ISSN 2598-3180 (Online)
JOURNAL OF MIDWIFERY
Research and Practice
Accredited by SINTA 4th

Article

Socioeconomic and Demographic Determinants of Husband's Involvement in Antenatal Care in Coastal Areas of Bandar Lampung City

Jul Hasratman Daeli[1], *Rully Fatriani*[2]

[1]*Department of Islamic Education Management, Postgraduate Program of An Nur Islamic University of Lampung, Indonesia*
[2]*Department of Midwifery, Panca Bhakti College of Health Sciences, Lampung, Indonesia*

SUBMISSION TRACK

Recieved: Nov 6, 2024
Final Revision: December 12, 2024
Available Online: December 31, 2024

KEYWORDS

Antenatal Care, Coastal Area, Education Level, Husband's Involvement, Private Midwifery Practice

CORRESPONDENCE

Phone: 082376227343

E-mail: rully.fatriani@pancabhakti.ac.id

A B S T R A C T

This study aims to identify socioeconomic and demographic factors influencing husband involvement in Antenatal Care (ANC) in the coastal areas of Bandar Lampung, where such involvement is often limited. Using an observational analytic approach with a cross-sectional design, the study involved 170 pregnant women from coastal areas and assessed factors like husband's age, education level, number of children, and employment status through structured questionnaires. The findings revealed significant associations between husband involvement in ANC and both age (*p-value* 0,0137) and education level (*p-value* 0,0000), while the number of children and employment status showed no significant correlation. Policymakers should pay more attention to the issue of husband involvement in ANC in Bandar Lampung's coastal areas. Improving access to and the quality of formal education in these areas is expected to improve cultural perceptions and welfare levels, thereby increasing husband involvement in antenatal care.

Attribution-NonCommercial 4.0 International. Some rights reserved

I. INTRODUCTION

Antenatal Care (ANC) is a key strategy in ensuring maternal and fetal health during pregnancy. ANC identifies potential pregnancy complications, promotes healthy lifestyles during pregnancy, and prepares mothers for childbirth and the delivery of healthy babies (Rahman et al., 2018). ANC can contribute to addressing global health issues like stunting, as fewer than four ANC visits increase the likelihood of stunting in children (Titaley et al., 2019). The frequency and completeness of standard ANC components are associated with low birth weight (LBW) incidences in Indonesia (Arsyi et al., 2022).

Pregnant women receiving support from their husbands tend to have higher ANC visit rates, consistent with studies on husband involvement in pregnancy in several developing countries (Duong et al., 2015). The World Health Organization (WHO) recognizes husband involvement in ANC as a primary indicator for improving maternal health (Annoon et al., 2020). Although husbands do not directly utilize ANC services, their understanding, involvement, and support are crucial for mothers to fully access ANC services (Falade-Fatila & Adebayo, 2020). When husbands accompany their wives to ANC visits, they engage with healthcare providers, which can increase their preparedness for childbirth and any complications (Mersha, 2018).

Husband involvement in pregnancy consists of four interconnected aspects: positive attitude, instrumental support, emotional support, and responsiveness at key moments (Eddy & Fife, 2021). A husband escorting his wife to ANC reflects instrumental support (Story et al., 2016); (Yanti, 2018). This involvement can range from accompanying the pregnant mother to the ANC facility to simply dropping her off (Rahman et al., 2018) . The presence of a husband when accompanying his pregnant wife to ANC serves as a practical indicator to assess the level of husband involvement in ANC (Laksono, Wulandari, Widya Sukoco, et al., 2022)

Low education levels and knowledge among coastal families mean that pregnant mothers may lack ANC support and may even be encouraged to visit traditional birth attendants instead (Anwar et al., 2023). Cultural perspectives and gender roles are significant factors in husband involvement in ANC (Mapunda et al., 2022). The low involvement of husbands in ANC is often linked to perceptions that the husband's primary role is as a breadwinner, while pregnancy matters are solely a woman's responsibility (Craymah et al., 2017); (Maluka & Peneza, 2018) (Worku et al., 2020). Beliefs, culture, and traditions can inhibit husband involvement in ANC (Lewis et al., 2015); (Ongolly & Bukachi, 2019). Even with access to modern health facilities, coastal communities often adhere to traditional practices and rituals believed to ensure a smooth pregnancy and delivery (Ashriady et al., 2022). However, many coastal residents are now abandoning ancestral customs during pregnancy, perceiving them as having no impact on maternal and infant health (Nurhayati et al., 2023).

Studies in coastal regions indicate varying levels of husband involvement in ANC. In Sekondi-Takoradi, Ghana, husband involvement in ANC is notably high (Annoon et al., 2020), as is the case in Dar es Salaam, Tanzania, in southern Africa (Gibore et al., 2019). In contrast, coastal communities along the Atlantic coast of Ghana’s central region and Mwanza, Tanzania, exhibit very low levels of husband involvement in ANC visits (Craymah et al., 2017); (Natai et al., 2020). Research in Indonesia shows that Maluku and North Maluku have lower levels of husband involvement in ANC than other eastern regions such as Papua, West Papua, and East Nusa Tenggara (Laksono, Wulandari, Rohmah, et al., 2022)

The education level of pregnant mothers influences husband involvement in ANC (Ampt et al., 2015) and impacts their attitude towards ANC visits (Duong et al., 2015); (Ramadhaniati et al., 2023). Employment status also affects ANC visit rates (Duong et al., 2015); working pregnant women have better mobility and thus higher ANC service access than non-working women (Fatriani, 2023). Employed mothers tend to interact with more informants who provide better knowledge on the importance of maternal health (Fatriani, 2021a). Cohabitation between husband and wife influences husband involvement in ANC (Craymah et al., 2017), with women living with

their husbands twice as likely to report high husband involvement in ANC than those who do not cohabitate (Annoon et al., 2020).

