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The Relationship Between Premarital Reproductive Counselling and Husband Support with Increased Coverage Pure K1 Maternity Visit Coverage

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KEYWORDS	ABSTRACT
<p>Keywords: Premarital Counselling; Husband Support; Antenatal Visit; K1 Pure; Reproductive Health.</p> <p>Conflict of Interest Statement: The author(s) declares that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.</p> <p>Copyright © 2024 AHR. All rights reserved.</p>	<p>Purpose: This study aims to evaluate the relationship between premarital reproductive counseling and husband support with increased coverage of pure K1 pregnancy visits at Puskesmas Ajangale in 2022.</p> <p>Research Design and Methodology: This study used a correlation study design with a retrospective cohort approach. Secondary data were taken from medical records and observation results, while primary data were obtained through questionnaires. The study population included first-trimester pregnant women who had first contact with health workers at Ajangale Health Centre, and the sampling technique was total sampling.</p> <p>Findings and Discussion: The results of the analysis showed that premarital reproductive counseling and husband support had a significant correlation with increased coverage of pure K1 visits. Of the respondents who participated in premarital counseling, the majority made a pure K1 visit. Similarly, respondents who received good support from their husbands tended to be more compliant in conducting pure K1 visits. The P=0.002 value indicates a significant association between these variables.</p> <p>Implication: This study confirms the importance of integrating premarital reproductive counseling programs in public health policies to increase the coverage of antenatal care visits. Husband support must also be improved through education and active involvement in antenatal care. The findings provide valuable insights for health practitioners and policymakers to improve maternal and child health.</p>

Introduction

Pregnancy is a condition in which a woman has a growing fetus inside her body (womb). Pregnancy should get good care by having a routine pregnancy check-up as early as possible, as soon as a woman feels she is pregnant. The factor that influences mothers to make antenatal visits is knowledge about Antenatal Care (ANC). High knowledge will illustrate the mother's broad insight and support the mother in considering positive things and tending to make visits (Yuliani, 2013). As many as 40% of the 85 million pregnancies in the world are unplanned pregnancies, and 38% end in abortion, miscarriage, and unplanned childbirth (Indah Pratiwi et al., 2020). Based on research by Oktalia & Herizasyam (2016), it was found that of the 96 mothers who were respondents, most did not prepare their pregnancies; as many as 62 people (64.6%) and 34 mothers had prepared their pregnancies properly (35.4%). Unplanned pregnancies have become a worldwide problem, with many ending up

as abortions, miscarriages, and unplanned deliveries. In 2019, the Bone Regency government issued a regulation requiring every prospective bride and groom to participate in a premarital counseling program to address these challenges. With this regulation, 100% participation is expected. Proof of premarital counseling participation is requested when registering their marriage. Premarital counseling materials include the philosophy of marriage and gender inequality in marriage, as well as information on pregnancy, childbirth, the postpartum phase, sexually transmitted infections, early detection of cervical cancer, and marriage myths.

Sexual and reproductive health counseling for prospective brides is an effort to improve the health status of mothers and newborns. This counseling is a practical approach to increase prospective brides' knowledge so they can plan and prepare for a healthy pregnancy and give birth to quality next generation. An ideal pregnancy is a pregnancy that is planned, desired, and maintained every development properly. Candidates who have participated in reproductive counseling are expected to visit a health worker once they know immediately or suspect they are pregnant so that the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) can be reduced. Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) in Indonesia are still relatively high. Based on the Indonesian Health Profile (2017), the MMR in Indonesia reached 305 per 100,000 live births, while the results of the Indonesian Demographic and Health Survey (2017) show that the IMR in Indonesia is at 24 per 1,000 live births. Therefore, reproductive health counseling for prospective brides is essential as a promotive and preventive effort. Support from health workers and families, especially husbands, is critical in encouraging pregnant women's compliance to conduct routine and early ANC examinations, which is expected to reduce MMR and IMR in Indonesia. Part Three

