

The Determinants of Husbands' Support in Maternal Care Access in Public Health Centers

A Cross-sectional Study on Planned Behavior Theory

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Abstract: A husband's support is fundamental for mothers to access maternal care and check-ups. However, the fluctuating numbers of mothers gaining access requires further investigation. A cross-sectional approach was used to explore the variables highlighted in the Theory of Planned Behavior (attitude, subjective norm, perceived behavior control, intention, and participative behavior). One hundred and four husbands participated in this study. Data were collected using questionnaires and observation checklists and then tested using the Spearman rho with the $\alpha < 0.005$. The results indicated that positive attitude and perceived behavior control significantly correlates with the intention to support wives (the value of $p = 0.000$, $r = 0.440$ and $p = 0.001$, $r = 0.309$ respectively). Nevertheless, there is no correlation between the subjective norm and intention ($p = 0.904$ [$p > \alpha$]). Further analysis shows that intention mildly correlates with participative behavior ($p = 0.041$ and $r = 0.200$). This study reveals that the lack of health education and the clashing of participants' working hours and health services' opening-hours hinders access to maternal health support. It is suggested that husbands' involvement in health education, and the health services' opening hours, should be elaborated as ways to improve mothers' access and health outcomes.

1 BACKGROUND

The maternal care program is one of the Ministry of Health's priorities and acts as one of the key indicators in the Indonesia's national long-term development plan for 2005–2025 (Darmin, 2016). The program was designed for mothers to ensure they access regular check-ups during pregnancy and to promote safe delivery and regular post-partum check-ups for 40 days post-delivery. This program is publicly provided through public health centers (known as Puskesmas) and other primary healthcare service facilities across the country. However, the monthly report shows that the number of mothers accessing the Puskesmas was far from satisfactory. As in Surabaya, this situation was indicated by the low number of pregnant and post-labor mothers accessing the service in Puskesmas-es (Dinas Kesehatan Kota, Surabaya, 2015). Prior research suggests that many husbands did not sufficiently support these mothers in attending maternal visits (Musyriqoh, 2016). Kaye et al. (2014) highlight that a husband holds a significant role in mother's

maternal health outcomes. Positive attitude and knowledgeable support from the husband are significant for improving attendance, which, in turn, promotes better health outcomes (Sari, 2013). Nevertheless, there is a paucity of reports suggesting factors that determine husbands' support with access to maternal care.

The local health office, Dinas Kesehatan Kota Surabaya (2015) reported that the monthly percentage of mothers accessing maternal care varied across regions of Surabaya, ranging from 71.05% to 78.17%. It was suspected that this fluctuation was due to inconsistent support from husbands. This presumption is possible, since a husband holds a central role in decision making, particularly in the Javanese community, including access to maternal health-care (Ishak, 2005).

Furthermore, a husband's role is significant in providing comfort and safety for his wife during her pregnancy and the first post-labor month of (Anggraini, 2012; D.A. Sestu Retno et al., 2016). This included accessing health care for maternal control, complying to professional advice, and receiving care deliveries. This supportive behavior is

influenced by various factors and conditions, both internal and external (Shahjahan, 2006). A husband’s knowledge and level of education, as well as psychological maturity, determine his readiness to become a father (Hafidz, 2007). As external factors, the cultural norms and views in Indonesia that put women into a generally lower position, conflicts with the expectations of husbands becoming more supportive to their wives when pregnant and in labor (Hargi, 2013). Moreover, the traditional norms also limit women’s access to a higher level of education, roles in decision making within a household, and in accessing maternal healthcare (Davis, 2016; Putri, 2015).

Research around husbands as contributors to maternal health outcomes is expected to be one of the alternative solutions in developing strategies to promote access for mothers to healthcare (Kadam & Payghan, 2013). This research aims to explore factors that correlate with husbands’ participation in supporting their wives to access maternal health. Ajzen’s (2005, 2006) Theory of Planned Behavior is believed to be reliable as a lens with which to unveil the studied variables.

2 METHODS

This study adopts a cross sectional approach to unveil the correlations between independent variables (men’s attitude, subjective norm, and perceived control behavior) and dependent variables of the intention to support their female partners accessing maternal healthcare. Also, in investigating the correlation between the support and participative behavior. The p value of smaller than the $\alpha = 0.05$ to reaches the significant level of 95%.

This study invited men who were husbands to mothers who access one public health center in central Surabaya for maternal health checks, ranging from antenatal care to those who had infants younger than 45 days old. The invitation was limited to men younger than 45 years old who were able to read and write. This is because the maternal health manual provided by the government of Indonesia is only provided in book format.

