

The Relationship between the Husband's Role and the Readiness of Third-Trimester Pregnant Women in Facing Childbirth During the New Normal Period of Covid-19

Resi Wiliam Leastuti¹, Mega Silvian¹, Agustina Widayati¹

¹Midwifery Study Program, Stikes Hafshawaty Zainul Hasan, Probolinggo, Indonesia

Correspondence should be addressed to:
Resi Wiliam Leastuti
resiwilliam1985@gmail.com

Abstract:

Covid-19 is a group of viruses that can cause disease in animals or humans. Several types of coronaviruses cause respiratory tract infections in humans ranging from cold coughs to more serious ones, such as Middle East Respiratory Syndrome (MERS) and severe acute respiratory syndrome (SARS). This study analyzes the relationship between the husband's role and the readiness of third-trimester pregnant women to face childbirth during the new normal period in the work area of the Kuripan Health Center, Probolinggo Regency. This quantitative research design uses a correlational design using a cross-sectional study approach with 32 respondents using an accidental sampling technique. Data collection included coding, editing, and tabulating, then analyzed manually and by computer with the Wilcoxon test. Based on 32 respondents, primarily the role of a good husband, 12 respondents (37.5%) including the readiness of third-trimester pregnant women who were ready, ten respondents (31.3%) and pregnant women who were not prepared for childbirth, two respondents (6.3%). It was obtained as $p=0.007$, so there is a relationship between the husband's role and the readiness of third-trimester pregnant mothers to face delivery on the new normal in the work area of the Kuripan Health Center, Probolinggo Regency. It is expected that during the examination of pregnant women before delivery in every village for 36 weeks of gestation, a swab antigen test will be carried out once and before delivery once so that sometimes the role of the husband and family influences the mother's readiness to carry out the prenatal examination process, especially during the transition period from pandemic to new normal.

Article info:

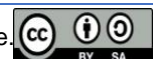
Submitted:
15-01-2023
Revised:
08-06-2023
Accepted:
12-06-2023

Keywords:

husband's role; readiness; facing childbirth; COVID-19

DOI: <https://doi.org/10.53713/htechj.v1i3.29>

This work is licensed under CC BY-SA License.



INTRODUCTION

The COVID-19 pandemic is an infectious disease caused by a coronavirus that infects the human respiratory tract. It can cause death, the disease can attack anyone, and it happens everywhere (Suhari et al., 2023). At the end of December 2019, Corona Virus Disease (COVID-19) emerged from a cluster of pneumonia cases in humans in Wuhan City, China (Novelia et al., 2023). The virus is transmitted from human to human by common routes such as direct transmission, contact transmission, airborne transmission via aerosols, and medical procedures. Examples of expected spread include coughing, sneezing, and contact with the mucous membranes of the mouth, eyes, and nose (Maisyaroh et al., 2023).

The pandemic has had a significant impact on various sectors of life. The number of death cases, which is increasing every day, not only causes physical symptoms and illnesses; but also has a significant influence on the welfare of society, especially in mental health (Widowati et

al.,2022). It can affect the quality of human life, especially for those infected with the Covid-19 virus (Afandi et al., 2021a). The Covid-19 pandemic has resulted in a risk of death due to viral infection and a chance of psychological symptoms in society, mainly due to the long-term nature of the pandemic, which is still developing today (Cornea et al., 2022). In addition, it can increase anxiety both in the community and among medical personnel (Putri et al., 2021). Declining cases and vaccination programs laid the groundwork for governments to take steps to start a new normal (Kurniyawan et al., 2023).

The role of accompanying the husband is still a socio-medical problem at the global and national levels. The role is the behavior expected of someone with a status. The husband's role in assisting during pregnancy and childbirth is vital for the success of a wife undergoing pregnancy and childbirth. In particular, the support or part of the husband is beneficial for reducing the anxiety experienced by a mother in the process of giving birth (Deception, 2021). So that it is hoped that anxiety can decrease when services are processed in health (Afandi et al., 2021b), this mechanism can also be done online to reduce stress (Nur et al., 2021).

