

Original Article

Health Sciences Faculty Students' Views on Spousal Support During Pregnancy and Birth Process

Candan Ersanli Kaya, PhD

Assistant Prof. Department of Midwifery, Faculty of Health Sciences, Giresun University, Giresun, Turkey

Correspondence: Candan Ersanli Kaya, PhD, Assistant Prof. Department of Midwifery, Faculty of Health Sciences, Giresun University, Giresun, Turkey e-mail candankaya05@gmail.com

Place of Study: Department of Midwifery, Faculty of Health Sciences, Giresun University
Yenimahalle Erenler Street No:25 Piraziz, Giresun, Turkey

Abstract

Objective: The aim of the study is to determine the opinions of students studying at the faculty of health sciences on spousal support during pregnancy and delivery.

Method: The population of the study, which was planned as a descriptive cross-sectional, consisted of health sciences faculty students, and the sample consisted of 302 nursing-midwifery 1st and 4th grade students who were willing to participate in the study. The data collection form used in the study conducted between 5-9 March 2018 was developed in line with the literature. The data were evaluated with an appropriate statistical program.

Results: The average age of the students participating in the study is 20.43 ± 1.89 , 97.7% of them are single and 81.8% of them have nuclear family structure. 86.4% of the students stated that they want to be with their spouse in labor, 76.5% in the delivery room, 90.7% of them stated that birth preparation courses are necessary, 85.8% of them want to attend the birth preparation course with their spouses. When the reasons for female / male students to want their spouses are examined, it was determined as supporting, giving morale (48.7% / 54.3%), not wanting to be alone / being with them at all times (11.9% / 11.4%). 57.1% of the men stated that they could not bear when they saw their partner in pain. It was observed that the class and gender of the students did not affect their preference to be with them in the delivery room ($p > 0.05$), but the department they studied did ($p < 0.05$). Most of the students stated that they would like to attend preparatory courses for information purposes. It has been determined that class, department and gender differences affect the necessity and participation status of preparatory courses ($p < 0.05$).

Conclusion: According to the results of the study, it was determined that most of the students wanted to be with their spouses in this process, they deem necessary and want to attend the birth preparation courses. Statistically significant differences were found between midwifery and nursing students. This is thought to be due to the midwifery students' knowing the pregnancy and delivery processes better.

Keywords: pregnancy, birth, spousal support, students

Introduction

Pregnancy and childbirth are periods in which every woman can experience physical, biological, social and emotional changes that are important in adapting to motherhood. Although the person experiencing the pregnancy is a woman, the individuals around him are affected by this event. They feel the need to adapt to these changes. During this period, women are unable to protect their privacy, try to cope with being in an unfamiliar environment and the birth process. Women experience anxiety, fear and anxiety because they do not know and understand sufficiently what they are experiencing and what

is going on. In order for women to cope and live this process in a healthy way, they need to be supported and to feel cared (Karacam & Akyuz, 2011; Taskin, 2016).

The expectant mother wants to see a wife who tries to understand herself, supports, devotes time to herself and experiences the enthusiasm of the baby to be born during the pregnancy and birth process. Emotional support from the spouse makes it easier to overcome any troubles that may arise. At the same time, spousal support is important in adapting to the maternal role. In this process, he expects his wife to be with him, take responsibility and share his feelings (Sercekus & İsbir, 2015; Yavuzer, 2016).

In this study, which was planned based on the importance of spousal support during pregnancy and delivery, it was aimed to determine the opinions of students studying at the faculty of health sciences on spousal support during pregnancy and delivery.

Method

The Type and Purpose of the Study: The study is in a descriptive cross-sectional design. The primary aim of the study is to determine the opinions of students studying at the faculty of health sciences on spousal support during pregnancy and delivery.

Place and Time of the Study: The study was carried out in the Faculty of Health Sciences between 5-9 March 2018.

Study Population and Sampling Selection: The population of the study consisted of health sciences faculty students, and the sample consisted of 302 students studying in nursing-midwifery 1st and 4th grade and agreeing to participate in the study.