In coastal communities, husbands are believed to play a dominant role in deciding on healthcare access (Syam et al., 2020). Annoon et al. (2020) conceptualize husband involvement in ANC as being influenced by husband characteristics such as age, education, occupation, and religion (Annoon et al., 2020). The number of children also significantly correlates with husband involvement in ANC (Craymah et al., 2017); (Worku et al., 2020); (Nyamai et al., 2022). Husband involvement in ANC is significantly associated with the husband's education and employment (Degefa et al., 2024), educational level and number of children (Worku et al., 2020), and type of employment (Dahake & Shinde, 2020); (Laksono, Wulandari, Widya Sukoco, et al., 2022). Husband's age is also reported to affect ANC visit involvement (Annoon et al., 2020); (Tabita et al., 2021); (Degefa et al., 2024)

Research on husband involvement in ANC specifically within Indonesia's coastal communities remains limited. Preliminary studies indicate that few husbands attend ANC visits at midwives' practices in Bandar Lampung's coastal areas. Given this background, it is essential to examine the relationship between husband characteristics and their involvement in ANC. To minimize potential bias, this study targets pregnant mothers with specific characteristics: secondary school education, unemployment, reproductive age, and cohabitation with their husbands. The study aims to determine the relationship between husband's age, number of children, education level, and employment with their involvement in ANC in Bandar Lampung's coastal areas.

II. METHODS

This research is an analytical observational study using a cross-sectional approach. The study population includes pregnant women attending ANC visits at private midwifery practices (Bidan Delima) in the coastal areas of Bandar Lampung, covering the Panjang, Bumi Waras, and Teluk Betung Timur districts. A total of 170 samples were obtained through accidental sampling during several ANC visits between November 2023 and April 2024. The inclusion criteria were pregnant women who agreed to participate, were in their third trimester, had a secondary school education level, were unemployed, aged between 20-35 years, were literate, and lived with their husbands. Exclusion criteria were pregnant women unwilling to participate, those who did not complete the questionnaire, or those who withdrew from the study.

The study uses primary data collected through a validated and reliable questionnaire. Data collected from the pregnant women included the husband's age, number of children, educational background, employment status, and presence at ANC visits. Direct attendance by the husband at ANC visits served as a practical indicator of husband involvement in pregnancy (Ampt et al., 2015). Husband involvement in ANC was determined based on responses to the question, "Did your husband accompany you to the prenatal checkup?" with response options of "no or yes" (Laksono, Wulandari, Widya Sukoco, et al., 2022).

Data analysis employed univariate and bivariate techniques. Univariate analysis was conducted on variables such as husband's age, number of children, educational level, and employment status. Bivariate analysis was conducted using the chi-square test to assess the relationships between husband's age, number of children, educational level, employment status, and husband involvement in ANC visits. This research received ethical approval from the Ethics Committee of STIKES Panca Bhakti Lampung under No. 015/UE.STIKes/X/2023.

III. RESULT

Respondent Characteristics

The study performed a univariate analysis on data from 170 pregnant women, assessing characteristics such as the husband's age, number of children, educational background, and employment status, summarized in Table 1. Table 2 illustrates the extent of the husband's

involvement in ANC. Furthermore, bivariate analysis was applied to examine the relationship between husband's age, number of children, education level, and employment status with their involvement in ANC, as detailed in Table 3.

Table 1. Frequency Distribution of Husband's Age, Number of Children, Husband's Education, and Husband's Occupation Status

Respondent Characteristics	Frequency	Percentage (%)
Husband's Age		
15 – 24 Years	15	8.8
25 – 34 Years	96	56.5
35 – 44 Years	59	34.7
Number of Children		
0-2 children	7	4.1
3-4 children	150	88.2
>4 children	13	7.7
Husband's Education		
Elementary School	105	61.8
Junior High School	54	31.8
Senior High School	11	6.4
Husband's Occupation		
Formal Sector	9	5.3
Informal Sector	161	94.7
Total	**170**	**100.0**

Based on Table 1, the majority of husbands are within the age range of 25-34 years (56.5%), have 3-4 children (88.2%), have completed only primary education (61.8%), and work in the informal sector (94.7%). In summary, these data indicate that most husbands are in their mature years, have several children, possess a low level of education, and are primarily employed in the informal sector.

Table 2. Frequency Distribution of Husband's Involvement in ANC

Husband's Involvement in ANC	Frequency	Percentage (%)
Not Involved in ANC	146	85.9
Involved in ANC	24	14.1
Total	**170**	**100.0**

Based on Table 2, it shows that the majority of husbands are not involved in ANC (85.9%), and only a small proportion of husbands are involved in ANC (14.1%)

Table 3. Chi-Square Test Results for the Association Between Number of Children, Husband's Education, and Husband's Employment with Husband's Involvement in ANC

Respondent Characteristics	Husband's Involvement in ANC		*p-value*
	Not Involved in ANC	Involved in ANC	
Husband's Age			
15 – 24 Years	12	3	0,0137
25 – 34 Years	77	19	
35 – 44 Years	57	2	
Number of Children			
0-2 Children	6	1	0,7866
3-4 Children	128	22	
>4 Children	12	1	
Husband's Education Level			
Elementary School	95	10	0,0000
Junior High School	49	5	
Senior High School	2	9	
Husband's Occupation			
Formal Sector	6	3	0,0898
Informal Sector	140	21	

According to Table 3, the results indicate that the husband's age is significantly associated with his involvement in ANC, with a p-value of 0.0137 ($p < 0.05$). The number of children does not show a significant association with the husband's involvement in ANC, as indicated by a *p-value* of 0.7866. The husband's level of education is significantly linked to his involvement in ANC, with a *p-value* less than 0.05. However, the husband's employment status does not appear to be significantly related to his involvement in ANC, with a p-value of 0.0898

IV. DISCUSSION

Overview of Respondent Characteristics

This study was conducted in the coastal region of Bandar Lampung City, the capital of Lampung Province, located in the southern part of Sumatra Island. According to data from the National Socio-Economic Survey by Indonesia's Central Statistics Agency, Bandar Lampung ranks fifth in the number of poor people among the 15 districts and cities in Lampung Province. The city is divided into twenty sub-districts, three of which are coastal areas: Panjang, Bumi Waras, and Teluk Betung Timur sub-districts (BPS Kota Bandar Lampung, 2021).

