NHSJ Nursing and Health Sciences Journal
Volume 06 Number 01 (March 2026)
e-ISSN: 2798-5067; p-ISSN: 2798-5059

Determinants of husbands' readiness to provide birth support during childbirth in maternal care settings

Lia Aprilianti[1], Triana Indrayani[1], Andi Julia Rifiana[1], Vivi Silawati[1]

[1]Master of Midwifery, Faculty of Health Science, National University, Jakarta, Indonesia

Corresponding Author: Lia Aprilianti, lia.richellia@gmail.com

Article Info:
Submitted:
16-09-2025
Revised:
09-03-2026
Accepted:
10-03-2026
Published:
17-03-2026

Keywords:
childbirth,
husband,
readiness of
companion

A B S T R A C T

Maternal mortality serves as a critical barometer of global health equity, exposing profound disparities in access to quality services across socioeconomic strata. Elevated maternal mortality rates (MMR) are driven by multifactorial challenges, including compromised maternal health status, inadequate pregnancy readiness, insufficient antenatal care, and limited access to skilled birth attendance. This study aimed to analyze childbirth companion readiness at the maternity clinic. This study used a quantitative, cross-sectional design. The sample comprised 65 prospective birth companions. The data were analyzed using univariate, bivariate, and multivariate logistic regression tests. The study showed that most respondents had a low level of readiness (53.8%). Statistically significant relationships were observed between knowledge, compliance, attitude, perception, economic status, religiosity, leadership style, and physical readiness and readiness to assist childbirth ($p < 0.05$). However, no significant relationship was found between occupation and cultural factors with readiness. Multivariate analysis indicated that knowledge was the most dominant variable influencing readiness, with a beta coefficient of 9.914 and a p-value of 0.002 (< 0.05). Knowledge is the most dominant factor influencing the readiness of birth companions. Midwives provide education and communication to prospective birth companions (husbands) to improve childbirth readiness.

https://doi.org/10.53713/nhsj.v6i1.599

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INTRODUCTION

Maternal mortality remains a critical indicator of global health equity, reflecting profound disparities in access to quality health services between socioeconomic groups (Souza et al., 2024). High maternal mortality rates (MMR) are not merely statistical anomalies but are symptomatic of underlying issues regarding maternal health status, pregnancy readiness, and the quality of delivery assistance (Singh et al., 2024). The etiology of maternal mortality is multifactorial, predominantly driven by direct obstetric complications such as severe bleeding, hypertension, infection, and cardiovascular disorders (Lawrence et al., 2022). However, these medical emergencies are often exacerbated by systemic failures, including inadequate access to standard health care facilities and the persistence of deliveries assisted outside of professional clinical settings (Masaba et al., 2022). Consequently, reducing MMR requires a comprehensive approach that addresses both clinical infrastructure and the socioeconomic determinants of health (Souza et al., 2024).

A pivotal component in mitigating maternal mortality is adherence to standardized Antenatal Care (ANC) protocols (Mirza et al., 2024). Adequate ANC is essential for the early detection of risk factors and the management of potential complications throughout gestation

(McCauley et al., 2022). Current health standards recommend a minimum of six antenatal visits during pregnancy to ensure continuous monitoring and risk reduction (Habte et al., 2024). Despite these guidelines, mortality rates remain elevated in many regions due to inadequate ANC attendance and the failure to identify high-risk pregnancies early (Saaka & Sulley, 2023). Furthermore, the continued reliance on non-standard birth assistance underscores a gap in health service utilization (Fatima et al., 2025). To bridge this gap, health programs must look beyond clinical metrics and consider the holistic support systems that influence a woman's decision to seek and adhere to professional care (Grenier et al., 2022).

Within this holistic framework, the pregnant woman's psychosocial well-being plays a significant role in labor outcomes (Nguyen et al., 2022). Anxiety levels during the third trimester are frequently influenced by a constellation of factors, including age, education, occupation, and environmental stressors (Wegbom et al., 2023). However, the presence of a supportive companion, particularly the husband, is a decisive factor in ameliorating maternal anxiety (Kartini & Puteri, 2024). A husband's presence during labor provides a sense of security and reassurance, helping the mother feel calmer and better prepared for the birthing process (Li et al., 2025). Conversely, the absence of spousal support during pregnancy, labor, and the postpartum period can lead to heightened anxiety and adverse physiological responses, potentially complicating the delivery and recovery phases (Kazemi et al., 2023).