Collection of Study Data and Evaluation of Data: The data collection form used in the study was developed in line with the literature. In the data collection form; Questions including age, gender, department, class, marital status, family type, status and opinions about pregnancy and delivery period were included.

The statistical analysis of the data in the study was carried out using an appropriate statistical software package program on the computer. Number and percentage calculations, chi-square test was used. The results were evaluated at a 95% confidence interval and a significance level of $p < 0.05$.

Ethical considerations: The study was conducted between 5-9 March 2018 with students who volunteered to participate in the study within the scope of Helsinki Criteria. Since the study did not contain invasive procedures and was of a descriptive cross-sectional type, permission was obtained from the department committee of the institution where the study was conducted before the study. In addition, the content of the study was declared to the participants both verbally and in writing, with an informed consent form.

Results

The average age of the students participating in the study is 20.43 ± 1.89 , 97.7% of them are single and 81.8% of them have nuclear family structure. 53.9% of the students studying in the midwifery

department and 60.4% of the students studying in the nursing department are in the first year.

When we examine the experiences of female students regarding the pregnancy and delivery process, it was determined that 50.4% of them had not seen a pregnant woman in the pain room before and 36.5% of them intervened in the pregnant woman in the pain room. In male students, the rate of seeing pregnant women in the pain room was found to be 28.6%. The rate of female students who were in the delivery room before is 54.2% and the rate of male students is 40.5%. It was observed that most of the female / male students (66.2% / 71.4%) did not interfere with the pregnant woman in the delivery room. Of the 185 students who stated that they watched the birth event before, 77.3% stated that they watched in hospital, 21.1% on the internet and 1.6% on TV (Table 1).

86.9% of female students and 83.3% of male students stated that they would like to be with their spouse in the pain room. When the reasons for female / male students to want their spouses are examined, it was determined as supporting, giving morale (48.7% / 54.3%), not wanting to be alone / being with them at all times (11.9% / 11.4%). While the rate of female students who want to be with their spouse in the delivery room is 76.5%, this rate is 76.2% for males. 57.1% of the boys stated that they could not bear when they saw their husband in pain in the pain room, and 36.1% of the girls stated that they did not want their spouses to see them in the delivery room (Table 2-Table 3).

"Do you think birth preparation courses are necessary during pregnancy?" 92.3% of female students and 81% of male students said yes to the question. Most of the students stated that they would like to attend preparatory courses for information purposes. The rate of those who want to attend the birth preparation course with their spouses was found to be 90.4% for female students and 57.1% for male students (Table 2-Table 3).

It was observed that the class and gender of the students did not affect their preference to be with them in the delivery room ($p > 0.05$), but the department they received education did ($p < 0.05$). It was determined that class, department and gender differences affect the necessity and participation status of preparatory courses ($p < 0.05$) (Table 4).

Table 1. Student experiences regarding pregnancy and childbirth by gender

Experiences	Female students		Male students	
	n	%	n	%
Have you ever seen a pregnant woman in the pain room?				
Yes	129	49.6	17	40.5
No	131	50.4	25	59.5
Have you ever intervened in a pregnant woman who was in the pain room?				
Yes	95	36.5	12	28.6
No	165	63.5	30	71.4
Have you seen a pregnant woman in the delivery room before?				
Yes	141	54.2	17	40.5
No	119	45.8	25	59.5
Have you intervened in a pregnant woman who was in the delivery room before?				
Yes	88	33.8	12	28.6
No	172	66.2	30	71.4
Did you watch the birth event?				
Yes	166	63.8	19	45.2
No	94	36.2	23	54.8
Where did you watch it?				
	n=166		n=19	
Hospital	129	49.6	14	33.3
Internet	35	13.5	4	9.5
TV	2	.8	1	2.4
Did you deliver?				
Yes	44	16.9	3	7.1
No	216	83.1	39	92.9

