



THE ROLE OF HUSBAND IN ASSISTING WIFE WHO SUFFER ANEMIA IN PREGNANCY

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Abstract

Problem in anemia which is commonly suffered by pregnant women is iron deficiency due to unbalanced nutrition. A qualitative research with Ethnomethodology approach. Participants were pregnant women who are anemic with Hemoglobin levels (Hb) less than 11g/dl. 38 of participants consisting of 19 husbands as focus groups and 19 wives as triangulation group obtained through purposive sampling technique. Data obtained through the method of focus groups discussion and in-depth interview, analyzed using descriptive analysis techniques. The result showed that the husband's role in assisting the wife who suffered from anemia in pregnancy is lacking due to lack of husband knowledge about anemia, its causes and how to deal with anemia in pregnancy. The conclusion is the role of husband in assisting wife in pregnancy should be supported with husband's good knowledge about anemia, its causes and how to deal with anemia in pregnancy in order to prevent anemia in their wives' pregnancies.

Introduction

Anemia in pregnancy will affect the health and welfare of women. It also increases the risk of harm for mother and children. Anemia in pregnancy is also called "Potential danger of mother and child." Anemia contributes bad impact for pregnancy, labor, and peripartum. The most common cause of anemia in pregnancy is lack of balanced nutritional consumption, especially iron deficiency. A wife will be able to undergo her pregnancy safely if the husband has the knowledge regarding anemia, its cause, and its management. Their lack of knowledge about anemia will affect the health of their wife, because the decision and action of the husband will affect the life of his wife.

The highest proportion of anemia in women both in developed or developing

country occurred during pregnancy. WHO reported 37-75% (50% average) of pregnant women have anemia in developing country and 18% of pregnant women have anemia in developed country. The prevalence of anemia in pregnant women worldwide is 38%. National data collection of anemia in pregnancy showed 28% prevalence. Therefore, anemia in pregnancy in Timor-Leste is considered moderate level of health problem, which need to be noticed. The prevalence of anemia in pregnancy for Municipio Dili (Dili Regency) is 16.7%. The prevalence of anemia is higher in the rural area (22%) than in the urban area (19%). According to Timor-Leste Demography and Health Survey, iron deficiency anemia is one of the most common nutritional problem (TLDHS 2009/10).

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Maternal mortality rate (AKI) is one of the indicator for illustrating the degree of public health. According to the data from United Nation Development and Timor-Leste Government, in 2000, national maternal mortality rate was 660 death for 100,000 living birth and 557 death for 100,000 living birth, respectively (TLDHS 2009/10). Based on these finding, Timor Leste is predicated as one of the country with the highest maternal mortality in the world. High maternal mortality is caused by several factors, which affect pregnancy and labor itself, either directly or indirectly. Most of the cause of death are complications during and after labor. The complications are known as Classic Triad of obstetrical complication consisting of hemorrhage (50.2%), eclampsia, and sepsis/infection. According to Timor-Leste Demographic and Health Survey, indirect causes of maternal mortality are chronic energy deficiency (27%) and anemia (28%) (TLDHS, 2009/10).

According to registration result of kohor in 2014, pregnant women in Centro de Saude Comoro (Comoro Community Health Center), 676 out of 18,492 pregnant women have anemia. Anemia according to maternal age classification: a) Age <19 year 27/507/ (5.3%); b) Age 20-34 year 632/17472/ (3.6 %); and c) Age >35 year 17/513/ (3.3 %). All 676 pregnant women with anemia are married. Therefore, the husband play an important role to accompany and monitor the health condition of his pregnant wife.

Anemia in pregnancy affect both maternal and fetal health. This correspond to study by Rukuni (2015), which found that anemia in pregnancy could increased the risk of post partum hemorrhage, post partum infection, and stillbirth, resulting in maternal and fetal morbidity and mortality. Anemia also increases the risk of low birth weight (Karasahin, 2006; Labir, 2013; Kozuki, 2012; Budiono, 2013;). Anemia in pregnancy is one of factor that have a strong correlation to Sectio Caesarea (Mulyawati et al.; 2011).

