

Relationship Between Husband's Support And Mother's Compliance In First Trimester Pregnancy Examination In Practicing Midwives Independent Kartika, Timang Gajah District Bener Meriah District

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ABSTRACT

Maternal Mortality Rate (MMR) is one of the development targets. Efforts to reduce MMR (pregnancy, childbirth, and postpartum) need quality Ante Natal Care (ANC) services according to government policy standards, namely at least 4 times during pregnancy, 1 time in the first trimester, 1 time in the second trimester, and 2 times in the third trimester. The husband's support is very much needed in the implementation of pregnant women's compliance in Antenatal Care (ANC) examinations. Being accompanied by a husband in conducting the examination can increase the motivation of pregnant women to check their pregnancy. The purpose of this study was to determine the relationship between a husband's support and maternal compliance in first-trimester pregnancy check-ups at the Midwife Kartika Clinic, Timang Gajah District, Bener Meriah Regency. This research method is analytically descriptive with a cross-sectional design. Total population of 51 respondents with a total sample of 33 respondents. This research was conducted at the clinic of Kartika midwives from 13 to 18 October 2024. The Chi-Square test result ($p\text{-value} = 0.004 < 0.05$) indicates a significant relationship between the husband's support and maternal compliance in first-trimester pregnancy check-ups at the Midwife Kartika Clinic, Timang Gajah District, Bener Meriah Regency. Mothers who received support from their husbands were 80% more likely to comply with pregnancy check-ups. With this research, it is expected that the knowledge of the husband or family about maternal support during pregnancy can be increased by the existence of this research and knowing the importance of pregnancy visits.

Keywords: Husband Support, Maternal Compliance, Pregnancy Test Trimester I

INTRODUCTION

Maternal Mortality Rate (MMR) is one of the development targets. Efforts to reduce MMR (pregnancy, childbirth, and postpartum) need quality Ante Natal Care (ANC) services

according to government policy standards, namely at least 4 times during pregnancy, 1 time in the first trimester, 1 time in the second trimester, and 2 times in the third trimester. (Syarifah, 2021).

ANC is a planned program in the form of observation, education, and medical treatment for pregnant women, with the aim of: maintaining the health of the mother during pregnancy; childbirth, and postpartum and ensuring that the baby is born healthy; a safe, and satisfying pregnancy and childbirth process; monitoring the possibility of pregnancy risks; planning optimal management of high-risk pregnancies; and reducing maternal and fetal perinatal morbidity and mortality. (Syamsiah, 2021).

According to the Ministry of Health of the Republic of Indonesia, competent personnel to provide ANC services are obstetrician specialists, doctors, midwives, and nurses. Midwives with the scientific basis they have can carry out their duties independently or in groups in the health sector for the welfare of mothers, children, and families. Services provided in ANC visits with the 10 T standard, namely: Weighing and measuring height and blood pressure, Determining/assessing nutritional status (measuring Upper Arm Circumference (LiLA), Uterine fundus height, Determining fetal presentation and fetal heart rate, Tetanus toxoid, Iron tablets, Laboratory tests (Routine and Special), Case Management, Talk or Counseling (including the Childbirth Planning and Complication Prevention Program (P4K), postpartum family planning, Antenatal care service locations, Pregnancy danger signs, signs of labor, advice for mothers during pregnancy, and others). The scope of the First Visit (K1) ANC shows access to health services and the level of compliance of pregnant women in checking their pregnancies with health workers, and the scope of the Fourth Visit (K4) ANC shows the percentage performance of pregnant women receiving ANC services. (Ministry of Health of the Republic of Indonesia, 2022).

Based on Riskesdas, the coverage of maternal health services K4 tends to increase. When compared to the target of the Ministry of Health's Strategic Plan (Renstra) for 2022 which is 76%, the achievement in 2022 has reached the target for that year, although there are still 11 provinces that have not reached the target. The obstacles faced in the implementation of maternal health services are not only in terms of access. The quality of services provided

must also be improved, including the fulfillment of all components of maternal health services that must be provided during visits (Riskesdas, 2022).

The target of the KN 1 indicator at the beginning of the 2020-2024 Renstra was 75% (2015), the determination of this target was made based on the 2013 Riskesdas data which revealed that the coverage of KN 1 was 73% and the average increase in KN 1 was 2 points so that the KN 1 target was determined to be 75%. The target of the first neonatal visit indicator (KN 1) in 2017 was 81%, and the coverage results at the end of 2017 were 89.8% which means that as many as 4,344,773 newborns had their first neonatal visit. With this coverage, the directorate's performance achievement was 110.9% (Directorate of Family Health, 2023).

From the data obtained at the Kartika Midwife Clinic, the number of K1 visits in March 2019 was 16 first-trimester pregnancy visits, in April 2024 there were 12 visits, in May 2024 there were 15 visits, in June 2024 there were 13 visits and in July 2024 there were 15 visits, during pregnancy checks, it is often found that mothers come alone, not accompanied by their husbands or family, so there are also mothers who feel that this pregnancy is not accepted in the family. (Kartika Midwife Clinic, 2024).

