

UDC 316

<https://doi.org/10.33619/2414-2948/70/46>

THE SUPPORT FROM HUSBANDS, PARENTS AND MIDWIVES IN PREGNANCY CARE IN THE CASES OF NORMAL PREGNANCY AND UNWANTED PREGNANCY IN MATERNITY WAITING HOMES, WONOGIRI, INDONESIA

©*Mahendra Wijaya, Universitas Sebelas Maret (UNS), Surakarta, Indonesia,*
mahendrawijaya@staff.uns.ac.id

©*Sri Hilmi Pujihartati, Universitas Sebelas Maret (UNS), Surakarta, Indonesia*

©*Argyo Demartoto, Universitas Sebelas Maret (UNS), Surakarta, Indonesia*

ПОДДЕРЖКА МУЖЕЙ, РОДИТЕЛЕЙ И АКУШЕРОВ В УХОДЕ ЗА БЕРЕМЕННЫМИ ПРИ НОРМАЛЬНОЙ И НЕЖЕЛАТЕЛЬНОЙ БЕРЕМЕННОСТИ В ДОМАХ ОЖИДАНИЯ ДЛЯ БЕРЕМЕННЫХ В ОКРУГЕ ВОНОГИРИ (ИНДОНЕЗИЯ)

©*Махендра Виджая, Университет Себелас Марет,*
г. Суракарта, Индонезия, mahendrawijaya@staff.uns.ac.id

©*Шри Хилми Пуджихартати, Университет Себелас Марет, г. Суракарта, Индонезия*

©*Аргьо Демартото, Университет Себелас Марет, г. Суракарта, Индонезия*

Abstract. Mortality and morbidity of pregnant and maternity women is a big problem in developing countries like Indonesia. The support of husbands, parents, and midwives in taking care of pregnant women is important for the health of mother and baby fetus. One of a problem in taking care of pregnant women, is maintaining the emotional stability and behavior of pregnant women. The strategy to optimize support for pregnant women is to provide Maternity Waiting Homes. The purpose of this study was to analyze the support of husbands, parents and midwives in optimizing the function of Maternity Waiting Homes. This research is qualitative descriptive research. Data collection techniques with in-depth interviews, observation, documentation and Focus Group Discussion. The core informants consist of midwives who managed the Maternity Waiting Homes and doctors, main informants consist of pregnant women, husbands, parents, and midwives, supporting informants consist of public health center nurses and sub-district stakeholders. This research located in Wonogiri Regency (kabupaten), Central Java Province in Indonesia. Based on the results of the study, husband's, parents and midwives support in the normal pregnancy has a positive impact on the physical and psychological aspects of pregnant women until delivery. While husbands, parents and midwives support in unwanted pregnancies did not have positive impact on pregnant women. The existence of Maternity Waiting Homes has not functioned optimally in supporting the amenities of mothers and babies. Thus, social support (husband, parents and midwife) is a determinant factor of emotional stability and the behavior of pregnant women.

Аннотация. Смертность и заболеваемость беременных женщин и рожениц — большая проблема в развивающихся странах, таких как Индонезия. Поддержка мужей, родителей и акушеров в уходе за беременными важна для здоровья матери и плода. Одна из проблем в уходе за беременными — поддержание эмоциональной устойчивости и поведения беременных. Стратегия оптимизации поддержки заключается в обеспечении беременных домами ожидания. Целью данного исследования было проанализировать помочь мужей, родителей и акушеров в оптимизации работы домов ожидания для беременных. Это исследование представляет собой качественное описательное исследование. Методы сбора данных с глубинными интервью, наблюдениями, документацией и обсуждениями в фокус-



группах. Главными информаторами являются управляющий персонал и врачи домов ожидания для беременных, второстепенные — это беременные женщины, мужья, родители и акушеры, дополнительные информаторы — это медсестры общественных центров здоровья и заинтересованные лица по месту жительства. Это исследование проведено в округе (регентстве) Воногири, провинция Центральная Ява (Индонезия). По результатам исследования, поддержка мужа, родителей и акушеров при нормальной беременности оказывает положительное влияние на физические и психологические аспекты беременных до родов. В то время как поддержка мужей, родителей и акушеров при нежелательной беременности не оказала положительного воздействия на беременных женщин. Дома ожидания для беременных не функционирует оптимальным образом для обеспечения комфорта матери и ребенка. Таким образом, социальная поддержка (муж, родители и акушеры) является определяющим фактором эмоциональной устойчивости и поведения беременных.

