



HUSBAND SUPPORT DURING AND AFTER LABOR IN KUPANG DISTRICT

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ABSTRACT	Keywords
Husband's support during pregnancy, childbirth and the puerperium is needed by both mother and baby. Husband's support makes mothers less stressed, needs are met, mothers feel comfortable emotionally. The purpose study was to determine the husband's support during labor and childbirth. The research method is qualitative exploration with a phenomenological approach. The research was conducted in Oelbiteno Village with the informants were 10 husbands of mothers who gave birth and one coordinating midwife. Data collection by direct interview and via telephone. Data processing and analysis techniques are interpretative phenomenological analysis with content analysis. Results showed husband's support for his wife during childbirth is physical support (massaging the wife's back, feeding and drinking); emotional (feeling what the wife is facing, helping her during childbirth); informational (information about nutritious food); advocacy (planning a safe labor for the wife, preparing clothes for mothers and babies, KTP, KK, JKN). Husband's support during the postpartum period is physical support (caring for the baby, delivering the wife and control baby); emotional (encouraging to provide exclusive breastfeeding); informational (information about wife and child health, nutritious food); advocacy (planning family planning programs).	Support, Husband, Labor, Postpartum

INTRODUCTION

Maternal mortality is an important indicator in determining the degree of public health. This indicator is influenced by general health status, educational background, services during pregnancy, and childbirth. Most of the maternal deaths occur during childbirth, postpartum and childbirth, with the main causes due to bleeding, eclampsia, and infection (Unicef-Indonesia, 2012; Say, 2014). One of the indirect causes is the social factor, namely the lack of support from the husband. An

alert husband is the readiness of a husband with a wife who is pregnant, giving birth, childbirth and a baby to be aware of any risks that arise.

The phenomenon that occurs in East Nusa Tenggara is that there are still many deliveries that occur at home (non-health facilities) as much as 5.1% (East Nusa Tenggara Provincial Health Office Report, July 2020), births are not accompanied by husbands and lack of support from husbands. Husband's support should have an influence on the search for a place for labor

and the use of a waiting home for labor (Bakoil, Supriyanto, Koesbardiati, 2017). The labor process in a health facility is an important factor in preventing morbidity and mortality for both mother and baby, because labor is assisted by trained health personnel with adequate facilities. In addition, other quantitative studies show that the support given by husbands has a relationship with the length of the labor process (Bakoil & Diaz, 2019).

According to the Indonesian Health Demographic Survey (IDHS, 2012), the Maternal Mortality Rate in Indonesia is 359 per 100,000 live births, which is caused by direct factors, is bleeding (40-60%), infection (20-30%), and eclampsia (20-30%). Meanwhile, the maternal mortality rate in East Nusa Tenggara Province in 2019 was 118 cases, and until July 2020 there were 30 cases, with causes due to bleeding, hypertension in pregnancy, infections, system disorders, and other causes (NTT Provincial Health Office, 2019).

In addition, the three factors being late, is being late in recognizing danger signs and making decisions, being late in accessing health facilities, and being late in getting help at health facilities also contributed to maternal deaths (Thaddeus and Maine, 1994). Most women experience delays in recognizing danger signs and making decisions, late access to health facilities due to social factors, poverty, and difficult demographics (Shah et al., 2009). Being late in making a decision is closely related to the husband's role as the main decision maker. A husband is required to understand his wife's condition. Decision making that is closely related to family traditions/beliefs should have been negotiated in advance by the mother, husband and family members in order to obtain readiness both physically, mentally and financially. Delay in decision-making is also closely related to the husband's

knowledge of danger signs that threaten the mother's life. If a husband has knowledge of danger signs during pregnancy, childbirth, or postpartum, then as the main decision maker in the family, the husband is able to decide to refer the mother to an adequate health facility. This is useful for preventing the second and third delays, is late reaching the referral place and late reaching the referral place (Wardhani, 2017).