The prevention of anemia have been performed by the government through the program of iron tablet administration for pregnant women. However, this program had not delivered a satisfying result. The proportion

of pregnant women who consumed iron supplement during pregnancy increased from 43% in 2003 to 61% in 2009. Nevertheless, only 16% of pregnant women consumed iron supplement with appropriate recommended dose for 90 days as reported by National Strategy on Reproductive, Maternal, Newborn, Child and Adolescent Health (NSMNCBH 2015-2019).

Pregnant women are vulnerable to several health problems, either health problem of the diseases related to pregnancy itself or another health problem related to unbalanced nutritional intake. These correspond to the role of the husband to maintain and increase the health of his pregnant wife so she could be spared from anemia in pregnancy. This important role of the husband determined the health of pregnant women and reduced the risk of anemia in both mother and fetus.

The problem of this study: what does the husband know about anemia in pregnancy, what does the husband known about the cause of anemia in pregnancy, and how the husband managed anemia in pregnancy of his wife.

The general aim of ths study was to explore the role of the husband in accompanying his wife who suffered anemia in pregnancy. The specific aim of this study was to describe knowledge of husband regarding anemia in pregnancy, its cause, and its management.

Method

This study used etnomethodological approach. Etnomethodology is a study of how individual create and understand their daily activities. Therefore, etnomethodology studies social reality about daily interaction. This study assessed the role of husbands in accompanying their wife, who suffered from anemia in pregnancy, with the following variable: husband knowledge of anemia in pregnancy, its cause, and its management. The participants were pregnant women with anemia and haemoglobin (Hb) less than 11gr/dL regardless of their age of pregnancy, using purposive sampling method. We obtained primary data from focus grup discussion (FGD) and in-depth interview. Instrument used for this study was guideline of FGD, tape recorder, and field notes. We analyzed the data using descriptive analysis.

We used the following inclusion criterias:

pregnant women with anemia and Hb less than 11 gr/dL, native Timor-Leste husband of pregnant woman with anemia, both husband and wife voluntarily agreed to provide the information needed, and both husband and wife were not suffering from mental disorder. The exclusion criteria were as follows: pregnant women without anemia, anemic pregnant women with no husband, non-native Timor-Leste husband of anemic pregnant woman, both husband and wife did not voluntarily agree to provide information needed, and both husband and wife were suffering from mental disorder.

There were 38 participants, consisting of 19 husbands as focus group and 19 wives as triangulation group. We selected informants according to FGD criteria and divided them to 6 groups based on age of pregnant women. Pregnant women less than 19 years of age, 20-34 years of age, and more than 35 years of age. We coded each characteristic as following: A for husband of pregnant women less than 19 years of age, B for husband of pregnant women 20-34 years of age, and C for husband of pregnant women more than 35 years of age. We used code from transcript note during the interaction with informant.

We conducted the study from January 6th 2016 until January 22nd 2016 in Centro de Saude Comoro Municipio Dili, Timor-Leste. We recruited informant homogenously. We selected the group with higher risk who was native Timor-Leste husband of pregnant woman with anemia as target of this study. This was intended to describe details of how husbands accompany their anemic pregnant wife. This process used patriarchy system, where the husband, as the leader of the family, decided all of things related to the health of his anemic pregnant wife.

Result and Discussion

The average age of the informants was 20-50 year, which is productive age. Productive means they work and look after their wife during pregnancy.

Educational background of the informants varied from elementary school, junior high school, high school, and college graduate. This was intended to understand how far educational background affect the

knowledge of the husband about anemia in pregnancy. We found that both husband with high and low educational background have low understanding regarding anemia in pregnancy, its cause, and its management.

