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HUSBAND SUPPORT FOR READINESS TO FACE CHILDBIRTH IN PREGNANT WOMEN IN THE THIRD TRIMESTER DURING THE PANDEMIC COVID-19

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ABSTRACT

Birth preparation aims to prepare all the needs during pregnancy and childbirth. Efforts to improve childbirth readiness are very important both physically and psychologically, so that labor goes smoothly. This study aims to determine the relationship between husband's support and readiness for childbirth in third trimester pregnant women during the Covid-19 pandemic at the Pratama Afiyah Clinic in Pekanbaru City which was conducted from January to February 2022. This research used a quantitative research type with a cross sectional study approach. The number of samples is 30 people who are determined by consecutive sampling technique. The data collection tool used was a questionnaire consisting of information about husband's support and third trimester pregnant women's readiness for childbirth. The frequency distribution of husband's support and readiness for childbirth shows that 56.7% of husbands provide support to third trimester pregnant women and 53.3% of third trimester pregnant women have readiness for childbirth. The results of the Chi Square test obtained $p = 0.001$, so it can be concluded that there is a relationship between husband support and readiness for childbirth in third trimester pregnant women during the COVID-19 pandemic with $OR = 2.1$ meaning that husbands who do not support pregnant women have a 2.1 chance times greater for pregnant women who do not have readiness for childbirth, compared to husbands who support them. It is expected that husbands will be able to maximize the provision of support to their wives who are pregnant in the third trimester, and for pregnant women to be prepared for childbirth, which includes physical, psychological and financial preparations.

Keywords: husband support, readiness to face childbirth, pregnant women

INTRODUCTION

Childbirth is the process of expelling the products of conception (fetus and placenta) that are full-term or can live outside the womb through the birth canal or through other means, with assistance or without assistance (own strength)[1]. The labor phase begins in the last few hours of pregnancy marked by uterine contractions that cause effacement, cervical dilatation, and push the fetus out through the birth canal[2].

The physiological transition from a pregnant woman to a mother is a very big change for every woman, both physically and psychologically. At this time, every system in the body experiences influence and change, although unfortunately these changes are not always pleasant for everyone, these changes indicate a major event in a woman's life[3].

Birth Preparedness and Complication Preparedness is the process of planning a normal birth and anticipating the actions needed in the event of an emergency. The involvement of the husband during pregnancy helps a mother to make timely decisions to avoid delays. Identifying the level of involvement of husbands in Birth Preparedness and Complication Preparedness is

very important, because husbands are the main decision makers in the household and Health services related issues[4]. Childbirth preparation plays an important role in reducing maternal mortality and improving women's childbirth experience [5].

The number of maternal deaths collected from family health program records at the Ministry of Health increases every year. In 2021 there were 7,389 deaths in Indonesia. This number shows an increase compared to 2020 of 4,627 deaths. Based on the causes, the majority of maternal deaths in 2021 were related to COVID-19 with 2,982 cases, bleeding with 1,330 cases, and hypertension in pregnancy with 1,077 cases.[6]. In Riau Province the number of maternal deaths in 2020 reached 129 people. The highest percentage of causes of maternal death were bleeding and other causes, each at 35%, followed by hypertension during pregnancy at 21% and infection at 5%. While circulatory system disorders and metabolic disorders each as much as 2%[7].

In 2020 the coverage of K4 pregnant women's health services in Indonesia has decreased to 84.6%, this is influenced by the COVID-19 pandemic situation. There are still many restrictions on almost all routine services including maternal health services, such as pregnant women being reluctant to go to the puskesmas or other health service facilities for fear of infection, there are suggestions to postpone pregnancy checks and classes for pregnant women, and there is unpreparedness for services in terms of staff and infrastructure including Personal Protective Equipment (PPE)[6].

Data obtained from the Afiyah Primary Clinic, the number of third trimester pregnant women from October to December 2021 is 102 people. In addition to the data above, the researchers also conducted interviews with midwives to find out husband's support and preparation for third trimester pregnant women, both multigravida and primigravida, in facing their delivery. The midwife said that most of the mothers who carried out the examination were only escorted unaccompanied, so their husbands did not participate in the education provided by the midwife. In addition, midwives said that regarding preparation for good delivery there were still many who were not ready in terms of preparing for delivery needs such as clothes and so on.

Little is known about husband's support for readiness for childbirth in third trimester pregnant women during the COVID-19 pandemic. Therefore, this study aims to look at the relationship between husband's support and readiness for childbirth in third trimester pregnant women during the COVID-19 pandemic at the Pratama Afiyah Clinic in Pekanbaru City.