Table 2. Views of female students on spousal support during pregnancy and birth

Opinions	Female students	
	n	%
Would you like your partner to support you during pregnancy?		
Yes	252	96.9
No	8	3.1
Would you like to be with your spouse in the pain room?		
Yes	226	86.9
No	34	13.1
Reasons for wanting to be with the partner in the pain room (n=226)		
Get support / morale	110	48.7
I don't want to be alone. / May it be with me in the process.	27	11.9
Let him see that I am in pain, see the difficulty.	18	7.9
Gives courage, gives strength	15	6.6
He needs to be with me to cope with pain and anxiety.	14	6.3
I feel safe.	13	5.8
Other	29	12.8
Reasons for not wanting to be with the wife in the pain room (n=34)		
If he sees me like that, I wouldn't feel comfortable.	11	32.4
Special case, no need.	5	14.7
I don't want to see anyone when I'm in pain.	3	8.8
I don't think you can stand this situation.	2	5.9
Those who do not give reasons	13	38.2
Would you like to be with your spouse in the delivery room?		
Yes	199	76.5

No	61	23.5
Reasons for wanting to be with the spouse in the delivery room (n=199)		
Get support	99	49.7
I want him to be with me so that I can deal with the pain and anxiety.	23	11.6
Sharing that moment, witnessing the happiest moment, seeing the first moments of the baby	23	11.6
Let's overcome the hardship that I've been through together. / He has to see the difficulty I'm having.	18	9.0
Other	36	18.1
Reasons for not wanting to be with the spouse in the delivery room (n=61)		
I do not want him to see me like that.	22	36.1
I don't want it, there is no need.	7	11.5
May be traumatized, scared.	5	8.2
I want someone with more experience instead.	4	6.5
Those who do not give reasons	23	37.7
Do you think birth preparation courses are necessary during pregnancy?		
Yes	240	92.3
No	20	7.7
Would you like to be with your spouse in childbirth preparation courses?		
Yes	235	90.4
No	25	9.6
Reasons for wanting to be with spouse in childbirth preparation courses (n=235)		
To become aware, get informed, learn what to do, learn how to behave.	109	46.4
He should be with me every step of the way.	36	15.3
Not only the mother's responsibility, but the father should know.	19	8.1
It should help me. / He should learn baby care.	15	6.4
Other	5	2.1
Those who do not give reasons	51	21.7
Reasons for not wanting to be with spouse in childbirth preparation courses (n=25)		
Not necessary	10	40.0
Other	4	16.0
Those who do not give reasons	11	44.0

Table 3. Views of male students on spousal support during pregnancy and birth

Opinions	Male students	
	n	%
Would you like to support your spouse during pregnancy?		
Yes	40	95.2
No	2	4.8
Would you like to be with your spouse in the pain room?		
Yes	35	83.3
No	7	16.7
Reasons for wanting to be with the partner in the pain room (n=35)		
To support, to give morale	19	54.3
I would like to be with you at any moment.	4	11.4
Help, she needs me.	3	8.6
Other	9	25.7
Reasons for not wanting to be with the partner in the pain room (n=7)		
I can't take your pain	4	57.1
I interfere with the doctor	1	14.3
Those who do not give reasons	2	28.6
Would you like to be with your spouse in the delivery room?		
Yes	32	76.2
No	10	23.8
Reasons for wanting to be with the spouse in the delivery room (n=32)		
To provide psychological support	13	40.6
I have to be there because he needs me.	10	31.2
To witness that moment / holding my baby's hand	2	6.3
Those who do not give reasons	7	21.9
Reasons for not wanting to be with the spouse in the delivery room (n=10)		

I don't want it, there is no need.	4	40.0
I can't stand your pain	2	20.0
I think it will be crowded enough.	2	20.0
Those who do not give reasons	2	20.0
Do you think birth preparation courses are necessary during pregnancy?		
Yes	34	81.0
No	8	19.0
Would you like to be with your spouse in childbirth preparation courses?		
Yes	24	57.1
No	18	42.9
Reasons for wanting to be with spouse in childbirth preparation courses (n=24)		
To get information, to spend the pregnancy process comfortably.	14	58.3
For support / for not leave alone	5	20.9
Other	3	12.5
Those who do not give reasons	2	8.3
Reasons for not wanting to be with spouse in childbirth preparation courses (n=18)		
Not necessary	5	27.8
I know that already.	2	11.1
I don't think I will have time.	2	11.1
Those who do not give reasons	9	50.0

