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The Relationship between Husband's Support and Pregnant Women's Adaptability

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ABSTRACT
Pregnancy is a life process experienced by women. It leads to physical, mental, and social changes in the mother. Pregnant women need to adapt to these changes throughout pregnancy. This study aims to determine the relationship between husband's support and the adaptability of pregnant women. This is a quantitative study using a descriptive-correlational design with a cross-sectional approach. The sample consisted of 157 pregnant women. Univariate analysis was presented in frequency distribution tables, while bivariate analysis used Pearson's product-moment correlation. The adaptability of pregnant women in terms of physiological, self-concept, role function, and interdependence, as well as husband's support, were categorized as good. A significant relationship was found between husband's support and the adaptability of pregnant women, specifically in physiological adaptation (p-value 0.000), self-concept (p-value 0.008), role function (p-value 0.002), and interdependence (p-value 0.000). Husband's support has a significant relationship with pregnant women's adaptability in terms of physiological adjustment, self-concept, role function, and interdependence. Pregnant women can better adapt to pregnancy-related changes when they receive strong support from their husbands.

Keywords: Adaptation, Husband's Support, Pregnant Women

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INTRODUCTION

Pregnancy is a natural life process for women. It causes significant physical, mental, and social changes (1)(2). During this period, a woman's interpersonal relationships, roles, responsibilities, emotional states, and physiological systems undergo substantial restructuring (3)(4). Women must adapt to these physiological and psychological changes, take on new roles and responsibilities, and adjust to their social environment (5). If this adaptation is not achieved, pregnancy—a developmental phase—may result in pathological conditions that affect both physical and mental health (6–10).

The physiological changes that support fetal growth and development can also be sources of stress for expectant mothers as they prepare for motherhood (11)(12). These changes include alterations in physiological and immune functions, which may significantly affect how the mother feels (13). For pregnant women, hormonal shifts may be more intense than at any other stage of life. Physical and physiological sensations—such as a growing belly, fetal movements, and general discomfort—can interfere with daily activities and rest (13–16).

Psychologically and socially, pregnant women may experience anxiety and insecurity about body image during and after pregnancy, along with concerns

about assuming the role of a mother (17)(18). Failure to adapt physically, mentally, and socially during pregnancy can result in complications for both mother and fetus (19). In general, an inability to adapt may have a profound impact on psychosocial well-being. Moreover, the effects of pregnancy on women extend beyond behavioral and physiological changes directly related to motherhood (13).

Pregnancy adaptation refers to a woman's process of acquiring the maternal role during gestation (20)(21). This adaptation can be improved through social support (22). Social support includes emotional and instrumental assistance from various sources and is influenced by how the recipient perceives the support. Numerous studies have shown a correlation between maternal mental health and social support, with the most supported women experiencing better psychological outcomes (23)(24). Higher levels of social support are believed to enhance a mother's ability to manage stressful life events during pregnancy and postpartum (25). Other studies suggest that strong social support during pregnancy can protect against postpartum depression (24)(26).

Family support, particularly, is a crucial protective factor during pregnancy, helping prevent psychological distress related to pregnancy-related experiences (27). It can also reduce the risk of post-traumatic stress symptoms. Research has identified high social support as one of the strongest predictors of better maternal mental health and improved birth outcomes (28). Furthermore, the benefits of social support extend to infants; for instance, greater perceived support from the baby's father is associated with more positive postnatal mother-infant interactions, mediated by reduced maternal prenatal depression (29).

Preliminary findings revealed that three pregnant women experienced anxiety and were unable to adapt during pregnancy. Their husbands were unaware that their support could help improve the mothers' adaptability. Therefore, this study aims to examine the relationship between husband's support and the adaptability of pregnant women. This research underscores the importance of maintaining pregnant women's mental health to help them adapt effectively to the changes during pregnancy.

METHODS

This study was a quantitative study using a descriptive correlational design and a cross-sectional approach. The population consisted of pregnant women residing in the working areas of South Banjarbaru and Cempaka Public Health Centers, Banjarbaru City, South Kalimantan. The sampling technique used was cluster sampling, where samples were randomly selected from naturally occurring population groups, such as municipalities, districts, sub-districts, neighborhood associations, and so on. A total of 157 pregnant women participated in the study.

The inclusion criteria for both pregnant women and their husbands were as follows: (1) pregnant women and their husbands who were able to participate in health education and/or therapy within therapeutic groups for pregnant women; (2) able to communicate effectively; (3) able to read and write; (4) owned a smartphone or laptop that could be used online; (5) had an internet connection suitable for online participation; and (6) were willing to participate by signing an informed consent form. The research

was conducted between February and June 2020.