The findings of this study reveal that more than half of the respondents' husbands are aged 25-34 years. Based on the population age categories set by Bappenas RI (Bappenas RI, 2018), this majority falls within the early working age group (25-34 years), while the 15-24 age group is considered young, and 35-44 years is categorized as middle-aged. Additionally, most respondents have 3-4 children, indicating that many husbands have considerable experience with their wives' pregnancies. The number of children is also a reflection of their involvement in pregnancy care (Guspianto et al., 2022)

Furthermore, most respondent's husbands have completed only primary school education. In coastal communities, education is not often prioritized, and the lack of awareness regarding its importance greatly impacts the quality of life. Coastal residents typically work as laborers or fishermen, with primary school being the highest level of education for most (Patty & Nugroho, 2020). Occupations such as fishermen, traders, entrepreneurs, farmers, livestock keepers, and private sector employees serve as the basis for categorizing the husbands' employment status (Rahman et al., 2018). Employment status is divided into formal and informal sectors, both of which often result in busy schedules that may limit husbands' involvement in ANC visits (Morgan et al., 2022). The majority of respondents in this study had husbands working in the informal sector.

Husband Involvement in ANC Visits in the Coastal Area of Bandar Lampung

The results of this study show that husband involvement in ANC in Bandar Lampung's coastal area is very low (14.1%). This rate is lower compared to findings from Anomabo, a coastal town on the Atlantic coast in Ghana, where husband involvement in ANC was also reported as low (35%). The level of husband involvement in ANC in Bandar Lampung's coastal region is similar to involvement rates found in suburban and rural areas in Tanzania, Ghana, and Ethiopia, where involvement ranges from 18% to 45% (Gibore et al., 2019), and is consistent with findings from various developing countries in East Africa, Kenya, and Uganda (Mohammed et al., 2019)

Husband involvement in ANC can also be observed through their involvement in maternity classes. In a study in Southeast Maluku's coastal area, only one out of eleven participants attended maternity classes (Poltekkes et al., 2020). Work commitments were cited as a primary reason for husbands' lack of involvement in ANC visits (Falade-Fatila & Adebayo, 2020). A study in the urban slums of Mumbai, India, similarly found that work was the main reason for husbands not accompanying their pregnant wives to ANC visits (Dahake & Shinde, 2020).

Coastal communities typically consist of laborers or fishermen who live in poverty (Patty & Nugroho, 2020). The nature of work in fishing often prevents husbands from having time to accompany their wives to health facilities, as they spend much of their time at sea (Retnowati, 2018). According to a descriptive study in Central Java, 75.7% of husbands provided support to their wives during pregnancy (Tabita et al., 2021). However, working husbands generally have less time to accompany their wives to ANC visits. The availability of time to accompany a wife to ANC is an important factor hindering husband involvement in ANC (Lewis et al., 2015)

Research on husband involvement in ANC specifically in coastal regions of Indonesia remains limited. Husband involvement in eastern Indonesia revealed that involvement was relatively lower in Maluku (48.8%) and North Maluku (41.6%) compared to other regions like Papua (59.8%), West Papua (57.6%), and East Nusa Tenggara (59.1%). Maluku and North Maluku are archipelagic areas that share characteristics with coastal regions, as they are directly bordered by the sea (Laksono, Wulandari, Rohmah, et al., 2022). Low husband involvement in ANC has also been documented in Mwanza, Tanzania, a city near Lake Victoria. Although initial reports suggested a high rate of involvement (54%), this was due to a policy requiring husbands to attend at least one ANC visit for HIV testing. When involvement is defined as attending at least two ANC visits, the rate drops to 20.8% (Natai et al., 2020)

Husband involvement in ANC tends to decrease when husbands perceive their primary role as providing financial support, with activities like accompanying their wives to health facilities seen as the wife's responsibility (Worku et al., 2020). Cultural beliefs, gender roles, and traditions often hinder husband involvement in ANC. A study in Nepal found that cultural norms prohibiting male involvement and the prescribed gender roles significantly influence husbands' involvement (Lewis et al., 2015). In matters related to pregnancy and maternal health, husbands tend to regard it as solely the woman's responsibility (Craymah et al., 2017), making them reluctant to engage in issues seen as women's affairs (Ongolly & Bukachi, 2019).

A study on perceptions of husband involvement in ANC found that many husbands did not wish to become more involved, as they viewed their role as the provider for their pregnant wife's financial needs (Maluka & Peneza, 2018). Moreover, environmental factors in the coastal region of Bandar Lampung are believed to offer limited support for husband involvement in ANC visits. Cultural practices and societal perceptions of pregnancy and childbirth often create barriers to husband support (Morgan et al., 2022).

The results of this study differ from those in Wongsorejo, Banyuwangi, a coastal area in East Java, where over half of the pregnant women received support from their husbands (55.2%) (Nurul Fitriyah et al., 2023). Husband involvement was also reported to be higher in Sekondi-Takoradi, Ghana (70%) (Annoon et al., 2020). Similar studies have been conducted in Darussalam, Tanzania, a coastal city in Southern Africa, where a relatively high prevalence (69%) of husband involvement in ANC was observed (Gibore et al., 2019). The high involvement of husband in ANC in these coastal areas is believed to be due to the cultural view of pregnancy as a special event requiring particular care and attention. This concern often takes the form of rituals, taboos, and precautions during pregnancy.

The religious beliefs can shape husband involvement in antenatal care (Annoon et al., 2020). According to Islamic perception, husbands have a duty to support their wives during pregnancy, including healthcare (Fathullah, 2020). In the studied coastal area, despite all respondents being Muslim, husband involvement in ANC remained low. Beyond attending ANC visits, husbands can contribute by helping plan for emergencies, supporting childbirth and postnatal care, providing financial help, assisting with household tasks, discussing pregnancy matters, and consulting with healthcare providers (Degefa et al., 2024). This study primarily looks at husbands' physical presence at ANC visits, whether by accompanying or transporting their wives (Rahman et al., 2018). More research is needed to understand barriers to husband involvement in these communities. The discussion here aims to deepen understanding of this topic, linking findings with existing knowledge and expanding on insights into husband involvement in ANC.

The Relationship Between Husband's Age and His Involvement in ANC

The study found a significant relationship between the husband's age and his involvement in ANC. This is consistent with a previous study conducted on low-income respondents around Jambi city, which found that husbands aged 25-34 were more likely to participate in ANC compared to those aged 15-24 (Guspianto et al., 2022). In the coastal regions of Bandar Lampung, younger husbands were found to be more likely to be involved in ANC than older ones.

