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Support from midwives and spouse on antenatal care visit adherence in health centers among primigravida pregnant women

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Abstract

Background: The maternal mortality rate in Indonesia remains high. A strategy to reduce this number is through the implementation of antenatal care (ANC) programs, which are essential for pregnant women. The issue at hand is the low number of ANC visits at the Sragen Community Health Center, where out of 1,022 targets, 896 pregnant women did not meet the minimum service standard target in 2022. ANC visits are closely related to various factors, such as knowledge, attitude, access, and external support factors. This study focuses on external support factors that influence pregnant women to attend ANC visits, including support from husbands and midwives.

Purpose: To determine the relationship between husband and midwife support and antenatal care visits among primigravida pregnant women.

Method: This quantitative research with a cross-sectional design was conducted in October 2023 at the Sragen Community Health Center. The study population consisted of 100 primigravida women who had ANC visits from January to August 2023, with a sample size of 84 pregnant women selected using total sampling techniques based on the Lemeshow formula. The research instrument used was a questionnaire. Data were analyzed using bivariate Chi-Square tests processed with SPSS version 20.

Results: There is a significant relationship between husband support and ANC visits among primigravida women, with a P-value of <0.001. Similarly, statistical tests showed a significant relationship between midwife support and ANC visits among primigravida women, with a p-value of <0.001.

Conclusion: Both husband and midwife support are highly beneficial, with average support levels above 80%. The highest percentage of husband support was in the emotional aspect (83%), and the highest percentage of midwife support was in the instrumental aspect (83.3%). High levels of husband and midwife support can promote pregnant women to attend ANC visits regularly, while low support can result in reluctance to do so.

Keywords: Antenatal Care Visit; Husband's Support; Midwife's Support; Primigravida.

INTRODUCTION

According to the World Health Organization (WHO), the maternal mortality rate in 2020 was 295,000 deaths, primarily caused by high blood pressure during pregnancy (pre-eclampsia and eclampsia), bleeding, postpartum infections, and unsafe abortions (World Health Organization, 2021). The highest maternal mortality rate was in Myanmar, at 282 per 100,000 live births in 2020. In Indonesia,

the maternal mortality rate is relatively high in Southeast Asia, ranking third. In 2020, the highest maternal mortality rate was in West Java, with 745 deaths, followed by East Java with 565 deaths from 562,006 births, and Central Java in third place with 530 maternal deaths (World Health Organization, 2021).

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Brebes is one of the regencies in Central Java with a high maternal mortality rate. In 2019, there were 37 maternal deaths, and in 2020, the rate was 199 per 100,000 live births, or 62 cases. This marked an increase from 2019 to 2020. From 2020 to 2021, Sragen Regency ranked in the top ten for maternal mortality rates in Central Java. This is supported by the rising maternal mortality rate over the past three years. In 2019, the maternal mortality rate was 49.80 per 100,000 live births; in 2020, it was 170.85 per 100,000 live births, and in 2021, it rose to 300.76 per 100,000 cases (Ministry of Health of the Republic of Indonesia, 2021).

A strategy to reduce maternal mortality is to provide necessary ANC services for pregnant women. ANC is a program that observes, educates, and provides healthcare services for pregnant women, aiming to prepare for a safe and smooth delivery (Mulyati, Munawaroh, & Herdiana, 2023). Despite the widespread availability of ANC services, the coverage has declined over the past three years. The four ANC contacts coverage in Central Java province decreased to 95.7% in 2019, 94.3% in 2020, and 91.6% in 2021 (Ministry of Health of the Republic of Indonesia, 2022).

A preliminary study conducted by the Sragen Regency Health Office showed that the four ANC contacts coverage needs to meet the minimum service standards. Among the 25 Community Health Centers in Sragen Regency, Sragen Puskesmas had the lowest four ANC contact coverage and the highest maternal and infant mortality rates, with its coverage at 88.5% in 2019, 84.6% in 2020, 95.3% in 2021, and 95.3% in 2022. From January to August 2023, the four ANC contacts coverage was 54.46%, and the six ANC contacts coverage during the same period was 48.25%. These numbers indicate that ANC visits are still below the target; out of 1,022 pregnant women, only 896 attended ANC visits. Field observations revealed challenges faced by the community in accessing ANC services. This situation shows that the local government in Sragen Regency is making every effort to improve the welfare of its residents. Therefore, the low number of ANC visits in Sragen Regency may be due to a lack of motivation from close individuals, such as family support, husband support, health companions, and midwife support.

