



Research Article

Psychosocial Determinants Analysis of Husbands' Decisions in the Referral Process for High-Risk Pregnancies in Lumajang Regency

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ABSTRACT

The Maternal Mortality Rate (MMR) due to delayed decision-making remain a major issue, primarily because women and their husbands often do not take an active role as decision-makers. This study aimed to examine the characteristics and influence of various factors including level of knowledge, choice of referral health facility, considerations in hospital selection, family influence, main factors in referral decisions, belief or trust factors, and husband's psychological factors on referral decisions for high-risk pregnancies in Lumajang Regency. The respondents were husbands of pregnant women with a high-risk pregnancy (KSPR ≥ 6) during the period January-June 2023. This quantitative research employed a case-control design using probability sampling. Cluster sampling was conducted across 25 Community Health Centers, followed by proportionate stratified random sampling, yielding a total sample of 300 participants. The Chi-Square test showed a significant relationship ($p < 0.05$) between psychological factors ($p = 0.035$) and referral decisions for high-risk pregnancies. Meanwhile, other variables including level of knowledge ($p = 0.893$), choice of hospital type ($p = 0.155$), consideration in selecting referral health facilities ($p = 0.969$), family influence ($p = 0.394$), main consideration for referral approval ($p = 0.901$), and belief or trust factors ($p = 0.702$) did not show a significant relationship with husband's referral decision. Binary logistic regression analysis revealed that husband without psychological issues were 2.397 times more likely to agree to referral for high-risk pregnancies compared to those with psychological problems.

Keywords: Husband's decision, referral, delivery, high risk pregnancy

INTRODUCTION

At the outset, The Maternal Mortality Rate (MMR), as defined by the World Health Organization (WHO), refers to the incidence of maternal mortality resulting from pregnancy, childbirth, and postpartum complications. MMR is one of the thirteen global targets of the



Sustainable Development Goals (SDGs) and serves as a key indicator of women's health status. (World Health Organization, 2020). According to the East Java health profile, there are 1,279 maternal deaths in 2021 and 499 deaths in 2022 across 38 cities in the province., Lumajang Regency ranked eighth in maternal death, contributing 46 cases (3.6%) in 2021. The MMR (per 100,000 live births) in Lumajang Regency showed fluctuating trends: in 2017, the MMR was 66 against the strategic plan target of 135; in 2018, it rose to 104 (target: 125) ; in 2019, it was 98 (target: 98); in; in 2020, it slightly declined to 97 (target: 97); and in 2021, it sharply increased to 309, exceeding the strategic plan target of 218 (Dinas Kesehatan Kabupaten Lumajang, 2022).

The three main causes of maternal death are bleeding, infection, and hypertension, all of which are commonly associated with childbirth. . In 2021, hypertension during pregnancy accounted for 9.6% of maternal deaths, affecting approximately 123 individuals in East Java. Hemorrhagic complication contributed to 9.4% of deaths (over 120 individuals), while infections, accounted for 7.2%, or around 92 cases (Dinas Kesehatan Provinsi Jawa Timur, 2021). Other contributing factors to maternal mortality include the concepts of the 'four too late' and 'three delays', both of which remain inadequately addressed. The four criteria refer to: becoming pregnant too young (under 20 years old), too old (over 35 years), too soon after a previous birth (less than 2 years apart), having too many children (more than three). The 'three delays include: delay in making the decision to seek care, delay in reaching a referral health facility, and delays in receiving appropriate medical assistance. These risk factors can be detected early (Widarta *et.al*, 2015). Delay in referral decision-making is often due to the family's late recognition of maternal risk, delay in seeking assistance, indecision regarding the need for referral, and delay in transporting the mother to the hospital (Armini, 2021). Timely referral decision-making is crucial in managing high-risk pregnancies. If a high-risk pregnancy does not receive adequate treatment, it may result in serious complications or even death for both the mother and fetus during pregnancy, childbirth, or postpartum period (Fauziah, 2021).

