The Husband's Social Support on Participation in Pregnant Woman Class Program During the Covid-19 Pandemic in Kebumen

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ABSTRACT

One of the government programs that aim to increase knowledge of pregnant women about pregnancy, childbirth, post-partum and new-borns as well as toddlers is the Pregnant Woman Class Program. However, the participation of pregnant women in this class has decreased during the COVID-19 pandemic. The husband's support is an important factor influencing pregnant women to participate in the program. This study aims to determine the relationship between a husband's social support and participation in the pregnant woman class program. This study used an observational analytic study with a cross-sectional design. This study used non-probability sampling with a consecutive sampling of 390 people. It was conducted from January to April 2021 in Kebumen District. The results showed that most of the husband's social support was weak (56%) and the pregnant women do not participate in the Pregnant Woman Class Program (56%). Statistical test with contingency coefficient correlation obtains a value of 0.000 and r-value of 0.619. It means that there is a strong relationship between the husband's social support and participation in the pregnant woman class program. This study is expected to increase knowledge related to husbands' social support factors that play a role in pregnant women's participation in Pregnant Woman Class Program. Future studies are expected to examine other factors related to participation in a similar program.

Keywords: Husband's; Social Support; Pregnant Woman Class; Pregnancy

1. INTRODUCTION

Pregnancy gives both happiness and worries to women [1]. It gives happiness as the woman will have offspring to complement and complete her life, but it also gives worries due to feelings of fear and anxiety about bad things that may happen to her, especially during the birth process [2]. Maternal and child health is still a priority for health development, especially for groups with special needs including pregnant women, women in labour, infants, pre-schoolers, and adolescents [3]. Various strategies and approaches have been taken by the government so that the programs launched are right on target and run effectively and efficiently [4].

One of the government policies in the use of the KIA book (Maternal and Child Health book) is providing ANC services (Ante Natal Care) by health workers during pregnancy as early prevention from risk factors in pregnancy [5]. In providing ANC services, both in public and private health care facilities, officers are encouraged to always provide KIA books to every pregnant woman who visits for the first time [6]. However, not all pregnant women and husbands want to read the book due to no time to read the book, not being interested in reading the books, difficulty in understanding the contents of the book, or cannot read [7]. Optimizing the use of the KIA book at the family level will be realized if the health worker explains and ensures that the mother and family understand the contents of the MCH Handbook [8]. The Pregnant Women Class Program is one of the sustainable activities in midwifery services that have been proven to reduce maternal mortality significantly if it is carried out completely [9]. In this class, participants can learn directly in a small group with a maximum of 10 pregnant women with a gestational age of 20 weeks to 36 weeks. It aims to increase their knowledge and skills regarding pregnancy, childbirth, postpartum, new-borns, infectious diseases, HIV/AIDS, and myths about pregnancy [10].

The World Health Organization (WHO) has declared COVID-19 as a pandemic [11]. Globally, there are 11,500,302 positive cases of COVID-19 and 535,759

victims who died positive for COVID-19 to date [12]. Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2) is a new virus that can cause lung disease and even death. SARS-CoV-2 infection can increase the risk of pneumonia higher in pregnant women than non-pregnant women [13]. Pregnant women and infants are included in the population at high risk of disease during the COVID-19 pandemic [11]. The mother's concern about the growth and development of her child is a further impact of Covid-19 infection on women or pregnant women [14]. Therefore, pregnant women need special attention regarding prevention, diagnosis, and management from health workers [15]. Family functions as instrumental support such as husband's support to meet the physical needs of the mother, information support such as husband's support in providing the information obtained regarding pregnancy, assessment support such as giving the right decision for his wife's pregnancy care, and emotional support such as providing psychological support to his wife by showing concern on her pregnancy and being sensitive to her needs and emotional changes [16]. The participation of pregnant women both with primigravida and multigravida in-class activities is a form of behaviour, as behaviour is essentially an activity. Pregnant women's behaviour in visiting the Pregnant Women Class Program is healthy behaviour as it relates to a person's actions or activities in maintaining and improving health.

2. METHOD

This study is an observational analytic study with a cross-sectional design. This study was conducted in Kebumen District from January to May 2021. The total population of pregnant women was 689 and the sample size was 390 people determined with a non-probability sampling technique in the form of consecutive sampling. The primary data collected were using questionnaires. The questionnaires were distributed through social media (WhatsApp, Telegram, and Facebook) to reduce the risk of spreading the Covid-19 virus. The results of the Kolmogorov-Smirnov normality test with a value of (p) = 0.000, so that the data were not normally distributed. The data were presented with the median value. Univariate analysis was to explain the distribution and frequency of each variable. The statistical test used the contingency coefficient correlation. Data were analysed with the help of computer software with a significance of (α) = 0.05 and 95% confidence level. The significance value in this test is $p < 0.05$.

