The 6th Mitra Husada Health International Conference (MiHHICo) 2026
Volume 6 (2026) ISSN: 2988-3768

CASE STUDY: MIDWIFERY CARE FOR GENDER EQUALITY IN PREGNANCY PLANNING, DELI SERDANG

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ABSTRACT

Background: Gender equality in household role division, particularly husband involvement in pregnancy planning, plays an important role in maternal physical and psychological readiness before pregnancy. A preliminary survey in Dusun II, Bangun Rejo Village, Tanjung Morawa Subdistrict, Deli Serdang Regency, identified one family showing an imbalance in gender equality practices, where Mrs. E (32 years old) reported that decisions regarding pregnancy planning were mostly dominated by her husband, with limited involvement in determining her own readiness, causing fatigue and anxiety. **Objectives:** This study aimed to provide community midwifery care for Mrs. E, 32 years old, related to gender equality in pregnancy planning in Dusun II, Bangun Rejo Village, in 2026. **Methods:** This was a descriptive case study using the seven-step midwifery management approach by Helen Varney, covering data collection, problem identification, anticipation of potential problems, immediate action, planning, implementation, and evaluation. Data were obtained through interviews and home visits conducted from February 9 to May 2, 2026. **Results:** The initial assessment showed decision-making dominated by the husband and limited involvement of the wife, accompanied by anxiety. After health education and counseling were provided, three follow-up visits showed progressive improvement: communication between the couple improved, the husband became more actively involved in discussions and pre-pregnancy health checks, and by the final visit the couple had fully shared decision-making in pregnancy planning. **Conclusions:** Community midwifery care effectively improved the couple's understanding and practice of gender equality, strengthened communication, increased husband involvement, and created a more harmonious and supportive family relationship in preparing for pregnancy.

Keywords: Gender Equality; Pregnancy Planning; Husband Involvement; Community Midwifery Care

INTRODUCTION

Pregnancy planning is a deliberate effort by married couples to prepare physically, psychologically, socially, and economically for pregnancy, aiming to reduce the risk of complications during pregnancy, childbirth, and the postpartum period. Within this process, gender equality—where husband and wife share equal rights, obligations, opportunities, and responsibilities in family roles—has increasingly been recognized as a key determinant of maternal readiness and family wellbeing. Globally, this issue remains serious: approximately 830 women die every day from largely preventable pregnancy-related complications, and only 56.3% of married women aged 15–49 worldwide have full decision-making power over their own reproductive health (Zahra and Suryaningsih, 2022). This is compounded by the fact that around 259 million women who wish to avoid pregnancy still lack access to safe, modern contraceptive methods, often due to limited information and insufficient partner support, confirming that a husband's role extends beyond financial support to active involvement in safeguarding his wife's reproductive health (Antri Ariani, Adelia Destyana, 2022).

At the national level, Indonesia continues to record a significant maternal mortality burden despite recent improvement, with deaths decreasing from 4,482 cases in 2023 to 4,150 in 2024—still far from the 2030 SDG target (SDKI, 2024). Low husband participation, estimated at only around 45%, remains a major contributing factor, often leaving women without decision-making authority even in emergencies, while greater husband involvement has been linked to lower maternal anxiety and improved psychological wellbeing (Widyastuti et al., 2023). Regionally, North Sumatra Province—particularly Deli Serdang Regency—has consistently ranked among the areas with the highest maternal mortality rates, reinforcing the need to address household-level gender dynamics in pregnancy planning. At the local level, a preliminary assessment in Dusun II, Bangun Rejo Village, Tanjung Morawa Subdistrict, found that one surveyed family showed a clear gender imbalance: Mrs. E, 32 years old, reported that pregnancy planning decisions were largely dominated by her husband, while she continued to bear most household responsibilities alone, leading to physical and emotional strain consistent with prior findings linking unequal domestic burden to fatigue and psychological stress in women preparing for pregnancy (Yati Luaq Lung, Desy Ayu Wardani, 2022).

Although government programs such as P4K and routine antenatal care have strengthened maternal health services, they remain largely service-oriented and do not directly address the gender-role imbalance shaping a couple's readiness for pregnancy (Muhamad, 2025), while existing community-based studies on related themes—such as interpersonal communication patterns between husband and wife and family-based health education on danger-sign awareness (Siska Ginting, 2025)—have yet to offer a structured midwifery approach specifically targeting this issue. This gap forms the basis for the present study, which aims to provide and document community midwifery care for Mrs. E using Helen Varney's seven-step management approach (Kamelia Sinaga, Imran Saputra Surbakti, 2024)—covering data collection, problem identification, anticipation of potential issues, planning, implementation, and evaluation. The study is expected to benefit the author by strengthening clinical understanding of gender-related reproductive health issues (Yati Luaq Lung, Desy Ayu Wardani, 2022), the institution by enriching academic references, the patient and family by fostering more balanced household decision-making (Zahra and Suryaningsih,

2022), and community midwives by reinforcing the importance of gender-equality counseling as a strategy to reduce reproductive health risks (Antri Ariani, Adelia Destyana, 2022).

