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Enhancing Husband Support System for Fertile Age Couples (Pus) Predisposed to High-Risk Pregnancy and Husbands of High-Risk Pregnant Women in The Prevention of High-Risk Pregnancy

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ABSTRACT

Background: Support system / husband's support to wives classified as Fertile Age Couples (PUS) predisposed to high-risk pregnancy is highly needed so that high-risk pregnancy in the wife does not occur. However, in reality, it is found that husbands do not provide support to their wives, even expecting the wife to get pregnant again even though the wife is already ≥ 35 years old, the youngest child is ≥ 5 years old, already has 4 children, and has experienced abortion.

Objective: The objective of this research is to investigate how the support system / support provided by husbands to wives predisposed to high-risk pregnancy and to strive so that husbands can provide full support to wives predisposed to high-risk pregnancy to not get pregnant again.

Materials and Methods: This research was conducted in Aceh Besar by conducting direct interviews and discussions with husbands of Fertile Age Couples (PUS) predisposed to high-risk pregnancy, husbands of high-risk pregnant women, Fertile Age Couples (PUS) predisposed to high-risk pregnancy, high-risk pregnant women, Posyandu cadres, village midwives, and the head of the Community Health Center (Puskesmas). The details of respondents are as follows: Husbands of Fertile Age Couples (PUS) predisposed to high-risk pregnancy as many as 4 people, husbands of high-risk pregnant women as many as 4 people, Fertile Age Couples (PUS) predisposed to high-risk pregnancy as many as 4 people, high-risk pregnant women as many as 4 people, Posyandu cadres as many as 4 people, village midwives as many as 4 people, and the head of Puskesmas as many as 4 people. The sources for interviews and discussions came from 4 (four) sub-districts in Aceh Besar Regency, namely: Lembah Seulawah Sub-district, Kuta Cot Glei Sub-district, Darul Imarah Sub-district, Baitussalam Sub-district within the time span of June 17 to July 31, 2025. The interview and discussion content was about the support system / husband's support for the prevention of high-risk pregnancy to wives predisposed to high-risk pregnancy.

Results: From the interview results with husbands of Fertile Age Couples (PUS) predisposed to high-risk pregnancy, husbands of high-risk pregnant women, Fertile Age Couples (PUS) predisposed to high-risk pregnancy, high-risk pregnant women, Posyandu cadres, village midwives, and the head of Puskesmas, it was found that husbands of Fertile Age Couples (PUS) predisposed to high-risk pregnancy do not receive support from their husbands in efforts to prevent high-risk pregnancy, husbands tell their wives that: in the past women gave birth at ages 40-50, they were healthy, a husband of a Fertile Age Couple (PUS) said: he still wants his wife to get pregnant again because he wants to add a daughter since currently the family has 1 daughter and 3 sons. Another husband of a high-risk pregnant woman said: that he still wants his wife to get pregnant again, because he considers age, sustenance to be the destiny of Allah SWT.

Discussion: Husbands of Fertile Age Couples (PUS) predisposed to high-risk pregnancy and husbands of high-risk pregnant women should understand the impact of high-risk pregnancy and can provide support to their wives so that the wife is not classified as having a high-risk pregnancy. To realize this, there is a need to increase the capacity/knowledge of husbands of Fertile Age Couples (PUS) predisposed to high-risk pregnancy regarding high-risk pregnancy and the impact of high-risk pregnancy on both the mother and the fetus.

Conclusion: So far, the support system / support from husbands of Fertile Age Couples (PUS) predisposed to high-risk pregnancy and husbands of high-risk pregnant women towards efforts to prevent high-risk pregnancy for their wives is very lacking. Husbands still think that in the past women gave birth at ages 40-50 and were healthy, then still want to add a daughter even though the family already has 1 daughter and 3 sons, and still hold the view that age, sustenance is the destiny from Allah SWT. So that husbands of Fertile Age Couples (PUS) predisposed to high-risk pregnancy and husbands of high-risk pregnant women can provide a support system / support to their wives to not get pregnant and be classified as high-risk pregnancy, it is necessary to increase the capacity/knowledge of husbands about the prevention of high-risk pregnancy. For this, it is hoped that cadres and village midwives can provide maximum education to husbands of Fertile Age Couples (PUS) predisposed to high-risk pregnancy regarding high-risk pregnancy and the impact that will occur on the mother and fetus.

KEYWORDS: Husband Support System, Prevention of High-Risk Pregnancy, Education, Capacity/Knowledge Enhancement.

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INTRODUCTION

The Maternal Mortality Rate (MMR) in the world in 2020 was 287,000 per 100,000 live births, almost 95% of those maternal deaths occurred in low and middle-income countries. African and South Asian countries contributed about 87% of global maternal deaths. Nevertheless, several countries such as Eastern Europe and South Asia recorded significant declines in the maternal mortality ratio between 2000 and 2020.

