
Factors Related to Husband's Companion in Childbirth on Penyengat Island

Rahmadona¹ (corresponding author), Utami Dewi², Nurniati Tianastia Rullyni³¹Midwifery Department / Center of Excellent on Island Community Health, Poltekkes Kemenkes Tanjungpinang, Indonesia; rahmadona@poltekkes-tanjungpinang.ac.id²Midwifery Department / Center of Excellent on Island Community Health, Poltekkes Kemenkes Tanjungpinang, Indonesia³Midwifery Department / Center of Excellent on Island Community Health, Poltekkes Kemenkes Tanjungpinang, Indonesia; nurniati@poltekkes-tanjungpinang.ac.id

Submitted: February 22, 2022 - Revised: March 11, 2022 - Accepted: March 22, 2022 - Published: March 31, 2022

ABSTRACT

More than 90% of maternal deaths are caused by complications that often occur during or around childbirth. Reducing the incidence of childbirth complications requires the family's participation, especially the husband. The presence of the husband as a birth attendant is essential because it can create a sense of security, and comfort, increase the mother's confidence, reduce anxiety about the delivery process, reduce the intensity of labor pain, reduce labor complications, and speed up the delivery process. This research aims to find out the factors related to the husband's assistance in the delivery process. This study was analytic observational with a cross-sectional approach. The study was conducted on Penyengat Island, Tanjungpinang City, Riau Islands Province, on 39 husbands of normal delivery mothers using questionnaires and observation sheets. The Chi-square statistical test with a significant degree of 95% (α 0.05) was used for data analysis. There is a significant relationship between knowledge ($p = 0.027$), attitude ($p = 0.004$) and motivation ($p = 0.047$) with husband's assistance in childbirth. There was no relationship between the factors of age ($p = 0.555$), occupation ($p = 0.357$) and education ($p = 0.287$) with husband's assistance in the delivery process. The study concludes that husbands can provide good delivery assistance if their knowledge, attitudes, and motivation are also good, regardless of their educational background, age, and occupation. It is recommended that special guidelines are needed to increase the husband's participation in childbirth assistance.

Keywords: childbirth assistance; husband; knowledge; attitude; motivation; age; occupation; education**INTRODUCTION****Background**

Maternal Mortality Rate (MMR) is a primary indicator of midwifery or health services for women of productive age. More than 90% of maternal deaths are caused by complications that often occur during or around delivery, including bleeding, eclampsia, infection, prolonged labor, obstructed labor, and miscarriage. ^(1,2)

Reducing the incidence of childbirth complications requires the participation of families, especially husbands; this is in line with government policies and strategies in order to reduce the incidence of childbirth complications in Indonesia through the MPS (Making Pregnancy Safer) program. The expected result of this strategy is to increase the active role of the family during pregnancy and childbirth. ⁽³⁾

One of the family's active roles is providing assistance during childbirth. Accompaniment is done by giving attention, sending messages, encouraging, inviting, providing ideas/solutions, delivering services/assistance, giving advice, mobilizing, and collaborating. ⁽⁴⁻⁶⁾

A companion's presence at the time of delivery can positively affect childbirth, such as reducing morbidity, reducing pain, shortening delivery, and decreasing abnormal labor. ⁽⁶⁻⁸⁾ Unaccompanied labor will cause feelings of fear that can cause tension that leads to false labor pain and prolonged labor. ^(9,10,14)

The results of several studies on birth attendants by Sapkopa (2013) showed that continuous support from the husband during childbirth had a perceived direct impact and an indirect impact on anxiety and depression in new mothers in Nepal. In addition, showing support during childbirth has strong implications for maternity practices at labor wards ⁽¹³⁾. Research by Fariyah Indriani (2014) showed that the factor of birth attendants and parity has a significant interaction on the pain scale in the first stage of childbirth. ⁽¹²⁾ Research by Grażyna Gebuza and Marzena (2017) shows a relationship between social support in pregnancy and childbirth. ⁽¹⁶⁾ In the study of Johariah and Sohimah (2014), it was found that there was a difference in the duration of the second stage of labor in primigravida mothers who were accompanied by birth attendants. ⁽¹³⁾ The results of Mukhoirotin (2010), showed that there was an effect of husband's assistance on decreasing anxiety levels. ⁽¹⁸⁾