METHODS

This study employed a descriptive case study design within the framework of community midwifery care, aimed at providing structured midwifery management to a family experiencing a problem of gender equality in pregnancy planning. A case study design was selected because it allows an in-depth, contextual understanding of a specific individual or family's health problem and the process of intervention applied to it, which is appropriate for documenting community-based midwifery practice. The midwifery care process itself was guided by Helen Varney's seven-step management framework, comprising assessment, problem/diagnosis identification, anticipation of potential problems, determination of the need for immediate action, planning, implementation, and evaluation, which is widely used as a systematic clinical reasoning tool in community midwifery case studies (Kamelia Sinaga, Imran Saputra Surbakti, 2024).

The study was conducted in Dusun II, Bangun Rejo Village, Tanjung Morawa Subdistrict, Deli Serdang Regency, North Sumatra Province, over the period of 9 February to 2 May 2026, encompassing the initial assessment, three structured follow-up visits ("Data Perkembangan I–III"), and the final evaluation.

The subject (informant) of this study was a single family unit selected through a purposive sampling technique based on a community problem-priority scoring procedure, rather than a randomized population sample, as is appropriate for a qualitative case-study/community midwifery approach. Data were initially collected from 10 households (kepala keluarga) in Dusun II through interviews and home visits. Each household's health problem was scored using a community-health-problem prioritization scale that considers the magnitude of the problem, severity, community concern, and availability of resources for intervention (Hanlon, 1974, as commonly adapted in Indonesian community health practice). Based on this scoring, the household with the highest priority score—belonging to Mrs. E, 32 years old, together with her husband, Mr. J, 32 years old—was selected as the "keluarga binaan" (target family) because it showed the clearest indication of gender-based imbalance in pregnancy-planning decisions. As this was a single-case design, no statistical sample-size calculation (e.g., power analysis) was applicable; the determination of "n = 1" family followed standard practice in community midwifery case studies, in which depth of intervention and documentation substitute for sample size (Varney).

The focus of study (in place of dependent/independent variables, as this is a non-experimental case study) was the condition of gender equality in pregnancy planning, operationally defined as the degree of shared decision-making, communication, and mutual support between husband and wife regarding pregnancy readiness, prenatal health check-ups, and division of household responsibilities (Zahra and Suryaningsih, 2022). This condition was assessed before, during, and after the midwifery intervention (health education and counseling), functioning conceptually as the outcome of interest, while the intervention—structured health education and counseling on gender equality and reproductive communication—functioned as the input/process variable. Measurement was qualitative and clinical rather than scale-based, obtained through:

1. Semi-structured interview, using the Format Pengkajian Kebidanan Komunitas (Community Midwifery Assessment Format) to obtain subjective data (S) regarding the family's understanding, communication pattern, and decision-making process related to pregnancy planning.
2. Physical and clinical examination, including measurement of body weight, height, vital signs, and general condition, to obtain objective data (O), using a standard weighing scale, height measuring tape (microtoise), sphygmomanometer, and stethoscope.
3. Clinical assessment and documentation following the SOAP (Subjective, Objective, Assessment, Planning) method at each visit, a documentation standard commonly used in midwifery practice to ensure continuity of care and traceability of clinical reasoning (Varney, 1997).

Data were analyzed using a qualitative descriptive analysis technique, in which subjective and objective findings from each visit were compared across the assessment timeline (initial assessment, Data Perkembangan I, II, and III) to identify the trend of change in the couple's understanding, communication, and shared decision-making regarding pregnancy planning. This longitudinal within-case comparison served as the method of evaluating the effectiveness of the midwifery intervention, consistent with the evaluation step of Varney's management framework (Varney). Data trustworthiness was supported through triangulation of interview results with direct clinical observation and repeated follow-up visits, allowing consistency of findings to be cross-checked over time.

With regard to ethical considerations, this study was conducted as part of an educational field practice (Praktik Belajar Lapangan/PBL) of the Diploma III Midwifery Study Program, STIKes Mitra Husada Medan, with permission obtained from the Head of Tanjung Morawa Subdistrict, the Head of Bangun Rejo Village, and the Head of Bangun Rejo Community Health Center (Puskesmas), as documented in the Halaman Persetujuan and acknowledgements of the original report. Verbal informed consent was obtained from the subject (Mrs. E and her husband) prior to data collection, and confidentiality of personal information was maintained throughout the study.