Based on data from Maternal Perinatal Death Notification (MPDN) at the Ministry of Health, the maternal mortality rate in 2021 was 7,149, in 2022 reached 4,005, and in 2023 increased to 4,129. This figure is still far from the target of reducing MMR in 2020-2024. In 2020 it was recorded at 230, in 2021 at 217, in 2022 at 205, in 2023 at 194, and in 2024 at 183 per 100,000 live births. Meanwhile, according to WHO, the Sustainable Development Goals (SDGs) set a target MMR of 70 per 100,000 live births by 2030. Based on the data above, it can be concluded that there was an increase in the maternal mortality rate from 2022 to 2023 by 124 cases (12.4%), while the target expected for 2020-2024 is still far from a reduction in the maternal mortality rate. The Maternal Mortality Rate (MMR) in Aceh Province in 2017-2021 fluctuated. In 2017 it was 143 per 100,000 live births, in 2018 it decreased, in 2019-2020 it increased again, but in 2021 it increased very significantly from the previous year, namely 223 per 100,000 live births.

Based on data from the Aceh Besar District Health Office, the number of maternal deaths in 2021 was 17 people, consisting of 4 people from Ingin Jaya Sub-district, 3 people from Mesjid Raya Sub-district, 2 people from Simpang Tiga Sub-district, and 1 person each from Lhoknga Sub-district, Jantho Sub-district, Darussalam Sub-district, Baiturrahman Sub-district, Kuta Baro Sub-district, Montasik Sub-district, Suka Makmur Sub-district, and Darul Imarah Sub-district. In 2022, maternal deaths were 10 people, consisting of 2 people each from Kuta Malaka Sub-district, Darussalam Sub-district, and Ingin Jaya Sub-district, and 1 person each from Krueng Barona Jaya Sub-district, Lhoong Sub-district, Kuta Cot Glie Sub-district, and Baiturrahman Sub-district. While in 2023 there were 5 people, consisting of 2 people from Baiturrahman Sub-district, and 1 person each from Darul Imarah Sub-district, Lembah Seulawah Sub-district, and Kuta Cot Glie Sub-district.

Various factors can contribute both directly and indirectly to maternal death. Complications during and after delivery such as infection, bleeding, and high blood pressure (preeclampsia and eclampsia), delivery complications, and unsafe abortion are direct factors identified as contributing to 75% of maternal death events. While 25% of maternal death events are contributions from indirect factors such as socio-cultural conditions, poverty, family structure, and other factors that also influence the mother's health status and can worsen the mother's condition during pregnancy and childbirth.

Prevention of high-risk pregnancy can be done through various efforts, including providing Communication, Information, and Education (KIE), antenatal supervision, and health education. Based on research conducted by Prasetyorini and Prihati (2023), it was found that there was an increase in health cadre knowledge from 0% to 100% after being given self-education regarding high-risk pregnancy, and an increase in knowledge among pregnant women from 83% to 100%. Other research also shows that there is an influence of health education about high-risk pregnancy on the level of knowledge of women of childbearing age. In addition, other research shows an increase in knowledge before and after being given education about risky pregnancy and prevention of anemia during pregnancy in efforts to prevent stunting.

MATERIAL AND METHODS

This qualitative research was conducted in 4 Puskesmas working areas (Puskesmas Lembah Seulawah, Puskesmas Kuta Cot Gle, Puskesmas Darul Imarah, and Puskesmas Baitussalam) in Aceh Besar Regency, starting from June 17 to July 31, 2025. The sampling method used was purposive sampling, considering maximum diversity, which continued until data saturation. There were 4 people interviewed semi-structured, consisting of 4 husbands of Fertile Age Couples (PUS) and 4 husbands of pregnant women.

PARTICIPANTS

The number of participants was not determined before the research ended. Sampling continued until no new data was found (data saturation). In this research, data collection continued until new codes were created.

INCLUSION CRITERIA FOR PARTICIPANTS

The inclusive criteria in this research are:

1. Husbands of Fertile Age Couples (PUS) who have a predisposition to high-risk pregnancy
2. Husbands of High-Risk Pregnant Women
3. Willing and participate to be interviewed
4. Husbands of Fertile Age Couples (PUS) who are ready to provide time to be interviewed
5. Husbands of Pregnant Women who are ready to provide time to be interviewed

PROCEDURE

Interviews were conducted individually and face-to-face after explaining the research objectives. Interviews were conducted at the homes of Husbands of Fertile Age Couples (PUS) and at the homes of Husbands of Pregnant Women.

Demographic information from Posyandu cadres includes age, education, occupation.

ETHICAL CONSIDERATIONS

This research was conducted after obtaining approval from the Ethics Committee of the Faculty of Medicine, Syiah Kuala University. After the research objectives were emphasized, participants were asked to provide written consent and were informed for the interview.

They were informed that participation in this research was voluntary and they had the right to withdraw from the research at any time. The researcher requested and obtained consent from Posyandu Cadres to record voice and document all interview results and assured them that all information provided would be kept confidential and only used for research purposes.

ANALYSIS

1. Conducting analysis immediately after each interview
2. Reading the text to sharpen general understanding of it
3. Determining meaning units and primary codes
4. Classifying codes into sub-categories and categories;
5. Determining hidden content within the data.

RESULTS

A total of 4 Husbands of Fertile Age Couples (PUS) and 4 Husbands of Pregnant Women were interviewed and the demographic characteristics of participants are shown in Table 1 and 2.