Recognizing the importance of maternal and infant health, every couple needs to conduct early detection by routinely conducting ANC visits so that the improvement of maternal health status can be implemented comprehensively. Maternal health program interventions can be aimed at pregnant women, adolescents, and young adults so that they grow and develop healthily (MOH RI, 2015). Based on Permenkes No. 28/2017, midwives are authorized to provide counseling on women's reproductive health and family planning. Therefore, midwives play a promotive and preventive role in providing care. In addition, the role of husbands is vital in supporting pregnant women. Research by Meirita (2017) showed that the husband's support was closely correlated with adherence to ANC examination in pregnant women. The Chi-square statistical test results in the study showed a p-value ($p < 0.05$), which indicated a significant relationship between husband support and antenatal visit compliance. Husband support positively impacts pregnant women and increases awareness and compliance with the importance of antenatal check-ups. Thus, the active role of midwives and husband support is essential in increasing antenatal visits, which, in turn, can reduce maternal and infant mortality in Indonesia.

The Ajangale Health Centre in Bone Regency has a sexual and reproductive health counseling program for brides-to-be and has 100% K1 visits in Bone Regency. However, the problem is that not all K1 coverage is pure K1, but many pregnant women visit after entering the second and even the third trimester. Pregnancy visits (ANC) in Bone Regency in 2020, pure K1 was 10,324 (69.81%), and K1 access was 14,554 (98.42%), meaning that there were still 28.61% who had not visited pregnant women in the first trimester. K1 access increased in the following year, namely 33.53% in 2021. K1 pregnancy visits at Puskesmas Ajangale in 2020, namely pure K1 of 316 (76.88%) and K1 access of 403 (98.05%). In 2021, pure K1 is 302 (73.47%), K1 access is 365 (88.80%). This means that 15.33% of the population still needs to be included in pure K1 (Bone Health Office, 2022). Based on the description above, this study wanted to determine the relationship between premarital reproductive counseling and husband support by increasing the coverage of pure K1 pregnant women visits at Puskesmas Ajangale. This study aims to identify reproductive counseling for prospective brides in the hope of helping to reduce MMR and IMR. Is there a relationship between premarital reproductive counseling and husband's support with increasing the coverage of pure K1 maternal visits at Puskesmas Ajangale in 2022? This research question reflects the study's novelty, focusing on premarital intervention as one of the factors influencing ANC visit compliance in pregnant women. This study also aims to determine the coverage of pure K1 visits of pregnant women before and after premarital reproductive counseling, as well as assess the impact of husband support in increasing the coverage of these visits.

Thus, this study is expected to contribute significantly to efforts to reduce maternal and infant mortality through increased participation in early and planned antenatal visits.

Literature Review

Antenatal Care

Antenatal care, or antenatal care, is a form of supervision carried out before childbirth with the primary purpose of monitoring the growth and development of the fetus in the womb (Syahrir & Majid Lagu, 2020). Antenatal care is carried out periodically during pregnancy by health professionals, such as obstetricians, general practitioners, midwives, and nurses. The aim is to ensure that pregnant women can go through pregnancy, labor, and postpartum well and safely and give birth to healthy babies (Depkes RI, 2014). According to Riskesdas (2010), antenatal care is carried out by established antenatal care standards to ensure the health of mothers and babies during pregnancy. The main goal of antenatal care is to ensure that the natural process of pregnancy runs typically and remains so (Ariesetyawati et al., 2018). There are several specific objectives of antenatal care, namely promoting and maintaining the physical and mental health of mothers and babies by providing education about nutrition, hygiene, and the process of giving birth to babies (Yani, 2020). In addition, antenatal care aims to monitor the progress of pregnancy to ensure the mother's health and the baby's growth and development and improve and maintain the physical, mental, and social health of the mother and baby. Antenatal care also detects early medical, surgical, or obstetric abnormalities or complications during pregnancy, prepares for labor until birth, and is prepared to face complications with minimal trauma. Another goal is to prepare the mother to be able to provide exclusive breastfeeding, undergo an average postpartum period, and care for the child physically, psychologically, and socially. Antenatal care also prepares the role of the mother and family in accepting the birth of the baby so that it can grow and develop normally.