Despite the recognized importance of partner involvement, the role of husbands is frequently overlooked in Maternal and Child Health (MCH) programs (Okafor et al., 2022). Many fathers lack a thorough understanding of how to support their wives from pregnancy planning through delivery, often due to busy work schedules, limited access to relevant health information, or cultural norms that designate pregnancy solely as a maternal responsibility (Shibeshi et al., 2023). This knowledge deficit often leads pregnant women to seek support from other relatives rather than their partners, despite the husband being the closest source of emotional security (Yong et al., 2023). This lack of active involvement not only affects maternal comfort but can also reduce adherence to ANC checkups and increase the risk of pregnancy complications, highlighting a critical area for intervention (Audet et al., 2023).

Therefore, assessing the readiness of childbirth companions, particularly husbands, is essential to optimizing maternal and child health outcomes (Zegeye et al., 2025). There is an urgent need to evaluate the barriers preventing active paternal involvement and to assess the correlation between companion readiness and maternal anxiety levels (Hameed et al., 2025). By addressing knowledge and engagement gaps among partners, health systems can foster a more supportive environment that encourages ANC adherence and reduces the risk of complications (Bocoum et al., 2023). This study aims to analyze childbirth companion readiness at maternity clinics, providing evidence-based insights to better integrate fathers into maternal care strategies and ultimately reduce maternal mortality.

METHOD

Research Design

This study employed a descriptive analytical design with a cross-sectional approach. This method emphasizes the simultaneous measurement and observation of data for both independent and dependent variables at a single point in time. By utilizing this approach, the research aims to capture the status of childbirth companion readiness and associated factors during the specific period of data collection, enabling analysis of relationships between variables without longitudinal follow-up.

Participant

The study population consisted of husbands of women in their third trimester of pregnancy. The research was conducted at the Ismail Medika Clinic in Depok City, West Java, in February 2025. The sample comprised 65 respondents selected using a total sampling technique, adhering to strict inclusion and exclusion criteria to ensure the relevance and homogeneity of the participant group. This sampling method ensured that all eligible husbands meeting the criteria during the study period were included in the analysis.

Data Collection

Primary data were collected by distributing structured questionnaires to respondents. The instrument measured various variables, including knowledge, compliance, attitudes, perceptions, occupation, economic status, culture, religiosity, and family leadership style. Prior to implementation, the questionnaire underwent rigorous validity testing. The results confirmed the instrument's validity, as the calculated correlation coefficients exceeded the critical r-values at the specified significance level, ensuring the reliability of the data gathered.

Data Analysis

Data analysis was conducted in three stages: univariate, bivariate, and multivariate. Univariate analysis was used to describe each variable's characteristics. Bivariate analysis was performed using the Chi-Square test to examine the relationships between independent and dependent variables. Furthermore, multivariate analysis was conducted using multiple logistic regression tests to identify the most dominant factors influencing the outcome. A significance level of $\alpha = 0.05$ was used to determine statistical significance.

Ethical Clearance

Ethical considerations were prioritized throughout the research process to protect participants' rights and welfare. This study received formal ethical approval from the Faculty of Health Science at the National University. All procedures were conducted in accordance with the institution's ethical standards, ensuring confidentiality and informed consent throughout data collection and analysis.

RESULT

Univariate Analysis

Based on the results of univariate analysis to determine the frequency distribution of each variable presented in Table 1.

