



Analysis of Risk Factors of Husband's Readiness and Involvement in Accompanying Wives in Childbirth: An Observational Study in Bengkulu City, Indonesia

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ABSTRACT

The husband's role in assisting wives in childbirth has a significant impact on the birth experience and the health of the mother and baby. This study aims to analyze the risk factors that influence the role of husbands in accompanying their wives in childbirth in Bengkulu City, Indonesia. Analytical observational research was conducted on 200 married couples who gave birth in health facilities in Bengkulu City. Data was collected through questionnaires, interviews, and participant observation. Data analysis was carried out using logistic regression to identify risk factors related to the husband's role in accompanying wives in childbirth. The results showed that significant risk factors related to the husband's role in assisting wives in childbirth were the husband's education level (OR = 2.34; 95% CI: 1.21-4.53), the husband's knowledge about childbirth (OR = 3.12; 95% CI: 1.68-5.79), husband's attitude towards the role of mentoring (OR = 2.87; 95% CI: 1.45-5.68), social support from the family (OR = 1.98; 95% CI: 1.05-3.73), and previous birth experience (OR = 2.15; 95% CI: 1.12-4.14). This research identifies several risk factors that influence the husband's role in assisting wives in childbirth. Interventions aimed at increasing husbands' education, knowledge, and positive attitudes towards the role of companionship, as well as strengthening social support from the family, can increase husbands' involvement in the childbirth process.

1. Introduction

Childbirth is a significant event in a woman's life, marking a profound physical and emotional transformation. The delivery process not only impacts the mother's health, but also the well-being of the newborn. In this context, the role of birth companions is in the spotlight, because their presence and support during the birth process can have a significant positive impact on the mother and baby. The delivery companion can be a professional health worker, such as a midwife or doctor, or someone close to the mother, such as a husband, biological mother, or close friend. Research has shown that the presence of a birth companion can reduce maternal anxiety and pain, increase satisfaction with the delivery experience, and

increase the chances of a normal delivery. Apart from that, birth companions can also help mothers make decisions regarding the delivery process, provide emotional and physical support, and help mothers manage pain.^{1,2}

In Indonesia, the role of the husband as a delivery companion is increasingly receiving attention. The husband's presence during the childbirth process not only provides support for the wife but is also a form of the husband's active participation in the childbirth process. Research has shown that a husband's involvement in childbirth assistance can improve the quality of the husband and wife relationship, strengthen the emotional bond between father and baby, and improve the health and well-being of mother



and baby. However, the husband's role in assisting his wife in giving birth does not always run smoothly. There are various risk factors that can influence the husband's involvement in the birthing process. These factors can originate from the individual husband, such as education level, knowledge about childbirth, and attitudes toward the role of a companion. In addition, environmental factors, such as social support from the family and previous birth experiences, can also play an important role. The husband's role in assisting with childbirth is very important in supporting the mother's physical and mental health during the birth process. Research has shown that a husband's presence during labor can provide significant benefits for the mother.^{3,4}

The presence of a husband can provide a sense of security and comfort for the mother, thereby reducing anxiety and pain experienced during the birthing process. The husband's touch, words of encouragement, and physical presence can have a calming effect and reduce the mother's perception of pain. The emotional and physical support provided by the husband during labor can increase the mother's satisfaction with the overall birth experience. Mothers feel more appreciated, supported, and cared for, thereby increasing their sense of self-confidence and satisfaction with the birthing process. The presence of a husband can increase the chances of a normal delivery by reducing the risk of unnecessary medical intervention. Husband's support can help mothers overcome fear and anxiety, thereby increasing the mother's ability to deal with contractions and pushing effectively. Apart from providing benefits for the mother, the husband's role in assisting with childbirth also has a positive impact on the baby. Research has shown that a husband's presence during labor can improve the health and well-being of the baby. The father's presence during labor provides the father with the opportunity to witness the birth of the child directly and be involved in the initial parenting process. This can strengthen the emotional bond

between father and baby, as well as increase the father's sense of responsibility for child care. The father's presence during labor can improve the baby's health by reducing the risk of birth complications, such as neonatal asphyxia and infection. Father's support can help mothers maintain health during pregnancy and childbirth, thereby improving the health of newborn babies.^{4,5}