Based on an initial survey conducted at the Kartika Midwife Clinic on July 28, 2024, out of 10 pregnant women in the first trimester who received support during pregnancy, only 5 people received support, for example, from the smallest thing, namely when the mother was not accompanied by her husband during the pregnancy check-up, they assumed that only the mother herself knew her condition while her husband did not need to know. Some were accompanied by their husbands during the pregnancy check-up but their husbands just stood outside and did not want to come in and see the results of the examination.

METHOD

This type of research is Descriptive Analytical, namely research that aims to find the relationship between independent variables (husband's support) and dependent variables (Mother's Compliance in first-trimester pregnancy check-ups). The design of this research is cross-sectional, namely, a study that studies the occurrence of effects, and the dynamics of correlation between risk factors and effects that are observed simultaneously at the same

time. (Isgiyanto, 2020). The sample in this study were pregnant women who made first-trimester visits and visited the Kartika Midwife Clinic in September 2024 as many as 33 people. The research instrument used a questionnaire for each independent variable (10 questions) and dependent variable (10 questions) that had been tested for validity & reliability. Sampling in this study used accidental sampling(Hidayat, 2020). Data analysis using Chi-Square.

RESULTS AND DISCUSSION

Univariate Analysis

Table 1. Respondent Characteristics

| Characteristics | Respondents | |
|---|-------------|------------|
| | n | % |
| Maternal Compliance in Pregnancy Check-ups | | |
| Yes | 21 | 63.6 |
| No | 12 | 36.4 |
| Husband Support | | |
| Support | 19 | 57.6 |
| Does not support | 14 | 42.4 |
| Total | 33 | 100 |

(Source: Primary Data 2024)

Based on the table above, shows that as many as 63.6% of mothers who received husband support showed compliance in pregnancy check-ups, while only 15.2% of mothers who did not receive support remained compliant in the check-ups. This shows that husband support has an important role in increasing pregnant women's compliance with ANC.

Bivariate Analysis

Table 2. The Relationship between Husband's Support and Compliance in First Trimester Pregnancy Check-ups

| No | Husband Support | Maternal compliance in pregnancy check-ups | | | | Amount | P Value |
|---------------|------------------|--|-------------|-----------|-------------|-----------|---------|
| | | Yes | | No | | | |
| | | F | % | F | % | | |
| 1 | Support | 16 | 48.5 | 3 | 9.1 | 19 | 0.004 |
| 2 | Does not support | 5 | 15.2 | 9 | 27.3 | 14 | |
| Amount | | 21 | 63.6 | 12 | 36.4 | 33 | |

(Source: Dataa PrimerProcessed in 2024)

Based on the table above, it can be seen that of the 33 respondents who received support from their husbands and were compliant in carrying out pregnancy checks, there were 16 respondents (48.5%), who received support from their husbands and were not compliant in carrying out pregnancy checks were 3 respondents (9.1%), while those who did not receive support from their husbands and were compliant in carrying out pregnancy checks were 5 respondents (15.2%) and those who did not receive support from their husbands and were not compliant in carrying out pregnancy checks.

Based on the results of the Chi-Square statistical test, the P value was obtained = 0.004 < 0.05, this indicates that there is a relationship between the husband's support and maternal compliance in the first-trimester pregnancy check-up at the Kartika Midwife Clinic, Timang Gajah District, Bener Meriah Regency.

Factors that influence the compliance of pregnant women to make antenatal care visits are due to lack of knowledge, attitudes or perceptions of mothers, support from health workers, and family support. Therefore, human resource factors as health providers are responsible for increasing maternal knowledge, and the role of community leaders and health cadres also influences the success of program implementation in the community. During pregnancy, antenatal care is a need that must be met by pregnant women. The role of the family, especially the husband in accompanying his wife to undergo antenatal care is an application of the emotional aspect of family intimacy. (Wibisono, 2019).

The results of this study are in line with (Retired, 2020) which explains that family support is divided into two, namely internal and external family support. Internal family support is the support of the husband, siblings, in-laws, support from children, while external support is friends, work, neighbors, and extended family because the support and role of the family during pregnancy can increase the readiness of pregnant women to face pregnancy and childbirth. The involvement of the family/husband towards the mother during pregnancy greatly supports the health of the mother and the baby who will be born later, also the risks both during pregnancy and the delivery process do not occur.

The researcher assumes that the husband's support is important for the wife's pregnancy because the husband is the closest person and sometimes the wife is faced with situations of fear and loneliness, so the husband is expected to always motivate and accompany the pregnant woman, in addition, the support given by the husband during the wife's pregnancy can also reduce anxiety and restore the mother-to-be's confidence in experiencing her pregnancy process.

CONCLUSION AND SUGGESTIONS

Conclusion

The results of research conducted on 33 respondents to find out the Relationship Between Husband's Support and Mother's Compliance in First Trimester Pregnancy Check-ups at Kartika Midwife Clinic, Timang Gajah District, Bener Meriah Regency which was conducted on 13 to 18 October 2024, was concluded that: there is a relationship between family support with maternal compliance in first-trimester pregnancy check-ups at Kartika Midwife Clinic where the P value = 0.004 was obtained.

Suggestion

It is hoped that this research can be used as a consideration to conduct more outreach to husbands, not only wives, in conducting examinations of pregnant women so that pregnant women will feel comfortable when undergoing examinations if accompanied and receive support from their closest family, for example, their husbands.

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