Table 4. Students' opinions on spousal support during pregnancy and birth according to gender, department and class characteristics

	Female	Male	Midwifery	Nursing	1. Grade	4. Grade
Would you like to support / support you during pregnancy?						
Yes	252 (96.9)	40 (95.2)	113 (98.3)	179 (95.7)	167 (95.4)	125 (98.4)
No	8 (3.1)	2 (4.8)	2 (1.7)	8 (4.3)	8 (4.6)	2 (1.6)
	χ^2	0.321	χ^2	1.434	χ^2	2.064
	p	0.634	p	0.327	p	0.200
Would you like to be with your spouse in the pain room?						
Yes	226 (86.9)	35 (83.3)	105 (91.3)	156 (83.4)	149 (85.1)	112 (88.2)
No	34 (13.1)	7 (16.7)	10 (8.7)	31 (16.6)	26 (14.9)	15 (11.8)
	χ^2	0.150	χ^2	3.128	χ^2	0.351
	p	0.698	p	0.076	p	0.553
Would you like to be with your spouse in the delivery room?						
Yes	199 (76.5)	32 (76.2)	97 (84.3)	134 (71.7)	140 (80)	91 (71.7)
No	61 (23.5)	10 (23.8)	18 (15.7)	53 (28.3)	35 (20)	36 (28.3)
	χ^2	0.000	χ^2	6.377	χ^2	2.851
	p	1.000	p	0.011*	p	0.091
Do you think birth preparation courses are necessary during pregnancy??						
Yes	240 (92.3)	34 (81)	112 (97.4)	162 (86.6)	148 (84.6)	126 (99.2)
No	20 (7.7)	8 (19)	3 (2.6)	25 (13.4)	27 (15.4)	1 (0.8)
	χ^2	5.543	χ^2	8.563	χ^2	17.053
	p	0.038*	p	0.003*	p	<0.001*
Would you like to be with your spouse in childbirth preparation courses?						

Yes	235 (90.4)	24 (57.1)	112 (97.4)	147 (78.6)	139 (79.4)	120 (94.5)
No	25 (9.6)	18 (42.9)	3 (2.6)	40 (21.4)	36 (20.6)	7 (5.5)
	χ^2	30.055	χ^2	19.061	χ^2	12.462
	p	<0.001*	p	<0.001*	p	<0.001*

χ^2 : Chi-square test * Statistically significant (p<0.05)

Discussion

The purpose of birth support, which constitutes an important part of care during the birth process, is to help women, to meet their emotional needs, to encourage the woman, to provide comfort, and to increase self-esteem. At the same time, to make him feel safe from pregnancy to the postpartum period and to evaluate the process positively and to facilitate the transition to the role of mother (Rathfisch & Gungor, 2016; Tashan & Duru, 2018). Supportive care can be provided by health professionals such as midwives and nurses, as well as by spouses, family / relatives and people who have been trained in this field (Karacam & Akyuz, 2011). In the past, the support of women during childbirth was usually provided by close friends or relatives. Later, it was understood that fathers had a strong desire to share this experience with their spouses. Fathers' presence is important for the development of the family. Women whose husbands were with them experienced less pain, needed less painkillers, and had a better birthing experience (Hildingsson, Cederlo & Widen, 2011). For this reason, it is stated that including the spouse in the birth process is beneficial and indispensable (Karacam & Akyuz, 2011). In line with the data obtained from the study; It was determined that the majority of male and female students wanted to be with their spouses during the birth process (Table 2-Table 3). Studies have also stated that women want someone to support them in labor (Morhason-Bello et al., 2008; Timur & Sahin, 2010 & Sahin, 2010). The presence of the spouse during the birth gave the woman a sense of security; It has also been shown that women are more satisfied if the spouse is involved in the birth (Hildingsson, Cederlo & Widen, 2011). When we examine Table 2, it is seen that asking for support (48.7% / 49.7%) among the reasons for being with the spouse in the pain room and delivery room is the highest in female students. In the study conducted by Timur & Sahin (2010), 30.7% of the women wanted their spouses to support their husbands in labor, Morhason-Bello et al. (2008) on the other hand, found that women mostly want their spouse as a supporter at birth. In a study, the reasons of

