ORIGINAL ARTICLE

Exploring Husband Support and Attitude as a Birth Partner During Childbirth at Kuala Terengganu, Terengganu, Malaysia

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ABSTRACT

Introduction: Currently, all government hospitals allow husbands to be with their wives during labour. Unfortunately, many husbands have limited knowledge of the labour process and they often panic easily. This paper aims to explore husband support and attitude of being a birth partner during the labour process. **Methods:** This is a phenomenological qualitative study which applied focus group discussion among husbands, wives and midwives. Five focus group discussion sessions using semi structured questions were conducted at Kuala Terengganu, Terengganu. The focus group sessions involving a total of 32 participants provided sufficient data saturation for thematic content analysis. **Results:** The themes identified comprise of support from husband, husband's care role during pregnancy and birth, and husband's attitude during childbirth. All participants agreed that the husband is the best birth partner to provide emotional support and motivation during labour process. **Conclusion:** This information provides insights on specific roles and attitude for husbands to be active birth partners. It is recommended that clinicians and ward managers facilitating expectant mothers to involve husbands as birth partners during labour process. Husband involvement is necessary to provide wife with psychological support. Study findings can be incorporated into an intervention module to train husbands in providing support for their wives facing labour pain and anxiety.

Keywords: Husband support; Birth partner; Labour; Childbirth; Attitude

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INTRODUCTION

The husband as a life partner should ideally be present with wife during critical situations. Women experience pain and anxiety during the childbirth labour process. They need their husbands to be with them during the labour process for emotional and psychological support. Based on a report in Nigeria, a majority of women desire their spouses as birth companions; they attest to having emotional comfort and support when their spouses participate during labour and delivery (1). However, the status and acceptability of spousal participation in labour and delivery in Nigeria are quite low due in part to socio-cultural drawbacks. In rural Bangladesh, divergent themes, namely husbands' social support and perceived social norms, were identified as underlying factors associated with labour and care during delivery (2). In contrast with the Nigerian context, Bangladeshi husbands were found to provide emotional, instrumental and informational support to their wives during delivery. A Birth Preparation Program among Brazilian women was found to provide structured guidance for physical exercise and information on pain prevention during pregnancy, the role of the pelvic floor muscles, the physiology of labour, and pain relief techniques (3). The presence of a support person during labour of Iranian women decreased the length of labour pains and helped ease delivery (4). In light of the varying findings by country context, it is not surprising that an Ethiopian study recommended further studies be conducted on the husband's involvement in maternal health care service (5).

In Malaysia, most government hospitals allow husbands to-be with their wives in the labour room. From records (2011-2013) of a hospital located in an east coast state of Peninsular Malaysia, it is estimated that approximately 60-70% of husbands were birth partners during labour. However, most husbands did not know their roles as birth partners, or as a birth supporter during labour. Hence, there is room for educating and creating greater awareness among expectant fathers on their important role in supporting

pregnant partners (6). Especially, since most women believe it is important for their partners to be present during labour and their support is highly valued.

Husbands usually feel anxious during labour pains of their partners. More than 50% of men feel uncomfortable, afraid and helpless at some point during labour (7). It is therefore necessary to explore existing knowledge and provide husbands with comprehensive information about pregnancy, labour, and childbirth. Husbands generally feel responsible to support their wives throughout the pregnancy and childbirth process. If men knew in advance that it is normal for women to undergo labour pains, it would reduce their levels of anxiety, frustration and sense of helplessness (8). When it is impossible for the midwife to give continuous support, the husband can play an important role to support the wife (9). In this context, husband needs to be an active birth partner during labour. If the husband and partner receive continuous support during labour, the husband will be more likely to play an active role (10). A woman's labour experience can be positively influenced by the presence of a support person (11), ideally her husband. Chances of having a normal birth increase, her feelings of control are enhanced, and her satisfaction with the childbirth experience is higher if there is continuous support during labour (12,13).

A previous study found that birth companions play important roles during the birth and delivery of primiparous women, and, thereby, improve birth outcomes (14). Husbands as birth companions could equip themselves with information on pregnancy and birth, share the information with their wives, and experience the childbirth moment together. Equipping husbands with childbirth information, increases confidence, and reduces worry and anxiety with the labour process, wife's change of behaviour, the labour room environment, and the birthing procedure. Effective awareness campaigns promoting male involvement should be organised so that men can be aware of their roles and the specific ways they can get involved in maternal health (15).