Maternal deaths caused by the 'four too early' and 'three delays' factors are in line with research on the determinants influencing the MMR. These determining factors include maternal characteristics (current age, age at marriage, age at birth of last child, educational level, and parents' occupation), as well as socio-economic, demographic, psychological aspects, beliefs and values , health facilities used during delivery, access to health services, and family consent, all of these contribute to maternal mortality. Family delays in recognizing the risks associated with childbirth, in seeking delivery assistance, in obtaining consent, and in deciding on referral transport to a hospital significantly contribute to referral authorization. Beyond these social and psychological aspects, medical-obstetric conditions healthcare facilities, and healthcare personnel also influence maternal health during childbirth. Maternal age, ethnicity, religion or belief, educational background, employment status, and financial resources are factors that are classified as psychosocial variables. Medical-obstetric factors refer to pregnancy related conditions such as number of previous births, the interval between deliveries, and obstetric history. These factors influence decision on whether labor should proceed at the current location or require referral to a specialist (Mappaware, 2019). Husbands play a crucial role in supporting pregnant women, from the pregnancy period through to the postpartum stage. Their involvement can significantly influence childbirth outcomes, maternal health, and reduce the experience by both mother and fetus. According to Estuningtyas *et al.* (2020), husband support can take several forms, including physical, financial, and emotional support, making right decisions and providing essential information.

In 2022, the maternal mortality ratio (MMR) in East Java was 93 per 100,000 live births, while in Lumajang Regency it stood at 87 per 100,000 live births. Although this indicates a slightly lower rate in Lumajang, both figures remain significantly above the target set by the WHO, which 70 per 100,000 live births. Throughout 2022, Lumajang Regency reported 12 maternal fatalities out of total 499 across East Java, resulting for approximately 2.4% of the province's maternal mortality cases. Additionally, the coverage of obstetric complications in Lumajang Regency in 2022 is 122% , making it the third highest in the province after Bondowoso Regency (134%) and Jember Regency (132%). Based on these data, the research objective is to examine the characteristics and influence of psychosocial determinants, namely: level of knowledge, choice of referral health facility, reason for hospital selection, family influence, husband's decision-making considerations, trust in healthcare, and psychological factors on referral decisions for high-risk pregnancies in Lumajang Regency.

MATERIAL AND METHODS

This study employed a case-control design and was conducted at 25 health facilities in Lumajang Regency between December 2023 and February 2024. Validity and reliability assessments were carried out on 30 participants at the Pasrujambe and Kunir Community Health Centers. The validity test showed Pearson correlation coefficients greater than 0.21 with significance levels below 0.05. The reliability test yielded Cronbach's alpha value of 0.624, indicating acceptable reliability for all measured variables. This study involved husbands of high-risk pregnant women in Lumajang Regency, based on data from the 2023 Lumajang Regency High-Risk Pregnancy Management Report. Samples were drawn from spouses of pregnant women classified as high risk ($KSPR \geq 6$) between January and June 2023. Sampling was conducted using cluster and probability sampling methods. Due to variations in the number of high-risk pregnant women across different community health care (Puskesmas) service areas, proportionate stratified random sampling was applied. The sample size was determined using the Isaac and Michael formula with a 5% margin of error. Lumajang Regency recorded 2,119 high-risk pregnancies, , distributed across 25 Community Health Center service areas. The final sample was divided into two cohorts: a case group consisting of husbands of high-risk pregnant women who were not referred, and a control group comprising husbands of those who were referred. Each group included 150 participants, resulting in a total sample of 300. To ensure comparability, respondents were selected from the same village for both the case and control groups. Data collection was carried out using a survey method with a structured questionnaire as the research instrument.

This study used both quantitative and qualitative data, with all data expressed in numerical form. Measurements were obtained through a structured questionnaire for each examined variable. The term psychosocial refers to conditions experienced by individuals that includes both psychological and social aspects, which dynamically interact and influence each other. Psychosocial is derived from the words psycho, referring to internal psychological components such as thoughts, emotions, and behavior, and social, which pertains to external relationship with others (Mappaware, 2019). In this study, psychosocial factors are represented by seven independent variables. the husband's knowledge of high-risk pregnancies, the selection of the type of referral health facility, the criteria for choosing a referral health facility, familial influence, primary factors in the referral decision, the husband's beliefs about high-risk pregnancies, and husband's psychological factors. The husband's decision to refer functions as the dependent variable.

