

Analysis of the Husband's Support in the Readiness of Fertile-Age Women Regarding Pregnancy Preparation in Geger District Madiun Regency

Visi Prima Twin Putranti¹(corresponding author), Suharti²

¹Faculty of Health, Universitas Muhammadiyah Ponorogo, Indonesia; visiprima87@gmail.com

²Faculty of Health, Universitas Muhammadiyah Ponorogo, Indonesia

Submitted: May 12, 2019 - Revised: May 28, 2019 - Accepted: June 12, 2019 - Published: July 1, 2019

ABSTRACT

Married couples generally want to get healthy children. The process of labor, pregnancy, and childbirth can be passed through the mother without complications if there is preparation long before the mother was declared pregnant. Physical and mental readiness should be sought by the mother to deal with the changes that will be experienced in pregnancy and the subsequent process. Support from the husband is thought to be an optimal factor in the success of the maternal and infant health. The purpose of this study is to determine the relationship of the husband's support with the readiness of women in childbearing age in the preparation of pregnancy in Geger, Madiun. The research method used in this study is the cross-sectional method. In Geger, Madiun the number of people which were married on July at were 60 couples. The sampling technique used was purposive sampling and the samples received were 36 respondents. The research variables involve independent variables of the husband's support and dependent variables include the readiness of women of childbearing age in the preparation of pregnancy. The test validity used was the Pearson Product Moment. The reliability test used was the Alfa Cronbach. The collected data were analyzed by Chi-Square. The results showed that there was a significant relationship between husband's support and the readiness of fertile-age women in pregnancy preparation, where number p was 0,018 (alpha = 0,05). The role of health workers to provide health education and motivation is expected to reduce morbidity and mortality of mothers and infants.

Keywords: husband's support; preparation of pregnancy

INTRODUCTION

Pregnancy is deemed to be the desire of every couple and those who wish to grow their families. Some parents expect their offspring to excel in quality in order to be a successor to the family. Pregnancy is a natural and physiological process. Pregnancy may occur to every people who have sexual relations and healthy reproductive organs.⁽¹⁾ To produce offspring of quality, one should prepare their pregnancy well. It is advisable for the couple to ensure that their reproductive organs are in good condition prior wishing for healthy pregnancy and offspring.

The maternal mortality rate in Indonesia, based on Intercensal Population Survey/*Survei Penduduk Antar Sensus* (SUPAS) on 2015 was 305/1000 Live Birth/*Kelahiran Hidup* (KH) while the infant mortality rate was 22.23/1000 KH. In 2016, based on the Madiun Regency Health Office, the maternal deaths reached the number of 10 people, 20% of which are in Geger district. In 2015, the maternal mortality rate in the Madiun District was 4 persons which indicated a significant upsurge. Maternal and infant deaths occurred by many factors, for which maternal death includes 6% infection, 12% heart failure, 25% bleeding, 31% eclampsia, and 26% other causes.⁽²⁾ From the previous study conducted at the Office of Religious Affairs in Geger District, Madiun Regency, 600 marriages are registered per year. These newlyweds will then become parents, hence adequate knowledge is required for them to be able to enact each process properly for a healthy offspring.

The lack of preparation of pregnancy and childbirth is one of the indirect causes of maternal and infant death. Physical and mental promptness needs to be sought by mothers to endure the upcoming processes of pregnancy and further. Maternal nutrition and health status prior pregnancy might highly affect the incidence of Low Birth Weight Babies/*Berat Bayi Lahir Rendah* (BBLR). The risk of Lack of Calorie Energy/*Kekurangan Energi Kalori* (KEK) in pregnant women may be prevented by preventive behavior whereas prior pregnancy, good nutrition is required for the mothers. Indicators of maternal nutritional status may be seen with Upper Arm Circumference/*Lingkar Lengan Atas* (LILA) which should not be less than 23,5 cm.⁽³⁾ Mothers with KEK are also at risk of anemia or iron deficiency which also may result in giving birth to an infant with anemia. This incident surely will result in the birth of less healthy infant which may lead to death for the both of mother and infant.