Even though the husband's role in assisting the birth is very important, there are several risk factors that can hinder the husband's involvement in the birth process. A husband's low education level can limit the husband's knowledge and understanding of pregnancy, childbirth, and the role of companionship. Husbands with a low level of education may not have adequate information about the importance of birth assistance and its benefits for mother and baby. Lack of knowledge about childbirth can make husbands feel insecure and unprepared to accompany their wives during the birth process. Husbands may not know what to do or how to provide appropriate support to their wives. A negative or doubtful attitude towards the role of assistance can hinder the husband's involvement in the birthing process. The husband may feel it is uncomfortable or inappropriate to be present during the birth or feel that this role is better suited to a health professional. Social support from the family, especially from parents and in-laws, is very important for husbands in carrying out their mentoring role. This support can be in the form of emotional support, instrumental support, and information support. Lack of social support from the family can make husbands feel isolated and not get the help they need to carry out their mentoring role. Previous birth experiences, both positive and negative, can influence the husband's attitudes and behavior in assisting the birth. Negative birth experiences can cause fear and anxiety in husbands, thereby reducing the husband's desire to be involved in the birthing process. On the other hand, a positive birth experience can increase a husband's self-confidence and motivation to accompany his



wife.^{5,6} It is important to carry out this research to identify risk factors that influence the role of husbands in accompanying their wives to give birth in Bengkulu City, Indonesia. By identifying these risk factors, it is hoped that effective interventions can be developed to increase husbands' involvement in the childbirth process and improve the quality of maternal and child health services in Indonesia.

2. Methods

This study adopted an analytical observational design with a cross-sectional approach. This approach was chosen to explore the relationship between risk factors that influence the husband's role in assisting his wife in giving birth, as well as their impact on the birth experience and the health of the mother and baby. The cross-sectional design allows for data collection at a single point in time, providing a comprehensive picture of the phenomenon under study in the context of Bengkulu City, Indonesia. This research was conducted in the city of Bengkulu, Indonesia, which was chosen because it has a relatively low level of husband participation in childbirth assistance. The research locations include various health facilities in Bengkulu City, both hospitals and maternity clinics. The data collection period lasted six months, from January 2023 to June 2023. This timing took into account seasonal fluctuations in birth rates and ensured adequate representativeness of the sample.

The research population was all married couples who gave birth in health facilities in Bengkulu City during the research period. Strict inclusion criteria were applied to ensure the validity and reliability of the data. Inclusion criteria include: Married couples who gave birth in health facilities in Bengkulu City within the research time period (January 2023 - June 2023); Wives between 18 and 49 years old, a common reproductive age range; Husbands aged between 20 and 59 years, taking into account the age of husbands who are generally involved in assisting childbirth.

Married couples who are willing to participate in research and provide informed consent voluntarily. The sampling technique used was purposive sampling. This technique was chosen because it allows researchers to select married couples who are most relevant to the research objectives. In this case, the married couples selected are those who have a variety of demographic, social, and economic characteristics. This was done to ensure that the research sample was representative of the research population. The sample size was determined using the Lemeshow formula by considering a significance level of 95% ($\alpha = 0.05$), test power of 80% ($\beta = 0.20$), and a ratio between exposed and unexposed groups of 1:1. Based on this calculation, the minimum sample size required is 196 married couples. However, to anticipate the possibility of drop-out, researchers decided to recruit 200 married couples.

Data collection was carried out using three main instruments, namely: 1. A structured questionnaire was used to collect quantitative data related to demographic characteristics, level of education, knowledge about childbirth, attitudes towards the role of companionship, social support from the family, and previous birth experiences. The questionnaire was developed based on a comprehensive literature review and validated by experts in the fields of public health and nursing. The questionnaire was tested on 30 married couples who were not included in the research sample to ensure its validity and reliability. 2. Semi-structured in-depth interviews were conducted to dig deeper into husbands' experiences, motivations, and obstacles in accompanying their wives to give birth. These interviews provided rich and in-depth qualitative data, complementing the quantitative data from the questionnaire. The interview guide was developed based on a literature review and adapted to the local context. Interviews were conducted by researchers who were trained and experienced in qualitative interview techniques. 3. Participatory observation is carried out to directly observe the



interaction between husband and wife during the birth process. The researcher acted as a non-participant observer and recorded all behavior, verbal and non-verbal communication, as well as emotional expressions shown by the husband and wife. These observations provide unique and valuable qualitative data, complementing data from questionnaires and interviews.

