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THE RELATIONSHIP BETWEEN HUSBAND'S SUPPORT AND THE READINESS OF PREGNANT WOMEN IN FACING LABOR

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ABSTRACT
Due to the labour, pregnant women often experience emotional changes such as anxiety, fear, and stress. Data showed that out of 56 pregnant women, 73.2% experienced moderate anxiety and 14.2% severe anxiety, with 62.5% of the severe anxiety group having poor labour readiness. This shows a tendency that high anxiety has an impact on low readiness for labour. One of the factors that influences labour readiness is support from the husband, as the closest person to the wife. This study aimed to find out the relationship between husbands' support and the readiness of pregnant women to face labour. This study used a correlational design with a cross-sectional approach. The population consisted of 43 people, with a sample of 39 respondents selected using simple random sampling. The instruments used were the husband's support questionnaire and the readiness to face labour questionnaire. The questionnaires were tested for validity and reliability prior to data collection using the Pearson Product Moment for validity and Cronbach's Alpha for reliability. The validity test showed r-values > r-table value (0.576), while the reliability test yielded Cronbach's Alpha values of 0.903 and 0.906. Data analysis used the Spearman Rank Test. The results showed a value of r = 0.334 with p value = 0.037 ($p < 0.05$), which means there is a significant relationship between husband support and the readiness of pregnant women in facing childbirth. The results showed that active husband involvement during pregnancy and childbirth plays an important role in supporting maternal psychological readiness.

Keywords: childbirth readiness; husband's support; psychological readiness

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INTRODUCTION

Childbirth is a complex physiological process characterized by the expulsion of the baby, placenta, and amniotic sac from the mother's uterus. Although it is a natural event, childbirth is often a stressful and exhausting experience, especially for mothers going through the process for the first time. Various emotional responses such as anxiety, fear, stress, and tension often arise as childbirth approaches. This anxiety can be triggered by various factors, including fear of pain, concerns about the safety of oneself and the baby, as well as the mother's physical and psychological unpreparedness.

Anxiety towards childbirth is a psychological response to situations that are perceived as threatening or unknown. In the context of pregnancy and childbirth, anxiety can manifest as motor tension, restlessness, sleep disturbances, and increased blood pressure (Mansur & Budiarti, 2014). If not properly managed, this anxiety not only affects the mother's psychological well-being but can also increase the risk of complications during childbirth, such as bleeding and fatigue that hinder the progress of labor (Dewi et al., 2018) (Sembiring, 2023).

Various studies have explored the link between maternal anxiety and readiness for childbirth. Research by Imeldawati Situmorang et al. (2021) shows that pregnant women with mild to moderate anxiety levels tend to have better preparedness compared to those experiencing severe anxiety. This indicates that anxiety management is an important aspect in efforts to improve pregnant women's preparedness for the childbirth process.

One protective factor that plays a significant role in reducing anxiety and enhancing readiness is spousal support. This support can take the form of emotional, instrumental, informational, or recognition provided to the wife during pregnancy. A study by Basyiroh & Lailiyah (2022) confirms that support provided by the husband can increase feelings of calmness, confidence, and readiness in the mother to face childbirth. Conversely, a lack of spousal support can trigger fear, stress, and unpreparedness, and may even slow down the childbirth process due to physiological barriers such as impaired cervical dilation (Mandey et al., 2020).

Previous research by Ramatian Simanihuruk (2020) shows that pregnant women who receive support from their husbands are significantly more prepared for childbirth than those who do not. Similarly, Omiati Natalia et al. (2023) emphasize that spousal support plays a role in fostering inner calm and a positive attitude that supports the physical and mental readiness of pregnant women. Additionally, spousal support contributes to the development of deep emotional bonds during pregnancy, which positively impacts the mother's adaptation to her new role as a parent.

A preliminary study conducted by researchers at Citra Keluarga Hospital in Kediri City reinforces previous findings. In interviews with two pregnant women in their 40th week of pregnancy, striking differences were found in terms of their readiness for childbirth. Mothers who received full support from their husbands felt calmer and more prepared, while those who received less support felt anxious, fearful, and tense. These findings reinforce the assumption that spousal support is a key factor in readiness for childbirth.

