

Evaluation of Husband's Role Concerning Psychological Support towards Their Pregnant Wife's.

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Abstract: Pregnancy is a time of life-changing events. How the woman adapts to pregnancy varies greatly. These variations may be seen in the measurements of anxiety, depression and uncertainty. These emotional responses may be influenced by factors in pregnant psychosocial environment. husband support tends to make the greater contribution to maternal well-being during pregnancy and it has been associated with early admission to the labor unit, administration of sedatives and tranquilizers in early labor to quell anxiety and subsequent prolonged duration of labor. **Aim:** this study aimed to evaluate the husband's role concerning psychological support towards pregnant wife's. **Method:** A Descriptive cross-sectional hospital based study was conducted in Maternity and Children Hospital, Hafer Albatin City, Saudi Arabia, sample of 38 husbands come to the antenatal clinic were interviewed using open & close ended questionnaire. **Result:** The result shows that husband knowledge about psychological support towards pregnant wife's was poor the majority (60.5%) and (39.5%) of them have fair knowledge about pregnant wife's needs and no good knowledge. (42.1%) of husbands have a good knowledge about pregnant wife needs and 60.0% of them has fair knowledge about pregnant wife's needs. (94.7%) of husbands give special care to their pregnant wife's diet and only (5.3%) of them do not give care to their pregnant wife's diet. **Conclusion:** this study concluded that 38 husband participate in this study shown that (42.11%) have a good knowledge about pregnant wife needs, (28.95%) have fair knowledge about pregnant wife needs and (28.95%) have poor knowledge about pregnant wife needs. a good level of information was associated with groups who were have less than one year marriage Partners and who took their information about the requirements of pregnancy from the Internet and libraries also with partners with the first pregnancy (34.2%) of husbands participate in this study were attended the clinic with prima gravid wife's. **Key Word:** husband's role, psychological support, pregnant wife.

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I. Introduction

Emotional support is a warm or caring relationship, it may be as simple as presence or companionship and willingness to listen, some definitions include 'conveying esteem' and 'providing security' in emotional support (2). Relationships are important to emotional health because it is through relationships that many of our most important emotional needs are met as love, acceptance, emotional support, understanding, friendship and valuing of self are just some of the needs that are met only through our relationships. Only our relationships can deeply satisfy the emotional cravings strongly feel. (3)

Men generally do not accompany their wives for antenatal care, neither are they expected nor encouraged to be in the labor room during delivery [1]. The role of men in maternity care is understudied, despite their economic dominance and decision-making power. pregnancy continue to be viewed as solely a woman's issues [2] and maternal health issues have predominantly been seen and treated as a purely feminine matter [3]. Besides these, most men have not succeeded in providing total and holistic care and support for their pregnant wives in three major aspects of optimum health which are; physical, emotional and socio-economical. Studies have however consistently demonstrated that husbands' support in prenatal care is the most essential factor in promoting the health of pregnant mothers and infants as well as reducing maternal and infant mortality during pregnancy, labor and delivery, thereby improving maternal health and reducing maternal mortality from pregnancy induced hypertension, abortion-related complications, post-partum hemorrhage, obstructed labor and puerperal psychosis [4]

The result of studies on the importance of the marital relationship to post partial adjustment is compelling. Even when each partner support or support of others are both present partner, partner support tends to make the greater contribution to maternal well-being during pregnancy and it has been associated with early admission to the labor unit, administration of sedatives and tranquilizers in early labor to quell anxiety and subsequent prolonged duration of labor. (5)

Other researchers have found that family and marital dysfunction were significant determinants of preterm birth and low infant birth weight.

A poor relationship with husband is also associated with depression during pregnancy and is predictive of maternal postpartum depression. In addition and importantly mothers and fathers prenatal and post natal aggressive marital conflict predicted attachment measures of infant withdrawal at six months furthermore the authors extrapolated that when fathers are more supportive of their partners during pregnancy the women may subsequent experience less pain during labor. (5)

-there is clear evidence that emotional support is positively related to maternal competence and role satisfaction. During pregnancy a number of studies indicate that the husbands emotional support increase and, in turn is related to adaptation during pregnancy.

