
Attitudes of Pregnant Women towards Husband's Attendance in Delivery Room in Erbil City

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ABSTRACT

Background and Objectives: Pregnancy is a beautiful and challenging time in a woman's life. A pregnant woman needs more care and support from her husband and family during this time because of physical and hormonal changes in her body. Husbands' attendance and support of women during labor can positively affect pregnant women and child's health. The purpose of this study is to assess women's attitudes towards the presence of their husbands during labor in Erbil city.

Method: A descriptive cross-sectional study was conducted on pregnant women who visited primary health care and Maternity Teaching Hospital in Erbil city. Epi Info 7 was used to determine the sample size which Three hundred participants were the sample of the calculation. Statistical Package for Social Science (SPSS) version 26 was used to analyze and organize the data thorough using frequency, percentage, and chi-square test.

Result: The study revealed that 62% of the participants were in the age group 20-30 years old. Most of the women obtained an elementary school certificate, with a percentage 23.3%. Most of the participants were urban residents, which was 81.3%. Regarding the income of the participants, the result indicated that most of them were in conditions sufficient for daily living, which was about 57.3%. Women expressed a good level of attitude towards husbands' attendance in the delivery room 80.3%.

Conclusion: This survey illustrated that most pregnant women agreed to the husband's attendance in the delivery room. Pregnant women needed their husbands during labor which is important in their life.

Keywords: Pregnant Women; Husband's Attendance; Delivery Room.

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INTRODUCTION

Pregnancy is a huge life transition that necessitates considerable psychological adaptations, which are frequently linked with worry and stress. A pregnant woman's lack of psychological and emotional adjustment through pregnancy is a risk factor. Depressed mood during pregnancy, for example, has been established as a predictor of postpartum depression moods [1]. Childbirth is one of the most worrying events that a pregnant woman undergoes in her life [2]. Father's presence in the delivery room has been characterized as a process of behavioral and social effort which is for fathers to perform more responsible roles in maternity, and care to guarantee the well-being of women and children [3]. In patriarchal societies, male partner involvement becomes extremely necessary if substantial changes in maternal health outcomes are to be made. Men's involvement in maternal health care need to focus on raising their awareness of acute obstetric conditions and including them in birth preparedness and complication readiness (BPCR). Men's presence would enable them to encourage their wives to seek emergency obstetric care early in the pregnancy, and the couple will be better prepared for birth and complications [4]. According to the World Health Organization (WHO) in 2017, More than 295 000 women lost their lives during childbirth and after giving birth [5]. The majority of this mortality 94% occurred in low-resource regions and most of them could have been prevented. Through the prenatal care concept, the World Health Organization created a birth readiness plan. The plan aims to reduce obstetric delays by encouraging the use of competent birth attendants, which reduces the risk of problems during labor. Male participation refers to the partner's assistance and cares for the pregnant lady to have a positive pregnancy result. Men's engagement is critical

to the success of maternal health initiatives [6]. Men play a crucial influence in their female partners' pregnancy and birthing safety. Furthermore, men's exclusion from maternal and child health (MCH) services fostered the concept that pregnancy and delivery are primarily female experiences, and that maternity facilities are only for women. According to studies, men are affected crucial partners in improving maternal health and lowering maternal and infant mortality throughout pregnancy and delivery [7]. The presence of a man during pregnancy and childbirth affects the pregnancy's and delivery outcome. It lowers the risk of preterm birth, low birth weight, fetal growth restraint, and child mortality by reducing harmful maternal health habits. Male participation decreases maternal stress (by providing social, organizational, and financial support), increases prenatal care uptake, contributes to the reduction of risk behaviors, and ensures men's involvement in their potential parental positions from an early age, according to epidemiological and physiological proof [8]. Husbands are seen by wives as the most crucial source of support throughout pregnancy and labor, and in certain situations, their help is valued higher than that provided by midwives. Support from husbands during labor is conducive to a more positive experience of childbirth, a shorter duration of labor, and a positive attitude toward growing into motherhood. Expectant men can take on one of three roles to help their wives during labor: coach, teammate, or observer [9]. Male engagement during pregnancy and labor can result in a healthier marital connection and better birth outcomes for the mother and child. Emotional support during labor and deliveries are all examples of a husband's positive involvement [10]. This study was designed due to the fact that this topic has not been raised