Antenatal care services that are carried out routinely are an effort to conduct early detection of risky pregnancies so that appropriate action can be taken immediately. Antenatal completeness consists of the number of antenatal visits and the quality of antenatal care. Based on the midwifery service standards by the central board of the Indonesian Midwives Association (IBI) Jakarta in 2003, there are six standards in antenatal care. First, it identifies pregnant women, where midwives conduct home visits and regularly interact with the community for counseling. They motivate mothers, husbands, and family members to encourage mothers to check their pregnancies early and regularly. Second, antenatal examination and monitoring, where midwives provide at least four antenatal services, which include careful history taking and monitoring of the mother and fetus to assess whether development is normal, detecting abnormalities in pregnancy such as anemia, malnutrition, hypertension, STDs/HIV-AIDS, providing immunization services, counseling, and education, recording data at each visit, and management and referral of emergencies in pregnancy. Third is abdominal palpation, where midwives perform a thorough abdominal examination and palpate to estimate gestational age, check the fetus's position, the fetus, the lowest part of the fetus, and the entry of the fetal head into the pelvic cavity to detect abnormalities and make appropriate referrals. Fourth is the management of anemia in pregnancy, where midwives take action to prevent, find, treat, and refer to all cases of anemia in pregnancy by applicable regulations. Fifth, early management of hypertension in pregnancy, where midwives detect any increase in blood pressure in pregnancy, recognize signs and symptoms of pre-eclampsia, as well as appropriate management and referral. Sixth, preparation for childbirth, where midwives provide appropriate advice to pregnant women, their husbands, and families in the third trimester to ensure clean and safe delivery preparation, transportation preparation, and costs, and conduct home visits.

The schedule for repeat visits in antenatal care includes the first visit at 16 weeks gestation, which aims to screen and treat anemia, delivery plan, identify complications due to pregnancy, and treat them. The second visit is at 24-28 weeks of gestation, and the third visit is at 32 weeks of gestation, which aims to identify complications of pregnancy and their treatment, screen for pre-eclampsia, Gemelli, reproductive and urinary tract infections, and repeat delivery planning. The fourth visit is conducted at 36 weeks gestation until birth, which includes the same activities as the second and third visits, as well as recognizing any abnormalities of location and presentation,

consolidating the delivery plan, and recognizing the signs of labor. Thus, antenatal care is a significant effort in maintaining the health of mothers and babies during pregnancy. Antenatal care ensures a normal pregnancy process and early detection of complications so that appropriate action can be taken immediately. With established service standards, antenatal care is expected to improve maternal and infant health and reduce maternal and infant mortality. (Syahrir & Majid Lagu, 2020; Depkes RI, 2014; Riskesdas, 2010).

Monitoring indicators

To ensure maternal and child health, one crucial aspect that must be considered is antenatal coverage monitoring. Antenatal coverage monitoring indicators provide an overview of how well the antenatal care program is implemented and how effective it is in reaching the wider community. In the Maternal and Child Health Local Area Monitoring (PWS-KIA) Guidelines (MOH RI, 2004), this indicator is divided into two main categories: K1 coverage and K4 coverage. K1 coverage, or access to antenatal care, is the first visit of a pregnant woman during pregnancy. This visit is essential because the best time to make an early pregnancy visit is when the woman starts to feel that she might be pregnant, usually at ten weeks of pregnancy (Indrayani, 2011). According to Lubis (2016), pregnant women should visit a midwife or doctor to get the necessary antenatal care when they feel pregnant. This access indicator measures the reach of antenatal care and the program's ability to mobilize the community. In other words, K1 coverage shows how widely antenatal care can reach pregnant women in the community. The formula used to calculate K1 coverage is the number of K1 visits divided by the expected number of pregnant women, then multiplied by 100 to get the coverage percentage.

K4 coverage, or coverage of pregnant women's services, is the fourth contact of a pregnant woman with a health worker to obtain antenatal care according to established standards. The standard requires at least one contact in the first quarter, one in the second, and two in the third quarter. With this indicator, we can know how much antenatal care is complete, by service standards, and on time. This indicator illustrates the ability of maternal and child health program management and the sustainability of the program. The formula used to calculate K4 coverage is the number of K4 visits divided by the expected number of pregnant women, then multiplied by 100 to get the coverage percentage. The Making Pregnancy Safer program launched by the MOH in 2010 set targets to increase K1 antenatal care coverage to 95%, including Fe1 and TT1 coverage, and increase K4 antenatal care coverage to 90%, including Fe3 and TT2 or repeat TT coverage (MOH, 2001). These targets demonstrate the government's commitment to ensuring that every pregnant woman receives adequate and timely antenatal care, reducing the risk of complications during pregnancy and childbirth.