The study data were obtained from both primary and secondary sources. Primary data were collected through a survey using a structured questionnaire. The husband's psychological factors were assessed using the self-reporting Questionnaire (SRQ-20). Before data collection, Respondents were provided with a detail explanation of the study. Informed consent was obtained as a form of research authorization, with participants signing to indicate their voluntary participation. Secondary data were gathered from records of high-risk pregnant women in the Mother Cohort and statistics data from the Lumajang Regency Maternal and Child Health (KIA) report for the first semester of 2023. After ensuring the completeness and accuracy of the data, statistical analysis was conducted using SPSS software. Univariate analysis was performed to calculate the frequency distribution and proportions of the independent variables. This was followed by bivariate analysis using the Chi-square test and a binary logistic regression to examine the relationship between the independent variables and the dependent variable. The purpose was to determine correlations and develop a predictive model. . Finally, multivariate analysis using binary logistic regression was conducted to determine the factors with the most significant influence. Logistic regression was chosen because the dependent variable is binary.

RESULTS AND DISCUSSION

Individuals can be impacted by a condition known as psychosocial, which refers to the interaction between psychological and social attributes, and how they mutually influence one another. The term psychosocial represents the dynamic relationship between a person's internal psychological and external social environment. The elements "psycho" and "social" are the foundation of the phrase "psychosocial theory." The word "psycho" denotes to a person's mental and emotional characteristics including thoughts, feelings, and behaviour, while "social" refers to the individual's connections and interactions with others in their immediate surroundings. In addressing the needs of high-risk pregnant women, it is essential to consider biopsychosocial factors related to the physical, psychological, and social well-being for both the mother and the infant. The psychosocial determinants of the respondents in this study are explained according in table 1 below:

Table 1. Psychosocial Characteristics of Respondents

Characteristics	n = 300	%
Knowledge		
Poor	227	75.7
Good	73	24.3
Type of hospital		
Private hospital	48	16
Government hospital	252	84
Reason for choosing hospital		
Affordable hospital cost	128	42.7
Complete facilities	81	27
Access to hospital	31	10.3
Good service	60	20
Family influence		
Other family (parent, grandparent, other)	23	7.7
Main family (husband, wife)	277	92.3

Characteristics	n = 300	%
Things to consider referrals		
Cost preparation	94	31.3
Preparation of caring family	45	15
Transportation	15	5
Mother's pregnancy conditions	146	48.7
Beliefs		
No beliefs	271	90.3
Have beliefs	29	9.7
Psychological (SRQ-20)		
Have psychological problem	37	12.3
Normal / no psychological problem	263	87.7

Table 1 presents the study's results on characteristics of respondents based on their level of knowledge. Out of total sample, 227 respondents (75.7%) exhibited a low level of knowledge, while 73 respondents (24.3%) demonstrated a high level of knowledge. The distribution of correct answers to knowledge-based questions, the highest number of correct responses was observed for the question about danger signs in pregnant women requiring referral with 224 respondents (74.7%) answering correctly. In contrast, 51 respondents (83.7%) answered incorrectly the question about signs of pre-eclampsia in pregnant women. In terms of the choice of referral hospital type, the majority of respondents selected government hospitals as their preferred referral facility (84%), while 48 respondents chose private hospitals (16%). This shows that the majority of respondents still favour government hospitals as the primary referral facilities for high-risk pregnancies. The most frequently cited factor was affordable cost (42.7%), while the least reason was the relatively close to home (10.3%).