women who want their husbands to support their birth act to ask for support from their spouses are; Thinking that the best support will be given by the spouse, has been determined as a better understanding of the spouse in the future (Timur & Sahin, 2010). In the study conducted by Amanak & Balkaya (2013), all of the participating students stated that pregnancy and birth are not a disease but a natural, healthy and normal function of the body and that the support and information given before birth is effective and important in the delivery of women. At the same time, the students stated that physical and emotional support should be given to women at birth. Among the female students participating in the study, it was determined that 36.1% of those who did not want their spouse in the delivery room said "I do not want him to see me like that" (Table 2). In Timur & Sahin's (2010) study, 32.5% of women who do not want their husbands to support their labor are ashamed of their husbands, similarly, they do not want their spouses to see themselves in a difficult situation, 10.2% think that their spouse's sexual interest will decrease and 8.8% she stated that she did not want her husband's support at birth because she thought that her husband would not want it. For years, parenting has been seen as a women's duty. Today, men want to play a greater role in both pregnancy and birth. Men's reactions to pregnancy are variable. Some cultural groups expect the father to participate in all aspects of pregnancy, birth and child rearing, while in others the father is an authority figure not participating in childcare. According to the society they live in and their personal characteristics, some fathers feel emotionally involved in pregnancy and birth events and are willing to examine and investigate in every aspect. Some father-to-be would like to attend the event only as an observer (Taskin, 2016). According to our study results, it was determined that 95.2% of male students wanted to support their spouse during pregnancy and also wanted to be with their spouse in the pain room (83.3%) and delivery room (76.2%) (Table 3). In a study conducted in Berlin, the participation of Turkish fathers in the last 10 years and their active roles in the delivery room were evaluated and it was determined that there was an increase in

fathers' participation in birth (David ve ark., 2009). In Table 3, the reasons for male students to be with their spouse in the pain room are to support (54.3%), to be with them (11.4%) and to help (8.6%), the reasons for being with the spouse in the delivery room were determined as supporting (40.6%), being with him (31.2%) and witnessing that moment (6.3%). In a study, it was determined that the first thought of 92.0% of fathers who want to participate in the birth is to support their spouse (Gungor & Beji, 2007). In the study of Premberg & Lundgren (2006), it was determined that fathers mostly wanted to participate in the birth in order to support and encourage their spouses. Gungor & Beji (2007) stated in his study that fathers want to support their spouse physically and psychologically by participating in the birth. In the study conducted by Bilgin (2020), it was determined that students regard birth as a sacred event, a miracle and a new beginning. In another study, it was stated that fathers wanted to be more involved in the birth, they were willing to support their spouses at birth and learn the roles expected of them (Karacam & Karatepe, 2020). According to the results obtained from the study, it can be said that male students generally want to be with their spouses at birth and are ready to take their responsibilities. Fathers may be more concerned about the health of the baby, the pain that their spouses will experience at birth, the condition of the baby at birth, whether there will be complications at birth, and their role in birth (Taskin, 2016). It has been reported that men cannot bear the pain felt during the birth process, and they experience fear, panic and fainting (Ozcan, Arar & Cakir, 2018). In the study, it is seen that 57.1% of those who do not want to be with their spouse in the pain room said that they cannot bear the pain of their spouse (Table 3). Fathers do not want to see their wife in pain in the delivery room. The emergency situation in the delivery room, the monitoring of medical interventions and the painful process make the father feel bad (Etheridge & Slade, 2017). The reasons for not wanting spousal support will change with the participation of women in antenatal education classes with their spouses, providing necessary information to both of them during antenatal care services, increasing their education levels, improving their social support and providing suitable conditions to meet their needs (Timur & Sahin, 2010). Recently, with the changing approach, fathers have started to participate in childbirth and antenatal education classes (Tashan & Duru, 2018). While the rate of

