

Factors Relating To The Role Of The Husband In Preparation For Birth In 3rd Trimester Pregnant Women In The Working Area Of The UPT Puskesmas Tabukan

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ABSTRACT

Emotional support can provide husbands during labor continuously. Mothers who receive emotional support during labor will experience shorter labor times, fewer medical interventions and better birth outcomes. The husband's presence in childbirth provides at least three roles in the mother's birth process. The first role is as a trainer, a husband accompanies and helps the mother during and after labor contractions. This article aims to identify factors related to the role of husbands in preparing for delivery of third trimester pregnant women in the working area of the UPT Puskesmas Tabukan. The approach used in this research is quantitative with the Cross Sectional method and the sampling technique is total sampling. The sample in this study amounted to 36 people. The data collection technique in this research used a questionnaire and was analyzed using the chi square test. Based on cross tabulation analysis, it shows that the husband's role in knowledge is 9 people's low, 9 people's knowledge is high and the husband's role is 18 people's. The husband's role was less in the negative attitudes of 8 people, and in the positive attitudes of 28 people. The husband's role in supporting the husband does not support 5 people, and the husband's support supports 30 people. Based on the results of the research: 25% of the husband's role is low, 25% of the husband's role is medium and 50% of the husband's role is high, 83.3% of the husband's knowledge is high and 16.7% of the husband's knowledge is low, 77.8% of the husband's attitude is positive and 22.2% of the husband's negative attitude is %. Husband's support supports 86.1% and husband's support does not support 13.9%.

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INTRODUCTION

Death due to complications of pregnancy, childbirth, or the first 42 days after delivery, as defined by the World Health Organization (WHO). According to world data provided by several international organizations and the World Health Organization (WHO), the death rate for pregnant women and childbirth is approaching 350,000 every year, or 1,000 people every day (Widyaningsih, 2021). Although according to the 2020 Indonesian Demographic and Health Survey (SDKI) the figure of 359 deaths per 100,000 live births is still high, this figure has improved slightly from the 390 deaths reported in the 1991 IDHS. There has been a slight decrease in this number, but not drastic. Ministry of Health, Government of Indonesia (RI Ministry of Health, 2021).

Maternal and Infant Mortality Rates, Also Known as MMR and IMR, to Improve the Quality of Human Resources (HR). The increase in the Human Development Index (HDI), one of whose components is health, was caused, among other things, by a decrease in MMR and IMR. In order to meet the Sustainable Development Goals (SDGs), there is a global commitment to accelerate the reduction of MMR and IMR. During 2001-2015, we aim to cut the IMR by two-thirds and the MMR by three-quarters (Maulida, 2014). Based on WHO data, every year more than 500,000 women in labor die (Susanti et al., 2013). In 2015 the MDGs ended and were replaced by the SDGs. The SDGs have an agenda called the "2030 Agenda". On the 2030 agenda, the SDGs target is to reduce the MMR to 70/100,000 live births (Prapti, 2017).

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The maternal mortality rate in South Kalimantan Province has tended to experience ups and downs over the last 4 years. This illustrates the need for better performance to reduce maternal mortality in South Kalimantan Province. According to Supas in 2016, the National MMR was 128 per 100,000 live births. In 2021, the MMR for South Kalimantan Province will reach 205 per 100,000 live births. This figure has increased from 2020 which reached 135 per 100,000 live births (RI Health Department, 2021).

According to the Regency/City, the maternal mortality rate (MMR), which was high in the last year in Hulu Sungai Tengah Regency, reached 202 per 100,000 Live Births, in 2020 it increased to 428 per 100,000 Live Births. Meanwhile, the lowest MMR in 2020 was in Banjar Regency, namely 72 per 100,000 live births. The cause of maternal death is mostly due to bleeding and complications of pregnancy/childbirth, namely preeclampsia/eclampsia. The Maternal Mortality Rate describes the mother's health level during pregnancy and childbirth (RI Health Department, 2021).

