

## ***The Role of the Husband on Maternal Health during Pregnancy: A Scoping Review***

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### **ABSTRACT**

*The Maternal Mortality Rate (MMR) in Indonesia is 305/100,000 KH, which is still high, one of which is due to delays in the mother's decision-making. Socio-cultural influences prevent women from making decisions independently during pregnancy, childbirth, and postpartum because the husband is still the center of service decision-making. This study aims to determine the existing literature review regarding the husband's role in maternal health during pregnancy. The method used is Four database searches were carried out using the PRISMA ScR agenda methodology on Science Direct, EBSCOhost, and Exploration Hare. Data were searched based on research objectives, year of publication, research design, characteristics of respondents, and research context—critical Appraisal using JBI Critical Appraisal Tools. The results of the study show that seven articles were selected for review. Each piece in this review covers various subjects related to estimation, mediation, methodology, and research results and shows that the role of husbands in developing countries during pregnancy and the postpartum period is most influenced by cultural norms. This finding shows how culture affects the position of men as having primary responsibility for the family's financial well-being. At the same time, women are expected to take on household responsibilities such as cooking, caring for children, cleaning, and washing.*

**Keywords:** Husband, Partner, Perinatal, Pregnant Mother, Husband's Role

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### **INTRODUCTION**

According to the World Health Organization (WHO), the high maternal mortality rate (MMR) in agricultural countries is caused by many factors. These factors include death, pollution, difficulty giving birth, assistance with the delivery of the fetus, toxemia, and eclampsia <sup>1</sup>. According to the 2017 Indonesian Health Sector Study (IDHS), the MMR is still at an incidence rate of 305/100.00 KH. Local culture and society contribute. For example, it is hoped that women in Indonesia can handle all matters related to pregnancy, childbirth, and parenting themselves

so that the partner is not much involved in the moment experienced by the wife <sup>2</sup>.

Even in an urgent situation, the wife cannot make a choice, even though she cannot make decisions in general. Due to the delay in realizing a problem in the mother and the long time in determining the appropriate health service location and getting services as needed, many mothers and babies die tragically <sup>3</sup>.

According to the World Well-being Association (WHO), the involvement of partners in safe care includes facilitating access to and use of prenatal care and increasing awareness and support in program design <sup>4</sup>.

When a husband shows concern for his wife, mothers-to-be and breastfeeding mothers feel comfortable and able to cope with their challenges <sup>5</sup>.

Emphasizing the role of partners in maternal and child health is an effort to increase the involvement of fathers and partners in caring for their families, which can increase the access of mothers and children to quality medical care. A pregnant woman's actions and choices of partners directly influence the well-being and development of the mother and the unborn child. So this is one of his most important responsibilities. <sup>6</sup>.

Previous studies have shown that factors including distance to access to health services, costs, and availability of transportation all play a role in a mother's choice to visit a midwife or not <sup>7</sup>. In addition, it is essential to mention that a companion can assist in directing visits to health facilities during her pregnancy <sup>8</sup>.

Article 10 of the General Authority Regulation of the Republic of Indonesia Number 61 of 2014 concerning the Provision of Government Assistance is also called the Informal Regulation of 2014 regarding the responsibilities of husbands towards their partners during the perinatal period, including ensuring the health of mothers and their unborn children, improving the physical and mental well-being of mothers, and preparing for safe transportation of mothers by medical personnel <sup>9</sup>. The Husband Ready to Deliver and Face Program (Warning Husband) in Indonesia aims to increase marital cooperation <sup>10</sup>. Informal regulations on the involvement of Assistance Experts in providing maternal and child welfare services highlight the importance of partner involvement during the perinatal period, including pregnancy, childbirth, postpartum, and baby care. The involvement of husbands during various stages of the perinatal period

aims to reduce maternal mortality <sup>11</sup>.