Data collection was carried out in stages and systematically. The first stage is to obtain research permission from the authorities, namely the Bengkulu City Health Service and the research ethics committee. After obtaining permission, researchers conducted outreach to health facilities and potential participants. This outreach aims to explain the aims, benefits, and procedures of research, as well as answer questions and concerns of potential participants. The second stage is participant recruitment. Married couples who met the inclusion criteria were invited to participate in the study. Participation was voluntary and participants provided informed consent before data collection began. Informed consent explains participants' rights, data confidentiality, and the risks and benefits of research. The third stage is data collection. Participants fill out the questionnaire independently or are assisted by researchers if necessary. In-depth interviews were conducted with husband and wife couples who were selected purposively. Participatory observation was carried out in the delivery room with permission from participants and health workers.

The collected data was analyzed using quantitative methods. Quantitative data from the questionnaire was analyzed using SPSS statistical software. Univariate analysis was used to describe demographic characteristics, education level, knowledge about childbirth, attitudes towards the role of companion, social support from the family, and previous birth experiences. Bivariate analysis uses the chi-square test to test the relationship between the independent variable (risk factors) and the dependent variable

(husband's role in assisting his wife in giving birth). Multivariate analysis uses logistic regression to identify risk factors that are independently associated with the husband's role in assisting his wife in giving birth.

This research has received ethical approval from the Health Research Ethics Committee. Participants are given complete and clear information about the objectives, benefits, risks, and research procedures. Participants were given the opportunity to ask questions and decide voluntarily whether to participate or not. Participants' identities and data are kept confidential. Data is only used for research purposes and is not disclosed to other parties without the participant's permission. The research does not cause harm or harm to participants. Participants are protected from physical, psychological, social, and economic risks. Research provides benefits for participants and society. The benefits of research can be in the form of increasing knowledge, improving health services, or developing health policy. Research is conducted fairly and non-discriminatory. Participants are treated equally regardless of social, economic, religious, or racial status.

3. Results and Discussion

Table 1 presents a demographic portrait of the couples who participated in this study, providing valuable insight into their backgrounds. In terms of age, wives had an average age of 28.5 years, indicating that the majority were at their peak childbearing age. Meanwhile, the average age of husbands is slightly older, namely 32.3 years, reflecting a general pattern in society where husbands tend to marry at a more mature age. The couple's education level shows the dominance of senior high school/vocational high school graduates, both wives (65%) and husbands (70%). This indicates that most couples have a secondary level of education, which can influence their knowledge and understanding of the childbirth process and the husband's role in accompanying



them. Different work patterns are seen between wives and husbands. The majority of wives (55%) are housewives, while the majority of husbands (60%) work in the informal sector. This data reflects the division of gender roles that is still common in society, where wives play more of a role in domestic affairs, while husbands earn their living in the informal sector which is often less stable and has fluctuating income. The average family income of IDR 4,500,000 per month shows that most families are in the lower middle category. A more detailed income distribution

shows that 60% of families have incomes between IDR 2,000,000 and IDR 4,999,999, while 30% of families have incomes above IDR 5,000,000. These data provide insight into couples' socioeconomic conditions, which can influence their access to health information and services, as well as their ability to prepare for a safe and comfortable birth. Overall, this table depicts a diverse demographic profile of couples but is dominated by couples of childbearing age with middle education levels and lower middle incomes.

Table 1. Characteristics of respondents.

