

Husband's Support for Postpartum Mothers: A Correlation Study Between Characteristics and Husband's Support For Postpartum Mothers

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Abstract

Purpose: To find out the description of husband's support for postpartum mothers in the Kartasura Health Center area.

Methodology: This study uses a quantitative descriptive method of research with a cross sectional approach. This study used the PSSQ (Postpartum Social Support Questionnaire) questionnaire consisting of 16 questions from Hopkins and Campbell (2008) which were translated into Indonesian.

Results The results of this study from 61 respondents found that all numerical characteristics showed no relationship with husband's support. Some categorical characteristics such as village, work, profession and intention to get pregnant show significant value with husband's support.

Applications/Originality/Value: The difference between this study and previous research is the number of respondents, time and place of research, literature, theory used. The research is planned for health workers as literature in providing health education about husband's support for postpartum mothers.

Keywords: husband support, postpartum mother

Introduction Section

The Maternal Mortality Rate (MMR) is a standard indicator for assessing the success of health development. The maternal mortality rate (MMR) is one of the Millennium Development Goals (MDGs) targets. The Maternal Mortality Rate will be reduced by three quarters in the period 1990-2015. The problem of maternal and infant mortality must be considered and handled optimally. Based on data obtained from the ASEAN on Millennium Development Goals, it shows that the Maternal Mortality Rate (MMR) is in the range of 305 per 100,000 live births. Meanwhile, according to WHO, every day 830 mothers in the world die from diseases/complications related to pregnancy and childbirth (Estuningtyas et al., 2020). In the Sustainable Development Goals (SDGs) or sustainable development Maternal Mortality Rate (MMR) is one of the national health indicators and the 2030 SDGs target where MMR decreases to 70 per 100,000 live births (Bappenas, 2013). In 2016 the MMR in Indonesia was still very high, reaching 359 per 100,000 live births, this figure was ranked first in Southeast Asia (Sri & Mubarakah, 2018).

Childbirth is a valuable experience in the entire span of a woman's life. The postpartum period is an extraordinary transition period and a challenge for couples who have just had their first child (Ambarwati & Ihtiarini, 2019). The transition to becoming a parent requires adjustments for a woman in dealing with her new activities and role as a mother to carry out her duties in caring for babies and daily tasks. During the postpartum period, a woman experiences changes in her physical, psychological, economic and social systems. Physical changes experienced in the form of changes in the reproductive organs and other organs of the body. The length of adaptation during the puerperium lasts up to about 6 weeks after giving birth. During the postpartum

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period some mothers are able to adjust well, but there are some mothers who are not able to adjust and eventually make them psychologically disturbed (Fitrah et al., 2019).

It is reported that the incidence of postpartum blues abroad (Japan) is high, namely 26-85%, where an estimated 20% of women who give birth experience postpartum blues (Miyansaki et al., 2014). Meanwhile, in Indonesia the incidence of postpartum depression is between 50-70% of women after childbirth (Sari et al., 2015). All mothers need love and attention and need to be known, need to be appreciated and need to get social support from their surroundings starting from pregnancy until after giving birth (Umrah & Asmawati, 2019). In short, the postpartum period is a very important stage in family life because both the mother and the surrounding environment can be affected both physically and psychologically. The postpartum period is also a time when there are changes in the need for social support and family relationships due to new roles and responsibilities (Akday & Taşçı-Duran, 2018).

Preliminary interviews with 10 postpartum women respondents said that they were happy to have been blessed with children. The mother also said that family happiness was more complete because of the baby. Some mothers shared stories after the birth of their babies that they experienced physical and psychological changes such as a lack of confidence in their body shape after giving birth, difficulty sleeping and anxiety about the baby's condition which sometimes made the mother's appetite decrease. The multiparous mother said that even though she had previous experience, each child had a different condition.

With the various problems above, efforts are needed to strengthen mothers in terms of their physical and psychosocial health. Social support is a condition that is beneficial to individuals obtained from other people. One source of social support for mothers after giving birth comes from their partner (husband). As a companion, husbands play an important role in maternal health. Husband's social support can be realized as always encouraging, loving and always accompanying his wife. Husband's support is a simple way to reduce the incidence of postpartum depression in mothers who have just given birth.