Maternal health services are provided to pregnant women by health workers in health service facilities. This process is carried out during the mother's gestational age range which is grouped according to gestational age into the first trimester, second trimester and third trimester. Pregnancy Health Services aims to fulfill the right of every pregnant woman to receive quality health services so that she is able to have a healthy pregnancy, give birth safely, and give birth to a healthy, quality baby. (RI Health Department, 2021). Changes in a woman's mental or emotional state are common during pregnancy and childbirth. It is believed that telling family members about the pregnancy will make them happy, and they will worry less about anything bad happening to the baby. It is more important to be patient during first aid because the patient or wife has most likely never given birth before and so cannot coordinate her strength and pushing. (Maulida, 2014).

One of the key components of maternal care (ASI) during childbirth, which aims to prevent maternal death, is the presence of the husband to provide emotional support. Having a constant companion there during labor may be a great comfort to the laboring woman. The presence of a supportive person, such as a partner or doula, during labor can help a woman feel more comfortable and ready to face the birthing process. Every pregnant woman needs moral support from her loved ones during childbirth. Compassionate care for mothers means increasing maternal survival rates through the provision of high-quality medical services (Yulianti, 2019). Respect for cultural norms, religious teachings, and individual beliefs are characteristics of maternal care, which help mothers-to-be feel safe and comfortable. The confidentiality of a mother who needs a mother's touch is guarded by the mother's own love. It is customary for the child's father to be there during the birth to show his support to his wife and help her have a positive birth experience. Relationships in the household tend to be strengthened thanks to the husband's presence. Additionally, labor length is shorter, medical interventions are fewer, and birth outcomes are higher for mothers who receive emotional support during labor (Yulianti, 2019).

The husband's involvement is very important from the discovery of the pregnancy to birth and the postpartum period, and is not limited to decision making. It can be seen that the father's presence during the labor and delivery process means a lot to the mother. A woman's ability to cope with complications during labor is greatly enhanced by having a supportive partner and health care provider available at all times (Utami & Maghfiroh, 2018). Involving the mother's partner and other loved ones in the labor and delivery process is a basic principle of maternal care. Before giving birth, the mother's mental and emotional condition is both very unstable. This was the breaking point of Mother's worry and sadness. There are three important tasks that birth attendants, and partners in particular, must fulfill during labor and birth of the baby. A husband's first function is as a trainer, where he helps the mother in labor before, during and after contractions. The second function is to serve as a teammate to the mother, helping her fulfill her duties as a parent by providing necessary physical and emotional care. The third function of a husband is as a witness, which requires

accompanying a pregnant woman during the labor and delivery process. Giving birth with a companion, especially one close to the mother, can shorten labor, reduce discomfort, reduce the chance of tearing the birth canal, and improve APGAR scores (Astuti, 2017).

The husband's efforts to help pregnant women through labor and delivery were carried out well; he was there every step of the way, reassuring her that she could give birth, encouraging her with words of comfort, massaging her sore muscles, bringing her food and drink when she wasn't in pain, wiping her sweat while holding her hands through contractions, and so on (Wati, 2015). When the husband gives a positive response, it is important for the wife, because with the husband's concern, the pregnant wife can have a positive impact on the wife's pregnancy. Pregnant women tend to experience anxiety as they approach the time of delivery, pregnant women will feel afraid because they are afraid of failure and bad things happening to themselves and their fetus (Mariana & Kadarisman, 2019). The husband's various concerns and involvement in maintaining the pregnancy of pregnant women are expressed in various actions, such as paying attention to the nutritional consumption of pregnant women, maintaining the mother's health regarding physical and mental health conditions, checking the mother's pregnancy early, ensuring that the birth will be carried out by competent health workers, and in accordance with culture and always pray to God (Isaac, 2015).