The characteristics of the influence of the extended family on family decision-making in the referral process for high-risk pregnancies in Lumajang Regency showed that 92.3% of the decisions were by the husbands, while only 7.7% involved extended family members as the primary decision-makers. The main characteristics of consideration for referral decisions was the dangerous condition of pregnancy (48.7%), whereas the availability of transportation (5%) was the least considered factor. In terms of beliefs or values held by husbands, 271 respondents (90.3%) reported having specifically understood beliefs or values related to the referral process for high-risk pregnancies, and there are 29 respondents (9.7 %) who have specific beliefs or values regarding the referral process. Characteristics based on husbands' psychology in the high-risk pregnancy referral process in Lumajang Regency showed that there were 37 respondents (12.3%) who were indicated to have psychological disorders, while the remaining 263 respondents (87.7%) were found to be in a normal psychological condition.

The Self-Reported Questionnaire-20 (SRQ-20) is a screening instrument used to assess mental disorders by conducting individual assessments (Dinas Kesehatan Provinsi Jawa Timur, 2023). It is a measuring tool that is often used to identify symptoms of mental disorders in individuals. This measuring tool cannot be used as a substitute for a diagnosis from a psychologist or psychiatrist, but it can be taken into consideration by medical health personnel in determining an individual's mental condition.

Table 2. Questionnaire Distribution (SRQ-20)

No	Questionnaire SRQ-20	n = 37	%
1	Do you often have headaches?	24	64.84
2	Is your appetite poor ?	13	35.14
3	Do you sleep badly?	20	54.05
4	Are you easily frightened?	16	43.24
5	Do your hands shake ?	21	56.76
6	Do you feel nervous, tense or worried?	13	35.14
7	Is your digestion poor?	9	24.32
8	Do you have trouble thinking clearly?	17	45.95
9	Do you feel unhappy?	2	5.41
10	Do you cry more than usual?	2	5.41
11	Do you find it difficult to enjoy your daily activities?	12	32.43
12	Do you find it difficult to make decisions?	14	37.84
13	Is your daily work suffering?	8	21.62
14	Are you unable to play a useful part in life?	6	16.22
15	Have you lost interest in things?	13	35.14
16	Do you feel that you are a worthless person?	3	8.11
17	Has the thought of ending your life been on your mind?	1	2.70
18	Do you feel tired all the time?	20	54.05
19	Are you easily tired?	19	51.35
20	Do you have uncomfortable feelings in your stomach?	31	83.78

Table 2 shows that the most common complaint reported by 31 respondents (83.78%) was feeling easily fatigued, while the least common was having thoughts of ending his life, reported by only 1 respondent (2.7%).

Table 3. Characteristics of Psychological Disorder Symptoms in Respondents

Psychological Disorder Symptoms	Questionnaire SRQ-20	n = 264	%
Depression Symptoms	6. Do you feel nervous, tense or worried?	13	14.77
	9. Do you feel unhappy?	2	
	10. Do you cry more than usual?	2	
	14. Are you unable to play a useful part in life?	6	
	15. Have you lost interest in things?	13	
	16. Do you feel that you are a worthless person?	3	
	17. Has the thought of ending your life been on your mind?	1	
Anxiety Symptoms	3. Do you sleep badly?	20	21.59
	4. Are you easily frightened?	16	
	5. Do your hands shake?	21	
Somatic Symptoms	1. Do you often have headaches?	24	24.62
	2. Is your appetite poor?	13	
	7. Is your digestion poor?	9	
	19. Are you easily tired?	19	
Cognitive Symptoms	8. Do you have trouble thinking clearly?	17	14.77
	12. Do you find it difficult to make decisions?	14	
	13. Is your daily work suffering?	8	
Decreased Energy Symptoms	8. Do you have trouble thinking clearly?	17	38.64
	11. Do you find it difficult to enjoy your daily activities?	12	
	12. Do you find it difficult to make decisions?	14	
	13. Is your daily work suffering?	8	
	18. Do you feel tired all the time?	20	
	20. Do you have uncomfortable feelings in your stomach?	31	

Table 3 shows the interpretation of psychological disorders symptoms based on respondents' 'yes' answer to the SRQ-20 questionnaire. It shows that 38.64% experienced symptoms of decreased energy, while the lowest proportion 14.77% experienced depressive and cognitive symptoms.

