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## **Husband's role of reducing anxiety in maternity: A scoping review**

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**Abstract**---The purpose of this scoping review is to provide up-to-date scientific evidence regarding the husband's role in reducing anxiety in labor mothers. This research is a scoping review by adapting the framework of Arskey and O'Malley. Prisma-Scr flowchart is used to display the literature search flow. Research articles searched using 3 search engines, namely: PubMed, RsearchGate, and ScienceDirect. This study uses the Joana Briggs Institute Appraisal Tools to assess the quality of articles. The inclusion criteria used were published 2018 – 2022, articles in English, focused on the husband's role in reducing maternal anxiety. The results of the review show that there are 25 potentially relevant articles and 8 articles that meet the requirements to be selected. Articles from 4 different countries, 8 qualified articles using both quantitative and qualitative designs. This review raises 3 themes, namely the husband's role in childbirth, the inhibiting factors of the husband's role in the birth process, the health system. The presence of husbands to accompany their wives during the birth process will actively relieve pain and provide emotional support so as to increase the bond between husband and wife. Although husbands admit that many are not actively involved in maternal health issues unless there.

**Keywords**---Husband's role, Anxiety, Maternity, Labor.

## Introduction

Childbirth is a process of opening and thinning of the cervix accompanied by the descent of the fetus into the birth canal and then ending with the expulsion of a full-term or nearly full-term baby and followed by the expulsion of the placenta. One of the signs of labor is pain due or contractions that appear more frequent, strong and regular. Labor pain can cause anxiety in birthing mothers and could interfere with comfort and affect psychological conditions (Sulfianti et al., 2020).

The emergence of anxiety during the birth process is characterized by the fear of facing the birth process such as fear during childbirth, birth trauma, the presence of painful contractions, especially labor in the first pregnancy. The anxiety felt by the mother in the delivery process will increase with the pain of contractions and the mother's thoughts whether the baby's condition is healthy or otherwise (Romalasari & Astuti, 2020).

The delivery process is a very stressful event for birthing mothers, so it requires a strong social support system. According to the recommendations of the World Health Organization (WHO) regarding intrapartum health care, a woman has the right to be accompanied and supported by the person of her choice. This is to help her make the experience and process of giving birth positive. When women receive support during labour, they generally have a more positive birth experience (WHO, 2018).

Family is something that is really needed by mothers in childbirth (Yuenyong, Jirapaet, & O'Brien, 2018), with family support, especially the role of the husband to be beside the mother who is about to give birth, it will make the mother feel more comfortable and safe. The feelings of fear and pain felt by the mother during labor will be reduced with the support of the closest family, especially the role of the husband. So that the husband's role is very meaningful for the mother during the delivery process to reduce anxiety (Geme & Puspitasari, 2018). Women who receive support from their husbands during the birth process will feel that they are cared for and assisted in reducing constraints and pressure during this period (Atashi, Kohan, Salehi, & Salehi, 2018)

The World Health Organization (WHO) has set top priorities with the aim of decrease the prevalence of MMR starting from pregnancy, childbirth and postpartum which is a reproductive health program and believes that husbands are good partners in providing health for mothers and children. Participation and presence of the husband during childbirth and perinatal care can lead to a stronger relationship between father and baby. The presence of the husband as a companion to the wife in the delivery process is one of the efforts to apply the concept of family-focused maternity care. The husband has responsibility for the health condition of the mother who will give birth to her child. Physiological and epidemiological evidence shows that the husband's participation in care can reduce stress on the mother in labor (Soltani *et al.*, 2018).

Based on the results of research conducted from several countries about the experiences of mothers who are accompanied by their husbands in the delivery process, mothers feel that the presence of their husbands is very helpful and gives

a special impression. The benefits of the husband's presence from the mother's perception are that the husband can assist health workers in monitoring the progress of the mother's labor, plays a role in making decisions when certain medical actions must be carried out, provides verbal and non-verbal support to the mother in labor, and what concerns the mother most is seeing her husband witness directly how the process of childbirth that mothers experience (Hansen *et al.*, 2022).

The purpose of this scoping review is to provide the latest scientific evidence regarding the role of the husband in reducing anxiety in birthing mothers. It is hoped that this scoping review will be useful to broaden horizons and better understand the importance of the husband's role in the delivery process.