RESEARCH METHODS

Study area and period

This study was conducted at the Afiyah Pratama Clinic in Pekanbaru City. This research was conducted from January to February 2022.

Study design

This research uses a type of quantitative research with a cross sectional study approach.

Population

All third trimester pregnant women from October to December 2021 totaled 102 people at the Primary Afiyah Clinic in Pekanbaru City.

Sample size determination

Determining the sample size of the population uses calculations and table references developed by experts. In general, for correlation research the minimum number of samples to obtain good results is 30 samples[8]. The sample size of the study was 30 third trimester pregnant women.

Sampling procedure

Consecutive sampling is a technique used to select research subjects. Sampling is done by selecting samples that meet the research criteria for a certain period of time so that the number of 30 samples is fulfilled.

Data collection tool

The data collection tool used was a questionnaire consisting of information about husband's support and third trimester pregnant women's readiness for childbirth. The questionnaire was pre-tested on 10 samples that were not included in the main data collection.

Data collection procedures

Data collection was carried out on third trimester pregnant women who came to the Primary Afiyah Clinic in Pekanbaru City. The entire data collection activity was supervised and coordinated by the researcher. After data collection, the data collected was checked for completeness by the researcher. Before and after data entry in the mater table, data is checked for any deficiencies and inconsistencies.

Data processing and analysis

Data was entered into IBM SPSS 24.0 statistical product and service solution (SPSS) software for analysis. Then, the data is cleaned and checked for errors, and missed values. Descriptive statistics using a frequency distribution. The Chi Square test was conducted to examine the relationship between the independent variable (Husband's Support) and the dependent variable (Readiness to Face Childbirth). Odds ratio (OR) is also used to find out how much the husband's support influences the readiness of pregnant women to face childbirth. The confidence interval used is 95%.

RESULTS AND DISCUSSIONS

The frequency distribution of husband's support shows that of the 30 respondents, the majority, 56.7%, of husbands provide support to third trimester pregnant women (Table 1).

Table 1. Frequency Distribution of Husband Support in Third Trimester Pregnant Women

Husband Support	Frequency	Percentage
Does not support	13	43,3
Support	17	56,7
Total	30	100

The distribution of the frequency of readiness for childbirth shows that of the 30 respondents, the majority, 53.3% of third trimester pregnant women have readiness for childbirth (Table 2).

Table 2. Frequency Distribution of Preparedness for Childbirth in Third Trimester Pregnant Women

Preparedness for Childbirth	Frequency	Percentage
Not ready	14	46,7
Ready	16	53,3
Total	30	100

The results of the analysis of the relationship between husband's support and readiness for childbirth in Trimester III pregnant women found that there were 13 (43.3%) husbands who did not support pregnant women who were not ready for childbirth. Meanwhile, among husbands who supported there were 1 (3.3%) pregnant women who were not ready for childbirth. The results of the statistical test obtained a value of $p = 0.001$, so it can be concluded that there is a relationship between husband's support and readiness for childbirth in third trimester pregnant women during the COVID-19 pandemic. From the results of the analysis, $OR = 2.1$ means that husbands who do not support pregnant women have a 2.1 times greater chance that pregnant women are not prepared for childbirth, compared to husbands who support (Table 3).

Table 3. The Relationship between Husband's Support and Preparedness for Childbirth in Third Trimester Pregnant Women During the COVID-19 Pandemic at the Pratama Afayah Clinic in Pekanbaru City

Husband Support	Preparedness for Childbirth				Total		P value	OR
	Not ready		Ready		F	%		
	f	%	f	%				
Does not support	13	43,3	0	0	13	43,3	0,001	2,100
Support	1	3,3	16	53,3	17	56,7		
Total	14	46,7	16	53,3	30	100		

The results of this study found that almost half of pregnant women were not ready for childbirth (46.7%). A study conducted in Pidie District, Aceh province found that 43.9% of pregnant women were not ready for childbirth[9]. The prevalence shows results that are not much different. This explains that out of 100 pregnant women, almost half experience unpreparedness in facing childbirth. Thus special attention is needed for pregnant women so they are able to prepare themselves for childbirth. However, a study conducted in Northwest Ethiopia found that the prevalence of birth preparedness and complication readiness of pregnant women was 66.1%.[10]. This explains that pregnant women in these countries are better prepared for childbirth. Several factors, such as differences in respondent characteristics, habits, motivation, etc., are possible causes of differences in prevalence.