Although several studies have addressed the relationship between spousal support and readiness for childbirth, there remains a need to strengthen empirical evidence, particularly in local contexts and specific healthcare settings such as Citra Keluarga Hospital in Kediri City. Therefore, this study is important to determine the extent of the relationship between spousal support and pregnant women's readiness for childbirth, thereby serving as a foundation for designing family-based interventions aimed at improving maternal health quality prior to childbirth.

The aim of this study was to determine the relationship between spousal support and pregnant women's readiness for childbirth. This study is motivated by the importance of psychosocial factors, particularly the role of the husband, in supporting the mental and emotional condition of the mother during pregnancy until the childbirth process takes place. Adequate spousal support is believed to reduce anxiety levels, boost self-confidence, and foster the mother's physical and psychological readiness to face the childbirth process.

METHOD

This study used a quantitative approach with a correlational design and cross-sectional method. The study was conducted in June 2025 at Citra Keluarga Hospital in Kediri City. The study population consisted of all pregnant women in their third trimester who were recorded as having attended prenatal visits in April 2025, totaling 43 individuals. The sampling technique employed simple random sampling, with a sample size of 39 respondents.

The independent variable in this study is spousal support, while the dependent variable is the readiness of pregnant women to face childbirth. Data were collected using a closed-ended questionnaire that had been tested for validity and reliability. The instrument for measuring spousal support includes four dimensions: emotional support, informational support, instrumental support, and appreciation. Meanwhile, the instrument for measuring readiness for childbirth based on psychological readiness aspects includes seven dimensions: acceptance of pregnancy, identification of the role of motherhood, maternal support, spousal support, preparation for childbirth, attention to self-care and fetal well-being, and fear of pain and control during childbirth.

Data collection in this study was conducted by filling out a questionnaire. The questionnaire underwent validity testing using the Correlation Product Moment method, with 14 out of 20 statements found to be valid, yielding a total score of 0.600–0.900 on the childbirth readiness questionnaire, and 13 out of 16 statements found to be valid, yielding a total score of 0.611–0.813 (> r-table 0.576) on the spousal support questionnaire. Reliability was tested using Cronbach's Alpha, yielding a result of 0.903. Based on this value, both questionnaires were deemed reliable and trustworthy. The data analysis technique used was the Spearman Rank correlation test with a significance level of 0.05 to determine the relationship between the two variables. This study was reviewed and approved by the Health Research Ethics Committee of Poltekkes Kemenkes Malang under reference number DP.04.03/F.XXI.30/00929/2025.

RESULT

This study involved 39 pregnant women, with the majority aged 20–35 years (82.1%) and at 37 weeks of gestation (33.3%). Most were multigravida (59%) and desired the current pregnancy (82.1%). The majority had completed high school (51.3%), and most worked as housewives (71.8%). More than half of the respondents had an income of ≥Rp2,415,362 (53.8%).

Statistical analysis shows that adequate readiness for childbirth was found in most mothers with high husband's support, while low readiness was more common in mothers with low spousal support. The Spearman correlation coefficient of 0.334 indicates a moderate relationship between spousal support and readiness for childbirth. The p-value of 0.037 is below the threshold of 0.05, indicating a statistically significant relationship between spousal support and the readiness of pregnant women to face childbirth.

Table 1
Cross-tabulation of Spousal Support and Pregnant Women's Readiness for Childbirth

Husband's Support	Childbirth Readiness						Total		Correlation Value	*P value*
	Poor		Moderate		Good					
	f	%	f	%	f	%	f	%		
Poor	1	100	0	0	0	0	1	100	0,334	0,037
Moderate	0	0	4	100	0	0	4	100		
Good	0	0	24	70,6	10	29,4	34	100		

The distribution of readiness for childbirth based on the level of husband's support shows that out of 39 respondents, 24 respondents (61.54%) had adequate readiness for childbirth and 10 respondents (25.64%) had good readiness for childbirth in the group that received good husband's support. Additionally, there was 1 respondent (2.56%) with insufficient spousal support who had insufficient childbirth readiness. The results of the Spearman Rank test showed a correlation coefficient (ρ) of 0.334, indicating a positive and moderate relationship between spousal support and the readiness of pregnant women for childbirth, with a p-value of 0.037 (< 0.05), meaning there is a significant relationship between the two variables.