Table 1. Univariate analysis

Variables	Frequency (n)	Percentage (%)
Readiness for Assisting Mothers in Childbirth		
Good	30	46.2
Not enough	35	53.8
Knowledge		
Good	31	47.7
Not enough	34	52.3
Compliance		
Obedient	42	64.6
Not obey	23	35.4

Variables	Frequency (n)	Percentage (%)
Attitude		
Positive	42	64.6
Negative	23	35.4
Perception		
Positive	48	73.8
Negative	17	26.2
Work		
civil servant	28	43.1
Non-civil servant	37	56.9
Economic Status		
Tall	35	53.8
Low	30	46.2
Culture		
Positive	46	70.8
Negative	19	29.2
Religiosity		
Tall	36	55.4
Low	29	44.6
Leadership Style		
Authoritarian	31	47.7
Democratic	34	52.3
Physical Readiness		
Good	40	61.5
Not enough	25	38.5

Based on Table 1, the data obtained shows that Of the 65 respondents studied, the majority of respondents had insufficient readiness, namely 35 people (53.8%), had insufficient knowledge, namely 34 people (52.3%), had compliance in accompanying mothers in childbirth, namely 42 people (64.6%), had a positive attitude, namely 42 people (64.6%), had a positive perception, namely 48 people (73.8%), had jobs as non-civil servants, namely 37 people (56.9%), had a high economic status, namely 35 people (53.8%), had a positive culture, namely 46 people (70.8%), had high religiosity, namely 36 people (55.4%), had a democratic leadership style, namely 34 people (52.3%), and had good physical readiness, namely 40 people (61.5%).

Bivariate Analysis

The results of the bivariate analysis, which determine the relationships between the independent and dependent variables, are presented in Table 2.

Table 2. Bivariate analysis

Variables	Readiness of Birth Companions				Total		p-value	OR 95% CI
	Not enough		Good					
	n	%	n	%	n	%		
Knowledge								
Not enough	30	85.7	5	14.3	35	100	0.000	39.000 (1.53-1.77)
Good	4	13.3	26	86.7	30	100		
Compliance								
Not obey	20	57.1	15	42.9	35	100	0.000	12.000 (1.35-1.60)
Obedient	3	10	27	90	30	100		
Attitude								
Negative	16	45.7	19	54.3	35	100	0.028	2.767 (1.53-1.77)

Variables	Readiness of Birth Companions				Total		p-value	OR 95% CI
	Not enough		Good					
	n	%	n	%	n	%		
Positive	7	23.2	23	76.7	30	100		
Perception								
Negative	13	37.1	22	62.9	35	100	0.028	3.841 (1.63-1.85)
Positive	4	13.3	26	86.7	30	100		
Work								
civil servant	19	54.3	16	45.7	35	100	0.416	0.792
Non-civil servant	18	60	12	40	30	100		(1.31-1.55)
Economic Status								
Low	21	60	14	40	35	100	0.015	3.500 (1.41-1.66)
Tall	9	30	21	40	30	100		
Culture								
Negative	12	34.3	23	65.7	35	100	0.245	1.714 (1.59-1.82)
Positive	7	23.3	23	76.7	30	100		
Religiosity								
Low	21	60	14	40	35	100	0.007	4.125 (1.43-1.68)
Tall	8	26.7	22	73.3	30	100		
Leadership Style								
Democratic	26	74.3	9	25.7	35	100	0.000	7.944 (1.35-1.60)
Authoritarian	8	26.7	22	73.3	30	100		
Physical Readiness								
Not enough	17	48.6	18	51.4	35	100	0.009	2.597 (1.49-1.74)
Good	8	26.7	22	73.3	30	100		

Among the 65 respondents, husband's knowledge showed a significant relationship with childbirth companion readiness (p=0.000; OR=39.000; 95% CI: 1.53–1.77), with those having insufficient knowledge being 39 times more likely to demonstrate poor readiness. Similarly, compliance was significantly associated with readiness (p=0.000; OR=12.000; 95% CI: 1.35–1.60); non-compliant husbands had a 12-fold greater risk of insufficient readiness than compliant counterparts.

Positive attitudes significantly correlated with better readiness (p=0.028; OR=2.767; 95% CI: 1.53–1.77), as did positive perceptions (p=0.028; OR=3.841; 95% CI: 1.63–1.85). Physical readiness also demonstrated a significant association (p=0.009; OR=2.597; 95% CI: 1.49–1.74), indicating that husbands with poor physical preparedness were approximately 2.6 times more likely to exhibit insufficient overall readiness.