## Method

This study used the scoping review method by adapting the Arskey and O'Malley framework for the literature review stage and the Prisma-Scr Checklist for the literature source selection method. Research articles searched using 3 search engines, namely: PubMed, ResearchGate, and ScienceDirect. The keywords used for the literature search are husband's role OR husband's support AND anxiety AND maternity AND childbirth OR labor OR giving birth. To assess the quality of the articles in this study, the Joana Briggs Institute (JBI) Appraisal Tools were used.

There are 25 potentially relevant articles and 8 eligible articles to be selected. Articles from 4 different countries, 8 qualified articles using qualitative and quantitative designs. The inclusion criteria used were published 2018 – 2022, articles in English, focused on the husband's role in reducing maternal anxiety. The review carried out includes: 1) identification of review questions; 2) identification of relevant articles; 3) Selection of articles; 4) compiling, summarizing, and reporting results (data presentation) (Arksey & O'Malley, 2005).

## Identify review questions

In developing topic focus and literature search strategies to formulate scoping review questions, researchers apply the Population, Exposure, Outcome, and Study Design (PEOS) framework. PEOS is used to make it easier for authors to identify more specific keywords that match the focus of the review, broaden search terms that are appropriate for developing problems and determine inclusion and exclusion criteria. (Pham *et al.*, 2014).

Table 1. Framework PEOS

P (Population)	E (Exposure)	O (Outcome)	S (Study)
a. Husband	a. Perinatal	a. Role	Any artical related Husband's Role in Reducing Anxiety in Maternity
b. Father	b. Childbirth	b. Participati	
c. Men	c. Labor	on	
	d. Giving birth	c. Support	
	e. Inpartu		

### ***Identify relevant articles***

In identifying relevant article literature, the authors determine inclusion and exclusion. The inclusion criteria and exclusion criteria are as follows:

Table 2. Scoping Review Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
a. Articles that discuss the role or support of husbands in reducing anxiety in birthing mothers	a. Opinions paper
b. Articles published since 2018-2022	
c. Articles in English	
d. Complete and accessible article	
e. Original research article	

The author's article search stage uses relevant databases from PubMed, ResearchGate, and ScienceDirect. The search keywords for the article are written using Booleans, "OR" and "AND". The keywords used in the search for articles are husband's role OR husband's support AND anxiety AND maternity AND childbirth OR labor OR giving birth, the authors added filters for the last five years (2018-2022), articles that are open access, and types of original article research. Then the articles from the search results are downloaded and saved to the reference manager, namely Mendeley.

After obtaining evidence, the researcher conducted a critical appraisal using the form from the Joanna Briggs Institute (JBI) Critical Appraisal. The data selected according to the criteria determined by the researcher.

### ***Article Selection***

An article search through three databases found 311 articles (PubMed 172 articles, ResearchGate 5 articles and ScienceDirect 134 articles). Initial screening was carried out using Mendeley's reference manager from the total articles obtained, filtering was carried out based on title and abstract, and 282 irrelevant articles and 4 duplications were found. Then as many as 25 articles were filtered according to the inclusion criteria, and 8 articles were found that were relevant for scoping review. Furthermore, the search results are documented in the PRISMA Flowchart as follows:

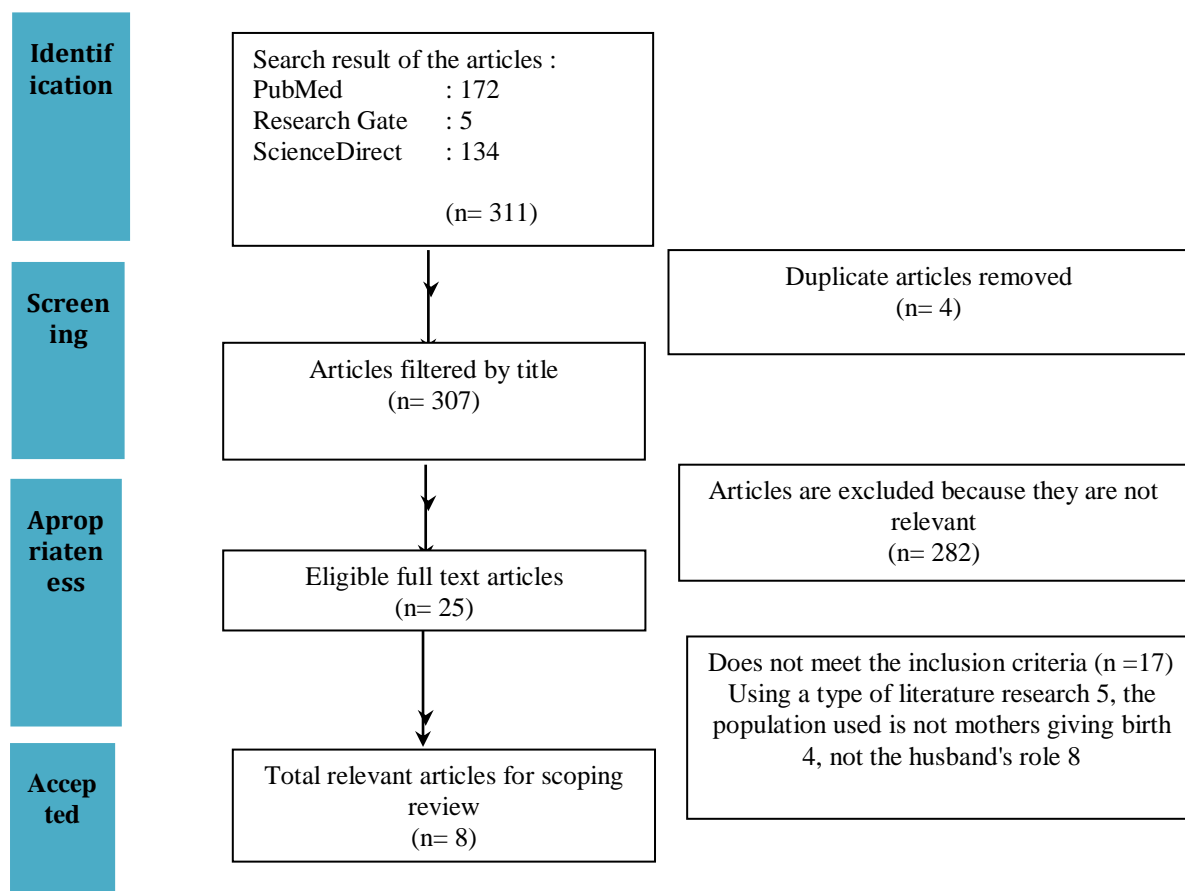
Figure 1. PRISMA *Flowchat*

Table 3. Charting Data

No	Research Title / Author/ Year	Country	Objective	Types of research	Study Design	Population, Sample, Research Instrument	Research result
1.	Participation of father in perinatal care: a qualitative study from the perspective of mothers, fathers, caregivers, managers and policymakers in Iran/ (Firouzan, Noroozi, Mirghafourvand, & Farajzadegan, 2018)	Iran	This study was conducted to examine the role of fathers in perinatal care.	Qualitative	Phenomenology	Participants: a total of 36 mothers, a total of 9 husbands  Instruments: semi-structured interview guidelines, field notes	Results: Important aspects of men's participation in maternal and fetal health care are: helping to maintain maternal and fetal health, maternal emotional support, comprehensive participation of fathers in married life, preparing for safe delivery and postpartum support. It also includes education and the development of cultural awareness.
2.	Knowledge and Attitude of Men Towards Participation in Their Wives' Perinatal Care/ (Soltani <i>et al.</i> , 2018)	Iran	This study aims to determine the knowledge and attitudes of men about participation in perinatal care for nulliparous	Quantitative	cross-sectional	Population: husband  Sample: 300 husbands who have nulliparous wives  Instrument: questionnaire	Results: The level of knowledge about perinatal care in most men (58%) was classified as poor and almost half (41.7%) was classified as moderate. Based on different aspects of perinatal care, knowledge level 59.7%, 69.7%, 52.3%, 63.3%, 64.7%, 66.7%, 51.7%, 62%,