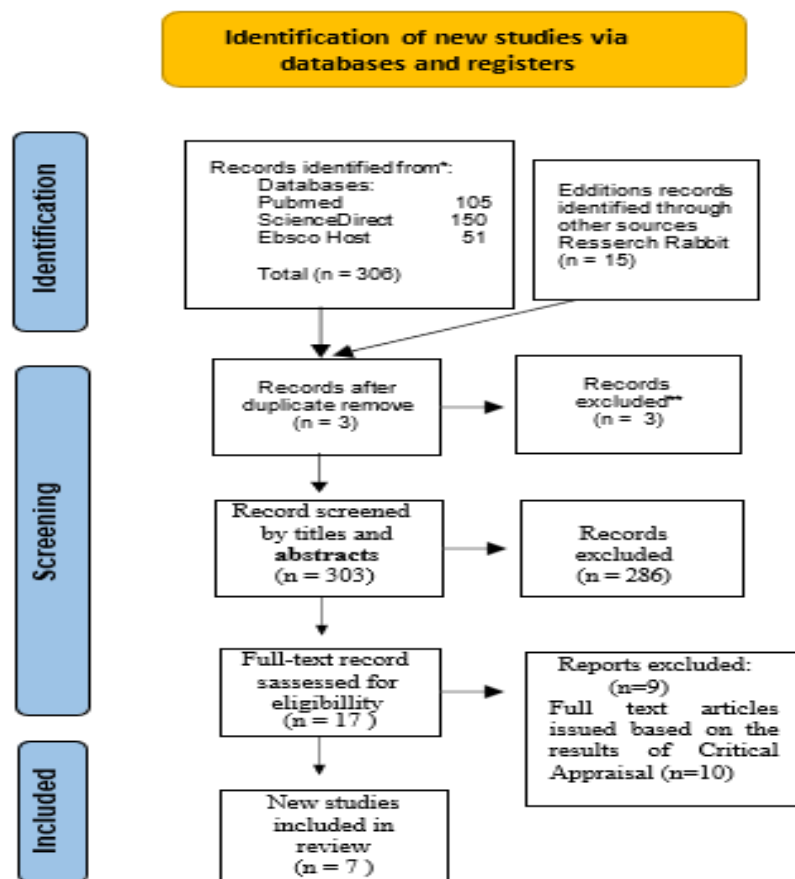
Involvement of partners during the pregnancy process: This study aims to review research results in journal publications, namely the role of the partner (husband) during the mother's pregnancy process <sup>12</sup>.

## **METHOD**

The author intends to use Scoping Review research as a research design. A scoping review is used as an introduction to a systematic review, aiming to identify the types of evidence available on the topic under discussion, providing an overview of how research is conducted on a particular subject or field and identifying important characteristics or factors associated with a study. Concepts, and explains the systematic review. Two from the same educational institution, one lecturer and one student, wrote this scoping review.

Population Exposure Outcome (PEO) is the organizing principle of Screening Survey design. The population in this analysis is married couples to see the role of partners in maternal health during pregnancy. The articles used from 2016-2022 were 17 articles with complete text, filtered based on their relevance. Preparation of this scoping review using guidance from selected Reporting Items. Systematic Reviews and Meta-Analyses (PRISMA) expanded scoping review checklist. The adapted review includes:

1. Identification of documents through systematic search.
2. Screening of articles based on title and abstract.
3. Assessment of the suitability of articles in full text.
4. Critical Appraisal.
5. Inclusion of relevant articles.



**Figure 1. A-ScR Flow Chart**

## RESULTS And DISCUSSION

### Husband's Role During Pregnancy *Emotional Support*

The findings of this study indicate that some of the research informants believe that pregnancy is a shared responsibility and that pregnant women must feel prosperous, happy, and safe. In addition, this study reveals the importance of partner support in providing emotional and action assistance in the household [PS5, PS6, PS7]. In [PS6], 89.9% of members show high influence in household management.

### *Financial Supporters*

During pregnancy, the partner's role as financial support and providing for needs has many different descriptions of conditions [PS1,

PS3, PS4, and PS6]. According to research conducted by <sup>20</sup> states, only a tiny proportion of men (13.4%) provide support for meeting needs and supporting other family responsibilities more than providing financial assistance to their partners during pregnancy.

Similar findings were also reported in the [PS4] article written by <sup>21</sup> suggesting that pregnancy in mothers with partners who have little involvement in the process assumes that this is indeed a woman's domain. However, the study also acknowledged that partners can provide for needs even though pregnancy has traditionally been the woman's responsibility.

### *Head*

Research <sup>22</sup> illustrates that in the nuclear family structure, the husband makes most of the financial decisions, regardless of whether those decisions are about money or the health of pregnant women.