Table 1 Demographic Characteristics of Participants (Husbands of PUS)

Code/Name	Age	Education	Occupation
Abu Bakar	52	Bachelor's Degree (S1)	Civil Servant (PNS)
Muhajir	40	Vocational High School (SMK)	Private Employee
Suherman	33	Junior High School (SMP)	Farmer

Table 2 Demographic Characteristics of Participants (Husbands of Pregnant Women)

Code/Name	Age	Education	Occupation
Syahrul Ismi	37	Bachelor's Degree (S1)	Daily Casual Laborer
Muhammad Iqbal	35	Senior High School (SMA)	Farmer
Muhamamad Limta	25	Senior High School (SMA)	Security Guard
Mulyadi	48	Elementary School (SD)	Farmer

DATA ANALYSIS OF HUSBANDS OF FERTILE AGE COUPLES (PUS) AND HUSBANDS OF PREGNANT WOMEN

Code/Statement	Sub-Category	Category	Theme
High-risk pregnant woman's husband (age 43, 2 children, 20-year gap) expects another pregnancy, believing age and sustenance are God's destiny.	Need for education from health workers and cadres for husbands of pregnant women to prevent high-risk pregnancies.	Education from health workers and cadres involving PUS husbands and husbands of pregnant women in efforts to prevent high-risk pregnancies.	Need for education and training for husbands of PUS and husbands of pregnant women.
Husband of a high-risk pregnant woman (age 32, 2 children, history of miscarriage and ectopic pregnancy) says if the wife is still capable, she may get pregnant again.			
Husband of a PUS predisposed to high-risk pregnancy (age 41, 5 children, 5.5-year gap) expects another pregnancy to get a daughter, as all 5 children are boys.	Need for education from health workers and cadres for PUS husbands regarding high-risk pregnancy prevention.		
Husband of a PUS predisposed to high-risk pregnancy (age 41, 4 children, 5-year gap) wants another daughter so his only daughter at home has a companion.			

Husband of a PUS predisposed to high-risk pregnancy (age 41, 4 children, 5-year gap) expects another pregnancy because he only has 1 daughter while 3 sons are in boarding school.	Need for PUS husbands and husbands of pregnant women to provide a support system for their wives to prevent high-risk pregnancies.	Support systems from PUS husbands and husbands of pregnant women are required to prevent high-risk pregnancies.	Support system of PUS husbands and husbands of pregnant women in efforts to prevent high-risk pregnancies.
Husband of a PUS predisposed to high-risk pregnancy (age 41, 5 children, 5.5-year gap) states the barrier is that the wife is not suitable for contraception.	Husbands of PUS and pregnant women face difficulty reaching Posyandu/Puskesmas due to mountainous, narrow, rocky, and steep roads.	Husbands of PUS and pregnant women find it difficult to reach Posyandu and Puskesmas.	Barriers for PUS, pregnant women, and their husbands in efforts to prevent high-risk pregnancies.
Husband of a PUS predisposed to high-risk pregnancy (age 38, 4 children, 28-day gap) states the facilities are far and the terrain is difficult.	Need for health workers to provide education about Family Planning (KB) to husbands of PUS and pregnant women.	Socialization about contraception from health workers and cadres to PUS husbands and husbands of pregnant women.	

Need for Education for Husbands of Pregnant Women

Participant husband of high-risk pregnant woman from factors of age, child interval, number of children, pregnancy history (abortion, ectopic).

"Actually, yes, I know... but how about if it's meant to be, just let it be"

"There's no support whatsoever, just, we both say if we have another child it's okay, if not then that's it. That's how we are, if it's given, it's from Allah, that's all."

Need for Education for Husbands of Fertile Age Couples (PUS)

Participant husband of Fertile Age Couple (PUS) predisposed to high-risk pregnancy from factors of age, child interval, number of children, history of abortion still hopes his wife gets pregnant again to get a daughter, to add a daughter, and wants to have a child from his marriage with his current second wife.

This can be seen from the participants' statements as follows:

"Well, Ma'am, our children are 4 people, 3 boys are studying at the pesantren... one girl at home has no companion, I hope to add one more daughter so she has a companion at home"

"In the past, ages 40-50 years pregnant and giving birth could be healthy-healthy, now health is already influenced by plant fertilizers"

"How can I say, Ma'am... all my children are boys, if possible one more daughter"

"My wife and I have agreed to add one more daughter because our 5 children are all boys"

Support System of Husbands of Fertile Age Couples (PUS)

Participant husband of Fertile Age Couple (PUS) predisposed to high-risk pregnancy from factors of age, child interval, number of children, pregnancy history (abortion) hopes his wife gets pregnant again because he wants to get a daughter, wants to add a daughter, and wants to have a child from his marriage with his current second wife.