Pregnant women in the third trimester need to know the danger signs of labor because they are already approaching delivery. Later, suppose the mother has more knowledge about the dangerous symptoms of work. In that case, the mother will likely think about determining attitudes and behavior to prevent, avoid or overcome delivery risks later and reduce the possible complications (Purnamayanthi et al., 2020). Psychological changes that occur in pregnant women often cause anxiety, especially in third-trimester pregnant women, due to the growing uterus and the closer to the delivery process. The anxiety index during pregnancy in third-trimester pregnant women varies greatly, from mild to severe symptoms (Asih et al., 2021). Stress when facing health-related problems can also have the risk of reducing individual coping (Patuh et al., 2021).

Based on a preliminary study using the interview method with ten third-trimester pregnant women at the Kuripan Health Center about the role of the husband in the readiness of the mother before delivery, seven people (70%) said that the husband rarely accompanied them during obstetric checks because they were working so that the readiness of pregnant women was still lacking. In contrast, three people (30%) said that the husband's role is always on standby in preparing for needs and accompanying obstetric checks so that the mother's readiness is perfect before delivery. Pregnancy and birth are physiological conditions that can cause the mother and fetus complications. Enthusiasm, both physical and mental, is needed by the mother to accept the state of her pregnancy and in facing the delivery process. Therefore, all family members, especially the husband, must be involved during pregnancy. The husband's participation in the form of support and affection from the husband can provide a feeling of comfort and security when the mother feels afraid and worried about her pregnancy so that pregnant women become better prepared for childbirth (Ayusita, 2012).

At the examination of pregnant women before delivery in every village for 36 weeks of gestation, a swab test for antigen is carried out once and before delivery once, so that sometimes the role of the husband and family influences the readiness of the mother to carry out the prenatal examination process, especially during the transition period from pandemic to New Normal. This study analyzes the relationship between the husband's role and the readiness of third-trimester pregnant women to face childbirth during the new normal period in the work area of the Kuripan Health Center, Probolinggo Regency.

METHOD

This research design is quantitative with a correlational design using a cross-sectional study approach. In the cross-sectional study, the subject is observed only once through measurement or observation simultaneously to see the independent variables (Independent) and related (Dependent). The independent variable in this study is the husband's role, and the dependent variable is the preparedness of third-trimester pregnant mothers to face childbirth at the new normal time. The population in this study were all third-trimester pregnant women in the working area of the Kuripan Health Center, with as many as 32 people—the sampling technique used in this study, namely total sampling. The samples were all Trimester III pregnant women in the Kuripan Health Center working area, as many as 32 people. The primary data in this study is in the form of answers to a questionnaire about the relationship between the husband's role and the readiness of pregnant women in the third trimester to face childbirth during the new average period in the working area of the Kuripan Health Center, Probolinggo Regency. The data collection method that the author uses is a questionnaire. The data processing technique includes editing, scoring, coding, and tabulating. The data analysis technique used was univariate analysis with frequency distribution and bivariate analysis with the Wilcoxon test.

RESULT

Characteristics of Respondents

Table 1. Characteristics of Respondents based on Age, Education, Occupation, and Parity (n=32)

Variable	Frequency (f)	Percentage (%)
Age (years old)		
< 20	17	53.1
20-35	10	31.3
> 35	5	15.6
Education		
Elementary school	14	43.8
Junior high school	11	34.4
Senior high school	5	15.6
College	2	6.3
Occupation		
Housewife	14	43.8
Farmer	15	46.9
Self-Employed	3	9.4
Parity		
Primipara	21	65.6
Multipara	10	31.3
Grande multipara	1	3.1

Table 1 shows that the most significant percentage of respondents is aged <20 years, namely 17 respondents (53.1%). The most significant percentage of respondents is in elementary education, with 14 people (43.8%). The most significant percentage of respondents are farmers, with 15 respondents (46.9%). The most significant percentage of respondents is primipara, with several 21 respondents (65.6%).

Identification of Husband Role, Presence of Pure K1 Visits, and Pregnancy Readiness Events in Trimester III

Table 2. Identification of Husband Role, Presence of Pure K1 Visits, and Pregnancy Readiness Events in Trimester III (n=32)

Variable	Frequency (f)	Percentage (%)
Husband participation		
Participate	19	63.3
Do Not Participate	11	36.7
Husbands' role		
Good	12	37.5
Pretty good	9	28.1
Not good	11	34.4
Pregnancy Readiness		
Ready	13	40.6
Not ready	19	59.4

Table 2 shows that most of the husband's participation was 19 respondents (63.3%). For most of the husbands' roles, 12 respondents (37.5%). Most of the readiness of third-trimester pregnant women who are not ready are 19 respondents (59.4%).