Table 4. Crosstabulation Bivariate Analysis

Variables	Referral Decision for High-Risk Pregnant Women				p-value	OR Value (95% CI)	
	No (Case)		Yes (Control)			Yes	No
	n = 150	%	n = 150	%			
Knowledge							
Poor	114	38.0 %	113	37.7 %	0.893	0.890	0.895
Good	36	12.0 %	37	12.3 %			
Type of hospital							
Private hospital	19	6.30 %	29	9.7 %	0.155	0.148	0.162
Government hospital	131	43.7 %	121	40.3 %			
Reason for choosing hospital							
Affordable hospital cost	63	21. 0 %	65	21.7 %	0.969	0.966	0.972
Complete facilities	42	14.0 %	39	13.0 %			
Access to hospital	16	5.3 %	15	5.0 %			
Good service	29	9.7 %	31	10.3 %			
Family influence							
Other family (parent, grandparent, other)	14	4.70 %	9	3.0 %	0.394	0.385	0.404
Main family (husband, wife)	136	45.3 %	141	47.0 %			
Things to consider referrals							
Cost preparation	49	16.33 %	45	15.0 %	0.901	0.895	0.907
Preparation of caring family	24	8.0%	21	7.0%			
Transportation	7	2.3 %	8	2.7 %			
Mother’s pregnancy conditions	70	23.3 %	76	25.3 %			
Beliefs							
No beliefs	137	45.7 %	134	44.7 %	0.702	0.693	0.711
Have beliefs	13	4.3 %	16	5.3 %			
Psychological (SRQ-20)							
Have psychological problem	12	4.0 %	25	8.3 %	0.035*	0.031	0.038
Normal / no psychological problem	138	46.0 %	125	41.7 %			

* p value < 0,05 Chi-square test

Based on table 4, the results of crosstabulation between husbands' psychological factors and referral decisions for high-risk pregnancies in Lumajang Regency show that among respondents with psychological problems, there were more people willing to be referred (8.3%) than those who were not (4%). In contrast, among respondents with no psychological problems, there were more people who were not willing to be referred (46%) than those who were willing (41.7%). The Chi-Square test findings a p-value of 0.035, which is below the significance threshold of 0.05. Consequently, the null hypothesis (H₀) is rejected, indicating a significant correlation between the psychological characteristics of the husband and his decisions throughout the referral process for high-risk pregnancies in Lumajang Regency.

The parameter estimation results of the bivariate binary logistic regression model show that the only variable with a significance level of 95% is psychological factors with a p value of 0.025 < 0.05 so that H₀ is rejected. So, it can be concluded that psychological factors have a significant influence on referral decisions for high-risk pregnancies in Lumajang Regency. The resulting bivariate binary logistic regression model is:

$$\hat{\pi}_i = \frac{\exp (-0,099 + 0,833X_{11}(1))}{1 + \exp (-0,099 + 0,833 X_{11}(1))}$$

Information :

$X_7(i)$: Psychological Factors of Category - i

Table 5. Odds Ratio

Variable	B	S.E.	Wald	Sig.	Odds Ratio
Psychological Factors (1)	0,874	0,379	5,321	0,021*	2,397
Constant	0,247	0,537	0,212	0,646	1,280

The odds ratio results are presented in table 5. The Odds Ratio for the significant variables shows that high-risk pregnant women whose husbands do not have psychological problems are significantly more likely to agree to referrals, compared to those whose husbands have psychological problems. In this case, the possibility of a decision to be referred is 2.397 times higher for patients whose husbands do not have psychological problems than for those whose husbands have psychological problems.