Occupation of the informants varied from merchant in the traditional market, driver, civil employee, private employee, lecturer, and 4 unemployed husbands. This was intended to understand how far husbands role in taking care of their anemic pregnant wives are. We defined role of husband as a particular position of the husband while accompanying his wife in her pregnancy period, who was suffering from anemia. Anemia in pregnancy is a risky condition for pregnant woman herself and for the fetus inside her uterus. The most prevalence type of anemia in pregnancy is iron deficiency anemia. Pregnant women are vulnerable to several health problems, either health problem of the diseases related to pregnancy itself or another health problem related to unbalanced nutritional intake.

The knowledge of husband about health is a significant factor that affects the health of the wife. This is important, because the knowledge of the husband is a form of support for the wife during pregnancy. The good knowledge of husband about health, especially about anemia, which is caused by unbalanced nutritional intake, will make a husband provide enough nutrition for his wife. When the wife started to vomit, feel nauseous, and grow weak, a husband with good health knowledge would provide his wife a small portion of food repetitively to fulfil her nutritional need and keep her healthy. Knowledge of the husband will affect his decision and behavior.

The role of husbands to accompany and optimally look after their pregnant wife with anemia is dependent on husband knowledge regarding anemia, its cause and how to manage the anemia, especially in pregnant wife. With sufficient knowledge, the husband could show his optimal role that is manifested in the behavior or looking after his wife who suffered from anemia. The role husbands play was not solely due to the anemia in their pregnant wives, but they also need to know anemia is a disease, that affect both the child in the womb, and the mother and not complicate labor. In addition,

husbands should about the cause of anemia and what need to be done by the husband in managing anemia in pregnancy.

To fulfill the role of assisting and looking after their pregnant wife with anemia, husband needs to prepare adequate knowledge and understanding. Husband as the closest person to their wife and as a partner should accompany, improve the health of their pregnant wife, and makes them feels comfortable and happy during days of pregnancy, so it automatically improve their health to avoid anemia that will endanger both the mother and the baby inside the womb.

This study showed that husband role related to knowledge of anemia in pregnancy based on each answer and analysis result on informant that is husband (A1 through A6, B1 to B6 and C1 up to C7) grouped in 8 answer that is, first: anemia as lack of blood (Informants A3, A4, A5, C5 and C7), second: anemia as lack of nutrient (Informants B1, B4, C3 and C4), third: anemia as lack of appetite (Informants B2 and C6), fourth: anemia as lack of vitamin (informants B3 and B5), fifth: anemia as lack of food intake (informants A1), sixth: anemia as lack of white vegetables and water intake (informant A2), seventh: anemia as difficulty in eating and drinking (informant B6), and eighth: could not figure out what anemia in pregnancy is. Those answers showed lack of knowledge regarding anemia in pregnancy among husbands. By definition, anemia in pregnancy is a condition in which a decrease in the number of red blood cells or hemoglobin is less than 11 g/dl, which is clearly different from the answer of the informants.

Knowledge is information that is known or recognized by someone. Knowledge arises when a person uses reason to recognize a thing or event that has not been seen or felt before. Good knowledge of the husband would affect the awareness and involvement in looking after the pregnancy of anemic wives manifested through improving nutrition or food of pregnant women, maintaining physical and mental health of the mother. With good knowledge, husbands have a good insight about anemia so they could pay attention to, remind and choose the nutrition or a balanced diet for the pregnant wives, in doing so contributed to lowering the risk of pregnant women with

anemia. Husbands armed with good knowledge of their wives' pregnancy would control their wives' diet, provide extra-quality food and motivate their wives' to diligently consume nutritious foods. To support and maintain the health of the wives during pregnancy, husbands are expected to have a good knowledge because the pregnancy is not only a concern for mothers but husbands also took an important role in preventing trouble in pregnancy. Lack of knowledge undoubtedly affects maternal health outcomes because husbands' decisions and actions will affect wives' life and morbidity.