These findings align with Degefa et al. (2024), who reported that the husband's age is significantly linked to his involvement in ANC (Degefa et al., 2024). They explained that younger husbands are more likely to engage in ANC than those aged 40 and above. Younger husbands tend to have more access to media, which helps raise their awareness about the benefits of involvement in maternal and child health, motivating them to participate actively in the pregnancy process. This is also supported by Tabita et al. (2021), who highlighted that the husband's age influences his support for ANC, with younger husbands offering more support (Tabita et al., 2021).

Older husbands may face different barriers to involvement compared to younger ones. Cultural factors and gender roles contribute to lower involvement of older husbands in ANC (Degefa et al., 2024). Annoon et al. (2020) also found that pregnant women with husbands aged 50-59 were less likely to attend ANC compared to those with husbands aged 20-29 (Annoon et al., 2020).

The Relationship Between Number of Children and Husband's Involvement in ANC

The study revealed no significant relationship between the number of children and the husband's involvement in ANC. This result aligns with research by Paul & Pandey (2023), which found no significant relationship between the number of children and husband's involvement in ANC, especially among rural respondents (Paul & Pandey, 2023). It also confirms Ampt et al.

(2015), who concluded that there is no significant relationship between the number of children and the husband's involvement in ANC (Ampt et al., 2015). However, the desire to have more children was linked to lower attendance at ANC visits by husbands. This means that, although the relationship was not statistically significant, husbands with fewer children were more likely to be involved in ANC. The study found that one out of seven husbands with 0-2 children accompanied their pregnant wives to ANC visits. This supports Guspianto et al. (2022), which found that husbands with ≤2 children were more likely to attend ANC compared to those with more than two children. When the number of children is still low, the husband's experience with pregnancy care is also lower, motivating him to accompany his wife to ANC (Guspianto et al., 2022).

These findings differ from those reported in several developing countries, where the number of children is significantly linked to the husband's involvement in ANC. Craymah et al. (2017) found that the number of children was significantly associated with ANC involvement, with families having one to three children showing higher involvement (Craymah et al., 2017). Similarly, Nyamai et al. (2022) noted that the husband's involvement was influenced by the number of children, with involvement being higher for those with 1-2 children, 3-4 children, and more than 4 children (Nyamai et al., 2022). Those with fewer than four children were more likely to participate in ANC compared to those with five or more children. In contrast, Worku et al. (2020) reported that husbands with 3 or 4 children were five times more likely to be involved in ANC than those without children (Worku et al., 2020). The reason cited was that as the number of children increases, the bond between husband and wife strengthens, encouraging the husband to participate more in ANC, as they feel a stronger connection.

The Relationship Between Husband's Education Level and His Involvement in ANC

The study found a significant relationship between the husband's education level and his involvement in ANC in the coastal areas of Bandar Lampung. The majority of the respondents had husbands with primary school education, and these husbands were the most likely to report not attending ANC visits. These results are consistent with a previous study in Anomabo, Ghana, where the husband's education level influenced his involvement in maternal healthcare. Most husbands of pregnant women in that study had little or no education (59%), resulting in very low involvement in ANC (Craymah et al., 2017).

These findings align with previous research, which also showed that a husband's education level impacts his involvement in ANC (Ampt et al., 2015). Husbands with higher education are four times more likely to be involved in ANC than those who cannot read or write (Worku et al., 2020).

Similar results were found in Chencha, Southern Ethiopia, where a significant relationship between the husband's education level and his involvement in ANC was observed, even though the study was conducted in an urban area. Husbands with at least a secondary education were twice as likely to participate in ANC compared to those without education. This is consistent with findings from other studies in Nigeria, urban areas of Nigeria, and Debrebirhan, Ethiopia (Degefa et al., 2024). The respondents in these studies shared similar sociodemographic characteristics with coastal communities, which typically have low socioeconomic status. In rural Indonesia, the husband's education level is also related to his involvement in ANC visits. The higher the husband's education, the more likely he is to attend ANC with his wife (Laksono et al., 2020); (Laksono, Wulandari, Widya Sukoco, et al., 2022)

This study supports findings by Dahake & Shinde (2020) in urban slums of Mumbai, India, where education was found to influence husbands' attitudes toward ANC involvement (Dahake & Shinde, 2020). In poor households, a formal education was significantly linked to ANC involvement. Educated husbands are more likely to participate in ANC visits compared to those

without formal education. A higher level of education tends to motivate husbands to engage in ANC (Wulandari et al., 2022).

Education is linked to knowledge about pregnancy health. Individuals with higher education are expected to have a better understanding of health (Fatriani, 2021b). A lack of knowledge about ANC can result in lower husband involvement in ANC visits (Sharma et al., 2019). Husbands who are aware of the importance of attending ANC are three times more likely to do so (Gibore et al., 2019). Husbands with knowledge of the danger signs of pregnancy are 2.6 times more likely to attend ANC visits. Those with a higher understanding of sexual and reproductive health are more likely to participate in pregnancy care (Ampt et al., 2015). Urban husbands are more likely to attend ANC visits compared to rural husbands (Laksono, Wulandari, Widya Sukoco, et al., 2022). Low exposure to reproductive health information in rural areas may result in husbands having less knowledge (Dayanti et al., 2022).

Education serves as a tool to change attitudes. The higher the education level, the more knowledge a person gains. Educated husbands are more likely to have better knowledge and attitudes toward reproductive health (Dayanti et al., 2022). However, a study in urban slums in Mumbai, India, found no link between the husband's knowledge and his attitudes toward ANC. Despite their lower knowledge of ANC and pregnancy danger signs, husbands in this area still showed a positive attitude toward ANC involvement (Dahake & Shinde, 2020).

The husband's education level is important for his involvement in ANC visits. Educated husbands tend to have better knowledge, making it easier for them to participate in ANC services (Wulandari et al., 2022). Husbands with lower education levels may face challenges discussing health matters and often rely on their wives for decision-making about maternal health. This is due to their limited literacy and communication skills. Husbands with lower education levels need empowerment through improved knowledge of ANC to enhance their involvement in ANC (Nyamai et al., 2022).