Husband's support during pregnancy, childbirth and postpartum is needed by both mother and baby. Most mothers receive support from their husbands, which makes them less stressed, and their husbands meet their needs so that their wives feel comfortable emotionally. Conversely, if the husband's lack of support during pregnancy and childbirth can be dangerous. However, it was found that although husbands generally support mothers during pregnancy, very few are directly involved in the care of their wives' pregnancies (Mosunmola, Adekunbi, & Foluso, 2014). The results showed that 85.3% of mothers who were assisted during the labor process experienced a smooth labor process, so statistically it was concluded that there was a relationship between husband's assistance and the smooth labor of the process (Lailia & Nisa, 2015; Wijaya et al., 2015))

The role of an alert husband begins when the mother enters pregnancy. During pregnancy, a woman will experience periods of change both in physiological and psychological terms. Husband's support is needed when a wife has to carry out a series of examinations in each trimester of her pregnancy. As recommended by the Indonesian Ministry of Health (2013), pregnancy care is carried out at least 4 times with at least 1 time accompanied by a husband or other family member. The higher the family support, the higher the adjustment of women in the first pregnancy and the lower the family support, the lower

the adjustment of women in the first pregnancy. Basically, to make pregnancy a safe and comfortable period for expectant mothers, it is important to involve the husband's role to meet all the needs of pregnant women during pregnancy. This is in line with research by Lestari et al., 2019 that there is a significant influence between husband's support and the labor process. Husbands have a very important role in the labor process. Husbands not only help meet the needs of their wives during childbirth, but also make mothers feel more comfortable (Tabita et al., 2020).

Entering the labor period, the role of the husband is increasingly needed. According to Lewis et al., 2015, the role of the husband is shaped by many factors, including availability, cultural beliefs, and traditions. Alert husbands must know when and how to sign a wife who is about to give birth. Together with the mother, planning the labor, being aware of complications and danger signs and together preparing a plan in case of complications by filling in the P4K sticker, the husband can help plan a birth by a trained midwife and prepare funds for preparation of birth costs. The husband can also arrange an appropriate time to provide the necessary transportation and materials. One of the husband's roles in reducing maternal mortality is that the husband can ensure that his wife's delivery, assisted by a trained health worker, can run safely. After the baby is born and the mother goes through childbirth, the role of the husband does not just end. Husband's support is still needed to ensure that mothers go through the postpartum comfortably and safely. Husband's support, especially in caring for children, is needed to prevent psychological disorders in the mother. Husband's support must be continued until the mother must choose contraception. So the husband's role is very important in suppressing MMR in Indonesia because

almost all women's life cycles from pregnancy to childbirth and childbirth are related to support and the role of husbands as decision makers in the family. Not only matters of pregnancy, childbirth, childbirth and taking care of children become women's concerns. Understanding and understanding all forms of knowledge regarding pregnancy, childbirth, postpartum and child care are also the obligations of the husband as the head of the family. The hope is that with the active participation of husbands and families, the cycle of pregnancy, childbirth, and postpartum for a mother can run healthy without complications so that a healthy, happy, and prosperous family can be created (Wardhani, 2017).

Based on various background problems, the current research is an overall research and one novelty that is produced is to fully explore the various physical, informational, emotional, and advocacy supports provided by the husband in the labor and postpartum process.

METHOD

Research design

This study used a qualitative exploration method with a phenomenological approach. Phenomenology research is an approach to understanding a person's life by looking for the "essence" of experiences and exploring (Polit & Beck, 2010; Cresswell 2013). In this study using a phenomenological approach because: 1) Phenomenology is a research model that explains the facts of phenomena as life experiences. The experience of a mother who does not get support from her husband; 2) the goal of phenomenology is to explain the essence of the phenomenon of life experience to find the unity of meaning of the phenomenon under study and to describe it through everyday life experiences. The qualitative

analysis method used is with a thematic approach, namely a method for identifying, analyzing and reporting the themes contained in a phenomenon. Therefore, this method can organize and describe the data in detail in order to be able to interpret various aspects of the research topic. The thematic analysis process carried out is preparing the data and grouping it; identify items relevant to the topic; sorting data based on the similarity of themes; test the similarity of themes and formulate in a category; pay attention to each theme separately; using all materials to create a final theme with supporting data, selecting relevant data to be used as illustrations and reporting on each theme.