This can be seen from the participants' statements as follows:

"Well... high-risk pregnancy is age 40 and above, having many children"

"In the past, ages 40-50 years pregnant and giving birth could be healthy-healthy, now health is already influenced by plant fertilizers"

"Because wife cannot use FP, not suitable. In the past, she used injection"

"My wife and I have agreed to add one more daughter because our 5 children are all boys"

Support System of Husbands of Pregnant Women

Participant husband of pregnant woman from factors of age, child interval, number of children, pregnancy history (abortion, ectopic pregnancy), from the beginning already hoped wife gets pregnant again because husband considers sustenance, age, to be the destiny of Allah SWT. And tells his wife if she is able to get pregnant, please get pregnant again.

This can be seen from the participants' statements as follows:

"Well, as far as I know, you shouldn't have it too quickly, Ma'am... because it will affect the child and the mother too"

"Well, it can also be dangerous because the condition is not yet too normal because she has already undergone surgery so it can be dangerous for the mother"

" Well, it's classified, Ma'am... because previously my wife had a miscarriage... and had surgery, but I myself don't force too much... however, as long as she is able, then go ahead, if she's able it's okay to get pregnant again"

Discussion of husband education

Education for Husbands of Pregnant Women

Pregnancy is a physiological process that in some cases can develop into a pathological condition if not handled properly. High-risk pregnancy is a condition that has the potential to cause serious complications for both the mother and the fetus, both during pregnancy, childbirth, and the postpartum period. These risk factors include maternal age that is too young (<20 years) or too old (35 years), poor obstetric history, comorbidities such as hypertension, diabetes, anemia, and pregnancies that are too frequent or

too close together. One important strategy to prevent the occurrence of high-risk pregnancy is through appropriate education to pregnant women, which can increase knowledge, attitudes, and behavior in maintaining pregnancy health. This educational material includes recognizing danger signs of pregnancy, the importance of antenatal care (ANC) visits, fulfilling balanced nutrition, and the importance of family support.

Unfortunately, many pregnant women have not received adequate education due to limited resources, low education levels, and lack of initiative from health workers in conveying information comprehensively. In fact, effective education can encourage pregnant women to perform early detection of risky conditions and promptly access appropriate health services. Therefore, this research is important to determine the extent of the role of education in preventing high-risk pregnancy and to measure its effectiveness in changing the behavior of pregnant women towards a healthy and monitored pregnancy (Rina, 2025).

Education for Husbands of Pregnant Women

Pregnancy is a very important period and requires full attention and support, not only from health workers but also from the family, especially the husband. The husband has a strategic role in maintaining the health of the pregnant woman, both physically, psychologically, and socially. In the context of high-risk pregnancy such as pregnancy at too young or too old an age, pregnancy intervals that are too close, history of obstetric complications, and comorbidities such as hypertension and anemia, the support and understanding of the husband becomes even more crucial. However, many husbands still do not understand the danger signs of pregnancy and the importance of their role, so they tend to be passive and leave all responsibility to the wife.

Education for husbands is one of the effective preventive strategies to increase their involvement and awareness in supporting pregnancy. Education can be provided through counseling, father classes, information media, or community-based approaches, so that husbands are able to become active partners in keeping the pregnancy healthy, detecting danger signs early, and encouraging the wife to get timely health services. With good understanding, husband involvement has been proven to reduce the risk of complications during pregnancy and childbirth. Therefore, it is important to conduct research to examine the influence of education on husbands of pregnant women in preventing the occurrence of high-risk pregnancy (Andika, 2025).

Education for Fertile Age Couples (PUS)

High-risk pregnancy remains a major challenge in efforts to improve maternal and child health status, especially in developing countries. This condition can be triggered by various factors such as maternal age that is too young or too old, pregnancy intervals that are too close, history of previous pregnancy complications, or the presence of comorbidities. In this context, fertile age couples (PUS), especially husbands, play an important role in supporting the creation of a healthy and planned pregnancy. However, husband involvement in reproductive health is still relatively low due to lack of knowledge, lack of awareness, and patriarchal culture that considers pregnancy to be solely the responsibility of the wife.

In fact, education for husbands of PUS is highly needed to increase their understanding regarding pregnancy risks and the importance of family planning. With proper education, husbands can be more active in making joint decisions with their wives, such as contraceptive use, antenatal check-ups, and selection of safe delivery facilities. Therefore, providing information and health education that directly targets husbands must become an integral part of reproductive health programs. This step has the potential to reduce the rate of high-risk pregnancy and simultaneously improve family welfare as a whole (Yusuf, 2025).

Discussion of Education for Husbands of Pregnant Women

Husband of high-risk pregnant woman (age 43 years, number of children 2 people, interval of last child 20 years) hopes his wife gets pregnant again, because the husband thinks that age, sustenance, are the destiny of Allah. This illustrates the importance of education for husbands of pregnant women regarding the importance of understanding about high-risk pregnancy, several predisposing factors for high-risk pregnancy, the impacts that may occur from high-risk pregnancy so that husbands can understand and support their wives to not get pregnant under high-risk conditions. The education needed by husbands in this case is the risk of pregnancy with a child interval of more than 20 years, among others: the possibility of increased pre-eclampsia in the mother, premature birth, low birth weight in the baby, and potential problems in subsequent pregnancies. While the risk of pregnancy at age above 35 years is the risk for the mother of gestational diabetes, hypertension, pre-eclampsia, childbirth complications, and bleeding. Risks to the fetus such as miscarriage and stillbirth. This is according to the Family Stress Model Theory (Conger & Elder, 1994). This theory explains that pressure in the family (stressors) can affect relationship quality, parenting patterns, and the health of family members. Economic, psychological, and social factors can pose health risks if the family does not have adaptation strategies.