Monitoring antenatal coverage through K1 and K4 indicators provides valuable information on the effectiveness of maternal and child health programs. By knowing the extent to which the program successfully reaches pregnant women in the community, we can identify areas that require improvement and take appropriate action to improve services. For example, if K1 coverage is low, it may indicate that many pregnant women did not receive antenatal care early in their pregnancy. In this case, possible interventions include increasing socialization about the importance of early antenatal visits and making access to health facilities easier. Conversely, if K4 coverage is low, this could mean that pregnant women are not getting the full range of antenatal care as per the set standards (Khasanah, 2017). To address this issue, steps that can be taken include improving the capacity of health workers to provide antenatal care and ensuring that health facilities have sufficient resources to meet the needs of pregnant women. In addition, monitoring antenatal coverage also helps measure the progress of maternal and child health programs over time. By comparing K1 and K4 coverage data from year to year, we can see if the program successfully improves antenatal care or if there is a decline in coverage that needs to be addressed.

Premarital Counselling

Premarital counseling guides couples getting married to help them understand and prepare for the various aspects of married life. Premarital counseling covers a range of medical, psychological,

sexual, and social issues that couples may face after marriage (Latipun, 2010). The counseling is designed to give couples a better insight into the potential challenges that may arise in their household and equip them with the skills to address such issues effectively. The main objective of premarital counseling, according to Eny Kusmiran (2012), is to provide knowledge to adolescents so that they can make responsible decisions regarding their reproductive health and reproductive organs. With a better understanding of themselves, individuals are expected to be able to direct themselves according to their potential, achieve optimal development, and solve problems independently. Counselling also aims to help individuals gain satisfaction and adjust more effectively to themselves and the environment (Khalilah, 2017). In addition, premarital counseling aims to achieve a level of self-actualization by the potential possessed by the individual and prevent symptoms of maladjustment.

As explained by Eny Kusmiran (2012), the characteristics of premarital counseling include several essential aspects. First, counseling is a form of guidance that involves two individuals: the counselor and the counselee. The interview is the primary tool in all counseling program activities. Premarital counseling is also a professional activity requiring counselors with specific knowledge, attitudes, and skills. The counseling process is characterized by fundamental changes in the counselee, especially changes in attitude and behavior. The primary responsibility for decision-making remains with the counselee, with assistance from the counselor. Counselling also focuses on the emotional rather than intellectual appreciation of issues, usually in the form of meetings. Several factors can influence the quality of premarital counseling. According to Eny Kusmiran (2012), the duration or period of counseling is one crucial factor. In addition, individual motivation and the quality of environmental support also play a significant role in the effectiveness of counseling. The degree of health a person has before starting counseling and the degree of health at the start of counseling can affect the outcome. The counselor's general skills and specific skills related to a particular issue also determine the quality of counseling. The counselor's motivation and the atmosphere that the counselor can create also play an essential role in the success of the counseling process.

The stages in the counseling process can be remembered by the acronym GATHER, which means Greet, Ask, Tell, Help, Explain, and Return. First, Greet means greeting the client warmly to establish an excellent initial rapport, and second, asking means asking the client about themselves to understand the context and background of the problem. Third, telling means informing the client about the various possible solution alternatives. Fourth, Help means helping the client choose the best solution that suits their situation. Fifth, explain each alternative solution, including its advantages and disadvantages. Finally, return means encouraging the client to return for follow-up, ensuring that the chosen solution is adequate and the problem can be resolved (Eny Kusmiran, 2012). By providing comprehensive guidance on various aspects of married life, premarital counseling helps couples understand the potential challenges they may face. It equips them with the skills to overcome these problems. Thus, premarital counseling contributes to the well-being of individuals and couples and the household's overall stability and happiness (Latipun, 2010; Eny Kusmiran, 2012).

Reproductive Health

Reproductive health is an essential part of health that includes a complete physical, mental, and social well-being condition related to reproductive systems, functions, and processes. This concept is not simply the absence of disease or disability but also includes a comprehensive understanding of reproductive-related health for both men and women. However, more emphasis is often placed on women (Ratu et al., 2018). Diseases and health conditions in women are often related to their reproductive functions and capabilities, as well as social pressures faced due to gender issues (Eny Kusmiran, 2012; Obaid, 1994). Reproductive rights are fundamental rights that every individual, both men and women, must possess. This right includes the right to obtain information and access various safe, effective, and affordable family planning methods, as well as other birth control methods, by applicable laws and regulations (Nida, 2016). These rights also include access to adequate health services so that women can experience pregnancy and childbearing safely and provide opportunities for couples to have healthy babies (Eny Kusmiran, 2012).

