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The Relationship between Husbands' Knowledge and Support among Working Pregnant Women in Stunting Prevention at RSIA Yasmin Palangka Raya

Gustin Kurma Wati[1], Sulastri[2], Eka Listiana[3], Khairun Nisa[4], Qodri Aziz[5]
[1,2,3]Program Studi Keperawatan Universitas Muhammadiyah Kendal Batang, Indonesia
[4,5]Program Studi Informatika Universitas Muhammadiyah Kendal Batang

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Corresponding author*:
ekalistiana57@gmail.com

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Abstract: Maternal nutrition during pregnancy is a critical entry point for stunting prevention, and husbands may influence pregnant women's health behaviors through both knowledge and practical support, particularly when pregnant women are employed and face dual role demands; however, evidence on whether husbands' knowledge translates into supportive behaviors remains limited in local clinical settings. This study aimed to examine the relationship between husbands' knowledge and husbands' support in the context of stunting prevention at RSIA Yasmin Palangka Raya using a quantitative descriptive correlational design with a cross-sectional approach. Data were collected from 30 respondents during antenatal care visits using structured questionnaires assessing husbands' knowledge regarding pregnancy health and stunting prevention and husbands' support across emotional, instrumental, and informational dimensions, and the association was tested using Spearman's rank correlation ($p < 0.05$). Most husbands demonstrated good knowledge (93.3%) while husbands' support was predominantly moderate (83.3%); the correlation between husbands' knowledge and support was very weak and not statistically significant ($r = 0.141$; $p = 0.458$). These findings indicate that higher knowledge does not necessarily correspond to higher practical support, suggesting that stunting-prevention interventions should not only strengthen knowledge but also address practical constraints and sociocultural factors that shape husbands' involvement.

Keywords: Husbands' Knowledge; Husband Support; Stunting Prevention; Working Pregnant Women

INTRODUCTION

Stunting remains a major public health concern with long-term consequences for human capital, productivity, and intergenerational health. Although national indicators suggest gradual improvement, progress is not evenly distributed across regions. The Indonesian Nutritional Status Survey (SSGI) reported a decline in national stunting prevalence from 27.7% (2019) to 24.4% (2021) (Kementerian Kesehatan Republik Indonesia, 2021). However, local surveillance data continue to show persistent maternal nutritional vulnerability. In Palangka Raya City, the prevalence of chronic energy deficiency (CED) among pregnant women was 8.26% in 2018, decreased to 7.73% in 2019, and increased to 9.34% in 2020, while mid-upper arm circumference (MUAC) screening

at the Pahandut Primary Health Center has continued to identify pregnant women at nutritional risk. These patterns indicate that maternal undernutrition remains a local challenge and may contribute to stunting risk beginning as early as pregnancy.

At the same time, increased female participation in the workforce has resulted in more women continuing to work during pregnancy, which may intensify vulnerability to inadequate nutrition and suboptimal health behaviors due to dual role demands. For pregnant women, maintaining adequate dietary intake, accessing antenatal care (ANC), and adhering to health recommendations are not only individual behaviors but are also shaped by household decision-making processes. In many households, husbands function as key decision-makers and primary sources of support, influencing food choices, healthcare utilization, and adherence to preventive practices (Yisahak et al., 2022). Therefore, husband involvement can be a critical enabling factor for maternal health and stunting prevention, particularly among pregnant women who face time constraints and occupational pressures.

Evidence consistently demonstrates that husband support during pregnancy is associated with better maternal well-being and improved pregnancy-related behaviors. Emotional support has been linked to reduced anxiety and improved psychological readiness for pregnancy and childbirth (Dadi et al., 2020), while instrumental support such as accompanying wives to ANC visits, facilitating access to services, and supporting adequate nutrition can strengthen adherence to recommended care and healthy practices (Hanifah et al., 2018; Marcelina et al., 2019). Moreover, active husband involvement has been associated with lower risks of pregnancy complications and adverse neonatal outcomes (Atif et al., 2023). Nevertheless, husband involvement is often inconsistent due to work-related time constraints and sociocultural norms that limit male participation in maternal health (Kashaija et al., 2020).

