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The Relationship of Husband Support with the Regularity of Pregnancy Checks

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ABSTRACT

Pregnancy is an important period that requires attention and support, both from health workers and the immediate environment, especially the husband. Optimal husband support can affect the behavior of pregnant women in conducting regular pregnancy checks. The survey found that there was still a lack of regularity for pregnant women in conducting Antenatal examinations during pregnancy. Objective: This study aims to determine the relationship between husband's support with the regularity of pregnancy checks in the work area of Ambacang Health Center Year 2024. Methods: this type of research is analytical with cross sectional approach. The population of the study was all pregnant women who conducted pregnancy screening in the region, with a sample of 75 people selected using purposive sampling technique. Data collection was conducted by structured questionnaires and analyzed using Chi-Square test. Results: the results showed that most of the respondents had the support of their husbands in the good category (68%) and most pregnant women had regular pregnancy checks (72%). The results of statistical tests showed a significant relationship between husband's support with the regularity of pregnancy checks ($p < 0.05$). Implications: the implications of this study indicate the importance of increasing the role of the husband in supporting pregnancy through family education and counseling programs in the community. Conclusion: the better the husband's support, the higher the regularity of pregnant women in conducting pregnancy checks at the Ambacang Health Center.

Keywords: *Husband Support, Regularity of Pregnancy Checks, Pregnant Women*

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INTRODUCTION

Pregnancy is one of the important phases in a woman's life that requires special attention and monitoring because of the risks to the health of the mother and fetus. Regular pregnancy checks or antenatal care (ANC) are an important effort in early detection of complications, monitoring fetal growth, and providing health education for pregnant women. According to data from the Ministry of Health (2023), the coverage of complete pregnancy visits (K4) in Indonesia has still not reached the national target of 95%, where some regions have achieved below 80% (Ministry of Health, 2023). Irregularities in pregnancy screening can increase the risk of obstetric complications, premature birth, and even death of the mother and baby (Ningsih et al., 2022).

Efforts to increase the regularity of pregnancy checks are important because there are still many pregnant women who do not perform examinations according to the recommended schedule. Some factors that affect the regularity of pregnancy checks include the level of education, maternal knowledge, support from health workers, and family support (Rahmawati & Dewi, 2022). The results of a study in Jember showed that 27% of pregnant women do not perform routine pregnancy checks due to limited time, cost, and lack of support from the nuclear family, especially the husband (Sari et al., 2021). This shows that social support, especially from the husband, plays a big role in increasing the mother's adherence to the pregnancy check-up schedule.

The husband is the main figure who has an important role in maintaining the health of the mother during pregnancy. The support provided by the husband can be in the form of emotional, financial, informational, or practical, such as accompanying the wife during pregnancy control, helping with household chores, or encouraging when the mother feels anxious about physical and emotional changes during pregnancy. Emotional support from the husband is proven to increase the confidence of pregnant women, reduce stress levels, and create a sense of comfort and security that has a positive impact on the psychological condition of the mother and the development of the fetus (Astuti et al., 2023). In addition, financial and instrumental support, such as providing transportation costs to health facilities, is also an important factor that allows pregnant women to more easily carry out pregnancy checks according to the schedule recommended by health workers.

On the contrary, the lack of attention, communication and involvement of the husband during pregnancy often causes the mother to feel neglected and deprived of the emotional support needed. This condition can cause stress, lack of confidence, and reduce the mother's motivation to maintain optimal health, including in terms of doing regular pregnancy checks (Puspitasari & Wulandari, 2022). The absence of a husband in support of the pregnancy process can also hinder quick decision-making when the mother needs medical help. Therefore, husband's support is a very potential aspect to be optimized in maternal health service programs at the community level. Actively involving husbands in reproductive health education and antenatal care programs is expected to increase the regularity of pregnancy checks, strengthen family relationships, and reduce the risk of complications during pregnancy and childbirth.