Participants

The principle of determining the number of participants in qualitative research is based on data saturation. Data saturation occurs when the desired information is reached, and no new information is found, or information is repeated, so no additional participants are needed (Polit & Beck, 2010). The participants involved in this study were 10 husbands and one coordinating midwife. The determination of participants refers to the inclusion criteria: 1) The husband of the mother giving birth. Information about the husband's identity was obtained from the head of the Oelbiteno Community Health Center who knew about childbirth at the research location; 2) The husband has a wife who gave birth in September 2020; 3) can communicate verbally well; 4) Participants are willing to be participants in the research.

Time and place of research

This research is the recruitment of participants in September 2020- November 2020 in an area of Oelbiteno Village, Fatuleu Tengah District, Kupang Regency.

Data collection technique

Researchers used key participants, in this case the husband of the mother giving birth, and the coordinating midwife at the Oelbiteno Health Center who is responsible for delivery assistance services. The process of initial introductions with participants to build good relations is carried out in about 15 minutes at the participants' homes, who have previously agreed on the time. After that, the researcher explained the procedures and objectives of carrying out the research in detail to the participants and conveyed that the data/information provided was kept confidential and the data was only used for research purposes only. During the research process, researchers treated all participants fairly, regardless of ethnicity, religion, race and class. After the participants understood the explanation given, they immediately filled in the informed consent and the researcher began conducting in-depth interviews. Interviews were conducted within 30-45 minutes. Research instruments: 1) researchers; 2) recording device; 3) structured interview guide; 4) researcher notes; 5) field notes. Researchers carry out bracketing, that is the process of suppressing, holding thoughts and storing assumptions about the phenomena conveyed by the participants. Researchers also carry out intuition, which is immersed in phenomena. During the interview, the researcher used language that was easy to understand. The researcher sits in front of the participant so that he or she can observe non-verbal expressions. Data analysis used the Colaizzi model (Sanders, 2003).

Data validity

The process of data validity, the researcher carried out 1) the credibility of the data by means of a member check, namely the results that have been submitted by the participants, the researcher checks, if there are different assumptions from the

participants and whether the results of the study are in accordance with the data the participants provide; 2) Data transferability is carried out by the researcher selecting participants who fit the inclusion criteria and establishing good relationships so that participants can trust the researcher and provide the required information; 3) data dependability by means of researchers asking for assistance from experts to carry out an audit trail or tracing rough data; 4) confirmability by means of researchers reflecting on the findings in related journals, peer reviews, consultation with experts, confirmation of information with participants in order to make the results more objective.

RESULTS

1. Theme 1: Support from husband to wife during childbirth

a. Physical support:

Based on the results of the interview, it was found that the majority of the physical support provided by the husband to his wife during childbirth was in the form of massaging the wife's back, feeding and drinking. The same information was conveyed by midwives as birth attendants that the husband was always there by the mother and continued to provide support, for example serving food and drink. This was disclosed by the informants:

"The physical support I provide for my wife is massaging her back, feeding and drinking(P7, P2)"

b. Emotional support:

Based on the results of the interview, it was found that the emotional support provided by the husband to his wife:

"The emotional support given to my wife is to feel what my wife is facing, trying to help her during childbirth, staying strong and accompanying my wife during childbirth and after childbirth (P4, P8)"

c. Informational support

Informational support provided by husbands to wives during childbirth, as expressed by informants:

"Informational support is provided in the form of always giving input to wives about nutritious food to be consumed and not hearing the myths that exist in society (P1, P5)"

d. Advocacy support

The results of interviews with informants found that:

"The advocacy support provided is planning a safe and comfortable labor for the wife including a place and delivery assistance, preparing maternal and baby clothes, documents for Identity Card, Family Card and National Health Insurance labor and other documents deemed important (P8, P10)"

2. Theme 2: Support from husbands to wives during the postpartum

a. Physical support:

Based on the results of the interview, it was found that:

"The physical support given by the husband during the postpartum period is by helping the wife take care of the baby. In addition, taking his wife and baby to the Public Health Center and Integrated Healthcare Center for weighing and immunization (P3, P6)"

"The husband takes the mother and baby to the health center for postpartum control (P2, P9)"

b. Emotional support:

The results showed that the emotional support provided by the husband to the mother during the postpartum period were:

"I accompany my wife while breastfeeding the baby and give encouragement and motivation to the wife to always provide breast milk (P4, P5)"

c. Informational support

Informational support provided by husbands to wives during the postpartum period was delivered by informant:

"I tell my wife to always eat nutritious food and not to believe in false myths from the surrounding community (P5, P3)"

d. Advocacy support

The advocacy support provided by husbands to wives during postpartum h is:

"My wife and I have discussed and made decisions about family planning to be followed after giving birth (P1, P6)"

DISCUSSION

1. Theme 1: Support from husband to wife during childbirth

a. Physical support

Husband's physical support helps the mother to gain strength, calmness during the labor and childbirth process. Women or a mother believe that the presence of a companion, for example their husband, and family members during childbirth helps the mother to go through the labor process better, especially when the mother feels lonely (Najafi, Roudsari & Ebrahimipour, 2017). In addition, the husband's

involvement in childbirth received tremendous support from the mother (Mohammed, Yakubu & Awa, 2020).

During the labor process, the husband can provide support in the form of rubbing his wife's back during childbirth, the indirect touch can stimulate contractions and accelerate the normal labor process (Yumni, 2006). This is a tangible form of the husband's care and responsibility in the life of his wife and children (Lawot, 2017). The indicators of the husband's role in pregnancy and childbirth care are responsibility, involvement, and accessibility (Moedjiono, Kuntoro & Notobroto, 2017). In Lewis, Lee & Simkhada's (2015) study, the results show that a greater involvement or role of the husband has the potential to provide greater benefits for the health of pregnant women and children.

Husband's physical involvement during childbirth can be seen from how the husband's behavior is present during childbirth (Martin, 2008). Continuous support from a childbirth assistant to the mother can facilitate the labor process, and reduce the need for medical action (Rohma, 2010). Mageni et al., (2013) stated that husbands play a good role in looking after and caring for their wives.

b. Emotional support

Some experts say that psychological support is most needed by women who are about to give birth. This is in line with the results of research from Retnowati, Mawarti & Yati (2016) which found that the support provided by husbands has a relationship with the anxiety level of primigravida mothers during childbirth. The use of companion is very influential as the results of research conducted on the use of birth attendant and the results are often

surprising. A childbirth assistant can influence the labor process and a mother's feelings about her labor, especially if the mother has complications (Suparni, Nurlaela & Rahmah, 2016).

The results of this study support the opinion expressed by Sari (2010) and the research results of Story et al., (2012) stated that emotional and instrumental support can be provided by realizing a sense of love, trust, understanding, openness and a husband's willingness and giving a positive influence on pregnancy and childbirth.

Husband's support affects the acceptance of the place of labor (including the mother's belief and trust in the place of labor). Husbands who support mothers give birth have confidence and trust in the place of labor, while husbands who are less supportive, at most they are less sure and trusting the place of labor. This is because the husband provides support to his wife, one of which is in the form of emotional support, so that the mother feels calm, peaceful, controls her emotions, and this has an impact on the mother's confidence and trust in the place of labor (Bakoil et al., 2017).

This study is in line with the results of research by Mosunmola, Adekunbi & Foluso (2014) who found that, husband's support during pregnancy, childbirth is very necessary. Mothers who get support from their husbands, become less stressed during pregnancy, and give birth and provide emotional comfort. There is a significant relationship between husband's support and the level of primigravida anxiety in the third trimester in dealing with childbirth (Mukhadiono, Subagyo & Wahyuningsih, 2015). Husband's support in the form of assistance during childbirth also has a significant relationship with the

level of anxiety of mother (Rilyani, 2017). In addition, it can also improve adaptation coping of primigravida pregnant women during childbirth (Winarsih, 2019).