Keywords: support, pregnancy, Maternity Waiting Homes.

Ключевые слова: поддержка, беременность, дома ожидания для беременных.

Introduction

Maternal mortality ratio (MMR) and Infant mortality ratio (IMR) are indicators of health development in a country. Indonesia, as a developing country, still has high MMR and IMR issues. The maternal mortality rate is still high in Indonesia due to complications that occur during childbirth, and partly happen because pregnant women suffer from Chronic Energy Deficiency, anemia (Hb less than 11gr/Dl). Besides these two causes, there are also factors for the delay of families and health workers in handling the patients. One of which is the support delay that often occurs from husbands in providing support to their wives [4].

Various efforts have been made to reduce MMR and IMR, one of which is to provide Maternity Waiting Homes. The Maternity Waiting Homes is a program from government which has an aim to bring service access closer to pregnant women up to the postpartum period therefore they can obtain a maximum health services. Within the existence of Maternity Waiting Homes, it is highly expected that pregnant, maternity and postpartum women with high risk can stay temporarily, 2 or 3 days after giving birth. Maternity Waiting Homes can give opportunities on the role of husband, parent and midwives to support the amenities of mother and child since birth [1, 11, 15].

Wonogiri Regency is one of the regencies that has a strong commitment to reduce MMR and IMR. One of the real efforts to support the decline in MMR and IMR is the construction of Maternity Waiting Homes. Wonogiri District Health Office through the Head of Family Health and Community Nutrition stated that birth is a form of Community Resource Health Efforts in the form of a place, house, or room that can be used temporarily for pregnant women and their companions who live near health care facilities for several days waiting for delivery process until post-delivery. This Maternity Waiting Homes generally intended for pregnant women; however, the main target is pregnant women who are underprivileged with pregnancy disorders, who are not able to go back and forth from hospital to their home, or do not have the money for long-term hospitalization. Maternity Waiting Homes is expected to facilitate pregnant women who have not been covered by any insurance. It is possible to take advantage of labor hours (www.ppid.wonogirikab.go.id).

The Utilization of green open space in Wonogiri Regency is still low, it happen due to the lack of family support, especially husbands. Within the existence of Maternity Waiting Homes, it is expected that husbands and families can optimally provide assistance to pregnant women until it postpartum. beside husband and family support, Maternity Waiting Homes is expected to facilitate health workers, especially midwives to provide optimal services related to planned counseling and referrals.

Methodology

This research is qualitative descriptive research. Implementation of data collection was done from February to July 2021 in Wonogiri, Central Java. The Data collection techniques was done by in-depth interviews, observation, documentation and Focus Group Discussion. The core informants consist of midwives who managed Maternity Waiting Homes and the doctors, main informants consist of pregnant women, husbands, parents, and midwives, supporting informants consist of public health center nurses and sub-district stakeholders. Focus Group Discussion was attended by midwives, doctors and stakeholders at sub-district level.

Result and Discussion

A. Psychosocial of pregnant women

1. Psychosocial of normal pregnant women

Pregnant women, husbands and families accept their condition of pregnancies. Therefore, it has a positive impact on the treatment of pregnancy, preparation of mothers delivery, babies and delivery costs. These conditions can indirectly provide psychological support to the mother, to minimize the risk of health problems during pregnancy and delivery. Psychological changes in pregnant women occur from the first trimester to the third trimester of pregnancy, therefore the support of husbands, families and health workers is highly expected for their psychological needs [18].