In the context of a mother aged 43 years with a 20-year child interval. Pregnancy at an advanced age with a very long interval creates biological stressors (decline in reproductive function, pregnancy complications) and psychological stressors (anxiety, lack of social support). The husband as the main support system holds an important role in reducing stress through education, emotional support, and facilitating access to health services. Education for the husband is needed so that he is able to recognize risk factors, understand his wife's biological changes, and support appropriate decisions (e.g., routine check-ups or referrals).

Husband of high-risk pregnant woman (age 32 years, number of children 2 people, has experienced abortion/miscarriage, has experienced ectopic pregnancy) leaves it to the wife if she is able to get pregnant, then go ahead and get pregnant. Meanwhile, the risks that will be faced by a pregnant woman who has experienced abortion are having a higher risk of experiencing abortion again in subsequent pregnancies. Then the risk of increased ectopic pregnancy and premature delivery. While the risk of pregnancy for those with a history of ectopic pregnancy is having a higher risk of experiencing ectopic pregnancy in subsequent

pregnancies. This is according to the Stress and Coping Theory (Lazarus & Folkman, 1984). This theory explains how individuals and families respond to stressful situations through the process of appraisal (situation assessment) and coping (strategies to deal with it).

In the context of a mother who has experienced miscarriage and ectopic pregnancy. This situation is a heavy stressor, both physical and emotional. The pregnant woman will assess this situation as a serious threat to the subsequent pregnancy (primary appraisal). The role of the husband becomes crucial in supporting positive coping through the following aspects. Problem-focused coping: helping to find real solutions, such as accompanying the wife to routine check-ups, supporting medical plans, or facilitating access to health services. Continued with Emotion-focused coping: providing emotional support, psychological reinforcement, and creating a conducive home environment. Education for the husband is needed so that he understands the increased medical risks after miscarriage and ectopic pregnancy, and is able to become a partner in healthy coping strategies.

This is also reinforced by the research results of Chen et al. (2024-2025) -- Effect of Dyadic Coping-Based Couple Psychological Intervention on Preoperative Anxiety and Postoperative Pain in Ectopic Pregnancy Patients. Retrospective research with 100 ectopic pregnancy patients compared two groups: standard psychological treatment vs dyadic coping intervention (coping together as a couple). The results of the group with husband-wife intervention showed a significant decrease in anxiety (STAI), depression (SDS), as well as an increase in psychological resilience, accompanied by a decrease in postoperative complications. Husband of Fertile Age Couple (PUS) predisposed to high-risk pregnancy (age 41 years, has 5 children, interval of last child 5.5 years), says he hopes his wife gets pregnant again because he wants a daughter, his 5 children are all male, and the husband says in the past women got pregnant and gave birth at 40-50 years old and were healthy. However, the husband does not yet understand the risks that the mother may face when getting pregnant with an interval of the last child being more than 5 years, which is the occurrence of increased complications such as gestational diabetes, pre-eclampsia, prematurity, and chromosomal abnormalities in the baby. Meanwhile, the risk of pregnancy at age above 35 years is an increased possibility of miscarriage, premature birth, placental problems, high blood pressure, as well as chromosomal abnormalities in the baby, and gestational diabetes. This is according to the Family Development Theory (Duvall, 1977). This theory explains that the family has stages of development with specific developmental tasks at each phase. Failure to carry out these tasks can cause health, psychological, and social problems. In the context of PUS with age 41 years and 5 children. At the family development stage, the age of 40s should be focused on family health maintenance and preparation towards the "launching" phase of the children. A new pregnancy at this age with already many children can disrupt the balance of the family's developmental tasks, increase the mother's health risk, and add to the family's psychosocial burden.

This is also reinforced by the research results of Dai et al. (2023) -- The interaction between age and parity on adverse pregnancy outcomes. In a large cohort study, it was found that the interaction between advanced age and multiparity significantly increased the risk of maternal and neonatal complications such as gestational hypertension, pre-eclampsia, placenta previa, placental implantation, postpartum hemorrhage, premature delivery, cesarean intervention, and low Apgar score (<7 at 5 minutes).

Education for the husband is very important so that he understands that supporting the prevention of high-risk pregnancy is not just a medical choice, but part of the family's success in carrying out developmental tasks healthily.