World Health Organization (WHO) recommends that birth attendants are of the mother's own choice, but the husband's participation in childbirth assistance is still low; 68% of deliveries in Indonesia were not accompanied by their husbands. Other evidence by Puspitasari D and Noviana, RE (2016) concludes that many husbands still have not been able to show full support for the delivery process.⁽¹⁴⁾ Based on the evidence, childbirth assistance is recommended to be carried out by the husband as the closest person to the mother and as the person who will be involved in child care of the family.^(5,11,15,18)

The presence or assistance of a husband in childbirth is still considered taboo in some cultures in Indonesia, as well as in Malay culture for most of the population on Penyengat Island, Tanjungpinang City, Riau Islands Province. Penyengat Island is a small island located +2 km from the city center of Tanjungpinang, opposite the city of Tanjungpinang. Penyengat Island is included in the work area of the Tanjungpinang City Health Center and can be reached in +20 minutes using the sea transportation mode; a wooden motorized boat called pompong. The general assumption held by most of the people of Penyengat Island is that childbirth is a woman's business, so it is better to be accompanied by women, such as older sisters or biological mothers. Another assumption is that the husband does not have a significant role in the delivery process, or the husband does not know what to do during the delivery process.

Based on a preliminary study on 20 husbands in February 2020 in Penyengat Island on delivery assistance, it was found that 20 people (100%) believed that childbirth needed to be accompanied, but only 40% of them agreed with their husbands as birth attendants; 45% stated do not know how to accompany childbirth, 50% stated it is better to be accompanied by a biological mother/sister and 5% stated the discomfort factor when accompanying childbirth.

The husband's role in fully assisting during the labor process is crucial to meet the mother's needs during childbirth, such as psychological needs. Mentoring husbands in childbirth will cause pleasure and happiness, reduce anxiety, increase self-confidence and prevent depression, speed up the delivery process, prevent complications, and reduce maternal morbidity and mortality during childbirth. Thus, efforts are needed to increase the husband's participation in childbirth assistance. This study begins by identifying factors related to the husband's assistance in the delivery process on Penyengat Island, Tanjungpinang City, Riau Islands Province.

Goal

This study aimed to determine the factors related to the husband's assistance in the delivery process on Penyengat Island, Tanjungpinang City, Riau Islands Province.

Hypothesis

There is a relationship between factors of knowledge, attitude, motivation, age, education, and work with the husband's assistance in the delivery process on Penyengat Island, Tanjungpinang City, Riau Islands Province.

METHODS

This type of research was analytic observational with a cross-sectional approach to determine the factors associated with the husband's assistance in the delivery process. The research was located on Penyengat Island, Tanjungpinang City, and the data was collected from May to July 2020. The study population was all husbands of normal delivery mothers. The research sample was taken using a non-probability sampling technique, with a quota sample of 39 respondents who met the research inclusion criteria. The instrument used was a questionnaire for knowledge, attitudes, motivation, age, education, and occupation and observation sheets for data on childbirth assistance by husbands.

The data obtained were processed computerized and analyzed univariately to determine the frequency distribution of the variables studied. Bivariate analysis using the chi-square statistical test with a significant degree of 95% (α 0.05) to determine the relationship between the variables studied with the husband's assistance in the delivery process.

RESULTS

The study of 39 husbands who accompanied childbirth shows that 20 people (51.3%) had good knowledge, 23 people (59%) had a positive attitude, and 21 people (53.9%) had high motivation. The majority were in the age range of 20-34 years (59%), highly educated (71.8%), mainly employed (74.4%), and when husbands are observed during childbirth assistance, there are more husbands (56.4%) who provide good delivery assistance.

