

## The Relationship of Family Support, Maternal Readiness, and Anxiety Level of Pregnant Women Before Giving Birth

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### ABSTRACT

Childbirth is a stressful event for a mother. The greater the pregnancy period, will cause uncomfortable feelings. Many mothers experience excitement, anxiety, fear, and panic during labor. At this time, family support turns out to have an important effect on the mother's psychological condition in labor. The purpose of this study was to determine the relationship between family support and maternal readiness for delivery with the anxiety level of pregnant women before delivery. This study used correlation research. The population in this study was pregnant women before childbirth which amounted to 37 people. The sample obtained was 25 willing respondents who met the inclusion and exclusion criteria. The sampling technique used was saturated sampling. The results showed that the highest category of husband support was 21 people (84.0%). The level of maternal anxiety facing childbirth was mostly low at 16 people (64.0%). Thus there is a tendency for pregnant women before labor with the support of their husbands tend not to worry, with a value of  $p = 0.004$  ( $p < 0.05$ ), which means there is a significant relationship between husband support and the level of anxiety of pregnant women before delivery. Based on the study's results, it is expected that the husband accompanies the wife during labor because the higher the husband's support, the lower the mother's level of anxiety facing childbirth.

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### 1. INTRODUCTION

Pregnancy is a change to continue children that happens naturally, generates a baby that grows in the mother's womb, and may further explain the growth rate and size of the fetus according to gestational age at each pregnancy examination. Pregnancy can further explain the growth rate and size of the fetus according to gestational age [1][2][3][4]. As the gestational age increases, the physical and emotional condition of the mother will change, and this will continue until delivery [5][6].

When a woman gives birth, her baby, placenta, and the amniotic membranes all exit her uterus at the same time [7][8]. When a woman reaches full gestation (after 37 weeks) and gives birth without experiencing any problems, this kind of delivery is referred to be "normal" [9][10][11][12]. The process of labor starts when the uterus contracts, which in turn produces changes in the cervix (such as opening and thinning), and it continues until the placenta is delivered in its whole [13][14][15]. According to the statistics compiled by the WHO, in the year 2020, over 800 women would lose their lives due to avoidable complications associated with pregnancy and delivery. In the year 2020, a death of a mother happened about every two minutes. The global maternal mortality ratio (MMR, which is the number of maternal deaths per 100,000 live births) is projected to drop by around 34 percent between the years 2000 and 2020. In the year 2020, nations with low and lower-middle incomes were responsible for about 95% of all maternal fatalities [16].

Over eight hundred women would lose their lives in the year 2020 owing to difficulties that might have been avoided that are related with pregnancy and delivery, according to the numbers that were obtained by the WHO. In the year 2020, there was around a death of a mother that occurred

every two minutes on average. It is anticipated that the worldwide maternal mortality ratio, often known as the MMR, would decrease by about 34 percent between the years 2000 and 2020. The MMR measures the number of maternal deaths per 100,000 live births. In the year 2020, almost 95% of all maternal deaths were caused by countries with incomes falling into the low-middle income or below categories [17]. Complications in childbirth are closely related to maternal and labor-helper factors [18][19][20][21]. The maternal element is anxiety before delivery, which may induce changes in blood vessels and increased uterine artery resistance, which can raise blood pressure, which, when prolonged, leads in hypertension and high blood pressure. Anxiety before childbirth is a risk factor for hypertension and high blood pressure [22][23].

According to Schetter, Dunkel. C, anxiety in pregnancy is an emotional state similar to generalized anxiety, but pregnancy anxiety focuses more on the pregnancy and the processes leading to later labor. Anxiety is caused by several factors that influence it. It is stated in research in Latvia, Europe, that family support, education level, family economic status, and maternal readiness are some of the factors that influence anxiety before childbirth [24]. Anxiety manifests itself as extreme fear or a state of panic. In the event that it is allowed to persist, it has the potential to bring about a number of issues, such as when I lengthen, the mother loses energy, and even labor becomes stalled [25][26][23]. There were 373,000,000 pregnant women, and as many as 107,000,000 pregnant women (28.7%) had anxiety in approaching the birthing process, according to study that was done by Pevi in Asnawir et al [27]. According to the findings of Koelewijn's study conducted in the Netherlands, the prevalence of anxiety during pregnancy was 1.45, which is equivalent to 95% of all chosen respondents. This occurs as a result of the mother's fear over all of the potential difficulties that may arise. In the multipara analysis, generalized anxiety was linked with labor induction (OR 1.53, 95% CI 1.16 to 2.03), but pregnancy-related anxiety was associated with primary cesarean delivery (OR 1.66, 95% CI 1.02 to 2.70) [28].