The result of the lack of husbands' knowledge about anemia in pregnancy is strengthened by study conducted by Purbadewi (2013), who found that people who have less knowledge about anemia, such as understanding about its definition, its cause, signs and symptoms, complication, as well as about health behaviors to prevent the occurrence of anemia, were less likely to avoid anemia in pregnancy. This study was also reinforced by Ramadani (2011), who showed higher anemia incidence in people with less knowledge level (73,1%) than those with good knowledge (26,9%).

We believed that during this time period, husbands have not played an optimal role in accompanying pregnant wife, and the anemia in pregnancy was caused by husbands' lack of knowledge about anemia in pregnancy, so husband do not have good knowledge in choosing foods rich in iron, protein, vitamin C from fruits and vegetables that are very important for the health of pregnant wives to prevent anemia in pregnancy.

The study found that the role of husbands related to their knowledge of the causes of anemia in pregnancy was evident from each of the informant answers and according to the results of the analysis conducted on the husband's informants, that are (A1 to A6, B1 to B6 and C1 until With C7) grouped into 11 answers to the cause of anemia (A1 through A6, B1 to B6 and C1 to C7) grouped on 11 answers to the cause of anemia that are, first: lack of rest (informants A1, A2, A4, A5, C1, C2, C4, C5 and C7), second: lack of drinking water (informants A2, (informants A3, A4, A6 and C2), third: lack of vitamin containing foods (informants A4,

B1, B2, B4 and B5), fourth: lack of nutritious food (informants C4, C5 and C7), fifth: avoid strenuous work (informants B1, B5 and B6), sixth: lack of eating (informants C1, C2 and C3), seventh: the husband gives attention (informants B2 and B3), eighth: (informants C3 and C7), ninth: lack of appetite (informants C2 and C6), tenth: economic condition (informant C1), eleventh: too much television (informant C2). These answers indicated that husbands' knowledge regarding the causes of anemia in pregnancy was lacking, it was clear between the husbands' answer and the actual cause of anemia, which is generally caused by a deficiency of balanced nutrition, especially iron deficiency in foods, than other factors such as diseases.

That husbands knowledge about cause of anemia in pregnancy was lacking, was reinforced by of Ekowaty (2007), who found that husbands have not play an optimal role in maintaining nutritional status of pregnant mother. Our interview and observation found that many husbands do not properly understand nutrition needed during the process of pregnancy and other types of nutritious foods. Similarly, Purbadewi (2013), reported that people with less knowledge about anemia will behave negatively, while people who have good knowledge will behave positively in to prevent or treat anemia. This caused those less knowledgeable to prepare food both less in quality and amount.

We argue that husbands have not been playing an optimal role in accompanying their wives who were pregnant and anemic, because the husbands' knowledge about the cause of anemia in pregnancy was lacking, so husbands did not pay attention to their wives' diet, leading to wives easily getting anemia in pregnancy.

The study found that the role of husbands related to husband's knowledge about how to manage anemia in pregnancy was evident from each husband's answer and according to the results of analysis conducted on the husband's informant namely (A1 to A6, B1 to B6 and C1 up to C7) grouped into 11 (eleven) answers on how to treat anemia, first: preventing overwork (informants A2, A3, A4, A6, B5, B6 and C6), second: provide vitamins-containing food (informants A4, B1, B2, B4 and B5), third: buy

fruits (Informant B3, C2, C4 and C5), fourth: provide nutritious food (informants C2, C4 and C7), fifth: help in preparing meal (A5, B6 and C6), sixth: invite wife for a walk (informants A3 and A4), seventh: provide enough food (informants C1 and C5), eighth: avoid stress (informants A4 and C1), ninth: buy vegetables (informant A3), tenth: wash clothes (informant A5) and eleventh: refrain from drinking coffee and tea (informant C3). These answers showed the husbands' knowledge of how to deal with anemia is lacking. It was clear between the answers of informants and the actual treatment of anemia and ways to prevent it, which among others are, improving the diet of pregnant women, for example by increasing consumption of foods that contain lots of iron such as: eggs, milk, fish, liver, fish, meat, beans (tempeh, tofu, soybeans, green beans) dark green vegetables (kale, spinach, katuk leaves) and fruits (oranges, guavas and bananas) (Syafrudin, 2011).

