

## The Relationship Between Spousal Support and Choice of Delivery Location Among Pregnant Women in Their Third Trimester at the Benao Community Health Center

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**Abstract,** The birth facilities and birth attendants are directly linked to maternal mortality. It has been demonstrated that births attended by healthcare professionals help lower the risk of maternal mortality. Traditional birth attendants and non-health personnel have a very restricted understanding of physiology and pathology, which leads to issues with delivery help, which are the primary reasons for high rates of maternal and perinatal mortality and morbidity. The significance of family support for selecting a birth attendant. At the Benao Community Health Center, this research sought to determine the link between husband support and the choice of birthplace among pregnant women in their third trimester. This study employed a descriptive analytical design with a cross-sectional methodology, which is a study to establish the existence of two relationships or a number of variables. In the meantime, the sampling method employed complete sampling, which resulted in a sample size of 30 individuals. In this study, a questionnaire was employed as the instrument. The data was then analyzed with SPSS using Chi Square analysis. After using the chi-square statistical test, a P-value (asymptotic, Sig. 2-tailed) of  $0.000 < 0.05$  was found, indicating a correlation between the location of delivery chosen by pregnant women in their third trimester and the support of their spouses. As a result, since H<sub>0</sub> was disproved and H<sub>1</sub> was proven, it may be inferred that there is a link between a pregnant woman's choice of delivery location in her third trimester and the support she receives from her spouse.

**Keywords:** Birth Attendants, Choosing a Place to Give Birth, Husband Support, Maternal Mortality, Pregnancy Choice of Delivery Location.

### 1. INTRODUCTION

Pregnancy and giving birth are typical biological processes. The arrival of a newborn is also a communal occasion that the mother and her family have joyfully anticipated for nine months. Once labor starts, the mother's responsibility is to deliver her baby. Health care professionals have the duty to oversee the labor process to spot any complications early on, in addition to providing help and encouragement to the laboring mother and her family. Individuals who offer support during childbirth include obstetricians, midwives, and traditional birth helpers. From a maternal and child health standpoint, deliveries that involve medical professionals like midwives and doctors are viewed as preferable to those aided by non-professionals such as family members or traditional birth attendants. In Indonesia, the most qualified childbirth assistance is predominantly provided by midwives (68.6%), followed by doctors (18.5%), and then non-health workers (11.8%). Nevertheless, 0.8% of births occur

without any support, and merely 0.3% are attended by nurses as the highest qualified caregivers (Bartini and Isabella, 2021).

The Maternal Mortality Rate (MMR) is an important measure for evaluating how well public health is improving in a place. In Indonesia, MMR continues to be a big problem even with various attempts to address it at both the national and local levels. According to the Ministry of Health, the national MMR in 2023 was 305 for every 100,000 live births, which is much higher than the Sustainable Development Goals (SDGs) aim of 70 per 100,000 live births by 2030.

In South Kalimantan, the MMR stands at 146 per 100,000 live births, representing 84 cases. This is above the target of 110 per 100,000 live births and achieves 57% of the goal set for 2024. Even though this is considered acceptable, significant efforts are required to meet the 2024 target of 110 per 100,000 live births.

The rate of mothers dying during childbirth is closely linked to who assists at birth and where it happens. Having health workers present during births has shown to lower the chances of maternal death. The location also matters; giving birth in health facilities lowers the risk associated with the top four causes of maternal mortality. Hence, the Ministry of Health has mandated that all births must involve health professionals and take place in healthcare settings.

To successfully lower the MMR, it is important to ensure that all mothers have access to good maternal health services. These services include help during delivery from qualified health workers at healthcare facilities, postpartum care for mothers and their babies, special treatment and referrals for complications, maternity leave, and family planning services. Health workers at health facilities provide these maternal health services to pregnant women. Ideally, women should have check-ups at least three times during their pregnancy—once in each trimester. However, it is recommended that check-ups occur monthly in the first six months, twice in the seventh and eighth months, and weekly during the ninth month until delivery.