before in Kurdistan. And in Kurdistan, men do not stay with their wives during the childbirth process. Men's participation in Maternal and Child Health (MCH) care services is inferior, Due to our culture, religion, and community policy. The limitation laid down by the researcher was Covid-19 outbreak period, Due to the aforementioned reason; the author faced many difficulties in visiting the places to collect the needed data. The consequences of the Covid-19 pandemic, which continues to endanger people every day, caused people to avoid each other [25]. The objectives of the present study were: 1) Explore women's attitudes towards the presence of their husbands during their labor. 2) To find out the socio-demographic characteristics and obstetrical history such as; age, level of education, economical status, and occupation of pregnant women. 3) To find out the associations between socio-demographic data such as; age, level of education, occupation, and women's attitudes.

METHODS

A quantitative Descriptive Cross-sectional study was applied on pregnant women who visited primary health care centers and Maternity Teaching Hospital in Erbil city. Data were collected by using a non-Probability (Purposive Sample) technique. Epi Info 7 was utilized to extract the sample size from the population which included 1380 of women. The sample size was calculated via implementing the aforementioned method and yielding a 95% confidence level and a 5% margin of error. The Three hundred participants were the output of the calculation. The study was conducted at Maternity Teaching Hospital, Malafandy primary health care centers, Nazdar Bamarny primary health care centers, Azadi primary health care centers, and Mohamad Bajalan primary health care

centers in Erbil city according to geographical designations (East, West, North, and South). The inclusion criteria are composed of the participants during the pregnancy period and who were in the birth room. The study was accepted by the Nursing Ethical Committee of Hawler Medical University College of Nursing in 7th October 2021 number 108, and official authorization was acquired from the Ministry of Health's Director of Health in Erbil. Data were collected via a checklist and a questionnaire. The questionnaire consists of 2 parts. Part one includes socio-demographic characteristics and professional background of the pregnant woman and her husband. This part, also, includes information like (age of pregnant woman, age of husband, level of education of the pregnant woman and her husband, woman's occupation, husband's occupation, Residence, Income, religion, and the number of the husband's wives). The second part items focused on women's attitudes towards their husbands' attendance to the delivery room, this part includes 28 items. The descriptive statistics of the participants according to their hospitals were as follows: The majority of the participants were in the teaching maternity hospital. Their percentage scored 41.7%, Malafandy 14%, Nizdar Bamarni 13.0%, Azady 14.6%, and Mohamad Bajalan 16.7%. : For analyzing the collected data, Statistical Package for Social Science (SPSS) version 26 was used. The mean and standard divisions were checked to determine the acceptance rate of participants. In addition, the Chi a square test was used to test the association between women's attitudes and socio-demographic characteristics such as age, level of education, occupation, and economic status. The respondents' rights and confidentiality were protected throughout the study. They were ensured that their personal information

were kept secretly and explained the goals of the study to them.

RESULTS

Table 1 Socio-Demographic characteristics (age of women, age of husband, religion, residence, income, and the number of the Husband's wives) of the study samples reveal that most of the participants aged between 20-30 years old. The percentage was 62% for the women’s age and 58.3% for the ages of their husbands.

Also, the study sample reveals that 100% of the participants were of the Muslim religion. Most of the participants were urban residents, which was 81.3%.

Regarding the income of the participants, the result indicated that most of them were in conditions sufficient for daily living, which was about 57.3%. Most husbands have only one wife with a percentage 98.3%. Also, a small part of them was in bigamy conditions, which was about 1.7%.

Table 1 : Socio-demographic characteristics (age of women, age of husband, religion, residence, income, and the number of the Husband's wives) of the study sample

| | Variables | F (%) |
|--|-----------------------------|------------------|
| Age of Women | Under 20 Years | 35 (11.7) |
| | 20-30 | 186 (62) |
| | 31-40 | 68 (22.6) |
| | 41-50 | 11 (3.7) |
| | Total | 300 (100) |
| Age of Husband | Under 20 Years | 2 (0.7) |
| | 20-30 | 175 (58.3) |
| | 31-40 | 95 (31.7) |
| | 41-50 | 25 (8.3) |
| | 51 and above | 3 (1) |
| | Total | 300 (100) |
| Religion | Muslim | 300 (100) |
| Residence | Rural | 56 (18.7) |
| | Urban | 244 (81.3) |
| | Total | 300 (100) |
| Income | Sufficient For Daily Living | 172 (57.3) |
| | Insufficient | 87 (29) |
| | Exceed Need | 41 (13.7) |
| | Total | 300 (100) |
| The Number of The Husband's Wives | One Wife | 295 (98.3) |
| | Bigamy | 5 (1.7) |
| | Total | 300 (100) |

