

## Indicators Of Husband's Role In Pregnancy And Maternity Care

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### **Abstract**

The maternal mortality rate (MMR) in developing countries is still a major health problem, including in Indonesia. Antenatal Care (ANC), delivery with skilled birth attendance (SBA) at the time of delivery and delivery in institutional are universally considered important for reducing maternal mortality. Husbands can play a crucial role in pregnancy and childbirth. Therefore, the aim of this study was analyze the indicators of husband's role in pregnancy and maternity care which were suspected as one of the determinants of ANC and SBA use in Polewali Mandar Regency. The population of this prospective cohort study was all married and pregnant woman, before using contraceptives and contraceptive failure or not using contraception and pregnancy is planned, unplanned pregnancy or mistimed pregnancy in Polewali Mandar 2015 (Size of sample = 100). Samples were randomly selected from participants of screening in 12 sub-districts in Polewali Mandar. Data about husband's role in pregnancy and maternity care was obtained through interviews using a structured questionnaire, and then analyzed by using structural equation modeling. The result of data analysis suggested that the coefficient value that has been standardized from each indicator were as follows: accessibility = 0.944, and engagement = 0.954, dan responsibility = 0.968. Indicators of organizational support in implementing Maternal and Child Health Information System at Polewali Mandar Regency, respectively from the most important are: responsibility, engagement, and accessibility.

**Keywords:** Pregnancy Care, Accessibility, Engagement, Responsibility

### **I. INTRODUCTION**

The maternal mortality rate (MMR) in developing countries is still a major health problem, including in Indonesia. In 2012, MMR showed 359 deaths per 100 000 live births. MMR increased in 2007 which is 228 deaths per 100 000 live births. International commitment to lowering MMR, as embodied in MDG No. 5 that targets for reducing the MMR by 75 percent between 1990 and 2015 (WHO, 2005). Key strategies can prevent women from dying are the provision of antenatal care (ANC), ensuring skilled birth attendance (SBA) at the time of delivery and institutional delivery (Harvey et al., 2007; WHO, 2004) (Brown et al 2008). WHO recommends for initiating antenatal care in the first trimesters and at least four ANC visits for low risk pregnancies (Villar and Bergsjø, 2002) but most of obstetric complications are a leading cause of maternal deaths occur around late in the third trimester, the time of delivery and in the first week after delivery and can not be predicted. Therefore, it is important that all pregnant women have access to a skilled attendant. In the literature, although ANC visits is not directly reduce the MMR (Berjsjø 2001; McDonalgh 1996; Rooney 1992), but women attend ANC that more likely to delivery by skilled birth attendance (Abou-Zahr and Wardlaw, 2003).

Based on the coverage of maternity care in Indonesia, 11.7 percent started doing the ANC at the age of 4-5 months and 3.5 percent in 6-7 months. In addition, 11.6 percent reported that the frequency of visits does not meet the standards. Delivery was not in a health facility namely 36.8 percent. Childbirth is not helped by professional birth attendant, which is 6.9 percent (SDKI, 2012). The same trend occurs in Polewali Mandar. Maternal mortality reaches 137 per 100,000 live births in 2012. The number of visits do meet the standards 79.5 in 2012, 78.0 percent in 2013, birth are in health facilities 68.9 percent in 2012, 81.3 percent in 2013 and birth with the help of a health professional birth attendant 86,4 percent in 2013 (Health Department of Polewali Mandar Regency, 2013). Based on the data of the national and district levels show that the results of the coverage of maternal health care and maternity in Indonesia that is still not optimal. It is important to understand the determinants of ANC and SBA use.

Some women do not have the ability to make decisions in households (Amin et al, 2010). International recognition in which men would play a proactive role in the health of women put forward on the agenda for the International Conference on Population and Development, Cairo (UNFPA, 2004). The increasing of men's involvement in Maternal health can lead to a reduction in all three phases of delay ; that is delay in making decision to seek care, delay in accessing the care and delay in receiving the care (Thaddeus and Maine, 1994; Odimegwu et al., 2005).

Based on the aforementioned empirical problem, it was deemed necessary to conduct a research concerning husband's role in pregnancy and maternity care in Polewali Mandar Regency, Indonesia.

## II. RESEARCH METHOD

The population of this prospective cohort study was all married and pregnant woman, before using contraceptives and contraceptive failure or not using contraception and pregnancy is planned, unplanned pregnancy or mistimed pregnancy in Polewali Mandar 2015 (Size of sample = 100). Samples were randomly selected from participants of screening in 12 sub-districts in Polewali Mandar. Data about husband's role in pregnancy and maternity care was obtained through interviews using a structured questionnaire. Husband's role in pregnancy and maternity care, consisting of 3 indicators i.e. 1) accessibility, 2) engagement, and 3) responsibility. After data was gathered, it was then processed and analyzed by using frequency distributions and confirmatory factor analysis.