### ***ANC Visit with Spouse***

During pregnancy, the husband is responsible for accompanying his wife to prenatal care so that they can check the pregnancy thoroughly [PS2, PS3, PS4, PS5, PS6, and PS7]. Even though [PS6] members had prenatal visits, only 20% of informants attended with their partners. The informants [PS3, PS5, PS7] were considered very good, and most informants went with their wives during ANC visits. This particular aspect contributes to the affirmation process that, in other contexts, informants on [PS3 and PS4] have observed that in many cases, it is the mother, in-laws, or family who accompanies the woman during the antenatal visit. The ANC assistance provided by the husband was considered quite extraordinary.

### **Factors that Hinder Husband's Role During Pregnancy**

#### ***Culture***

In three article findings, culture was identified as limiting the husband's role [PS4, PS5, and PS6]. They feel their work is hampered, coupled with the belief that pregnancy is not a man's business.

#### ***Work***

The occupational component proven in [PS5, PS6] reveals that men are primarily responsible for providing for their families and prioritizing their professional commitments, spending time with or supporting their partners. Hourly work is an additional barrier because spouses are not paid even if spouses accompany their wives. They will be allowed to work with less income if they do (permission to attend to their wife).

#### ***Shame on society***

Disgrace in society is seen as a hindrance in countries such as the Middle East [PS4 & PS6] and Nigeria, which adhere to a male-centered framework where men have their honor. Men accompanying their pregnant partners for checkups may face ridicule and condescending looks from others and assume that "the husband is afraid of the partner" because of traditional gender roles in Western culture.

### ***Health and Safety Management Structure***

Men are prohibited from participating in visits to check up on their partners due to the unavailability of support services for these models [PS1&PS6]. Men have no role in visits or examinations besides accompanying their partners or waiting outside. The informants (spouses) also received services considered undervalued and inappropriate by their presence. Because of this, men are less likely to accompany their women to pregnancy visits, which is unfortunate because their company would be beneficial.

### ***Insufficient information***

Lack of information and references [PS7] collected by couples on the relevance of nutrition to the mother's pregnancy. Inexperience and lack of online access to pregnancy information are common causes of this theme, especially among younger individuals.

### **Causes of Lack of Husband's Participation**

It is not recommended to be involved in the perinatal period when examining the partner [PS2 & PS3]. It is not recommended that the child's father be present during the perinatal period. Meanwhile, most couples realize that the fluctuations in the mother's mood during pregnancy make her presence at home indispensable.

### ***Work in Orientation***

According to research <sup>23</sup>, women still take a decisive role in seeking medical care, while men often focus on meeting their financial needs by working to help the household. This practice is based on a traditional, male-centered society.

### ***Couple Communication***

Research by <sup>24</sup> shows that modifications in sexual practice and a lack of good communication between partners during pregnancy can hinder their partner's ability to assist them during pregnancy and childbirth.

The main aim of this study is to provide a comprehensive evidence base on the role of the partner in maternal health during pregnancy, the factors that inhibit partner involvement during this period, and the causes of lack of support from the husband.

**Table 1. Data Extraction**

No	Title / Author / Year	Country	Objective	Types of research	Sample	Data Collection / Measuring Instruments	Results
PS1	Pregnant women's perceptions regarding their husbands and in-laws' support during pregnancy: a qualitative study <sup>13</sup>	Pakistan	To explore women's perceptions of husband and family support during pregnancy	Qualitative research with exploratory study design.	Using purposive approach sampling, ten third-trimester pregnant women were selected and lived in mixed family structures.	Only semi-structured interviews were conducted. Field notes and audio recordings of the meeting were taken. During the session, members use language that is comfortable for both parties.	Recognized courses are under three topics: limited prenatal care, physical and emotional stress, and institutional barriers. Members discuss their perspectives on spousal and in-law support, their needs, and any barriers to maternal and child health care they see.
PS2	Participation of father in perinatal care: a qualitative study from the perspective of mothers, fathers, caregivers, managers, and policymakers in Iran <sup>14</sup>	Iran	To examine the role of fathers in perinatal care.	Qualitative research with an analysis approach	There are 19 healthcare workers, three chief healthcare representatives from Tabriz College of Clinical Science, and five strategy producers from Welfare Services and Clinical Training. Members were selected using a combination of purposive sampling and testing.	Between July and November 2017, information was collected through face-to-face meetings, in-depth interviews, focus groups, and field notes.	Analysis of the data revealed that the most common categories excluded were "helping to maintain maternal and embryonic health," "mother's basic reassurance," "father's extensive cooperation in married life," "planning for safe transportation," and "postpartum support."
PS3	Barriers to men's participation in perinatal care: a qualitative study in Iran <sup>15</sup>	Iran	To determine barriers male participation in perinatal care.	Qualitative research with an analysis approach	This method resulted in the selection of 45 people. purposeful sampling.	Semi-structured face-to-face and telephone interviews, group discussions, and handwritten field notes contributed to data collection. Between 25 and 100 minutes were	Upon completion of the information research, the following main classes were eliminated: "social barriers," "individual and relational constraints," "constraint-associated well-being frameworks," and "financial