No	Research Title/ Author/ Year	Country	Objective	Types of research	Study Design	Population, Sample, Research Instrument	Research result
			wives.				84%, and 78.7% of men were low in physical changes, general health, nutrition, sports, sexual health, signs of risk, mental and psychological changes in pregnancy, childbirth, postpartum and neonatal care. The majority of men (65.3%) had a positive attitude towards participation in perinatal care.
3.	Perceptions on male involvement in pregnancy and childbirth in Masasi District, Tanzania: a qualitative study/ (Maluka & Peneza, 2018)	Tanzania	This research aims to explore local perceptions of male involvement in pregnancy and childbirth in Tanzania.	Qualitative	Phenomenology	Participants: a total of 53 consisted of <ul style="list-style-type: none"> <li>pregnant women 8</li> <li>maternity 12</li> <li>husband 13</li> <li>health care provider 6</li> <li>traditional midwife 3</li> <li>religious figures 5</li> <li>village head 5</li> <li>district health manager 1</li> </ul> Instruments: semi-structured interview guidelines, field notes	Results: Findings indicate that women prefer to be accompanied by their partner to the clinic, especially at the first antenatal care visit. But men don't want to be more actively involved in antenatal care and childbirth. Women regard men as breadwinners and their main role in pregnancy and childbirth is to support them financially. The key factors hindering men's participation are gender roles, which are traditional beliefs and the unfavorable environment in health facilities.
4.	Barriers to men's participation in perinatal care: a qualitative study in Iran/ (Firouzan, Noroozi, Farajzadegan, & Mirghafourvand, 2019)	Iran	This research aims to determine barriers to male participation in perinatal care.	Qualitative	Phenomenology	Participants: 12 pregnant women and 6 husbands, 19 health service providers, 3 deputy health managers of the University of Tabriz Medical Sciences, 5 policy makers from the Ministry of Health and Medical Education  Instrument: semi-structured interview guide	Results: the data were analyzed using conventional analysis and the results obtained were that there were four main categories as barriers to men's participation in perinatal care (pregnancy, childbirth and postpartum), namely: cultural, personal and interpersonal barriers, barriers related to the health system and socio-economic barriers barriers to male participation in perinatal care
5.	'The calm before the storm': A qualitative study of fathers' experiences of early labour/ (Roberts & Spiby, 2020)	Inggris	This study aims to examine the perspective of men who support their partners during early labour.	Qualitative	Phenomenology	Participants: 12 husbands  Instruments: semi-structured interview guidelines, field notes	Results: Fathers learn about the stages of labor during antenatal education and feel well prepared for labour, but once labor begins fathers find it difficult to apply their knowledge, and are dependent on their partners to decide when to travel to the birthplace or health facility that was planned in advance . This research provides new insights into fathers' understanding of their role in the birthing process. Fathers conveyed the uncomfortable feeling of feeling useless during labour.
6.	Client and provider factors associated with companionship during labor and birth in Kigoma Region, Tanzania/ (Dynes <i>et al.</i> , 2019)	Tanzania	This study aims to identify the factors of clients and health service providers related to labor and delivery	Quantitative	cross-sectional	Population: maternity mothers and health care providers  Sample: Clients: 935 Service providers: 249	Results: Less than half of women reported having a birth partner (44.7%) and 12% reported having a birth partner. Among providers, 26.1% and 10.0% reported permitting labor and birth attendant, respectively. Clients have a

