



Husband Support Affects Self Efficacy in Pregnant Women During the Covid 19 Pandemic

Nanik Handayani¹, Fritria Dwi Anggraini¹

¹Department of Midwifery, Faculty of Nursing and Midwifery, Universitas Nahdlatul Ulama Surabaya, 60237, East Java, Indonesia

ARTICLE INFORMATION

Received: December, 16, 2020
Revised: August, 3, 2021
Available online: August, 2021

KEYWORDS

Husband support, Self-efficacy, Pregnant women

CORRESPONDENCE

E-mail: nanik_handayani@unusa.ac.id
fitria@unusa.ac.id

A B S T R A C T

The period of the Covid 19 pandemic is a difficult time for all people, including pregnant women. In undergoing pregnancy, pregnant women must have self-efficacy, and husband support is needed. This paper determines the correlation between husband support and self-efficacy in pregnant women. This study was an analytical research design with a cross-sectional approach. The population was 52 pregnant women checked at Independent Midwifery Practice (IMP) Nanik Cholid, Sidoarjo, from May to November 2020. Meanwhile, the sample size was 46 respondents by purposive sampling. The independent variable was husband support, and the dependent variable was self-efficacy in pregnant women. The instrument to evaluate husband support was Family Support Questionnaire (FSQ), and to assess self-efficacy was a questionnaire with a Likert scale. Then, data were analyzed with the Spearman Rank test with a significance (α) of 0.05. The results showed that most respondents had good self-efficacy (91.3%) and received high husband support (65.2%), particularly emotional support (28%). The statistical tests result using the Rank Spearman test obtained $p=0.016$ indicating a correlation between husband support and self-efficacy in pregnant women. In conclusion, Husband support increases self-efficacy in pregnant women during the COVID 19 Pandemic. Health workers should educate husbands to provide support to pregnant women during pregnancy.

INTRODUCTION

The COVID-19 pandemic is difficult for all communities, including pregnant women (Röbl-Mathieu et al. 2021). Pregnant women must have self-efficacy to maintain pregnancy conditions to run well, so husband support is needed (Asmuji and Indriyani 2016). Husband support is beneficial in increasing the self-efficacy of pregnant women during their pregnancy during the COVID 19 pandemic, which we know is a difficult time for pregnant women. Good self-efficacy can boost immunity in pregnant women. With good immunity, mothers can be protected from exposure to COVID 19.

Pregnancy and childbirth are physiological and natural processes that every woman will experience. Ensuring the fetus thrives is pregnant women and their husbands (Widarta et al. 2015). Pregnant women fall into the category of being vulnerable to coronavirus infection. One reason is that they have low immunity due to hormonal changes during pregnancy and breastfeeding. Therefore, they need to know how to provide proper protection during this pandemic. Research showed that most pregnant women with husband support did not experience anxiety in facing childbirth. A study showed that the most common form of husband support to pregnant women was emotional support, while the minor was informational support (Dwiwanto, Putri, and Sudiadnyani 2021).

According to WHO, the current distribution data globally, updated on August 2, 2020, has 216 countries that have confirmed COVID 19, amounting to 17,660,523 people and 680,894 people who died (WHO, 2020). While in Indonesia, it was updated on August 27, 2020, 275,213 people were positive, 203,014 people recovered, and 10,386 people died (Kementerian Kesehatan RI 2020). East Java, updated on August 27, 2020, confirmed 42,890 people, 35,945 people recovered, and 3,118 people died (East Java COVID 19 Task Force. 2020). There are 13.7% of pregnant women without symptoms showing positive results of the COVID-19 PCR examination. Prevention and breaking the chain of transmission to the mother during pregnancy is essential. Pregnant women have changes in the body that can increase the risk of several infectious diseases, including Corona (Röbl-Mathieu et al. 2021)

Husband support that is given is not only when facing childbirth, but more importantly, it is given while undergoing a pregnancy for 40 weeks. Therefore, this research is essential to be carried out to maintain the health of pregnant women during pregnancy. Pregnant women should keep their health by consuming balanced nutritious foods, doing light physical activities such as yoga or pregnancy exercises, and taking blood-boosting tablets according to the dose. In addition, they should wear a mask during the COVID-19 pandemic, maintain personal hygiene by constantly washing their hands with soap in running water, and keep social distancing (Centre Health Protection Surveillance 2020). Individuals with a cough or cold should wear a mask and apply cough etiquette by covering their mouth. If there are danger signs, they should visit the nearest health service facility written in the Maternal and Child Health (MCH) handbook (Kementerian Kesehatan RI 2020).

Husband support is essential because the husband is someone who is closest to the mother. Husband support through direct or indirect assistance to pregnant mother help to avoid Corona infection and motivate her to maintain her health (Abiyoga, Sukirman, and Melida 2019). Husband support is also an effort to give appreciation, motivation and help achieve self-efficacy for pregnant women (Vitasari, Sabrian, and Ernawaty 2018). The husband should motivate pregnant women to do ANC regularly. The pregnant woman has to receive good husband support during her pregnancy, especially during the COVID-19 pandemic. This paper investigates the correlation between husband support and self-efficacy in pregnant women.