The Relationship Between Occupation and Husband's Involvement in ANC

The study found no significant relationship between the husband's Occupation and his involvement in ANC. Husbands working in both formal and informal sectors showed very low involvement in ANC visits in the coastal areas of Bandar Lampung City. Time constraints were reported as the main factor preventing husbands from accompanying their wives to ANC visits, regardless of whether they worked in formal or informal sectors (Morgan et al., 2022).

Husbands working in the formal sector are generally employees bound by strict work hours, leaving them with little time to engage in ANC (Gibore et al., 2019). Husbands who do not participate in household chores or decision-making are often constrained by long work hours outside the home. This results in a lack of time to support their wives during pregnancy (Dayanti et al., 2022); (Morgan et al., 2022). A study in the coastal area of Southeast Maluku found that during maternity classes, only one husband attended the first meeting, while the others (10 men) were working. Low husband involvement is often attributed to work commitments that prevent them from participating in ANC activities (Poltekkes et al., 2020).

A study in the urban slums of Mumbai, India, where poverty levels are high, reported that the most dominant reason husbands did not accompany their wives to healthcare facilities was due to work-related busyness. Other reasons included cultural factors, family influences, peer pressure, and social factors (Dahake & Shinde, 2020). If the reason for the husband's lack of involvement in ANC is due to time constraints, this reason may be overlooked, as independent midwife practices in the coastal areas of Bandar Lampung have more flexible operational hours. Therefore, time-bound work should not be a barrier for a husband in supporting his pregnant wife at midwife practices.

Similarly, husbands working in the informal sector in this study also showed low involvement in ANC. Fishermen families in coastal areas typically earn around 1-1.5 million per month, based

on irregular weekly earnings. From a socioeconomic perspective, coastal communities are classified as having low welfare (Patty & Nugroho, 2020). Several studies have shown that the husband's involvement in ANC is influenced by the level of welfare. This factor is believed to be the main reason for the low husband involvement in the coastal areas of Bandar Lampung, particularly among husbands working in the informal sector. The higher the welfare level, the greater the chances of the husband being involved in ANC visits (Craymah et al., 2017); (Sriwana et al., 2022); (Laksono, Wulandari, Widya Sukoco, et al., 2022).

A study conducted in the Muslim community of Buloreja Village found that husbands were generally willing to accompany their wives to regular ANC visits. This involvement was strongly related to the husband's financial condition, specifically the costs associated with accessing pregnancy care at healthcare facilities (Sriwana et al., 2022). Poor economic conditions prevented husbands from supporting their wives in pregnancy checkups as they had to work for a living. The better the socioeconomic status, the more likely the husband is to accompany his wife to ANC visits (Laksono et al., 2020).

These findings differ from those in other regions, where a significant relationship between Occupation and husband involvement in ANC has been reported. Ongolly & Bukachi (2019) found that job characteristics can hinder involvement in ANC. A study in the coastal town of Anomabo, Ghana, also reported that Occupation status influences the husband's level of involvement in maternal healthcare (Craymah et al., 2017). In this study, three out of nine husbands working in formal sectors accompanied their wives to ANC visits, while those in informal sectors showed very low involvement. Although there was no significant correlation between formal and informal employment and husband involvement in ANC, a comparison showed that formal-sector husbands were more likely to participate in ANC visits than those in informal sectors. According to Degefa et al. (2024), husbands working as employees were twice as likely to be involved in ANC compared to farmers. People in the formal sector generally have better educational backgrounds, which raises their awareness of health issues, giving them more exposure to health information. Moreover, husbands with better welfare tend to participate more in ANC because they typically have higher education (Wulandari et al., 2022).

A study found that husbands working with better welfare levels are more likely to spend money on health and are more involved in ANC, while those without Occupation or those with more time available do not necessarily participate more in ANC (Laksono, Wulandari, Widya Sukoco, et al., 2022). Husbands who can support their wives by providing transport or other assistance are strongly linked to financial resources, which makes it easier for them to regularly attend ANC visits, provide nutrition, and prepare for childbirth. The welfare level of the community impacts the husband's involvement in ANC. A study among lower-income families in Kenya reported very low husband involvement in ANC visits (Nyamai et al., 2022). High unemployment rates (72%) contributed to low husband involvement in maternal health (Craymah et al., 2017). Even in urban areas, if the husband's welfare is low, his involvement in ANC remains low. This was proven by a study conducted among husbands in Ibadan, Nigeria, a city area where husband involvement in ANC was also very low (Falade-Fatila & Adebayo, 2020).

Raising awareness about the importance of husband involvement in improving maternal health should be a significant priority for policymakers, including in midwife practices. Annoon et al. (2020) recommended that stakeholders develop husband-friendly policies at various ANC visit points to make it easier for husbands to accompany pregnant women to ANC services. A study in coastal Vietnam suggested that husband involvement should be incorporated into all frameworks and plans for improving maternal health (Duong et al., 2015). Husbands can be involved as clients, partners, and agents of positive change in maternal healthcare. There is a need for interventions to increase husband involvement in ANC activities in the coastal areas of Bandar Lampung. Without husband involvement in ANC visits, achieving improvements in maternal health may be difficult, if not impossible. Interventions should prioritize educational messages

tailored to the husband's age and education level, as discussed in this study. Therefore, the findings emphasize the urgency of paying greater attention to pregnant women with husbands who have lower education levels and work backgrounds to optimize support for pregnant women in the coastal areas of Bandar Lampung.

V. CONCLUSION

This study concludes that husband involvement in ANC visits in the coastal areas of Bandar Lampung is very low. Most husbands are aged 25-34 years, have 3-4 children, have primary school education, and work in the informal sector. The study found that the husband's age and education level are significantly associated with their involvement in ANC.

Strategies are needed to engage husbands in ANC. Policymakers should pay more attention to the issue of husband involvement in ANC in Bandar Lampung's coastal areas. Improving access to and the quality of formal education in these areas is expected to improve cultural perceptions and welfare levels, thereby increasing husband involvement in antenatal care.