The husband has a very important responsibility in all aspects, starting from pregnancy, childbirth to the puerperium. All forms of husband's actions and decisions affect the mother's health (Estuningtyas et al., 2020). Husband's support can be shown in various ways, such as giving peace to his wife, giving a touch, expressing words that motivate his wife (Puspitasari, 2020). Without husband's support for postpartum mothers, it will make mothers feel pressured and neglected. The pressure felt by the postpartum mother, if allowed to develop, will make the mother feel depressed, thereby affecting the baby's care. This study aims to determine the description of husband's support for postpartum mothers. Based on the background above, the researcher is interested in researching husband's support for postpartum mothers.

Method

Respondents

The sample in this study were postpartum mothers in the working area of the Kartasura Health Center. The sample was taken using a purposive sampling technique and the respondents obtained were 61 respondents who gave birth on August 28, 2022 to October 15, 2022 in the Kartasura Health Center Work Area who had inclusion criteria, namely not having physiological disorders, willing to be respondents, having biological parents and in-laws, have no visual or hearing impairments.

Research Instruments

This research uses a type of quantitative descriptive research method using a cross sectional approach. The variable in this study is husband's support. The measuring tool in this study used a questionnaire that was used in this study was the PSSQ (Postpartum Social Support Questionnaire) which consisted of 16 questions from Hopkins and Campbell (2008) which were translated into Indonesian. Each question has a 5 point rating option (1 = never, 2 = rarely, 3 = sometimes, 4 = often, 5 = always). This questionnaire has been tested for validity with Pearson Correlations using a significance value of 5%, the results obtained from 16 questions are 10 valid questions and 6 invalid questions are eliminated. The reliability test is measured by Cronbach's alpha coefficient (> 0.70) and the result is 0.757 which means reliable.

Ethical Considerations

This research was conducted after obtaining approval from the Ethics Commission of RSUD Dr. Moewardi with number 1.277/X/HREC/2022. Respondents' anonymity and confidentiality were maintained in this study. Participation in this study was voluntary and by using a written consent form by the respondents. Respondents had the right to voluntarily participate in this study without any adverse consequences and were provided with a full description of the nature of the research.

Statistic Analysis

The data that has been obtained is entered into the Excel spreadsheet and then exported to the SPSS spreadsheet for data calculation. Data analysis was performed computerized using the SPSS version 25 program. Furthermore, a normality test was performed using the Kolmogorov-Smirnov to determine whether the data distribution was normal or not. After carrying out the normality test, the results show that the data is normally distributed. Furthermore, the authors conducted a Pearson Product Moment Correlation test between the numerical data of the characteristics of the respondents and the support of their husbands, which aims to determine the relationship between the characteristics of the respondents and the support of their husbands. The author also conducted an ANOVA test between categorical data of respondents with husband's support, which aims to determine the differences in the characteristics of respondents with husband's support.

Results and Discussion

Numerical Characteristics of Postpartum Mothers

Table 1. Distribution of Numerical Characteristic Data for Postpartum Mothers

| Variabel | Mean Median | Min-Max |
|---------------------------------|------------------------|----------------|
| Age | 28,89 | 20-41 |
| Baby born in week | 38,97 | 36-42 |
| Pregnancy to | 2,00 | 1-5 |
| Birth to | 1,95 | 1-5 |
| Birth weight | 361,13 | 2540-4700 |
| Number of living children | 1,92 | 1-5 |

Based on the distribution of table 1, the total number of respondents was 61 respondents, the results obtained were that the average age of the mother gave birth was 29 years, where the youngest age of the mother gave birth was 20 years and the oldest age when the mother gave birth was 41 years. Babies born when the gestational age is between 36-42 weeks with an average delivery at 39 weeks of gestation, the average pregnancy is in the second pregnancy, the average new mother gives birth 2 times, where at least the mother gives birth 1 time and the the most births were 5 times, with an average number of living children 2 and an average birth weight of 3161 gr.