Having assistance during childbirth in health facilities is one of the best methods to lower maternal mortality rates. This approach helps avoid complications that may occur due to delays in treatment or referrals. Planned delivery centers need to be equipped with various resources and well-trained staff to address any issues that may arise.

The location where a baby is born is an important factor that can influence how a mother feels during childbirth. If a mother chooses an unsuitable place and birthing assistant, it can negatively affect her health. There are generally two options for where to give birth: at home or at a medical facility. The best option is to go to a medical center that has the proper tools

and staff to assist in case of any problems during delivery, like a community health center that can offer essential emergency care for mothers and newborns.

Selecting the proper place for childbirth has a significant impact on both the mental and physical well-being of the mother during labor. Medical facilities are preferred since they have the necessary equipment and trained staff ready to handle any complications or emergencies. In contrast, giving birth at home or in places without medical support poses a high risk if any health issues come up that need urgent attention.

Assistance during childbirth by traditional birth attendants/non-health workers will cause problems, which are the main causes of high mortality and morbidity rates among mothers and perinatal infants, because their knowledge of physiology and pathology is very limited. During the delivery process, risk factors in childbirth are often undetected, including 4T, and traditional birth attendants are also unable to detect cases of complications or complications that must be treated quickly and appropriately (Purwani, 2023).

Inadequate childbirth assistance, such as that provided by traditional birth attendants, can lead to complications such as bleeding due to improper assistance, fetal death in utero, prolonged labor, uterine rupture, severe infection, and fetal asphyxia, infection, and birth trauma (Melda & Rian, 2022).

Psychological variables, where moral support from spouses and families is important, are one of the many reasons why expectant mothers seek out services (Hidayah, 2019). Despite the fact that moms have a good understanding, a positive outlook, easy access to healthcare services for expectant mothers and other groups, and enough information, the use of sufficient delivery facilities will not be realized as expected if there is no family support. Therefore, all of these variables have an impact on one another (Ai Rahmawati Dewi, 2024).

The decision of where to give birth is also influenced by family support. Family support is a kind of interpersonal interaction that consists of attitudes, behaviors, and acceptance of family members, so that they feel cared for. Because family members should offer support and care for one another's health needs, support allows families to perform their duties (Melda & Rian, 2022).

The significance of family support when selecting a delivery attendant. In several developing nations, the choice for a woman to use health care services is made by family members, like her husband and mother-in-law, rather than the woman herself. As well as benefiting the mother's mental and physical well-being, a pregnant woman's positive support from her husband will also benefit the growth and development of the fetus. A husband's help should include love and affection, encouragement for his wife, honest and open

communication, compassion, attentiveness, responsiveness, and a willingness to be a father (Ai Rahmawati Dewi, 2024), in addition to financial assistance.

Spousal support implies that men are entirely responsible for the family and have a significant role, in which they are expected to be breadwinners as well as encourage various decisions to be made, such as planning. Particularly when getting ready for delivery, husbands play a crucial role in comforting and supporting expectant mothers so that all necessary preparations may be made. Men can assist their partners by being vigilant, preparing their finances for the arrival of their child, including them in making decisions about where they will give birth, seeking knowledge about childbirth preparations, accompanying them to pregnancy checkups at health facilities, and offering psychological support. Government initiatives like KIS, BPJS, and other health insurance programs that offer childbirth savings or health insurance cards for the mother's delivery process are examples of the financial support that husbands may give (Gina Sonia, Astrid Novita, 2024).

A husband's attitude can be demonstrated by showing attention and affection to his wife, encouraging and accompanying his wife to have her pregnancy checked, fulfilling his wife's nutritional needs so that she does not become anemic, deciding on a place to give birth (health facility) together with his wife, referring her to a health facility as early as possible if there are any health issues during pregnancy, and preparing for the costs of childbirth (Yeni Aryani, 2018).

Given the background information about the issue outlined earlier, the research inquiry focuses on exploring if there exists a “Connection between Spousal Assistance and Delivery Location Decision among Expectant Mothers in Their Third Trimester at the Benao Community Health Center.”

