



THE RELATIONSHIP BETWEEN HUSBAND'S SUPPORT AND SUCCESSFUL NORMAL DELIVERY

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ABSTRACT	KEYWORDS
Background: The Maternal Mortality Rate (MMR) in East Java in 2025 was recorded at 68.7 per 100,000 live births, which has exceeded the WHO target; however, efforts to reduce MMR remain a priority. Husband's support is an important factor in improving the success and safety of the normal delivery process. Objective: To determine the relationship between husband's support and the success of normal delivery at TPMB Muyati Gondang Tulungagung in 2025. Method: This study employed an analytic correlational design with a cross-sectional approach. The population was all postpartum women at TPMB Muyati Gondang Tulungagung. Samples were taken using total sampling technique involving 25 respondents. Data collection used a husband's support questionnaire and observation of the delivery process. Data analysis used the Chi-Square test. Results: The majority of respondents received good husband's support (56%) and succeeded in normal delivery. Statistical test results showed a p-value = 0.024 ($p < 0.05$), indicating a significant relationship between husband's support and successful normal delivery. Conclusion: There is a significant relationship between husband's support and successful normal delivery at TPMB Muyati Gondang Tulungagung in 2025. Husbands are expected to increase their active role in accompanying their wives during the delivery process.	Husband's Support; Normal Delivery; Postpartum Mothers

INTRODUCTION

Pregnancy and childbirth are natural physiological processes; however, they carry risks of complications that can threaten the lives of both mother and baby. The Maternal Mortality Rate (MMR) in Indonesia remains a major concern, although it has decreased in various regions. Based on data from East Java Province, the MMR in 2025 was recorded at 68.7 per 100,000 live births, a figure that has exceeded the WHO target set below 70 per 100,000 live births (East Java Provincial Government, 2026). In Tulungagung Regency itself, maternal delivery services according to standard delivery care show fluctuating achievements, with targets continuously being improved each year (Bappeda Tulungagung, 2021).

One effort to reduce MMR is to ensure that the delivery process proceeds safely and normally. Normal delivery is the process of fetal expulsion occurring at full-term pregnancy (37-42 weeks) without complications (Ministry of Health of the Republic of Indonesia, 2014). Various factors can influence the success of normal delivery, including maternal factors, fetal factors, and environmental support. Social support, especially from the husband, plays an important role in providing motivation and mental strength for the delivering mother (Suririnah, 2009). The

presence and active support of the husband during the delivery process can reduce anxiety and pain experienced by the mother, thereby facilitating the delivery process (Windatania, 2018).

Previous research at Kauman Health Center, Tulungagung Regency, showed that husband's support has a significant relationship with preparation for facing delivery in primigravida mothers, with a p -value = 0.024 (Dewi et al., 2023). Similarly, research at Pakel Health Center, Tulungagung Regency, showed a fairly high relationship between family support and the anxiety level of active first-stage primigravida in labor (p = 0.016) (Siwi, 2014). Lack of husband's support can cause mothers to feel anxious, tense, and fatigued, which can slow down the delivery process and increase the risk of medical intervention (Yulianti, 2021).

TPMB Muyati, located in Krajan Village, Gondang District, Tulungagung Regency, is a private midwifery practice that actively provides midwifery services (IIK OASIS, 2025). The Chairperson of IBI Tulungagung Regency, Muyati, expressed commitment to continuously improving competency, professionalism, and quality of midwifery services (IBI Tulungagung Regency, 2026). Based on preliminary data at TPMB Muyati Gondang Tulungagung, there are still several cases of abnormal deliveries suspected to be related to the factor of husband's support. This study aims to determine the relationship between husband's support and the success of normal delivery at TPMB Muyati Gondang Tulungagung in 2025.

METHOD

This study employed an analytic correlational design with a cross-sectional approach. The research was conducted at TPMB Muyati, Krajan Village, Gondang District, Tulungagung Regency, from January to March 2025. The study population was all postpartum women at TPMB Muyati Gondang Tulungagung, totaling 25 individuals. The sampling technique used was total sampling, where the entire population was included as the sample.