A recent study examined whether women who perceived their partner as being supportive during pregnancy felt less emotional distress later in their pregnancy and after giving birth than women who perceived their partners as being less supportive. Mothers who perceived stronger social and emotional support from their partner mid-pregnancy had fewer symptoms of post-partum depression and anxiety after giving birth. Further, their newborns were less sensitive to stress, indicating they too benefited from the support provided by their mother's partners. (7)

The physical changes of pregnancy occurring in almost every body system are well-known and quickly apparent. Early changes include amenorrhea, breast enlargement and tenderness, nausea and vomiting, urinary frequency and fatigue. Changes in complexion and body size and shape, occur as pregnancy progresses, accompanied by changes in gait, and concerns of loss of attractiveness. These changes are generally addressed during prenatal care and are described as minor and are limited in duration. The symptoms generally resolve without major consequences. Unless the woman alerts the healthcare provider of her associated concerns, the symptoms may receive little attention or explanation. (10)

Pregnancy-specific anxiety may occur as the woman worries about the fetus, the delivery, physical changes in her body and her maternal attitudes toward the pregnancy and future baby. Typical concerns involve thoughts such as, "Am I really pregnant?" "Are my symptoms normal?" "Will labor and delivery be safe?" "Will I be able to deal with the pain of labor?" "Will my baby be alright?" "How will pregnancy and a baby change my relationships and life-style?" A delay in reporting troublesome symptoms may occur when anxiety levels are high. Other study reported a correlation between delayed reporting of symptoms and higher anxiety levels. Such delays could result in worsening physical or emotional conditions.

The emotional changes during pregnancy are compounded as the woman adapts to her changing image and new responsibilities. The emotional changes are just as complex as the physical changes, but may not be openly discussed. The woman may fear that others do not understand her feelings or consider them insignificant. When this happens the woman may be left to deal with her concerns and fears alone. (10)

II. Aim:

To assess the husband's role concerning psychological support towards pregnant wife's

III. Methodology

This Descriptive cross-sectional hospital based study was carried out on patients of Department of outpatient clinics at Maternity and Children Hospital, Hafer Albatin City, Saudi Arabia from November 2017 to May 2018. A total 38 pregnant women of aged ≥ 20 , years were for in this study. (12)

Study Design: Descriptive cross-sectional

Study Location: This was a tertiary care Maternity and Children Hospital, Hafer Albatin City, Saudi Arabia

Study Duration: November 2017 to May 2018.

Sample size: 38 pregnant woman.

Study Population: This study targeted all husbands attended to antenatal clinic.

Variables under study:

Independent variables:

1. *Husband's Age.*
2. *Husband's Level of education.*
3. *Husband's Occupation.*
4. *Relationship between husbands and their wives.*

Dependent variables: Psychological role of husband during pregnancy.

Sample size: Total coverage (convenes sample).

Data collection technique: Data were collected through interview based on questioner .

Data collection tools: Data were collected by standardize questionnaire (closed & open questions).

Data management (analysis):

The data were analyzed by using SPSS package version (16) for quantitative data to find out indicators aimed by this study such as knowledge and doing correlation analysis by cross tabulation with chi square and significant level between dependent and independent variables with level of confidence 95% when P-value =

Ethical consideration

Approval from University of HaferAlbatin–Applied Medical Sciences.

Statistical analysis

Data was analyzed using SPSS version 16 (SPSS Inc., Chicago, IL).

Dependent variables: Psychological role of husband during pregnancy.

Sample size:Total coverage (convenes sample).

IV. Result:

This study involved 38 husbands who were met and interviewed by the investigator herself. Responder were collected, tabulated and analyzed and presented in the following sequences.

Table (1): Show the description of age group among husbands towards their role concerning psychological support towards pregnant wife's, more than one third of participant (42.1%) their age arranged between 41-50 year. The most supportive husbands were in their 5th decade of their live. the same table also show, more than one third of participants were employees and at university level (44.7%& 36.8% respectively). according years of marriage among couples, the majority of participant years of marriage near have of sample (47.37%) were from one-5 years, (28.95%) were from 6-10 years.