## **2. RESEARCH METHOD**

This research followed a descriptive analytical design with a cross-sectional method that aimed to explore how spousal support affects where pregnant women in their third trimester decide to give birth. This was assessed with a questionnaire that measured the level of support from their partners regarding the choice of delivery place.

The group of people involved in this study included all pregnant women in their third trimester visiting the Benao Community Health Center, which included a total of 30 participants. This approach specifically looked at those who were in their third trimester of pregnancy. The study examined both dependent and independent variables. Here, the

independent variable was spousal support, while the dependent variable was the selection of delivery location.

The research sample was collected using total sampling and included pregnant women who were in their third trimester. In this instance, the sample included the whole population, which comprised 30 respondents.

Data collection using questionnaires, which are tools or instruments containing a series of written questions used to collect data or information on a specific topic.

The study findings' variables were subjected to univariate analysis, which generated a frequency distribution for each variable.

Bivariate analysis is used to ascertain the relationship between each independent and dependent variable by studying two variables that are thought to be related and correlated. Chi square is employed since some of the study variables are categorical, in order to establish the existence of a link and assess the hypothesis between the independent and dependent variables.

### 3. RESULTS AND DISCUSSION

#### Result

**Table 1** Frequency Distribution of Respondent Characteristics Based on Age, Education, Occupation, Spousal Support, Choice of Place of Delivery at the Benao Community Health Center.

<b>pendent Characteristics</b>	<b>f</b>	<b>%</b>
<b>Age</b>		
<20 years	1	3,3
20-35 years	24	80,0
>35 years	5	16,7
<b>Education</b>		
SD	4	13,3
SMP	5	16,7
SMA	18	60,0
Higher education institution	3	10,0
<b>Work</b>		
Housewife	17	56,7
Private sector employee	10	33,3

Civil servant	3	10,0
<b>Husband's Support</b>		
Supportive	18	60,0
Not supportive	12	40,0
<b>Choosing a Place to Give Birth</b>		
Health Facilities	18	60,0
Non Health Facilities	12	40,0

According to Table 1, the age distribution of respondents is as follows: 5 respondents (16. 7%) were 35 years old. Looking at education levels, 4 respondents (13. 3%) completed elementary school, 5 respondents (16. 7%) finished junior high school, 18 respondents (60. 0%) had a high school diploma, and 3 respondents (10. 0%) attained a college degree. In terms of occupational status, 17 respondents (56. 7%) were homemakers, 10 respondents (33. 3%) worked in private sectors, and only 3 respondents (10. 0%) were employed as civil servants. Regarding husband support, 18 respondents (60. 0%) indicated they received support, whereas 12 respondents (40. 0%) reported they did not. When it comes to the choice of delivery location, 18 respondents (60. 0%) opted for healthcare facilities, while 12 respondents (40. 0%) selected non-healthcare facilities.

**Table 2 Relationship between Husband's Support and Choice of Place of Delivery at the Benao Community Health Center**

Husband's Support	Choosing a Place to Give Birth				Total		P-value
	Health Facilities		Non Health Facilities		f	%	
	f	%	f	%			
Supportive	16	88,9	2	11,1	18	100	0,000
Not supportive	2	16,7	10	83,3	12	100	

According to Table 2, it indicates that 16 participants (88. 9%) had assistance from their husbands when selecting healthcare places for giving birth, while only 2 participants (11. 5%) opted for non-healthcare locations. Conversely, only 2 participants (16. 7%) did not get help from their husbands in picking healthcare places for delivery, while 10 participants (83. 3%) selected non-healthcare locations.

From the results of the Chi-square test, a P-Value of 0.000 was found, leading to the rejection of H<sub>0</sub> and the acceptance of H<sub>1</sub>. Therefore, it can be concluded that there is a connection between the support from spouses and the selection of delivery sites among expectant mothers in their third trimester.

### **Discussion**

The Chi-Square test in SPSS was used to statistically analyze the data in order to ascertain the correlation between husband support and the choice of delivery place in pregnant women in their third trimester. The results yielded a P-value (asymptotic, Sig. 2-tailed) of  $0.000 < 0.05$ , indicating a relationship between the two. Consequently, H<sub>0</sub> is rejected and H<sub>1</sub> is accepted, leading to the conclusion that there is a correlation between the support given by the husband and the choice of delivery location for expectant women in their third trimester.