Table 2
Mean Score for Each Dimension of the Husband Support Questionnaire

Categories	Emotional Support	Instrumental Support	Informational Support	Evaluative Support	Total
Good	10,88	15,03	13,00	7,32	46,23
Moderate	8,75	11,75	7,50	5,25	33,25
Poor	4,00	4,00	6,00	3,00	17,00

Based on the data above, it shows that overall instrumental support has the highest average value (14.41) among other types of support, followed by informational support (12.26), emotional support (10.49), and evaluative support (7.00). In the good support category, instrumental support has the highest average score (15.03) among the other types of support, followed by informational support (13.00), emotional support (10.88), and evaluative support (7.32).

Table 3
Mean Score for Each Dimension of the Childbirth Readiness Questionnaire

Categories	Pregnancy Planning	Identification of Maternal Role	Relationship with Mother/ Family	Relationship with Husband	Childbirth Preparation	Attention to Mother and Fetus Well-being	Control During Childbirth	Total
Good	7,60	9,50	2,50	2,70	12,50	6,80	3,60	45,20
Moderate	6,82	8,18	1,50	1,75	10,86	5,68	2,86	37,64
Poor	2,00	5,00	2,00	3,00	8,00	3,00	1,00	24,00
Total	6,90	8,44	1,77	2,03	11,21	5,90	3,00	39,23

Based on the table above, the results show that overall, the childbirth preparation indicator has the highest average score (11.21), followed by the maternal role indicator (8.44). In the good readiness category, the highest average scores were found in the maternal role identification indicator (9.50) and childbirth preparation (12.50), indicating good mental readiness and knowledge. In the adequate category, the dominant indicators are similar, namely identification of maternal roles (8.18) and childbirth preparation (10.86), reflecting that pregnant women have adequate basic readiness. In the insufficient category, with a total score of 24.00, the lowest indicator is control during childbirth, with a score of only 1.00.

DISCUSSION

Husband's Support

Most pregnant women in this study received good support from their husbands prior to delivery. This support was most predominantly felt in the form of practical assistance, such as helping with daily activities and meeting the needs of pregnant women. These findings are in line with Sarafino's theory of social support, which states that instrumental support includes practical assistance such as providing material, energy, or time aimed at alleviating an individual's burden. Instrumental support, as a form of tangible support, tends to be the most easily observed and felt by the recipient of the support (Zadok, 2024).

In line with research conducted at the Labulia Community Health Center, which states that support provided by husbands contributes to improving readiness for childbirth. Concrete assistance such as preparing for childbirth needs, accompanying the mother to healthcare facilities, and providing physical support when the mother experiences pregnancy-related discomfort can provide psychological safety and comfort. This indirectly helps the mother feel more prepared both physically and emotionally to face the childbirth process (Natalia et al., 2023).

In the moderate support category, a decline was found in the aspects of informational support and assessment. Meanwhile, in the insufficient support category, all forms of support, especially instrumental support, showed very low scores, reflecting the absence of husbands in helping mothers during pregnancy. This indicates that husbands have not shown consistent support in the emotional, informational, and assessment aspects.

Low emotional support is characterized by a lack of involvement from the husband in shared spiritual activities, as well as a lack of involvement in providing emotional comfort when the mother feels sad. According to House, emotional support is related to the amount or magnitude of love and attention, sympathy and understanding, and/or appreciation or value available from others. Additionally, emotional support includes communicating care and trust, as well as listening. Research by Klevina & Mathar (2022) reveals that support in the form of attention or simply offering encouragement when the mother feels anxious can create a sense of safety and comfort for the mother. Emotional support helps stabilize the mother's psychological condition, which is closely linked to stress and contractions.