Characteristics	Wives (n = 200)	Husbands (n = 200)
Age (years)		
Mean ± SD	28.5 ± 5.2	32.3 ± 6.1
Minimum - Maximum	18 - 49	20 - 59
Education		
Primary school	10 (5%)	5 (2.5%)
Junior high school	20 (10%)	15 (7.5%)
Senior high school	130 (65%)	140 (70%)
Diploma/Bachelor's degree	40 (20%)	40 (20%)
Occupation		
Housewife	110 (55%)	-
Civil Servant/ Private employees	30 (15%)	40 (20%)
Entrepreneur	20 (10%)	20 (10%)
Informal sector	40 (20%)	120 (60%)
Other	-	20 (10%)
Income per month (IDR)		
Mean ± SD	-	4.500.000 ± 1.200.000
< 2.000.000	-	20 (10%)
2.000.000 - 4.999.999	-	120 (60%)
≥ 5.000.000	-	60 (30%)

Table 2 presents an in-depth description of the factors that influence husbands' readiness and involvement in childbirth assistance in Bengkulu City. A striking finding was that the majority of husbands (65%) had inadequate knowledge about childbirth. This is an important alarm, indicating that there is a

significant information gap regarding the signs of labor, its stages, and potential complications. This lack of knowledge can prevent husbands from providing optimal support for their wives during the birthing process and even has the potential to increase anxiety and fear. On the other hand, the majority of



husbands (75%) showed a positive attitude towards the mentoring role. They recognize the importance of this role and feel responsible for providing emotional and physical support to their wives. These findings are a bright spot, showing that there is great potential to increase husbands' participation in birth assistance. With a better understanding of the birthing process, husbands can be more effective partners for their wives. Social support from the family, especially parents and in-laws, also plays an important role in preparing a husband to accompany his wife. Most husbands (80%) reported receiving adequate support,

both emotional, instrumental, and informational. This support can be valuable capital for husbands to face challenges and provide the best support for their wives during labor. Previous birth experiences, especially positive ones, can be a strong motivation for husbands to play an active role in accompanying the next birth. Data showed that 60% of couples had had previous childbirth experiences, with the majority (66.7%) reporting positive experiences. This shows that positive experiences can increase the husband's self-confidence and interest in being involved in the childbirth process.

Table 2. Risk factors for husband's readiness to accompany wives in childbirth.

Variable	Category	Frequency (n)	Percentage (%)
Knowledge about childbirth	Adequate	70	35%
	Inadequate	130	65%
Attitude towards the role of assistance	Positive	150	75%
	Negative/Doubtful	50	25%
Social support from family	Adequate	160	80%
	Inadequate	40	20%
Previous childbirth experience	Never (Positive)	80	40%
	Never (Negative)	40	20%
	Never	80	40%

Table 3 presents the results of an in-depth analysis of the factors that independently influence the role of husbands in accompanying their wives to give birth in Bengkulu City. One of the most prominent findings is the significant influence of the husband's education level. Husbands with a higher level of education (senior high school, diploma, or bachelor's degree) have a 2.34 times greater chance of playing an active role in birth assistance compared to husbands with lower education (primary school or junior high school). This shows that education plays an important role in shaping husbands' understanding of the importance

of mentoring, as well as giving them the confidence and skills to engage effectively. Knowledge about childbirth is also a crucial factor. Husbands who have adequate knowledge about the signs of labor, its stages, and potential complications have a 3.12 times greater chance of being active companions. These findings emphasize the importance of comprehensive health education and counseling for expectant fathers so that they can understand the birth process well and provide appropriate support for their wives. A positive attitude towards the mentoring role has also proven to be a strong motivator. Husbands who view this role as



an important responsibility and have the desire to be actively involved have a 2.87 times greater chance of being a supportive companion. This shows that campaigns that promote the role of fathers in childbirth and build positive social norms can significantly increase husbands' participation. Social support from the family, especially parents and in-laws, also makes a significant contribution. Husbands who feel supported and encouraged by their family are 1.98 times more likely to be involved in mentoring. These findings underscore the importance of involving

families in childbirth preparation programs so that they can provide optimal support for the birthing couple. Positive previous birth experiences are also a motivating factor. Husbands who have accompanied their wives in childbirth and have had positive experiences have a 2.15 times greater chance of returning to play an active role in the next birth. This shows that positive experiences can be a strong catalyst to increase the husband's involvement in the long term.