DISCUSSION

The main factors contributing to health imbalance, according to the Commission on Social Determinants of Health (CSDH) and the World Health Organization WHO are: 1). Socioeconomic or material factors, including aspects such as housing and environmental quality, purchasing power, and physical work environment; 2). Psychosocial factors, which include psychosocial stressors, social situations and relationships, isolation, and social support; and 3). Behavioral and lifestyle factors, include nutrition, physical activity, tobacco use, and alcohol consumption (Megadianty, 2019). Psychosocial factors also encompass maternal psychology, ethnicity, religion or beliefs, education level, employment, source of financial support, and the influence of family or officials. Medico-obstetric factors refer to a mother's individual health condition during pregnancy, include parity or number of deliveries, birth spacing, and obstetric history, all of which causes decisions related to delivery or referral (Armini, 2021). Determinants of health can also include genetics, physical environment, social environment, health services, and personal behavior. Another opinion suggest that psychosocial determinants include factors such as economics, religion, gender, culture, demographics, and population (Mappaware, 2019).

Although the knowledge level variable does not show a statistically significant difference in referral decisions patterns, the proportion of respondents willing to be referred tends to be slightly higher among those with a good level of knowledge. These respondents generally understand the danger signs in pregnant women that need referrals, however, knowledge regarding the signs of pre-eclampsia remain limited. The amount of information available influences early identification of high-risk pregnancies. A higher level of understanding about high-risk pregnancy assessment enhances the ability of women and their families to detect such risk early. (Khadijah, 2018). Good knowledge regarding pregnancy and the dangers of high-risk childbirth for pregnant women and their husbands or families is needed to ensure early detection and timely, appropriate intervention. A potential explanation is that individual in groups with greater access to information tend to exhibit

higher health literacy. Consequently, they are more inclined to understand the importance of obtaining sufficient health care and are more responsive to referral suggestions from healthcare professionals. Conversely, respondents with lower levels of knowledge may need more customized strategies to enhance their literacy and understanding of high-risk pregnancy care. These results align with previous studies indicating that the level of knowledge are influenced by health literacy, which subsequently enables individuals to actively engage in health-related decision-making (Zolbin *et.al*, 2022). Individuals with a low level of health literacy are more likely to experience delayed diagnosis, treatment, and referral, leading to more advanced disease progression (Coughlin *et.al*, 2020).

The variable related to the type of referral health facility and the reasons for choosing it shows no clear pattern that differentiates referral decisions for high-risk pregnant women. Many studies do not specifically discuss the considerations involved in choosing a referral hospital based on ownership status, whether it is a government or private hospital. Factors commonly taken into consideration when selecting health facility include distance, the availability of BPJS or other personal health insurance, , hospital costs which influence expenses , quality of service (including doctor expertise), completeness of medical facilities, and hospital classification according to the type and severity of illness being treated (Mayasari *et.al*, 2020). The absence of significant influence from extended family members, as well as the reasons why husbands willing to referrals in the case of high-risk pregnancies in Lumajang Regency, aligns with previous research, which shows that the decisions are predominantly made by husbands as part of their responsibility toward their wives (Limbong, 2021). Moreover, the primary consideration remains the safety of the mother and baby, apart from considerations related to financing, access, and other factors.

The absence of a significant correlation between husbands' beliefs or values regarding high-risk pregnancies and their decision-making during the referral process in Lumajang Regency indicates that this study's findings contradict other research that establishes a significant relationship between beliefs and delays in decision-making. (Manuk *et.al*, 2021). Although there is increasing confidence in health workers in treating symptoms of obstetric complications during labor, referral decisions tend to increase. This study's results indicate the important of understanding cultural, social, and psychological elements i in shaping husbands' views and beliefs about high-risk pregnancies. A significant correlation was found between the husbands' psychological component and their decisions throughout the referral process for high-risk pregnancies in Lumajang Regency. This finding aligns with previous studies indicating a robust correlation between psychological characteristics and healthcare use, suggesting that individual decisions may be influenced by psychological components.(Aliya Zahro *et.al*, 2022). Health decisions and behaviors often occur in emotionally charged contexts. Psychological states that cause emotional changes such as anger, fear, sadness or happiness and general mood states, including both positive and negative affect, can influence behavior and decision making in health matters (Ferrer & Mendes, 2018).