Table 2. Characteristic Pearson Product Moment Test Results
Respondents on Husband Support

| Variabel | r | R | P Value |
|----------------------|----------|----------|----------------|
| Age | 0,123 | 0,15 | 0,344 |
| Baby born in week | 0,049 | 0,02 | 0,709 |
| Pregnancy to | 0,022 | 0,00 | 0,869 |

| | | | |
|---------------------------|-------|------|-------|
| Birth to | 0,008 | 0,00 | 0,950 |
| Birth weight | 0,091 | 0,08 | 0,487 |
| Number of living children | 0,047 | 0,02 | 0,721 |

Based on the statistical test results in table 2 above, it is known that the relationship between postpartum maternal age and husband's support shows a weak relationship ($r=0.123$) and has a positive pattern, meaning that the older the mother is, the higher the husband's support is. The results of statistical tests showed that there was no relationship between the age of the postpartum mother and husband's support ($p=0.344$). The research results presented by Kingston et al. (2012) which stated that the age of the mother with the support of her husband had a relationship with the occurrence of baby blues. This is because one of the reasons for the occurrence of baby blues is that the majority of mothers who are teenagers want their pregnancy to receive support from their families (husbands). Adolescent mothers are twice as likely to experience postpartum psychological disorders, because teenage mothers must face challenges when trying to complete the psychological development associated with adolescence and caring for babies.(Nadariah et al., 2021).

The relationship to how many weeks a baby is born with husband's support shows a weak relationship ($r=0.049$) and has a positive pattern, meaning that the higher the baby's birth week, the greater the husband's support the postpartum mother gets. The results of the statistical test found that there was no relationship between the week the baby was born when the mother gave birth and the husband's support ($p=0.709$). As the gestational age increases, it affects the attention and thoughts of pregnant women towards labor and postpartum which makes the mother's anxiety and fear increase in the third trimester. Husband's support is very important in reducing anxiety and fear. The emotional support provided by the husband can provide inner peace for his wife (Abidah et al., 2021)

The relationship between the respondent's pregnancy and husband's support shows a weak relationship ($r=0.022$) and has a positive pattern, meaning that the more pregnancies the mother has, the higher the husband's support. Statistical test results showed a weak significant relationship between postpartum pregnancy and husband's support ($p=0.869$). According to research by Rahayuningsih et al. (2021), in which respondents reported a minimum of 1st pregnancy and a maximum of 5th pregnancy, the parity of pregnant women can affect the psychological health of pregnant women, especially those who will facing childbirth. The first parity is risky, because it is the result of the first fertilization of the uterus, and the elasticity of the uterine muscles is still limited by the growth of the fetus. The first parity still doesn't understand what happens during the birth process, and often feels afraid.

The relationship between parity or birth of respondents with husband's support shows a weak relationship ($r = 0.008$) and has a positive pattern, meaning that the more mothers give birth, the higher the husband's support is obtained. $p=0.950$). This research is not in line with Machmudah's research (2010) which states that there is a relationship between parity and the incidence of post partum blues ($p=0.000$). Meanwhile, most pregnant women with parity of more than 1 tend to be more mentally and psychologically prepared because of the delivery process from previous pregnancies (Miyansaski et al., 2014)

The relationship between baby's weight at birth and husband's support shows a weak relationship ($r=0.091$) and has a positive pattern, meaning that the higher the baby's weight, the higher the husband's support. The statistical test results showed that there was no relationship between the baby's weight at birth and the husband's support ($p=0.487$). Pregnant women need their husband's support in all matters during pregnancy, one of which is the husband's support needed by accompanying ANC visits (Salam, 2021). During ANC visits, pregnant women will gain knowledge about improving nutrition during pregnancy which will have a good impact on improving fetal nutrition and the condition of the baby after birth later. In this case, instrumental support from the husband is needed, for example, to ensure the nutritional intake of pregnant women during pregnancy.

The relationship between the number of living children and husband's support shows a weak relationship ($r=0.047$) and has a positive pattern, meaning that the more children living, the higher the husband's support. The results of statistical tests found that there was no relationship between the number of living children and husband's support ($p=0.721$). A better relationship between spouses is found in couples who have higher family

income and fewer children (Pebryatie et al., 2022). The level of husband's or father's involvement in accompanying the mother's visit and delivery was greater among couples with a satisfying marital relationship.