Most mothers only realize their pregnancy after one or two months of pregnancy. The first 12 weeks of pregnancy is a very crucial period for the infant as they start to form their main organ system. The concern here includes the mothers being oblivious regarding their own pregnancy might do something which endanger their pregnant state such as consuming drugs which are not recommended for pregnant women, alcohol, exposure to radiation, and smoking. Those behaviors will have negative impact on the development and growth of an imperfect fetus. This certainly may risk a miscarriage, imperfect fetal growth, and even congenital abnormalities.

Consultation services, especially reproductive health is one solution to raise public awareness and knowledge, especially for fertile age couples to be able to reproduce in good health condition. This is encouraged by the government from the basic to advanced health services. In order to overcome the problems regarding the lack of pregnancy preparation—particularly in terms of nutrition fulfillment, the efforts made by the Madiun Regency government includes training of Integrated Healthcare Center/*Pos Pelayanan Keluarga Berencana – Kesehatan Terpadu* (Posyandu) cadres to both enrich their knowledge and ameliorate their skill concerning Nutrition-Conscious Families/*Keluarga Sadar Gizi* (KADARSI). This training is expected to provide maximum contribution to improve the nutritional status of women of childbearing age, especially before pregnancy.⁽⁴⁾

Changes which occur during pregnancy such as significant surge of body weight and grow out of shape, being easily tired and mood swings are of hard times for mothers and might cause anxiety. Support and consideration from husband is highly in need at such time. Mental preparation to accept the process of changing during pregnancy might alleviate the wife's condition. During pregnancy preparation, husband has major role in supporting the mother. From the said data, the researcher would like to conduct a study entitled "Analysis of The Husband's Support in The Readiness of Fertile-Age Women Regarding Pregnancy Preparation in Geger District Madiun Regency".

METHODS

The research method used in this study was cross sectional. This research was conducted in Geger District, Madiun Regency. The population included 60 couples who were married on July in Geger District, Madiun Regency. The sampling technique used was purposive sampling which results in 36 respondents. The research variables involved the independent variable, which was husband support and dependent variable, which was the readiness of women of childbearing age in pregnancy preparation. The validity test used was of Pearson Product Moment formula. Reliability test was used with Alfa Cronbach formula. The collected data were presented in terms of frequency and percentage^(5, 6), then analyzed using the Chi-square test.

RESULTS

This research was carried out in Geger District, Madiun Regency. In this district, there are nineteen villages. The north is adjacent to Madiun City. The east is adjacent to Dagangan District, the south is adjacent to Dolopo District, and the west is adjacent to Kebonsari district and Magetan Regency.

The Respondent's Characteristics

Table 1. The husbands' characteristics based on age

Age	Frequency	Percentage
20 – 25	5	13.89
26 – 31	22	61.11
32 – 37	5	13.89
38 – 43	1	2.78
44 – 49	2	5.56
50 – 55	0	0
56 – 61	1	2.78

From table 1, it can be seen that most husbands were aged 26 – 31 years, where there were 22 people or 61%. There were no respondents aged 50 – 55 years old.

Table 2. The characteristics of fertile-aged women based on age

Age	Frequency	Percentage
19-22	4	11.11
23-26	17	47.22
27-30	9	25
31-34	1	2.78
35-38	1	2.78
39-42	2	5.56
43-46	2	5.56

Most fertile-aged women were aged 23-26 years, where there were 17 people (47.22%). The minority group goes to those aged 31-34 years and 35-38 where each has one person (2.78%).

Table 3. The husbands' characteristics based on education

Education	Frequency	Percentage
Elementary school	6	16.67
Junior high school	6	16.67
Senior high school	14	38.89
University	10	27.78

Most husbands pursued education until high school, where there were 14 people or 38.89 %. The minority groups were those who pursued education until elementary school and junior high school, where there were 6 people each, or 16.67 %.