Husband of Fertile Age Couple (PUS) predisposed to high-risk pregnancy (PUS age 41 years, number of children 4 people, child interval 5 years) says he already has 3 sons all boarding at a dayah (Islamic boarding school) and only 1 daughter is at home, the husband wants his wife to get pregnant again to add a daughter so that his daughter has a companion at home, as a husband he should provide support to his wife to not get pregnant again considering the wife already has multiple predispositions, namely from age factor, number of children factor, and child interval factor. Where the risk of pregnancy at age above 35 years is the possibility of pregnancy complications such as gestational diabetes, high blood pressure, and pre-eclampsia; for the baby, the possibility of premature birth, low birth weight. Meanwhile, the risk of pregnancy with more than 4 children is pre-eclampsia, heavy bleeding, placenta previa, premature delivery, low birth weight baby, and risks to the baby such as premature delivery and low birth weight, fetal death in utero. This is related to Role Theory (Biddle, 1986). This theory explains that every individual in the family has a certain role expected by society and the family. When these roles conflict or exceed capacity, then what is called role strain (role pressure) arises.

In the context of PUS with age, number of children, and birth interval factors. A 41-year-old mother still bears the biological role as a pregnant woman, even though her body is already at high risk for complications. Having 4 children adds the role as the primary caregiver, so the potential for physical and psychological fatigue increases. A 5-year child interval should provide adaptation space, but at an advanced age it actually increases medical risk because reproductive function has declined. Education for the husband is also needed so that he understands the role pressure faced by the wife, so he can provide emotional, practical support, and decision-making for high-risk prevention in order to provide support to the wife.

From the above description, it can be concluded that the knowledge of husbands of women of childbearing age about high-risk pregnancy is still low, so husbands need to be given education regarding efforts to prevent high-risk pregnancy.

Research results conducted by Yeni et, al,. (2025) show that although there is concern from some husbands, their involvement in early detection of pregnancy danger signs still needs to be improved.

Discussion of husband support system

Husbands as part of fertile age couples (PUS) have a very important role in forming an effective support system to prevent the occurrence of high-risk pregnancy. High-risk pregnancy can occur due to maternal age that is too young or too old, pregnancy intervals that are too close, or certain health conditions that are not controlled. In this case, husband support includes physical, emotional, psychological aspects, and joint decision-making related to reproductive health. This role becomes an important foundation in ensuring that pregnancy proceeds healthily and safely for both the mother and the fetus.

A caring husband will provide support in the form of monitoring the wife's health condition, accompanying during pregnancy check-ups (antenatal care), helping with household chores, and ensuring the wife's nutritional adequacy and rest. In addition, the husband also plays an important role in planning a healthy pregnancy by considering contraceptive use and access to health services. Without support from the husband, the mother risks getting pregnant under non-ideal conditions, as well as facing complications that can endanger the safety of the mother and fetus. Therefore, the active role of the husband as a support system is an inseparable part of the strategy to prevent high-risk pregnancy and needs to be supported by appropriate and continuous education (Nurul, 2025).

Support System of husbands of pregnant women

Husbands as part of fertile age couples have a crucial role in forming a strong support system for their wives during pregnancy, especially in preventing high-risk pregnancy. The support provided by the husband is not only limited to material aspects but also includes emotional, psychological support, and decision-making related to reproductive health. The ideal form of support system includes husband involvement in routine pregnancy check-ups (antenatal care), fulfillment of nutritional needs of pregnant women, regulation of pregnancy intervals through the use of appropriate contraceptives, and preparedness in facing pregnancy danger signs.

The husband also plays an important role in supporting his wife to lead a healthy lifestyle, avoid excessive stress, and maintain a safe and comfortable environment during pregnancy. Research shows that strong husband support can increase pregnant women's compliance with health services, accelerate medical referral decision-making, and reduce the rate of pregnancy complications. Lack of support from the husband actually becomes one of the risk factors for delayed treatment, which can worsen the condition of the mother and fetus. Therefore, empowerment and education for husbands become the key in building an effective support system to prevent high-risk pregnancy. Aditya, (2025)

Husband of fertile age couple (PUS) predisposed to high-risk pregnancy from age factor, number of children factor, and child interval factor (age 41 years, number of children 5 people, interval of last child 5.5 years) still hopes his wife gets pregnant again, because the husband wants a daughter, his 5 children are all male. Fertile age couples (PUS) who have multiple predispositions should receive support from the husband to not get pregnant again, considering the risks that the mother will face from the factor of having more than 4 children are pregnancy complications such as eclampsia, bleeding, low birth weight, and premature birth, while the risk for the mother if she gets pregnant again from the factor of the last child being more than 5 years is an increased risk of delivery complications such as pre-eclampsia, intrapartum hemorrhage. This is related to Ecological Systems Theory (Bronfenbrenner, 1979). This theory emphasizes that a person's health and behavior are influenced by layered systems, one of which is interrelated with the Microsystem, namely the nuclear family (husband-wife), the place of most direct interaction.

In the context of high-risk PUS. Age 41 years, multiparity (5 children), and pregnancy interval of 5.5 years pose high biological risk. The husband's support system at the microsystem level becomes key: the husband plays a role in supporting the wife to access health services, maintaining emotional stability, and assisting in decision-making. If this support system is strong, then the impact of risk from age and number of children factors can be reduced because the wife feels supported and does not face pregnancy alone.