Categorical Characteristics of Postpartum Mothers

Table 3. Distribution of Data on Categorical Characteristics of Postpartum Mothers

| Variable | | Frequency (N=61) | Percentage |
|---------------------------|-------------------------|-----------------------------|-------------------|
| Village | Wirogunan | 3 | 0,3 % |
| | Singopuran | 2 | 0,2 % |
| | Ngabeyan | 5 | 0,5 % |
| | Kartasura | 7 | 0,7 % |
| | Ngadirejo | 4 | 0,4 % |
| | Ngemplak | 5 | 0,5 % |
| | Pucangan | 8 | 0,8 % |
| | Gumpang | 9 | 0,9 % |
| | Makamhaji | 9 | 0,9 % |
| | Gonilan | 5 | 0,5 % |
| | Kertonatan | 3 | 0,3 % |
| Pabelan | 1 | 0,1 % | |
| Last Education | Junior High School | 5 | 0,5 % |
| | Senior High School | 34 | 3,4 % |
| | Bachelor | 22 | 2,2 % |
| Marital status | Divorced | 15 | 1,5 % |
| | Marry | 46 | 4,6 % |
| Ethnic | Java | 60 | 6,0 % |
| | Outside Java | 1 | 0,1 % |
| Living together | Original Family | 8 | 0,8 % |
| | Husband | 53 | 5,3 % |
| Type of work | Working | 25 | 2,5 % |
| | Doesn't Work | 36 | 3,6 % |
| Working | Doesn't Work | 30 | 3,0 % |
| | Private | 28 | 2,8 % |
| | Public | 3 | 0,3 % |
| Profession | Laborer | 4 | 0,4 % |
| | Trader | 6 | 0,6 % |
| | Private | 7 | 0,7 % |
| | Teacher | 5 | 0,5 % |
| | Housewife | 37 | 3,7 % |
| | Health Workers | 2 | 0,2 % |
| Intention to get pregnant | Not Planned | 25 | 2,5 % |
| | Planned | 36 | 3,6 % |
| Desire to get pregnant | Undesirable | 12 | 1,2 % |
| | Ambivalent | 3 | 0,3 % |
| | Desired | 46 | 4,6 % |
| Pregnancy Complications | There is | 6 | 0,6 % |
| | There isn't any | 55 | 5,5 % |
| Method of delivery | Sectio Caesarea | 27 | 2,7 % |
| | Normal | 34 | 3,4 % |
| Baby Nutrition | Formula milk | 2 | 0,2 % |
| | Breast Milk and Formula | 13 | 1,3 % |
| | Breast Milk | 46 | 4,6 % |

Based on table 2 above, with a total of 61 respondents consisting of 12 villages in the Kartasura District area. The highest number of postpartum mothers were in the villages of Gumpang and Makam Haji (0.9%) and the fewest were in Pabelan Village (0.1%). Based on the level of education, the respondents were junior high school graduates (0.5%), high school graduates (3.4%) and undergraduate respondents (2.2%). It can be concluded that the majority of respondents graduated from senior high school. The most marital status is married (4.6%) and the least is divorced (1.5%). Based on ethnic origin, only respondents came from outside Java (0.1%) and most of the respondents came from the Javanese tribe (6.0%). Most of the respondents live with their husbands (5.3%), and respondents who live with their original families (0.8%). Respondents who work are (2.5%), and respondents who do not work are (3.6%). Distribution of types of work, mothers who do not work either in the private or state (3.0%), work in the private sector (2.8%) and work in the state (0.3%). Most of the respondents' professions were housewives (3.7%) and the least were health workers (0.2%). Intention to get pregnant, most of the respondents stated that their pregnancy was planned (3.6%) and the respondents chose unplanned pregnancy (2.5%). Desire to get pregnant, as many as (4.6%) of respondents are desired pregnancies, respondents who do not want to get pregnant (1.2%) and ambivalent (0.3%). Pregnancy complications, most of the respondents did not experience complications during pregnancy (5.5%) and those who experienced complications during pregnancy (0.6%). Method of delivery, respondents who chose the normal delivery method were (3.4%) and those who chose to give birth to Sectio Caesarea were (2.7%). Nutrition for babies, most of the respondents chose to give exclusive breastfeeding (4.6%), breast milk and formula (1.3%) and only formula milk (0.2%).