Previous research suggests that the husband is the person closest to his wife and therefore needs to understand the importance of ANC visits (Estuningtyas & Lestari, 2023). The husband plays a crucial role in the health of both mother and baby (Fatmawati, Vionalita, Handayani, & Kusumaningtiar, 2022). Good support from the husband can motivate the mother to attend pregnancy check-ups. Husband support in ANC services can be demonstrated by showing love and care for the wife, encouraging and accompanying her to check-ups at the nearest healthcare facility, ensuring proper nutrition, helping to choose a place for delivery (health facility), and preparing the delivery costs. The husband is the first and foremost person who provides encouragement to his wife, before others also offer support, motivation, and care to the pregnant wife, which will ultimately impact the baby's health (Aryanti & Karneli, 2020). Previous studies have reported that husband support plays a significant role in providing motivation and support to mothers during ANC visits (Pertiwi, Suyatno, & Dharminto, 2019). Close individuals, especially spouses, have a positive impact on behavioral changes and motivation to adopt a healthy lifestyle. Another factor influencing a woman's pregnancy and her ANC visits is the role of the midwife in monitoring the pregnancy condition. Other research has noted that midwives, as heads of pregnancy services, must be capable and skilled in providing the best care according to standards. Midwives' roles include increasing the coverage of first pregnancy visits and fourth pregnancy visits (Armaya, 2018).

Primigravida mothers may have significant concerns about themselves and their baby's condition, which can affect their psychological state and require more support from those close to them, such as husbands, family, and others. Previous studies have indicated that anxiety levels in primigravida mothers are higher than in multigravida mothers (Hastanti, Budiono, & Febriyana, 2021). A primigravida mother may take longer to adapt to the physical changes and discomfort that occur during pregnancy. Additionally, primigravida mothers are more easily influenced by negative stories or information from others, which can impact their ANC visits. This study aims to determine whether there is a relationship between husband and midwife support

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and ANC visits among primigravida mothers at the Sragen Community Health Center in Central Java. The findings from this study are expected to provide insights to improve ANC visit coverage and ultimately reduce maternal mortality rates.

RESEARCH METHOD

This study was conducted from September to October 2023 at the Sragen Community Health Center. The qualitative research used two independent variables, husband support and midwife support, and one dependent variable, ANC visits. This was an observational analytic study with a cross-sectional approach, where each subject was observed only once during data collection. Prior to data collection, the questionnaire underwent validity and reliability tests at the Sragen Community Health Center, involving 30 non-primigravida pregnant women as respondents. The study population consisted of third-trimester primigravida mothers who attended ANC visits at the Sragen Health Center, with a total population of 100 pregnant women. A sample of 84 pregnant women was selected using total sampling based on the Lemeshow formula.

The independent variables in this study were husband support, categorized as low if <32.00

(scoring 0) and high if >32.00 (scoring 1), and midwife support, categorized as low if <27.00 (scoring 0) and high if >27.00 (scoring 1). The dependent variable was ANC visits, which were considered to meet the standard if the pregnant woman attended at least six ANC visits and consulted an obstetrician at least twice, receiving a score of 0. Pregnant women who did not meet the criteria of attending at least six ANC visits or failed to consult an obstetrician at least twice received a score of 1.

Data collection was conducted using a questionnaire as the instrument. The researcher ensured that respondents agreed to complete the questionnaire. An observation sheet was also used to determine the frequency of ANC services at the Sragen Community Health Center, both directly from respondents and from data sources at the Sragen Regency Health Center. Data analysis was performed using the chi-square test, with a significance value of <0.05, to determine whether there was a relationship between husband and midwife support and ANC visits. This study received ethical approval from the research ethics committee with approval number 184/KEPK-FIK/I/2024.