The data were collected through a self-assigned set of questionnaire as the main instrument for this study. The instrument in this study was developed with reference to Francis et al. (2004) and was adapted and modified from previous studies by Angraini (2012), Sari (2013), Fitria (2010), Ocbrianto (2012), and Rafidah (2012), all of which were tested for validity and reliability. The content

of the Maternal Health Manual (2016) was translated into an observational checklist to triangulate men’s participative behavior.

A total of 119 sets of questionnaires were distributed and consent was offered to husbands who were accompanied their wives for maternal health checks at the public health center. As many as 104 (87.4% response rate) men voluntarily participated and returned the finished questionnaire. The data were then sorted and cleansed for further analysis. Studied variables were analyzed using the Spearman rho test. This study was ethically evaluated and granted by the Health-Research Ethic Committee of The Universitas Airlangga under the certification No. 397-KEPK.

3 RESULTS

One hundred and four participants (104) were predominantly aged between 31 and 40 years (49.1%). More than half of them had graduated from senior high school as their highest level of education (55.8%). Most of the participants were Moslem by religion (98.1%) and had a monthly income lower than Surabaya’s standard minimum wage (52.9%) (see Table 1).

Table 1: Demographic characteristics of men participating in the current study, exploring their support for mothers’ access for maternal health service dated June–July 2017

Participants’ characteristics	n (%)
Age range in years	
21–30	44 (42.3%)
31–40	51 (49.0%)
>41	9 (8.7%)
Highest education level	
Primary school	8 (7.7%)
Year 9	16 (15.4%)
Year 12	58 (55.8%)
Higher education	22 (21.2%)
Religion	
Moslem	102 (98.1%)
Christian	2 (1.9%)
Monthly income	
<City standard	55 (52.9%)
Average	27 (26.0%)
>City Standard	22 (21.2%)
Σ	104

The univariate analysis identified that 52.9% participants provided sufficient support for their wives regarding accessing maternal care and 39.4% intended improving their wives’ access to Puskesmas for proper maternal care (The Spearman test showed

the value of $p = 0.000$ ($\alpha < 0.050$) with a correlation coefficient of $(r) = 0.440$. This implies that husbands' positive attitude significantly correlates with their intention to improve access to proper maternal care for their wives (see Table 2).

Men's subjective norm reflects their level of trust in healthcare facilities and motives in ensuring their wives access maternal healthcare (Ajzen, 2005, 2006). More than half of the participants (57.69%) did not trust health centers and had low motivation when supporting their wives. However, 53.85% of the participants preserved their intention to encourage their wives to attend health centers for check-ups. Regarding this phenomenon, the Spearman rho test indicated a value of $p = 0.904$ ($\alpha = 0.050$), which means there is no correlation between the two variables (see Table 2).

Table 2: Univariate and bivariate test results on the studied phenomenon to explain attitude, subjective norm, and perceived behavior control with the intentions of men as participants

Measured Var.	Intention		
	High n (%)	Low n (%)	Total Σ (%)
Supportive	41 (39.4)	14 (13.5)	55 (52.9)
Negative	15 (14.4)	34 (32.7)	49 (47.1)
Total	56 (51.8)	48 (46.2)	104 (100)
$p = 0.000, r = 0.440$			
Subjective Norm			
Positive	24 (23.08)	20 (19.23)	44 (42.3)
Negative	32 (30.77)	28 (26.92)	60 (57.7)
Total	56 (53.85)	48 (46.15)	104 (100)
$p = 0.904, r = 0.012$			
Perceived Behavior Control			
Positive	36 (34.62)	16 (15.38)	52 (50)
Negative	20 (19.23)	32 (30.77)	52 (50)
Total	56 (53.85)	48 (46.15)	104 (100)
$p = 0.001, r = 0.309$			

Table 3: The Spearman test on the correlation between men's intention and supportive behavior to their wives' access to maternal healthcare

Intention	Implemented support		
	Sufficient n (%)	Insufficient n (%)	Total n (%)
	High	39 (37.5)	17 (16.34)

			(53.84)
Low	24 (23.08)	24 (23.08)	48 (46.16)
Total	63 (60.58)	41 (39.42)	104 (100)
$p = 0.041, r = 0.200$			

The perceived behavior control illustrates the perceptions of participants regarding the ease of supporting their partners access to maternal healthcare (Ajzen, 2005; 2006). Half of the participants (50%) perceived that it was easy to provide the expected support. However, about a fifth of them claimed to be supportive to their wives. The statistic test (Spearman rho) result indicated that the two tested variables were significantly interrelated ($p = 0.001$ lower than α of 0.050). Nevertheless, the coefficient was weak ($r = 0.309$).