The lack of informational support is evident in the husband's lack of involvement in encouraging the mother to participate in pregnancy exercises and health clinics, as well as the husband's lack of

effort in obtaining information about pregnancy through books and online media. According to House's social support theory, informational support is related to providing advice, guidance, counsel, and information to serve specific needs. Husbands can discuss or communicate with their wives in order to solve problems and provide solutions.

A study on Childbirth Preparation Education for Husbands Through the SUMPING (Support Suami Pendamping) E-Module by Dewi & Safitri (2023) shows that informational education provided to husbands through the SUMPING E-Module is effective in improving their understanding of the role of a birth companion. Husbands who have knowledge about childbirth preparation, such as the stages of childbirth, signs of childbirth, and the roles they should perform, can provide optimal support to pregnant women. When husbands have good knowledge, they are able to provide informational support that can reduce anxiety and enhance the psychological readiness of pregnant women.

In terms of low assessment support, it appears that there is low participation from husbands in decision-making related to the selection of health services for pregnant women. According to theory, assessment support is related to assistance in decision-making, providing appropriate feedback, or helping to decide what action to take. In line with research by Laksono et al. (2022), which reported that spousal involvement in ANC visits reached 75.9% and was significantly influenced by place of residence, spousal education, economic status, and parity. Husbands who are not involved or inactive in decisions related to ANC often cause mothers to miss important visits, thereby negatively impacting overall childbirth preparedness. Husbands play a crucial decision-making role in determining a mother's access to healthcare services.

According to the author, a husband's support plays a crucial role in preparing for childbirth, particularly instrumental support. Tangible support, such as the husband being present during check-ups and fulfilling the needs of the pregnant woman, can provide a sense of physical and psychological safety and comfort. However, this is not separate from other forms of support, including emotional, informational, and evaluative support, which also contribute to the quality of support provided by the husband. It is hoped that husbands can be more proactive in seeking information through educational classes or family counseling sessions, as well as through digital media. To support these efforts, healthcare providers can offer specialized counseling education for couples, develop digital or printed educational materials about pregnancy and childbirth, and conduct prenatal classes for childbirth preparation.

Childbirth Readiness

Most pregnant women in this study were adequately prepared for childbirth, while a small number were either well prepared or poorly prepared. This preparedness was particularly evident in terms of identifying their role as mothers and preparing for childbirth, which showed that pregnant women already had the necessary mental preparation and basic knowledge. However, there were also mothers who still showed limitations, particularly in terms of self-control during childbirth, and therefore required more attention.

According to Lederman and Weis' theory, maternal mental health refers to the mental condition related to the role of motherhood. This term is also known as maternal mental health, which is the ideal state where a mother is able to manage stress in her life, work productively, and contribute to society. Nisa & Apriliana (2019) support this in their research, which shows a significant correlation between emotional maturity and readiness for childbirth. Mothers who have a positive perception of their maternal role demonstrate better mental and emotional readiness. The more emotionally mature a mother is and the more positively she views her new role as a mother, the more prepared she is to face the challenges of childbirth, both psychologically and emotionally.

In this study, the readiness of pregnant women was categorized as fairly good. The highest average score was found in the childbirth preparation indicator, indicating that most pregnant women had adequate understanding of the childbirth process and related information about possible outcomes. However, some respondents still showed a tendency to think about negative possibilities during childbirth, such as imagining the pain they would experience. This could be one of the factors influencing the readiness for childbirth to be in the adequate category, due to the presence of obstacles in managing negative thoughts related to the childbirth process.

Theoretically, readiness for childbirth is influenced by several factors, such as age, knowledge, income, support, and parity. Primiparous mothers tend to experience higher levels of fear, helplessness, and anxiety compared to multiparous mothers. This is due to a lack of previous experience and the absence of a realistic picture of the childbirth process (Basyiroh & Lailiyah, 2022).