2. Psychosocial of pregnant women with an unwanted pregnancies

Unwanted pregnancy or refusal of pregnancy on women, husband and family have a bad psychological impact on pregnant women. Anxiety and unstable emotions because they are filled with a fear to the stigma of society and the lack of financial support for the living cost of additional family members. These conditions greatly affect the condition of pregnant women, therefore it cause various complications during pregnancy and childbirth. The results of this study are in line with previous studies which stated that pregnant women who received support from their husbands had lower anxiety compared to pregnant women who did not receive any support from their husbands/family [5].

B. Psychosocial support of husband, parents and midwife

Johnson (1994) stated that social support is related to the welfare improvement of individuals. According to Apollo and Cahyadi (2012) social support is related to the problems solving of a person [2, 9]. According to Cohen and Hoberman, there are four social support such as appraisal support (advice), tangible support (physical assistance), self-esteem support (support for self-esteem of pregnant women) and belonging support (acceptance for pregnant women). The supervision of pregnant women should begin from supervision before delivery, especially on the growth and development of fetus in the womb. The period of pregnancy begin from conception to the birth. Normal pregnancy period are 40 weeks calculated from the first day of the last menstruation [8].

1. The support on Normal Pregnant woman



a. Social support from husbands and parents in normal pregnancies include: take his wife to check up to the obstetrician or midwife, provide a living cost, fulfill the needs of the wife and follow the wishes of the wife when they want something during pregnancies, provide a support for the wife by giving much attention, support system and alert husband. It is written on the interview below:

"I share the story to my husband, he is asking me which part that hurt and if there is any other problems, he pays more attention, maybe because it his first child" (pregnant woman "A", Wonogiri)

Husband and family support makes pregnant women feel motivated to always take a good care of their pregnancy. The results of this study are in line with previous research which stated that the higher husband's support, the higher mother's enthusiasm for taking care on her pregnancy by participating in pregnancy exercise [16].

b. Midwife support can be in form of: providing optimal service by maintaining communication, education, information and always ready for 24 hours if needed at any time

The following below is the example of interview:

"Yes, because pregnancy hormones is important. If the number is 80 pregnant women should be careful, the midwives told them to consume a squash to slow down the blood pressure. They need more watery fruit. However, they cannot eat sweet" (pregnant women "A", Wonogiri)

2. The services provided by midwives is related to their competencies by providing independent services, collaboration and referrals can minimize the occurrence of complications in pregnant women [17].

The support on unwanted pregnancies

a. The Form of social support for husbands and parents in the case of unwanted pregnancies: husband and family support for unwanted pregnancies is less than optimal because husbands tend to be indifferent. The husband's ignorance, because he feels financially burdened and the large family house is quite far, therefore it makes pregnant woman no longer pay attention. However, the husband still tries to provide support even if it's just to find the cost of childbirth through the management of labor hour.

b. The support from midwives: midwives are very concerned about the condition of unwanted pregnant women by trying to support and provide services, communication and education. one of the support is by providing solutions for childbirth preparation and build new opportunities for consultation via WhatsApp.

C. Pregnant women behavior

1. Behavior of Normal Pregnant Women

The behavior of pregnant women with the desired pregnancy is accepting of their pregnancy and tries to carry out optimal care of pregnancy by paying attention to nutritional intake, regular pregnancy check-up related to the education provided by midwife and the restrictions on physical activity that may interfere the pregnancy. The condition cannot be separated from the support of husbands, families and midwives, thus pregnant women will be more confident, taking care of their pregnancy properly and avoid any cause of stress. According to Lawrence Green (1980) each individual has his own behavior that is different from other individuals, it also happen even on identical twins [7]. Behavior does not always follow a certain sequence. Therefore, the formation of positive behavior is not always influenced by positive knowledge and attitudes. Green (1980) classified several factors that cause an action or behavior, such as: predisposing, enabling, and reinforcing [7].

2. Behavior of Unwanted Pregnant Women



Unwanted Pregnancy is a condition in which the couple does not want the pregnancy to be happen. This pregnancy can be the result of an intentional or unintentional sexual behavior/relationship [19].

