wahyu Padesi et al., 2021) explaining that another factor is work, assuming that someone who works will have little time to check their pregnancy which indirectly reduces the opportunity to add insight and knowledge because they spend more time working. Meanwhile, mothers who are not working will have plenty of time to check their pregnancies so they can get more information about the benefits of ANC and ANC standards which will directly increase their knowledge

Table 5 Cross Table of Relationship between Husband's Support and Regularity of Visits of Pregnant Women

| Visit | Husband's Support | | | | | |
|-----------|-------------------|-------------|----------|-------------|-------|--|
| frequency | adequate | in adequate | adequate | in adequate | valu | |
| | n | 0/0 | n | 0/0 | e | |
| Regular | 10 | 34 | 6 | 20 | 0.164 | |
| Inregular | 5 | 16 | 9 | 30 | | |
| Total | 15 | 50 | 15 | 50 | | |

Based on table 5, it shows that the percentage of respondents in the husband support category (34%) regularly attend ANC visits. Meanwhile, for the non-supportive category (30%), most of them did not do it regularly and a small number (20%) had regular ANC visits. Based on the statistical test results, the r value was 0.164 with a significance (p value) of 0.05, so there was no relationship between husband's support and visits by pregnant women because the p value was > 0.05.

Based on the results of the study, it was shown that out of 30 respondents, 16 respondents (53.3%) were in the unsupportive category. It

can be seen from the respondents who did not support the visits to be irregular as many as 9 respondents (30%) out of 16 people who did not support them. These results illustrate that the husband's support for the regularity of pregnant women's visits influences one another. This is in accordance with the results of research conducted by Ainur (2018) entitled The relationship between husband support and regularity of pregnant women in third trimester antenatal care (ANC) visits at the Health Center. there is a significant relationship between husband support and regularity of visits by pregnant women in ANC visit. Husband's support is known by another term, namely support in the form of sympathy, which is proof of affection, attention and desire to listen to other people's complaints. The family is the first environment that is known by individuals in the process of socialization.

Even though husband's support is very important for pregnant women in carrying out ANC visits, there are still some of the respondents or husbands of pregnant women who are busy working and only advise mothers to have regular pregnancy checks, but husbands do not accompany them to carry out ANC examinations and pregnant women become reluctant to visit during the covid pandemic. The support that appears will create a healthy pregnancy, for example the support given such as taking the mother for a pregnancy check-up at a health facility, inviting the mother to do an ultrasound so that she can see directly the condition of the fetus, meeting the mother's nutritional needs, reminding the mother to take vitamins, helping the mother take care of the housework. No matter how small the husband's action given will improve the psychological health of pregnant women.

CONCLUSION

Husband's support and husband's knowledge are related to the mother's visit for antenatal care during the antenatal visit. Based on this, various efforts are needed to strengthen the husband's knowledge and support for his wife to carry out ANC during the pandemic

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