No	Research Title/ Author/ Year	Country	Objective	Types of research	Study Design	Population, Sample, Research Instrument	Research result
			assistance.			Instrument: questionnaire	much greater chance of having a birth companion if their provider reports the following characteristics: working more than 55 hours/week (aOR 2.46, 95% CI 1.23–4.97), feeling very satisfied with their job (aOR 3.66, 95% CI 1.36–9.85), and allowed women to have a birth partner (aOR 3.73, 95% CI 1.58–8.81). Clients had a significantly lower chance of having a labor escort if their provider reported having an on-site supervisor (aOR 0.48, 95% CI 0.24–0.95). Clients have a greater chance of having a birth partner if they self-report labor complications (aOR 2.82, 95% CI 1.02–7.81) and have a delivery partner (aOR 44.74, 95% CI 11.99–166.91). Clients had a significantly greater chance of having a birth attendant if their provider attended more than 10 deliveries in the past month (aOR 3.43, 95% CI 1.08–10.96) compared to fewer deliveries.
7.	The experience of fathers during the covid-19 UK maternity care restrictions/ (Andrews, Ayers, & Williams, 2022)	England	This study aims to explore the experiences of fathers who have babies during a pandemic to understand what impact this completion of assistance has on them and the reverse for mothers and babies.	Qualitative	Phenomenology	Participants: 20 fathers: including 13 primiparous fathers and 7 multiparous fathers  Instrument: semi-structured interview guide	Results: Shows that there are four identified themes and ten sub-themes that describe the experiences of fathers regarding the prohibition of accompanying mothers in childbirth and the father-infant relationship. The themes are: (1) Impact on paternal experience: this theme describes the collective negative paternal experience of maternity as a result of restriction. In particular, paternal exclusion creates feelings of alienation and loss. (2) Impact on the father-infant relationship: this theme discusses the negative consequences of limiting the initial father-infant bond. (3) Observed impact on mother: observed adverse effect on mother's mental health and well-being. Finally, (4) New fatherhood: changes in daily life during the pandemic help build deep family relationships, increase long-term father-infant bonding, and compare to pre-pandemic conditions. This research adds to the literature on the importance of involving fathers to improve the well-being of mothers and babies.

No	Research Title/ Author/ Year	Country	Objective	Types of research	Study Design	Population, Sample, Research Instrument	Research result
8.	“It was a good...good, bad situation.”: Cameroonian fathers’ experiences of childbirth in Sweden/ (Nges, Jonsson, Crang-Svalenius, & Thies-Lagergren, 2022)	Sweden	This study aims to examine the experiences of Cameroonian fathers during their wives giving birth in Sweden	Qualitative	Phenomenology	Participants: 12 fathers  Instrument: semi-structured interview guide	Results: indicate that conflicting feelings are identified as the main category, which is further divided into three subcategories; (a) Ambivalent feelings, (b) Cooperation and finding a place in foreign territory, and (c) Knowledge, insight, and transition. Early knowledge of childbirth, cooperation between the father and the medical staff were key factors influencing the birth attendance experience for Cameroonian fathers living in Southern Sweden. This study emphasizes the importance of providing information and support given to fathers during labor and delivery

After charting data, authors assess the quality of the journal with critical judgment, in a system review involves assessing the potential for methodological bias or systematic error in the included studies so that the reviewer can consider research findings based on bias (Stanhope & Weinstein, 2022). The above ten articles were assessed using the JBI which is a critical assessment instrument freely available to reviewers and systematic researchers investigating the methodological limitations of primary research studies (Barker et al., 2022).

Based on the assessment, each research method has a different Critical Appraisal checklist. The results of the selected articles are in accordance with good quality, namely articles getting grade A as many as 6 articles and 2 articles getting grade B.

Table 4. Article Quality Assessment

No	Article Code	Types of research	Score	Grade
1.	A1	Qualitative	27	A
2.	A2	Quantitative	18	B
3.	A3	Qualitative	27	A
4.	A4	Qualitative	30	A
5.	A5	Qualitative	27	A
6.	A6	Quantitative	24	A
7.	A7	Qualitative	27	A
8.	A8	Qualitative	24	B
Total				8



## Results and Discussion

### Results

#### Characteristics

Based on search results from three databases using the PEOS framework keyword. Then screening was carried out using the Mendeley reference manager. And the next stage of article screening was described in the form of a PRISMA Flowchat in which 8 articles were found that were considered to meet the inclusion and exclusion criteria and were appropriate for assessment by conducting a Critical Appraisal using The Joanna Briggs Institute (JBI). The articles used in this scoping review have several characteristics from the 8 articles that have been selected including analysis by country, type of research, research design, and quality of the articles.