The behavior of pregnant women with unwanted pregnancies is not optimal. This non-optimal behavior can be seen from the frequency of the mothers check their pregnancy which is very rare, did not care about their physical condition, tend to feel depressed because the environment is not supportive and have higher anxiety. This is because there is a lot of pressure felt by pregnant women. Several pressure that arises comes from the living environment. Bullying occur because of bad stigma. Another pressure comes from the husband and family of pregnant women, they feel ashamed because they are financially burdened. There is an example of interview with one of midwives as below:

"It is quite different, they tend to be more panicked. Most of the panicked mother has little kid during her pregnancy. It influence their emotional feeling, their serenity different from woman with normal or desired pregnancies. Psychologically the condition is different" (midwives N, Wonogiri)

According to Barret, an individual might wish the pregnancy however they does not want it now or with the current partner, which is interpreted as an unwanted pregnancy [3]. Beside, unwanted pregnancy usually only appears at the time the pregnancy, which is associated with the feelings of displeasure. Predisposing factors in unwanted pregnant women are already having two children and financial issues. Enabling factors, is facilities that are used within the limited period of pregnancy and childbirth, such as the use of Maternity Waiting Homes. Reinforcing factors in unwanted pregnant women is the husband's effort in taking care of labor hour, therefore the wife can calmly undergo the labor process. The following below is a behavioral analysis matrix from Lawrence Green (1980) on normal pregnant women and unwanted pregnant women [7]. Husband's responsibility for unwanted pregnancy is highly expected to support the welfare of pregnant women, this is related to the previous research which stated that a responsibility is the first indicator of husband's role in pregnancy and childbirth care [12].

Matrix of predisposing, enabling, reinforcing analysis factors for pregnant women whose pregnancies are desired and whose pregnancies are not wanted in Stren Hamlet, Bugelen Village, Kismantoro District, Wonogiri, Central Java.

Table

<i>Factor Analysis</i>	<i>Normal pregnancy</i>	<i>An unwanted pregnancy</i>
<i>Predisposisi</i>	Have an understanding of every little things related to the pregnancy, pregnancy processes and childbirth.	Already have two children and financial limitations because husband only works as a factory worker. The husband's income is insufficiently deemed if he has to require the needs of his wife, two children and a future child to be born. Besides, the cost of giving birth has not been carefully prepared.
<i>Enabling</i>	Access the required facilities such as regular consultations with doctors or midwives, hospitals, Integrated Healthcare Center, RTK (birth waiting room) and others	Infrastructure or facilities used in the limited period of pregnancy and childbirth, such as the use of birth waiting rooms and guaranteed financing of delivery services
<i>Reinforcing</i>	The support of husbands, parents and health workers aims to make pregnant women obedient to maintain a nutritious life, keeping themselves healthy and safe, and not feeling stressed.	Husband's support in form of efforts to take care of a good labor hour has done. Therefore, the wife can calmly go through the labor process



The results of the 3 factors analysis mentioned above support the previous research, it is found that husband's behavior in prenatal care to delivery has significant relationship to the health of pregnant women, one of the function is it can reduce stress and financial anxiety [13, 14].

D. Maternity Waiting Homes in Wonogiri (2017-2021)

Maternity Waiting Homes has an aim to bring closer service access for pregnant woman, maternity and postpartum women to be able to give birth in health facilities [10].

In the implementation of Maternity Waiting Homes during 2017 to 2021, it is considered as not optimal. It was conveyed during Focus Group Discussion which was attended by sub-district and hospital which stated that the implementation of Maternity Waiting Homes still had some problems. First, the problem related to the Human Resources of Maternity Waiting Homes staff, which consists of: 2 midwives, 2 nurses and 2 cleaning staff in different shift, for 24 hours at Maternity Waiting Homes. Second, the problem on the lack of operational financing which includes Human Resource costs, consumption costs, equipment and supplies procurement costs. Baby delivery costs will be financed by JAMPERSAL. Therefore, patient should be included as the member of JAMPERSAL (guaranteed financing of delivery services) to obtain full free cost of maternity cost. The expected Maternity Waiting Homes need modification, the fulfillment of Human Resource, operational financing and locations that are not too far from hospitals and health centers. non optimal use of Maternity Waiting Homes for pregnant women themselves can occur due to the lack of support from their husbands or families. The results of this study support previous research which found that 60% of pregnant women who did not receive support from their husbands or families did not use Maternity Waiting Homes [6].