Table (1): Description husbandsof socio-demographic characteristic among.

| | No | % |
|--------------------|----|-------|
| Age | | |
| 20-30 | 7 | 18.4 |
| 31-40 | 10 | 26.3 |
| 41-50 | 16 | 42.1 |
| <51 | 5 | 13.2 |
| Working status | | |
| Worker | 37 | 97.7 |
| Not worker | 1 | 2.3 |
| Level of Education | | |
| Primary | 9 | 23.68 |
| Secondary | 13 | 34.21 |
| High level | 16 | 42.11 |

| | No | % |
|---------------------|----|-------|
| Age | | |
| 20-30 | 7 | 18.4 |
| 31-40 | 10 | 26.3 |
| 41-50 | 16 | 42.1 |
| <51 | 5 | 13.2 |
| Years of Marriage | | |
| less than one year | 2 | 5.3 |
| 1-5 year | 18 | 47.37 |
| 6-10 year | 11 | 28.95 |
| More than 10 | 7 | 18.42 |
| number of pregnancy | | |
| 1.00 | 13 | 34.2 |
| 2.00 | 17 | 44.7 |
| 3.00 | 8 | 21.1 |

Fig (1): Show the distribution of source of knowledge among husbands concerning psychological support towards pregnant wife's, near one third of the participants (39-5%) get their knowledge about pregnancy from their friends, (39.5%) from other sources, (18.4%) of participant get their knowledge from internet and libraries and only (2.6%) get their knowledge about pregnancy needs from their fathers .

V. Fig (1): distribution of husbands source of knowledge.

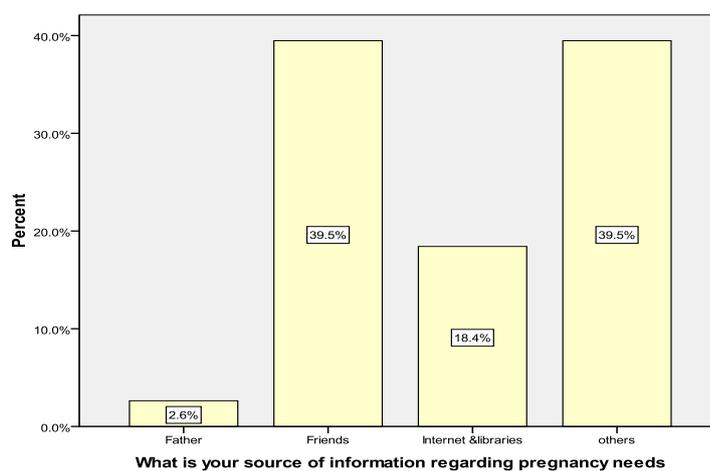


Table (2):show that (76.3%) of husbands love the new body image of their wife's and (32.7%) do not love the new image of their pregnant wives.- - (94.7%) of husbands give special care to their pregnant wife's diet and only (5.3%) do not give care to their pregnant wife's diet.- (36.8%) of husbands come with their wife's to the antenatal clinic regularly and (63.2%) do not come to the antenatal clinic regularly.- (71.1%) of husband stated that they had responsibilities during first stage of labor and (28.9%) stated that they have no responsibilities during first stage of labor. -

(34.2%) of husbands share in house holding and the majority of them (65.8%) do not share in house holding.

Table (2): Distribution of husband's role and care of their wife's during pregnancy.

| Item | Responses | Frequency | Percent |
|--|-----------|-----------|---------|
| Do you love the new body image of your wife? | Yes | 29 | 76.3 |
| | No | 9 | 23.7 |
| Do you give a special care to your wife diet during pregnancy? | Yes | 36 | 94.7 |
| | No | 2 | 5.3 |
| Do you go with her to the antenatal visit regularly? | Yes | 14 | 36.8 |
| | No | 24 | 63.2 |
| Do you have any responsibilities during first stage of labor? | Yes | 27 | 71.1 |
| | No | 11 | 28.9 |
| Do you share in house holding? | Yes | 13 | 34.2 |
| | No | 25 | 65.8 |

The figure (2) shows that the majority of husbands (42.11%) have a good knowledge about pregnant wife needs, (28.95%) have fair knowledge about pregnant wife needs and (28.95%) have poor knowledge about pregnant wife needs.

Fig (2): Distribution of total level of husbands knowledge of regarding psychological support towards pregnant wife's.

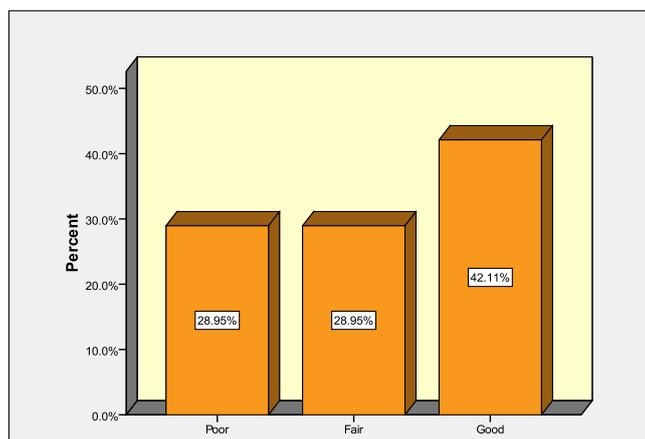


Table no 3:Show the relation between the occupation and the husbands' role towards pregnant wife's