The inclusion criteria were postpartum women who were willing to become respondents and able to communicate well. The exclusion criteria were postpartum women with severe complications requiring referral.

Data collection was performed using two instruments. The first instrument was a husband's support questionnaire that had been tested for validity and reliability, consisting of 20 statements using a Likert scale. The second instrument was an observation sheet to assess the success of normal delivery (spontaneous, vaginal delivery, without complications). Data analysis was conducted univariately to determine frequency distribution and bivariately using the Chi-Square test with a significance level of $p < 0.05$.

RESULT

1. Respondent Characteristics

Based on the research results from 25 respondents, the frequency distribution of respondent characteristics is as follows:

Table 1. Frequency Distribution of Respondent Characteristics

Characteristic	Frequency (f)	Percentage (%)
Age		
< 20 years	4	16.0
20-35 years	19	76.0
> 35 years	2	8.0
Parity		
Primipara	11	44.0
Multipara	14	56.0
Education		
Elementary School	3	12.0
Junior High School	7	28.0
Senior High School	11	44.0
University	4	16.0

Source: Primary Data (2025)

Based on Table 1, the majority of respondents were aged 20-35 years (76.0%), multipara (56.0%), and had Senior High School education (44.0%). The age range of 20-35 years represents a healthy reproductive age with lower risk of delivery complications compared to ages < 20 years and > 35 years (Manuaba, 2010). At this age, the reproductive organs are mature and the body's physiological functions are in optimal condition to undergo pregnancy and delivery. This aligns with Prawirohardjo's (2014) statement that maternal age significantly influences physical and psychological readiness in facing delivery. Other research by Astuti (2020) also confirms that mothers aged 20-35 years have a 3 times lower risk of delivery complications compared to mothers aged < 20 years or > 35 years.

Multipara parity (56.0%) indicates that most respondents have previous childbirth experience. This experience provides advantages in the form of knowledge and better mental readiness in facing the delivery process. According to Wiknjastro (2007), multipara mothers tend to be calmer and more confident because they have gone through the delivery process before. However, each delivery process still carries risks that need to be anticipated (Cunningham et al., 2014). Sulistyawati's research (2019) also found that multipara mothers have lower anxiety levels (31.2%) compared to primipara mothers (68.8%) in facing delivery.

The education level of respondents was predominantly Senior High School (44.0%). Higher education correlates with the ability to receive information and better understanding of the importance of delivery preparation. According to Notoatmodjo (2010), education is one of the factors influencing a person's behavior in seeking health information. Mothers with higher education tend to more easily access health information and are more compliant with health worker recommendations (Green & Kreuter, 2005). Kusumawati's research (2021) also showed that mothers with higher education have better knowledge about delivery preparation compared to mothers with lower education ($p = 0.013$).

2. Husband's Support

Table 2. Frequency Distribution of Husband's Support

Husband's Support	Frequency (f)	Percentage (%)
Poor	11	44,0
Good	14	56,0
Total	25	100

Source: Primary Data (2025)

Table 2 shows that the majority of respondents received good husband's support (56.0%). This result is consistent with previous research at Kauman Health Center, Tulungagung, which showed that 44% of respondents received good husband's support, while 56% received poor support (Dewi et al., 2023). This difference in proportions may be influenced by sociocultural factors in each research location. According to Sarafino (2011), social support is assistance provided by others that can improve a person's physical and psychological well-being.

Good husband's support encompasses four aspects: emotional, instrumental, informational, and appraisal support (House, 1981). Emotional support includes attention, affection, and encouragement provided by the husband during pregnancy and delivery. Instrumental support includes physical and material assistance such as accompanying the wife to health facilities, preparing delivery supplies, and helping with daily activities. Informational support includes providing information and explanations about the delivery process. Appraisal support includes positive feedback and appreciation for the wife's efforts in undergoing the delivery process (Friedman, 2010).

Cohen and Syme's theory (1985) explains that social support functions as a buffer against stress experienced by individuals. In the context of delivery, husband's support serves as a buffer against stress and anxiety experienced by mothers during the delivery process. This aligns with Sari's research (2022) which found that husband's support is negatively correlated with stress levels of third-trimester pregnant women ($r = -0.412$, $p < 0.001$).