Conclusion

Social support from husbands, families for women with normal pregnancies has positive impact on physical and psychological aspects of pregnant women, it can help to minimize the risk of complications during pregnancy and childbirth. However, the social support of husbands, families for women with unwanted pregnancies is less optimal, which make pregnant women having high anxiety and unstable emotions, these conditions increase the risk of complications during pregnancy and childbirth.

Support of health workers, especially midwives for pregnant women with normal and unwanted pregnancies, is carried out by optimizing midwifery services at Maternity Waiting Homes for 24 hours and the information services by direct communication and education at other basic service facilities.

The use of family waiting house in Wonogiri Regency as a way to optimize the support of husbands, families and midwives has not been implemented as the expectation. This is happen due to the lack of human resources and costs for operations in Maternity Waiting Homes health services. The condition of Maternity Waiting Homes still needs a lot of improvement both technically and non-technically, thus the function of Maternity Waiting Homes is to provide social support for pregnant women can be optimally implemented.

References:

1. Andemichael, G., Haile, B., Kosia, A., & Mufunda, J. (2009). Maternity waiting homes: a panacea for maternal/neonatal conundrums in Eritrea. *Journal of the Eritrean Medical Association*, 4(1), 18-21. <https://doi.org/10.4314/jema.v4i1.52112>