Reproductive rights include several essential aspects. First is the right to obtain information and education about reproductive health so that each individual can make informed decisions about their health. Second is the right to obtain quality reproductive health services and protection, including health services during pregnancy, childbirth, and postpartum. Third, the right to freedom of thought and to determine the desired reproductive health services without coercion or discrimination. Fourth, the right to be protected from death due to pregnancy, which means access to adequate maternal health services must be guaranteed. Fifth, the right to determine the number and spacing of children is part of the right of individuals to plan their families according to their wishes and health conditions. Sixth, the right to freedom and security about reproductive life, which includes protection from persecution, violence, torture, and sexual harassment. This right is essential to ensure that every individual can live their reproductive life safely and without fear. Seventh, the right to benefit from scientific advances related to reproductive health so that everyone can receive the latest information and technology to improve their health. Eighth, the right to build and plan a family includes deciding when and with whom they will have children. This right is essential to give individuals complete control over their reproductive lives. Ninth, the right to be free from discrimination in family and reproductive life ensures that all individuals are treated fairly and equally regardless of gender, social status, or health condition. Tenth, the right to freedom of assembly and political participation related to reproductive health enables individuals to participate in decision-making that affects their reproductive health and rights. This participation is essential to ensure that policies and programs reflect the needs and interests of all individuals.

Husband Support

Husband support plays a vital role in the health of pregnant women and the success of the antenatal care (ANC) process. The research results conducted at Puskesmas Kasihan II Bantul, Yogyakarta, showed that of the 79 respondents studied, most had husband support in the sufficient category, which was 69.6% (Aureliya, 2015). This support manifests in various forms, from reminding mothers to do ANC checks, driving to the examination site, and praising if the examination is carried out regularly. However, husbands must learn about ANC's purpose and benefits to provide more optimal support. Husbands who do not understand the importance of ANC may not encourage or remind their wives to have regular check-ups, which can hurt maternal and fetal health (Handayani & Rinah, 2019). This research aligns with the results of a study conducted by Yulistiana (2015) at Puskesmas Wates, Central Lampung. Of the 40 respondents studied, 60% or 24 respondents received husband support in the sufficient category. Factors such as age, education level, and employment status of pregnant women affect the level of support provided by the husband. Pregnant women who are 20-40 years old, have a high school education and do not work tend to get sufficient husband support. Better knowledge about the importance of maternal and child health makes pregnant women with higher education more compliant in conducting ANC checks.

Husband support is not only in the form of physical or logistical assistance but also includes moral and emotional support. Nasharillah (2011) emphasizes that husbands, as the closest companions of pregnant women, not only play a role as decision-makers but also as an essential source of moral support since pregnancy is known until the delivery and postpartum period. The husband's supportive role can provide a sense of security and comfort for the wife, which can indirectly affect the mental and physical health of pregnant women. Kusmiyati (2009) also stated that the most important person for a pregnant woman is usually the child's father. The presence and support of the husband can be a determining factor in the readiness and health of the mother during pregnancy. Optimal husband support can be realized in several ways. Firstly, husbands need to increase their knowledge about the importance of ANC and its benefits for the health of mother and baby. Health education and counseling involving married couples can be an effective way to achieve this. Secondly, husbands should be actively involved in the ANC screening process, such as taking their wives to the screening center and accompanying them. The presence of husbands can provide significant emotional support for pregnant women.

In addition, giving appreciation and praise to wives who regularly perform ANC checks can strengthen the mother's motivation to maintain her health and the health of her fetus (Lubis et al.,

2023). This support is essential during pregnancy, labor, and postpartum. Husbands actively involved in postnatal care and support can help mothers recover faster and reduce the risk of complications. Husband support is a critical component in reproductive health and the success of ANC programs. Increasing husbands' awareness and knowledge of their role's importance can significantly impact the health of pregnant women and their unborn babies. With the proper support, pregnant women can feel more supported and motivated to go through the pregnancy and delivery process well, ultimately contributing to future generations' health. Past studies have shown that adequate husband support can improve maternal adherence to ANC check-ups, which is crucial for detecting and preventing complications during pregnancy (Aureliya, 2015; Yulistiana, 2015; Nasharillah, 2011; Kusmiyati, 2009).