Interpretation of the psychological disorder symptoms based on the SRQ-20 responses showed that the majority of respondents experienced symptoms of decreased energy. The SRQ-20 has five factors: energy, cognitive, depression, somatic, and anxiety. The energy factor reflects several characteristics of individuals who experience physical and mental decline. The cognitive factor describes signs of cognitive problems, such as decreased work performance, loss of interest, and difficulty making decisions. The depression factor explains several emotional symptoms, such as feelings of unhappiness and worthlessness, as well as suicidal thoughts. The somatic factor relates to the impact of psychological disorders on physical function, particularly the digestive system. The

anxiety factor cause several physical and psychological symptoms, such as feelings of tension or fear, and trembling hands (Prahastuti, 2023). Symptoms of decreased energy refer to a reduction in physical and mental stamina, making it difficult for individuals to complete tasks and fulfill roles in their environment. This lack of energy can result in fatigue and reduce an individual's ability to carry out activities. Such conditions can affect communication and understanding during the referral process for high-risk pregnant women. Psychological disorders may results in various communication barriers, including differing perceptions between sender and receiver, the words spoken have different meanings for different people, the translation is wrong when communication takes place, and can cause messages to have double meaning (Pertiwi *et.al*, 2022).

CONCLUSION AND SUGGESTION

This study aims to determine the influence of psychosocial determinants, namely, the level of knowledge, choice of referral health facility, basis for hospital selection, influence of extended family, consideration of husband's decision, the husband's beliefs and values, and the husband's psychological factors on husband's decision in the referral process for high-risk pregnancies in Lumajang Regency. The results showed that only educational level and psychological factors had a significant influence. Specifically, the probability of agreeing to a referral was 2.397 times higher among patients whose husbands did not experience psychological problems compared to patients those whose husbands did.

Considering these results, it is necessary to implement measures aimed at psychologically preparing husband to be ready and able to support their wives from the early stages of marriage preparation until childbirth. For example: pre-marital counselling; participation in bride and groom classes; and education for expectant fathers through maternal health classes. . Additionally, there is necessary to improve the ability of health workers in effective therapeutic communication techniques, so that communication goals can be effectively achieved, especially by addressing the husband's psychological condition during pre-referral counselling; It is necessary to increase the availability and effectiveness of health information media to improve family and community health literacy especially regarding maternal and infant health. Example include distributing health promotion leaflets or brochures, providing targeted education to pregnant women accompanied by their husbands during maternal classes, and expanding increase health promotion through electronic media. Furthermore, Community Health Centers in Lumajang Regency require stronger support, capacity building for healthcare staff, and sustained assistance from the Lumajang Regency office of Health, Population Control, and Family Planning.

REFERENCES

- Aliya Zahro; et.al. (2022). Pengaruh Faktor Sosial Dan Faktor Psikologis Terhadap Pemanfaatan Jasa Pelayanan Kesehatan Di Instalasi Rawat Jalan Rumah Sakit Umum Haji Surabaya. *Jurnal Kesehatan Global*, 5(1), 19–26. doi: <https://doi.org/10.33085/jkg.v5i1.5013>
- Armini, L. (2021). Determinan Kendala Rujukan Terhadap Rujukan Pada Persalinan Dengan Komplikasi. *Jurnal Kebidanan*, 10(1), 54–58. <https://doi.org/10.35890/jkdh.v10i1>
- Coughlin, S. S., Vernon, M., Hatzigeorgiou, C., & George, V. (2020). Health Literacy, Social Determinants of Health, and Disease Prevention and Control. *Journal of Environment and Health Sciences*, 6(1), 2019–2022. <https://pmc.ncbi.nlm.nih.gov/articles/PMC7889072/>
- Dinas Kesehatan Kabupaten Lumajang. (2022). *Profil Kesehatan Kabupaten Lumajang 2021*. <https://dinkes.lumajangkab.go.id/data/detail/1793>