The study revealed that husbands' little knowledge about how to manage anemia in pregnancy will affect the health of wives especially anemia caused by unbalanced nutritional intake. Therefore, husbands have been providing insufficient support by not providing enough nutrition for their wives.

The study also found that during pregnancy, the foods consumed daily by the pregnant mother/wife were unbalanced. They were especially eating less fruits and animal protein that contain lots of iron, potentially leading to high prevalence of anemia in pregnant woman.

Based on FGD results with informants, the average wife said that:

"Meat and fruit eat once in a while.
Every day only eat rice and vegetables"

The result that husbands' were lacking knowledge about the ways and practices to manage in pregnancy was supported by Purnadhibrata (2011), which stated less energy and protein consequently decreased work productivity, as the body became weak because iron could not be absorbed perfectly due to limited availability of heme in protein. To keep the nutritional content consumed by the pregnant wife fulfilled, the role of husbands

was to remind and choose the right daily diet for wives. Essential nutritious foods necessary for the wife during pregnancy through daily diet include calories, protein from vegetables and vegetables, and vegetables and fruits that contain lots of vitamin C. Adequate nutrition could be obtained by consuming various types of food every day.

The result that husbands' were lack in knowledge about ways and practices of anemia treatment in pregnancy was supported by Wardyani (2012), who found that 44, 1% of husbands did not know about the wives' diet during pregnancy. Another relevant study also found that 44.9% of husbands failed to provide nutritious food to their pregnant wives. Kwopong (2012), found that the cause of pregnant women easily developing anemia was poor diet (63%).

The result that the husbands were lacking in knowledge regarding the ways and practices of anemic management in pregnancy supported by Ishak S (2005), who studied involvement of husbands in the nutrition or diet of pregnant women and found that of 96 study subjects or husbands inquired, 74 (77,1%) reported paying attention to dietary intake of wife especially during pregnancy, while 22 (22,9%) others say not too concerned with state of nutrition during the pregnancy of their wives, it means nutrition or good food during pregnant wife or not pregnant is no different. This research is in line with the study by Umami (2007), which found that most respondents (55,1%) provide nutritious food for their wives but many (44,9%) still do not provide nutritious food for their wives.

We believed that husbands' knowledge of the ways and practices of anemic management in pregnancy is lacking that husbands did not know how to treat their wives with anemia by improving menus and increasing consumption of foods containing plenty of iron from animal and vegetable proteins, green vegetables, and fruits.

Conclusion

Our study concluded that the role of the husbands in accompanying their wives who have anemia in pregnancy was still lacking. This was due to lack of knowledge about anemia, it causes and its management in pregnancy.

We have a few suggestions in this study: First: Health Institution should improve maternal and child health program by involving husband during pregnancy examination in the examination room so husbands can understand the cause and how to solve every problem. Health Institution should increase the dissemination of information about anemia in pregnancy to married couples, through health promotion activities both through print and electronic media as well as Personal Medical Treatment/ Konsulta Saude Pesoa (KSP), so couples (husband and wife) could learn about anemia and how to manage it in pregnancy to prevent the occurrence of anemia in wives. Second: Maternal and Child Health Officers at Centro de Saude Comoro (Puskesmas) should provide counseling nutrition education and prevention of anemia in pregnancy to anemic pregnant mother along with her husband and that pregnant women consume foods high in iron and regular Fe tablet consumption during pregnancy. Third: The husband's active role in seeking information about anemia, causes and ways of handling anemia in pregnancy by asking health workers, when accompanying the wife to conduct pregnancy checks in health facilities would help husbands understand and have effective measures to help their wives.

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