Table 4. The characteristics of fertile-aged women based on education

Education	Frequency	Percentage
Elementary school	2	5.56
Junior high school	5	13.89
Senior high school	19	52.78
University	10	27.78

Most of the fertile-aged women pursued education until high school, where there were 19 people (52.78%). The minority group consists of those who pursued education until elementary school, where there were two people (5.56 %).

Table 5. The husbands' characteristics based on occupation

Occupation	Frequency	Percentage
Unoccupied	2	5.56
Entrepreneur	6	16.67
Private sector	24	66.67
Civil servant	3	8.33
Nurse	1	2.78

Most husbands had occupation in the private sector, where there were 24 people or 66.67%. The minority was a respondent who works as a nurse, which was 2.78%.

Table 6. The characteristics of fertile-aged women based on

Occupation	Frequency	Percentage
Housewife	14	38.89
Entrepreneur	2	5.56

Private sector	20	55.56
----------------	----	-------

Most of the women in their reproductive age work in private sectors, where there were 20 people or 55.56%. The minority group consists of entrepreneurs, where there were two people or 5.56%.

The Husband's Support in the Pregnancy Preparation

Table 7. The respondent distribution based on the support of pregnancy preparation

Husband's support	Frequency	Percentage
Low	18	50
High	18	50
Total	36	100

From the data above, it can be seen that out of 36 respondents, 18 of them (50%) had high support, and 18 people (50%) had low support.

The Readiness of Women in Facing Pregnancy

Table 8. The distribution of women based on the readiness in preparing for pregnancy

Readiness	Frequency	Percentage
Not ready	21	58.33
Ready	15	41.67
Total	36	100

Table 8 shows that out of 30 women in their reproductive age, 21 people or 58.33% were not ready in facing pregnancy, and 15 people or 41.67% were ready in facing pregnancy.

The Relation of the Husband's Support and the Readiness of Women in Preparing for Pregnancy

Table 9. The correlation between the husband's support and the readiness of women in preparing for pregnancy

Husband's support	Readiness		Chi-square	p-value	95% CI
	Not ready	Ready			
Low support	14 (77.8%)	4 (22.2%)	5,6	0.018	5.5 – 23.7
High	7 (38.9%)	11 (61.1%)			

There was a significant relation between the husband's support and the wife's readiness. This is shown by the data, that husbands who gave low support results to the majority of wives who were not ready in facing pregnancy (77.8%). Meanwhile, when the husbands gave high support, the majority of the wives (61.1%) were ready in facing pregnancy. The statistic examination shows a significant relation with the p-value of 0.018 (<0.05).

DISCUSSION

Based on the result concerning respondent distribution on the husband's support in the pregnancy preparation, it is discovered that from 36 respondents there are 18 respondents (50%) who have high support and 18 respondents (50%) who have low support. According to Reis, the factors which influence the husband's support are the intimacy between husband and wife, where the closer/intimate they are the support given will be bigger, someone's view on the support that they received, the social network that they had for the partner's comfort.⁽⁷⁾ Couples who are in the effort to have babies, in this case a wife's pregnancy, will try their best. A healthy mother and husband will affect the conception result and the subsequent processes that the mother will experience. A healthy pregnancy can be achieved if there is a support from the husband. Physical and mental support given by the husband are very meaningful to the wife who is in the process of getting pregnant. With the

support given by the husband, the wife will feel comfortable and happy in preparing the pregnancy so that later they will have healthy babies.