Most participants in this study were supportive (53.84%) and 37.5% of them actively participated when their wives needed to access maternal healthcare (see Table 3). However, the Spearman test revealed a value of $p = 0.041$ (lower than $\alpha = 0.05$) and $r = 0.200$. This result implies a weak correlation between the tested variables.

4 DISCUSSION

The statistical results of this study show significant correlations among tested variables. The first result indicated that husbands' attitude has a significant correlation with their intention and participative action regarding supporting their wives in properly accessing maternal health services. Most participants aged 31–40 years fully supported their wives for antenatal visits and continued supporting them until completing the post-partum care program. This participative activity is reflected through participants' presence in accompanying their wives accessing maternal care. This finding shares a similar result with an earlier study, suggesting that men's age and maturity were significant determinants to their readiness to become fathers (Hafidz, 2007). Presumably, their age-range reflects men's peak physical state, which enables them to actively participate when their wives need to access maternal healthcare.

Furthermore, an earlier study addressed the need for women to receive continual support during pregnancy (Anggraini, 2012). The respondents of the study stated that a husband's presence would make them feel more comfortable, secure, and encouraged. Further support, such as actively encouraging wives to access maternal healthcare, would improve the health outcomes (Rumaseuw et

al., 2018; Suryondari, 2010). This is mainly due to the central role of the husband in decision making within the household, including permitting his pregnant wife to have periodic pregnancy check-ups, promote safe labor, and post-natal control (Kadam & Payghan, 2013).

A deeper analysis revealed the participants' preferences in supporting their wives. Although the participants were supportive, they would prefer not to support their wives. These participants were reluctant and many preferred to put their wives off, if possible. This negativism was highly influenced by their lack of understanding regarding the reasons for supporting their wives in accessing maternal care and health services. The respondents of this research anecdotally voiced the absence of health education as reasons for the low support they give to their spouses. They added that health professionals had never informed them of the importance of periodic check-ups, safe deliveries, and post-partum care, as well as the role of a husband in supporting his wife. Rumaseuw et al. (2018) and Singh (2014) support this result and suggest that education for husbands should be included as a strategy to promote their active participation in maternal health and access to care. This finding supports previous research results by Bishwajit (2017), Suryondari (2010), and Wardani (2012), highlighting the significance of maternal health education for husbands as a strategy in improving mothers' access to healthcare centers.

The results also reveal the correlation between the variables of perceived control behavior and husbands' intention to participate in supporting their wives in their maternal health. This was indicated by most participants' perceptions toward the results of their wives' visits for maternal care, despite low health literacy, monthly income, and social support. Secondly, the parallel of the respondents' work hours and Puskesmas' service-hours often became a significant barrier in supporting access to maternal healthcare (Nesane, Maputle, & Shilubane, 2017). Because participants' working hours are usually at the same time as the maternal health service hours, it becomes evident that this hindrance was inevitable. Thus, this finding suggests that the Puskesmas need to reconsider their open-for-service hours to enable husbands to take their wives for maternal healthcare check-ups, and subsequently actively participate in promoting health outcomes.

Ajzen (2005) identifies intentions as an indicator of how strongly a person is convinced, and how likely individuals are to implement intentions into action. The results of this study indicate that husbands' intentions are weakly correlated with their

participative support in taking their wives to access Puskesmas. The lack of males' involvement in maternal healthcare education and time barriers are reasons for this weak correlation. Not only does this limit the support they can give to their wives, but also prevents active participation in promoting mother and child's health outcomes. Therefore, it is suggested that the results of this study should be considered to improve mothers' access to healthcare and better health outcomes.

5 CONCLUSIONS

In summary, this research reveals two significant contributors to husbands' low participation in supporting their wives access to maternal healthcare in Puskesmas settings. The absence of maternal support is reasoned by the lack of health education of males as the primary decision maker in the household. Secondly, the clash of husbands' working hours and opening hours of Puskesmas centers were inevitable. Furthermore, this research highlights at least three strategies to improve husbands' participative actions and access to maternal care in Puskesmas. Firstly, maternal health education for husbands is significant in developing fundamental understanding and awareness towards the central male role as the decision maker in a household. Secondly, this result suggests that Puskesmas need to extend their opening hours to allow working husbands to accompany their wives for maternal check-ups.

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