The researcher claims that because a mother will often take her husband's advice, husband support is crucial in influencing good health behaviors, such as choosing health professionals for delivery help and other decisions.

The study is consistent with a prior study by Hilda Mastuti and Hellen Febriyanti (2021) titled "The Relationship between Spousal Support and the Role of Health Workers in the Selection of Birth Assistants for Pregnant Women in Their Third Trimester at the Gedung Rejo Sakti Community Health Center in Penawar Aji Tulang Bawang District." The Chi-square test results yielded a P value of 0.000, which led to the rejection of H<sub>0</sub>. This study concludes that the role of health workers in choosing birth attendants for pregnant women in their third trimester is linked to husband support.

Childbirth is a process that culminates in the arrival of a baby who is at full-term or nearly full-term, followed by the expulsion of the placenta and fetal membranes from the mother. The arrival of a newborn is a significant milestone for both the mother and her family (Tarigan, 2018).

Most maternal and newborn issues, including fatalities, typically arise during the delivery phase, primarily due to insufficient aid from qualified health personnel. A study conducted in 2010 indicated that maternal deaths are strongly linked to the type of birth attendant and the setting where the delivery occurs. When health professionals assist with deliveries, the likelihood of maternal death decreases. The distribution of birth attendants was as follows: midwives 62.7%, obstetricians 28.9%, general practitioners 1.2%, nurses 0.3%, traditional birth attendants 6.2%, and those without any birth attendant accounted for 0.7%. Among different demographic groups, it was found that mothers with higher educational levels were more likely to have births attended by health workers. Furthermore, there was a notable

difference based on location, with urban areas seeing higher attendance by health workers at 96.7%, compared to 88.9% in rural settings (Christine Elisabeth, 2022).

The location where childbirth occurs can heavily influence a mother's mental and emotional state. Making an incorrect choice regarding the place of delivery and the birth attendant can adversely affect the mother's well-being. There are generally two options for childbirth settings: a healthcare facility or a home environment. The optimal place for childbirth is a healthcare facility equipped with the necessary tools and staffed with health professionals who are prepared to assist in case of complications or emergencies as they arise (Melda and Rian, 2022).

Choosing traditional birth attendants instead of qualified healthcare providers frequently leads to health issues and complications for both mothers and infants, which can sometimes result in fatalities. Moreover, the assistance received from traditional birth attendants can result in excessive bleeding due to inadequate delivery practices, stillbirths, prolonged labor, ruptured uterus, serious infections in the infant, asphyxia, and various birth injuries (Gina Sonia, Astrid Novita, 2024).

Support encompasses efforts aimed at helping an individual through moral or practical assistance to encourage them in their endeavors. The strongest support is usually found within the home, provided by parents, spouses, or other family members. Mothers are more inclined to adopt healthy practices, particularly in using healthcare facilities for childbirth, when they receive substantial support, especially from family. This aligns with the idea that family backing is crucial for enhancing an individual's health (Nurmala et al., 2025).

Social support is defined as the communication between individuals that offers psychological and social help when needed. The widely recognized definition emphasizes both the availability and the quality of interactions with those who deliver essential social support. The effect of social support on mental health is predominantly linked to familial support, where insufficient family backing can heighten the likelihood of mental health issues. For Mexican women, emotional and financial backing from family are the strongest indicators of depression. Three elements that are reliably associated with women's utilization of health services during childbirth include the participation of partners in decision-making, discussions and planning as a couple within the home, and having experienced counseling on childbirth preparation during antenatal care visits (Simamora, 2024).

Family support serves as a protective interpersonal bond that shields an individual from negative stress impacts. As noted by Agata (2022), family support consists of acceptance and affirming behavior displayed by relatives toward each other, including informational,

evaluative, instrumental, and emotional forms of support. It encompasses both verbal and nonverbal advice or information, practical help, and actions stemming from social connections or mere presence, all of which yield emotional advantages or influence behavior for the recipient (Bart Smet, Health Psychology). Family members are encouraged to provide constant care regardless of health status. The family leader (usually the husband) should offer both moral and material support to everyone in the household to promote healthy lifestyles (Mastuti and Febriyanti, 2022).