Beyond direct involvement, husbands' knowledge of pregnancy health and maternal nutrition is frequently considered a determinant of supportive behavior. Studies suggest that husbands with higher knowledge are more likely to encourage ANC utilization, support anemia prevention, and participate in health-related decision-making (Jungari & Paswan, 2019; Triharini et al., 2021). However, knowledge does not always translate into consistent practice because supportive behavior is mediated by household dynamics, role expectations, and sociocultural context (Saidi et al., 2018). Although family-based interventions that incorporate husband education have shown promise for improving

maternal nutrition practices and reducing stunting risk (Khairunnisa et al., 2022; Marni et al., 2021), empirical studies specifically examining the association between husbands' knowledge and husbands' support among working pregnant women in local clinical settings remain limited.

Accordingly, this study aims to analyze the relationship between husbands' knowledge and husbands' support among pregnant women attending antenatal care at RSIA Yasmin Palangka Raya (with most respondents being employed), within the context of stunting prevention during pregnancy. This study is grounded in the assumption that husbands' knowledge regarding pregnancy health and stunting prevention may influence both the level and quality of support provided to pregnant women. Therefore, the study hypothesizes that there is a significant relationship between husbands' knowledge and husbands' support in efforts to prevent stunting during pregnancy.

RESEARCH METHOD

This study employed a quantitative descriptive correlational design with a cross-sectional approach to examine the relationship between husbands' knowledge and husband support among working pregnant women. A quantitative approach was selected to enable objective measurement of variables and statistical analysis of their association, while a correlational design was considered appropriate because the study aimed to identify the direction and strength of the relationship between variables without experimental manipulation. The cross-sectional approach allowed data on the independent and dependent variables to be collected simultaneously at a single point in time, making it suitable for assessing existing conditions within a clinical setting.

The study was conducted at RSIA Yasmin Palangka Raya from January to February. The unit of analysis consisted of working pregnant women and their husbands. The study population included pregnant women who were currently employed and attending antenatal care services at the hospital, along with their husbands. A total of 30 respondents were included based on predefined inclusion criteria, which required participants to be legally married, willing to participate, and able to provide complete information related to the study variables.

Primary data were obtained directly from respondents using structured questionnaires. The questionnaires were designed to assess husbands' knowledge regarding pregnancy health and stunting prevention, as well as the level of husband support provided during

pregnancy. Husband support was measured across emotional, instrumental, and informational dimensions, reflecting the various forms of support relevant to maternal health. Data collection was conducted during antenatal care visits, and respondents were informed about the purpose of the study prior to participation. Informed consent was obtained to ensure voluntary participation and ethical compliance.

The collected data were processed and analyzed using statistical software. Descriptive statistical analysis was performed to summarize respondent characteristics and describe the distribution of husbands' knowledge and husband support variables. Inferential statistical analysis was then applied to examine the relationship between husbands' knowledge and husband support. Correlation analysis was conducted using appropriate statistical tests in accordance with the scale and distribution of the data, with statistical significance determined at a confidence level of $p < 0.05$.

RESULT AND DISCUSSION

The results of this study are presented to describe respondent characteristics, husbands' knowledge levels, husband support, and the relationship between husbands' knowledge and support among working pregnant women at RSIA Yasmin Palangka Raya.

Table 1. Presents the distribution of respondent characteristics, including age, educational attainment, employment status, and exposure to information related to stunting.

Characteristic Respondents	**n**	**(%)**
Age:		
21–30 years	16	53.3
31–40 years	10	33.3
>40 years	4	13.4
Highest Education Level:		
No formal schooling	0	0.0
Primary school	0	0.0
Junior high school	0	0.0
Senior high school	5	16.7
Higher education (college/university)	25	83.3
Employment Status:		
Unemployed	2	6.7
Employed	28	93.3
Received information about stunting:		
Yes	2	6.7
No	28	93.3
Total	30	100.0

As shown in Table 1, most respondents were aged 21–30 years (53.3%), followed by those aged 31–40 years (33.3%) and over 40 years (13.4%). The majority of respondents had completed tertiary education (83.3%), while only 16.7% had completed senior high school. In terms of employment, most pregnant women were working (93.3%), indicating that the study population largely consisted of working pregnant women. Despite the relatively high educational background, only a small proportion of respondents reported that their husbands had ever received information about stunting (6.7%), whereas the majority had never received such information (93.3%). This finding suggests a gap between formal education and access to specific health-related information on stunting.

