THE CORRELATION OF FAMILY SUPPORT WITH THE LEVEL OF ANXIETY OF PRIMIGRAVIDA PREGNANT WOMEN IN FACING LABOR

by Institut Ilmu Kesehatan Bhakti Wiyata Kediri

THE CORRELATION OF FAMILY SUPPORT WITH THE LEVEL OF ANXIETY OF PRIMIGRAVIDA PREGNANT WOMEN IN FACING LABOR

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Abstract

Introduction Anxiety in pregnant women is a common psychological condition where mothers feel anxious, restless, or worried about pregnancy, childbirth, or their future as a mother. This anxiety can be caused by various factors, including hormonal changes, physical changes that occur during pregnancy, uncertainty about the birthing process, feelings of not being ready to become parents, and concerns about the health of the baby and oneself. The purpose of this study is to examine the connection between primigravida pregnant women's anxiety levels and their amount of support from their families when it comes to giving birth. **Method** This research design method uses a cross-sectional design with a sample size of 56 using the purposive sampling technique, the analysis test used uses Spearman rho correlation. **Result** Analysis test results using Spearman rho correlation show a correlation value (r) = 0.716 with a p value of 0.000, where $p < \alpha$ ($\alpha = 0.05$). This means that H1 is accepted and H0 is rejected. The results of this study can be concluded that family support is correlated with the level of anxiety of primigravida pregnant women. Based on this research, it is recommended that families can provide family support to primigravida pregnant women before delivery.

Keywords: Family support, anxiety level, pregnant women

INTRODUCTION

All women who want to become mothers will definitely face difficult times during pregnancy, including the events that occur in a woman's body from fertilization to the birth of a child. Pregnancy is a physiological and natural event that occurs in women and is a very sensitive period in their life cycle. Pregnant women experience anxiety as a result of hormonal changes brought on by their body's adjustment to the growing and developing fetus inside their womb (Sholihah, 2019). The first trimester, known as the "first trimester," lasts from conception to the 12th week. The second trimester of pregnancy occurs when the fetus is 13 weeks old until the end of the 27th week, and the third trimester, known as the "waiting, waiting, and alert period", lasts from the 29th to 42nd week (Muliani, 2022).

During the third trimester of pregnancy, most pregnant women experience anxiety as they prepare for the birth of the baby and change their role as parents, especially by focusing their attention on the presence of the baby. Worrying about the labor process they will face is the main reason for this anxiety. Anxiety is a vague and unfounded fear experienced in certain situations. Anxiety and worry can arise during pregnancy, especially in mothers who are mentally unstable (Videbeck, 2015).

According to data from the World Health Organization (World Health Organization (WHO), 2015), 8–10% of pregnant women experience anxiety, and this number increases to 13% before delivery. Depression can also strike pregnant women who suffer anxiety. The fetus she is carrying will not do well with this condition. According to (Yuliana & Wahyuni, 2020), 57.5% of pregnant women in Indonesia reported experiencing significant anxiety. In East Java, 40.35% of pregnant women reported feeling very worried, 31.58% reported feeling moderately anxious, and 28.07% reported feeling mildly anxious (Dinas kesehatan provinsi jawa timur, 2022).

Anxiety can have an impact on reducing the mother's pushing strength or contractions, which can hinder the progress of labor and result in a longer labor period. Prolonged labor can put the fetus in a state of stress. The mortality and morbidity rates for new mothers will increase if this disease is not treated (Siregar et al., 2021). Anxiety in mothers who have given birth for the first time (primigravida) occurs when the pregnancy is seven months or more and the mother believes that giving birth is the most frightening, stressful and excruciating experience in her life. Excessive worry during pregnancy might lead to an early birth and high blood pressure, high levels of anxiety in mothers who are about to enter labor or experience stress can cause labor to take longer and the resulting contractions to be insufficient (Isnaini et al., 2020). Improper management of a pregnant woman's anxiety and stress can have physical and psychological effects on the mother and fetus. Mothers who are anxious or stressed will cause their hypothalamus to be active, thereby stimulating the endocrine glands that control the pituitary gland.

Therefore, mothers need support, encouragement, and motivation from someone. Examples of such support are a caring husband or midwife who can calm the mother and ensure that the pregnancy is in good condition so that she can give birth at a later date. The family can provide support to the mother through motivating words and give her confidence that their birth will go smoothly, so that the mother does not need to feel anxious, tense, or worried (Sari, 2022). According to research by (Diani & Susilawati, 2013), pregnant women really need their husbands' help in various things, such as providing excellent service, paying transportation or consultation costs, and accompanying their wives when consulting with midwives so that husbands can know the symptoms of pregnancy difficulties and their own needs. .

The husband's support shows his great level of support by always being there for his wife under any circumstances and by being willing to accompany her when she needs him. A wife who has her husband's support will feel more equipped to face childbirth. In addition, family support can help by providing accurate information and education about childbirth, including the processes involved, signs of normal labor, and the options available during the birth process. This can help

reduce uncertainty and anxiety for pregnant women. Based on the description above, researchers want to know the relationship between third trimester pregnant women's anxiety and family support.