Support from a partner is a key way to feel emotionally prepared for having a baby. Husbands can help their wives by providing emotional backing, financial assistance for childbirth, and being available when needed. The financial aid from husbands might include saving money for the birth or providing health insurance through government programs like KIS, BPJS, and other types of insurance to help with the mother's delivery. A husband's supportive behavior can involve showing care and love, encouraging his wife to go to prenatal appointments, ensuring she has a proper diet to avoid anemia, jointly choosing a place to give birth, taking her to a healthcare facility quickly if any pregnancy issues arise, and getting ready for the expenses of childbirth (Yeni Aryani, 2018).

Family backing is very valuable because it brings comfort, joy, and encouragement to mothers as they go through pregnancy and give birth in a safe and clean way. Family support can start long before the baby arrives, allowing everyone to get ready for the delivery. When husbands are present during childbirth, it can lead to greater appreciation for their wives and strengthen the emotional ties between them and the new baby. However, some mothers still opt to be assisted by non-professionals during delivery, even with family support. This might be because these mothers feel more at ease and confident with non-professionals helping them (Christine Elisabeth, 2022).

#### **4. CONCLUSION**

##### **Conclusion**

The Chi-Square test was used for statistical analysis, and a P-value (Asymp. Sig 2-tailed) of  $0.000 < 0.05$  was found. According to this value, a pregnant woman's choice of delivery location in her third trimester is strongly influenced by spousal support. Therefore, the hypothesis that spousal support plays a significant role in a mother's choice of birthing location is supported by the rejection of  $H_0$  and acceptance of  $H_1$ . In addition to providing emotional support, this assistance also includes informational, practical, and financial support, which helps mothers feel more confident and ready for childbirth.

These results corroborate prior studies by Hilda Mastuti and Hellen Febriyanti (2021), which demonstrated a strong correlation between the choice of birth attendants made by pregnant women in their third trimester and spousal support and the function of health workers. The consistency of these findings supports the idea that a spouse's involvement in the pregnancy and childbirth process significantly influences a mother's health decisions, such as selecting a qualified healthcare facility and staff.

Childbirth is a crucial phase that determines the safety of mothers and babies, with most complications and maternal deaths occurring around the time of delivery. Choosing the right place to give birth, especially a health facility with professional staff, has been proven to reduce the risk of maternal mortality. In this context, spousal support plays an important role as a motivating factor in decision-making, especially regarding the choice of a safe delivery facility that is prepared to handle emergencies.

In addition, spousal support is part of family support that can psychosocially protect mothers from stress, increase self-confidence, and facilitate access to health services, including antenatal checkups and financial preparation for childbirth. Through moral support, financial provision, joint decision-making, and active involvement such as accompanying mothers to pregnancy checkups, husbands contribute directly to better childbirth preparedness.

Overall, the findings of this research indicate that the more robust the backing from husbands is, the higher the chance that expectant mothers in their third trimester will select a suitable and secure location for delivery. Consequently, it is strongly advised that health initiatives that include husbands—such as educational programs, couple counseling, and enhancing the family's involvement—be implemented to enhance maternal care and minimize the likelihood of complications during childbirth.

### **Recommendations**

According to the findings of this research, it is advised that husbands and families offer better support to expectant mothers in emotional, informational, and financial ways. This will help mothers feel more assured and safe when selecting health centers for childbirth. Healthcare professionals should also work on providing better education and advice to couples about why it is important to have deliveries supervised by trained health workers and the dangers of using untrained individuals. Moreover, healthcare facilities need to keep enhancing the quality and comfort of their services so that more families will prefer to give birth in medical settings. For future studies, it is suggested to include additional factors like economic influences, culture, mothers' knowledge, and the roles of health workers to create a clearer understanding of what affects the decision on where to give birth.

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