Various previous studies have shown a link between husband support and pregnancy screening behavior. Research by Nurhasanah (2022) at the Cibinong Puskesmas found that mothers who received high support from their husbands were 3.5 times more likely to have regular pregnancy checks than mothers who received less support. Similarly, a study in Thailand by Chitiphat (2021) showed a positive relationship between husband support and ANC visit compliance, where the husband's role is not only as a provider of expenses, but also as a reminder and companion. These results reinforce the importance of husband's support in ensuring the regularity of pregnancy checks.

The interest of researchers in raising this topic is motivated by the phenomenon that although maternal health services are increasingly accessible, the behavior of irregular visits by pregnant women is still common, especially in rural areas. In addition, research that specifically examines the relationship between husband's support and the regularity of pregnancy checks in certain work areas is still limited. This study is expected to provide an empirical picture of the extent to which husband's support contributes to the conduct of maternal pregnancy screening at the local level, as well as the basis for the formulation of strategies to increase the role of husbands in maternal and Child Health (MCH) programs.

Another study by Lestari and Fitriana (2023) also confirms that husband support has an effect on maternal health behavior, including in terms of nutritional consumption, rest, and pregnancy check-up visits. The support is not only material, but also moral, such as accompanying the wife to a health facility and encouraging her to go through the pregnancy process. This study shows that family-based interventions involving husbands can improve the effectiveness of maternal health programs. Thus, focusing on the support of the husband becomes a strategic step to strengthen the sustainability and regularity of pregnancy visits.

However, most previous studies have focused on frequency of visits (at least four visits), rather than regularity in terms of time and schedule. The regularity of the examination reflects the mother's discipline in following the schedule determined by health workers, which has a direct effect on monitoring fetal development (Putri & Hasanah, 2022). Therefore, this study tries to trace the relationship of husband's support with the regularity of pregnancy checks more specifically in order to provide more accurate empirical evidence.

The results of a preliminary survey conducted of 10 pregnant women in the Ambacang Padang Health Center work area showed that 6 pregnant women stated that their husbands were very supportive, 3 mothers stated that their husbands were sufficient support, and 1 mother stated that her husband was less supportive. In terms of regularity of checkups, 5 mothers were routinely on Schedule, 3 were sometimes late, and 2 had only 1 Visit. The Data showed a tendency that the higher the husband's support, the more regularly the mother conducts pregnancy checks.

Based on these conditions, it can be concluded that there are still challenges in improving the regularity of pregnancy checks in the community, especially those related to the role of the family. There needs to be a deeper understanding of how the form of husband support is effective in encouraging the regularity of pregnancy visits. If this relationship proves significant, the results

of the study can serve as a basis for family-based interventions that place the husband as an active partner in pregnancy health services.

Thus, a study entitled" The relationship of husband support with the regularity of pregnancy checks in the work area of Ambacang Padang Health Center" is important to be implemented. This research is expected to make a scientific contribution to the development of the midwifery community, as well as being input for health workers in increasing the involvement of husbands in the antenatal care program. Through a quantitative approach and primary data collection in the working area of the Health Center, the results of this study are expected to provide a more targeted program planning basis in improving the regularity of pregnancy checks and reducing the risk of pregnancy complications.

METHODS

This study is an analytical study with a cross-sectional approach, which is a research design that aims to determine the relationship between independent and dependent variables measured simultaneously at a certain time. This approach was chosen because it allows researchers to describe the actual condition of the relationship between husband's support (independent variable) and the regularity of pregnancy checks (dependent variable) at the time the study was conducted without the need for long-term follow-up. This design is also efficient in terms of time and cost, and is suitable for Field Research in public health service work areas such as Ambacang Health Center.

The population of the study were all pregnant women who perform pregnancy checks in the Working Area of Ambacang Health Center during the study period. From the population, a sample of 75 pregnant women who meet the inclusion and exclusion criteria was obtained. The sampling technique used is purposive sampling, which is the selection of respondents based on certain considerations according to the purpose of the study. Inclusion criteria include pregnant women in trimesters I-III, domiciled in the working area of the Ambacang Health Center, and willing to be a respondent. The exclusion criteria include pregnant women with severe complicated conditions or who are unable to fill out the questionnaire independently.