## III. RESULTS

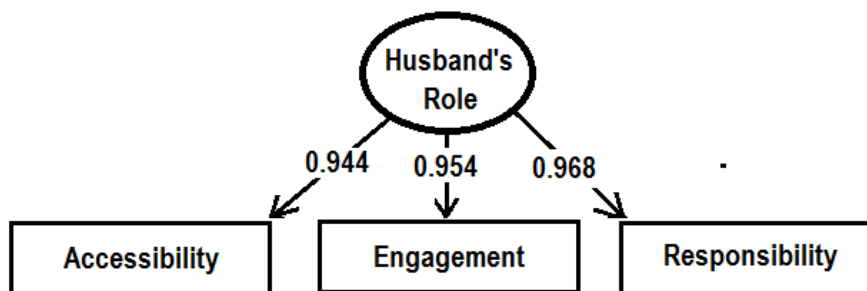


Figure 1. Result of Confirmatory Factor Analysis

Result of research suggested that co-efficients for each observed variables (indicators) were respectively as follows: accessibility = 0.944, and engagement = 0.954, dan responsibility = 0.968. The whole coefficient value were greater than 0.7 (acceptable). All of T-Student test values for factors loading for indicators are significant in 95% confidence intervals indicate that it can be concluded that three of which were significant indicators for husband's role in pregnancy and maternity care on health behavior of women during pregnancy (Figure 1).

Average variance extracted (AVE), Cronbach's Alpha, and composite reliability coefficients are other indices for assessing the evaluation model. For each indicators were as follows: 1). (AVE) = 0.905, 2) cronbach's alpha= 0.948 and, 3) composite reliability coefficients = 0.966.

## IV. DISCUSSIONS

Roles are the expected behavior of a person holding a particular status. Consequence of status as a father and husband will pose a important liability in the form of a role in the family (Horton and Hunt 1976). Role has shown by the husband not uniformly but positive contributions made by the husband will reduce negarif behavior of pregnant women and maternity which ultimately affects the outcome of the pregnancy. There are several important dimensions of ideal father in the context of pregnancy and childbirth includes accessibility, engagement, and responsibility (Alio et al, 2013). In the context of pregnancy and childbirth, the role of husband as accessibility is presence of husband during pregnancy and childbirth of mother, so that pregnant women felt her husband make efforts in order to fulfill its duty to obtain results positively in maternal health services; engagement can be realized in the form of togetherness of husband during pregnancy and childbirth of mother with shows great concern in order to fulfill its duty to obtain results positively maternal health services; while responsibility can be achieved by cognizance of husband during pregnancy and childbirth of mother, the husband assuming the roles of provider, nurturer and protector in order to fulfill its duty to obtain results positively maternal health services (Alio et al, 2013; Kaye et al, 2014).

This research has analyzed the three indicators of husband's role in pregnancy and maternity care, i.e. accessibility, engagement, and responsibility. Result of analysis suggested that three indicators are valid and reliable as the parameters of husband's role in pregnancy and maternity care. Several previous researches also reports that husband's role in pregnancy and maternity care plays important role as a determinant of women use ANC and SBA, besides other determinants, among others are: educational level, employment, number of ANC visits, and parity (Mangeni et al, 2013). Education, income, aged above 25 years (Bhatta, 2013), women's autonomy (Thapa and Niehof, 2016).

First indicator that has been proven as valid and reliable, accessibility has been studied by previous researchers, i.e. role of husband limited to the aspect of attendance of husband at antenatal care (Aliabedian et al (2015);

Tweheyo et al 2010). Attendance of husband at antenatal care and delivery (Carter<sup>1</sup> and Ilene Speizer, 2005). Over half of women whose husbands attendance at least one ANC visit (Mangeni, 2013; Tweheyo et al 2010). Attendance of husband at antenatal care can improve the male involvement in maternal health (Lewis et al 2015). When men are present in the clinic, it will increase their knowledge of antenatal care, knowing the danger signs of pregnancy and childbirth and can act as an agent of lifesaving because they are important determinants of using SBA at delivery (Baral et al . 2010; Mangeni et al., 2012; Kululanga et al, 2011; Chattopadhyay, 2012).

Although some researchers report the husband's role shaped by many factors; lack of knowledge about maternal health (Mullany, 2006). Men do not have a clear role in childbirth (Kaye et al, 2014). Long waiting times, working hours coincide with the time of service, were never invited, low awareness of the husband (Tweheyo et al. 2010). Maternal health care is considered a female domain so that the role played by other relatives, especially women like my mother and mother-in-law (Lewis et al 2015; Bakhta dan Lee, 2010; Mullany, 2006; Carter, 2002; Iliyasa et al, 2010, Nanjala and Wamalwa, 2012).

Second indicator that has been proven as valid and reliable, engagement, has also been studied by previous researchers, with more diverse components and with various terms, i.e.: such as physical and emotional support, encourages, positive affirmation, understands, listening, empathizes (Alio), encouraging and reminding, providing emotional and moral support (Adenike et al 2013). supporter (kaye).

Third indicator that that has been proven as valid and reliable, responsibility, has also been studied by previous researchers, with more diverse components and with various terms, i.e.: such as such as not only financial support, including caregiver, provider, nurturer and protector, (Alio) financial support (Adenike et al 2013), provider (kaye). Based on the comparison with previous researches, it could be said that accessibility, engagement, responsibility were truly the proper indicators to measure husband's role in pregnancy and maternity care.

## V. CONCLUSION

Based on results of data analysis it can be concluded that the indicators of husband's role in pregnancy and maternity care at Polewali Mandar, Sulawesi of West, Indonesia, respectively from the most important are: responsibility, engagement, and accessibility.

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