3. RESULT AND DISCUSSION

3.1. Result

Based on table 1, most of the respondents aged 31-35 years (43.1%), are Muslim (96.1%) with the highest education level of senior high school (55.6%). Concerning occupation, a total of 38.7% of pregnant women are a housewife and 62.1% of the pregnant women live with nuclear families. Further, a total of 72.3% are unplanned pregnancies and 68.5% of the pregnant women are with multigravida. A total of 51% of pregnant women participate in Pregnant Woman Class Program.

Table 1 Frequency distribution of respondents by characteristics

Characteristics	Frequency	Percentage (%)
Age		
<20 years old	56	14.3%
20-25 years old	140	35.9%
31-35 years old	168	43.1%
>35 years old	26	6.7%
Religion		
Moslem	375	96.1%
Christian	15	3.9%
Education		
Elementary School	5	1.3%
Junior High School	52	13.3%
Senior High School	217	55.6%
University	116	29.8%
Occupation		
Farmer	28	7.2%
Private worker	122	31.3%
Civil servant	89	22.8%
Housewife	151	38.7%
Type of Household		
Extended Family	148	37.9%
Nuclear family	242	62.1%
Planed Pregnancy		

Characteristics	Frequency	Percentage (%)
Yes	282	72.3%
No	108	27.7%
Parity		
Primigravida	123	31.5%
Multigravida	267	68.5%
Participation in Pregnant Woman Class Program		
Participate	191	49%
Not participate	199	51%

Based on table 2, most of the respondents receive weak emotional support (51%), weak instrumental support (54%), weak information support (67%), and weak guidance support (60%). The overall support is weak (56%) indicating that many respondents receive weak husbands' social support.

Table 2 Distribution of respondents by husband's social support

Husband's support	n	Strong support		Low support	
		Frequency	Percentage	Frequency	Percentage
Emotional	390	191	49%	199	51%
Instrumental	390	179	46%	211	54%
Information	390	129	33%	261	67%
Guidance	390	156	40%	234	60%

Based on the table above, the contingency coefficient correlation test obtains a p-value of 0.000 and an r-value of 0.619. As the p-value is lower than 0.05, it can be concluded that there is a strong relationship between the husband's social support variable and participation in the pregnant woman class program.

Table 3 The relationship between husband's social support and participation in pregnant woman class program

Support	Participation in pregnant woman class program				r	p
	Not participate		Participate			
	Frequency	Percentage	Frequency	Percentage		
Weak	199	100%	0	0%	0.619	0.000
Strong	0	0%	191	100%		

3.2. Discussion

This study involves 390 respondents and reveals that pregnant women who received 100% strong husband's social support participate in the pregnant women class program at least once, while pregnant women who received 100% weak husband's social support do not participate in the pregnant women class. The statistical analysis shows a value of 0.000 which means that there is a significant relationship between the husband's social support and participation in pregnant women class program. The contingency coefficient value between the two variables is r = 0.619. It means that there is a significant relationship between the two variables. The value of the correlation strength of the contingency coefficient is in the range of 0-1 in which the closer to one, the stronger the correlation strength. It can be said that when the husband provides strong support to the pregnant women, the pregnant women will tend to attend the pregnant women class. On the contrary, if the husband gives weak social support, the pregnant women tend to not participate in the pregnant woman class.

This study is in line with the previous study who examined the factors of knowledge, attitude and husband's support with participation in pregnant woman class [9]. The study reveals that the most dominant factor is the husband's support with a value of 0.0009 [9]. Another study which examines the relationship between maternal characteristics and husband's support with participation in pregnant woman class reveals that husband's support becomes the most dominating factor in participation in pregnant woman classes with a value of 0.001 [17]. Based on multivariate analysis, husband's support has a PR score of 27.1 times, which means that pregnant women who received husband's support are 27.1 times more likely to attend the pregnant women class [17].

Husband's social support can be seen from four forms of support [10]. First, emotional support is in the form of love, appreciation, praise given by the husband to the pregnant woman. Second, instrumental support is in the form of providing facilities such as providing vehicles or accompanying the pregnant women to pregnant women class. Third, informational support is in the form of

providing advice or health information to pregnant women. Fourth, guidance support is in the form of accompanying and assisting pregnant women in doing their daily work, including attending pregnant woman class. The husband's social support also helps the pregnant women feel comfortable and motivates them to always maintain their health during pregnancy [18].

Husband's support and good relationships highly contribute to maternal health [19]. The social support needed is in the form of emotional support that underlies the action. It will make people feel cared for, loved, honoured and appreciated [3]. One of the roles of husbands in pregnant women's participation in pregnant woman class is motivating the pregnant women by giving psychological support and real support [20]. A study on husband's social mentions that pregnant women who received husband's support tend to participate in pregnant woman class [19].

4. CONCLUSION

Based on the results of the study and discussion, it can be concluded that there is a relationship between husband's social support and participation in pregnant woman class. Pregnant women are advised to participate in pregnant woman class regularly and to have their husband with them in every ANC visit. It aims to make both the pregnant women and husband aware of the importance of pregnant woman class and educate pregnant women to maintain their health during pregnancy and prepare for childbirth properly. Future studies are expected to conduct further studies on other factors related to the participation in pregnant woman class.

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