Indeed, there are still certain people in Indonesia who consider the presence of a partner during childbirth to be unusual. There are still maternity facilities that are not blessed with the presence of couples. Looking back in time, we can see that conventional support for expectant mothers has diminished significantly since the 1960s and 1970s, when more women began giving birth in hospitals. Only authorized medical personnel are permitted in the facility. Midwives are the only source of care during labor. Apart from that, the presence of a husband who accompanies the mother during childbirth provides enormous benefits, but the regulation that husbands or family cannot accompany their wives during childbirth is still used in several hospitals and even community health centers in Makassar, on the grounds that it is a hospital regulation that cannot be violated. There may be maternity homes, hospitals, health centers, and other facilities that welcome couples as active participants in the birthing process, in addition to others that strictly prohibit male assistance during childbirth (Wati, 2015).

Based on the results of a preliminary study conducted in the UPT Puskesmas Tabukan working area, it was found that the number of women giving birth normally in 2020 was 128 people, in 2021 there were 142 people, and in 2022 there were 153 people. For birth companions in normal deliveries, health workers in the delivery room will allow the mother who is in labor to choose a birth companion according to her own wishes.

METHOD

This research uses a quantitative design *analytical survey* with approach *cross-sectional*. Study *analytical survey* is a survey or research that tries to explore how and why health phenomena occur. Then analyze the dynamics of correlation between phenomena, both between risk factors and effect factors, between risk factors and between effect factors. In general, analytical surveys are divided into 3 approaches (types), namely cross sectional analytics, case control analytical surveys (retrospective), and cohort analytical surveys (prospective) (Notoatmodjo, 2015). Design *Cross Sectional* is a design that studies the dynamics of the correlation between risk factors and effects or collects data all at once (Notoatmodjo, 2014). The population that will be taken in this research is all husbands of pregnant women in the third trimester who visited in November - December 2022 in the working area of the Tabukan Community Health Center, totaling 36 people.

The samples used were husbands of third trimester pregnant women who visited the Community Health Center in December 2022 - January 2023 for pregnancy checks. The sampling

technique in this research is by technique Total Sampling namely sampling based on certain considerations, namely anyone who had a pregnancy check-up at the Tabukan Community Health Center in December 2022 – January 2023.

The data collection technique in this research will use an instrument in the form of a questionnaire regarding the husband's role in preparing for childbirth in the third trimester of pregnancy. Bivariate analysis is an analysis to determine the relationship between dependent and independent variables. To prove whether there is a relationship or not, this is done The Spearman Correlation Test is one analysis nonparametric to determine the strength of the relationship between two variables on an ordinal scale. In this research, data processing uses a statistical data processing computer program, from which values will later be obtained.

The value will be compared with the α value. The basis for determining the existence of a research relationship is based on significance (value), namely N The Spearman correlation coefficient value ranges from -1 to +1. Where, the closer the value is to -1 or +1, the stronger the relationship.

RESULTS AND DISCUSSION

Table 1. Characteristics of Respondents

No	Age	Frequency	Percentage (%)
1	17-25 Years	4	11.1
2	26-35 Years	26	72.2
3	36-45 Years	6	16.7
Total		36	100.0
No	Number of children		
1	The first child	17	47.2
2	Second child	10	27.8
3	Third child or more	9	25.0
Total		36	100
No	Education		
1	JUNIOR HIGH SCHOOL	8	22.2
2	SENIOR HIGH SCHOOL	16	44.4
3	College	12	33.3
Total		36	100.0
No	Work		
1	Private sector employee	14	38.9
2	Trader	13	36.1
3	Civil servants	9	25.0
Total		36	100.0

Univariate Results

Table 2. Based on Respondent Characteristics Data for the Role of Husband

No	Role of Husband	Frequency	Percentage (%)
1	Not enough	9	25.0
2	Currently	9	25.0
3	Good	18	50.0
Total		36	100.0

Table 3. Based on Respondent Characteristics Data for Husband's Knowledge

No	Husband's Knowledge	Frequency	Percentage (%)
1	Low	6	16.7
2	Tall	30	83.3
Total		36	100.0