A comfortable, relaxed and calm psychological condition can be formed through the support of family affection. The form of support can be in the form of mental support, sharing experiences during childbirth, or other positive things, so that it affects the strength of the mother when giving birth to her baby. The role of childbirth assistants is influenced by several factors is socioeconomic, culture, environment, experience, age, and education (Bobak et al., 2012). According to Sapkota et al., (2012) that the essential element of the presence of a childbirth companion is to provide emotional support by always being beside the mother during the labor process. Enthusiasm and emotional support that can encourage, reduce pain and speed up the labor process (Latipun, 2010).

The results of other studies indicate that pregnant women need support from their husbands as the closest person to them because husband's support has a positive impact on the level of anxiety experienced by pregnant women, especially in the third trimester of pregnancy (Diani & Susilawati, 2013). Anxiety in pregnant women is a psychological condition that can hinder the labor process, for example the birth canal is stiff and difficult to open, irregular his or her position, or the position of the baby that does not come down. Anxiety can also stimulate the release of catecholamine hormones which can inhibit uterine work or activity (Marhamah, 2013). Even the anxiety of pregnant women which is not handled properly can lead to antenatal depression

which is significantly associated with preterm birth and low birth weight (Grote et al., 2010). Reports on causes of maternal death in the UK cite mental health problems as an indirect cause of maternal morbidity and mortality (Jarrett, 2017). The results of Agushybana (2016) study show that complications during pregnancy and childbirth are statistically significant with husband's support.

c. Informational support

Support in the form of information is positively related to maternal mental and physical health during childbirth (Iliadou, 2012). In addition, it is also related to maternal self-efficacy in breastfeeding (Helinar, Yanti & Susilawati, 2019). With the informational support provided by the husband, there is a good communication process between husband and wife. Communication with husbands is effective in reducing mood disorders during the baby blues (Herman & Wati, 2019).

Based on the results of research by Bakoil et al., (2017) found that husband support can be in the form of information to the mother that childbirth should be carried out in a health facility and assisted by a health worker (midwife or doctor). Husband's support affects the search for a place of labor (professionalism of birth attendants and community habits in choosing a place of labor). Professional birth attendants, both in terms of competence, attitudes, behavior, and handling in labor services at health facilities, can increase the use of labor venues, namely in health facilities and labor centers. After the labor process at a health facility, the mother continues postpartum care at home. This home care program is also expected to increase husband's support towards a safe

postpartum period (Baghersad, Mokhtari & Bahadoran, 2019).

d. Advocacy support

Advocacy is a form of support that husbands can provide related to decision making, providing information about labor procedures and progress (Dunne, 2012; Adams & Bianchi, 2008). In addition, the husband's involvement in providing transportation for childbirth, providing advice, supporting to reduce the burden of household work and financial arrangements (Thapa & Niehof, 2013).

The results of research by Afiyah, Sari & Faizah (2020) show that there is a relationship between husband's support and the achievement of the mother's role, meaning that the greater the husband's support, the easier the role of a mother will be. In addition to improving socio-economic factors, controlling maternal health and reproductive factors involving husbands in maternal health must be done to minimize maternal mortality (Iswati, Shaluhayah & Agushybana, 2020).

Husband's support is the attitude, action, and acceptance of everything that happens to his wife. Husbands have an important role in encouraging the health of women in the family (Ohashi et al., 2014). Thus, it can be concluded that the involvement of husbands is more likely to provide considerable benefits for the health of mothers and babies (Lewis, Lee & Simkhada, 2015).

2. Support from husbands to wives during the postpartum

a. Physical support

The results of research by Mage, Prapunoto & Kristijanto (2020) show that there are four forms of husband support provided during the postpartum period is instrumental support, psychosocial

support, emotional support, and spiritual support. Each participant conveyed support in different ways and had an impact on reducing the anxiety of postpartum mothers.