Economic status significantly influenced readiness (p=0.015; OR=3.500; 95% CI: 1.41–1.66), with low-income husbands facing 3.5 times higher risk of poor readiness. Religiosity showed a strong, significant relationship (p=0.007; OR=4.125; 95% CI: 1.43–1.68); husbands with low religiosity were over four times more likely to demonstrate inadequate readiness compared to those with high religiosity.

Leadership style was highly significantly associated with readiness (p=0.000; OR=7.944; 95% CI: 1.35–1.60). Notably, husbands with democratic leadership styles were nearly 8 times more likely to have poor readiness than those with authoritarian leadership styles, suggesting that family decision-making dynamics substantially influence companion preparedness.

Occupation (p=0.416; OR=0.792) and culture (p=0.245; OR=1.714) were not statistically significantly associated with childbirth companion readiness. Although cultural norms suggested

a directional trend, the p-values exceeded the α=0.05 threshold, indicating these factors did not independently predict readiness levels in this sample.

Multivariate Analysis

Based on the results of multivariate analysis using multiple logistic regression tests presented in Table 3 below.

Table 3. Multivariate analysis

Variables	β	Standard Error	Significancy
Knowledge	9.914	0.242	0.002
Compliance	0.874	1.887	0.043
Attitude	1.055	1.945	0.088
Perception	1.351	1.623	0.005
Work	0.270	0.910	0.767
Status Economy	0.833	1.036	0.421
Culture	0.491	1.078	0.649
Religiosity	1.478	1.045	0.157
Style Leadership	0.918	0.788	0.999
Readiness Physique	1.190	0.788	0.999

The multivariate logistic regression analysis, presented in Table 3, identified husband's knowledge as the most dominant predictor of childbirth companion readiness at the Ismail Medika Clinic. The knowledge variable demonstrated the most significant beta coefficient (β = 9.914; SE = 0.242; p = 0.002) among compliance, attitude, perception, occupation, economic status, culture, religiosity, leadership style, and physical readiness. Given that the p-value (0.002) was below the established α = 0.05 threshold, the alternative hypothesis was accepted, confirming a statistically significant association. This finding indicates that knowledge exerts the most substantial independent influence on companion readiness, suggesting that targeted educational interventions to improve husbands' understanding of pregnancy and delivery processes may substantially enhance their preparedness to support their wives during childbirth.

DISCUSSION

The Relationship Between Knowledge and Readiness of Birth Companions

The study demonstrated a statistically significant relationship between husband's knowledge and childbirth companion readiness, confirming that adequate knowledge is a critical determinant of preparedness. This finding aligns with the Health Belief Model, which posits that sufficient knowledge enhances perceived benefits and reduces perceived barriers, thereby strengthening behavioral intentions and promoting active involvement in health-related actions. Husbands who understand the physiological processes of labor, potential complications, and the value of emotional support are more likely to engage confidently and appropriately during childbirth. Conversely, knowledge deficits regarding the companion's role can hinder participation and diminish readiness. This study posits that targeted educational interventions, such as couple-focused antenatal classes and accessible health information, can effectively enhance husbands' knowledge, thereby increasing their confidence, motivation, and overall readiness to provide meaningful support during the birthing process (Evans et al., 2023).

The Relationship between Compliance and Readiness of Birth Companions

The study demonstrated a statistically significant relationship between husband's compliance and childbirth companion readiness, indicating that adherence to health protocols is a critical predictor of preparedness. This finding aligns with the Theory of Planned Behavior, which posits that compliance stems from positive intentions shaped by attitudes, subjective norms, and perceived behavioral control; husbands who believe that following healthcare recommendations yields beneficial outcomes are more likely to engage in supportive behaviors. The study posits that adherence to midwives' instructions, such as attending childbirth preparation classes, participating in antenatal checkups, and following clinical guidance, facilitates structured mental and physical readiness by exposing husbands to essential knowledge and practical skills. Consequently, compliant husbands demonstrate greater confidence and preparedness to provide adequate emotional and practical support during labor. These results underscore the importance of reinforcing adherence through clear communication, consistent counseling, and couple-focused health education to optimize companion readiness and improve maternal childbirth experiences (Rakhshani et al., 2025).