-Statistically there was no significant variable between the occupation of the husbands and their role towards pregnant wife's. P-value= .223

Table (3): Show the relation between the occupation and the husbands' role towards pregnant wife's.

| | | total 2 | | | |
|------------|--------------|-------------|-------------|-------------|--------------|
| | | Poor | Fair | Good | Total |
| Occupation | Acts of free | 3 21.4% | 5 35.7% | 6 42.9% | 14 100.0% |
| | employee | 4 23.5% | 4 23.5% | 9 52.9% | 17 100.0% |
| | producer | 0 .0% | 0 .0% | 1 100.0% | 1 100.0% |
| | worker | 4 66.7% | 2 33.3% | 0 .0% | 6 100.0% |
| Total | | 11 28.9% | 11 28.9% | 16 42.1% | 38 100.0% |

Table (4): Show the relation between the level of education and knowledge of husbands:-Statistically there was significant variable between the level of education and knowledge of husbands. Statistically there was significant variable between the level of education and knowledge of husbands. P-Value= 0.027. the same table show that

the husbands which have a primary school education: The majority of them (55.6%) have a poor knowledge, (33.3%) have fair knowledge and (11.1%) of them have a good knowledge. The husbands which have a secondary school education the majority of them (46.2%) have fair knowledge, (30.8%) have a good knowledge and (23.1%) have a poor knowledge. -The husbands which have university degree the majority of them (68.8%) have a good knowledge. (18.8%) have poor knowledge and (12.5%) have fair knowledge

Table (4): Show the relation between the level of education and knowledge of husbands:

| | | total 2 | | | |
|--------------------|------------|------------|------------|-------------|--------------|
| | | Poor | Fair | Good | Total |
| Level of education | primary | 5 55.6% | 3 33.3% | 1 11.1% | 9 100.0% |
| | secondary | 3 23.1% | 6 46.2% | 4 30.8% | 13 100.0% |
| | University | 3 18.8% | 2 12.5% | 11 68.8% | 16 100.0% |

| | | | | |
|-------|-------|-------|-------|--------|
| Total | 11 | 11 | 16 | 38 |
| | 28.9% | 28.9% | 42.1% | 100.0% |

Table (5): Show the relationship between years of marriage and knowledge of husbands about pregnancy . All couples (100.0%) which have less than one year marriage has a good knowledge about pregnancy when couples which have from one-5years of marriage show that the majority of them (66.7%) have a good knowledge about pregnancy, (22.2%) have fair knowledge about pregnancy and (11.1%) have poor knowledge about pregnant wife needs.

Table (5): Show the relationship between years of marriage and knowledge of husbands about pregnancy.

| | | total 2 | | | Total |
|-------------------|--------------------|-------------|-------------|-------------|--------------|
| | | Poor | Fair | Good | |
| years of marriage | Less than one year | 0 .0% | 0 .0% | 2 100.0% | 2 100.0% |
| | One-5 years | 2 11.1% | 4 22.2% | 12 66.7% | 18 100.0% |
| | 6- 10 | 4 36.4% | 5 45.5% | 2 18.2% | 11 100.0% |
| | More than 10 | 5 71.4% | 2 28.6% | 0 .0% | 7 100.0% |
| Total | | 11 28.9% | 11 28.9% | 16 42.1% | 38 100.0% |

Table (6): Show Statistically there is no significant variable between the number of pregnancy and the knowledge of husbands about pregnant wife needs. The couples which have their first pregnancy show that the majority of them (84.6%) have a good knowledge about pregnant wife needs ,(15.4%) have fair knowledge about pregnant wife needs and (0.00%) of them have poor knowledge about pregnant wife needs . The couples which have the number of pregnancy ranged from 2-5 show the following: The majority of them (41.2%) have fair knowledge about pregnant wife needs, (29.4%) have a good knowledge about pregnant wife needs and the same percentage have poor knowledge about pregnant wife needs.