RESEARCH RESULTS

Table 1. Characteristic of the Respondents (N = 84)

Variables	Results
Age (n/%) (Mean±SD)(Range)(Year)	(27.107±5.590)(20-35)
<20	7/8.3
20-35	70/83.4
>35	7/8.3
Income (n/%)	
<1,500,000	7/8.4
1,500,000–3,000,000	40/47.6
>3,000,000	37/44.0
Education (n/%)	
Elementary School	3/3.5
Junior High School	21/25.0
Senior High School	26/31.0
College	34/40.5

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Variables	Results
Occupation (n/%)	
Government Employee	1/1.2
Private sector employee	13/15.5
Self-employed	39/46.4
Housewife	31/36.9
Medical History (n/%)	
Hypertension	2/2.4
TBC	1/1.2
Anemia	1/1.2
Stomach Acid	1/1.2
None	79/94.0
Husband's Education (n/%)	
Elementary School	1/1.2
Junior High School	4/4.8
Senior High School	52/61.9
College	27/32.1
Husband's Occupation (n/%)	
Government Employee/Soldier/Police	25/29.8
Private sector employee	37/44.0
Self-employed	21/25.0
Labors	1/1.2
Husband's Supports	
Informational Aspect (n/%)	
Low	16/19.1
High	68/80.9
Assessment Aspect (n/%)	
Low	15/17.9
High	69/82.1
Instrumental Aspect (n/%)	
Low	15/17.9
High	69/82.1
Emotional Aspect (n/%)	
Low	14/16.7
High	70/83.3
Midwife's Supports	
Informational Aspect (n/%)	
Low	15/17.9
High	69/82.1
Assessment Aspect (n/%)	
Low	15/17.9
High	69/82.1
Instrumental Aspect (n/%)	
Low	14/16.7
High	70/83.3
Emotional Aspect (n/%)	
Low	16/19.1
High	68/80.9

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Table 1 shows the characteristics of the respondents, with an average age of 27.107 and a standard deviation of 5.590. The majority of respondents have an income range of Rp 1,500,000 - Rp 3,000,000, with 40 respondents (47.6%). Most of the mothers who participated in the study are college graduates, totaling 34 respondents (40.5%). The highest education level among husbands is high school, with 52 respondents (61.9%), and the most common occupation is private sector employee, with 37 respondents (44.0%). The majority of the mothers in this study are self-employed, with 39 respondents (46.4%). Almost all respondents had no history of illness, with 79 respondents (94%). Mothers who received their husband's support in the information aspect were classified as high at 68 (80.9%), their husband's support in the assessment aspect was also high at 69 respondents (82.1%), another aspect of husband's support that was classified as high was the instrumental aspect at 69 respondents (82.1%).), and husband's support in the emotional aspect is relatively high, namely 70 respondents (83.3%). Apart from support from the husband, midwife support is also needed. Based on the data, the level of midwife support for mothers is also relatively high, in the information aspect there are 69 respondents (82.1%), midwife support in the assessment aspect is also high with 69 respondents (82.1%) of mothers receiving midwife support. a high of 70 respondents (83.3%), and as many as 68 respondents (80.9%) received support from midwives in emotional aspects.

Table 2. Chi-square test of the relationship between husband and midwife support with ANC visits.

Variables	ANC Visits		p-value
	Non-compliance (n=16)	Compliance (n=68)	
Husband's Supports (n/%)			
Low	13/81.3	10/14.8	<0.001
High	3/18.7	58/85.2	
Midwife's Supports (n/%)			
Low	12/75.0	7/10.3	<0.001
High	4/25.0	61/89.7	

Table 2 shows the statistical results from the Chi-Square test, which found a relationship between husband support and ANC visits among primigravida pregnant women, with a p-value of <0.001. This is evident in the group of primigravida women who had ANC visits according to the standard, where the percentage was higher among those with strong husband support, 58 (85.2%). The statistical test results also indicate a relationship between midwife support and ANC visits among primigravida women, with a p-value of <0.001. This is shown by the data that, in the group of women who met the ANC visit standards, the highest percentage was among those who received strong midwife support, 61 (89.7.8%).