Table 1. Distribution of factors associated with husband's assistance in the delivery process on Penyengat Island, Tanjungpinang City, Riau Island Province

Husband's mentoring factor	Distribution and frequency	
	Frequency	Percentage
Knowledge		
Good	20	51.3
Not good	19	48.7
Attitude		
Positive	23	59
Negative	16	41
Motivation		
High	21	53.9
Low	18	46.1
Age		
20 – 34 years	23	59
35 – 49 years old	16	41
Education		
High (highschool-college)	28	71.8
Low (elementry-secondary school)	11	28.2
Work		
Working	29	74.4
Doesn't work	10	25.6
Husband's Assistance		
Good	22	56.4
Not good	17	43.6

Table 2. Relationship of the factors with husband's mentoring in childbirth process on Penyengat Island, Tanjungpinang City, Riau Island Province

Husband's mentoring factor	Husband's assistance in the labor process				p
	Well		Not enough		
	Frequency	Percentage	Frequency	Percentage	
Knowledge					
Good	11	55	9	45	0.027
Not good	3	15.8	16	84.2	
Attitude					
Positive	13	56.5	10	43.5	0.004
Negative	1	6.3	15	93.7	
Motivation					
High	11	52.4	10	47.6	0.047
Low	3	16.7	15	83.3	
Age					
20 – 34 years	13	54.2	11	45.8	0.555
35 – 49 years old	10	66.7	5	33.3	
Education					
High (Highschool-college)	18	64.3	10	35.7	0.357
Low (Elementry-secondary school)	7	63.6	4	36.4	
Work					
Work	17	58.6	12	41.4	0.287
Doesn't work	5	50	5	50	

Table 2 shows that the childbirth assistance provided by the husband in the delivery process was in the good category in the group with good knowledge (55%). In comparison, those with poor knowledge cannot perform delivery assistance properly (84.2%). Likewise, on the attitude variable, husbands who had a positive attitude towards childbirth assistance could provide delivery assistance well (56.5%) compared to husbands who had a negative attitude towards childbirth assistance and were not good at providing childbirth assistance (93.7%). Husbands with high motivation could perform delivery assistance well (52.4%), while husbands with low

motivation were not good at providing childbirth assistance (83.3%). Based on the results of the Chi-square test, there was a significant relationship between the knowledge ($p = 0.027$), attitude variable ($p = 0.004$), and motivation ($p = 0.047$) with the husband's assistance in the delivery process.

There was no difference in the variables of age, education, and occupation in providing delivery assistance. The age, education, and occupation groups could provide good delivery assistance. Based on the Chi-square test results, these three factors did not have a significant relationship ($p > 0.05$) with the husband's assistance in the delivery process.

DISCUSSION

This study found the relationship between factors including knowledge, attitudes, motivation, age, occupation, and education with the assistance provided by the husband in the delivery process. The husband's behavior observed in this study is the assisting process in delivery.

In the knowledge category, husbands with good knowledge can also provide good assistance in the delivery process. In contrast, husbands with less knowledge are more likely not to provide good assistance in the delivery process. The chi-square statistical test shows that these two factors have a significant relationship with a p -value = 0.027 (< 0.05). This result aligns with several previous studies which also prove that knowledge is related to a person's behavior which in this case is the husband's assistance in the delivery process. ^(8,10,21,25,29)

The study's results also prove the theory that knowledge is an important domain that underlies a person's behavior. ⁽³¹⁻³²⁾ Knowledge can form certain beliefs so that a person can act according to these beliefs, including mentoring behavior carried out by husbands during the birth process. In addition, behavior based on knowledge will be more inherent and durable than the knowledge that is not based on knowledge. ⁽³¹⁻³²⁾ Knowledge can be earned from formal or informal education. The significance of the relationship between knowledge and the husband's assistance during childbirth may also be based on the husband's background, who is mostly highly educated (secondary school or higher education). Earning information from formal education, as well as informally through printed and electronic media, or by reading literature and being given guidance on how to provide childbirth assistance will increase knowledge and raise awareness to act or behave according to their knowledge. Without knowledge, a person does not have a basis for making decisions on the problems he faces. ^(25,29,30,31,32) Although it is located separately, the government administration of Penyengat Island is still part of Tanjungpinang City, so access to information to increase knowledge is adequate, including information about delivery assistance.