Abushaikha et al. (16) agreed that husbands can provide security and supportive care that involves emotional support, informational support, and comfort measures that reduce the need for obstetric interventions, such as the use of pain relief medication. Studies have identified the husband's roles during childbirth as a supporter, coaching partner, a teammate, and a witness in the childbirth process. A qualitative study regarding the father's roles during childbirth in the Arab–Islamic culture, as perceived by Syrian mothers and fathers (16), found four themes of the husband's role: psychological and spiritual support, being present and concerned, being ready and alert, and fulfilling social obligations.

When a husband is at the side of his wife, he can assist with the decision-making. A previous study found that mere presence of the partner makes the birthing woman feel valued, cared for, and appreciated (17). Findings from the study also indicate that the partner's presence during childbirth reduces pain and anxiety, shortens the duration of labour, and reduces the need for pain medication. Continuous labour accompaniments from partner provides emotional, physical, informational support, and advocacy for a woman during childbirth. Descriptive studies of women's childbirth experiences have suggested four dimensions of desired labour support emotional, informational, physical, and advocacy (18). Women in labour experience pain, suffering, changes in behaviour, besides feelings of fear, anxiety and worry. They need continuous support to provide safety and comfort during the emotionally taxing childbirth process. The presence of a husband or partner is therefore encouraged and helpful for labouring women.

This study explores the role of husband as a birth partner using focus group discussion. Focus group discussion questions cover husband support and attitude of being a birth partner during the labour process. Findings from this study provide a framework for the development of a module to enhance birth partner preparedness in supporting labour.

MATERIALS AND METHODS

The study was carried out in government clinics at Kuala Terengganu, located in the east coast of Peninsular Malaysia. Most of mothers attended government health clinic normally delivered baby in government hospital. The government hospital implements a husband friendly atmosphere, where husbands are allowed to be in the labour room. The state was selected because of the high percentage (>70%) of husbands accompanying wives during birth.

This study adopted a phenomenological qualitative study design(19). The phenomenological qualitative study design is in line with exploring participants' experience and narratives pertaining to specific research areas of interest (20). The phenomenological approach allows for a balance of structure and flexibility during sessions with participants and subsequent data analysis (21). Participants were purposively recruited for five focus group discussion (FGD) sessions. Adopting FGD for data collection helped elicit a range of responses that provide a greater understanding of the attitudes, behaviour, opinions, or perceptions of participants on the research issues (22).

This study was advertised at community health

clinics as a 'Husband as a Birth Partner' study. Participants were recruited from Kuala Terengganu region public health clinics (Klinik Kesihatan Batu Rakit, Klinik Kesihatan Seberang Takir, Klinik Kesihatan Bukit Tunggal, Klinik Kesihatan Manir, Klinik Kesihatan Hiliran and Klinik Kesihatan Air Jernih). The participants' inclusion criteria were first time expectant father and father experienced in accompanying childbirth (Groups of husbands), first time expectant mother and mother with husband experienced in accompanying childbirth (Groups of wives); and nurses with more than three years' experience working or managing labour room also having exposure with husband accompanying childbirth (Group of nurses). Meanwhile the exclusion criteria was participant unable to communicate in Bahasa Malaysia.

The participants comprised of three main groups, namely husbands, wives and midwives. A total of 12 husbands, 12 wives and 8 midwives (n=32) participated in the five focus group discussion sessions. Husbands, wives and midwives were not mixed during participation in focus group sessions. Each group participated separately in designated research sessions. The number of focus group sessions is sufficient for qualitative data saturation. Each focus group session comprised of between 6 to 8 participants. Numbers of participants for focus group sessions are suitable for interaction among participants, allowing all participants to participate during sessions. Too many participants would hinder effective and meaningful discussion. Too few participants could result in a lack of interaction during focus group session. Purposive sampling ensured selection of participants from the relevant target groups who met inclusion criteria and were able to contribute qualitative feedback necessary to fulfil research objectives. Data was collected between December 2013 and January 2014.

Focus group data was collected using a guide with semi structured questions in the Malay language. The participants were briefed regarding birth partner roles before commencing focus group discussion sessions. The researcher conducted the discussion and acted as a moderator to obtain the participants' ideas, suggestions or criticisms. She started with an introduction to help guide the discussion, to ensure input gained during sessions were in line with the study's objective. The moderator plays an important role to ensure every participant has the opportunity to speak and respond, encourage them to discuss among fellow participants and control the interactions in line with research objectives. If someone was passive, the moderator would facilitate participant with probing questions. For silent participants, more time was given to allow them space to think and state their opinions. The researcher also moderated overly talkative members to let others talk, and encourage all the members to participate. Simple notes were taken during the discussions. The focus group discussion sessions took between 45 to 60 minutes, varying in duration depending on the diversity and the complexity of participant interactions. The research sessions were conducted at convenient time slots in a conducive meeting room at the clinics premise. All research sessions were video recorded and participants were given an honorarium. Data were transcribed verbatim and coded using NVivo software. Thematic content analysis of data was guided by principles of Interpretative Phenomenology Analysis (IPA) (23). Analysis guided by IPA ensured attention towards identifying and describing how participants made sense of their lived experience (24).