Research Design and Methodology

This study is a correlation study, linking premarital reproductive counseling and husband support with the coverage of pure K1 pregnancy visits (Notoadmojo, 2010). Using a retrospective cohort study approach, this study used secondary data from medical records; observation results at Puskesmas Ajangale, and primary data from a questionnaire on the level of husband support (Chandra, 2008). The study was conducted at the MCH Clinic of Ajangale Health Centre, Ajangale District, Bone Regency, South Sulawesi, from June to August 2022. The study population included all first-trimester pregnant women who had first contact with health workers at Puskesmas Ajangale during that period, and the sampling technique used was total sampling (Sugiyono, 2007). Data collection instruments comprised questionnaires, master tables, medical record data, and observation results. Stages of data collection include preparation, implementation, and data processing. Preparation included applying for a research permit and apperception with health workers. Implementation involved documentation from medical records and observation of pure K1 pregnant women. Data processing was done through editing, coding, processing, and cleaning to ensure the data was ready for analysis. Data analysis included univariate analysis in calculating the frequency and proportion of variables, as well as bivariate analysis to determine the relationship between the independent variables (premarital reproductive counseling and husband support) and the dependent variable (pure Q1 coverage) using the Chi-Square statistical test at a 5% significance level ($p \leq 0.05$). This study also considered research ethics by applying for permission to UPT Puskesmas Ajangale and following Ethical Clearance from Itkes Muhammadiyah Sidrap.

Findings and Discussion

Findings

Based on the results of Table 1, the respondents' education is dominated by junior high school, namely 14 people (45%). Most respondents aged 25-35 comprised 19 people (61%). The majority of mothers do not work outside the home (IRT), namely 23 people (74%), and those who work outside the home are as many as eight people (26%). Based on Table 2, most respondents had been exposed to premarital reproductive counseling before marriage, as many as 24 people (77%), while those who were not exposed to the counseling were seven people (23%). Table 4.3 shows that the husband's support for respondents was mainly in the excellent category, with as many as 16 people (52%), followed by sufficient support from 13 (42%). Only two respondents' husbands (6%) provided support in the poor category. Most respondents received premarital counseling and had moderate to good husband support, which could positively affect the coverage of prenatal care visits (K1). Based on Table 3, most respondents who did premarital reproductive counseling made the majority of visits in the first trimester (K1 pure), as many as 22 respondents (92%).

In contrast, the majority of pregnant women who did not participate in premarital reproductive counseling made their first visit not in the first trimester (K1 access), as many as six respondents (86%). The statistical test results showed a value of $P=0.002$ ($P\text{-Value} \leq 0.05$), so it can be concluded that there is a significant relationship between premarital reproductive counseling and the coverage of pure K1 pregnancy visits at UPT Puskesmas Ajangale in 2022. Table 3 shows that most respondents who made ANC visits in the first trimester (pure K1) had good support from their husbands, as many

as 16 respondents (62%). Of pregnant women who did not make ANC visits in the first trimester (K1 access), the majority received sufficient support from their husbands, as many as five respondents (71%), and two respondents received insufficient support from their husbands (29%). The statistical test results showed a value of $P=0.002$ ($P\text{-Value} \leq 0.05$), meaning a significant relationship exists between the husband's support and the coverage of pure K1 pregnancy visits at UPT Puskesmas Ajangale in 2022. Both premarital reproductive counseling and husband support have a significant influence on the compliance of pregnant women in conducting antenatal visits in the first trimester (pure K1). This confirms the critical role of counseling and husband support in improving the quality of reproductive health of pregnant women.