Table 4. Results of the Anova Test on Respondents' Characteristics of Husband's Support

| | Variable | Mean | SD | 95% CI | P Value |
|-----------------|--------------------|-------------|-----------|-----------------|----------------|
| Village | Wirogunan | 29,7 | 2,51661 | 23,4151-35,9183 | 0,041 |
| | Singopuran | 27 | 1,41421 | 14,2938-39,7062 | |
| | Ngabeyan | 32,4 | 2,30217 | 29,5415-35,2585 | |
| | Kartasura | 33,4 | 4,57738 | 29,1952-37,6619 | |
| | Ngadirejo | 36,3 | 6,07591 | 26,5819-45,9181 | |
| | Ngemplak | 37,2 | 4,32435 | 31,8306-42,5694 | |
| | Pucangan | 38,9 | 6,64267 | 33,3216-44,4284 | |
| | Gumpang | 35 | 4,09268 | 31,8541-38,1459 | |
| | Makamhaji | 35,9 | 3,88730 | 32,9008-38,8769 | |
| | Gonilan | 34,6 | 3,50714 | 30,2453-38,9547 | |
| | Kertonatan | 32,7 | 5,50757 | 18,9851-38,9547 | |
| | Pabelan | 41 | - | - | |
| Last Education | Junior High School | 33,2 | 3,11448 | 29,3329-37,0671 | 0,285 |
| | Senior High School | 34,3 | 4,79825 | 32,6788-36,0271 | |
| | Bachelor | 36,3 | 5,49400 | 33,7914-38,6632 | |
| Marital status | Divorced | 35,47 | 4,48596 | 32,9824-37,9509 | 0,638 |
| | Marry | 34,8 | 5,18195 | 33,2220-36,2997 | |
| Ethnic | Java | 33 | . | | 0,700 |
| | Outside Java | 35 | 5,02862 | 33,6676-36,2657 | |
| Living together | Original Family | 35 | 3,54562 | 33,4904-37,9642 | 0,969 |
| | Husband | 35 | 5,20299 | 33,4904-36,3587 | |
| Type of work | Working | 36 | 5,68096 | 32,8950-37,5850 | 0,694 |
| | Doesn't Work | 34 | 4,52682 | 33,1906-36,2539 | |
| Working | Doesn't Work | 34,3 | 4,09948 | 32,7026-35,7641 | 0,004 |
| | Private | 34,7 | 5,20582 | 32,6957-36,7329 | |
| | Public | 44 | 2,64575 | 37,4276-50,5724 | |
| Profession | Laborer | 40 | 1,41421 | 37,7497-42,2503 | 0,002 |
| | Trader | 35,3 | 5,60952 | 29,4465-41,2202 | |
| | Private | 33,9 | 3,80476 | 30,3383-37,3760 | |
| | Teacher | 41,4 | 6,50385 | 33,3244-49,4756 | |
| | Housewife | 34 | 4,22615 | 32,5639-35,3820 | |

| | Variable | Mean | SD | 95% CI | P Value |
|---------------------------|-------------------------|-------------|-----------|-----------------|----------------|
| | Health Workers | 29 | 2,82843 | 3,5876-54,4124 | |
| Intention to get pregnant | Not Planned | 33,3 | 4,46953 | 31,4751-35,1649 | 0,034 |
| | Planned | 36,1 | 5,08749 | 34,3342-37,7769 | |
| Desire to get pregnant | Undesirable | 32,8 | 5,20198 | 29,5282-36,1385 | 0,249 |
| | Ambivalent | 34,3 | ,57735 | 32,8991-35,7676 | |
| | Desired | 35,6 | 5,00550 | 34,0353-37,0082 | |
| Pregnancy Complications | There is | 36,2 | 3,65605 | 32,3299-40,0035 | 0,529 |
| | There isn't any | 34,8 | 5,12582 | 33,4143-36,1857 | |
| Method of delivery | Sectio Caesarea | 34,7 | 5,27073 | 32,5446-36,7147 | 0,675 |
| | Normal | 35,2 | 4,82714 | 33,4922-36,8607 | |
| Baby Nutrition | Formula milk | 36,5 | 3,53553 | 4,7345-68,2655 | 0,229 |
| | Breast Milk and Formula | 32,8 | 4,31753 | 30,2371-35,4552 | |
| | Breast Milk | 35,4 | 5,13250 | 33,9324-36,9807 | |