REFERENCES

Ampt, F., Mon, M. M., Than, K. K., Khin, M. M., Agius, P. A., Morgan, C., Davis, J., & Luchters, S. (2015). Correlates of male involvement in maternal and newborn health: a cross-sectional study of men in a peri-urban region of Myanmar. *BMC Pregnancy and Childbirth*, *15*(1), 122. https://doi.org/10.1186/s12884-015-0561-9

Annoon, Y., Hormenu, T., Ahinkorah, B. O., Seidu, A.-A., Ameyaw, E. K., & Sambah, F. (2020). Perception of pregnant women on barriers to male involvement in antenatal care in Sekondi, Ghana. *Heliyon*, *6*(7), e04434. https://doi.org/10.1016/j.heliyon.2020.e04434

Anwar, K. K., Nasrawati, Yustiari, Jumrah, & Anwar, M. K. (2023). Keikutsertaan Suami pada Kelas Ibu Hamil Terhadap Pengambilan Keputusan dalam P4K. *Window of Health : Jurnal Kesehatan*, 199–207. https://doi.org/10.33096/woh.vi.101

Arsyi, M., Besral, B., Herdayati, M., & Phalkey, R. (2022). Antenatal Care Services and Incidence of Low Birth Weight: A Comparison of Demographic and Health Surveys in 4 ASEAN Countries. *Journal of Preventive Medicine and Public Health*, *55*(6), 559–567. https://doi.org/10.3961/jpmph.22.316

Ashriady, A., Mariana, D., Tiyas, A. H., & Supriadi, R. F. (2022). Aspek Sosial Budaya dalam Perawatan Kehamilan pada Masyarakat Pesisir Kabupaten Mamuju. *Jurnal Kesehatan Terpadu (Integrated Health Journal)*, *13*(1), 53–65. https://doi.org/10.32695/jkt.v13i1.249

Bappenas RI. (2018). Restriksi Populasi dalam Sistem Perencanaan, Penganggaran, Analisis & Evaluasi Kemiskinan Terpadu (SEPAKAT). *Https://Sepakat.Bappenas.Go.Id*. https://sepakat.bappenas.go.id/wiki/index.php/Distribusi_Jenis_Kelamin.

BPS Kota Bandar Lampung. (2021). *Jumlah Penduduk Miskin Menurut Kabupaten/Kota di Provinsi Lampung (Ribu), 2016-2020*. https://bandarlampungkota.bps.go.id/id/statistics-table/1/MzczIzE=/jumlah-penduduk-miskin-menurut-kabupaten-kota-di-provinsi-lampung-ribu-2016-2020-.html.

Craymah, J. P., Oppong, R. K., & Tuoyire, D. A. (2017). Male Involvement in Maternal Health Care at Anomabo, Central Region, Ghana. *International Journal of Reproductive Medicine*, *2017*, 1–8. https://doi.org/10.1155/2017/2929013

Dahake, S., & Shinde, R. (2020). Exploring husband's attitude towards involvement in his wife's antenatal care in urban slum community of Mumbai. *Indian Journal of Community Medicine*, *45*(3), 320. https://doi.org/10.4103/ijcm.IJCM_344_19

Dayanti, A. A., Nurrochmah, S., & Alma, L. R. (2022). The relationship between husband support and husband's education level with fertility of women of childbearing age in East Nusa Tenggara Province, Indonesia. *Journal of Public Health in Africa*, *13*(2), 5. https://doi.org/10.4081/jphia.2022.2397

Degefa, N., Dure, A., Getahun, D., Bukala, Z., & Bekelcho, T. (2024). Male partners involvement in their wives' antenatal care and its associated factors in southern Ethiopia. A community-based cross-sectional study. *Heliyon*, *10*(7), e28276. https://doi.org/10.1016/j.heliyon.2024.e28276

Duong, D., Bui, H., Pham, T., Doan, D., & Le, T. (2015). Factors associated with four or more antenatal care services among pregnant women: a cross-sectional survey in eight South Central Coast provinces of Vietnam. *International Journal of Women's Health*, 699. https://doi.org/10.2147/IJWH.S87276

Eddy, B. P., & Fife, S. T. (2021). Active Husband Involvement During Pregnancy: A Grounded Theory. *Family Relations*, *70*(4), 1222–1237. https://doi.org/10.1111/fare.12486

Falade-Fatila, O., & Adebayo, A. M. (2020). Male partners' involvement in pregnancy related care among married men in Ibadan, Nigeria. *Reproductive Health*, *17*(1), 14. https://doi.org/10.1186/s12978-020-0850-2

Fathullah, A. (2020). PENDIDIKAN PRANATAL DALAM PESEPEKTIF ISLAM. *Jurnal Ilmiah Pendidikan Agama Islam*.

Fatriani, R. (2021a). Gambaran Pengetahuan Ibu Hamil tentang Anemia Defisiensi Besi dan Manfaat Suplemen Fe Selama Kehamilan di Wilayah Kerja Puskesmas Kemiling Kota Bandar Lampung Tahun 2020. *Jurnal Ilmu Gizi Indonesia (JIGZI)*, *2*(1). https://doi.org/10.57084/jigzi.v2i1.1071

Fatriani, R. (2021b). Gambaran Pengetahuan Ibu Hamil tentang Anemia Defisiensi Besi dan Manfaat Suplemen Fe Selama Kehamilan di Wilayah Kerja Puskesmas Kemiling Kota Bandar Lampung Tahun 2020. *Jurnal Ilmu Gizi Indonesia (JIGZI)*, *2*(1). https://doi.org/10.57084/jigzi.v2i1.1071

Fatriani, R. (2023). HUBUNGAN KARAKTERISTIK IBU HAMIL DENGAN KUNJUNGAN ANTENATAL CARE (ANC) DI ERA ADAPTASI KEBIASAAN BARU PANDEMI COVID-19. *Jurnal Medika Malahayati*, *7*(2), 643–653. https://doi.org/10.33024/jmm.v7i2.10321

Gibore, N. S., Bali, T. A. L., & Kibusi, S. M. (2019). Factors influencing men's involvement in antenatal care services: a cross-sectional study in a low resource setting, Central Tanzania. *Reproductive Health*, *16*(1), 52. https://doi.org/10.1186/s12978-019-0721-x