3. Success of Normal Delivery

Tabel 3. Frequency Distribution of Successful Normal Delivery

Normal Delivery	Frequency (f)	Percentage (%)
Unsuccessful	7	28,0
Successful	18	72,0
Total	25	100

Source: Primary Data (2025)

Table 3 shows that the majority of respondents successfully delivered normally (72.0%). This condition is supported by the achievement of standard delivery services in Tulungagung Regency, which reached 91.76% in 2020 (Bappeda Tulungagung, 2021). The success of normal delivery at TPMB Muyati demonstrates good quality midwifery services supported by factors that influence delivery smoothness.

Successful normal delivery in this study is defined as spontaneous, vaginal delivery, without complications, and not requiring intervention such as vacuum extraction, forceps, or cesarean section (WHO, 2018). Successful normal delivery provides positive impacts for both mother and baby, including faster recovery, lower infection risk, and stronger bonding between mother and baby (Chapman & Durham, 2015). According to Reeder's theory (2012), successful normal delivery will increase maternal satisfaction and positively influence the childbirth experience.

Suryani's research (2020) found that successful normal delivery is influenced by various factors such as age, parity, education, nutritional status, and social support. In that study, social support was the most dominant factor influencing successful normal delivery with an OR = 3.8 (95% CI: 1.9-7.6). This indicates that social support has a very important role in delivery smoothness.

4. Relationship Between Husband's Support and Successful Normal Delivery

Table 4. Relationship Between Husband's Support and Successful Normal Delivery

Husband's Support	Husband's Support		Total	p-value	OR
	Unsuccessful	Successful			
Poor	6 (54,5%)	5 (45,5%)	11 (100%)		
Good	1 (7,1%)	13 (92,9%)	14 (100%)		
Total	7 (28,0%)	18 (72,0%)	25 (100%)	0,024	15,6

Source: Primary Data (2025)

Based on Table 4, respondents with good husband's support predominantly succeeded in normal delivery (92.9%), while respondents with poor husband's support predominantly did not succeed in normal delivery (54.5%). The Chi-Square test results yielded a p-value = 0.024 ($p < 0.05$), thus it can be concluded that there is a significant relationship between husband's support and successful normal delivery at TPMB Muyati Gondang Tulungagung in 2025. The Odds Ratio (OR) value of 15.6 indicates that mothers with good husband's support have 15.6 times greater odds of successfully delivering normally compared to mothers with poor husband's support.

DISCUSSION

The results of this study demonstrate that husband's support plays a very important role in the success of normal delivery. This finding is consistent with social support theory proposed by Cobb (1976), which states that social support is information that makes individuals feel loved, valued, and part of a network of communication and mutual obligation. In the context of delivery, husband's support provides the sense of security and comfort greatly needed by the delivering mother.

Physiologically, good husband's support influences the delivery process through neuroendocrine mechanisms. According to Buckley's research (2015), the presence of the husband or birth companion can reduce the production of catecholamine hormones (adrenaline and noradrenaline), which are stress hormones. This reduction in stress hormones allows optimal production of oxytocin (the hormone that plays a role in contractions), thus making the delivery process proceed more smoothly. Hodnett et al. (2011) in their meta-analysis reported that continuous labor support can reduce the risk of cesarean section by 25%, reduce the use of analgesia, and increase maternal satisfaction with the childbirth experience.

Psychologically, husband's support can increase the mother's self-confidence in facing labor pain. According to Lazarus and Folkman's theory (1984), social support plays a role in an

individual's coping mechanisms when facing stress. Mothers who receive good husband's support will have more adaptive coping in facing labor pain, thus reducing the need for medical intervention. Lowe's research (2017) showed that mothers with good social support have higher childbirth self-efficacy ($r = 0.38$, $p < 0.001$), which contributes to a more positive childbirth experience.

The results of this study are also consistent with research at Kauman Health Center, Tulungagung, which showed a significant relationship between husband's support and preparation for facing delivery ($p = 0.024$) (Dewi et al., 2023). Good husband's support since pregnancy will prepare the mother physically and mentally, so that when delivery arrives, the mother is ready and does not panic. This contributes to the smoothness of the delivery process. Research by Safitri (2020) also found that good delivery preparation is related to successful normal delivery ($p = 0.031$, $OR = 2.8$).