Based on the table above, it is known that postpartum mothers who live in 11 Kartasura villages obtained $p = 0.041$ at alpha 5%, it can be concluded that there are differences in husband's support for postpartum mothers in the 11 villages. The standard deviation for Pabelan Village is not shown in the table above since there was just one responder. The living environment affects the quality of life postpartum. Living in rural areas can provide social support and can improve postpartum quality of life. Social support that can be obtained by post partum mothers includes spousal support, parental support, in-law support and sibling or relative support (Nisak & Rahayuningsih, 2018).

Education is related to everything related to human development, including starting from physical development, health, skills, thoughts, feelings, will, social to the development of faith (Febriyanti, 2021). In this study, most postpartum mothers were high school graduates. It is known that the last education of postpartum mothers, namely junior high school, high school, bachelor degree, obtained $p = 0.285$ at alpha 5%, it can be concluded that there is no difference in husband's support for postpartum mothers based on last education. In Kartono's research (2007), in women who have higher education will face social pressure and role conflict, between demands as women who work or carry out activities outside the home, and their role as housewives and parents of their children (Sari et al., 2015).

Good marital status of postpartum mothers who are married and divorced obtained $p = 0.638$ at alpha 5%. It can be concluded that there is no difference in husband's support for postpartum mothers based on marital status. According to Perry, Hockenberry, Lowdermilk and Wilson (2010), one of the factors that influence depression in pregnancy is psychosocial factors. Psychosocial factors, for example, failure in marriage, lack of support from partners (Kusuma, 2019). According to Asrinah (2010), the role and participation of the husband/partner is very important to convince and give appreciation to the mother's new role (Umrah & Asmawati, 2019).

Most of the respondents came from the Javanese ethnicity, the results of statistical tests obtained $p =$ at alpha 5%, it can be concluded that there was no difference in husband's support for postpartum mothers based on the ethnic origin of postpartum mothers. According research in Wiyanto & Ambarwati (2021), postpartum mothers are often not given social support because the Javanese people view that the difficulties experienced by postpartum mothers are a part that every woman should experience in terms of mothers. In addition, there is a patriarchal concept in Javanese culture that is still deeply rooted, where this concept forms the attitude of traditional gender roles in Javanese society which considers men to have a higher position than women. Even after giving birth, a wife is still required to carry out her role as a wife, while the husband has no responsibility

to do or help. Javanese husband or man has the view that he thinks his wife is not on the same level as himself and sees his wife as someone who must serve.

In this study it was found that postpartum mothers mostly lived with their husbands. After statistical tests it was found that there was no difference in husband support for postpartum mothers based on living together ($p=0.969$). This characteristic illustrates that husband's support for mothers and good support for mothers giving birth will have an impact on achieving a good quality of life for mothers giving birth. Support from husbands has a relationship to the welfare of postpartum mothers, for mothers in the postpartum period the most valuable person is the husband (Nisak & Rahayuningsih, 2018). Research conducted by Wang et al. (2017) revealed that women with the postpartum period who live at home with their parents or live with their in-laws tend to experience postpartum depression compared to women who only live with their husbands.