The Relationship Between Attitude and Readiness of Childbirth Companions

The study demonstrated a statistically significant relationship between husband's attitude and childbirth companion readiness, indicating that positive attitudes substantially enhance preparedness for spousal support during labor. Attitude, defined as an individual's consistent tendency to respond based on knowledge, affect, and behavioral intentions, plays a pivotal role in shaping companion engagement. Husbands with adequate knowledge regarding the importance of emotional, psychological, and physical support are more likely to develop favorable attitudes toward their caregiving role. Conversely, limited involvement in prenatal education, minimal socialization about companion responsibilities, and persistent patriarchal norms that designate childbirth as exclusively a woman's domain can hinder the formation of supportive attitudes. This finding aligns with the Health Belief Model, which posits that attitudes and behaviors are grounded in beliefs derived from accessible information and personal knowledge; thus, husbands with a greater understanding of childbirth processes tend to provide stronger emotional support and participate more actively. The study posits that attitudes are not formed instantaneously but evolve through the interplay of knowledge acquisition, prior experiences, and family values. Consequently, interventions aimed at fostering positive attitudes, such as couple-focused antenatal counseling and targeted health communication, are essential for strengthening husbands' readiness to provide meaningful, sustained support throughout the birthing process (Tungaraza & Joho, 2022).

The Relationship between Perception and Readiness of Birth Companions

The study demonstrated a statistically significant relationship between husbands' perceptions and childbirth companion readiness, indicating that positive perceptions substantially enhance spousal support preparedness during labor. Perception, defined as the cognitive process of interpreting and assigning meaning to experiences, is shaped by knowledge, prior exposure, cultural values, and access to information. Husbands with positive perceptions tend to view their involvement as essential for providing emotional support, reducing maternal anxiety, and fostering a sense of security during childbirth. Conversely, negative perceptions, often stemming from knowledge deficits, limited engagement in prenatal education, or patriarchal norms that frame childbirth as exclusively a woman's responsibility, can diminish motivation and

hinder active participation. This finding aligns with cognitive-behavioral frameworks, suggesting that perceptions directly influence behavioral intentions; husbands who recognize the tangible benefits of companionship are more likely to exhibit mental readiness and sustained engagement. The study posits that positive perceptions serve as a motivational catalyst, encouraging husbands to be physically present, emotionally supportive, and proactively involved throughout the birthing process. Therefore, interventions aimed at reshaping perceptions, through targeted health education, couple-focused counseling, and community-based socialization, are critical for strengthening companion readiness and optimizing maternal childbirth outcomes (Wijayanti et al., 2025).

The Relationship Between Work and Readiness of Birth Companions

The analysis revealed no statistically significant relationship between husband's occupation and childbirth companion readiness, suggesting that employment status alone does not determine preparedness for spousal support during labor. This finding aligns with behavioral health frameworks emphasizing that predisposing factors, such as knowledge, attitudes, and beliefs, exert a more substantial influence on health-related behaviors than demographic characteristics like occupation. While employment type may affect time availability and logistical flexibility, it does not inherently foster the motivation or understanding necessary for effective companionship. Instead, readiness appears to be driven by modifiable individual determinants, including comprehension of the companion's role, emotional commitment, and perceived benefits of involvement. The study posits that occupational context may facilitate or constrain opportunities for engagement, but without foundational knowledge and positive attitudes, time availability alone is insufficient to enhance readiness. Consequently, interventions aimed at improving companion preparedness should prioritize educational and motivational strategies over occupational targeting, ensuring that all husbands, regardless of employment status, receive equitable access to childbirth preparation resources and supportive counseling (Rungreangkulkij et al., 2022).