Data collection was conducted using a structured questionnaire consisting of two main parts, namely a questionnaire about the level of husband's support and a questionnaire about the regularity of pregnancy checks. This instrument has gone through validity and reliability tests before use. The data obtained is then processed through the stages of editing, coding, entry, and tabulation. The analysis was carried out in two stages, namely univariate analysis to describe the frequency distribution of each variable and bivariate analysis using The Chi-Square test to determine the relationship between husband's support and the regularity of pregnancy checks. The results of the analysis are presented in the form of a table of distribution and interpretation of the significance value (p-value) with a confidence level of 95%.

RESULTS

The results obtained based on univariate and bivariate analysis that can be used to describe the results of research on the relationship between husband support with the regularity of pregnancy checks in the Working Area of Ambacang Health Center as follows:

1. Characteristics of Respondents

Table 1. Characteristics of Respondents (n=75)

Characteristics	Categories	Frequency (n)	Percentage (%)
Mother's age (years)	<20	5	6,7
	20–35	55	73,3
	>35	15	20,0
Education	Bachelor degree	10	13,3
	Menguasai komputer (MS. Office)	20	26,7
	High school / equivalent	30	40,0
	College	15	20,0
Jobs	Does Not Work	40	53,3
	Works	35	46,7
Parity	Primiparous (1)	30	40,0
	Multiparous (2-4)	35	46,7
	Grandemultipara (≥5)	10	13,3

The majority of respondents were in the age range of 20-35 years (73.3%), which is the ideal age for pregnancy. The most education is high school / equivalent (40%), while most mothers do not work (53.3%). In terms of parity, almost half of the respondents were multiparous (46.7%), followed by primiparous (40%) and grandemultiparous (13.3%). These characteristics are important for understanding the social and demographic context of respondents that can affect the support of husbands and the regularity of pregnancy checks.

2. Frequency Distribution of Husband Support

Table 2. Frequency Distribution of Husband Support

Husband's Support	Frequency (n)	Percentage (%)
Height	40	53,3
Medium	25	33,3
Low	10	13,3
Total	75	100

The results showed that most respondents (53.3%) received high husband support during pregnancy. A total of 33.3% received moderate support, while the remaining 13.3% experienced low support. This shows that the majority of pregnant women in the Ambacang Puskesmas work area get quite good husband support in dealing with pregnancy.

3. Frequency Distribution Regularity of Pregnancy Checks

Table 3. Frequency Distribution Regularity of Pregnancy Checks

Regularity of Pregnancy Examination	Frequency (n)	Percentage (%)
Regularly (on schedule)	45	60,0
Irregular (Late/Late)	30	40,0
Total	75	100

As many as 60% of pregnant women do regular pregnancy checks, according to the recommended schedule, while 40% still do irregular checks. This indicates the need to increase maternal compliance in pregnancy screening, especially in groups that lack optimal support.

4. The Relationship of Husband Support With The Regularity of Pregnancy Checks

Table 4.The Relationship of Husband Support With the Regularity of Pregnancy Checks

Husband's Support	Regular (n, %)	Irregular (n, %)	Total (n)
Height	35 (87,5%)	5 (12,5%)	40
Medium	8 (32,0%)	17 (68,0%)	25
Low	2 (20,0%)	8 (80,0%)	10
Total	45 (60,0%)	30 (40,0%)	75

The results of the analysis showed that the support of the husband plays a significant role in the regularity of pregnancy checks. Of the 40 mothers who received high support, 35 (87.5 %) checked themselves regularly, while at medium support only 8 out of 25 mothers (32.0 %) were regular, and at Low Support 2 out of 10 mothers (20.0 %) were regular. Overall, 60% of respondents carried out regular checks, while 40% were irregular.