Relationship between Husband Role and Pregnancy Readiness Events in Trimester III

Table 3. Relationship between Husband Role and Pregnancy Readiness Events in Trimester III

Husband's Role	Readiness of Third Trimester Pregnant Women				Total		p-value
	Ready		Not ready				
	f	%	f	%	f	%	
Good	10	31.3	2	6.3	12	37.5	0.007
Enough	1	3.1	8	25.0	9	28.1	
Less	2	6.3	9	28.1	11	34.4	
Total	13	40.6	19	59.4	32	100	

From Table 3 above, of the 32 respondents, most of the role of a good husband 12 respondents (37.5%), including the readiness of third-trimester pregnant women who are ready, ten respondents (31.3%) and pregnant women who are not ready for childbirth, two respondents (6.3%). Data analysis in this study uses Uji Chi-Square with a value of $\alpha=0.05$. From the calculation, the value is obtained p-value of $0.007 < 0.05$. Thus, there is a relationship between the husband's role and the readiness of third-trimester pregnant mothers to face delivery on time *new normal* in the work area of the Kuripan Health Center, Probolinggo Regency, in 2022.

DISCUSSION

Identifying the Husband's Role in Facing Childbirth During New Normal Period

The majority of the husband's role is good, several 12 respondents (37.5%). Pregnancy and birth are physiological conditions, but these physiological conditions can be at risk of causing complications for the mother and fetus. The mother needs physical and mental readiness to accept the condition of her pregnancy and in facing the delivery process. Therefore, all family members must be involved during pregnancy, especially the husband. The husband's participation in the form of support and affection from the husband can provide a feeling of comfort and security when

the mother feels afraid and worried about her pregnancy so that pregnant women become better prepared for childbirth (Ayusita, 2012).

The family feeling function protects the family and provides psychosocial support. Satisfaction of socio-emotional needs, self-image, and a sense of belonging is achieved through interactions within the family (Kurniyawan et al., 2022). Social support is a form of treatment that instills a sense of security, compassion, and respect for others (Maharani et al., 2022). Mothers need support because they suffer from depression, anger, and deviant behavior (Intiyaskanti et al., 2021).

During pregnancy, a wife needs support from her husband, especially in the first and third trimesters, where we know that at the beginning of pregnancy, there are many changes in pregnant women, both physical and emotional changes, which can sometimes cause stress to pregnant women. In the third trimester, stress on pregnant women will increase. This can happen because the pregnancy conditions are getting bigger, making the mother uncomfortable and easily tired. The closer to the delivery time will make pregnant women more anxious because the mother thinks about the delivery process and the baby's condition. will be born later. To avoid this, the husband can give more enthusiasm or attention to the mother so that she can face childbirth firmly and without excessive fear.

Identifying the Readiness of Third Trimester Pregnant Women in Facing Childbirth at New Normal Period

Most of the readiness of third-trimester pregnant women who are not ready are 19 respondents (59.4%). In the third trimester, the mother's focus is more on the safety of herself and her baby, where there is a fear of pain, mutilation, and concern about her behavior and the possibility of her losing self-control during labor, physical discomfort, and fetal movements that interfere with the mother's rest, increased abdominal size and a comfortable position is hard to come (Bobak et al., 2016).

The role of the husband, family, and friends is an encouragement to the mother both morally and materially, and this support greatly influences the mother in facing childbirth. In contrast, the husband's support is attention, where the attention given helps the mother face childbirth and provides comfort and confidence in facing problems during childbirth. The support provided by family and friends is one of the supports mothers need before childbirth, whereas mothers need help to provide care during pregnancy or while waiting for the birth process. Psychological readiness includes avoiding stress, eliminating worry, and preparing the husband mentally. To avoid feeling worried or anxious, the most important thing for pregnant women to do is routinely check their wombs. Besides that, preparation for husbands is also important in working together to care for babies (Fedrico, 2015).