The results of this study also explain that there is a relationship between husband's support and readiness for childbirth in third trimester pregnant women. In addition, a study conducted in Sukowono, Jember, East Java Province also explained that there is a relationship between husband's support and readiness for childbirth.[11]. The results of this study indicate that husband's support is assistance that can be given to a wife or family in the form of information and advice, which makes the recipient of the support feel loved and valued. Husband's support is highly expected by a mother who will face the process of childbirth, where third trimester pregnant women tend to experience excessive anxiety. The husband's support given to his wife can be in the form of accompanying his wife during antenatal visits, giving extra attention and affection when the wife is pregnant, providing additional information on important matters in caring for the pregnancy and providing facilities both in terms of costs and transportation to carry out ANC. The husband's emotional support for his wife can lead to inner peace and feelings of pleasure in the wife, so that the wife finally becomes more adaptable to her pregnancy situation.

Pregnant women who are supported by their husbands when going into labor provide many benefits, including improving the psychology and mentality of the wife in dealing with childbirth so that the wife has more confidence that she will be able to deal with it. In third trimester pregnant women, husband's support is very good, as evidenced by the research that has been done, that husband's support is very influential on the readiness of labor in third trimester pregnant women. Husband's support is assistance that can be given to a wife or family in the form of information and advice, which makes the recipient of the support feel loved and valued. With the husband's support, it can lead to inner peace and feelings of pleasure in the wife, so that the wife finally becomes easier to adjust to the situation of her pregnancy and the wife feels more relaxed in facing the birth process. Maternity mothers who are accompanied by their husbands during labor provide many advantages, including reducing the occurrence of life-threatening complications for both mother and baby.

CONCLUSION

There is a relationship between husband's support and readiness for childbirth in third trimester pregnant women during the Covid-19 pandemic at the Pratama Afiyah Clinic in Pekanbaru City with p value = 0.001

REFERENCES

- [1] K. D. Sari, Eka Puspita; Rimandini, *Asuhan Kebidanan Persalinan (Intranatal Care)*. Jakarta: CV. Trans Info Media, 2014.
- [2] S. Prawirohardjo, *Ilmu Kebidanan*. Jakarta: PT Bina Pustaka Sarwono Prawirohardjo, 2008.
- [3] D. Fraser, *Myles Textbook for Midwifery 14/e*. Elsevier Limited, 2003.
- [4] T. Gultie, Z. Tanto, W. Estifanos, N. Boti, and B. de Courten, "Husbands' participation in birth preparedness and complication readiness plan in Kucha district, Gamo Zone, Southern Ethiopia," *PLoS One*, vol. 16, no. 12 December, pp. 1–12, 2021, doi: 10.1371/journal.pone.0261936.
- [5] Y. Mengmei *et al.*, "Childbirth Readiness Scale (CRS): instrument development and

- psychometric properties,” *BMC Pregnancy Childbirth*, vol. 22, no. 1, pp. 1–13, 2022, doi: 10.1186/s12884-022-04574-6.
- [6] Kementerian Kesehatan Republik Indonesia, *Profil Kesehatan Indonesia 2021*. Kementerian Kesehatan Republik Indonesia, 2022.
- [7] D. K. P. Riau, *Profil Kesehatan Provinsi Riau 2020*. Dinas Kesehatan Provinsi Riau, 2021.
- [8] S. Nurdin, IImail; Hartati, *Metodologi Penelitian Sosial*. Surabaya: Media Sahabat Cendekia, 2019.
- [9] L. Elvina, R. N. ZA, and E. Rosdiana, “Faktor Yang Berhubungan dengan Kesiapan Psikologis Ibu Hamil Trimester III dalam Menghadapi Persalinan,” *J. Healthc. Technol. Med.*, vol. 4, no. 2, p. 176, 2018, doi: 10.33143/jhtm.v4i2.207.
- [10] T. Z. Debelie *et al.*, “Birth preparedness and complication readiness practice and associated factors among pregnant women in Northwest Ethiopia: 2018,” *PLoS One*, vol. 16, no. 4 April, pp. 1–14, 2021, doi: 10.1371/journal.pone.0249083.
- [11] L. Farida, D. Kurniawati, and P. P. Juliningrum, “Hubungan Dukungan Suami dengan Kesiapan Persalinan pada Ibu Hamil Usia Remaja di Sukowono, Jember,” *Pustaka Kesehat.*, vol. 7, no. 2, p. 127, 2019, doi: 10.19184/pk.v7i2.19125.