The Relationship Between Economic Status and Readiness of Childbirth Companions

The study demonstrated a statistically significant association between economic status and readiness to serve as a childbirth companion, indicating that socioeconomic resources play a pivotal role in shaping spousal support preparedness during labor. Husbands from higher economic backgrounds tended to exhibit greater readiness, likely due to enhanced access to health information, transportation, and logistical resources that facilitate active involvement in antenatal education and delivery preparations. Economic status functions as an enabling factor within health behavior frameworks, influencing decision-making capacity, healthcare utilization, and the ability to prioritize reproductive health needs alongside daily expenditures. This study posits that adequate economic resources reduce structural barriers, such as costs associated with prenatal classes, medical consultations, or emergency preparedness, thereby fostering both logistical and psychosocial readiness. Conversely, financial constraints may limit exposure to health education and increase competing priorities, diminishing companion preparedness. Consequently, interventions aimed at improving childbirth companion readiness should incorporate strategies to mitigate economic disparities, such as subsidizing antenatal programs, offering flexible scheduling for working fathers, and ensuring equitable access to couple-focused health education across all socioeconomic groups (Kaza et al., 2025).

The Relationship Between Culture and the Readiness of Birth Companions

The analysis revealed no statistically significant relationship between culture and childbirth companion readiness, suggesting that cultural norms alone do not determine husbands' preparedness for spousal support during labor. This finding may reflect a societal shift wherein traditional norms limiting male involvement in childbirth have been increasingly influenced by education, expanded access to health information, and policies promoting husband participation as birth companions. Consequently, culture functions more as a normative value than a practiced behavior. At the same time, respondents may endorse supportive cultural ideals; actual readiness, however, depends more substantially on predisposing factors (knowledge, attitudes), enabling resources (access to information, economic capacity), and reinforcing influences (social support, healthcare guidance). This aligns with behavioral frameworks that posit that health actions are shaped by an interplay of cognitive, environmental, and interpersonal determinants rather than by cultural norms in isolation. The study posits that a positive cultural orientation, without concomitant knowledge or mental preparedness, is insufficient to foster effective companionship. Therefore, interventions should prioritize strengthening individual competencies, such as health literacy, role clarity, and emotional readiness, alongside cultural engagement, ensuring that embraced values are translated into confident, informed action during the childbirth process (Aynalem et al., 2023).

The Relationship between Religiosity and the Readiness of Childbirth Companions

The analysis demonstrated a statistically significant relationship between husband's religiosity and childbirth companion readiness, indicating that spiritual beliefs substantially influence preparedness for spousal support during labor. Religiosity functions as a foundational value system that shapes moral obligations, decision-making priorities, and prosocial behaviors, including active participation in maternal health services. Husbands with higher levels of religiosity tend to perceive childbirth accompaniment as both a spiritual duty and a moral responsibility, fostering greater empathy, patience, and emotional resilience throughout the birthing process. This finding aligns with health behavior theories suggesting that intrinsic values and faith-based motivations can strengthen behavioral intentions and sustain engagement in caregiving roles. The study posits that religiosity enhances companion readiness by providing moral and spiritual motivation that reinforces mental fortitude, reduces anxiety, and promotes consistent, supportive presence during labor. Consequently, integrating faith-sensitive messaging and values-based counseling into antenatal education may effectively leverage religiosity as a protective factor, encouraging husbands to translate spiritual convictions into informed, compassionate action during childbirth (Opara et al., 2024).

The Relationship between Leadership Style and the Readiness of Childbirth Companions

The study demonstrated a statistically significant relationship between husband's leadership style and childbirth companion readiness, indicating that family decision-making dynamics substantially influence preparedness for spousal support during labor. Families characterized by democratic leadership, marked by open communication, collaborative problem-solving, and mutual respect, tend to create a supportive environment conducive to informed health decision-making and active engagement in reproductive care. This finding aligns with family systems theory, which posits that participatory leadership structures foster greater responsiveness to health needs by encouraging shared responsibility, transparent dialogue, and joint planning. The study posits that husbands who employ supportive, inclusive leadership styles

are more likely to engage in antenatal education, discuss birth preferences with their partners, and demonstrate confidence in providing emotional and practical support during childbirth. Conversely, rigid or unilateral decision-making patterns may limit opportunities for knowledge exchange and reduce companion preparedness. Consequently, interventions aimed at enhancing childbirth companion readiness should incorporate family-centered counseling that promotes collaborative communication skills and shared decision-making, thereby strengthening the relational foundations that underpin adequate spousal support throughout the maternal care continuum (Alizadeh-Dibazari et al., 2024).