METHOD

This study was an analytical research design with a cross-sectional approach. The population was 52 pregnant women checked at Independent Midwifery Practice (IMP) Nanik Cholid, Sidoarjo, from May to November 2020. Meanwhile, the sample size was 46 respondents by purposive sampling. The inclusion criteria were pregnant women with gestational age in the first to third trimesters and lived with her husband. The exclusion criteria were mothers who were unwilling to be respondents, sick, and had

comorbidities. The independent variable was husband support, and the dependent variable was self-efficacy in pregnant women. The instrument to evaluate husband support was Family Support Questionnaire (FSQ). The FSQ consists of 20 items, including emotional, instrumental, informational, and assessment support. The FSQ questionnaire has three categories of scores, namely low=1.00-2.33, medium=2.34-3.66, and high=3.67-5.00. Meanwhile, the instrument to evaluate self-efficacy was a questionnaire with a Likert scale consisting of 15 items. The questionnaire scoring was 1-5 = less, 6-10 = enough, and 11-15 = good. Then, data were analyzed with the Spearman Rank test with a significance of 0.05.

RESULT

The results in this paper included characteristics of respondents, husband support, self-efficacy in pregnant women, and statistical analysis.

Table 1. Characteristics of respondents and frequency distribution of husband support and self-efficacy in pregnant women

Characteristics of respondents		Frequency	Percentage (%)
Education	Junior high school or equal	2	4.3
	Senior high school or equal	33	71.7
	University	11	23.9
Husband Support	High	30	65.2
	Moderate	14	30.5
	Low	2	4.3
Category of Husband Support	Emotional Support	13	28
	Informational Support	12	26
	Instrumental Support	11	23
	Assesment Support	11	23
Self-efficacy in pregnant women	Good	42	91.3
	Moderate	3	6.5
	Less	1	2.2
Total		46	100

Table 1 describes that most respondents graduated from Senior High School or equal (71.7%). In addition, they had good self-efficacy (91.3%) and received high husband support (65.2%), particularly emotional support (28%).

Table 2. Cross-tabulation between husband support and self-efficacy in pregnant women

Husband Support	Self-efficacy						Total	
	Good		Moderate		Less		f	%
	Frequency	Percentage (%)	Frequency	Percentage (%)	Frequency	Percentage (%)		
High	29	96.7	1	3.3	0	0	30	100
Moderate	13	92.9	1	7.1	0	0	14	100
Low	0	0	1	50	1	50	2	100
Total	42	91.3	3	6.5	1	2.2	46	100

Rank Spearman Test: $\rho = 0.016$

Table 2 shows that of the 30 respondents with high husband support, almost all (96.7%) respondents have good self-efficacy. In addition, of 14 respondents with moderate husband support, 92.9% of them have good self-efficacy. Meanwhile, of two respondents with low husband support, 50.0% have moderate, and 50% have less self-efficacy. Based on the results of statistical tests on the correlation between husband support and self-efficacy in pregnant women through the Spearman Rank test with a significance value of 0.05, the result obtains $p=0.016$ ($p<0.05$). It means that H_0 is rejected, indicating a correlation between husband support and self-efficacy in pregnant women.

DISCUSSION

The study results showed that most respondents received high husband support (65.2%). Husband support is a source of support that comes from the family environment. The husband helps and supports the activities carried out by his wife and gives encouragement and praise for what his wife does. The husband's role in supporting the success of pregnancy is giving attention, accompanying the mother when doing Ante Natal Care (ANC) to the doctor/midwife, providing support, praising to pregnant mother, and other things that make the wife feel calm (Waryana 2016). Husband support helps create peace of mind and tries to make the mother not stressed.

In this paper, most husbands provided emotional support to pregnant women (28%). It is in line with a study conducted by Dwiwanto, Putri and Sudiadnyani (2021). The study found that most pregnant women in Rajadesa District received support from their husbands (66.1%), especially emotional support (72.9%). Emotional support interprets the husband as a comfortable, safe, and peaceful person. The form of emotional support is by providing motivation and listening to all the complaints of problems faced by mothers (Khadijah and . 2018). The continuous husband support during pregnancy will motivate pregnant women to carry out ANC regularly and always comply with health protocols during the Covid 19 Pandemic – wearing masks, washing hands, and keeping a distance. Husband support will reduce anxiety levels and increase self-efficacy in pregnant women.

Almost all pregnant women had good have self-efficacy (91.3%) because the mother gets support from her husband. Giving support to pregnant women significantly affects the mother's confidence in undergoing her pregnancy. In the COVID-19 pandemic, visits to health care facilities for antenatal care can cause anxiety in pregnant women. Therefore, husband support is needed to continue visiting health services while complying with health protocols. The limitation of this study was that the research only measures husband support and self-efficacy during pregnancy. It did not evaluate during the delivery process. Future research should investigate the correlation between husband support and self-efficacy in mothers during the delivery process.

CONCLUSIONS

Husband support increases self-efficacy in pregnant women during the COVID 19 Pandemic. Health workers should educate husbands to provide support to pregnant women during pregnancy.

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