Table 2 Socio-demographic characteristics related to the woman's educational level, and their husband's educational level in the study sample. The table also illustrated that most of the women were obtained the primary school certificates,

with a percentage of 23.3%. And most of the husbands were at the intermediate level which was about 24.7%, and at the secondary school level, which was about 24.0%.

Table 2: Socio-demographic characteristics related to the woman educational level, and the husband educational level in the study sample

| | Variables | F (%) |
|----------------------------------|--------------------|------------------|
| Woman Educational Level | Illiterate | 22 (7.3) |
| | Read and write | 2 (0.7) |
| | Primary School | 70 (23.3) |
| | Intermediate | 48 (16) |
| | Secondary School | 57 (19) |
| | Institute Graduate | 41 (13.7) |
| | College Graduate | 59 (19.7) |
| | Post Graduate | 1 (0.3) |
| | Total | 300 (100) |
| Husband Educational Level | Illiterate | 20 (6.7) |
| | Read and write | 1 (0.3) |
| | Primary School | 55 (18.3) |
| | Intermediate | 74 (24.7) |
| | Secondary School | 72 (24) |
| | Institute Graduate | 23 (7.7) |
| | College Graduate | 49 (16.3) |
| | Post Graduate | 6 (2) |
| | Total | 300 (100) |

Table 3 Socio-demographic characteristics related to the woman's occupation, and their husband's occupation in the study sample, show that the majority of women

were unemployed, with a percentage 81.3%. While the majority of husbands were self-employed, this was about 73.7%.

Table 3: Socio-demographic characteristics related to the woman occupation, and the husband occupation in the study sample

| | Variables | F (%) |
|---------------------------|---------------|------------------|
| Women Occupation | Employer | 33 (11) |
| | Unemployed | 244 (81.3) |
| | Self-Employer | 23 (7.7) |
| | Total | 300 (100) |
| Husband Occupation | Employer | 73 (24.3) |
| | Unemployed | 6 (2) |
| | Self-Employer | 221 (73.7) |
| | Total | 300 (100) |

Table 4 Descriptive statistics of items in table 4 related to women’s attitudes towards their husband attendance to the delivery room. illustrated the acceptance rate of participants for all items of part three in the questionnaire related to women’s attitudes about husband attendance in the delivery room, which was 28 items. The item which stated (The husband should escort the wife to the hospital for delivery) got the highest score which is the value 2.96 depending on the women's responses.

Other items got a high score, as the value 2.91 for the item regarding (The presence of the husband is calming for his pregnant woman). And, the value was 2.86 for these items (It helps women feel their husband's love for them and their family.), and (If your husband is present in the delivery room you can ask for anything that you want or you need because your husband has good communication). While the item that got the lowest score was (Husband culture affects the women, staff, and delivery procedure) with a value 2.13.

Table 4: Descriptive statistics of items related to women’s attitudes about husband attendance in the delivery room