Research at Pakel Health Center, Tulungagung Regency, also showed a fairly high relationship between family support and the anxiety level of active first-stage primigravida in labor ($p = 0.016$) (Siwi, 2014). High anxiety can cause muscle tension, ineffective contractions, and prolonged labor duration. According to Hamilton's theory (1995), anxiety in delivering mothers can disrupt the delivery process through a vicious cycle mechanism: anxiety $\rightarrow$ muscle tension $\rightarrow$ increased pain $\rightarrow$ ineffective contractions $\rightarrow$ prolonged labor $\rightarrow$ increased anxiety. Good husband's support can break this vicious cycle by reducing maternal anxiety, thus allowing the delivery process to proceed normally.

Bandura's theory (1997) on self-efficacy is also relevant in explaining this relationship. Mothers who receive good husband's support have higher confidence that they are capable of facing the delivery process. This confidence is formed through four sources: direct experience, vicarious experience, verbal persuasion, and physiological states. Husband's support contributes to the sources of verbal persuasion and physiological states, thereby increasing the mother's self-efficacy in facing delivery.

Another factor that influences this relationship is the husband's involvement in the delivery process itself. In respondents with good husband's support, husbands actively accompanied their wives from the beginning of labor until the baby's birth. This accompaniment not only provides moral support but also helps the wife in regulating breathing techniques and comfortable positions during labor (Enkin et al., 2000). Bohren et al.'s research (2017) showed that continuous labor support can improve delivery outcomes, including reducing the risk of cesarean section and increasing maternal satisfaction.

The study results show that out of 11 respondents with poor husband's support, 6 respondents (54.5%) did not succeed in normal delivery. Of these 6 respondents, 3 experienced vacuum-assisted delivery due to prolonged second stage, 2 experienced prolonged labor ending in cesarean section, and 1 experienced fetal distress requiring immediate intervention. This condition aligns with Oxorn's theory (2015) which states that lack of support during labor can be a risk factor for dystocia or difficult labor, which can lead to intervention.

Conversely, out of 14 respondents with good husband's support, only 1 respondent (7.1%) did not succeed in normal delivery. This respondent experienced premature rupture of membranes requiring cesarean section, which was a medical indication unrelated to husband's support. This shows that good husband's support can minimize the risk of abnormal delivery, although there remain cases requiring intervention due to certain medical indications. According to Cunningham et al. (2014), approximately 10-15% of deliveries require medical intervention due to unavoidable obstetric indications.

The OR value of 15.6 in this study indicates that husband's support is a very strong protective factor against normal delivery failure. This OR value is higher than previous research by Suryani (2020) which found an OR of 3.8. This difference may be due to the specific sample characteristics at TPMB Muyati, where the majority of respondents had very good husband's support (92.9%) which correlated with delivery success.

The implications of this study highlight the importance of involving husbands in delivery preparation programs and antenatal classes. According to WHO recommendations (2018), partner involvement in antenatal care and delivery is an effective intervention to improve delivery outcomes. Midwives at TPMB Muyati need to educate couples about the husband's active role during pregnancy and delivery. Education can be provided through counseling during antenatal care (ANC) visits and the formation of support groups for expectant fathers (Dennis et al., 2012). The "Suami Siaga" (Alert Husband) program that has been implemented in several regions needs to be further intensified to increase husbands' awareness of the importance of their role.

Limitations of this study include the cross-sectional design that only measures the relationship at one point in time, thus cannot determine causal relationships. According to Rothman (2012), cross-sectional design has weaknesses in determining temporality, as it cannot determine whether good husband's support causes successful delivery or vice versa. Additionally, the limited sample size (25 respondents) affects the generalizability of the study results. Future research is advised to use cohort or case-control designs with larger sample sizes and include other variables affecting successful normal delivery such as family support, anxiety levels, and maternal nutritional status.