From 36 women in their reproductive age, 21 women (58.33%) are not ready for pregnancy and 15 women (41.67%) are ready for pregnancy. Factors which influence maternal readiness in experiencing pregnancy are: the level of education related to the mother's knowledge can affect the mother's attitudes and behaviors in preparing the pregnancy, the experience of prior pregnancy will make mothers have better readiness than mothers who have never been pregnant before, the mother or the husband's job that has an impact on purchasing power and fulfillment in the pregnancy preparation, the local community's belief or faith regarding the culture related to pregnancy wherein some people believe that preparing pregnancy/childbirth is not allowed before the 3rd trimester of pregnancy, the support given to the mother to conduct examinations that support pregnancy preparation so that the mother and her pregnancy will be healthy and safe.⁽⁸⁾ The mother's readiness in experiencing pregnancy affects the health status of the mother and the fetus in the next process. Physical and mental preparations are needed to be strived to achieve optimal health status of pregnant mother. Mothers who are not prepared for pregnancy tend to go through the pregnancy's process without paying attention to factors that can affect the mother's health status during pregnancy. Generally, mothers realize that they are pregnant after several months late in their period. The first three months of pregnancy is an important period related to fetal growth and development. Mothers who do not make the pregnancy preparations and are late to realize their pregnancy will have the risk of giving birth to babies with low birth weight, premature labor even birth defects. This readiness is an important factor for having healthy babies.

There is a significant relation between the husband's support and the wife's readiness. It is shown based on data that husbands with low support, most of the wives (77.8%) are not ready for pregnancy, whereas husbands with high support category, most of the wives (61.1%) are ready for pregnancy. The statistical test result showed a significant relation. The partner's fertility and health are things that must be considered in planning pregnancy which determine the condition of the fetus.⁽⁹⁾ The husband supports with a health check to determine the fertility and the genetic factors which may be inherited to the babies. Maternal and fetal health will not be optimal if there is no support from the husband both physically, mentally, and spiritually. The physical support will improve the husband's health status and encourage the wife to further improve her health in order to have babies who have been expected after marriage. The mental and spiritual support will help the husband and the mother to be more prepared and confident in facing the pregnancy process which affects the next reproductive phase.⁽¹⁰⁾

CONCLUSION

There is a significant relation between the husband's support and the wife's readiness. The pregnancy preparation both physically and mentally spiritually should be well prepared. The husband's support will increase the mother's confidence in her preparation for having the babies. Increased knowledge for the changes in the attitudes and behavior of couples, so that their health status improve, should be applied in advance when the couples want pregnancy. Ensuring an optimal health condition so that the babies will be in good health. The role of health workers to provide health education and motivation is expected to reduce morbidity and mortality rates for mothers and babies.

REFERENCES

1. Mandriwati. *Pregnancy Midwifery Care (Asuhan Kebidanan Kehamilan)*. Jakarta: EGC; 2007.
2. Dinkes Kab. Madiun. *Fasilitas kelompok potensi pemberdayaan KADARSI Kabupaten Madiun*. Madiun: Dinkes Kab. Madiun; 2015.
3. Prastyono. *Mengenal Menu Sehat Ibu hamil*. Yogyakarta: DivaPress; 2008.
4. Dinkes Kab. Madiun. *Laporan Kematian Maternal*. Madiun: Dinkes Kab. Madiun; 2016.
5. Nugroho HSW. *Descriptive Data Analysis for Categorical Data (Analisis Data Secara Deskriptif untuk Data Kategorik)*. Ponorogo: FORIKES; 2014.
6. Suparji, Nugroho HSW, Martiningsih W. *Tips for Distinguishing Nominal and Ordinal Scale Data*. AloHA International Journal of Multidisciplinary Advancement (AIJMU). 2019;1(6):133-134.
7. Suparni. *Menopause Masalah dan Penanganannya*. Yogyakarta: Budi Utama; 2016.
8. Notoatmodjo S. *Pendidikan dan Perilaku Kesehatan*. Jakarta: Rineka Cipta; 2007.
9. Siswosuharjo. *Panduan lengkap hamil sehat*. Semarang: Niaga Swadaya; 2011.
10. Kemenkes RI. *Laporan Tahunan Direktorat Kesehatan Keluarga*. Jakarta: Kemenkes RI; 2016.