Table 4. Based on Respondent Characteristics Data for Husband's Attitude

No	Husband's Attitude	Frequency	Percentage (%)
1	Negative	8	22.2
2	Positive	28	77.8
Total		36	100.0

Source: Primary data processed, 2023

Table 5. Based on Respondent Characteristics Data for Husband's Support

No	Husband's Support	Frequency	Percentage (%)
1	Does not support	5	13.9
2	Support	31	86.1
Total		36	100.0

Bivariate Results

Table 6. Relationship between Husband's Role and Husband's Knowledge in preparing for childbirth in third trimester pregnant women in the working area of the UPT Puskesmas Tabukan

Role of Husband	Knowledge		Total	P Value
	Low	Tall		
Not enough	1 (11.1%)	8 (88.9%)	9 (100%)	0.033
Currently	4 (44.4%)	5 (55.6%)	9 (100%)	
Good	1 (5.6%)	17 (94.4%)	18 (100%)	

Table 7. Relationship between Husband's Role and Husband's Attitude in Preparing for Childbirth in Third Trimester Pregnant Women in the UPT Puskesmas Tabukan working area

Role of Husband	Attitude		Total	P Value
	Negative	Positive		
Not enough	4 (44.4%)	5 (55.6%)	9 (100%)	0.001
Currently	1 (11.1%)	8 (88.9%)	9 (100%)	
Good	0 (0%)	18 (100%)	18 (100%)	

Table 8. Relationship between Husband's Role and Husband's Support in Preparing for Childbirth in Third Trimester Pregnant Women in the UPT Puskesmas Tabukan working area

Role of Husband	Support		Total	P Value
	Does not support	Support		
Not enough	4 (44.4%)	5 (55.6%)	9 (100%)	0.007
Currently	1 (11.1%)	8 (88.9%)	9 (100%)	
Good	0 (0%)	18 (100%)	18 (100%)	

Discussion

1. The relationship between the husband's role and the husband's knowledge in preparing for childbirth in third trimester pregnant women

Based on the research results, it is known that the husband's knowledge is related to his role in preparing for childbirth. The chi square test got a p value of 0.033 so the p value was <0.05 . This shows that there is a significant relationship between the husband's role and the husband's knowledge in preparing for childbirth in third trimester pregnant women in the working area of the UPT Puskesmas Tabukan.

Knowledge is the result of knowing and this occurs after people sense a particular object. Most human knowledge is obtained from the eyes and ears. Knowledge is also obtained from education, experience, mass media, and the environment. Knowledge or cognitive is the most important domain for the formation of a person's actions. Knowledge is needed as a psychological boost in cultivating attitudes and behavior every day so it can be said that knowledge is a stimulation of a person's actions (Notoatmodjo, 2017).

Husband's knowledge is one of the factors that facilitates (predisposing factor) the occurrence of changes in behavior, especially in assisting childbirth. This is in accordance with L.Green's opinion in Soekidjo Notoatmodjo's book (2013) which states that one of the determining factors for behavior change is the presence of predisposing factors which include the level of knowledge.

Knowledge apart from information can also be obtained from someone's experiences that have occurred in the past or in the present. Experience is the best teacher which is a source of knowledge and information that can be understood and understood by the individual himself from the learning process he has carried out. Information can also influence husbands' knowledge about birth assistance. In this modern era, information can be obtained from various media, for example print and electronic media. (Nugroho, 2013).

From supporting data, the majority of respondents' last education was high school, namely 16 respondents (44.4%). A person's level of education will influence their response to something that comes from outside. In obtaining the truth of knowledge, humans have used their way of thinking, either through induction or deduction, which is basically a way of giving birth to thoughts indirectly through statements put forward, then looking for relationships so that a conclusion can be drawn, someone who is educated will certainly bring about many changes. regarding what they will do in the future (Notoatmodjo, 2012). Based on the theory above, it can be concluded that a sufficient level of education of the respondent will influence the husband's knowledge of birth assistance.