Demographic questionnaires were used to collect data on the characteristics of pregnant women and their husbands. These included the pregnant woman's age, gestational age, number of pregnancies, education level, occupation, and pregnancy planning status. The husband's characteristics included age, education level, occupation, and socioeconomic status.

The instrument used to assess the husband's support was adapted from the Medical Outcomes Study: Social Support Survey (MOS-SSS) (1), and modified by Ratu Kusuma (2017). The questionnaire consisted of 20 positive statements regarding the husband's support through attention, love, and affection, rated on a 4-point Likert scale: always = 4, often = 3, rarely = 2, and never = 1. The total score ranged from 20 to 80, with scores >50 indicating good husband support, and scores ≤50 indicating low husband support. This instrument was validated with an r-value > 0.361 and had a reliability coefficient of 0.945, indicating a high level of reliability (30).

To assess the adaptive behavioral responses of pregnant women, an instrument based on Roy's four adaptation modes was used: physiological, self-concept, role function, and interdependence. The maternal adaptation instrument consisted of 36 statements, both positive and negative. Positive statements were rated as always = 4, often = 3, rarely = 2, and never = 1. Negative statements were rated in reverse order: always = 1, often = 2, rarely = 3, and never = 4. The instrument was divided as follows: (1) the physiological adaptation section included 12 positive items; (2) the self-concept adaptation section included 10 items, with 5 positive (items 1, 3, 4, 6, and 10) and 5 negative (items 2, 5, 7, 8, and 9); (3) the role function adaptation section included 7 positive items; and (4) the interdependence adaptation section included 7 positive items. The instrument was aligned with previous research and declared valid with an r-value > 0.361. Reliability testing indicated that all components of the instrument were reliable based on findings from Ratu Kusuma (2017) (30).

Univariate analysis was presented in the form of frequency distribution tables, expressed as percentages. Bivariate analysis was conducted using Pearson's product-moment correlation.

RESULTS AND DISCUSSION

Physiological adaptability of pregnant women, self-concept, role and interdependence functions, and husband's support were analyzed using central tendency values, including the mean, median, standard deviation, minimum value, maximum value, and a 95% confidence interval. The results of the analysis can be seen in Table 1.

Table 1. Adaptability of Pregnant Women in Terms of Physiology, Self-Concept, Role Function, Interdependence, and Husband's Support (n = 157)

Variable	Mean	Median	SD	95% CI
Physiological	35.71	36	4.08	35.06-36.35
Self-Concept	37.22	38	2.44	36.84-37.61
Role Functions	20.62	20	2.95	20.16-21.09
Interdependence	22.50	23	2.93	22.03-22.96
Husband Support	59.45	60	9.57	57.94-60.96

Table 2. Relationship Between Pregnant Women's Adaptability (Physiological, Self-Concept, Role Function, and Interdependence) and Husband's Support (n = 157)

Adaptability of Pregnant Women	Value	Husband's Support
Physiological Adaptation	R	0.479
	p-value	0.000
Self-Concept Adaptation	R	0.210
	p-value	0,008
Role Function Adaptation	R	0.240
	p-value	0.002
Interdependence Adaptation	R	0.410
	p-value	0.000

Physiological adaptability is 35.71 (74.4%), which falls into the physiological adaptability category. The ability to adapt to self-concept is 37.22 (93%), which is categorized as good self-concept adaptability. The ability to adapt to role functions is 20.62 (73.6%), which falls into the category of role function adaptability. Interdependence adaptability is 22.50 (80.3%), which is categorized as good interdependence adaptability. The husband's support score is 59.45 (74.3%), indicating a good level of support.

The results show a significant relationship between husband's support and pregnant women's adaptability, specifically physiological adaptation (p-value 0.000), self-concept (p-value 0.008), role function (p-value 0.002), and interdependence (p-value 0.000). Physiological adaptation is significantly related to husband's support, with moderate relationship strength and a positive direction, meaning that higher husband support correlates with better physiological adaptation in pregnant women. Self-concept adaptation is also significantly related to husband's support, with weak relationship strength and a positive direction, indicating that increased husband support is associated with improved self-concept adaptation.

Adaptation to role function is significantly associated with husband's support, showing weak relationship strength and a positive direction, which implies that the higher the husband's support, the better the adaptation of pregnant women in their role function. Interdependence adaptability is significantly related to husband's support with moderate strength and a positive direction, meaning greater husband support is linked to better interdependence adaptability among pregnant women.

During pregnancy, women experience various changes that can lead to stress. Expectant mothers may face other pregnancy-related losses, such as reduced career opportunities and social interactions. If a pregnant woman does not receive sufficient support from her partner, family, or friends, she may feel emotionally unstable and overwhelmed by increased physical demands, constant fatigue, and decreased energy levels associated with pregnancy (31).