Respondents in this study were mostly mothers who did not work and were housewives, and the results of statistical tests based on work obtained $p = 0.004$, meaning that there were differences in husband's support for mothers who worked in the state, mothers who worked in the private sector, and mothers who did not work on both. Profession results obtained $p = 0.002$ which means there are differences in husband support for mothers who work as laborers, traders, private sector, teachers, housewives, health workers. The results of previous research by Sjo fiatun (2000) in Kasanah (2017) stated that the status of working mothers had a significant influence on maternity care in rural and urban areas. Mothers who work in the formal sector, such as in offices, both public and private, have better access to health information than housewives. This information is obtained from friends at work and from the mass media. In addition, mothers who work formally will have their own income and supplement family income. Meanwhile, housewives who do not earn an income are very vulnerable to experiencing stress because the entire household financial economy is managed by the mother (Widya Ananda et al., 2021). According to the results of research by Arfianto et al.(2020), mothers who have a dual role, namely mothers who work and take care of babies, the support of their husbands can develop a positive mood and can be happier. Support from husbands affects the welfare of a working mother (Yosita et al., 2022)

Most of the respondents' pregnancies were planned pregnancies and desired pregnancies. After being tested statistically, the results of the intention to get pregnant ($p = 0.034$) means that there are differences in husband's support in planned and unplanned pregnancies and based on the desire to get pregnant, the results are obtained ($p = 0.249$) meaning that there is no difference in husband's support in the desired pregnancy, pregnancy is not desirable and ambivalent. According to Maliszewska et al. (2016), unplanned or unwanted pregnancies can have a negative impact on the emotional state of the mother. Even though the birth of the first child was highly desired and planned, in fact it still disturbed the psychological condition of the mother (Murwati et al., 2021)

Most of the respondents in this study did not experience complications and after statistical tests ($p = 0.529$) it could be concluded that there was no difference in husband's support for mothers who experienced pregnancy complications and those who did not experience complications. According to Manunter (2009) in research Nisak & Rahayuningsih (2018) pregnancy complications can increase the risk of postpartum depression and decrease the quality of life. Social support, especially from a husband/partner is a protective factor in protecting against the stress and worry that is felt during pregnancy (Przybyła-basista, 2017). The support or motivation given by the husband plays a very large role in determining the health status and level of knowledge of the mother in knowing the danger signs of pregnancy (Budiarti et al., 2018).

The method of delivery resulted in $p=0.229$ meaning that there was no difference in husband's support for women who gave birth normally and mothers who gave birth by Sectio Caesaria. The age range of respondents who gave birth in this study was 20-41, according to research from Mulyawati et al. (2011), concluded that women under 20 years of age and over 35 years of age are more at risk for sectio caesarea because under 20 years of age the uterus and pelvis are not well developed. Husband's support is one of the factors that determines the decision-making process regarding planned delivery readiness. Husband's support for the mother can provide peace of mind and feelings of pleasure so that it creates a positive attitude towards herself and her pregnancy(Farida et al., 2019).

Respondents mostly chose breast milk for their baby's nutrition and after statistical tests it was found that husband's support did not affect the provision of baby nutrition, either exclusive breastfeeding, breast milk and

formula or formula milk only ($p=0.229$). The results Fauzianty & Fitria Hadi (2022), there is a significant correlation between a mother's work and her husband's support for exclusive breastfeeding. Decreased so that the mother gave formula milk. In addition, the study said that 20% of mothers did not receive support from their husbands in providing exclusive breastfeeding. The factor that determines success and failure in providing baby nutrition in the form of exclusive breastfeeding is the husband's support. The mother may receive emotional support from the husband, which can increase the mother's confidence, comfort, and experience of success in breastfeeding. Therefore, the role of the husband in supporting the mother in providing nutrition for the baby in the form of exclusive breastfeeding is very important, the support from the husband can make the mother enthusiastic in carrying out her new role of caring for and providing breast milk for her baby.

Conclusion

In this study, a correlation study was described between husband characteristics and support for postpartum mothers. After the Pearson Product Moment correlation statistical test was carried out, it was found that numerical characteristics such as age, baby born in the 3rd week, pregnancy, birth, baby's weight at birth and number of living children showed no significant relationship with husband's support. Anova test between categorical characteristics and husband's support shows that several categorical characteristics such as village, work, profession and intention to get pregnant show significant value with husband's support. The results of the significance value in the village ANOVA statistical test ($p=0.041$), work ($p=0.004$), profession ($p=0.002$), intention to get pregnant ($p=0.034$). Meanwhile, for categorical characteristics such as recent education, marital status, ethnicity, living together, type of work, desire to get pregnant, complications of pregnancy, method of delivery, infant nutrition showed no significant relationship with husband's support.

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