Table 3. Risk factor analysis.

Risk factors	Odds ratio (OR)	95% confidence interval (CI)	p-value
Husband's education level			
High (Senior high school/Diploma/Bachelor's degree)	2.34	1.21 - 4.53	0,011
Knowledge about childbirth			
Adequate	3.12	1.68 - 5.79	0,001
Attitude towards the role of assistance			
Positive	2.87	1.45 - 5.68	0,003
Social support from family			
Adequate	1.98	1.05 - 3.73	0,035
Previous childbirth experience			
Positive	2.15	1.12 - 4.14	0,021

One of the crucial findings revealed in this research is the strong positive correlation between husbands' education level and their active participation in accompanying their wives during the birthing process. Husbands with a higher level of education, namely those who have completed senior high school, diploma, or bachelor's degrees, have a 2.34 times greater probability of being actively involved in mentoring compared to husbands with lower education (primary school or junior high school). This finding is not just a statistic, but rather a reflection of the profound impact of education on individual empowerment in the context of reproductive health. Education, in its various forms, has long been recognized as an important instrument in increasing

awareness and understanding of various aspects of life, including reproductive health. In the context of childbirth assistance, education acts as a catalyst that opens up husbands' insight into the importance of their role in supporting their wives during the birthing process. Through formal and non-formal education, husbands can gain comprehensive knowledge about pregnancy, childbirth, and caring for newborns. They learn about the signs of labor, stages of labor, possible complications, and relaxation and breathing techniques that can help the wife reduce pain and discomfort. This knowledge not only increases husbands' understanding of the physiological processes experienced by wives but also gives them a deeper understanding of the importance of emotional



and physical support during labor. Educated husbands are more likely to understand that their presence and support can have a significant positive impact on their wives' birth experience, reducing anxiety and stress, and increasing the chances of a smooth and safe birth. Apart from increasing knowledge, education also equips husbands with communication and problem-solving skills that are essential in assisting with childbirth. Good communication skills enable husbands to listen and understand their wives' needs, provide appropriate emotional support, and convey information and suggestions in a clear and empathetic manner. Problem-solving skills are also important in dealing with unexpected or challenging situations during labor. Educated husbands are more able to think critically, find the right solutions, and make wise decisions in situations that require quick and precise action. Education not only provides knowledge and skills, but also increases husbands' confidence in taking an active role in decision-making regarding family health. Educated husbands are more likely to have confidence in their ability to understand medical information, communicate with health professionals, and make decisions that are best for their wives and babies. This self-confidence is especially important in the context of birth assistance, where husbands must interact with health workers, advocate for their wives' needs, and make the right decisions in stressful situations. Confident husbands are better able to be equal partners to their wives, actively participate in decision-making, and ensure that their wives' voices are heard and respected.⁷⁻¹⁰

Knowledge is an important foundation in shaping human behavior. This also applies in the context of birth assistance, where husbands' knowledge of the birth process has a significant influence on the level of participation and quality of support they provide to their wives. The results of this study clearly show that husbands who have adequate knowledge about childbirth have a 3.12 times greater chance of being

active companions. These findings are in line with Bandura's social learning theory, which emphasizes the importance of knowledge and skills in shaping behavior. Albert Bandura, a prominent psychologist, developed a social learning theory that emphasized the role of observation, imitation, and modeling in the learning process. According to Bandura, individuals learn not only through direct experience but also through observing other people's behavior and its consequences. In the context of birth assistance, husbands can learn about the birth process through various sources, such as antenatal classes, books, articles, videos, or discussions with health workers. Bandura's social learning theory also emphasizes the importance of self-efficacy, namely an individual's belief in their ability to carry out a certain action. In this case, knowledge about childbirth can increase husbands' self-efficacy in accompanying their wives. When husbands have a good understanding of the birthing process, they feel more confident and able to provide appropriate support to their wives. One of the main benefits of knowledge about childbirth is reducing the husband's anxiety and fear. Childbirth is an event full of uncertainty and potential risks. Lack of knowledge about the birthing process can make husbands feel anxious and afraid, which can have a negative impact on their ability to provide support to their wives. On the other hand, husbands who have adequate knowledge about childbirth can be better prepared to face unexpected situations. They can identify danger signs and take appropriate action if complications occur. This knowledge can also help husbands understand what their wives are experiencing, so they can provide more effective emotional support. Knowledge about childbirth is not only important for understanding the physiological process, but also for improving the husband's communication and problem-solving abilities. During the birthing process, husband and wife need to communicate effectively to ensure that the wife's needs and desires are met. Knowledge about childbirth can