Husband of pregnant woman (First-time pregnant woman, age 22 years) with Chronic Energy Deficiency (CED) did not bring his wife to consult with health workers before pregnancy to obtain education related to the mother's physical readiness to face pregnancy, after becoming pregnant it was then known that the Hb examination result was less than 11 mmhg and MUAC less than 23 cm, this is very risky for the pregnant woman. Possible risks are anemia, heavy bleeding, mother's weight not increasing normally, and difficulty during delivery. In addition, CED can also cause the baby to be born premature, low birth weight, up to impaired brain development. This is related to Self-Determination Theory (Deci & Ryan, 1985). This theory emphasizes that a person's motivation is influenced by the fulfillment of three basic psychological needs: Autonomy (freedom in making decisions), Competence (feeling able to manage one's health and life), and Relatedness (having connection and support from close people). In the context of preventing CED in pregnant women. Husband support is very important because it can increase relatedness by providing a sense of security, being supported, and not being alone in facing pregnancy. The husband also helps increase competence by supporting the wife in choosing nutritious food, accompanying pregnancy check-ups, and providing motivation to maintain a healthy diet. With husband support, the wife feels she has positive autonomy in making decisions for her own health and that of her fetus, thus preventing the occurrence of CED.

This is also reinforced by the research results of Arifah et al. (2024) -- "Feel Supported and Not Alone: A Qualitative Study of Supports Needed by Pregnant Women in Preventing Anemia". Qualitative research in the Jurnal Promkes (2024) concludes that husband support is the most needed by pregnant women in efforts to prevent anemia—which is part of CED risk. Pregnant women stated that the feeling of being supported and not alone by the husband is the main motivator to maintain nutritional intake, comply with supplementation (such as Fe tablets), and follow health worker advice.

From the above description, it can be concluded that husbands of fertile age couples and husbands of pregnant women have not provided support to their wives to prevent high-risk pregnancy.

This is related to research conducted by Siti et. al,.(2024) There is a relationship between husband support and the incidence of unmet need among fertile age couples.

Discussion of Barriers for Husbands of Fertile Age Couples (PUS) and Husbands of Pregnant Women in Efforts to Prevent High-Risk Pregnancy

Barriers for Husbands of Fertile Age Couples (PUS)

Barriers experienced by husbands of fertile age couples in preventing high-risk pregnancy include factors of knowledge, attitudes, and support that are still low. Many husbands do not understand in depth the health risks that can be experienced by their wives, such as pregnancy complications at too young an age, too old, or pregnancy intervals that are too close. Work busyness that consumes time makes them rarely accompany their wives during pregnancy check-ups or attend family planning counseling. Long distances to health facilities, transportation costs, and limited services in densely populated areas also become obstacles to active husband participation. In addition, there is still a traditional view that contraceptive matters are the responsibility of women, so decisions regarding reproductive health often do not involve husbands fully.

The role of the husband is very decisive for the success of preventing high-risk pregnancy, where strong support from the husband can increase compliance with contraceptive use and pregnancy check-up visits. The research results emphasize that educational interventions targeting husbands need to be strengthened, especially in areas with dense populations and limited access to health services. Community-based education, group counseling, and involvement of community leaders can be effective strategies to change perceptions and increase husband awareness about the importance of their role in maintaining the reproductive health of their partners. Dewi, et, al,. (2025)

Barriers for Husbands of Fertile Age Couples

Barriers experienced by husbands of pregnant women in preventing high-risk pregnancy include lack of knowledge about health risks that can occur in pregnant women, such as preeclampsia, bleeding, or complications due to pregnancy intervals that are too close. Busyness with work and economic responsibilities often make it difficult for husbands to accompany their wives for pregnancy check-ups or attend pregnant women classes. Long distances to health facilities, limited transportation means, and high travel costs further limit husband involvement. In addition, cultural views that place pregnancy matters entirely as the responsibility of women make some husbands feel their role is not so important in the process of preventing pregnancy risks.

Husband support plays a significant role in preventing high-risk pregnancy, especially through accompaniment during antenatal check-ups, providing emotional support, and decision-making related to pregnant women's health care. The research emphasizes that low husband participation is generally caused by time constraints, lack of reproductive health education for men, and the influence of social norms that limit the husband's role. Therefore, strategies that directly involve husbands through community-based counseling, father role training, and increased access to information are needed so that husbands can become active parts in maintaining their wife's pregnancy health. Pratama, et, al,.(2025)

Husband of fertile age couple (PUS) predisposed to high-risk pregnancy from age factor (age 38 years, number of children 4 people, postpartum 28 days, says posyandu and puskesmas are far from their home and must pass through rocky, narrow, mountainous, and difficult roads to reach by two-wheeled vehicles, thus having difficulty in consulting with health workers. Theory of Health Service Access (Penchansky & Thomas, 1981), This theory explains that access to health services is influenced by Accessibility, which is the ease of reaching the service location (including geographical distance).

In the context of the husband, Geographical barriers in the form of long distances and densely populated areas are especially related to the Accessibility dimension. As a result, the husband experiences difficulty bringing his wife to health facilities for check-ups, education, or contraception. These barriers increase pregnancy risk because access is hindered, even if there is intention for prevention.