2. Apollo, & Cahyadi, A. (2012). Konflik Peran Ganda Perempuan Menikah Yang Bekerja Ditinjau Dari Dukungan Sosial Keluarga Dan Penyesuaian Diri. *Widya Warta*, 02(35).
3. Barrett, G., & Wellings, K. (2002). What is a ‘planned’ pregnancy? empirical data from a British study. *Social Science & Medicine*, 55(4), 545–557. [https://doi.org/10.1016/S0277-9536\(01\)00187-3](https://doi.org/10.1016/S0277-9536(01)00187-3)
4. Departemen Kesehatan RI. (2003). *Pedoman Pelayanan Gizi Rumah Sakit*. Dirjen Bina Kesehatan Masyarakat.
5. Diani, L. P. P., & Susilawati, L. K. P. A. (2013). Pengaruh Dukungan Suami terhadap Istri yang Mengalami Kecemasan pada Kehamilan Trimester Ketiga di Kabupaten Gianyar. *Jurnal Psikologi Udayana*, 1(1). <https://doi.org/10.24843/JPU.2013.v01.i01.p01>
6. Fajrin, D. H. (2020). Hubungan Dukungan Keluarga Dengan Pemanfaatan Rumah Tunggu Kelahiran. *Jurnal Health Care Media*, 4(1). <https://stikeswch-malang.e-journal.id/Health/article/view/125>
7. Green, L. (1980). *Health Education Planning A Diagnostic Approach*. Baltimore (The John Hopkins University (ed.)). Mayfield Publishing Co.
8. Isnawati, D., & Suhariadi, F. (2013). Hubungan antara Dukungan Sosial dengan Penyesuaian Diri Masa Persiapan Pensiu Pada Karyawan PT Pupuk Kaltim. *Jurnal Psikologi Industri Dan Organisas*, 2(1).
9. Johnson, D. P. (1994). *Teori Sosiologi Klasik dan Modern*. Gramedia.
10. Kemenkes RI. (2018). *Petunjuk Tehnis Jampersal tentang Rumah Tunggu Kelahiran*. Dirjen Bina Kesehatan Ibu.
11. Lori, J. R., Wadsworth, A. C., Munro, M. L., & Rominski, S. (2013). Promoting access: The use of maternity waiting homes to achieve safe motherhood. *Midwifery*, 29(10), 1095–1102. <https://doi.org/10.1016/j.midw.2013.07.020>
12. Moedjiono, A. I., Kuntoro, K., & Notobroto, H. B. (2017). Indicators of Husband’s Role in Pregnancy and Maternity Care. *International Journal of Public Health Science (IJPHS)*, 6(2), 192. <https://doi.org/10.11591/ijphs.v6i2.6181>
13. Mosunmola RN, S., Adekunbi RN, F., & Foluso, RN, O. (2014). Women’s perception of husbands’ support during pregnancy, labour and delivery. *IOSR Journal of Nursing and Health Science*, 3(3), 45–50. <https://doi.org/10.9790/1959-03314550>
14. Nur, R., Mamar, S., Kiay Demak, I. P., . F., S. Patui, N., . R., & Rusydi, M. (2019). Husban Behavior in Pregnancy-Postpartum Care and Wife’s Reproductive Health. *KnE Life Sciences*. <https://doi.org/10.18502/kls.v4i13.5265>
15. Ruiz, M. J., van Dijk, M. G., Berdichevsky, K., Munguía, A., Burks, C., & García, S. G. (2013). Barriers to the use of maternity waiting homes in indigenous regions of Guatemala: a study of users’ and community members’ perceptions. *Culture, Health & Sexuality*, 15(2), 205–218. <https://doi.org/10.1080/13691058.2012.751128>
16. Septiani, R. (2013). Pengetahuan, Sikap Ibu Hamil Dan Dukungan Suami Dengan Keikutsertaan Ibu Hamil Dalam Kelas Ibu hamil di Puskesmas Kota Metro Lampung. *Jurnal Kesehatan*, IV(2), 408–415. <http://dx.doi.org/10.26630/jk.v4i2.85>
17. Tajmiati, A., & Suryani. (2016). *Konsep Kebidanan dan Etikolegal dalam Praktik Kebidanan*. Kementrian Kesehatan RI.
18. Tyastuti, S., & Wahyuningsih, P. H. (2016). *Asuhan Kebidanan Kehamilan*. Kemenkes.
19. Widystuti, Rahmawati, & Purnamaningrum. (2010). *Kesehatan Reproduksi*. Fitramaya.

Список литературы:

