



Husband Support Improves Maternal Fetal Attachment

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Abstract. Background: The attachment between mother and fetus is an important part that affects fetal development. The attachment between the mother and the fetus during pregnancy will affect the health of the mother and fetus during the perinatal period. A healthy mother and fetus will be able to pass the labor and breastfeeding period well so as to improve the health condition of the mother and baby.

Methods: This type of research is analytical descriptive, the research was conducted in July–August 2022 with a sample size of 60 respondents. The sampling technique was purposive sampling.

Result: There is a correlation between age and MFAS score ($p = 0.046$) with a weak positive correlation level ($r = 0.309$). There is a correlation between the husband's support score and the MFAS score ($p = 0.001$) with a moderate positive correlation level ($r = 0.5030$). This means that an increase in age and husband's support score correlates with an increase in the MFAS score.

Analysis: the increase in age and the husband's support score correlates with the increase in the MFAS score.

Discussion: Social support, especially husband's support, contributes positively to maternal-fetal attachment (MFA), the higher the support given by the husband to his pregnant wife, the higher the attachment of the pregnant mother to the fetus.

Keywords: Husband support · Maternal fetal attachment

1 Introduction

Based on the 2012 Indonesian Demographic and Health Survey (IDHS), the maternal mortality rate in Indonesia is 359 per 100,000 births [1]. A literature review conducted by Mgawadere, Kana, and van den Broek (2017) regarding maternal mortality in 60 low- and middle-income countries, including China, Dominican Republic, Brazil, Egypt, Nigeria, Cameroon, Malawi, Zambia, India, Pakistan, and Turkey, showing an average of 519 per 100,000 live births [2]. The World Health Organization (WHO) targets that by 2030, no country will have a maternal mortality rate above 70 per 100,000 live births [3].

The attachment of pregnant women and fetuses is said to have important implications for the health of mothers and babies after birth. In addition, it affects the relationship mothers develop with their children, and the quality of care mothers provide to their babies [4].

The presence of a Maternal-Fetal Attachment (MFA) has psychological benefits to help women adapt to pregnancy and help prepare for motherhood. Seeing the significant influence of pregnant women's attachment to the fetus, this attachment is an important thing to note. To increase the attachment relationship between mother and baby, we need to find out what factors can affect the attachment relationship between mother and fetus in the womb [5].

It is known that the attachment between pregnant women and the fetus in the womb can affect the mental health of pregnant women, which will affect their physical health. Based on previous research, it was found that there was a correlation between maternal age and maternal and fetal attachment. In addition, based on recent research, the husband's support is a significant predictor of maternal-fetal attachment.

This study aims to determine whether age and the husband's support affect the mother's and fetus's attachment.

2 Subjects and Methods

Pregnant women who will give birth to healthy babies at the Halmahera, Bangetayu and Ngesrep Health Center between July 2022 and then are involved in the study. This study has been approved by the ethical committee of the Health Research Ethic Commission Faculty of Nursing and Health Sciences Universitas Muhammadiyah Semarang with ID 0025/KEPK/VII/2022. Informed Consent has been obtained from each mother according to their demographic data and experience.

A total of 60 pregnant women with a gestational age of more than 32 weeks were monitored gradually. First, each respondent was given a questionnaire sheet, and then the total score was tested using statistical tests to see the suitability of the scores.

3 Instrument

The Maternal Fetal Attachment Scale (MFA-S) instrument was developed by (Cranley, no date) to help professionals assess how attached a mother-to-be and baby are in the womb.

The MFA-S Measurement Scale was developed as a diagnostic tool to measure maternal and fetal attachment, containing 12 items with a 4-point Likert scale rating. Based on the validity test, valid results were obtained on all questionnaires with a Cronbach alpha reliability score of 0.962.

4 Statistics

Analyzed using the Statistical Package for Social Science software (version 20.0; SPSS Inc., Chicago, IL) and Microsoft (Redmond, WA) Excel 2010. Normality distributions

were tested using the Kolmogorov–Smirnov/Shapiro–Wilk test. Correlation coefficients were calculated using Spearman to determine the correlation between age and husband’s support on maternal and fetal attachment, where $p < 0.05$ was considered statistically significant.

5 Results

Based on the assessment that has been carried out on 60 pregnant women, the characteristics of the research subjects are as follows:

1. Distribution of Respondent Frequency Based On Age (Table 1)

The results of the distribution of respondents based on age for pregnant women at the Semarang City Health Center showed the average age of the respondents was 29.83, with the youngest age being 20 years, while the oldest age was 41 years.