Maternity support can reduce maternal anxiety during labor [29][30][31]. Maternal support before childbirth can be provided in several forms, namely emotional, self-esteem, financial, and informational support [25]. In the same study in Indonesia by Kartikasari on the effect of family assistance in facing childbirth, based on the results of his research, it was found that out of 32 respondents, there were 17 primigravida mothers (53.1%) who were accompanied by their families with poor levels of assistance and the remaining 15 respondents (46.9%) were assisted by families with good levels of assistance [32][33].

Women who are pregnant but have not adequately prepared for delivery are more likely to experience anxiety and to display fear via behavior that ranges from silence to crying [34][35][36][37]. The process of delivery may result in heavy bleeding and excruciating agony, despite the fact that giving birth is a natural physiological occurrence. Both the mother and the infant are at risk of experiencing dread and perhaps passing away as a result of it [38]. The country of Indonesia continues to have an extremely high death rate. According to the Indonesian Health Demographic Survey from 2012, the rate of maternal death skyrocketed to 359 per 100,000 live births. This is a significant increase. Prior to 2007, the MMR was at a rate of 228 cases per 100,000 live births [39]. The rate of maternal mortality in the province of Central Java in 2015 was still fairly high, coming in at 111.16 per 100,000 live births, according to the data. When compared to the rate in 2014, which was 126.55 per 100,000 live births, this rate has declined. Based on the health profile of Karanganyar Regency in 2014, it can be seen that the Maternal Mortality Rate in Karanganyar in 2014 was 138.5/100,000 KH, an increase compared to 2013 (68.3/100,000 KH) in 2012 (127.1/100,000 KH). Several factors cause the high maternal mortality rate in Indonesia, one of which is due to the lack of attention of husbands to pregnant women and childbirth [40].

The ability of moms to keep up a happy mental attitude during pregnancy is in large part dependent on their husbands. The state of the fetus is always robust and healthy, as long as the mother has a cheerful attitude and receives adequate support from her spouse during the pregnancy [41]. The results of research conducted by Yumni in several maternity clinics in Indonesia in 2006 objectively positively influenced husband and wife childbirth. This can be seen in the progress of the workforce. Husbands who provide support through direct touch and motivation can stimulate contractions, thus speeding up the labor process [42]. Research on the relationship between family support and the

anxiety level of pregnant women before delivery needs to be done. Based on this background, the purpose of this study was to analyze the relationship between family support and the anxiety level of pregnant women before delivery.

## 2. METHOD

The design used in this study is a correlation study, which is used to state a relationship between two or more variables. The approach used in this study is cross-sectional, namely through the measurement of data of independent variables and dependent variables carried out on determining time together [43]. The population in this study was all pregnant women leading up to delivery in the delivery room. The data obtained from respondents is then processed through the SPSS application and the results are analyzed. The sample respondents used were pregnant women aged under 30 years, and had a high level of education. The data were taken through questionnaires to the respondents, then the results were entered into the SPSS application, and analyzed using the theory used in this study.

## 3. RESULTS AND DISCUSSION

Respondents in this study were pregnant women before childbirth, as many as 25 people. The results of this study show the characteristics of respondents and research variables, namely family support and anxiety levels of pregnant women before delivery.

### Results

#### **The Relationship of Respondent Characteristics with the Level of Anxiety of Pregnant Women Before Childbirth**

In the calculation results using SPSS, it is known that respondents aged less than 30 years tend to be anxious about facing childbirth. Still, there is no statistically significant relationship between age and maternal anxiety in facing childbirth, with a p-value = 0.835 ( $p > 0.05$ ). Respondents with higher education tend to be anxious in the face of childbirth. Still, statistically, there is no significant relationship between education level and maternal anxiety in facing childbirth, with a  $p = 0.420$  ( $p > 0.05$ ).

Respondents who did not work tended to be anxious about childbirth. Still, statistically, there was no significant relationship between work and maternal anxiety facing childbirth, with a  $p = 0.937$  ( $p > 0.05$ ). Respondents of pregnancy parity 1-2 tend to be anxious in the face of childbirth. Still, statistically, there is no significant relationship between parity and maternal anxiety in facing childbirth, with a value of  $p = 0.061$  ( $p > 0.05$ ).

#### **The relationship of family support with the level of anxiety of pregnant women before delivery**

It is known that respondents who did not get family support all experienced anxiety in as many as four people. In comparison, respondents who received family support were mostly not anxious there were 16 people. Thus there is a tendency for pregnant women before childbirth with family support to tend not to worry. With a value of  $p = 0.004$  ( $p < 0.05$ ), there is a significant relationship between family support and the level of anxiety of pregnant women before delivery. Where the strength of the relationship is in the medium category, the characteristics of maternity mothers in this study showed that the majority of respondents aged  $< 30$  years, namely as many as 20 people (80.0%), and respondents with a higher education level (SMA / PT) were 14 people (56.0%). , respondents did not work as many as 14 people (56.0%), and the majority of respondents with pregnancies 1-2 were as many as 20 (80.0%). The results also showed that the characteristics of age, education, occupation, and parity of respondents were not significantly associated with anxiety. Still, there was a tendency in those less than 30 years old, highly educated, unemployed, and parity with pregnancies 1 and 2 were less likely to experience anxiety.