| Items | Disagree | Neutral | Agree | Mean |
|---|-----------|----------|------------|------|
| | F (%) | F (%) | F (%) | |
| Q1. It is pleasurable if your husband be with you in the most important moments in life such as childbirth. | 39 (13) | 1 (0.3) | 260 (86.7) | 2.74 |
| Q2. Your husband can improve your emotional (psychological) and physical activity during childbirth. | 26 (8.7) | 5 (1.7) | 269 (89.7) | 2.81 |
| Q3. The Husband increases the women's self-confidence during labor. | 23 (7.7) | 5 (1.7) | 272 (90.7) | 2.83 |
| Q4. The woman can explain her pain of delivery with her husband. | 90 (30) | 3 (1) | 207 (69) | 2.39 |
| Q5. Husband attendance helps the pregnant woman bear labor pain. | 24 (8.8) | 3 (1) | 273 (91) | 2.83 |
| Q6. Prepares your husband to accept his paternal (parental) responsibility. | 40 (13.3) | 1 (0.3) | 259 (86.3) | 2.73 |
| Q7. The presence of a husband in the delivery room has a positive effect on women’s feelings. | 35 (11.7) | 7 (2.3) | 258 (86) | 2.74 |
| Q8. It strengthens the couple’s relationship. | 20 (6.7) | 6 (2) | 274 (91.3) | 2.85 |
| Q9. Husband attendance decreases the mother's anxiety in the delivery room. | 30 (10) | 10 (3.3) | 260 (86.7) | 2.77 |
| Q10. It can transfer the husband's anxiety to the mother. | 99 (33) | 9 (3) | 192 (64) | 2.31 |
| Q11. It has a positive effect on the father-child relationship. | 53 (17.7) | 6 (2) | 241 (80.3) | 2.63 |
| Q12. It Helps women to feel their husband's love for them and their family. | 21 (7) | 0 (0) | 279 (93) | 2.86 |
| Q13. It helps the woman to feel that she was not alone during a difficult time. | 23 (7.7) | 2 (0.7) | 275 (91.7) | 2.84 |
| Q14. The presence of the husband is calming for his pregnant woman. | 13 (4.3) | 0 (0) | 287 (95.7) | 2.91 |

Table 4: Cont.

| Items | Disagree | Neutral | Agree | Mean |
|---|------------|---------|------------|------|
| | F (%) | F (%) | F (%) | |
| Q15. It is unpleasant for the woman that her husband is with her during childbirth. | 267 (89) | 0 (0) | 3 (11) | 2.39 |
| Q16. It is not helpful to the woman when the partner is present. | 272 (90.7) | 0 (0) | 28 (9.3) | 2.39 |
| Q17. Husband attendance in the delivery room is against Kurdish culture. | 220 (73.3) | 2 (0.7) | 78 (26) | 2.21 |
| Q18. Better to replace another person in place of your husband for companionship in the delivery room. | 239 (79.7) | 2 (0.7) | 59 (19.7) | 2.25 |
| Q19. The women listening to their husbands effectively during labor. | 27 (9) | 9 (3) | 264 (88) | 2.79 |
| Q20. Societies can affect allowing husbands to participate in childbirth and be present during labor. | 167 (55.7) | 3 (1) | 130 (43.3) | 2.06 |
| Q21. If your husband is present in the delivery room you can ask for anything that you want or you need (because your husband has good communication). | 20 (6.7) | 1 (0.3) | 279 (93) | 2.86 |
| Q22. Husband may make the woman uncomfortable during labor if he has bad behavior. | 215 (71.7) | 2 (0.7) | 83 (27.7) | 2.20 |
| Q23. Husband culture affects the women, staff, and delivery procedure. | 208 (69.3) | 3 (1) | 89 (29.7) | 2.13 |
| Q24. The presence of the husband during childbirth can also be problematic for the mother because she may feel more inhibited and have a hard time letting go. | 230 (76.7) | 0 (0) | 70 (23.3) | 2.24 |
| Q25. The presence of the husband in the delivery room can be traumatic to some of them; such birth trauma can lead to a subsequent loss of sexual desire as it may cause a mental block for the husband. | 203 (67.7) | 9 (3) | 88 (29.3) | 2.18 |
| Q26. Preparing a husband for childbirth (pregnancy course), allows men to get an idea of what the birth will be like, how they can best support their partner, and what do to in case of unforeseen events. | 44 (14.7) | 2 (0.7) | 254 (84.7) | 2.70 |
| Q27. The husband should escort the wife to hospital for delivery. | 6 (2) | 0 (0) | 294 (98) | 2.96 |
| Q28. The husband should escort the wife to a delivery room. | 42 (14) | 0 (0) | 258 (86) | 2.72 |

Table 5 shows the levels of women’s attitudes towards their husband’s attendance in the delivery room. The result of the women’s attitudes was as follows: 88.33% of them had a positive attitude, and 11.67% had a negative attitude.

Table 5: Overall women’s attitudes about husband attendance in the delivery room

| Overall Attitude | F (%) |
|------------------|------------------|
| Posetive | 265 (88.33) |
| Negative | 35 (11.67) |
| Total | 300 (100) |

Table 6 shows the association between women’s attitudes and sociodemographic characteristics of the women’s age, woman's educational level, women’s occupation, residence, and income.