Apart from educational factors, the type of work also influences a person's level of knowledge. From the research results, the majority of respondents' jobs were private employees, namely 14 people (38.9%). According to Rusyan (2017) that in meeting primary and secondary needs, families with good economic status find it easier to meet their daily needs than families with low economic status. The working area of Syekh Yusuf Regional Hospital is an agricultural and industrial area where part of the population is busy every day with their respective work routines. This will affect the need for information which is a secondary need. Most of the people of Gowa Regency prefer to fulfill primary needs rather than choosing to fulfill secondary needs, including health information because the system is busy working, they feel tired and there is a lack of awareness among the public about the importance of health.

This research is in line with research by R. T Siwi (2013) that there is a relationship between knowledge and birth assistance for wives. Likewise, research by Annisa (2017), Ratih (2018), Galuh (2015), and Fatmawati (2016) shows that the husband's knowledge is related to the husband's role in assisting and preparing for childbirth.

According to the researcher's assumption, assistance with childbirth preparation is related to the respondent's awareness of assisting his wife's childbirth preparation. Husbands who are not

willing to accompany the birth may be because they do not understand properly and deeply the importance of assistance in preparing for childbirth. Apart from that, he doesn't pay enough attention to taking his wife for routine check-ups according to schedule. Lack of awareness will influence husbands in obtaining information regarding assistance in preparing for childbirth. After the husband realizes the importance of assistance in preparing for childbirth, the husband can accompany his wife for routine check-ups until the birth process takes place.

2. The relationship between the husband's role and the husband's attitude in preparing for childbirth in third trimester pregnant women

Based on the research results, it is known that the husband's attitude is related to his role in preparing for childbirth. The chi square test got a p value of 0.001 so the p value was <0.05 . This shows that there is a significant relationship between the husband's role and the husband's attitude in preparing for childbirth for pregnant women in the third trimester in the working area of the UPT Puskesmas Tabukan.

Attitude is a reaction or response that is still closed to a stimulus or object. Because it is logical to expect that a person will reflect it in the form of behavioral tendencies towards objects (Notoatmodjo 2013). As we know, one of the factors that influences attitude is age. This research shows a distribution of frequencies based on age from 36 respondents, the highest age group is 26-35 years, amounting to 26 people (72.2%).

Attitude is a person's reaction or response to a particular object, which already involves the relevant opinion or emotional factor (happy or unhappy, agreeing or disagreeing, good or bad and so on). In this study, one of the characteristics measured was the husband's attitude regarding his husband's assistance in birthing process. Attitude is also a person's willingness to act, this attitude does not yet refer to an action but is a form of readiness in terms of wanting to do something.

Based on research conducted by Fatmawati (2016), the research results of the 66 total respondents studied showed that 84% (n=16) of respondents had a positive attitude and 16% (n=3) of respondents had a negative attitude. In this case, the husband's attitude level has a good percentage of attitudes regarding accompanying the husband in the birthing process. This is not in line with the results of research conducted by researchers that there is no relationship between attitudes and husband's assistance, this is thought to be because knowledge is still not enough to influence respondents' attitudes.

A complete attitude is supported by three main components, namely: (1). Beliefs (beliefs), ideas and concepts about an object, (2). Emotional life or evaluation of an object, and (3). The tendency to act (tend to behave), while determining a complete attitude is supported by the important role of knowledge, thoughts, beliefs and emotions (Notoatmodjo, 2013).

Various factors that influence attitude formation are internal and external factors. Internal factors include gender, education, and experience. External factors include mass media, educational/religious institutions, society, facilities, and work environment (Azwar, 2015).

According to the researcher's assumption, the husband's presence in preparation for childbirth will be welcomed because it can bring peace to the wife who is preparing to give birth. The husband can also play an active role in providing physical and moral support to his wife. Husbands who have actively participated in antenatal and birth preparation courses usually view childbirth as a positive thing.