Support from a spouse and positive partner relationships provide social support for pregnant women and enhance psychological well-being. Indicators of adaptation to changes during pregnancy include acceptance of pregnancy, identification with the motherhood role, relationships with the mother and husband, preparation for childbirth, prenatal fear of powerlessness and loss of control during labor, and concern for both the mother's and baby's welfare (21).

Strong marital relationships are associated with better access to prenatal care and fewer pregnancy complications (32). Other studies have shown that husbands are often the preferred birth companions, and their presence reduces the perception of pain during labor, thus improving the overall birth experience (33)(34). Partner support is crucial for reducing anxiety during pregnancy, which is essential for effective psychological adaptation (35).

The adaptability of pregnant women increases during pregnancy and up to three months postpartum when supported through information and emotional support from partners (34). Positive feelings, competence, and satisfaction with the maternal role are essential factors influencing a woman's acceptance of motherhood during the transition. A positive transitional period enhances maternal competence and supports the child's socio-psychological development (36).

Social support helps pregnant women overcome negative emotions and stress related to pregnancy and actively prepare for labor and the postpartum period (37). Social support refers to the fulfillment of basic social needs such as self-esteem, affection, approval, belonging, and security through interactions with others (38).

Social support is generally classified into four categories: 1) informational support (e.g., providing detailed information to solve problems), 2) emotional support (e.g., showing empathy and care), 3) companionship, and 4) instrumental support (e.g., offering money or services) (39). Family support, including that from the husband, significantly affects the health of pregnant women during pregnancy.

Family support contributes to the welfare of pregnant women by enhancing self-control, fostering positive emotions, and helping them adjust to changes during pregnancy (40). Adequate family support also helps in problem-solving during this period (41). The most essential source of coping for pregnant women is their husband, making his role critical (41). Studies show that a lack of family support increases stress and the risk of illness among pregnant women (42). Social support assists pregnant women in developing maternal abilities, adapting more effectively, and reducing stress (43).

The amount of social support a pregnant woman receives is related to how much she shares; those who disclose more about their difficulties—such as relationship issues with their husband or in-laws—tend to receive more support from others experiencing similar situations. It is also important to note that sharing the results of prenatal care can influence the type and amount of support received (31).

The adaptability of pregnant women in terms of physiological adaptation, self-concept, role function, and interdependence is significantly associated with husband's support. This aligns with research indicating that marital satisfaction and husband's support are linked to better mental health outcomes for pregnant women. Communication with the partner and emotional support from the husband during pregnancy help women adjust more effectively, preventing mental health issues (44)(45).

Conversely, a lack of husband's support, poor relationship quality, marital dissatisfaction, unplanned pregnancies, stressful life events, and domestic violence are factors that negatively affect maternal adaptability and mental health

during pregnancy (46)(47). Pregnant women who are accompanied and cared for become stronger and more adaptable in managing changes during pregnancy. In conclusion, the adaptability of pregnant women in terms of physiology, self-concept, role function, and interdependence is closely related to husband's support, indicating that women can better adapt to pregnancy changes when supported by their husbands.

LIMITATIONS

This research is an initial study that examines the relationship between husband's support and the adaptation of pregnant women. Further in-depth research is needed to develop effective interventions or models aimed at improving the welfare of pregnant women. The limitations of this study include the fact that all pregnant women involved were in good health and experienced no pregnancy complications. Additionally, the husbands in this study generally provided good support to their pregnant wives. Therefore, further research is needed to explore husband support and the adaptation of pregnant women in more varied conditions.

RESEARCH ETHIC

Ethical approval for this study was obtained from Universitas Indonesia. The researcher conducted an ethics review, as evidenced by the issuance of a Certificate of Ethics Review Approval with Number: SK-36/UN2.F12.D1.2.1/ETIK.FIK.2020.

CONFLICT OF INTEREST

There is no conflict of interest in this research.

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CONCLUSION

Husband's support has a significant relationship with the adaptability of pregnant women in terms of physiological, self-concept, role function, and interdependence aspects. Pregnant women are able to adapt to changes during pregnancy when supported by their husbands. Family support, including husband's support, can enhance the welfare of pregnant women, increase self-control and positive feelings, and help them adjust to the changes experienced during pregnancy. Further research is needed, particularly longitudinal studies, to explore how different types of husband support (emotional, instrumental, informational) influence the stages of adaptation among pregnant women from the first to third trimesters. Trials of husband training programs (e.g., Husband's Support Training) are also recommended to improve practical support skills.

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