1. Andemichael G. et al. Maternity waiting homes: a panacea for maternal/neonatal conundrums in Eritrea //Journal of the Eritrean Medical Association. 2009. V. 4. №1. P. 18-21. <https://doi.org/10.4314/jema.v4i1.52112>
2. Apollo, Cahyadi A. Konflik Peran Ganda Perempuan Menikah Yang Bekerja Ditinjau Dari Dukungan Sosial Keluarga Dan Penyesuaian Diri // Widya Warta. 2012. V. 02. №35.
3. Barrett G., Wellings K. What is a ‘planned’ pregnancy? Empirical data from a British study // Social science & medicine. 2002. V. 55. №4. P. 545-557. [https://doi.org/10.1016/S0277-9536\(01\)00187-3](https://doi.org/10.1016/S0277-9536(01)00187-3)
4. Departemen Kesehatan RI. Pedoman Pelayanan Gizi Rumah Sakit. Dirjen Bina Kesehatan Masyarakat. 2003.
5. Diani L. P. P., Susilawati L. Pengaruh dukungan suami terhadap istri yang mengalami kecemasan pada kehamilan trimester ketiga di Kabupaten Gianyar // Jurnal Psikologi Udayana. 2013. V. 1. №1. P. 1-11. <https://doi.org/10.24843/JPU.2013.v01.i01.p01>
6. Fajrin D. H. Hubungan Dukungan Keluarga Dengan Pemanfaatan Rumah Tunggu Kelahiran // Health Care Media. 2020. V. 4. №1. P. 19-24. <https://stikeswch-malang.e-journal.id/Health/article/view/125>
7. Green L. Health Education Planning A Diagnostic Approach. Baltimore (The John Hopkins University (ed.)). Mayfield Publishing Co. 1980.
8. Isnawati D., Suhariadi F. Hubungan antara Dukungan Sosial dengan Penyesuaian Diri Masa Persiapan Pensiu Pada Karyawan PT Pupuk Kaltim // Jurnal Psikologi Industri Dan Organisas. 2013. V. 2. №1.
9. Johnson D. P. Teori Sosiologi Klasik dan Modern. Gramedia. 1994.
10. Kemenkes R. I. Petunjuk Tehnis Jampersal tentang Rumah Tunggu Kelahiran. Dirjen Bina Kesehatan Ibu. 2018.
11. Lori J. R., Wadsworth A. C., Munro M. L., Rominski S. Promoting access: The use of maternity waiting homes to achieve safe motherhood // Midwifery. 2013. V. 29. №10. P. 1095–1102. <https://doi.org/10.1016/j.midw.2013.07.020>
12. Moedjiono A. I., Kuntoro K., Notobroto H. B. Indicators of Husband’s Role in Pregnancy and Maternity Care. International Journal of Public Health Science (IJPHS). 2017. V. 6. №2. P. 192. <https://doi.org/10.11591/ijphs.v6i2.6181>
13. Mosunmola RN, S., Adekunbi RN, F., & Foluso, RN, O. (2014). Women’s perception of husbands’ support during pregnancy, labour and delivery // IOSR Journal of Nursing and Health Science. V. 3. №3. P. 45–50. <https://doi.org/10.9790/1959-03314550>
14. Nur R., Mamar S., Kiay Demak I. P., F., S. Patui N., R., Rusydi, M. Husban Behavior in Pregnancy-Postpartum Care and Wife’s Reproductive Health // KnE Life Sciences. 2019. <https://doi.org/10.18502/kls.v4i13.5265>
15. Ruiz M. J., van Dijk M. G., Berdichevsky K., Munguía A., Burks C., García S. G. Barriers to the use of maternity waiting homes in indigenous regions of Guatemala: a study of users’ and community members’ perceptions // Culture, Health & Sexuality. 2013. V. 15. №2. P. 205–218. <https://doi.org/10.1080/13691058.2012.751128>
16. Septiani R. Pengetahuan, Sikap Ibu Hamil Dan Dukungan Suami Dengan Keikutsertaan Ibu Hamil Dalam Kelas Ibu hamil di Puskesmas Kota Metro Lampung // Jurnal Kesehatan. 2013. V. 4. №2. P. 408–415. <https://doi.org/http://dx.doi.org/10.26630/jk.v4i2.85>
17. Tajmiati A., Suryani. Konsep Kebidanan dan Etikolegal dalam Praktik Kebidanan. Kementrian Kesehatan RI. 2016..

18. Tyastuti S., Wahyuningsih P. H. Asuhan Kebidanan Kehamilan. Kemenkes. 2016.
19. Widayastuti Rahmawati, & Purnamaningrum. Kesehatan Reproduksi. Fitramaya. 2010.

Работа поступила
в редакцию 12.08.2021 г.

Принята к публикации
18.08.2021 г.

Ссылка для цитирования:

Mahendra Wijaya, Sri Hilmi Pujihartati, Argyo Demartoto The Support From Husbands, Parents and Midwives in Pregnancy Care in the Cases of Normal Pregnancy and Unwanted Pregnancy in Maternity Waiting Homes, Wonogiri, Indonesia // Бюллетень науки и практики. 2021. Т. 7. №9. С. 486-494. <https://doi.org/10.33619/2414-2948/70/46>

Cite as (APA):

Mahendra Wijaya, Sri Hilmi Pujihartati, & Argyo Demartoto (2021). The Support From Husbands, Parents and Midwives in Pregnancy Care in the Cases of Normal Pregnancy and Unwanted Pregnancy in Maternity Waiting Homes, Wonogiri, Indonesia. *Bulletin of Science and Practice*, 7(9), 486-494. <https://doi.org/10.33619/2414-2948/70/46>