DISCUSSION

1. Characteristics of Respondents

The characteristics of the respondents of this study showed that most pregnant women are in the age range of 20-35 years (73.3 %), with high school education/equivalent (40 %) and most do not work (53.3 %). Parity conditions showed that multiparous mothers (46.7 %) slightly outnumbered primiparous (40.0 %), while grandemultipara was only 13.3 %. From the point of view of demographic theory and maternal health, the optimal age (20-35 years) is considered to be the period of pregnancy with a lower relative risk than the age of Under 20 or over 35 years.

Systematic research in Indonesia shows that demographic characteristics such as age, education, employment, and parity significantly influence maternal participation in pregnancy screening. These factors not only determine physical and financial access to health services, but also affect the awareness and knowledge of mothers regarding the importance of regular check-ups during pregnancy (Alwi, Hamzah, Ningsih, & Mahfudah, 2023). For example, the optimal age of the expectant mother (20-35 years) is associated with a lower risk of complications as well as a higher motivation to maintain health during pregnancy.

Education became one of the main determinants of ANC participation. Higher education is often associated with a better understanding of the benefits of pregnancy screening, the ability to read health information, as well as easier access to health care facilities (Puspitasari & Wulandari, 2022). In the context of this study, the majority of respondents have high school education/equivalent (40 %), which indicates a relatively good level of health literacy, so the potential for compliance with the schedule of pregnancy checks is quite high.

However, there is still a group of mothers with low education, namely SD/equivalent (13.3%), who may face obstacles in understanding health information and pregnancy screening procedures. This group requires special attention from health workers through education tailored to their level of understanding, such as the use of visual media, interactive counseling, or direct assistance during ANC visits (Alwi et al., 2023; Puspitasari & Wulandari, 2022). Special treatment of this group is important so that gaps in access and adherence to prenatal care can be minimized.

The mother's work is one of the important factors that affect the regularity of pregnancy checks. Non-working mothers (53.3 %) tend to have greater time flexibility to attend ANC visits, thus potentially increasing adherence to examination schedules (Agushybana, 2017). However, the economic limitations that often accompany not working conditions can be obstacles, for example the difficulty of transportation costs, indirect costs, or access to more distant health facilities. This condition shows that time flexibility is not always proportional to optimal access, so interventions need to consider the economic aspect of the family.

In contrast, working mothers face time constraints and limited permission from the workplace to take part in routine examinations. Family Welfare theory emphasizes that employment factors and family economic conditions are the main determinants of access to health services, including the ANC (Fitriani, Rachmawati, & Saputri, 2024). This confirms the need for a flexible approach, such as a schedule of visits that can be adjusted to the time the mother works or the provision of additional services that make it easier for working mothers to keep a pregnancy check.

In addition, parity also plays a significant role in the conduct of pregnancy checks. Multiparous or grandemultiparous mothers tend to feel more confident because of previous pregnancy experiences, so some may lower the priority of routine examinations compared to primiparous. Research in Indonesia shows that high parity is sometimes correlated with lower examination compliance because previous experience is considered sufficient (Hasmed.org, 2021). In this study, 13.3% of respondents were grandemultiparas, which is a high-risk group and

requires special attention. Thus, occupational characteristics and maternal parity provide an important context for the understanding of husband support and regularity of pregnancy checks in the Ambacang Puskesmas work area (Alwi et al., 2023).

2. Frequency Distribution of Husband Support

The univariate results of the study showed that as many as 53.3% of pregnant women received high husband support, 33.3% medium support, and 13.3% low support. Although the majority of respondents received support fairly well, there were still more than one-eighth of mothers who felt low support. This condition is a potential risk for the regularity of pregnancy checks because the lack of encouragement from the husband can reduce the mother's motivation to attend health facilities on time.

A recent meta-analysis reinforces this finding, that husband support significantly increases antenatal care (ANC) visits of pregnant women, with an odds ratio of about 2.03 (95% CI: 1.65–2.51). These findings suggest that the support of the husband is not only an additional factor, but one of the main determinants in the compliance of pregnancy visits (MedicoPublication.com, 2022). In other words, mothers who received high support from their husbands were more than twice as likely to have their examinations on schedule than mothers with low support.