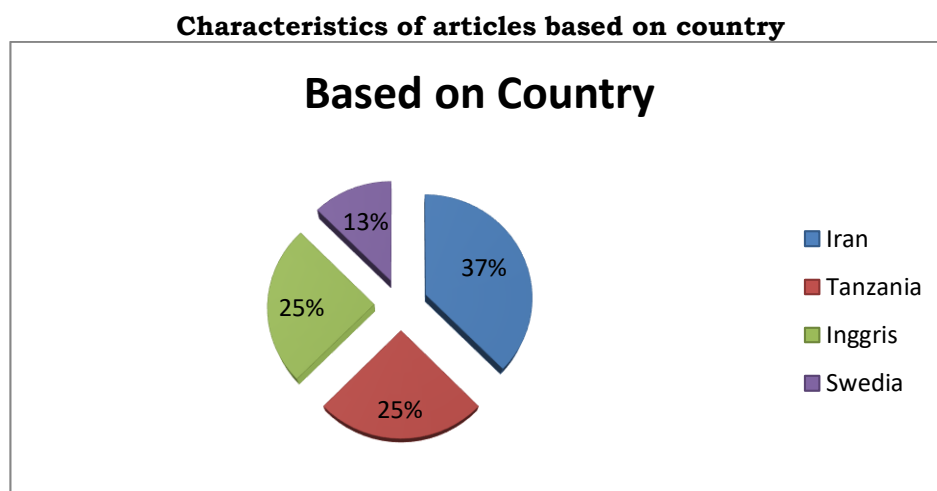


Figure 2. Analysis based on country

Based on Figure 1. it is explained that articles were obtained from several countries including 3 articles from Iran, 2 articles from Tanzania, 2 articles from England, and 1 article from Sweden.

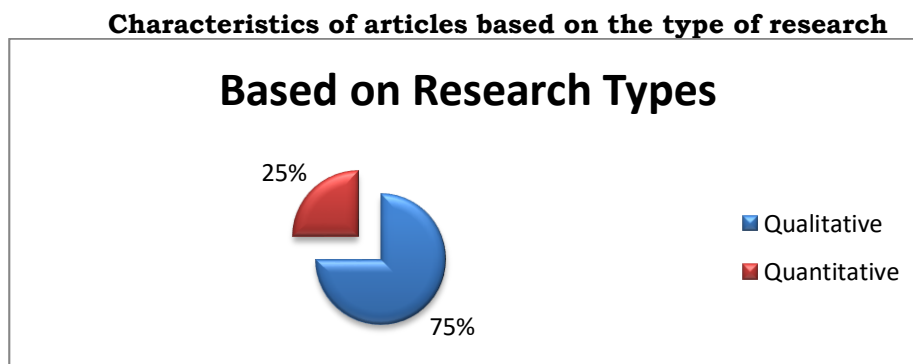


Figure 3. Analysis based on research types

Based on Figure 2, it explains that 6 (75%) of the selected articles are qualitative research and 2 (25%) of the selected articles are quantitative research.

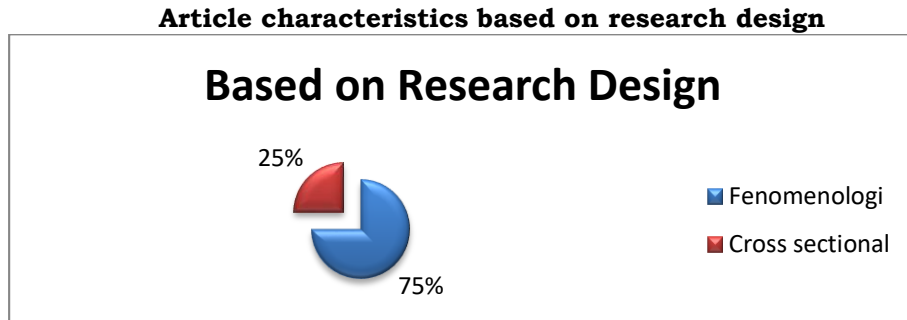


Figure 4. Analysis based on research design

Based on Figure 3, it explains that a number of 6 (75%) articles were selected using a phenomenological design and 2 (25%) articles were selected using a cross sectional design.