						spent in the meeting before information immersion was achieved, and no new code of information emerged in the focus group discussions (FGDs). There were two rounds of FGD. Eight pregnant women completed it in 105 minutes, while seven medical professionals needed 120 minutes.	constraints."
PS4	The role of fathers during pregnancy: A qualitative exploration of Arabic fathers' beliefs <sup>16</sup>	Arab Saudi	To gain a deeper understanding of the role played by Middle Eastern fathers in providing maternity care throughout their wives' pregnancies and to give an individual interpretation account of their experience.	Qualitative research with phenomenological studies	Nineteen respondents, including the father of a child under 24 months from his wife's previous pregnancy. The selected sampling method is snowball sampling.	Face-to-face interview with a predetermined format to answer questions. Depending on the respondent, interviews last between 55 and 80 minutes.	How a man feels during his partner's pregnancy was shown in research, providing insight into the father's role in his partner's pregnancy. In this case, the husband is responsible for ensuring his pregnant wife's physical and emotional well-being, providing financial support, listening attentively, and attending all prenatal appointments. The presence of barriers in public spaces has become an accepted social practice.
PS5	Factors influencing men's involvement in antenatal care services: a cross-sectional study in a low resource setting, Central Tanzania <sup>17</sup>	Tanzania	To determine the level of male involvement in antenatal care and the influencing factors their involvement in the service.	Quantitative research with cross-sectional study	Of the 966 sample cases, mainly men who are now married and have reached the age of 18 years or more and have children of their own who are not yet two years old. The	Utilize tried and accurate survey instruments. Eight skilled research partners, all workers in the four regions reviewed, supervised the survey. Fifteen questions were spread across two main categories: socioeconomic status and male participation in	Men's involvement in pregnancy care is relatively high, namely 53.9%. Nearly nine in ten people (89%) agree to prenatal care. Most respondents (63.4%) visited an antenatal care facility with their partners at least once. Less than a quarter of men (23.5% in this study) were allowed to talk to their partner's medical provider

					method used for testing is multi-stage sampling.	ANC.	about concerns they had during pregnancy. Around 77.3% of respondents genuinely assisted their partners during the prenatal period. Their employment status influences men's participation in prenatal care. (AOR = 0.692, 95% CI = 0.511–0.936), Ethnicity (AOR = 1.495, 95% CI = 1.066–2.097), religion (AOR = 1.826, 95% CI = 1.245–2.677), waiting time (AOR = 1.444, 95% CI = 1.094–1.906), information on male involvement in antenatal care (AOR = 3.077, 95% CI = 2.076–4.
PS6	Male partners' involvement in pregnancy-related care among married men in Ibadan, Nigeria <sup>18</sup>	Nigeria	To assess male partners' knowledge, perception, and involvement in pregnancy-related care among married men in Ibadan, Nigeria.	Quantitative research with cross-sectional study	Married men in Idikan who are at least 18 years old. The selected sampling method is multi-stage sampling	The discovery method uses a survey made by specialists, divided into four parts. Socio-demographic questions form Part A, questions about prenatal care (ANC, PNC, BBL, and post-unnatural birth cycle care) form Part B, questions about the role of partners working in prenatal care form Part C, and questions about the husband's contribution to Prenatal care forms Part D. There are a total of 34 questions. Each wrong answer was given a score of 0, the correct answer	In this analysis, men primarily function as breadwinners and breadwinners while also serving as gentle reminders to their partners that they must give birth. Motivations for not participating in pregnancy-related care include job demands, social embarrassment, and long waiting times at health clinics.