Research in Turkey shows that primiparous women have higher levels of fear and lower control during childbirth compared to multiparous women, especially during emergency deliveries such as caesarean sections (Green et al., 2022). Another study conducted by BMC Pregnancy and Childbirth in 2021 also showed that primiparas have higher Fear of Childbirth (FOC) scores and lower self-efficacy compared to multiparas. A mother's confidence in facing childbirth is crucial in shaping psychological readiness, as mothers with prior experience are better able to manage fear and think positively about potential challenges during childbirth (Shakarami et al., 2021).

Most pregnant women in this study showed adequate readiness for childbirth, reflecting a basic understanding but still accompanied by negative thoughts, such as imagining the pain of childbirth. This indicates the need for educational interventions that are not only informative but also empower mothers psychologically. Prenatal classes should be developed to include specialized sessions such as mental rehearsal, relaxation techniques, and confidence-building exercises to prepare for childbirth. Additionally, community-based approaches like prenatal discussion groups can create a supportive network that strengthens one another. Comprehensive education, specialized support for first-time mothers, and active involvement of husbands in the childbirth preparation process are key factors in enhancing mothers' overall psychological readiness.

The Relationship Between Spousal Support and Readiness for Childbirth

The results of the study indicate that there is a significant relationship between spousal support and the psychological readiness of pregnant women to face childbirth. The better the support provided by the husband, the higher the mental and emotional readiness of the mother to face the childbirth process. According to Lederman & Weis' theory on the 7 dimensions of psychological adaptation during pregnancy, where the husband's support plays a role in the success of adaptation during pregnancy, enabling the mother to prepare herself for childbirth. Good psychological adaptation allows the mother to achieve mental and emotional readiness in fulfilling her role as a mother, as well as facing the childbirth process calmly and confidently. Research by Utami et al. (2022) at Aura Syifa Hospital in Kediri Regency reinforces the results of this study by showing a relationship between spousal support and maternal readiness for cesarean section, with a p-value of 0.002 ($p < 0.05$). Although the focus of the study was on operative delivery, the results still reinforce that the role of the husband is important in contributing to the mother's readiness to face childbirth.

The above results are in line with the study by Mandey et al. (2020), which states that the higher the level of support provided by the husband, the higher the mother's readiness, both physically and psychologically, to undergo the childbirth process. As childbirth approaches, mothers experience many changes, both physically and psychologically, which can cause anxiety, fear, or

even stress. In this situation, the husband, as the closest person, plays an important role in helping the mother feel calm and confident. Pratiwi et al. (2021) support the above research, stating that pregnant women who receive support from their husbands tend to experience lower levels of anxiety prior to childbirth. When husbands are actively involved in the pregnancy and childbirth process, mothers feel safer, more comfortable, and more confident, thereby increasing their readiness for childbirth both physically and psychologically.

Based on the above research, the researchers conclude that spousal support plays a role in enhancing pregnant women's readiness to face childbirth. As the closest person to the mother, the husband is considered a source of security for pregnant women. These findings emphasize the importance of health interventions that not only focus on pregnant women but also actively involve husbands, such as accompanying the mother during antenatal checkups, increasing education about pregnancy, and actively encouraging the mother to attend prenatal classes. Additionally, pregnant women are also encouraged to prepare themselves physically and psychologically by actively seeking information about childbirth, attending prenatal classes, and openly communicating with their partners about their needs and concerns leading up to childbirth.

CONCLUSION

The results of the study indicate that there is a relationship between spousal support and the readiness of pregnant women to face childbirth. Spousal support plays a crucial role in enhancing a pregnant woman's readiness for childbirth, both physically and psychologically. The support provided, particularly in the form of practical assistance, emotional support, informational guidance, and evaluation, helps create a sense of safety and comfort for the mother, thereby making her more prepared to undergo the childbirth process. Therefore, active involvement of the spouse and comprehensive education for the couple are key factors in preparing for a more optimal childbirth experience.

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