Table 1. Univariate Analysis of Respondents' Characteristics Distribution

Characteristics	Frequency	Percentage (%)
Education		
STRATA 1	5	16
High School	5	16
Junior High School	14	45
Elementary School	7	23
Mother's age		
25-35 Years	19	61
>35 Years	4	13
<25	8	26
Occupation		
Employed	8	26
Not working	23	74

Source: SPSS Processing Results

Table 2. Frequency Distribution of Premarital Reproductive Counselling and Husband Support in Pregnant Women

Premarital Reproductive Counselling	Total	%	Husband Support	Frequency	%
Yes	24	77	Good	16	52
No	7	23	Fair	13	42
		100	Less	2	6
Total	31		Total	31	100

Source: SPSS Processing Results

Table 3. Bivariate analysis of the association of reproductive counselling and premarital husband support with pure K1 coverage

Category	Pure K1 Coverage (F)	Pure K1 Coverage (%)	ccess Q1 Coverage (F)	ccess Q1 Coverage (%)	Total (F)	Total (%)	P Value
Yes	22	92	1	14	24	77	0.002
No	2	8	6	86	7	23	
Total	24	100	7	100	31	100	
Good	16	62	0	0	16	52	0.002
Fair	8	38	5	71	13	42	
Less	0	0	2	29	2	6	
Total	24	100	7	100	31	100	

Source: SPSS Processing Results

Discussion

Relationship between Premarital Reproductive Counselling and Increased Coverage of K1 Pure Maternity Visit

The results showed a significant relationship between premarital reproductive counseling and increased coverage of visits by pregnant women in the first trimester. This study supports the hypothesis that premarital reproductive counseling has a positive impact on increasing the compliance of pregnant women in conducting antenatal visits. This finding is consistent with the basic concept that adequate information and education before marriage can improve pregnant women's health awareness and behavior. Premarital counseling provides brides-to-be with the necessary knowledge to understand the importance of antenatal visits, which in turn improves their adherence to visits in the first trimester. With good counseling, expectant mothers are more prepared and aware

of the importance of timely and quality antenatal care. This suggests that premarital counseling programs are crucial in improving maternal and infant health and preventing complications that can occur during pregnancy. Premarital counseling also helps change perceptions and behaviors related to antenatal visits, resulting in more pregnant women regularly visiting in the first trimester. These findings underscore the importance of integrating premarital counseling programs in public health efforts to achieve better maternal and child health outcomes.

Theoretically, this study's results align with the view that reproductive health involves the effective use of reproductive organs and fertility regulation, pregnancy and childbirth safely, and having a baby without significant risks (Manuaba et al., 2009). Premarital counseling, as part of reproductive health education, plays a vital role in ensuring that expectant mothers have the necessary information to maintain their health during pregnancy. This counseling helps to change perceptions and behaviors regarding antenatal visits, which are crucial for detecting and addressing health problems early. This study also aligns with previous findings showing the importance of premarital health education. The study by Eny Kusmiran (2012) emphasizes that counseling is a direct encounter situation in which a trained counselor assists individuals in facing and overcoming adjustment problems. By providing appropriate information about reproductive health, premarital counseling can increase couples' awareness and understanding of the importance of antenatal visits in the first trimester. The results of this study can also be compared with previous studies that show a relationship between health education and improved health behavior of pregnant women. For example, research by Siti Aminah (2018) found that pregnant women with adequate health education were more compliant in conducting antenatal visits. Triloka's (2017) study also showed that pregnant women who were more enthusiastic and fit about their pregnancy tended to have higher levels of adherence to antenatal visits.

The practical implication of these findings is the importance of integrating premarital reproductive counseling in public health programs to increase the coverage of pure K1 antenatal visits. An effective counseling program can help expectant mothers understand the importance of antenatal visits early on and encourage them to adhere to the recommended schedule. This will not only improve the health of pregnant women but also reduce the risk of complications during pregnancy and labor. Premarital reproductive counseling should be designed to include information on the importance of antenatal visits, the benefits to the mother and baby's health, and ways to identify and address potential health problems early. Trained counselors should ensure that information is delivered in a way that is easy to understand and relevant to the couple. In addition, strong and ongoing husband support is essential to ensure pregnant women feel supported and motivated to attend antenatal visits. In addition, counseling programs should include strategies to raise husbands' awareness of their role in supporting their wives' reproductive health. Good husband support has been shown to positively impact pregnant women's adherence to antenatal visits, as seen in this study.