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						was assigned a score of 1, and the topic of partner inclusion was given a score of 1 if the involvement was high and 0 if the involvement was low by using data and surveys.	
PS7	Magnitude and associated factors of husband involvement in antenatal care Follow up in Debre Berhan town, Ethiopia 2016: a cross-sectional study 19	Ethiopia	To examine the magnitude and related factors With the husband's involvement in accompanying his wife to follow up on ANC	Quantitative research with cross-sectional study	The 405 respondents, mostly married men, used a multi-stage sampling method.	Through a questionnaire and input from seven experienced obstetricians and three managers. Scientists have created a poll based on the reading of many classic books. Eight questions cover attitudes and personality about the expectant mother's partner. The husband's responsibility to accompany his wife to the next ANC meeting is the focus of 9 questions.	This study found a relationship between the wife's ANC visits and her partner's work performance. Most husbands actively participate in bringing their pregnant wives to prenatal appointments. Couples whose partners are both in their twenties are more likely to enjoy virtual entertainment than couples whose men are over the age of 29.

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## Article Characteristics

Three of the seven publications use quantitative methods, and four use qualitative methodologies to achieve research objectives (Graph 1). After evaluating the articles with JBI, there were eight grade A papers, while all others were grade B or C (Graph 2). This scoping review refers to articles from developing countries, including Pakistan, Iran, Saudi Arabia, Tanzania, Nigeria, and Ethiopia (Diagram 3).

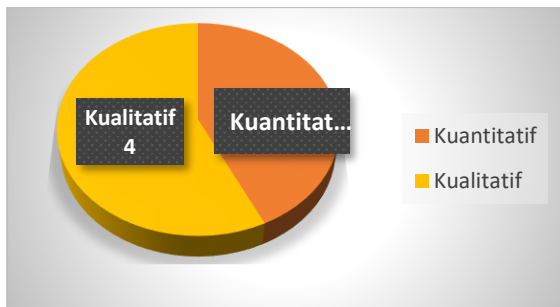


Figure 2. Study Design

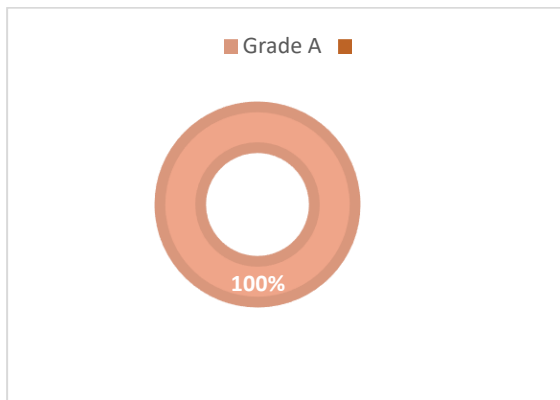


Figure 3. Study Design

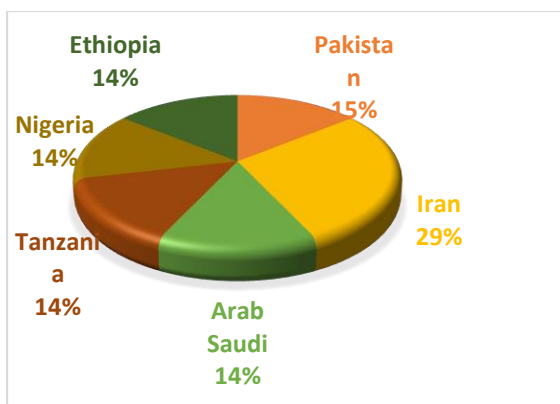


Figure 4. Characteristics of articles by country

This study describes the partner's role as a regular source of comfort. Due to the emotional ups and downs of pregnant women, their partner needs to be there every step of the way. Husbands should accompany their wives to prenatal classes to learn about pregnancy and childbirth, increase their concern for the mother's welfare, and contribute to preventing complications for both mother and child. This investigation shows that men also provide substantial support beyond financial assistance, in line with previous research findings<sup>25</sup>.

Consistent with previous research conducted in Tanzania<sup>26</sup>, this study revealed that most men's roles are the backbone, including providing for needs. Meanwhile, pregnancy is more associated with women. Many men have to show a decrease in the level of dynamism during the pregnancy of their partner. Appropriate items are identified through several checks. According to<sup>27</sup>, money is associated with the habits of Nepali men who change jobs, reducing the presence and involvement of partners in maternal health and childbirth.