Ethical Clearance

This study was approved by Human Research Ethics Committee, Universiti Sains Malaysia (FWA Reg No. 00007718; IRB No: 0000449).

RESULTS

A total of 32 participants participated in this qualitative study. Participants comprised of 12 husbands, 12 wives and 8 midwives. The demographic characteristics are summarized in Table I. The majority of participants were aged 26-30 years old (44%, n = 14). The age ranges of 21-25 and 26-30 years old each had 9 participants. The majority of participants were found to have secondary school education level (41%, n = 13), followed by diploma level with 34% (n=11) and tertiary level with 25% (n=8). The majority of participants already had birth experiences (63%, n = 20).

Qualitative findings are presented based on themes of support from husband, perceived role of the husband, care of pregnancy and birth and husband's attitude during birth.

Support from Husband

All the participants agreed that husband is the best person to accompany childbirth, especially in the labour room. Women in birth undergo pain, anxiety and nervousness. They need someone at this stage to provide emotional, spiritual and physical support. The following quotes capture husband views with regards to support:

"I feel as a husband, I should be there at all times during childbirth. This is the moment that I can provide my support to her and try to ease delivery." (Husband #7)

"For me, I can control her anxiety by providing psychological support, holding her hand and help calm her." (Husband #6)

Table I : Demographic characteristic of the participants (n=32)

Characteristic	Category	Number (n)	Percentage (%)
Age	21-25	9	28
	26-30	14	44
	Above 31	9	28
Education	Secondary	13	41
	Diploma	11	34
	Tertiary	8	25
Birth experience	Yes	20	63
	No	12	27

Wives felt that having husband beside them during childbirth helps in feeling safe and reducing anxiety:

"My view on husband as a birth partner is good. When my husband is at my side, I feel more comfortable, his physical and spiritual support can really can reduce my pain." (Wife #6)

"Holding husband's hand somehow, provides self-confidence and reduces my pain." (Wife #7)

Midwives conveyed that wives accompanied by husbands were more motivated compared to wives facing child birth alone. Support from husbands was perceived to promote natural birth and reduce complications:

"Through my experience working in the labour room, I saw women with husbands as a birth partner being in more comfort and had better motivation towards natural birth." (Midwife #3)

Midwives have a heavy workload from serving many childbirth clients. Hence, midwives naturally value husbands who provide support for their wives during childbirth.

"It is good to allow the birth partner, especially their husband to be with them throughout in the labour room and during the birth process." (Midwife #2)

Perceived Role of the Husband

Most wives in this study conveyed similar feedback with regards to their husband's role during childbirth. Husbands were perceived to be very caring and understanding with their wives during the process of childbirth:

"… my husband always holds my hand, provides me with comfort. He whispers and says romantic words as motivation…." (Wife #7)

Midwives commented that husbands attending provide care but some of them still lack confidence:

"….most husbands are caring, but they do not really know their actual role to provide proper comfort, especially during labour pain and state of anxiety…" (Midwife #3)

"…In general, most husbands touch and touch their wife's palms which help reduce anxiety and pain during labour..." (Midwife #8)

Almost all husbands mentioned that, they do not really know their special role on how to help in reducing the labour pain.

"I want to help in reducing her pain, but I also panic watching her struggling with the excessive contraction pain.. I just hold her hand and gently massage her hand." (Husband #3)

"…personally, I do not know the specific roles during assisting childbirth process.. and I think as a man, we should have adequate knowledge in order to be an active birth partner.." (Husband #4 and Husband #6)

Husbands require knowledge of their role as the birth partner, in addition to being an active participant during labour and childbirth. Furthermore, husband's involvement helps develop intimate husband-wife relationship, and be a better father-to-be.