Table (6): the relation between the number of pregnancy and the husbands knowledge about pregnant wife needs

| | | total 2 | | | Total |
|--------------------------|------|-------------|-------------|-------------|--------------|
| | | Poor | Fair | Good | |
| The number of pregnancy? | 1.00 | 0 .0% | 2 15.4% | 11 84.6% | 13 100.0% |
| | 2.00 | 5 29.4% | 7 41.2% | 5 29.4% | 17 100.0% |
| | 3.00 | 6 75.0% | 2 25.0% | 0 .0% | 8 100.0% |
| Total | | 11 28.9% | 11 28.9% | 16 42.1% | 38 100.0% |

Discussion

The main barriers noted by previous studies about husband participation as pregnancy and childbirth are often perceived as a woman's concerns. Men's involvement is culturally discouraged as many of the important barriers for husbands, like social pressure, lack of knowledge and spousal communication are gender related [13]. Pregnancy and childbirth are particularly perceived as gendered processes and there is consequently considerable social stigma that leads to male embarrassment and shyness with regards to pregnancy related discussions [14]. Sternberg and Hubley noted that a gradual shift towards improving male involvement in maternal health. perhaps no longer seen as part of the problem, men have yet to be seen as part of the solution" [15].

That said, the openness to have male involvement in pregnancy and childbirth is not universal and there is a spectrum of involvement desired. At one end of the spectrum traditional beliefs persist and influence pregnancy and childbirth as a woman's domain, where women only desire female presence. At the opposite end of the spectrum women desire their husband's involvement and husbands are able to act on this, being both present and undertaking tasks such as cord cutting, although still not actually participating in the hands-on delivery.

identified factors that discourage husband involvement such as the prevailing traditional beliefs, culturally-determined gender roles around pregnancy and childbirth with the mother-in-law upholding an important role, discouragement by the medical system for men to enter the delivery room and women's shyness, especially during delivery, of involving their partners. However, rather than deliver alone, women prefer to have their husbands present if available. We also found a paradoxical desire; the existing husband-wife relationship did influence male involvement, consistent with Carter's (2002) findings:

. A Previous study from Nepal Demographic health Survey (2006), shown a different result that majority of husbands accompany their wife's at the time of antenatal clinic but more than half of Study subject did not accompany their wife's regularly at the time of antenatal clinic. more than 54.0 % of husbands actively participate in birth preparedness in Nepal while (71.1%) of Sudanese husbands stated that they have responsibilities during first stage of labor and preparing for delivery. the analyses show that there is positive

association between husband's involvement and educational level in both studies. men in Nepal with better economic condition are more likely to involve in partner's care than their poor counterparts while in Sudan the husbands work affect their level of knowledge about their role towards their pregnant wife's, the result Show Statistically there was no significant differences between the occupation of the husbands and their role towards pregnant wife's. P-value= .223

Previous studies have examined ways to encourage male involvement and to disseminate information effectively. In order to educate effectively multiple considerations must be taken into account to ensure interventions are tailored to the specific needs of husbands, wives and the community . These include identifying gaps in knowledge prior to interventions, considering how men would prefer to be educated[14].

Conclusion

This study concluded that husband knowledge about psychological support towards pregnant wife's was poor knowledge because majority of husbands (60.5%) and (39.5%) of them have fair knowledge about pregnant wife's needs and no good knowledge. husbands have a good knowledge about pregnant wife needs.

The educational level and rapport between couples has effect on promoting the husbands' knowledge and practice concerning psychological support towards pregnant wife's. Also when it is the first pregnancy the husbands show very good knowledge and practice of psychological support on the other hand the support decrease by increasing in the number of pregnancies and number of marriage years.

A good level of information was associated with groups who were have less than one year marriage Partners and who took their information about the requirements of pregnancy from the Internet and libraries also with partners with the first pregnancy. The husbands whom their wife was pregnant at the first time represented high attending percent to the antenatal clinic (43.2%) of participating husbands and husbands whom have less than one year marriage represented that they have good knowledge (100%) because when it the first time pregnancy and first year of marriage there is great motivations to search knowledge about pregnancy changes and needs

VI- Recommendations:

These recommendations are based on the findings of this study and are of importance to the care of pregnant women and are applicable to practice, education and research. The majority of these recommendations may easily be incorporated without substantial costs.

1. organize educational programs for the husbands, to increase their knowledge and awareness about the physical, emotional and socio-economical needs of their pregnant wives, emergency obstetric conditions.
2. accompanied husbands in antenatal care visits to attend sessions and appointments with their wives.
3. organize antenatal visits at home to involve the men with their wives

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