DISCUSSION

Respondents who received high levels of husband support were more likely to attend ANC visits according to standards. Based on the Chi-square test results, a p-value of <0.001 was found,

indicating a relationship between husband support and ANC visits among pregnant women. This finding is supported by previous research, which also identified a significant relationship between husband support and ANC visits at the Ponre Health Center in Gantarang District, Bulukumba Regency, with a p-value of <0.001 (Bohari, Haerani, & Akhfar, 2022). Behavior that demonstrates good support includes the husband's actions and positive responses to his wife's complaints or requests, providing security, making time to be present and accompany his wife, and offering good advice or motivation when she attends prenatal checkups (Aryanti & Karneli, 2020).

Comprehensive support from husbands has a positive effect on pregnant women, motivating them to complete routine ANC visits. Husband support is crucial for the baby's development and the physical and mental health of the mother. A supportive husband can reduce his wife's anxiety and restore her confidence during pregnancy. Research found

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that nearly 90% of mothers or wives receive husband support when visiting health care providers in Debre Berhan city, and mothers with husband support were 2.29 times more likely to use ANC services compared to those without husband support (Tizazu, Asefa, Muluneh, & Haile, 2020). Additionally, previous research shows that pregnant women who receive attention and support are more likely to accept and follow medical advice (Purnamawaty, Utami, Dirgahayu, & Samarinda, 2023). Husbands play a significant role in reducing maternal mortality, such as ensuring that their wives undergo pregnancy checkups, which is essential as advised by midwives or medical staff (Wau & Razella, 2020).

The study found that the high level of husband support mainly came from emotional support. Emotional support includes actions such as empathy, care, affection, warmth, and other forms of encouragement (Cahyanti, 2020). Pregnant women who receive high emotional support from their husbands are more likely to attend ANC visits. Previous research noted that respondents received strong emotional support because their husbands offered their best support, making pregnant women feel loved and cared for (Klevina & Mathar, 2022). Additionally, husbands provide comfort to both mother and baby, ensuring stable mental and physical conditions during pregnancy. Examples of husband support include accompanying their wives to prenatal checkups, fulfilling cravings, or helping with household tasks during pregnancy. Even small actions by husbands can have a deep impact on the mental well-being of pregnant women. Previous studies have shown that pregnant women tend to feel sensitive and anxious, affecting their psychological state, making them more reliant on emotional support from their husbands, such as good communication and assistance in resolving problems during pregnancy (Putri, Nova, & Rahayu, 2020). Other research also suggests that emotional needs from husbands are met when they take the time to listen to their wives, offer support, care for them when they are stressed, and ensure that their wives feel at peace during pregnancy (Audet, Sack, Ndlovu, Morkel, Harris, Wagner, & Seabi, 2023).

Education plays an important role for pregnant women, with those having higher education levels more likely to attend adequate ANC visits as they

understand what is best for their health and their baby's. Previous research shows a significant positive relationship between education and ANC visits (Rahman & Hossain, 2019). This indicates that higher education levels provide women with more knowledge and financial means to access healthcare services. Education influences a mother's knowledge and confidence in meeting her needs by utilizing healthcare services. In this study, 34 respondents (40.5%) had the highest education level, having graduated from college. Women with higher education levels tend to comply with ANC visits. This study aligns with previous research showing that 87% of highly educated mothers attended ANC visits (Kaphle, Gupta, Shrestha, Paul, Dayal, & Singh, 2018). This enables pregnant women to access and obtain information about their pregnancy. Having higher education leads to a better understanding of ANC benefits and greater confidence in making health decisions, positively affecting the adequacy of ANC visits. Meanwhile, husbands' education was categorized as moderate, with 52 respondents (61.9%) having graduated from high school. Previous research stated that husbands with moderate education are 1.967 times more likely to be involved in ANC visits than those with no education (Laksono, Wulandari, Sukoco, & Suharmiati, 2022). Higher education levels in either pregnant women or their partners have a positive impact, as they have a better understanding of desired healthcare (Ziblim, Suara, & Seidu, 2022).

This study found that pregnant women who received low support were mainly lacking in informational support. One reason for this was that husbands did not remind their wives when to attend pregnancy checkups or purchase pregnancy-related reading materials (Yulistiana, 2015). The low level of informational support was due to husbands' lack of understanding about the purpose, benefits, and timing of pregnancy checkups. As a result, husbands did not know the benefits of ANC or praise their wives for attending regularly. This could indirectly predispose husbands to not support their wives during antenatal visits, leading pregnant women without husband support to skip routine pregnancy checkups.