Postpartum visits are carried out four times, namely visit 1: a period of six hours to two days after delivery; visit 2: a period of three days to seven days after delivery; 3rd visit: period of eight days to twenty eight days after delivery; visit 4: a period of twenty-nine to forty-two days after delivery. Postpartum visits can be carried out by means of home visits by health workers or monitoring using online media (adjusted to the conditions of areas affected by COVID-19), by making efforts to prevent transmission of COVID-19 from officers, mothers and families (Kemenkes RI, 2020).

Based on the results of research from Apriyanti & Andreinie (2020) that there is a significant relationship between family support and the frequency of postpartum return visits with p -value=0.002. In addition, it has an effect on the compliance of postpartum mothers to perform breast care with p -value=0.035 $\leq \alpha$ =0.05 (Sari, 2019).

b. Emotional support

Husband's support with wife's success in breastfeeding has a positive and significant correlation (Wattimena et al., 2015), and has a close relationship with maternal self-efficacy in breastfeeding, triggering milk production during the puerperium (Helina, Yanti & Susilawati, 2019). Breast milk is produced by two hormones, one of which is oxytocin. The oxytocin reflex is strongly influenced by the mother's physical condition, thoughts and feelings. Positive thoughts and feelings will keep breastfeeding smooth. This is where the role of a husband, which is to ensure that

his wife does not get tired, creates a positive atmosphere in which the wife feels comfortable, safe, and not stressed. Seeing a husband participating in caring for and playing with a baby is enough to make a wife happy (Werdayanti, 2013).

Research by Roesli & Yohmi (2013) explains that several conditions are considered to increase the production of the hormone oxytocin, one of which is support from husbands in baby care, such as carrying a baby to the mother when breastfeeding or burping, changing diapers and bathing the baby, playing, singing the baby and help with household chores.

In addition, husband support is also related to the incidence of baby blues during postpartum care (Kasanah, 2017), and to postpartum depression (Armini, Tristiana, & Tokan, 2017). Thus it is necessary to provide postpartum blues counseling to mothers, husbands and families (Harahap & Sitorus, 2018). Emotional and informational support also has a relationship with mother's self-efficacy in breastfeeding. For this reason, it is necessary to have a breastfeeding class program in prenatal care involving the husband (Helinar, Yanti & Susilawati, 2019).

The results of research by Annisa & Swastiningsih (2015) show that breastfeeding mothers get social support from their husbands when breastfeeding their children. Emotional support received is getting attention and motivation from the husband. In addition, mothers also receive emotional support, appreciation support, instrumental support, and information support. The majority of husband's social support is also for the abstinence pattern of postpartum mothers (Wahyuni, 2017).

c. Informational support

Informational support is that the family functions as a provider of information, where the family explains about giving suggestions, suggestions, information that can be used to reveal a problem. Aspects of support informational is advice, suggestions, suggestions, directions and provision of information (Friedman, 2013).

Research by Nur et al., 2019 shows that the husband's knowledge of early detection of childbirth affects maternal reproductive health. It is hoped that the development of models to improve communication, information and education to husbands can be a preventive effort in improving women's reproductive health. This can be done by hospitals or health centers to provide health education to patients or families about the patient's needs for family support (Maryati, Astuti & Solehati, 2017). With this knowledge, the husband can provide support in the form of postpartum health information to his wife.

d. Advocacy support

Advocacy is a form of support that husbands can provide related to decision making, providing information about labor procedures and progress (Dunne, 2012; Adams & Bianchi, 2008). The purpose of the advocacy provided is to obtain commitment and support in health efforts, in the form of policies, personnel, funds, facilities, facilities, participation in activities, and various other forms according to circumstances and business (Kemenkes RI, 2017).

Based on research by Puspitasari & Nurunniya (2014), it shows that there is a significant relationship between family support and family planning participation. In addition, the husband's support is also related to the choice of

contraceptives (Musdalifah, 2013). If the husband does not allow it or does not support it, only a few wives will dare to continue using contraceptives.

CONCLUSIONS

Husbands provide support to wives during labor and postpartum in the form of physical, informational, emotional, and advocacy support.

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