2. Distribution of Respondent Frequency Based on Education (Table 2)

Based on data on the distribution of education levels, respondents were more dominant among high school graduates as many as 46 respondents (66.7%), junior high school graduates, as many as six respondents (14.3%), Diploma/Bachelor graduates, as many as five respondents (11.9%) and elementary school graduates as many as three respondents (7.1%).

3. Distribution of Respondent Frequency by Occupation (Table 3)

4. Distribution of Respondent Frequency Based on Parity Status (Table 4)

Table 1. Distribution of Respondent Frequency Based On Age

Age	Min	Max	Mean	Median	Std
	20	41	29.83	29	6.10

Table 2. Distribution of Respondent Frequency Based on Education (n = 60)

Education	<i>f</i>	%
Diploma/Bachelor	5	11.9
Senior High School	46	66.7
Junior High School	6	14.3
Primary School	3	7.1
Total	60	100.0

The results of the data seen from the parity characteristics of the respondents, namely GPA, were obtained by Gravida with more total pregnancies in Gravida 2, namely 24 respondents (38.1%), Gravida 1 as many as 22 respondents (28.6%), Gravida 3 as many as nine respondents (21.4%), Gravida 4 as many as four respondents (9.5%) and Gravida 6 as many as one respondents (2.4%).

5. Distribution of Respondent Frequency Based on Pregnancy Status (Table 5)

6. Distribution of Respondent Frequency Based on Income (Table 6)

The results of the data on the distribution of respondents' income were more income below the UMR, namely 35 respondents (59.5%), while regional minimum wage income was 25 respondents (40.5%).

7. Description Of Husband's Support (Table 7)

Table 3. Distribution of Respondent Frequency by Occupation (n = 60)

Occupation	<i>f</i>	%
Housewife	43	78.6
Private Employer	7	16.7
Trader	9	2.4
Teacher	1	2.4
Total	60	100.0

Table 4. Distribution of Respondent Frequency Based on Parity Status (n = 60)

Status Obstetrics	<i>f</i>	(%)
Gravida 1	22	28.0
Gravida 2	24	38.0
Gravida 3	9	21.0
Gravida 4	4	9.5
Gravida 6	1	2.4
Total	100	100.0

Table 5. Distribution of Respondent Frequency Based on Pregnancy Status

Pregnancy Status	<i>f</i>	%
Planned pregnancy	45	64.3
Unplanned pregnancy	15	35.7
Total	60	100.0

Table 6. Distribution of Respondent Frequency Based on Pregnancy Status

Income	<i>f</i>	%
Regional Minimum Wage	25	59.5
>Regional Minimum Wage	35	40.5
Total	60	100.0

Table 7. Husband's support for pregnant women (n = 60)

Husband's Support	<i>f</i>	(%)
Good	56	93.3
Enough	4	6.7
Total	60	100.0

Table 8. Description Of Maternal-Fetal Attachment

Maternal Fetal Attachment	<i>f</i>	(%)
Good	48	93.3
Enough	12	6.7
Total	60	100.0

Based on the table, it is known that almost all respondents have good husband support, namely 56 (90.3%) respondents.

8. Description Of Maternal-Fetal Attachment (Table 8)

Based on the table, it can be seen that the respondents with suitable Maternal-Fetal Attachment were 77.4% (Table 9).

There was a correlation between husband support and maternal-fetal attachment ($p = 0.036$) and a strong positive correlation rate ($r = 0.271$). This means the husband's support score has a correlation with an increase in the maternal-fetal attachment score.

6 Discussion

The results of statistical tests to assess the correlation between husband's support for Maternal-Fetal Attachment showed significant results at $p < 0.05$, this means that husband support scores correlated with an increase in MFAS scores.

The results of the research clearly state that maternal age, education level, and family background are demographic factors that significantly influence maternal-fetal attachment [6].

Table 9. Correlation between husband support and Maternal-Fetal Attachment

		Husband Support	Maternal Fetal Attachment
Husband Support	Correlation Coefficient	1.000	0.271
	Sig (2-tailed)		0.036
	N	60	60
Maternal Fetal Attachment	Correlation Coefficient	0.271	1.000
	Sig (2-tailed)	0.036	
	N	60	60

Social support, especially the husband's support, contributes positively to maternal-fetal attachment (MFA). The higher the support the husband gives to his pregnant wife, the higher the attachment of the pregnant mother to the fetus [3].

This is in line with previous research where the increase in the support provided by the husband when the mother is pregnant until giving birth, namely the husband continues to accompany and pay attention to his wife, both physical and psychological support given by the husband to his wife. This can affect the perception of attachment between mother and baby during pregnancy and childbirth [1].

7 Conclusion

There is a correlation between the husband's support score and MFAS score ($p = 0.036$), with a strong positive correlation ($r = 0.271$). This means that the husband's support score correlates with an increase in the MFAS score.

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