The low informational support from husbands was likely influenced by their moderate income level,

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with 40 respondents (47.6%) earning between 1,500,000 and 3,000,000 IDR, which made it difficult for them to access information about healthy food for pregnant women. Husbands can enhance informational support by offering advice, purchasing items, and sharing positive stories, which can reduce stress for pregnant women (Adami, Mashura, & Iqbal, 2023). Previous research indicates that respondents with lower incomes tend to prioritize basic needs before seeking medical care (Nadapdap, Noerjoedianto, Solida, & Guspianto, 2023). This suggests that the stronger the family's financial situation, the more motivated pregnant women are to attend ANC visits. The fact that 37 respondents (44%) worked in the private sector forced husbands to work overtime, preventing them from providing their wives with adequate information or attention. Previous research suggests that employment status facilitates access to healthcare services, as jobs allow people to obtain them. A husband's employment status is a factor in the wife's decision to attend ANC visits for health reasons (Fatmawati et al., 2022).

The Chi-square test results showed a P-value of 0.001, indicating a relationship between midwife support and ANC visits among pregnant women. This result is supported by previous research that found a significant relationship between midwife support and ANC coverage in the Klambu Health Center area, Grobogan Regency (Nurmawati & Indrawati, 2018). Midwives are responsible for the quality of services they provide, including the safety of both the mother and baby. They should respect the rights of ANC patients and continue to encourage regular ANC visits (Kopel, Perisetti, Roghani, Aziz, Gajendran, & Goyal, 2020).

Healthcare provider support can influence pregnant women's compliance with ANC visits. This can be achieved through education on antenatal services, guidelines for checkup schedules, and pregnancy care (Armaya, 2018). Providing a comfortable experience for pregnant women during their checkups will encourage them to attend ANC visits regularly. This statement is supported by previous research that found a significant relationship between the role of midwives and ANC visits in the third trimester, where pregnant women with strong midwife support were 11 times more

likely to attend ANC visits (Noorianti, Sugesti, & Lisca, 2023).

The study revealed that midwife support was particularly high in instrumental support, with a trend of 81 (96.4%). The health of pregnant women will be ensured if midwives provide their best efforts, minimizing risks early on. The best ANC services are provided by midwives whose work adheres to standards. Midwives are able to properly implement group ANC curricula according to the standards they learned and practiced during training (Zielinski, Kukula, Apetorgbor, Awini, Moyer, Badu-Gyan, & Lori, 2023). Midwives reported using the techniques they learned during training, with each midwife given a facilitator guide that helped them conduct ANC checkups.

Midwives exhibited a low level of support, particularly in emotional support, which was only 19.5%. Previous research indicates that midwives not only conduct examinations but also provide motivation and health education to pregnant women and their families to emphasize the importance of regular and standard-compliant ANC visits (Rahmi, Safitri, Husna, Andika, & Yanti, 2021). A lack of support or attention from ANC midwives can make pregnant women feel unappreciated, leading them to attend ANC less frequently or stop altogether. Other research shows that attention from midwives and their patients, who are pregnant women, can encourage patients to attend ANC at least once during their pregnancy (Okedo-Alex, Akamike, Ezeanosike, & Uneke, 2019). The relationship between the pregnant woman and the midwife facilitates regular antenatal visits, supported by the mother's feelings and support. Previous studies suggest that women who establish a bond with their midwives seem to experience greater satisfaction and find that this closer relationship helps in providing better service quality (Somji, Ramsey, Dryer, Makokha, Ambasa, Aryeh, & Rashid, 2022). Another factor contributing to the low support from midwives is likely the lack of rewards or compensation for their work, which can result in less optimal healthcare services. Other studies have shown a significant relationship between rewards and midwife performance. Recognition is one of the management strategies used to enhance work performance, motivation, and job satisfaction among employees (Muktiasari, Setiyadi, & Werdhani, 2022).

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CONCLUSION

There is a relationship between husband support and midwife support with antenatal care (ANC) visits among primigravida pregnant women at Puskesmas Sragen, with a P-value <0.001. High levels of support from both husbands and midwives can encourage pregnant women to attend ANC regularly. Conversely, low levels of support from either husbands or midwives can lead to a reluctance in pregnant women to make ANC visits.

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