- Dinas Kesehatan Provinsi Jawa Timur. (2021). Profil Kesehatan Dinas Kesehatan Provinsi Jawa Timur 2021. In *Dinas Kesehatan Provinsi Jawa Timur*. www.dinkes.jatimprov.go.id
- Dinas Kesehatan Provinsi Jawa Timur. (2023). *Profil Kesehatan Provinsi Jawa Timur Tahun 2022*.
- Fauziah, A. (2021). Gambaran Kehamilan Risiko Tinggi. In *Naskah Publikasi Program Studi Kebidanan Program Sarjana Terapan*. <http://digilib.unisayogya.ac.id>
- Ferrer, R. A., & Mendes, W. B. (2018). Emotion, health decision making, and health behaviour. *Psychology and Health*, 33(1), 1–16. <https://doi.org/10.1080/08870446.2017.1385787>
- Khadijah, S. (2018). Upaya Deteksi Dini Resiko Tinggi Kehamilan Ditentukan Oleh Pengetahuan Dan Dukungan Tenaga Kesehatan. 13(1), 27–34. <https://doi.org/10.33761/jsm.v13i1.2>
- Limbong, T. (2021). Faktor Pendukung dan Penghambat Peran Pendampingan Suami Terhadap Isteri Pada Masa Kehamilan dan Persalinan. *Jurnal Ilmiah Kesehatan Sandi Husada*, 10(2), 475–483. <https://doi.org/10.35816/jiskh.v10i2.635>
- Manuk, M. M., Akbar, M. I. A., & Wittiarika, I. D. (2021). Factors Affecting the Delay of Decision Making To Receive Health Services in Preeclampsia Pregnant Mothers At Rsud Mgr Gabriel Manek Svd Atambua. *Indonesian Midwifery and Health Sciences Journal*, 5(2), 160–173. <https://doi.org/10.20473/imhsj.v5i2.2021.160-173>
- Mappaware, N. A. (2019). Faktor Determinan Komplikasi dan Rujukan Kasus Obstetri. *UMI Medical Journal*, 3(2), 85–97. <https://doi.org/10.33096/umj.v3i2.46>
- Mayasari, E., Munna, N., Kodriyah, L., Herawati, I., & Aditya, R. S. (2020). Keputusan Masyarakat Dalam Pemilihan Rumah Sakit Untuk Pelayanan Kesehatan Di Wilayah Malang Raya. *Jkep*, 5(2), 114–121. <https://doi.org/10.32668/jkep.v5i2.317>
- Megadianty. (2019). *Pendekatan Ilmu Sosial Dalam Kesehatan Masyarakat - Determinan Sosial Kesehatan* (pp. 1–16). <https://id.scribd.com/document/440397280/Determinan-social-kesehatan>
- Pertiwi, M. R., Annalia, W., Raziansyah, Lucia, F., Annisa, F., Yohana, S., Dely, M., Widya, A., Ikhsan, F., & Arniati. (2022). *Komunikasi Terapeutik dalam Kesehatan* (Risnawati (ed.); Pertama). Rizmedia Pustaka Indonesia. <http://repository.uki.ac.id/7877/1/KomunikasiTerapeutik.pdf>
- Prahastuti, N. F. (2023). Analisis Properti Psikometris pada Instrumen Self-Reported Questionnaire (SRQ)-20 dengan Rasch Model. *INSAN Jurnal Psikologi Dan Kesehatan Mental*, 8(2), 148–173. <https://doi.org/10.20473/jpkm.v8i22023.148-173>
- Widarta, G. D., Cahya Laksana, M. A., Sulistyono, A., & Purnomo, W. (2015). Deteksi Dini Risiko Ibu Hamil dengan Kartu Skor Poedji Rochjati dan Pencegahan Faktor Empat Terlambat. *Majalah Obstetri & Ginekologi*, 23(1), 28–32. <https://doi.org/10.20473/mog.v23i1.2100>
- World Health Organization. (2020). *Maternal mortality Evidence brief* (Issue 1). <https://apps.who.int/iris/bitstream/handle/10665/329886/WHO-RHR-19.20-eng.pdf>
- Zolbin, M. G., Han, S., & Nikou, S. (2022). Effective factors influencing individual's shared health decision making. *Information Research*, 27(Special Issue). <https://doi.org/10.47989/irisic2247>