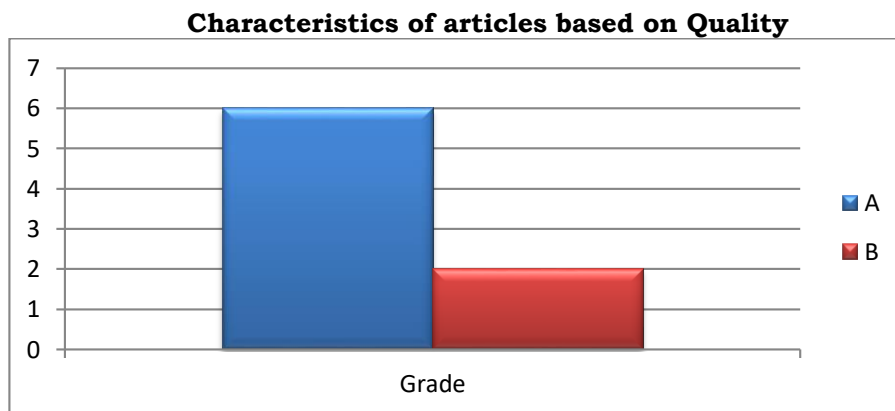


Figure 5. Analysis based on quality

Based on Figure 4. it explains that the selected articles are in accordance with good quality, namely articles getting grade A as many as 6 articles and 2 articles getting grade B.

### ***Mapping/Scoping***

The results of the review found several themes that are in accordance with the focus of the review, namely as follows:

Table 5. Thematic

THEME	SUB THEMES
Husband's role in labor period	<ol style="list-style-type: none"> <li>1. Helps maintain the health of the mother and fetus <sup>1</sup></li> <li>2. Emotional support <sup>1,8</sup></li> <li>3. Preparing for safe delivery <sup>1,5,8</sup></li> <li>4. Support financially <sup>3</sup></li> </ol>
Factors inhibiting the role of the husband in labor	<ol style="list-style-type: none"> <li>1. Not involving husband <sup>6,7</sup></li> <li>2. Lack of knowledge of men <sup>2,5</sup></li> <li>3. Gender roles <sup>3</sup></li> <li>4. Socio-economic <sup>4</sup></li> <li>5. Culture <sup>1,4</sup></li> </ol>
Health system	<ol style="list-style-type: none"> <li>1. Human resources <sup>1,4,6</sup></li> <li>2. Health services <sup>3,4,6,7</sup></li> </ol>

## Discussion

Based on the results of a review of 8 articles that were in accordance with the purpose of the scoping review, several articles were obtained related to the theme of the husband's role in reducing anxiety in pregnant women.

### ***Husband's role in labor period***

Role is a situation in which individuals, families and the general public take part in being responsible for the condition of themselves, their families or the health of their environment. The role here is the participation of the husband in care during childbirth, thus this review can also be used to collect data on the care and involvement of the husband during childbirth (Muthoharoh et al., 2022). The involvement of a husband in maternal health care is a process of social change, so that the husband is more responsible for maternal health with the aim of ensuring that both mother and child are in good condition.

According to the results of a review that 75% of husbands expressed a willingness to be present or accompany their wives during the birth process and actively participate in doing massage to relieve pain and provide emotional support so that they can show bonds between family members (Firouzan et al., 2019). Although husbands recognize the importance of skilled care during labour, many do not actively involve themselves in maternal health issues unless there are complications in labour (Yuriah et al., 2022). The results of research in Africa show that husbands refuse to participate in maternal services, including in the delivery process due to local cultural barriers that do not allow men to be involved in maternal services. (Nesane *et al.*, 2016).

***Factors that inhibit the husband's role during childbirth****Not involving husband*

According to the results of the review, it was shown that one of the main reasons for the lack of participation in childbirth from husbands was due to the lack of wives to ask their husbands to be involved, thus women preferred to rely on their own families, besides that women did not involve their husbands during childbirth for reasons of maintaining their privacy (Firouzan et al. al., 2019). As for other studies, the husband's involvement in the care of his wife's pregnancy in the Mulyorejo Village is in the sufficient category, due to the lack of husband's level of knowledge, attitude and behavior (Hasanah and Fitriyah, 2019).

*Lack of knowledge of men*

According to the results of the review, it shows that most men's level of knowledge about perinatal (pregnancy, childbirth, postpartum) is still low, so they do not know what to do before labor and delivery (Soltani et al., 2018). Other studies suggest that husbands have difficulty applying their knowledge, and are dependent on their partners to decide when to travel to the birthplace planned (Roberts & Spiby, 2020).