RESULTS AND DISCUSSIONS

The community midwifery care assessment was conducted on a single keluarga binaan (target family) in Dusun II, Bangun Rejo Village, Tanjung Morawa Subdistrict, Deli Serdang Regency, selected through a problem-priority scoring procedure from ten households surveyed. The subject, Mrs. E (32 years old, housewife, Islam), and her husband, Mr. J (32 years old, private employee), were identified as the family with the highest priority score for gender-inequality in pregnancy planning, consistent with community-health prioritization methods that select cases based on magnitude, severity, and feasibility of intervention.

At the initial assessment, subjective data (S) revealed that decisions regarding pregnancy planning were still dominated by the husband, that Mrs. E had not been fully involved in determining pregnancy readiness and timing, and that her husband rarely participated in pre-pregnancy health examinations. Objective data (O) showed that Mrs. E's general condition was good, with no physical abnormalities, although she appeared anxious when discussing her husband's involvement in decision-making. Based on this, the midwifery diagnosis established was Mrs. E, 32 years old, with a gender equality problem in pregnancy planning, with an identified care need for health education on gender equality, improved couple communication, and husband support in physical and psychological pregnancy preparation. Potential problems anticipated included unplanned pregnancy due to poor couple

communication, increased maternal anxiety due to limited involvement in decision-making, and inadequate physical/psychological readiness for pregnancy. No condition requiring immediate action was found, so the intervention proceeded through a promotive–preventive approach consisting of counseling and health education.

Following the intervention, three structured follow-up visits ("Data Perkembangan I–III") were conducted to evaluate the progress of the couple's gender-equality practices in pregnancy planning, summarized in Table 1.

Table 1. Progress of Gender Equality Indicators in Pregnancy Planning Across Follow-Up Visits

Indicator	Initial Assessment	Follow-up I (8 Mar 2026)	Follow-up II (6 Apr 2026)	Follow-up III (2 May 2026)
Husband involvement in decision-making	Low; decisions dominated by husband	Beginning to discuss together	Actively discussing; decisions made jointly	Fully joint decision-making
Couple communication	Limited; one-directional	Improving	More open	Fully open, no significant disagreement
Maternal psychological readiness	Anxious when discussing husband's role	Felt more valued; still adjusting	Felt more mentally prepared	Felt fully supported, calm, and cooperative
Husband participation in pre-pregnancy ANC	None	Recommended, not yet performed	In progress	Pregnancy planning carried out together
General condition (BW/vital signs)	Good, no abnormality	BW 50 kg, TB 156 cm; good general condition	Good general condition, stable psychologically	Good general condition; vital signs within normal limits

Indicators were derived from subjective (S) and objective (O) data documented at each SOAP-based visit. ANC = Antenatal Care. BW = Body Weight. TB = Tinggi Badan (Height).

As presented in Table 1, a consistent positive trend was observed across the three follow-up visits: husband involvement progressed from minimal participation to full joint decision-making, communication shifted from limited to fully open, and Mrs. E's psychological state moved from anxious to calm and cooperative, while her clinical condition remained stable throughout the period of care.

CONCLUSIONS

This study aimed to answer the research question formulated in the introduction: How can community midwifery care be provided to Mrs. E, 32 years old, with a gender equality problem in pregnancy planning, in Dusun II, Bangun Rejo Village, Tanjung Morawa Subdistrict, Deli Serdang Regency, in 2026, using Helen Varney's seven-step midwifery management approach? Based on the results and discussion presented above, this question can be answered as follows.

The assessment stage confirmed that Mrs. E experienced an imbalance in the application of gender equality in pregnancy planning, characterized by decision-making dominated by her husband, limited involvement of the wife in determining pregnancy readiness, and minimal husband participation in pre-pregnancy health examinations. Objective findings showed a good general condition with no physical abnormality, although Mrs. E displayed anxiety when discussing her husband's involvement in decision-making—indicating that the problem was primarily psychosocial rather than physiological in nature, consistent with research linking low partner support to increased prenatal anxiety (HalimahTusyadiah, 2022). This finding establishes that the midwifery diagnosis of gender equality problem in pregnancy planning was appropriately and accurately identified through Varney's first two management steps (Varney).

The anticipation of potential problems, determination of the absence of need for immediate action, and the formulation of a promotive–preventive care plan were appropriately matched to the nature of the case, since no clinical emergency was present and the core problem lay in communication and shared decision-making between husband and wife (Zahra and Suryaningsih, 2022). The intervention—comprising counseling and health education on the meaning and importance of gender equality, encouragement of joint pre-pregnancy health examinations, and motivation for the wife to actively express her opinions—directly targeted this root cause rather than addressing only its anxiety-related symptoms.