Guspianto, Ibnu, I. N., & Asyary, A. (2022). Associated Factors of Male Participation in Antenatal Care in Muaro Jambi District, Indonesia. *Journal of Pregnancy*, *2022*, 1–7. https://doi.org/10.1155/2022/6842278

Laksono, A. D., Wulandari, R. D., Kumalasari, M. L. F., Mustika, I., & Matahari, R. (2020). *Socioeconomic Difference of Husband's Involvement in Antenatal Care in Rural Indonesia*. https://doi.org/10.21203/rs.3.rs-114665/v1

Laksono, A. D., Wulandari, R. D., Rohmah, N., & Matahari, R. (2022). HUSBAND'S SUPPORT IN WIFE'S ANC IN EASTERN INDONESIA: DO REGIONAL DISPARITIES EXIST? *Jurnal Administrasi Kesehatan Indonesia*, *10*(2), 197–205. https://doi.org/10.20473/jaki.v10i2.2022.197-205

Laksono, A. D., Wulandari, R. D., Widya Sukoco, N. E., & Suharmiati, S. (2022). Husband's involvement in wife's antenatal care visits in Indonesia: What factors are related? *Journal of Public Health Research*, *11*(2). https://doi.org/10.1177/22799036221104156

Lewis, S., Lee, A., & Simkhada, P. (2015). The role of husbands in maternal health and safe childbirth in rural Nepal: a qualitative study. *BMC Pregnancy and Childbirth*, *15*(1), 162. https://doi.org/10.1186/s12884-015-0599-8

Maluka, S. O., & Peneza, A. K. (2018). Perceptions on male involvement in pregnancy and childbirth in Masasi District, Tanzania: a qualitative study. *Reproductive Health*, *15*(1), 68. https://doi.org/10.1186/s12978-018-0512-9

Mapunda, B., August, F., Mwakawanga, D., Mhando, I., & Mgaya, A. (2022). Prevalence and barriers to male involvement in antenatal care in Dar es Salaam, Tanzania: A facility-based mixed-methods study. *PLOS ONE*, *17*(8), e0273316. https://doi.org/10.1371/journal.pone.0273316

Mersha, A. G. (2018). Male involvement in the maternal health care system: implication towards decreasing the high burden of maternal mortality. *BMC Pregnancy and Childbirth*, *18*(1), 493. https://doi.org/10.1186/s12884-018-2139-9

Mohammed, B. H., Johnston, J. M., Vackova, D., Hassen, S. M., & Yi, H. (2019). The role of male partner in utilization of maternal health care services in Ethiopia: a community-based couple study. *BMC Pregnancy and Childbirth*, *19*(1), 28. https://doi.org/10.1186/s12884-019-2176-z

Morgan, A. K., Awafo, B. A., Quartey, T., & Cobbold, J. (2022). Husbands' involvement in antenatal-related care in the Bosomtwe District of Ghana: inquiry into the facilitators and barriers. *Reproductive Health*, *19*(1), 216. https://doi.org/10.1186/s12978-022-01506-7

Natai, C. C., Gervas, N., Sikira, F. M., Leyaro, B. J., Mfanga, J., Yussuf, M. H., & Msuya, S. E. (2020). Association between male involvement during antenatal care and use of maternal health services in Mwanza City, Northwestern Tanzania: a cross-sectional study. *BMJ Open*, *10*(9), e036211. https://doi.org/10.1136/bmjopen-2019-036211

Nurhayati, N., Lubis, A. P., Prasetyo, A., Purba, F. S., Puspitasari, I., Purba, N. F., Keysah, S., & Maimuna, P. (2023). Gambaran Kepercayaan Masyarakat Pesisir saat Masa Kehamilan Hingga Masa Nifas di Wilayah Batang Kilat Kecamatan Medan Labuhan Tahun 2023. *El-Mujtama: Jurnal Pengabdian Masyarakat*, *4*(2), 972–980. https://doi.org/10.47467/elmujtama.v4i2.4591

Nurul Fitriyah, Danti, R. R., & Muhammad Al Amin. (2023). HUBUNGAN DUKUNGAN SUAMI DENGAN KEPATUHAN KUNJUNGAN ANC. *WOMB Midwifery Journal*, *2*(2), 59–64. https://doi.org/10.54832/wombmidj.v2i2.213

Nyamai, P. K., Matheri, J., & Ngure, K. (2022). Prevalence and correlates of male partner involvement in antenatal care services in eastern Kenya: a cross-sectional study. *Pan African Medical Journal*, *41*. https://doi.org/10.11604/pamj.2022.41.167.31535

Ongolly, F. K., & Bukachi, S. A. (2019). Barriers to men's involvement in antenatal and postnatal care in Butula, western Kenya. *African Journal of Primary Health Care & Family Medicine*, *11*(1). https://doi.org/10.4102/phcfm.v11i1.1911

Patty, S. R., & Nugroho, F. (2020). KEMISKINAN DAN MALNUTRISI PADA ANAK BALITA DALAM KELUARGA NELAYAN DI WILAYAH PESISIR KOTA SERANG. *EMPATI: Jurnal Ilmu Kesejahteraan Sosial*, *8*(2), 109–125. https://doi.org/10.15408/empati.v8i2.14510

Paul, P. L., & Pandey, S. (2023). An examination of the factors associated with male partner attendance in antenatal care in India. *BMC Pregnancy and Childbirth*, *23*(1), 532. https://doi.org/10.1186/s12884-023-05851-8

Poltekkes, F., Maluku, K., Laksdya, I. J., Wattimena, L., Lama, N., & Ambon, ±. (2020). PEMBENTUKAN KELAS IBU HAMIL WILAYAH PESISIR DESA LORULUN KECAMATAN WERTAMRIAN KABUPATEN MALUKU TENGGARA BARAT (The Establishment of a Pregnant Mother Class at the Coastal Area of Lorulun Village, Maluku Tenggara Barat Regency). In *Uniqbu Journal Of Exact Sciences (UJES)* (Vol. 1, Issue 1).