Theories of husband involvement in pregnancy, such as the "Active Husband Involvement" theory proposed by Eddy & Fife, emphasize four important components: a positive attitude, instrumental support, emotional support, and response at the crucial moment of pregnancy. These components complement each other and can affect the motivation of the mother in a routine check-up (Digitalscholarship.unlv.edu, 2021). This theory helps explain why multidimensional husband support is more effective than just one type of support, such as just providing information.

The univariate results in this study reflect that more than half of the respondents ' husbands may have already exercised some of these components, such as a positive attitude and instrumental support. Instrumental support, for example, can be in the form of taking the mother to a health facility, while emotional support can be in the form of encouraging and reducing stress during pregnancy. This combination of support plays an important role in improving ANC compliance (Fitriani, 2024).

However, husband support is multidimensional and not all forms of support have the same impact. The study in Purwodadi showed that sub-variables of support, such as emotional, instrumental, and appreciation had a significant relationship with ANC compliance, whereas information support alone has not been shown to be significant (PBJournal.org, 2022). This confirms that although the "high support " category shows a good percentage, understanding its composition is important in order to make interventions more targeted.

Therefore, the category of "high support" in this study should be analyzed in more detail in the next study. For example, it is necessary to know how much emotional, instrumental or appreciative support is compared to information support. With this understanding, the program to

increase the regularity of pregnancy checks in the Ambacang Puskesmas work area can be focused on improving the support components that have proven to be most effective, as well as targeting mothers with medium or low support for special interventions (Fitriani, 2024; PBJournal.org, 2022).

3. Frequency Distribution Regularity of Pregnancy Checks

The univariate results of the study showed that 60% of respondents carried out regular pregnancy checks on schedule, while the remaining 40% still carried out irregular checks, either late or missed visits. This 40% figure indicates a significant challenge in the Ambacang Puskesmas work area, because the regularity of ANC visits is an important indicator to monitor the health of mothers and babies during pregnancy. This condition shows that although most pregnant women have complied with the examination schedule, there are still groups who are prone to complications due to non-compliance with the ANC schedule.

Previous research in several regions of Indonesia shows a similar phenomenon, where the achievement of K4 visits (four or more times) is still below the national target. For example, studies in Toli-Toli Regency report that ANC regularity is low, especially in mothers with <20 or >35 years of age, low education, or multiparous. This finding confirms that the problem of ANC regularity is not only local in nature, but is a public health issue that needs special attention (Thejhsc.org, 2022).

The Health Belief Model (HBM) theory explains that health behaviors, including the regularity of pregnancy checks, are influenced by perceptions of risks to complications, perceptions of the benefits of routine checks, perceptions of obstacles such as cost or transportation, and social support from family, including husband. Thus, psychosocial factors and family environment have an important role in determining the compliance of pregnant women to the examination schedule (Alwi et al., 2023). HBM also emphasizes the importance of cue to action, such as reminders from health workers or couples, which can motivate mothers to attend on time.

Univariate analysis of the regularity of examinations provides a basis for understanding the distribution of the problem and identifying specific irregular groups. For example, mothers with low education, high parity, or medium/low husband support tended to have lower ANC regularity. This information is important for Ambacang Health Center officers to design more targeted interventions, such as counseling for pregnant women groups, visit reminders, and active involvement of husbands (Fitriani et al., 2024).

Thus, the univariate results show that the regularity of pregnancy checks is still a significant challenge even though the majority of mothers have performed ANC on schedule. An intervention strategy that combines maternal education, strengthening husband support, and regular monitoring is needed to improve adherence, reduce the risk of complications, and support the achievement of the national target of ANC visits (AJRH.info, 2023; Fitriani et al., 2024).

4. The Relationship of Husband Support with the Regularity of Pregnancy Checks

Bivariate analysis showed a significant relationship between husband's support and the regularity of pregnancy checks in the Ambacang Health Center working area. of the 40 mothers

with high husband support, as many as 35 mothers (87.5 %) carried out regular checks, while from moderate support only 8 mothers (32 %) were regular, and from low support only 2 mothers (20 %) were regular. The Chi-Square Test value showed $p < 0.001$, indicating that the higher the husband's support, the more likely the mother was to check herself regularly.

