

13. Husband's Role Related To Wife's Antenatal Care

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Husband's Role Related To Wife's Antenatal Care

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Abstract

Husband's involvement is essential in overcoming the problem of being late in recognizing signs of danger, making decisions and reaching health care facilities, as well as getting help from health services. Therefore, husband's involvement facilitates the preparation of labor and seeks for emergency care if needed. Regular check-ups during pregnancy are crucial for detecting risks, so that health experts can carry out antenatal care, prevent complications during pregnancy, so that health experts in health facilities can help and conduct referrals as well as early treatment if obstetric complications occur at the referral site. This study is to analyze the relationship between husband's role and antenatal care. This research is an observational analytic research. This research used cross sectional approach. The data was obtained through interview using questionnaires. The analysis were descriptive and chi-square. Results indicate that the majority of husband and wife respondents are in reproductive age, working husbands, housewives, low education, and there is no relationship between husband's role and antenatal care. Provision of information to husband and family needs to be constantly improved take care of mother and baby health.

Keywords: Husband's role, Antenatal care, Maternal health, Husband's involvement

Introduction

Maternal Mortality Rate in Indonesia still has not reached the 2015 MDGs (Millennium Development Goals) target. It was 305 while the MDGs target was 102 per 100,000 live births¹. Sustainable Development Goals (SDGs) is the continuity of Millennium Development Goals (MDGs) on the 3rd purpose of SDGs, which is Good Health. Mother and baby should not die because the actual causes can be prevented. In 2030, MMR is expected to be 70 per 100,000 live births.

Maternal deaths are preventable through access to good antenatal care (ANC). The huge burden of maternal mortality and morbidity and the health systems challenges call for community involvement and strong

family or partner support along the continuum of maternal care pathway. One such essential approach is birth preparedness and complication readiness in antenatal care.²

Husbands have an important role to play in antenatal care. The role of husbands in antenatal care should include knowledge of key danger signs during pregnancy, labor and childbirth, and during the postpartum period. Other roles include identifying transportation and health facility, arrangement for a skilled birth attendant, saving money for delivery and emergency, arrangement for blood donor, accompanying wife and making postpartum readiness plan for both the mother and the baby.³

Attention has long been drawn to the absence of men from previous reproductive health initiatives, although men play a major role in influencing women's reproductive health. Pregnancy and childbirth is regarded as exclusively women's affair in developing countries. And a male partner is rarely seen at antenatal care. Harsh, critical behavior and language used by health providers, financial constraints, lack of space

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to accommodate male partners at ANC clinics, long waiting time during ANC services and opening hours for ANC clinics are associated with poor male participation in ANC attendance. In addition, men have social and economic power, and have more control over their partners. Involvement of male partner becomes even more critical in maternal health services to raising their awareness and engaging them in antenatal care.^{4,5} So this research's aim is to analyze the relationship between husband's role and antenatal care.

Materials and Method

This research is an observational analytic research. This research used cross sectional approach. This research was conducted from August to September 2018 in Lumajang Regency, precisely at Gucialit Sub-district, Yosowilangun Sub-district and Ranuyoso Sub-district. Simple random sampling was used to select 221 respondents, namely husbands and their spouse who had just given birth within the past 1 year. Data on husband's role and ANC were measured by using questionnaires. Questionnaires' validity and reliability were tested. In examining the relationship of husband's behavior and ANC, bivariate analysis was conducted by using chi-square with a 95% confidence interval and a significance level of $p < 0.05$.

Findings

Table 1 indicates that the majority of respondents are husbands (67.9%) and wives (69.7%) aged 20-35. Husbands (52.5%) and wives (48.9%) are elementary school graduates. Majority of husbands (97.3%) work and wives (52.9%) do not work or housewives. Husbands have poor knowledge (66.1%) and moderate attitude (86.6%).

Table 1. Respondent Characteristics

Respondent Characteristics	Respondent	
	n=221	%
Husband Age		
<20 years	3	1.4
20-35 years	150	67.9
>35 years	68	30.8
Wife Age		
<20 years	28	12.7
20-35 years	154	69.7
>35 years	39	17.6

Husband Education		
Not attending school	10	4.5
Elementary School	116	52.5
Junior High School	54	24.4
Senior High School	24	10.9
University	17	7.7
Wife Education		
Not attending school	7	3.2
Elementary School	108	48.9
Junior High School	76	34.4
Senior High School	21	9.5
University	9	4.1
Respondent Characteristics		Respondent
		n=221 %
Husband Occupation		
Unemployed	6	2.7
Employee	215	97.3
Wife Occupation		
Unemployed	117	52.9
Employee	104	47.1
Husband Knowledge		
Poor	146	66.1
Moderate	65	29.4
Good	10	4.5
Husband Attitude		
Poor	4	2.4
Moderate	142	86.6
Good	18	11

Table 2 indicates that the majority of respondents had visited the ANC well, which is 89.1%. The antenatal care factor in this study is divided into 2 groups, namely poor (<4 visits) and good (> 4 visits).