female students who think that birth preparation courses are necessary during pregnancy is 92.3%, this rate is 81% for males. When we look at the situation of wanting to be with their spouse in the birth preparation courses, 90.4% of the female students want it and 57.1% of the male students (Table 2 - Table 3). Ozdemir et al. (2010) determined that as the frequency of going for antenatal control increases, social support increases. Forbes et al. (2018) evaluated the male partner's participation in antenatal care and stated that women whose husbands participated in antenatal care had higher counseling requests compared to those who did not. In the study, the reason why the students wanted to participate in the birth preparation classes was determined as high level of awareness and desire to have knowledge in both boys and girls. In a study, it was stated that fathers need information on how to support their spouses at birth (Karacam & Karatepe, 2020). Some men may want to get professional information about pregnancy and the birth process (Taskin, 2016). At the same time, it is thought that fathers who are included in antenatal classes will take a more active role in the birth process (Sapkota, Kobayashi & Takase, 2012). In another study, it was determined that fathers experience the pregnancy and birth process with insufficient information. Factors affecting this process should be determined, and fathers' participation should be ensured. This process should be improved with both pregnancy education classes and special education and services for individuals (Ozcan, Arar & Cakir, 2018). It has been determined that the participation of men in maternal health services especially during pregnancy, having information about birth, attitudes towards birth, has a positive effect on the labor and afterbirth (Bilgin, 2020; Kashajja, Mselle & Mkoka, 2020). Antenatal education is thought to be beneficial for fathers to understand and participate in the birth process. Antenatal classes are necessary for fathers to find an environment to express their emotional thoughts and to prepare for birth (Sapkota, Kobayashi & Takase, 2012). When we examine Table 4, it has been determined that students' preferences towards preparatory classes change with the class, and the necessity of the final year students for childbirth preparation courses ($\chi^2=17.053$; $p<0,05$) and their desire to participate ($\chi^2=12.462$; $p<0,05$) are higher. At the same time, according to the results obtained, a difference was determined between gender in terms of necessity ($\chi^2=5.543$; $p<0,05$) and participation ($\chi^2=30.055$;

$p < 0,05$). Cheng et al. (2016) found a positive relationship between the educational status of pregnant women and spousal support. In other studies, it was observed that as the education level of the spouses of women increased, their participation in prenatal care increased (Tadesse, Boltana & Asamoah, 2018; Shine ve ark., 2020). In another study, it was stated that there was a significant relationship between father's education level and going to prenatal checkups together and being with the spouse at the time of birth (Cildir, Karakoc & Karaca, 2014). Studying in health-related departments and taking courses on women's health and birth can provide students with a more realistic perspective on the physical and psychosocial aspects of childbirth (Bilgin, 2020). It is clearly seen that the lessons taken by the students in the education process affect their knowledge and thoughts about pregnancy and birth. It has been determined that the department the students attend both affects the preference of being with them in the delivery room ($\chi^2 = 6.377$; $p < 0.05$) and the necessity of preparatory courses ($\chi^2 = 8.563$; $p < 0.05$) and the desire to participate with their spouse ($\chi^2 = 19.061$; $p < 0.05$). Higher rates were obtained in midwifery students. This is thought to be due to the midwifery students' knowing the pregnancy and delivery processes better.

Conclusion: As a result of the study, it is seen that most of the students stated that there should be spousal support during pregnancy and delivery. However, the differences in the necessity and participation of the preparatory courses were determined. Ensuring the participation of spouses in childbirth preparation courses is an important opportunity to raise awareness. The cooperation and support of fathers with mothers during pregnancy creates positive effects on the health of babies and families. Children have better mental-social-emotional development and result in improved maternal health. It is important to include the father in this process for a healthy society and future. In this sense, it should be ensured that students are equipped to raise the necessary awareness in accordance with the mission and responsibilities they have undertaken. In this respect, it may be suggested to provide comprehensive information on the process and management of birth preparation, and to support this knowledge with programs such as extra-curricular courses / symposiums.

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