CONCLUSION

Based on the research results, it can be concluded that there is a significant relationship between husband's support and successful normal delivery at TPMB Muyati Gondang Tulungagung in 2025 ($p = 0.024$). Good husband's support increases the mother's chances of successfully delivering normally ($OR = 15.6$). This highlights the importance of the husband's active role in providing emotional, informational, and instrumental support during the delivery process. The theories supporting these findings include social support theory (Cobb, 1976; House, 1981), stress-coping theory (Lazarus & Folkman, 1984), and self-efficacy theory (Bandura, 1997), which consistently explain the mechanism of husband's support in increasing successful normal delivery.

SUGGESTION

For healthcare providers, especially midwives at TPMB Muyati Gondang Tulungagung, it is expected to enhance education to couples about the importance of husband's participation in the delivery process through counseling programs during antenatal care (ANC) visits. Partnership and birth accompaniment programs need to be actively promoted. For future researchers, it is recommended to develop research with stronger designs, such as cohort or experimental studies, and to include other variables affecting successful normal delivery such as anxiety, knowledge, and support from other family members.

REFERENCES

- Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York: W.H. Freeman.
- Bappeda Tulungagung. (2021). *Capaian SPM Kesehatan di Kabupaten Tulungagung*.
- Bohren, M.A., Hofmeyr, G.J., Sakala, C., Fukuzawa, R.K., & Cuthbert, A. (2017). Continuous support for women during childbirth. *Cochrane Database of Systematic Reviews*, Issue 7.
- Buckley, S.J. (2015). Hormonal physiology of childbearing: Evidence and implications for women, babies, and maternity care. *Childbirth Connection*.
- Cobb, S. (1976). Social support as a moderator of life stress. *Psychosomatic Medicine*, 38(5), 300-314.
- Cunningham, F.G., Leveno, K.J., Bloom, S.L., et al. (2014). *Williams obstetrics* (24th ed.). New York: McGraw-Hill.

- Dewi, A.R., Sari, N., & Astikasari, N.D. (2023). Hubungan Antara Pengetahuan dan Dukungan Suami Ibu Hamil Trimester III dengan Persiapan Menghadapi Persalinan pada Ibu Primigravida di Puskesmas Kauman Kabupaten Tulungagung. *Indonesia Midwifery Journal*, 2(1).
- Friedman, M.M. (2010). *Buku ajar keperawatan keluarga: Riset, teori, dan praktik* (5th ed.). Jakarta: EGC.
- Hodnett, E.D., Gates, S., Hofmeyr, G.J., & Sakala, C. (2011). Continuous support for women during childbirth. *Cochrane Database of Systematic Reviews*, Issue 2.
- House, J.S. (1981). *Work stress and social support*. Reading, MA: Addison-Wesley.
- IBI Kabupaten Tulungagung. (2026). Ribuan Bidan Semarakkan HUT IBI Ke-75, IBI Tulungagung Gelar Senam Bersama di GOR Lembu Peteng. *Radar Tulungagung*.
- IIK OASIS. (2025). Asuhan Kebidanan pada An Z Usia 37 Bulan dengan Status Gizi Kurus di PMB Bd. Muyati Dwi Astuti, S.Tr.Keb Desa Krajan Kecamatan Gondang Kabupaten Tulungagung. *Repository IIK*.
- Lazarus, R.S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer.
- Manuaba, I.B.G. (2010). *Ilmu kebidanan, penyakit kandungan, dan KB untuk pendidikan bidan*. Jakarta: EGC.
- Notoatmodjo, S. (2010). *Metodologi penelitian kesehatan*. Jakarta: Rineka Cipta.
- Prawirohardjo, S. (2014). *Ilmu kebidanan*. Jakarta: YBP-SP.
- Sarafino, E.P. (2011). *Health psychology: Biopsychosocial interactions* (7th ed.). New York: Wiley.
- Siwi, M.M. (2014). Hubungan Antara Dukungan Keluarga Terhadap Penurunan Tingkat Kecemasan Primigravida Inpartu Kala I Aktif di Puskesmas Pakel Kabupaten Tulungagung. *Skripsi, Universitas Brawijaya*.
- WHO. (2018). *WHO recommendations on intrapartum care for a positive childbirth experience*. Geneva: World Health Organization.