*Gender roles*

According to the results of the review, it shows that gender roles in life still exist where the husband's involvement in accessing health services is borne by women, while the husband earns a living as the head of the household. This custom is based on traditional patriarchal culture (Firouzan et al., 2019). Overall the husband did not participate in the delivery process, but instead the husband was involved in their role mostly as a provider of finance, support and especially what had to be done by providing and preparing food in addition to being tasked with seeking assistance when women were referred (Yuriah & Kartini, 2022). In another study, to carry out ANC examinations they came with their partners, here men indicated that they were involved to ensure that their partners were accepted at the clinic and for the first ANC visit a Human Immunodeficiency Virus (HIV) examination would be carried out so that the husband would know the results of his partner's examination (Maluka & Peneza, 2018).

*Socio-economic*

According to the results of the review, it shows that in the postpartum period, men have the main involvement, namely as financial providers for the family, in addition to that, occasionally men also take on the role of caregivers and activities that involve physical or masculine. Financial or economic status plays an important role for men in participating in maternal and family health, financial barriers that prevent or reduce access and use of maternal health services because they can be detrimental to household welfare in general (Yuriah et al., 2023). Finance is a determinant of husband's involvement in maternal health and childbirth, because this is related to the habits of men in Nepal who migrate labor, so that the presence and participation of the husband during the perinatal process limits his role. (Firouzan et al., 2019).

## *Culture*

The existence of gender roles in society and traditional patriarchal culture in Iranian families, thus becoming a barrier to participating in maternal health in the perinatal period (Firouzan et al., 2019). Men feel that their role is challenged by demands to be involved in health care, but there are cultural factors that prevent men from being involved in maternity care participation, thus men are considered as someone whose life is dominated by women. Culture is considered a factor influencing husband's involvement in maternal health services, because in this culture husbands are prohibited from being involved in maternal services, including when the husband is giving birth outside the room. Cultural beliefs can limit the husband's involvement, including in the opinion of traditional leaders that childbirth difficulties occur if the husband is present during the birthing process (Firouzan et al., 2019).

## **Health system**

### *Human Resources*

According to the results of the review, it was shown that health workers refused husbands to be involved in assisting partners in health services due to a lack of health staff to allocate sufficient time to provide education to men, rooms that are mostly dominated by women so that it could interfere with service providers (Firouzan et al. , 2019). Other studies state that women can get birth attendants from their families if health workers help with large numbers of deliveries (>10 deliveries) (Dynes et al., 2019).

### *Health Services*

According to the results of the review, it explained that men's involvement in maternal health was a barrier due to alleged negative attitudes of health workers such as rude language and behavior directed at women and husbands, so that husbands rarely accompanied their partners to maternal health services. In addition, the husband thinks that being in health facilitation will get an unpleasant experience (Maluka & Peneza, 2018). In this study, health services supported participation in obtaining maternal health services, health workers informed that if women came to the clinic for the first time they had to be with a partner, if they did not have a partner they would be rejected or come again with a letter from the village headman (Maluka & Peneza, 2018).

## **Conclusion**

The presence of husbands to accompany their wives during the birth process and actively relieve pain and provide emotional support so as to increase the bond between husband and wife. Although husbands admit that many are not actively involved in maternal health issues unless there are complications in childbirth. So husbands refuse to participate in maternal services including in the delivery process due to local cultural barriers that do not allow men to be involved in maternal services.

Husband's involvement in childbirth is still rare in health facilities. These findings indicate that the lack of men's knowledge, husband's involvement, gender roles, socio-economic, culture, human resources, and health services limits the husband's role and involvement as the head of the household whose job is to meet family needs, such as providing feeling safe and comfortable, providing emotional support, and providing for the family, and so on.

Based on these findings, it is recommended for health service agencies to improve maternal and parenting classes by inviting prospective parents or both parents to attend parenting classes. With this class, it is hoped that it can increase the participation of husbands during pregnancy, childbirth and postpartum, especially in the reproductive health of mothers and children. In addition, for health services to allow women's assistance in the delivery process.

*Conflict of interest statement*

The authors declared that they have no competing interests.

*Statement of authorship*

The authors have a responsibility for the conception and design of the study. The authors have approved the final article.

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