Rahman, A. E., Perkins, J., Islam, S., Siddique, A. B., Moinuddin, M., Anwar, M. R., Mazumder, T., Ansar, A., Rahman, M. M., Raihana, S., Capello, C., Santarelli, C., El Arifeen, S., & Hoque, D. M. E. (2018). Knowledge and involvement of husbands in maternal and newborn health in rural Bangladesh. *BMC Pregnancy and Childbirth*, *18*(1), 247. https://doi.org/10.1186/s12884-018-1882-2

Ramadhaniati, Y., Subani, P., & Susanti, M. (2023). HUBUNGAN DUKUNGAN SUAMI DAN SIKAP IBU HAMIL DENGAN KETERATURAN ANTENATAL CARE (ANC) DI PUSKESMAS SIDOMULYO KOTA BENGKULU. *Jurnal Ilmu Kedokteran Dan Kesehatan*, *10*(3), 1663–1671. https://doi.org/10.33024/jikk.v10i3.9512

Retnowati, Y. (2018). ANALISIS MOTIVASI IBU HAMIL DALAM MENGIKUTI KELAS IBU HAMIL DI DAERAH PESISIR WILAYAH KERJA PUSKESMAS PANTAI AMAL KOTA TARAKAN. In *Journal of Borneo Holistic Health* (Vol. 1, Issue 2).

Sharma, V., Leight, J., Giroux, N., AbdulAziz, F., & Nyqvist, M. B. (2019). "That's a woman's problem": a qualitative analysis to understand male involvement in maternal and newborn health in Jigawa state, northern Nigeria. *Reproductive Health*, *16*(1), 143. https://doi.org/10.1186/s12978-019-0808-4

Sriwana, S., Multazam, A. M., & Amelia, A. R. (2022). JOURNAL OF MUSLIM COMMUNITY HEALTH (JMCH) Studi Kualitatif Analisis Peran Suami Terhadap Status Kesehatan Ibu Hamil. *Journal of Muslim Community Health (JMCH) 2022*, *3*(2), 62–76. https://doi.org/10.52103/jmch.v3i2.863

Story, Barrington, Fordham, Sodzi-Tettey, Barker, & Singh. (2016). Male Involvement and Accommodation During Obstetric Emergencies in Rural Ghana: A Qualitative Analysis. *International Perspectives on Sexual and Reproductive Health*, *42*(4), 211. https://doi.org/10.1363/42e2616

Syam, A. Z., Suriah, S., & Abdullah, M. T. (2020). PERILAKU PENGAMBILAN KEPUTUSAN OLEH IBU HAMIL DALAM PENCARIAN PELAYANAN KESEHATAN DI WILAYAH PESISIR KOTA PALU. *Jurnal Kesehatan Masyarakat Maritim*, *2*(1). https://doi.org/10.30597/jkmm.v2i1.10061

Tabita, E., Angita, E., Kurniawan, G., Florensa, M. V. A., & Purimahua, D. I. (2021). DUKUNGAN SUAMI TERHADAP IBU HAMIL DI KELURAHAN BANYUMUDAL JAWA TENGAH [THE DESCRIPTION OF HUSBAND'S SUPPORT TO PREGNANT WOMAN IN BANYUMUDAL VILLAGE CENTRAL JAVA]. *Nursing Current Jurnal Keperawatan*, *8*(2), 205. https://doi.org/10.19166/nc.v8i2.3105

Titaley, C. R., Ariawan, I., Hapsari, D., Muasyaroh, A., & Dibley, M. J. (2019). Determinants of the Stunting of Children Under Two Years Old in Indonesia: A Multilevel Analysis of the 2013 Indonesia Basic Health Survey. *Nutrients*, *11*(5), 1106. https://doi.org/10.3390/nu11051106

Worku, M., Boru, B., Amano, A., & Musa, A. (2020). Male involvement and associated factors in birth preparedness and complication readiness in Debre Berhan Town, North East Ethioipia. *Pan African Medical Journal*, *35*. https://doi.org/10.11604/pamj.2020.35.36.10346

Wulandari, R. D., Laksono, A. D., & Matahari, R. (2022). Does Husband's Education Level Matter to Antenatal Care Visits? A Study on Poor Households in Indonesia. *Indian Journal of Community Medicine*, *47*(2), 192–195. https://doi.org/10.4103/ijcm.ijcm_981_21

Yanti, Y. E. (2018). Hubungan pengetahuan ibu dan dukungan suami pada ibu hamil terhadap keteraturan kunjungan Antenatal Care (anc) di puskesmas wates lampung tengah tahun 2014. *Jurnal Kebidanan Malahayati*, *1*(2).

BIOGRAPHY

First Author Jul Hasratman Daeli, S.Si., Gr., holds a Bachelor of Science degree from the Faculty of Mathematics and Natural Sciences, Universitas Andalas (2009). He also completed the Teacher Professional Education Program at Universitas Lampung (2022), earning certification as an educator. Currently, he is pursuing a Master's degree in Management of Islamic Education at Universitas Islam An Nur Lampung. His work focuses on the management of the integration of science and religious education in guiding husbands and teenagers in the Islamic community. Additionally, he is also actively involved in research and promotion of adolescent health in integrated Islamic schools in Lampung Province, Indonesia. His previous research includes the publication titled "Sources of Information and Level of Knowledge about Iron Deficiency Anemia and Blood Supplement Tablets in Adolescent Girls" (2023).

Second Author Rully Fatriani, S.ST., M.Keb, is a lecturer in the Diploma Program of Midwifery at Sekolah Tinggi Ilmu Kesehatan Panca Bhakti Lampung. She earned her Bachelor of Applied Science in Midwifery from Politeknik Kesehatan Kemenkes Tanjung Karang (2011), and her Master of Midwifery from the Faculty of Medicine, Universitas Andalas (2018). Her professional focus is on promoting positive pregnancy outcomes through high-quality antenatal care and education. She is actively involved in research related to maternal health and has contributed to numerous publications. Some of her recent research works include: "Preferences among Pregnant Women in Choosing a Private Midwife Practice as Service Provider for Antenatal Care" (2023) and "Pregnant Women's Knowledge About the Urgency of Pregnancy Examinations and Integrated Antenatal Care Services" (2024). Rully Fatriani has also contributed to various book chapters and continues to collaborate on research projects aimed at advancing midwifery practices and improving maternal and child health.