Table 2. Distribution of Antenatal Care Visit Frequency

Respondent Characteristics	Respondent	
	n=221	%
Antenatal Care		
Poor	24	10.9
Good	197	89.1

Table 3 indicates that the majority of husbands is response husband, which is 69.2%. The husband's role variable in this study is divided into 2 groups, namely responsive and not responsive.

Table 3. Distribution of Husband's Role Frequency

Respondent Characteristics	Respondent	
	n=221	%
Husband's Role		
Response	153	69.2
Not responsive	68	30.8

Table 4 indicates that from the result of statistical tests, there is no significant relationship between ANC visit and husband's role with a p value > $\alpha = 0.05$

Table 4. Relationship between Husband's Role and Antenatal Care

Subject Characteristics	ANC poor		ANC good		p
	n	%	n	%	
Husband's Role					
Response	20	13,1%	133	86,9%	0.113
Not Responsive	4	5,9%	64	94,1%	

Discussion

Results indicate that the number of husband and wife respondents aged 20-35 is more than those who aged <20 and >35. This is also related to knowledge, which has a strong contribution on someone in taking attitude or making decision⁴. The results are in line with the research conducted by Bhatta that explored the factors associated with men involvement during ANC and found that uneducated men or elementary level graduates, aged over 25, have higher income and formal job indicate greater involvement⁴. These factors should be considered empathically during the development of maternal health program. The literature indicates that couples whose men have a higher level of education obtain better information and likely involved in birth planning, they are also socially or financially more prepared to make necessary decisions.

Men who are knowledgeable and obtain health education tend to accompany their spouse during

ANC visits⁶. The research highlights the reason why husbands do not accompany their spouse during ANC visits. It is the belief that ANC visit is a woman's duty, the husband is busy with his work and he is embarrassed to accompany his wife.

This study also indicates that the majority of husbands is employee. The majority of wives is housewife. Regarding education, the majority of husbands is in the group of elementary school graduate. While the majority of wives is also elementary school graduate.

ANC examination is crucial as an effort to detect if there is any problem that occurs during pregnancy so that women can receive early treatment. Regarding ANC examination, this study indicates that the majority of respondents undergoes ANC visits well. The majority of husbands is response husband. The majority of respondents has poor knowledge. The majority of respondents have moderate attitude.

¹⁰ Antenatal care (ANC) services can be defined as care provided by skilled health workers to ensure the best mother and baby health during pregnancy. The ANC components include risk identification, prevention and management of diseases related to pregnancy, and the provision of health education and health promotion. ANC directly reduces maternal and perinatal mortality and morbidity, through detection and complication treatment related to pregnancy, while indirectly identifying increasing risks that can develop into complication during pregnancy and delivery, so that early referral can be performed. Pregnant women must have the same right to access affordable and quality health care in achieving optimal health so as not to have any negative impact on both mother and newborn.

This is consistent with the research conducted by Aliyu about the predictors that cause ANC delay in Nigeria, namely the higher the mother's educational level, the earlier ANC visit at the beginning of pregnancy. Likewise, mothers from high-income families will start ANC in the first trimester compared to those with low income⁷.

Pregnancy check-ups or antenatal care (ANC) is very important for pregnant women and should be conducted at least 4 times, once in the first trimester, once in the second trimester and twice in the third trimester, because it aims to monitor health during pregnancy. Regular pregnancy check-ups can find abnormalities as early as possible so that treatment can be performed as soon

as possible and mother is in a good condition. Some problems that emerge during pregnancy are related to maternal visits by mothers, this is in accordance with research conducted by Bekele et al., anemia in Ethiopia was caused by low family income, less than 2 years delivery distance, iron supplementation and consisted more than 2 people. This is also related to ANC which is not conducted on regular basis⁸.

Several factors related to ANC in the first trimester of pregnancy include age at pregnancy, family income, media exposure, attitude towards pregnancy, knowledge of dangersigns of pregnancy, husband's consent to conduct antenatal care and distance to the health facilities. In addition, reproductive age, behavior, and attitude during pregnancy, birth order, expectation of pregnancy, ideal family size also affect ANC visits. Some factors are related to delay in conducting ANC examination include socio-demographic, such as maternal education, media exposure, place of residence. Maternal education is a strong predictor of antenatal care services usage⁷. The pregnancy checkup timing has a significant effect on pregnancy result, delay in prenatal care at the beginning of pregnancy is associated with poor pregnancy result.

Conclusion

Results indicate that the number of husband and wife respondents aged 20-35 is more than those who aged <20 and >35. This study also indicates that the majority of husbands is employee. The majority of wives is housewife. Regarding education, the majority of husbands is in the group of elementary school graduate. While the majority of wives is also elementary school graduate. ANC examination is crucial as an effort to detect if there is any problem that occurs during pregnancy so that women can receive early treatment. Regarding ANC examination, this study indicates that the majority of respondents undergoes ANC visits well. The majority of husbands is response husband. The majority of respondents has poor knowledge. The majority of respondents have moderate attitude and there is no relationship between husband's role and antenatal care.

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Conflict of Interest: There was no conflict of interest in the study.

Ethical Clearance: The study was received ethical approval from the Health Research Ethics Committee, Faculty of Public Health, Airlangga University

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