Several articles on data collection focus on the importance of decision-making. There are dark aspects to the traditional male role of navigator. If they are challenging to communicate with or have to wait too long to act because of decision-making, they can endanger the lives of both mother and child. According to research<sup>28</sup>, both partners must consent before making decisions about the care of a pregnant partner. If a wife wants to know if her husband is happy with her pregnancy, she has to ask permission, and only she can decide whether tests are needed. argues that husbands should play a unique role in improving the health of mothers and children by accompanying their wives during ANC examinations<sup>1</sup>.

Partners also attend the mother for ANC control, as seen from the publications we read for this focus. Every couple considers it essential for their partner to participate in ANC screening. This helps raise awareness of the importance of partner support during pregnancy and encourages more women to use ANC services.<sup>2</sup> Another survey in Ethiopia showed that many men accompany their partners at the ANC appointment. Approximately half of the participants in our analysis reported having at least one ANC visit with their significant other<sup>2</sup>. Researchers with this focus have also

examined available data to determine what variables may prevent couples from working during pregnancy. Culture was a significant element in destroying spouses' careers in a few countries that adhere to a male-centric framework. A culture in which men are valued more highly with the expectation that they will be asked to do fewer household chores during their partner's pregnancy. Research <sup>3</sup> found similar results because men are reluctant to continue working because of the stereotype that they have to look after their pregnant wives.

One limitation of this analysis is the influence of the reviewer's work. The study revealed that working long hours and the plan not covering paternity leave in most businesses makes it difficult for fathers to participate in prenatal, labor, and postpartum care <sup>4</sup>. As shown by research <sup>5</sup>, one of the reasons why couples do not participate in maternal health care is because their workplaces are too far apart, so it is challenging to go together. When one partner is employed full-time or part-time, they may feel they cannot accompany the other to prenatal care appointments. <sup>6</sup>

We also observed that embarrassment from others was an inhibiting factor [PS4&PS6]. Men who have experienced social stigma in the past are less likely to participate in the pregnancy process, which may hurt maternal health <sup>7</sup>. Consistent with other studies <sup>8</sup>, we found that male participants in the process of pregnancy or attending ANC visits felt socially excluded and ashamed.

In this analysis, we looked for indicators of poor healthcare administration and found them. Research findings show that men's involvement in maternal health care is hindered by allegedly negative attitudes of health workers, such as language and impolite behavior directed at women and their partners, which is why husbands rarely accompany their partners to maternal health services <sup>9</sup>. Consistent with the findings of previous studies <sup>10</sup>, this study confirms these findings. Other results also show that they are not treated as well as patients who must be cared for by health workers in healthcare offices, do not feel respected, have long waiting times, and need more resources and infrastructure.

Men struggle to play an active role in pregnancy because they lack the information necessary to make an informed decision. Similar results were reported in a study conducted in Uganda <sup>11</sup>, which concluded that

lack of education and awareness hindered men from participating.

Experts in this field also comb through available data to determine the root causes of uncooperative partners. One of them takes the couple out of the equation during pregnancy. The results showed that one of the leading causes of a woman's dependence on her own family during pregnancy and childbirth is the failure of the wife to ask her husband to be involved in the perinatal period. Women also tend not to affect their husbands to maintain their safety <sup>11</sup>.

The lack of participation may be due to traditional gender norms. The results of the interviews indicated that there are specific jobs where women pay for health care for their families while men earn a large part of the household income. Traditional society, dominated by men, has an essential influence on this matter <sup>12</sup>. most importantly, what to do with feeding and preparing food <sup>14</sup>.

Partner problems during pregnancy and lack of support from partners during childbirth have been associated with a lack of legitimate communication between partners, one of which is changes in meeting their sexual needs during pregnancy <sup>14</sup>. According to several publications, the father's involvement in pregnancy also includes open communication with the mother, regardless of the couple's marital or sexual status, to better serve the child. Recent studies have shown that father participation during pregnancy helps pregnant women relax and enjoy their pregnancy more <sup>16</sup>.

## CONCLUSION

Based on the seventeen articles reviewed, it was found that culture dictates that men have primary responsibility for the family's financial well-being. The responsibility for making health-related decisions remains with the couple. A traditional, male-centered culture dominates society, limiting access to health services for pregnant women and their newborn babies. Antenatal, intranatal, postnatal, and neonatal await approval from the husband before seeking treatment or carrying out any activities related to emergency conditions that may arise before, during, or after pregnancy.

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## CONFLICTS OF INTEREST

No conflicts of interest have been declared.

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