This is also reinforced by the research results of Tripathi et al. (2024) -- Spatial disparities and determinants of maternal and newborn healthcare utilization in rural India. Research based on NFHS-5 data (2019-21) and spatial analysis found that in rural India, the distribution of maternal services is very uneven. Only 54.3% of mothers received 4 antenatal visits, and maternal service utilization decreased sharply with high multiparity. Significant access inequality was found based on geographical location, wealth, and education.

Husband of fertile age couple (PUS) predisposed to high-risk pregnancy from age factor, child interval, and number of children (age 41 years, interval of last child 5.5 years, and number of children 5 people says the barrier he faces in efforts to prevent high-risk pregnancy is that his wife is not suitable for using contraception, so the wife decides not to use contraception anymore, the husband does not consult with health workers to discuss plans to use other contraceptives, the husband's lack of knowledge about the various availability of contraceptive tools so he decides for his wife to not use contraception anymore. Theory of Diffusion of Innovations (Everett Rogers, 1962). This theory explains how an innovation (including health programs such as FP) is accepted or rejected by individuals/communities, one of which is influenced by Compatibility, which is the suitability of the innovation with individual values, experiences, or needs.

In the context of husband & wife. The wife feeling unsuitable with FP can be linked to aspects of compatibility and side effects that do not suit her body condition. Barriers arise when the husband-wife couple has not found a suitable contraceptive alternative. The husband, in this case, can also be a supporting or inhibiting factor in the process of adopting FP innovation.

This is also reinforced by the research results of Feriani et al. (2024) -- A Systematic Review of Determinants Influencing Family Planning and Contraceptive Use. A systematic review of various studies in diverse countries found that factors of perceived incompatibility (compatibility) with contraceptive methods—related to side effects, previous negative experiences, and personal needs—became the main barrier to adopting new contraceptives. In addition, husbands are often not involved in the contraceptive selection process, so lack of information or negative beliefs can drive the decision to stop contraception without trying other alternatives.

RESULTS

Results of phase I research (interview) with husbands of fertile age couples (PUS) predisposed to high-risk pregnancy and husbands of pregnant women

1. Need for education for husbands of fertile age couples and husbands of pregnant women
    a. Husbands of Fertile Age Couples (PUS) predisposed to high-risk pregnancy who are over 35 years old, have 4 children, age of last child over 5 years, wife has experienced miscarriage, still want their wife to get pregnant again because still want a daughter and say women in the past at ages 40-50 could still give birth and were healthy
    b. Husbands of High-Risk Pregnant Women who already have 4 children, age over 35 years, last child over 5 years, have experienced miscarriage, have experienced ectopic pregnancy, do hope their wife gets pregnant again because they consider age, sustenance to be the destiny of Allah
2. Support System of Husbands of Fertile Age Couples (PUS) predisposed to high-risk pregnancy and husbands of pregnant women in efforts to prevent high-risk pregnancy
    a. Husbands of Fertile Age Couples (PUS) predisposed to high-risk pregnancy aged over 35 years and already have 4 children, interval of last child over 5 years, have experienced miscarriage, still want their wife to get pregnant again because they say they want to add a daughter and think in the past ages 40-50 pregnant and gave birth healthily
    b. Husbands of high-risk pregnant women who have experienced miscarriage, ectopic pregnancy, aged over 35 years, age of last child over 5 years, already have 4 children, do hope their wife gets pregnant again because they think age, sustenance is the destiny of Allah
3. Barriers for husbands of Fertile Age Couples (PUS) predisposed to high-risk pregnancy and husbands of pregnant women:
    a. Husbands of fertile age couples (PUS) predisposed to high-risk pregnancy (PUS aged over 35 years, already have 5 children, age of last child over 5 years, still hope wife gets pregnant again because they think the wife is not suitable for using contraception
    b. Husbands of fertile age couples (PUS) predisposed to high-risk pregnancy (PUS aged over 35 years, number of children 4 people, interval/age of last child 28 days say posyandu and puskesmas are far from their residence.

CONCLUSION AND RECOMMENDATIONS

Conclusion

1. Importance of Increasing Capacity of Husbands of Fertile Age Couples (PUS) and Husbands of Pregnant Women in efforts to prevent high-risk pregnancy,
2. Importance of Support System of Husbands of Fertile Age Couples (PUS) and Husbands of High-Risk Pregnant Women towards wives in efforts to prevent high-risk pregnancy,
3. need to overcome barriers faced by Husbands of Fertile Age Couples (PUS) and Husbands of Pregnant Women in efforts to prevent high-risk pregnancy

Recommendations

1. It is hoped that husbands of Fertile Age Couples (PUS) predisposed to high-risk pregnancy and husbands of pregnant women can increase their capacity/knowledge about efforts to prevent high-risk pregnancy
2. It is hoped that husbands of Fertile Age Couples (PUS) predisposed to high-risk pregnancy and husbands of pregnant women can provide a support system to their wives in efforts to prevent high-risk pregnancy
3. It is hoped that

a. Fertile Age Couples (PUS) predisposed to high-risk pregnancy and husbands of pregnant women can increase their capacity/knowledge about various types of contraceptives specifically and family planning in general.
b. The Government can immediately operate the new expansion Puskesmas so that the community gets better access to health services.

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