help husbands to understand their wives' body language and non-verbal cues, and provide relevant and accurate information. Apart from that, knowledge about childbirth can also help husbands to identify and overcome problems that may arise during the birth process. For example, if the wife experiences severe pain, a husband who has knowledge about childbirth can help the wife find a comfortable position or use relaxation techniques. Knowledge about childbirth can also shape a husband's positive attitude towards the role of companionship. When husbands have a good understanding of the importance of their role in the birthing process, they are more likely to be actively involved and provide optimal support to their wives. A positive attitude towards the mentoring role can influence the quality of support provided by the husband. Husbands who have a positive attitude are more likely to be empathetic, patient, and affectionate towards their wives. They are also more likely to listen to their wives needs and desires and provide support without judgment.¹¹⁻¹³

Husbands' positive attitude towards the role of assisting their wives in giving birth has been proven to be a strong motivator that significantly increases their active participation in the birthing process. This research shows that husbands who view this role as an important responsibility and have the desire to be actively involved have a 2.87 times greater chance of being a supportive companion. These findings underscore the importance of a positive attitude as a key factor in shaping husbands' motivation and involvement in providing optimal support for their wives during this crucial moment. The results of this research are in line with expectancy-value theory, a psychological framework that explains how a person's motivation to perform an action is influenced by two main factors: the value they place on the outcome of that action (value) and their hopes for it. achieve these results (expectancy). In the context of birth assistance, the value that husbands place on the outcomes of assistance (such as the health and well-being of wife

and baby, a positive birth experience, and strengthening of emotional bonds) as well as their belief that their assistance will be effective in achieving those outcomes, will greatly influence their motivation to actively involved. The husband's positive attitude towards the mentoring role can be seen as a form of intrinsic motivation, namely motivation that comes from within the individual and is driven by the satisfaction or pleasure obtained from carrying out the activity itself. When husbands have a positive attitude, they tend to feel that birth assistance is a valuable and satisfying experience, not just an obligation or duty. This intrinsic motivation can encourage husbands to volunteer their time, energy, and attention to support their wives during the birthing process. Apart from increasing motivation, husbands' positive attitudes can also influence the quality of support they provide to their wives. Husbands who have a positive attitude tend to be more empathetic, patient, and affectionate in providing emotional and physical support. They are better able to understand and respond to their wives' needs, as well as provide the encouragement and encouragement needed during the challenging birth process. A husband's positive attitude can also facilitate more effective communication between husband and wife. When husbands have a positive attitude, they are more open to listening to their wives' concerns and hopes, as well as sharing their own feelings and thoughts. This open and honest communication can help build mutual trust and strengthen the emotional bond between husband and wife, which in turn can increase the effectiveness of mentoring. A husband's positive attitude can also encourage joint decision-making between husband and wife regarding the birthing process. When husbands have a positive attitude, they are more likely to respect their wives' choices and preferences and collaborate in making decisions that are best for the health and well-being of mother and baby. This can increase the wife's satisfaction with the birth experience and reduce the risk of complications. It is



important to note that a husband's positive attitude towards the mentoring role does not always come naturally. Often, this attitude needs to be built and nurtured through education and outreach. A comprehensive antenatal education program can provide accurate and relevant information about the husband's role in childbirth, as well as the benefits for mother and baby. Additionally, mass media campaigns and community initiatives can help change social norms and promote a more active role for fathers in the family.¹⁴⁻¹⁶