Analyzing the Relationship between the Husband's Role and the Readiness of Third Trimester Pregnant Women in Facing Childbirth at New Normal Period

From Table 7 above, of the 32 respondents, most of the role of a good husband 12 respondents (37.5%), including the readiness of third-trimester pregnant women who are ready, ten respondents (31.3%), and pregnant women who are not ready for childbirth, two respondents (6.3%). Pregnancy and birth are physiological conditions that can cause the mother and fetus complications. The mother needs physical and mental readiness to accept the condition of her pregnancy and face the delivery process. Therefore, all family members must be involved during pregnancy, especially the husband. The husband's participation in the form of support and affection from the husband can provide a feeling of comfort and security when the mother feels

afraid and worried about her pregnancy so that pregnant women become better prepared for childbirth (Ayusita, 2012).

The third trimester is when a woman begins to realize the presence of a baby. This period will cause anxiety, considering the baby can be born at any time, so this puts the mother on guard while she watches and waits for the signs and symptoms of labor to appear. The mother-to-be will start to think about childbirth. With the addition of emotional changes, the physical body will also experience changes in this final trimester. These changes include back pain due to body weight, breasts, constipation, breathing, frequent urination, sleep problems, varicose veins, abdominal contractions, swelling, leg cramps, and vaginal discharge so that the third trimester is a time of active preparation seen in waiting for the birth of a baby and becoming a parent. At the same time, a woman's main attention is focused on the baby that will be born soon (Icemi & Wahyu, 2013).

CONCLUSION

This research concludes that there is a relationship between the husband's role and the readiness of third-trimester pregnant mothers to face delivery on the new normal in the work area of the Kuripan Health Center, Probolinggo Regency, in 2022. It is expected that during the examination of pregnant women before delivery in every village for 36 weeks of gestation, a swab antigen test will be carried out once and before delivery once so that sometimes the role of the husband and family influences the mother's readiness to carry out the prenatal examination process, especially during the transition period from pandemic to new normal.

ACKNOWLEDGEMENT

Thanks to the Midwifery Study Program, Stikes Hafshawaty Zainul Hasan, Probolinggo, Indonesia.

CONFLICT OF INTEREST

There isn't any conflict of interest.

REFERENCES

- Afandi, A. T., Putri, P., & Greingsih, L. (2021a). Exploration of the quality of life of hemodialysis patients during the Covid-19 pandemic at Jember Hospital. *Proceedings SNAP*, 155-161.
- Afandi, A. T., Ardiana, A., & Putri, P. (2021b). Relationship of Anxiety and Post-Vaccination Nurse Caring During the Covid P-19 Pandemic in Indonesia Hospital. *Age*, 14(33), 144.
- Asih, NWY., Ni Wayan Ariyani, Made Widhi Gunapria Darmapatni, I Komang Lindayani, Ni Ketut Somoyani. (2021). Description of anxiety level in pregnant delivery in trimester III pregnant women at Puskesmas II Health Service of West Denpasar District in 2021. *Infokes: Health Info*, 11(2). <https://doi.org/10.30643/info%20kesehatan.v11i2.259>
- Ayusita, L. (2012). *Super Complete Healthy and Smart Tips About Pregnancy and Childbirth*. Araska
- Bobak, Lowdermilk, Jensen. (2016). *Textbook of Maternity Nursing*. EGC
- Fedrico Patria. (2015). *The Power of Healthy Pregnancy (1st ed.)*. Ideregar Main Media.
- Icemi, SK., & Wahyu P. (2013). *Maternity Nursing Textbook complete with Nursing Care Example*. Nuha Medika.