Table 6: Statistical differences in women's attitudes regarding the age of women, woman's educational level, women occupation, residence, and income

| Variables | Overall Practices | | | Total | P-Value | |
|--------------------------------|-----------------------------|----------------|------------|-----------|------------------------|------------|
| | Never done | Sometimes done | Done | | | |
| Age of Women | Under 20 Years | 6 | 21 | 8 | 0.014 HS | |
| | 20-30 | 73 | 74 | 39 | | |
| | 31-40 | 24 | 27 | 17 | | |
| | 41-50 | 5 | 3 | 3 | | |
| | Total | 108 | 125 | 67 | | 300 |
| Woman Educational Level | Illiterate | 9 | 7 | 6 | 0.001 HS | |
| | Read And write | 1 | 1 | 0 | | |
| | Primary School | 28 | 25 | 17 | | |
| | Intermediate | 17 | 24 | 7 | | |
| | Secondary School | 20 | 24 | 13 | | |
| | Institute Graduate | 11 | 21 | 9 | | |
| Women Occupation | College Graduate | 21 | 23 | 15 | 0.728 NS | |
| | Post Graduate | 1 | 0 | 0 | | |
| | Total | 108 | 125 | 67 | | 300 |
| | Employer | 10 | 14 | 9 | | |
| | Unemployed | 86 | 105 | 53 | | |
| Residence | Self-Employer | 12 | 6 | 5 | 0.027 S | |
| | Rural | 13 | 30 | 13 | | |
| | Urban | 95 | 95 | 54 | | |
| | Total | 108 | 125 | 67 | | 300 |
| Income | Sufficient For Daily Living | 73 | 61 | 38 | <0.001 HS | |
| | Insufficient | 20 | 48 | 19 | | |
| | Exceed Need | 15 | 16 | 10 | | |
| | Total | 108 | 125 | 67 | | 300 |

The result demonstrated that there were a significant association in women’s attitudes and their age groups (P-Value=0.014), residence (P-Value =0.027) income (P-Value =0.001), and education levels (P-Value =0.001). These values were less than the alpha value ($\alpha \leq 0.05$). The results accepted the alternative hypothesis, which means that the variable is not independent, and rejected the null hypothesis. Also, the result reveals that there were no significant association in women’s attitudes and the women's occupations (P-Value =0.728), where the significance values were more than the alpha value ($\alpha \geq 0.05$). The result accepted the null hypothesis, which is that the variable was independent, and rejected the alternative hypothesis.

DISCUSSION

The findings of the current study show that the highest percentage of the study sample was in the age group 20-30 years old. These results are almost similar to previous studies that showed that the majority of the participants were between the ages of 24-29, such as a study done by Sokoya et al., (2014)[7]. The present study also, shows that the highest percentage of the husband's age of the study sample was in the age group between 20-30 years old. These results are in contrast to previous studies, such as a study conducted in AL Zahra hospital in Rasht under the title Couples' attitudes toward husband's attendance in the delivery room among 259 pregnant women and their spouses Rafat et al.,(2016)[11]. The distribution of the sample regarding the women's level of education reveals the majority of the induced groups were primary school graduates this finding was similar to the result of the previous study which had been conducted in Kenya by Kalisa and Malande, (2016)[12]. The present study shows that most of the husbands were at the intermediate level and the secondary school level. The result is inconsistent with the privacy study done by Kakaire et al., (2011)[13], that their spouses had only a primary level of education respectively. The study's findings revealed that the majority of the study sample—housewives—were mostly self-employed. The results of this study are in contrast to those studies which were conducted in Ethiopia by Kahsay et al., (2013) in which 376 husbands whose wives gave birth participated in a cross-sectional survey. The biggest proportions of women and their husbands were farmers. The result of the study shows that all participants were Muslim. These results are similar the results of the study which was conducted in Bangladesh by Rahman