METHOD

This research uses an observational method with a cross-sectional approach. This research was carried out at General Hospital X in Kediri City, East Java. The population in this study was 75 third-trimester primigravida pregnant women. The sampling technique used was purposive sampling in accordance with predetermined inclusion and exclusion criteria, so a total sample of 56 respondents was obtained. In this study, pregnant women's anxiety levels are the dependent variable, while family support is the independent variable. Data analysis in this study used Spearman rho correlation. In this study, the researcher received an ethical clearance letter from the Research Ethics Committee of Bhakti Wiyata Kediri Institute of Health Science no. 118/Fkes/EP/2024.

RESULT AND DISCUSSION

The general data analysis of the respondents' ages and educational levels reveals the following:

Table 1. Distribution of general data by age, and educational level

Age	Frequency	Precentage (%)
18-21 year	8	14,3%
22-31 year	39	69,7%
32-41 year	9	16%
>41 year	0	0%
Total	**56**	**100%**
Education	Frequency	Precentage (%)
Elementary School	8	14,3%
Junior High School	12	21,4%
Senior High School	29	51,8%
College	7	12,5%
Total	**56**	**100%**

Table 1 shows that the average age of the most pregnant mothers is 39 years or about 69.7%. The most educated mother is high school or about 51.8%.

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Table 2. Distribution of Family Support to Pregnant Mothers Primigravida

Family support	Frequency	Precentage (%)
High	31	55,4%
Quite	10	17,9%
Low	15	24,8%
Total	56	100 %

Table 2 shows that of the 31 respondents (55.4%) most of them had high family support.

Table 3. Distribution of Pregnant Mother's Emergency Primigravida

Anxiety Level	Frequency	Precentage (%)
Light	35	62,5%
Medium	10	17,9%
Heavy	11	19,6%
Total	56	100

Table 3 shows that 35 respondents (62.5%) Most of the anxiety levels of pregnant women were mild.

Table 4. Cross Tabulation Results of Family Support and Anxiety Levels

Family support	Anxiety Level			Total	Value (r)	p-value
	Light	Medium	Heavy			
High	27	4	0	31	0,716	0,000
Quite	7	2	1	10		
Low	1	4	10	15		
Total	35	10	11	56		

Based on table 4 above, it showed that as many as 27 pregnant women respondents who received high family support had a mild level of anxiety, a moderate level of anxiety of 4, and a severe level of anxiety of none. Respondents with sufficient family support had a mild anxiety level of 7, a moderate anxiety level of 2, and a severe anxiety level of 1. Respondents with low family support had a mild anxiety level of 1, a moderate anxiety level of 4, and a severe anxiety level of 10. According to the Spearman rho correlation test, it was found that the correlation value (r) was 0.716 with a sig value of 0.000, meaning that it shows that the p value < α, α = 0.05, which means H0 is rejected and H1 is accepted, so there is a relationship between family support and the level of anxiety of primigravida pregnant women.

Primigravida pregnant women's anxiety about giving birth is a common occurrence. This is a moment full of challenges and uncertainty because the mother has never experienced the birth process before. Pregnant women who receive

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support in preparing for childbirth will feel calm and peaceful. During pregnancy and childbirth, husband's support helps pregnant women increase their self-confidence and prepare psychologically before giving birth (Yuliana & Wahyuni, 2020).

According to research by (Rosyidah & Utami, 2017), primigravid pregnant women in the third trimester experience anxiety due to concerns that the baby will be born abnormal, disabled or even die, so they are afraid of losing the baby they give birth to. Pregnant women have concerns about their baby's future needs, such as fulfilling their baby's nutrition, money for needs after birth, and proper education. Apart from that, anxiety in primigravida pregnant women will result in fear of giving birth, disrupting their daily routine because they have to pay attention to their newborn baby. Pregnant women who experience anxiety but receive appropriate emotional and physical support from their partners are less likely to experience psychological problems as a result of their pregnancy. Pregnant women will feel happy and at peace if they get support from their family, especially support from their husband. (Handayani, 2015).

By providing support by showing care, empathy, and concern for the person concerned, the person concerned will feel comfortable and confident so that they can handle problems better. Individuals need signs of love and care, such as appreciation, attention, and trust. If a person is accepted and appreciated by others, they are likely to develop a positive attitude towards themselves and value themselves more. Families can help and support one another through the process known as "family support," which occurs between the family and its societal surroundings (Zuhrotunida & Yudiharto, 2017).

Partner support and the social environment are two factors that influence anxiety. To help a woman feel more comfortable during the birthing process, family support, especially from her husband, is quite important. For example, a husband should accompany his wife before giving birth or gently massage her hands. Apart from that, the mother should also listen to encouraging comments that reassure her that everything will be fine and that she does not need to be afraid, tense, or worried about giving birth (Widjayanti & Yuriko, 2020). The benefits of this support for pregnant women can be felt in many ways, including attention, a sense of security, comfort, enthusiasm, and relaxation of the heart and mind, which can reduce worry and improve emotional health while speeding up the birthing process (Yuliani & Aini, 2020). This shows that family support has an important influence on the mother's level of anxiety when facing childbirth.

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CONCLUSION, SUGGESTION

The conclusion in this study is that the majority of primigravida pregnant women receive high family support and have mild levels of anxiety. From the results of the Spearman rho correlation test, the correlation value (r) was 0.716 with a sig value of 0.000, meaning that it shows that the p value < α, α = 0.05, so there is a connection between primigravida pregnant women's anxiety levels and their family support. It is hoped that pregnant women, especially primigravida pregnant women, will receive full family support. Pregnant women should receive information from their families about pregnancy and how to meet their needs until delivery.

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