- Intiyaskanti, R., Ikhtiarini Dewi, E., & Hadi Kurniyawan, E. (2021). Overview of Coping Mechanism Mother of Children With Disabilities in SDLB Negeri Tompokersan Lumajang. *Nursing and Health Sciences Journal (NHSJ)*, 1(2), 88-96. <https://doi.org/10.53713/nhs.v1i2.25>
- Kurniyawan, E. H., Dewi, E. I., Wuryaningsih, E. W., Deviantony, F., & Fitria, Y. (2022). Strengthening the Mental Health of Elderly Farmers After the COVID-19 Pandemic: Strengthening the Mental Health of Elderly Farmers After the COVID-19 Pandemic. *SCIENTIFIC DEDICATION Journal of Community Service*, 1(1), 20–27. <https://doi.org/10.58545/djpm.v1i1.27>
- Kurniyawan, E. H., Ikhtiarini Dewi, E., Wuri Wuryaningsih, E., Deviantony, F., & Fitria, Y. (2023). Improving Farmers' Adaptive Coping in the Post-Covid 19 Period: Meningkatkan Koping Adaptif Petani di Masa Pasca COVID-19. *Journal of Community Empowerment for Multidisciplinary (JCEMTY)*, 1(1), 15–22.
- Kurniyawan, E. H., Fitri, L. N., Susumaningrum, L. A., Wuryaningsih, E. W., & Susanto, T. (2022). Family Affective Functions and Temper Tantrums in Preschool Children: A Cross-Sectional Study: Fungsi Afektif Keluarga Dan Temper Tantrum Pada Anak Prasekolah: Studi Cross-Sectional. *Jurnal Kesehatan Komunitas Indonesia*, 2(1), 1–9. <https://doi.org/10.58545/jkki.v2i1.19>
- Limbong, T. (2021). Supporting and Inhibiting Factors of the Mentoring Role of Husbands to Wives During Pregnancy and Childbirth. *Jurnal Ilmiah Kesehatan Sandi Husada*, 10(2), 475-483. <https://doi.org/10.35816/jiskh.v10i2.635>
- Maharani, F. A., Ikhtiarini Dewi, E., & Hadi Kurniyawan, E. (2022). The Correlation of Peer Social Support with Anxiety Levels of Students Working on Undergraduate Thesis at The Faculty of Nursing, University of Jember. *Nursing and Health Sciences Journal (NHSJ)*, 2(1), 56-62. <https://doi.org/10.53713/nhs.v2i2.92>
- Maisyaroh, A., Syaifuddin Kurnianto, Eko Prasetya Widiyanto, Mahardika Rahmawati, P., & Retno Sari Nurhabibah. (2023). Cardiopulmonary Resuscitation Techniques in the COVID-19 Pandemic Era: Literature Review. *Health and Technology Journal (HTechJ)*, 1(1), 38–47. <https://doi.org/10.53713/htechj.v1i1.6>
- Novelia, S., Syamsiah, S., & Herawati, S. (2023). Analysis of Pregnant Women's Participation in Covid-19 Vaccination at Cilamaya Health Centre. *Health and Technology Journal (HTechJ)*, 1(2), 220–226. <https://doi.org/10.53713/htechj.v1i2.43>
- Nur, K. R. M., Afandi, A. T., Kurniawan, D. E., Ardiana, A., Asmaningrum, N., & Purwandari, R. Online Culture-Based Stress Management for Nurses in Isolation Room of COVID-19. *Teikyo Medical Journal*, 45(2). 5357-5362
- Patuh, A., Wuryaningsih, E. W., & Afandi, A. T. (2021). Description of Stress and Coping Mechanism Farmer in Kalisat District Jember City. *Nursing and Health Science Journal (NHSJ)*, 1(1), 54-56.
- Purnamayanthi. P. I., Aswitami, N. G. A. P., & Diantari, N. P. A. M. (2020). Description of the Knowledge Level of Trimester III Pregnant Women About the Danger Signs of Childbirth. *Journal Center of Research Publication in Midwifery and Nursing*, 4(2), 28-32. <https://doi.org/10.36474/caring.v4i2.170>
- Putri, P., Maurida, N., Novitasari, F., Rosalini, W., Budiman, M. E. A., & Afandi, A. T. (2021). Spiritual workplace with nurse anxiety during the COVID-19 pandemic in Indonesia. *Pakistan Journal of Medical and Health Sciences*, 3204-3206.
- Suhari, Darmawati, Y., & Yunita, R. (2023). Relationship between Family Support and Welfare Psychology of Prisoners During the Covid-19 Pandemic. *Health and Technology Journal (HTechJ)*, 1(2), 172–179. <https://doi.org/10.53713/htechj.v1i2.39>
- Widowati, SA., Dewi, E. I, Kurniyawan, E. H, Sutawardana, J. H, & Fitria, Y. (2022). A Description of Self Stigma Incidence in Post COVID-19 Patients in Kaliwates District Jember Regency. *Nursing and Health Science Journal (NHSJ)*, 2(3), 215-223. <https://doi.org/10.53713/nhs.v2i3.106>