Table 2. summarizes the distribution of husbands' knowledge levels regarding pregnancy and stunting prevention.

Husbands' Knowledge	n	(%)
Good	28	93.3
Moderate	2	6.7
Poor	0	0.0
Total	**30**	**100.0**

Based on Table 2, most husbands were categorized as having good knowledge (93.3%), while a small proportion had sufficient knowledge (6.7%), and none were classified as having poor knowledge. This pattern indicates that, in general, husbands possessed an adequate level of knowledge related to pregnancy health. However, the limited exposure to formal stunting information noted previously suggests that this knowledge may be general rather than specifically focused on stunting prevention.

Table 3. Distribution of husband support levels provided to working pregnant women during pregnancy.

Husbands' Support	n	(%)
Good	5	16.7
Moderate	25	83.3
Low	0	0.0
Total	**30**	**100.0**

As presented in Table 3, husband support was predominantly categorized as moderate (83.3%), with only 16.7% classified as good support and none categorized as low support. This finding indicates that although most husbands provided some degree of support, the level of support may not yet be optimal. The predominance of moderate support suggests

potential constraints, such as work commitments or household role dynamics, that may limit husbands' ability to provide more intensive support to their working pregnant wives.

Table 4. Results of the Spearman rank correlation analysis examining the relationship between husbands' knowledge and husband support.

			Knowledge	Support
Spearman's rho	Husbands' Knowledge	Correlation Coefficient	1.000	0.141
		Sig. (2-tailed)	.	0.458
		N	30	30
	Husbands' Support	Correlation Coefficient	0.141	1.000
		Sig. (2-tailed)	0.458	.
		N	30	30

As shown in Table 4, the correlation analysis revealed a correlation coefficient of 0.141 with a significance value of $p = 0.458$. This result indicates that there is no statistically significant relationship between husbands' knowledge and husband support among working pregnant women. The very weak correlation coefficient suggests that higher knowledge levels do not necessarily translate into higher levels of practical support.

Overall, these findings indicate several important patterns. First, despite relatively high educational attainment and generally good knowledge levels among husbands, exposure to specific stunting-related information remains limited. Second, husband support tends to remain at a moderate level rather than high, even when knowledge is adequate. Third, the absence of a significant relationship between knowledge and support suggests that factors beyond knowledge such as time availability, work demands, and sociocultural roles may play a more substantial role in shaping husband support behaviors during pregnancy. These results provide an empirical basis for further discussion on the need for family-based interventions that not only improve knowledge but also facilitate the translation of knowledge into meaningful support for working pregnant women in stunting prevention efforts.

Discussion

This study examined the relationship between husbands' knowledge and husbands' support among working pregnant women in the context of stunting prevention. The findings show that most husbands were categorized as having good knowledge (93.3%), while husbands' support was predominantly moderate (83.3%). However, Spearman's rank

correlation indicated no statistically significant association between husbands' knowledge and husbands' support ($r = 0.141$; $p = 0.458$), suggesting that higher knowledge does not necessarily translate into stronger practical support during pregnancy.

The high proportion of husbands with "good" knowledge may be influenced by the generally strong educational profile of the respondents' households, as most participants had completed higher education. Education is widely recognized as a determinant of health knowledge because it facilitates information access, comprehension, and critical appraisal of health messages. Nevertheless, the respondent characteristics also show that only a small proportion of husbands had ever received specific information related to stunting (6.7%). This indicates that "good knowledge" measured in this study may reflect general pregnancy and health knowledge rather than targeted understanding of stunting prevention. From a programmatic perspective, limited exposure to stunting-specific information is important because it may constrain the ability of husbands to provide actionable, prevention-oriented support (e.g., dietary quality improvement, micronutrient adherence, and consistent ANC engagement).