The attitude factor also showed a significant relationship with the husband's assistance in the delivery process with a p -value = 0.004 (< 0.05). Husbands who had a positive attitude towards childbirth assistance were also more likely to be able to provide good delivery assistance. This study's results align with the qualitative research of Uhawenimana, T. (2019), which concluded that the husband's positive attitude underlies his presence in childbirth. Likewise, the research of Hesti & Zulfita (2021), Ratnanengsih (2021), Alam (2019), and Ginting L (2019) proves that the husband's positive attitude affects the husband's assistance in labor. ^(8,10,30,34) Attitude is a closed reaction or response from a person to a stimulus or object; it is like a personal evaluation of the stimulus received. ⁽³¹⁻³³⁾ According to Allport in 1954, stated that the attitude component has three components that are cognitive (knowledge, belief), affective (emotional, evaluation), and conative (tendency to act). These three components together will form a total attitude. ⁽³¹⁻³³⁾ The significant relationship between the attitude and the husband's assistance in the delivery process in this study might happen because the husband already has the correct knowledge about childbirth assistance. Therefore, their thought process involves emotions and beliefs that participation in childbirth assistance positively affects the mother psychologist. This thought process will make the husband develop a positive attitude so that their intention provide good childbirth assistance arose. ^(9,31-33) However, an attitude has not automatically manifested in overt behavior due to other factors that also influence it, such as the availability of information, support from health workers/health care facilities, cultural and customary factors, or the environmental situation. ⁽³²⁻³³⁾

The motivation factor in this study had a significant relationship with the husband's assistance in the delivery process, with a p -value = 0.047 ($p < 0.05$). From the research, it is also known that highly motivated husbands are more able to provide good assistance in the delivery process than husbands with low motivation. This study's results align with the research of Reality, Rahmawati (2017) and Manurung & Hasnani (2014), likewise, a systematic review of quantitative and quantitative research by Uhawenimana (2019), concluded that the husband's motivation to accompany childbirth differs regarding the social and contextual understanding of the husband's role in childbirth in different countries. In Brazil, the reason why husbands are motivated to accompany their wives is because it is the husband's right to be present and accompany childbirth. However, it is different from husbands in Uganda, Rwanda, and Tanzania; the husband is not required to be physically present in childbirth other than staying behind to receive updates on the wife's delivery process. In Nigeria, the motivation of husbands

to accompany childbirth is because they feel needed. In the Philippines, the motivation to accompany childbirth is because they are anxious about the outcome of childbirth. A study in Turkey explains the motivation of husbands accompanying childbirth because they want to practice breathing exercises on their wives during childbirth. Furthermore, other reasons that motivate husbands to accompany childbirth were fulfilling their obligations as a husband, ensuring the safety of mother and baby while in health facilities, curiosity about the delivery process, and playing a role in making decisions about health services with their wife.⁽²⁰⁾ Basically, motivation is inseparable from needs and is a person's interaction with certain situations they face. According to Frederick Herzberg's 1950 theory, motivation can arise from within (intrinsic) and outside a person (extrinsic). The motivation that arises from within is stronger than the motivation from outside.⁽³²⁻³³⁾ The significance of the relationship between motivational factors and the husband's assistance in this study may be due to the factors of responsibility as a husband, initiation by health workers, feelings of being needed, and wanting to be involved in the childbirth process.

The factors of age, occupation, and education in this study did not show a significant relationship ($p > 0.05$) with the assistance provided by the husband in the delivery process. In other words, these three factors do not affect the husband's decision to assist in the delivery process.

There is a saying, "age will mature a person." The majority of husbands studied are in the range of 20-34 years. In this age range, a person is considered to have a lot of knowledge and experience so that he is able to develop his awareness to assist in the birth process.^(27,29,34) However, with advances in technology, age is no longer a barrier to gaining knowledge, developing a positive attitude, and being motivated to assist in childbirth, as happened in this study.

Job is associated with the opportunity or time available to accompany childbirth, and the income influences the husband and wife's decision to get the best health services.^(10,20,31-32) However, this was not proven because even though the majority of husbands were employed, they can accompany the wife's because they gets permission/furlough from work.