The implementation and evaluation stages, traced across three structured follow-up visits, demonstrated a consistent and progressive improvement: husband involvement shifted from minimal to fully joint decision-making, couple communication became increasingly open, and Mrs. E's psychological readiness improved from anxious to calm and cooperative, while her physical condition remained stable throughout. This pattern of incremental change supports previous findings that structured, sustained health education and counseling—rather than a single educational session—are effective in increasing partner involvement and strengthening couples' shared responsibility in reproductive decisions (Antri Ariani, Adelia Destyana, 2022); (Kamelia Sinaga, Imran Saputra Surbakti, 2024). It is therefore concluded that community midwifery care, applying Varney's seven-step management framework, was effective in resolving the identified gender-equality problem in pregnancy planning for the family of Mrs. E, successfully shifting the couple from an unequal pattern of decision-making toward balanced, joint pregnancy planning and a more harmonious family relationship.

Suggestions

1. For the Institution (STIKes Mitra Husada Medan) – This case study is recommended as a reference and learning resource for midwifery students in understanding the application of community midwifery management to household gender-equality problems, and the library collection should be enriched with similar case documentation for future comparative study.

2. For the Keluarga Binaan (Mrs. E and Family) – The couple are encouraged to continue maintaining open communication, mutual support, and shared responsibility in

household tasks so that the gender-equality practices achieved during this intervention are sustained beyond the period of midwifery care, rather than being limited to the duration of supervised visits.

3. For Health Workers, Particularly Community Midwives – It is recommended that counseling and health education on gender equality in reproductive decision-making be integrated as a routine component of community midwifery and antenatal services, rather than being provided only when a problem has already been identified, in order to prevent similar imbalances from developing in other families (Siska Ginting, 2025).

4. For the Community – Broader health-promotion efforts are needed to raise public awareness of the importance of gender equality within the household, so that balanced division of roles and mutual respect between husband and wife become a shared community norm rather than an individual family's corrective effort.

5. For Further Research – Given the limitations of this single-case design, future studies are recommended to apply this midwifery intervention model to a larger number of families using a comparative or pre–post design with a control group, and to extend the observation period beyond three months to evaluate the long-term sustainability of improved gender-equality practices in pregnancy planning (Varney).

ACKNOWLEDGEMENT

The author wishes to express sincere gratitude to all parties who contributed to the completion of this midwifery care study, including Drs. Dr. Imran Saputra Surbakti, M.M., as Chairman of the Mitra Husada Medan Foundation, and Dr. Siti Nurmawan Sinaga, SKM, M.Kes, as Director of STIKes Mitra Husada Medan, for facilitating institutional resources and direction throughout the study; Mr. Ismail, S.STP., M.S.P., Head of Tanjung Morawa Subdistrict, Mr. Misno, Head of Bangun Rejo Village, and Dr. Juana Lusianti, MKM, Head of the Bangun Rejo Village Puskesmas, for granting permission and support for the Field Learning Practice (PBL); Ms. Jemalemna, the Village Midwife and Mentor, the Head of Dusun II, Ms. Eva Ratna Dewi, SST., M.K.M, as Supervising Lecturer and Preceptor, and Ms. Tuti, in charge of Posko II, for their guidance, feedback, and encouragement throughout the preparation of this report; and finally, to the keluarga binaan—Mrs. E and her husband, Mr. J—for their willingness, openness, and active participation throughout the assessment and follow-up visits, which made the documentation of this case study and the demonstrated improvement in gender equality in pregnancy planning possible.

CONFLICT OF INTEREST AND FUNDING DISCLOSURE

The author declares that there is no conflict of interest regarding the publication of this article. This research did not receive any specific grant from funding agencies in the public, commercial, or non-profit sectors.

AUTHOR CONTRIBUTIONS

This case study was carried out collaboratively by two contributors with distinct roles. Wempy Prisca Zai, as the student who conducted the case study, served as conceptor by formulating the title and focus of the case, carried out data curation by collecting and managing the assessment and follow-up visit data, performed formal analysis of the SOAP findings at each visit, conducted the investigation through direct interviews and physical examination of the target family, applied the methodology based on Helen Varney's seven-step midwifery management framework, handled project administration by organizing the

schedule and implementation of home visits, provided the resources in the form of the assessment format and counseling materials, ensured validation by confirming that the diagnosis matched the field data, prepared the visualization of the progress summary table, and was responsible for writing the original draft as well as writing review and editing of the manuscript. Meanwhile, Eva Ratna Dewi, SST., M.K.M, as the supervising lecturer and PBL preceptor, contributed as conceptor by providing initial direction on the study focus, supported the methodology by guiding the correct application of the midwifery management steps, performed supervision over the entire process of care implementation and report writing, carried out validation of the scientific and clinical accuracy of the findings, and contributed to writing review and editing by providing feedback and corrections on the final manuscript.

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