Relationship between Husband Support and Increased Coverage of Pure K1 Maternal Visit

The analysis of the relationship between husband support and increased coverage of pure K1 antenatal visits showed a significant correlation. This study supports the hypothesis that the husband's support is essential in improving pregnant women's adherence to pure K1 antenatal visits. Good support from husbands provides significant motivation and encouragement for pregnant women to conduct antenatal visits in the first trimester. This is in line with the concept that social support, particularly from husbands, is a critical factor in the booming health care of pregnant women. Husband support includes various forms of attention and involvement, such as reminding to do the check-up, accompanying during the visit, and providing appreciation after the check-up. This support provides a sense of security and comfort for pregnant women and helps reduce stress and improve their emotional well-being. These findings suggest that husbands who are actively involved in their wives' reproductive health can improve their wives' compliance in undergoing timely and quality antenatal care, which is crucial for early detection and prevention of complications during pregnancy. Thus, increased awareness and education regarding the role of husbands in supporting the health of pregnant women is necessary to increase the coverage of pure K1 antenatal care visits.

Theoretically, husband support during pregnancy affects the emotional and physical well-being of pregnant women and their adjustment during pregnancy. This underlying theory emphasizes the importance of emotional support and appreciation from husbands to meet the psychological needs of pregnant women, which include feeling loved, valued, and spousal acceptance of the unborn child. Research shows that women who receive support and care from their partners tend to experience fewer negative emotional and physical symptoms, adjust more easily during pregnancy, and have a lower risk of labor complications. This study is also in line with previous findings by Dina Rohmayanti (2014) and Cein Tamaka (2013), who stated that many pregnant women need motivation to conduct antenatal care (ANC) visits and still lack knowledge about the importance of ANC visits during pregnancy. Good husband support motivates pregnant women to adhere to the visit schedule and provides the moral support needed to go through pregnancy with calmer and confidence. However, the results of this study also show that there are still many husbands who do not provide adequate support for their wives' pregnancies. Factors contributing to this lack of support include husbands' prioritization of work over accompanying their wives to health facilities, as well as a lack of motivation and attention to the needs of pregnant women during pregnancy. This indicates the need for interventions that focus more on increasing husbands' awareness and knowledge of the importance of their role in supporting their wives' reproductive health.

The practical implication of these findings is that reproductive health programs should emphasize the importance of husband support. Health education programs that involve married couples can increase awareness about the importance of support during pregnancy. These interventions could include counseling, workshops, and counseling designed to increase husbands' knowledge about their role in supporting their wives' health and encourage them to be more involved in the pregnancy process. In addition, health facilities such as Puskesmas Ajangale could adopt a more inclusive approach by providing counseling sessions that involve husbands. This will ensure that husbands get the necessary information to support their wives better. The program could also include strategies to overcome barriers husbands face, such as providing information on balancing work and supporting wives during pregnancy. Husbands who provide exemplary support play a significant role in ensuring their wives make antenatal visits in the first trimester, which is critical for early detection and prevention of pregnancy complications. Integrating these findings into public health policies and programs is expected to improve the reproductive health of pregnant women and reduce the risk of complications during pregnancy and childbirth. The results of this study provide strong evidence that husband support is a critical factor in the success of antenatal care programs.

Conclusion

This study has examined the relationship between premarital reproductive counseling and husband's support with increasing the coverage of visits to pregnant women in the first trimester (pure K1) at Puskesmas Ajangale in 2022. The results of the analysis show that premarital reproductive counseling and husband support have a significant correlation with the compliance of pregnant women in conducting antenatal visits in the first trimester. This finding indicates that both factors are essential in encouraging pregnant women to undergo more regular and timely antenatal care.

This study makes significant contributions to reproductive health science and practice. In a scientific context, this study confirms the importance of premarital education and husband support as critical determinants for pregnant women's adherence to antenatal care visits. The findings support integrating premarital reproductive counseling programs in public health policies to improve antenatal visit coverage. This study also offers new insights into how interventions based on education and social support can improve overall maternal and infant health.

Nonetheless, this study has several limitations that need to be considered. Firstly, more than the study sample, limited to one health center, may be required to describe the broader situation. Secondly, the data used was mostly retrospective, so there may be bias in data collection. Future research should include a more extensive and diverse sample and use more proactive and longitudinal data collection methods. In addition, exploring other factors that may influence pregnant women's

adherence to antenatal visits, such as education and access to health facilities, will provide more comprehensive insights.

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