Education is a factor that affects a person's behavior because the higher a person's education, the more knowledge they gain.³¹⁻³² In this study, most husbands, had higher education, that is highschool graduates and college graduates, but statistical tests did not show a significant relationship ($p > 0.05$) when associated with the assistance provided by the husband during the delivery process. This may be because formal education may not teach childbirth assistance. However, because of the need to be involved in the delivery process, husbands get information and knowledge from the informal sector, such as printed and electronic media, training in preparation for becoming a parent, or explanations from health workers when accompanying their wife for medical checks in a health facility. This underlies knowledge formation, develops attitudes, and motivates husbands to provide childbirth assistance despite their relatively lower educational background.

CONCLUSION

This study concludes that good knowledge, positive attitude, and high motivation about childbirth assistance tend to encourage husbands to provide good delivery assistance. In future research, it is hoped that there will be particular guidelines for husbands in providing delivery assistance so that more husbands will properly participate and provide assistance in the delivery process.

REFERENCES

1. Kemenkes RI. Laporan Survey Demografi dan Kesehatan Indonesia tahun 2012. Jakarta: Kemenkes RI; 2012.
2. Fatikhah A, Setiyowati W. Hubungan Tingkat Kecemasan dan Dukungan Keluarga dengan Lama Persalinan Kala I di BPM Ny. Esti Wijayanti, Am. Keb Genuk Kota Semarang. 2013.
3. Kemenkes RI. Catatan tentang Perkembangan dalam Praktek Kebidanan. Jakarta: Kemenkes RI; 2014.
4. Darmayanti PAR, Januraheni NLP, Nugraeni DW. Pengaruh Pendampingan Doula Terhadap Penurunan Intensitas Nyeri Persalinan pada Ibu Bersalin Normal di Rumah Sakit Tk II Udayana Denpasar. 2-Trik: Tunas-Tunas Riset Kesehatan. 2020;10(4):226-233.
5. Bohren MA, Berger BO, Munthe-Kaas H, Tunçalp Ö. Perceptions and experiences of labour companionship: a qualitative evidence synthesis. Cochrane Database of Systematic Reviews 2019. 2020;3:CD012449.
6. Indrayani ME. Asuhan Persalinan dan Bayi Baru Lahir. Jakarta: Trans Info Media; 2013.
7. Sari EP, K. Asuhan Persalinan Intranatal Care. Jakarta: TIM; 2015.
8. Hesti N, Zulfiti Z. Faktor-Faktor yang Berhubungan dengan Pendampingan Suami Dalam Proses Persalinan. PREPOTIF: Jurnal Kesehatan Masyarakat. 2021;5(1):243-252.
9. Latipun. Psikologi Konseling [Internet]. 2010 [cited 2020 Apr 16]. Available from:

- www.cdc.gov/pendampingpersalinan/training/glossary
10. Ratnanengsih R. Analisis Faktor–Faktor yang Mempengaruhi Pendampingan Persalinan di Puskesmas Karang Rejo Kota Tarakan. *Journal of Borneo Holistic Health*. 2021;4(1).
 11. Laila IN, Nisa F. Pendampingan Suami Terhadap Kelancaran Proses Persalinan di BPM Arifin S Surabaya. Surabaya: UNUSA; 2014.
 12. Indriani F. Pengaruh Pendamping Persalinan Dan Paritas Terhadap Pengurangan Rasa Nyeri Kala I Fase Aktif pada Ibu Bersalin Normal. Surakarta: UNS; 2014.
 13. Johariyah J, Sohimah S, Lestari YA. Perbedaan Pengaruh Pendamping Persalinan Terhadap Lama Kala II Persalinan Pada Ibu Primigravida. *Jurnal Kesehatan Al-Irsyad*. 2014;24-34.
 14. Noviana RE, Puspitasari D. Kesiapan suami sebagai pendamping persalinan di puskesmas Pleret kabupaten Bantul Yogyakarta. *Media Ilmu Kesehatan*. 2016;5(1):75-82.
 15. Yuliastanti T, Nurhidayati N, Utomo AKE. Pendampingan Suami dan Skala Nyeri pada Persalinan Kala I Fase Aktif. *Jurnal Ilmiah Kebidanan*. 2013;4(1):1-14.
 16. Sapkota S, Kobayashi T, Kakehashi M, Baral G, Yoshida I. In the Neaplese context, can a husbands’ attendance during childbirth help his wife feel more in control of labour?. *BMC Pregnancy and Childbirth*. 2012.
 17. Wang, et al. Continuous support during labour in childbirth: a Cross- Sectional study in a university teaching hospital in Shanghai, China. *BMC Pregnancy and Childbirth*. 2018;18(480).
 18. Gebuza G, Kaźmierczak M. Social support as a determinant of life satisfaction in pregnant women and women after surgical delivery. *Psychiatr. Pol*. 2017.
 19. Mukhoirotin, Khusniyah Z. Pengaruh Pendampingan Suami Terhadap Kecemasan Ibu pada Proses Persalinan Kala I (Fase Laten-Fase Aktif). Jombang: FIK Unipdu; 2010.
 20. Uhawenimana T. Factors influencing whether or not male partners from low and middle income countries attend childbirth: a mixed methods systematic review. 2019.
 21. Munkhondya BM, Munkhondya TE, Chirwa E, Wang H. Efficacy of companion-integrated childbirth preparation for childbirth fear, self-efficacy, and maternal support in primigravid women in Malawi. *BMC Pregnancy and Childbirth*. 2020;20(1):1-12.
 22. Younes RE, Mohamad Eid S, Shalaby NS, Heeba MF. Supportive care provided by companion during childbirth and it's effect on labor progress and maternal satisfaction. *Port Said Scientific Journal of Nursing*. 2020;7(3):218-243.
 23. Afulani P, Kusi C, Kirumbi L, Walker D. Companionship during facility-based childbirth: results from a mixed-methods study with recently delivered women and providers in Kenya. *BMC Pregnancy and Childbirth*. 2018;18(1):1-28.
 24. Siwi RT. Hubungan Pengetahuan dengan Pendampingan Persalinan oleh Suami pada Ibu Primipara di Desa Protomulyo, Kaliwungu Selatan. *Jurnal Ilmu dan Teknologi Kesehatan*. 2018;4(1).
 25. Komala NMR, Aniroh U. Hubungan Pengetahuan Terhadap Perilaku Suami Dalam Melakukan Pendampingan Pada Persalinan Kala I Fase Aktif Di Bidan Praktek Mandiri Wilayah Kerja Puskesmas Bergas Kabupaten Semarang. In *Prosiding Seminar Nasional & Internasional*. 2014;2(2).
 26. Salehi A, Fahami F, Beigi M. The effect of presence of trained husbands beside their wives during childbirth on women's anxiety. *Iranian Journal of Nursing and Midwifery Research*. 2016;21(6):611.
 27. Realita F, Rahmawati A. Motivasi Suami Dalam Mendampingi Istri Pada Saat Proses Persalinan. *Jurnal Ilmu Kebidanan dan Kesehatan (Journal of Midwifery Science and Health)*. 2017;8(1).
 28. Kristianingrum DY. The role of husbands in giving labor support. *EMBRIO*. 2021;13(1):39-45.
 29. Mohammed S, Yakubu I, Awal I. Sociodemographic factors associated with women’s perspectives on male involvement in antenatal care, labour, and childbirth. *Journal of Pregnancy*. 2020.
 30. Alam S. Hubungan Pengetahuan Sikap dan Dukungan Suami dalam Mendampingi Persalinan di Rumah Sakit Umum Daerah Syekh Yusuf Kabupaten Gowa Tahun 2019. Makassar: Universitas Islam Negeri Alauddin Makassar; 2019.
 31. Notoatmodjo S. *Promosi Kesehatan dan Ilmu Perilaku*. Jakarta: Rineka Cipta; 2012.
 32. Notoatmodjo S. *Ilmu Perilaku Kesehatan*. Jakarta: Rineka Cipta; 2014.
 33. Azwar S. *Sikap Manusia. Aplikasi dan Pengukurannya*. Yogyakarta: Pustaka Pelajar; 2013.
 34. Ginting L. Hubungan Pengetahuan dan Sikap pendampingan suami terhadap istri dalam persalinan. *Jurnal Ilmiah Keperawatan IMELDA*. 2019;5(1):612-616.
 35. Manurung S, Hasnani F. Pengetahuan Dan Minat Suami Terhadap Keinginan/Motivasi Melakukan Pendampingan Selama Proses Childbearing. 2014.