Regarding husband support, the dominance of the moderate category indicates that most husbands provide some level of emotional, instrumental, or informational support, but not yet at an optimal level. This pattern is plausible in the context of working pregnant women, where dual role demands may increase the need for support while simultaneously limiting the husband's ability to provide intensive involvement due to work schedules, household responsibilities, and time constraints. In practice, support behaviors such as accompanying ANC visits, assisting with meal planning, ensuring nutrient-dense food availability, or consistently reinforcing healthy behaviors require not only knowledge but also time, motivation, and shared role negotiation within the household.

Importantly, the absence of a significant relationship between husbands' knowledge and husbands' support suggests that supportive behavior is shaped by factors beyond knowledge alone. Health behavior frameworks generally propose that knowledge is a necessary but insufficient condition for behavior change; translation into practice is often mediated by enabling factors and social context. In this study, several plausible mediators may explain the weak correlation: (1) time availability and work demands, (2) sociocultural norms regarding male roles in pregnancy care, (3) communication quality and decision-making dynamics within the couple, and (4) access to health services and supportive environments. Additionally, the distribution of study variables shows limited variability

(most husbands classified as having "good knowledge" and most support categorized as "moderate"), which can reduce statistical power to detect an association and produce a ceiling effect on the knowledge variable.

From a stunting-prevention perspective, these findings imply that interventions targeting husbands should not focus solely on increasing knowledge, but also on strengthening the practical mechanisms that enable husbands to provide tangible support. Family-based strategies may be more effective if they combine education with structured involvement opportunities (e.g., couple counseling during ANC, role-sharing plans for nutrition and clinic attendance, and reminders or commitments that facilitate supportive actions). Given the study context involving predominantly working pregnant women, workplace-sensitive approaches (flexible scheduling for ANC attendance, supportive employer policies) and community norms interventions may also be needed to translate knowledge into sustained supportive behavior.

This study has limitations that should be considered when interpreting the findings. The cross-sectional design does not allow causal inference, the sample size (N=30) limits generalizability, and data were collected from a single facility. In addition, measuring knowledge and support using categorical levels may reduce sensitivity compared to continuous scores. Future studies should include larger multi-site samples, incorporate additional determinants (e.g., work hours, household income, cultural beliefs, couple communication), and consider mixed-method designs to explore why knowledge does not consistently translate into support. Longitudinal approaches could also better capture changes in knowledge, support, and maternal behaviors across pregnancy and their relationship to birth outcomes relevant to stunting risk.

CONCLUSION

This study highlights several important findings regarding husbands' knowledge and support in the context of stunting prevention among working pregnant women. The results show that husbands' exposure to specific information related to stunting was limited, even though most respondents demonstrated generally adequate knowledge of pregnancy and maternal health. The level of husband support was predominantly categorized as moderate. Statistical analysis indicates no significant relationship between husbands' knowledge and the level of support provided, with only a very weak correlation observed. These findings

demonstrate that adequate knowledge does not automatically translate into effective or consistent supportive behavior toward pregnant women.

This research contributes to the scientific literature by providing empirical evidence that questions the assumption of a direct relationship between knowledge and spousal support within the household. The findings emphasize that husbands' knowledge and supportive behavior represent distinct yet complementary dimensions in family-based stunting prevention strategies. The focus on working pregnant women offers contextual insight into how employment demands and household responsibilities may mediate the translation of knowledge into practical support, thereby enriching discussions on male involvement in maternal and child health interventions.

This study is subject to several limitations. The use of a cross-sectional design, a relatively small sample size, and data collection from a single healthcare facility may limit the generalizability of the findings. The analysis did not include additional influencing factors such as sociocultural norms, time availability, or psychosocial conditions that may shape husbands' supportive behavior. Future research should involve larger and more diverse samples, multi-site settings, and longitudinal or mixed-method approaches to more comprehensively examine the mechanisms linking knowledge, support, and stunting prevention outcomes.

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