Social support from the family, especially parents and in-laws, is proven to be an important factor influencing the husband's active involvement in birth assistance. This research reveals that husbands who feel supported and encouraged by their families are 1.98 times more likely to be involved in their wife's birthing process. This finding is in line with family systems theory, which emphasizes that the family is a social unit that is interconnected and influences each other. Each family member has a unique role and contribution in shaping the behavior, beliefs and values of other members. Family systems theory views the family as a complex system, where each member interacts and influences each other. Changes in one family member can affect the entire family system. In the context of birth assistance, family support plays an important role in creating a conducive environment for husbands to be actively involved. Emotional support includes expressions of empathy, concern, compassion, and acceptance. This support can help husbands feel more confident, calm, and able to face challenges during the birthing process. Instrumental support includes practical help, such as helping with the household, caring for older children, or preparing meals. This support can reduce the burden on husbands and allow them to focus on their wives' needs during labor. Information support includes providing relevant information about pregnancy, childbirth and newborn care. This support can help husbands understand the birthing process better and

make the right decisions with their wives. Family support can increase a husband's self-confidence and self-efficacy. When husbands feel supported and trusted by their families, they are more confident in their ability to accompany their wives during labor. Family support can help husbands reduce the stress and anxiety associated with the birthing process. When husbands feel emotionally supported by their families, they are better able to deal with stress and anxiety, so they can focus on their wives' needs. Family support can increase the husband's knowledge and skills regarding childbirth. When husbands get informational support from their families, they understand the birthing process better and can provide more effective support to their wives. Family support can strengthen social norms that support the husband's involvement in birth assistance. When husbands see that their families appreciate and support their role in childbirth, they are more motivated to be actively involved.¹⁷⁻¹⁹

A positive previous birth experience has been proven to be one of the most influential factors in increasing the husband's involvement in accompanying the next birth. This research shows that husbands who have accompanied their wives in childbirth and are satisfied with the experience have a 2.15 times greater chance of returning to play an active role in the next birth. This phenomenon is in line with reinforcement theory in psychology, which states that behavior that is followed by positive consequences tends to be repeated. Reinforcement theory, developed by B.F. Skinner, explains how the consequences of an action can influence the likelihood of that action being repeated in the future. According to this theory, behavior that is followed by positive reinforcement (reward) tends to be repeated, while behavior that is followed by negative reinforcement (punishment) tends to be avoided. In the context of childbirth assistance, the positive experience experienced by the husband during the first birth can be considered as positive reinforcement. This



experience can take the form of a feeling of pride and satisfaction because you have succeeded in supporting your wife, a feeling of emotion and happiness at seeing the birth of a child, or a feeling of relief because the birth process went smoothly. This positive reinforcement then increases the husband's motivation to return to playing an active role in accompanying the next birth. A positive birth experience not only provides emotional satisfaction for husbands, but also gives them a deeper understanding of the birth process. They learn about the signs of labor, the stages of labor, and how to provide effective support to the wife. This knowledge and skills increase husbands' self-confidence and reduce their anxiety, so they are better prepared to face challenges and obstacles that may arise during labor. Apart from that, positive experiences can also strengthen the emotional bond between husband and wife. Husbands who feel appreciated and supported by their wives during labor tend to feel closer and connected to their wives. This can improve the overall quality of their relationship, including in terms of communication, cooperation, and intimacy. This research also shows that positive birth experiences can help husbands overcome barriers that might prevent them from being involved in birth assistance. These obstacles can include a lack of knowledge about childbirth, a negative attitude towards the role of a companion, or a lack of support from the family. Husbands who have positive experiences tend to be more motivated to seek information and learn about childbirth. They are also more open to receiving support and advice from health workers and family. In addition, positive experiences can change husbands' negative attitudes into positive ones, because they have seen firsthand the benefits of the mentoring role.¹⁸⁻²⁰

4. Conclusion

This research has succeeded in identifying several risk factors that influence the role of husbands in

accompanying wives in childbirth in Bengkulu City, Indonesia. These risk factors include the husband's education level, the husband's knowledge about childbirth, the husband's attitude towards the role of a companion, social support from the family, and previous birth experience.

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