et al., (2018) [15] that The majority of respondents were Muslim. These findings differ from earlier research by Adeniran et al., (2015) [19], which found that half of the participants were Muslim. Additionally, these findings are in contrast to another survey conducted in India, where most of the women were Hindu That was done by Diamond-Smith et al., (2016) [17]. Moreover, the study shows that most of the study participants were urban residents. These results are consistent with the study conducted in Ethiopia by Teklesilasie and Deressa, (2018)[21] who report that most of the participants were from urban areas. Regarding monthly income, the present study reveals that the majority of the participants were in a status of sufficient for daily living. This finding does not incompatible with the study done by Tadesse et al., (2018) [4] who, in the Ethiopian village of Wolaita Sodo, performed research among 608 spouses of expectant and nursing mothers. They found that 381 of the households had an income of more than 1000 Ethiopian birr (45 USD) per month; this income was insufficient for daily life. Also, the present study shows that most women's husbands had only one wife. This result was similar to the study done by Alharbi et al., (2018)[19] in Riyadh, information was gathered from 250 spouses, all of who were chosen randomly from the waiting areas of the delivery rooms. Most of them were Saudis and had just one wife. While these results are similar to the study done by Amogne et al., (2018) [23] in southeast Ethiopia which was the First wives of their husbands. Study findings showed that attitudes toward husband attendance in the delivery room were positive in most participants. The result of the study was similar to the study done by Rafat et al., (2016) [14] in Rasht, most of the participants had a positive attitude towards husband attendance

in the delivery room. In a study conducted in Iran by Nejad, (2005)[20] on attitudes of couples about the presence of the spouse in the delivery room during childbirth among 150 couples showed that most women had positive outlooks toward the husband's presence in the delivery room. which is in agreement with the result of the present study. These results have been supported by Sokoya et al., (2014)[7], who conducted a study on 200 women and found that the majority of participants felt that wives needed their husbands' assistance throughout pregnancy, labor, and delivery. The item 27 which states (The husband should escort the wife to the hospital for delivery) got the highest score depending on the women's responses. These results are in contrast to previous studies, such as a study conducted by Kalisa and Malande, (2016) [12] in Kenya, among 350 pregnant women. Another item got a high score, item 14, which focuses on the presence of the husband (is calming for his pregnant woman), the finding of the study was consistent with the previous study done by Sokoya et al., (2014) [7] At Ogun, among 200 women who were visiting the prenatal and baby welfare clinics of four hospitals were randomly given questionnaires with closed-ended items as part of a descriptive survey design. That said their husband's support made pregnancy calming and less stressful for them. And similar to the previous study demonstrating the importance of the husband's participation in labor since his presence in the delivery room can help the mother emotionally. Indeed, the highest attitude score was for the item "it is calming for the mother.", which was by Alharbi et al., (2018)[19]. The present study also, showed that some of the women agree that the presence of the husband in the delivery room can be traumatic for some of them; such birth trauma can lead

to a subsequent loss of sexual desire as it may cause a mental block for the husband. The result of the study was supported by Oboro et al., (2011)[22] in a qualitative cross-sectional study conducted on 197 women in Nigeria, it was found that some pregnant women refused to have their spouse present during labor because of concerns about losing their sexual appeal. Besides the study results showed a significant difference in women's attitudes with age and educational levels. The finding of the study was consistent with the previous study done by El-Magrabi and Mohamed, (2012)[23] in Egypt. The study used a quota sample of 200 pregnant women who visited the outpatient prenatal clinic at the end of the third trimester. The attitude scores were significantly related to age, job, and education. Nejad, (2005) [20] showed that Attitude scores were significantly related to age, job, and education. That was the result of the previous study in agreement with the results of the present study. The present study shows significant differences in women's attitudes and education levels. The results accepted the alternative hypothesis, which means that the variable is not independent, and rejected the null hypothesis. This result was similar to the study done by Rafat et al., (2016) [11] in Rasht. That reports a significant relationship between the mother's education level and attitude toward the husband's attendance in the delivery room. Finally, the findings of the present study show that there were no significant differences in women's attitudes and the women's occupations. The finding of the study is inconsistent with the study done by Agushyvana, (2016) [24] in Indonesia. This study found that women's occupations significantly determine complications during pregnancy and childbirth at a significant level. Women with occupations are more likely to be

independent to make antenatal care compared to those who do not have occupations.

CONCLUSION

The result of the present study indicates that most women expressed a positive attitude towards husbands' attendance in the delivery room. And a very highly significant association was observed between socio-demographical characteristics (age, level of education, and income) with women's attitudes.

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