The Relationship between Physical Readiness and the Readiness of Birth Companions

The study demonstrated a statistically significant association between physical readiness and childbirth companion readiness, indicating that practical preparedness is a critical determinant of adequate spousal support during labor. Physical readiness, encompassing transportation access, personal health status, stamina, and logistical preparedness, directly influences a husband's capacity to respond promptly to labor onset, navigate healthcare facilities, and sustain presence throughout the birthing process. This finding aligns with the enabling factors component of behavioral health frameworks, which posits that adequate resources and physical capacity are prerequisites for translating intention into action. Husbands with optimal physical preparedness were observed to facilitate timely facility-based deliveries and provide more consistent emotional and practical support. In contrast, deficits in health, transportation, or logistical planning contributed to delays and reduced engagement. The study posits that physical readiness functions not merely as a supplementary factor but as a foundational enabler that amplifies the impact of knowledge, attitudes, and motivation. Consequently, interventions aimed at strengthening companion readiness should integrate practical preparedness components, such as birth planning workshops, transportation coordination, and health promotion for expectant fathers, ensuring that husbands are equipped not only cognitively and emotionally, but also physically and logistically, to fulfill their supportive role during childbirth (Kgodane et al., 2026).

Dominant Predictor of Childbirth Companion Readiness

The multivariate logistic regression analysis identified husband's knowledge as the most dominant predictor of childbirth companion readiness, exerting a significantly more decisive influence than compliance, attitude, perception, occupation, economic status, culture, religiosity, leadership style, or physical readiness. This finding was evidenced by the most significant beta coefficient ($\beta = 9.914$; SE = 0.242; $p = 0.002$), indicating that knowledge contributes substantially to the variance in companion preparedness and that the alternative hypothesis is accepted at the $\alpha = 0.05$ significance level. These results underscore that a comprehensive understanding of the birth process, including labor stages, potential complications, the companion's supportive role, and the value of emotional and spiritual presence, serves as a foundational cognitive determinant that catalyzes emotional, physical, and psychological readiness. Aligning with behavioral health frameworks, knowledge functions as a critical predisposing factor that shapes attitudes, strengthens behavioral intentions, and enables informed decision-making; without adequate understanding, positive attitudes and appropriate actions are unlikely to emerge. Consequently, husbands who possess thorough knowledge of childbirth dynamics demonstrate greater motivation, confidence, and capacity to provide sustained, adequate support throughout labor. This study posits that educational interventions aimed at knowledge enhancement, such as

couple-focused antenatal classes, accessible health communication materials, and skills-based counseling, represent the most strategic approach to strengthening companion readiness. By prioritizing knowledge acquisition, healthcare systems can empower husbands to translate understanding into action, thereby optimizing spousal support and improving maternal and neonatal outcomes (Heidi et al., 2023).

CONCLUSION

This study concludes that a substantial proportion of husbands exhibit insufficient readiness and knowledge regarding their role as childbirth companions. Despite many respondents demonstrating positive attitudes, perceptions, and religiosity, significant gaps in knowledge and overall preparedness persist. Multiple factors were significantly associated with companion readiness, including compliance, attitude, perception, economic status, religiosity, leadership style, and physical readiness. In contrast, occupation and cultural background did not significantly influence readiness levels. Most critically, knowledge emerged as the most dominant predictor, underscoring that a comprehensive understanding of the birthing process is fundamental to fostering preparedness. These findings highlight the need to prioritize educational interventions and antenatal counseling for husbands to enhance their knowledge, thereby improving overall companion readiness and supporting better maternal health outcomes.

ACKNOWLEDGEMENT

The author would like to thank all parties who have helped this research both morally and materially, as well as their energy and thoughts, so that this study can be carried out.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest in this study.

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