3. The relationship between the husband's role and the husband's support in preparing for childbirth in third trimester pregnant women

Based on the research results, it is known that husband's support is related to the role in preparing for childbirth. The chi square test got a p value of 0.007 so the p value was <0.05 . This shows that there is a significant relationship between the husband's role and the husband's support

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in preparing for childbirth for pregnant women in the third trimester in the working area of the UPT Puskesmas Tabukan.

The results of this research are in line with Green's theory in Notoatmodjo (2017) which states that husband's support is a reinforcing factor that makes a person act towards certain objects. However, reinforcing factors can be positive or negative depending on attitudes and behavior. The husband's support variable has a positive influence on the wife's birth, that is, the more the husband accompanies, the more comfortable and reduces stress for a wife who will face the birth process.

Support is the availability of resources that provide physical and psychological comfort obtained through the knowledge that the individual is loved, cared for, appreciated by other people and he is also a member of a group based on common interests. This is in line with the opinion of Aprilia (2017) which states that there is a significant relationship between husband's support and the level of anxiety of pregnant wives before giving birth ($p=0.004$), so it is expected that husbands will accompany their wives during childbirth, because the higher the husband's support, the higher the level of support. The wife's anxiety in facing childbirth decreases. From the results of research at the Tabukan Community Health Center, it is clear that husbands who accompany birth preparations can provide good support to their wives. This is shown by the results obtained, namely that out of 36 respondents, there were 31 people (86.1%) whose support was higher than respondents who did not accompany them, namely only as many as 5 people (13.9%).

The above is in accordance with the theory that husband's support is support given by the husband to his pregnant wife, in this case the support can be in the form of verbal and non-verbal, advice, real help in the form of behavior or presence that can provide emotional benefits and influence behavior. his wife's behavior, in this case, is support during the birthing process. The husband is part of the family, so the husband's support is very necessary in determining various policies in the family. Support is a reinforcing factor that can influence a person's behavior (Green in Notoatmodjo, 2013).

Husbands are encouraged to take an active role in supporting their wives and identify possible steps for their comfort. Respect your wife's wishes to bring a friend or relative to accompany her (MOH RI, 2021). The husband's support in the birthing process will have an effect on the wife's limbic system, namely in terms of emotions, the wife's calm emotions will cause her neuron cells to secrete the hormone oxytocin whose reaction will cause uterine contractility at the end of pregnancy to expel the baby (Guyton, 1997).

From the results of research conducted by Khusnul (2018), it is stated that the presence of birth assistance can provide encouragement for wives not to worry, provide comfort, calm and enthusiasm. The love and sympathy given by the husband to the wife during childbirth will provide its own strength which can trigger the wife's enthusiasm to be stronger through the birthing process. So assistance plays a very active role in supporting the labor process so that labor can take place quickly. According to researchers' assumptions, the high participation of husbands in accompanying wives shows that husbands are aware of the role they can play in providing physical support and moral encouragement to wives who are giving birth.

CONCLUSION

The Relationship between Husband's Role and Husband's Knowledge: The results of the research after carrying out the chi square test obtained a p value of 0.033 so the p value was <0.05 . Based on statistical tests, it can be found that there is a significant relationship between the husband's role and the husband's knowledge in preparing for childbirth in third trimester pregnant women. The Relationship between Husband's Role and Husband's Attitude: The results of the research after carrying out the chi square test obtained a p value of 0.001 so that the p value was <0.05 . Based on statistical tests, it can be found that there is a significant relationship between the husband's role and

the husband's attitude in preparing for childbirth in third trimester pregnant women. Relationship between Husband's Role and Husband's Support: The results of the research after carrying out the chi square test obtained a p value of 0.007 so the p value was <0.05. Based on statistical tests, it can be found that there is a significant relationship between the husband's role and the husband's support in preparing for childbirth in third trimester pregnant women.

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