Care of Pregnancy and Birth

Husbands generally expressed needing to know further about care during pregnancy and birth. They were curious on how to get involved in care of pregnancy. Some husbands asked about the special dietary needs for pregnant mothers:

".. I want to know what kind of diet should pregnant mothers take, and are there any restriction in the diet...." (Husband #1)

".. Can my wife take any diet, because sometimes she likes to eat such a ridiculous food.., so I need to know the proper diet for mother and child's well being…" (Husband #2)

The majority of husbands wanted to know about physiological changes during pregnancy, health care and activities during follow up, about signs and symptoms of labour, preparation, process of labour pains and labour management. Most wives agreed that their husband did not know much about pregnancy and birth:

".. my husband knows little about care during pregnancy and birth, .. he sometimes does not want to be involved in the activities during antenatal check-up" (Wife #1)

Some of midwives also commented the same about husbands, regarding their limited participation in wife's pregnancy and childbirth process.

"..from my observation most husbands do not come to accompany their wives, or when they come, they do not participate during the antenatal activities.." (Midwife #3)

Husband's Attitude during Birth

It was expressed by participants that during labour, the husband should be present with wife to give full psychological, physical, emotional and spiritual support. Husband's presence during the very important stage gives support for wife in facing labour pains and provides comfort measures. Participants shared their views regarding husbands' attitudes during childbirth as follows:

"… for me, I want my husband to reduce my pain and anxiety by holding my hand, do gentle massage, or other measures..." (Wife #1)

"…. when I accompany my wife in the labour room, I just hold her hand throughout the labour process, I actually do not know the exact methods to help her in reducing pain, such as anxiety…" (Husband #1)

"… I feel panicky when I see my wife struggling with pain, I feel so sympathetic.. and recite, I gently massage her hands, palms.." (Husband #2)

"… most husbands just sit beside their wife just for the sake of attendance,… some, do not know what to do, some just holding hands or touching.." (Midwife #1).

DISCUSSION

Husband's knowledge and preparedness are important to be an effective birth partner. Most of the interviewed participants say that a husband must know what to do during childbirth. The husbands also agreed that they need to have basic knowledge of pregnancy, care and birth. Studies in Ethiopia suggest; the policy maker should work to promote male partner involvement on the birth preparedness and inform the community about the importance of the husband's participation for child and mother (25). In Sweden and Norway, the value of the husband's involvement in pregnancy, parent education, childbirth and the care of the new born baby are entrenched in legislation (26).

In Malaysia, husbands are allowed to be a birth partner during childbirth, but there is no formal or informal childbirth education, especially regarding knowledge and practice about roles and responsibilities as an active birth partner. Findings from this study provide the framework and foundation in developing a birth partner module for husbands to support their wives during childbirth. Husbands as birth partners need to have knowledge of pregnancy and birth, their role and attitude during pregnancy, especially when wives are facing labour pains and anxiety.

Most wives expressed feeling more confident, safe, comfortable and relieved from emotional distress during childbirth with the presence of their husbands. This study finding can guide the development of a birth partner module for husbands, ensuring the module is tailored towards the emotional needs of wives. A comprehensive birth partner module could address the lack confidence among some husbands in providing physical and emotional support for their wives during childbirth (27).

This study highlights that educating husband as an expectant father directly benefit their wives to reduce anxiety and pain during labour process. So, newly pregnant couples could be informed in terms of knowledge, attitude, and practice, facilitate cognitive and behavioural changes. revisions of information and education of couples can create an awareness and open-mindedness about pregnancy, birth, and companionship during labour.

In terms of improving quality of maternity care, health policy makers need to strengthen the legislation, as what Sweden and Norway have practised (26). This legislation pertains to parent education and promoting the husband's involvement in during wife's pregnancy, childbirth and care of newborn baby. Male involvement needs to be recognised and addressed in health promotion initiatives due to the potential benefits it may bring to both maternal and child health outcomes.

This study is methodologically limited in terms of transferability of study findings. Transferability of study findings for other settings would depend on similarity of cultural context. Since a qualitative study, findings cannot be directly generalised to represent the local population of husbands and wives

experiencing childbirth. In addition, study participants were selected from a particular location. Hence, behaviour and experiences of couples could differ at other country locations.

For future research, it is recommended for a study to be conducted among diverse populations with different ethnic backgrounds. Involving a diversity of culturally unique participants could offer greater appreciation for a variety of traditional experiences in supporting wives during the labour process. Also recommended is for future research to integrate qualitative and quantitative methods in developing and evaluating a childbirth education module for husbands. Development and implementation of such a module could be an effective intervention in promoting desired childbirth support for wives.

CONCLUSION

In conclusion, this study highlights important aspects for husbands to be effective birth partners for their wives during childbirth. The important aspects which provide a foundational birth partner module framework comprise of support from husband, role of the husband, care during pregnancy and birth, and the husband's attitude during childbirth. This study suggests that husband accompanying wife as a birth partner can provide comfort and reduce labour complications.

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