This finding is in line with a study at the Tanjung Selamat Health Center, Langkat, which also showed a significant relationship between husband support and ANC compliance ($p = 0.002$). The study confirms that husband support is a major determinant in the regularity of ANC visits, especially in the context of Indonesian family culture that emphasizes the role of the husband in Family Health decision-making (EJournal.seaninstitute.or.id, 2023).

Husband support has various dimensions, including emotional support, instrumental, and appreciation of pregnant women. Emotional support includes motivation and encouragement, instrumental in the form of practical assistance such as taking mothers to health facilities, and appreciation in the form of recognition for the efforts of mothers to maintain pregnancy. These three dimensions can facilitate the Health Belief Model module, where mothers feel the great benefits of screening, barriers are reduced as husbands help, and social norms increase (Digitalscholarship.unlv.edu, 2021).

Theoretically, the active involvement of the husband during pregnancy, as described in the theory of "Active Husband Involvement", strengthens the couple's relationship, increases maternal obedience, and has a positive impact on the health of the mother and baby. This theory asserts that husband support is not only an additional factor, but an important component in improving maternal health behavior during pregnancy (Eddy & Fife, 2019).

The results of this analysis indicate that interventions to improve the regularity of pregnancy checks should not only target the mother, but also involve the husband. The strategies that can be done include couple education, "pregnant father " program, husband-wife assistance during ANC visits, and awareness campaigns on the importance of husband support (MedicoPublication.com, 2022).

However, despite the high support of husbands, 12.5% of mothers still do not have regular examinations. This shows that husband's support is not the only factor that determines compliance, but is also influenced by other factors such as access to health services, employment constraints, family economic conditions, and maternal health status (Agushybana, 2017).

In addition, it is necessary to note the interaction between the demographic characteristics of the mother and the support of the husband. For example, mothers with low education or multiparous may rely more on motivation and reminders from a partner to attend ANC regularly. Therefore, intervention strategies must be holistic, taking into account a combination of social, economic, and psychological factors (Fitriani et al., 2024).

Thus, the results of the bivariate analysis confirmed that the support of the husband is a significant factor affecting the regularity of pregnancy checks. Puskesmas Ambacang can utilize these findings to design programs that increase the active role of husbands, while still paying attention to other inhibiting factors, so as to increase maternal compliance and reduce the risk of

pregnancy complications. This strategy is expected to have a positive impact on the quality of antenatal care services and overall maternal-infant health (Hudnah, Arami, & HS, 2025; MedicoPublication.com, 2022).

CONCLUSIONS

Based on the results of research in the Ambacang Puskesmas work area, the majority of pregnant women received high husband support (53.3 %), with a small percentage getting medium support (33.3 %) and low (13.3 %). The level of regularity of pregnancy checks showed that 60% of mothers had regular checks, while 40% were still irregular. Bivariate results showed a significant relationship between husband's support and the regularity of pregnancy screening ($p < 0.001$), where mothers with high husband's support were more likely to do regular screening than mothers with medium or low support.

Demographic characteristics of respondents, such as age, education, occupation, and parity, also provide important context to the regularity of the examination. Although the majority are at the age of 20-35 years and high school education, there are still vulnerable groups (low education, grandemultipara or working mothers) that can affect the compliance of ANC visits. This suggests that demographic variables should be considered when designing maternal health interventions.

Overall, this study confirms that the support of the husband is a key factor in improving the regularity of pregnancy checks. Interventions to improve ANC compliance should not only focus on maternal education, but also involve husbands through "pregnant father" programs, spousal mentoring, and strategies to strengthen emotional and instrumental support. In addition, special attention needs to be paid to vulnerable groups of mothers to minimize the risk of pregnancy complications and improve the quality of antenatal care services in the Ambacang Health Center area

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