### Discussion

Healthy reproductive age limit of 20-35 years, not too young or too old (risky pregnancy at age 30). In addition, maternal education affects attitudes and behaviors in accessing information related to maintaining and improving maternal health. Many poorly educated mothers, especially those living in rural areas, still think that pregnancy and childbirth are women's natures that must be lived reasonably without requiring special treatment (examination and care). The family's support is very important for the mother during the labor process. The family can be involved in the mother's pregnancy and

childbirth to impact it [44] positively. The function of the whole family is the internal function of the family, both in providing protection and psychosocial support for the family and family members as well as a source of love and recognition [45][46][47][48].

Based on the study's results, it is known that most respondents have family support, which is as many as 21 people (84.0%), and a small number of respondents who do not have husband support as many as four people (16.0%). So most respondents with family support are good. Pregnant women who do not have preparation for childbirth will be more anxious and show fear in silent behavior crying. Although the birth event is a normal physiological phenomenon, in reality, childbirth has an impact on bleeding and extreme pain. It can cause fear and even death for both the mother and the baby [38].

The results showed that most respondents were not anxious, as many as 16 people (64.0%), and a small number of respondents were anxious, as many as 6 (36.0%), so many pregnant women were ready to face childbirth. According to Stuart & Sundeen, various factors are associated with the anxiety level of pregnant women, including age, education level, occupation, and parity of pregnant women [49]. Meanwhile, according to Susanti, anxiety-related factors are knowledge, psychology, economics, experience, and family support [50]. The results showed that respondents who did not receive family support all experienced anxiety, as many as four people. In contrast, respondents who received husband support were mostly not anxious, as many as 16 people. Thus there is a tendency for pregnant women before childbirth with the support of their husbands tend not to worry. P value = 0.004 ( $p < 0.05$ ) means there is a significant relationship between husband support and pregnant women's anxiety level before delivery. Where the strength of the relationship is in the medium category, Magrifoh (2011) factors associated with anxiety are knowledge, psychology, economics, experience, family support, and husband support. A literature study conducted by Lars et al. in 2011 explains that the husband's presence is important in providing emotional and psychological support for the wife during pregnancy and childbirth [51].

Family support and participation during pregnancy are proven to increase the readiness of pregnant women to face pregnancy and childbirth. The husband, as the closest person, is considered to know his wife's needs best. During pregnancy, women experience changes both physically and mentally. Based on researchers' observations, many factors influence the occurrence of maternal anxiety, one of which is support from family. Pregnant women who get support from the family will be more confident in facing their birth and can reduce their anxiety level. Families can make mothers more comfortable and feel safe during labor. The family includes husbands, relatives or other relatives, parents, and in-laws. In this study, there were still respondents who received good support but still experienced severe anxiety. This can be caused by factors other than family support, namely education level, age, and history of complications during pregnancy.

Childbirth is a stressful and emotional time for mothers and families. Childbirth is a painful and frightening time for mothers, so ensure every mother gets maternal love during labor and delivery. Maternal care is in the form of emotional support from family members to be by the mother's side during labor and birth. Based on the observations of researchers, family support for pregnant women before childbirth is very important. The support provided by the family to pregnant women can increase the mother's confidence in approaching labor so that the mother feels comfortable and avoids negative thoughts that make the mother anxious. Suppose the family also provides full support such as continuous presence when the mother needs it. In that case, pregnant women will feel more confident and happier in going through their pregnancy, in addition to providing information, assessment support, or emotional support, as evidenced by the family providing information about pregnancy and pregnancy. The process of giving birth can make the mother avoid anxiety.

Based on the results of research conducted on 25 respondents of pregnant women before childbirth, data was obtained, namely the characteristics of childbirth women in this study showed the majority of respondents aged  $< 30$  years, namely as many as 20 people (80.0%), respondents with a higher education level (SMA / PT) which was as many as 14 people Based on the results of this study is expected to improve health education in pregnant women, In providing nursing care to pregnant women, postpartum and postpartum, which is also accompanied by health counseling for families. To make families aware of the importance of support from the family for pregnant women in preparing

for childbirth, it is expected that the family will accompany them during labor because the higher the family support, the lower the mother's anxiety level. Facing childbirth is for respondents with a higher education level (SMA / PT), which is as many as 14 people (56.0%) respondents are not working, namely as many as 14 people (56.0%), the majority of respondents with 1-2 pregnancies, which is as many as 20 people (80.0%). And statistically, there was no significant association with pregnant women's anxiety before delivery. Most pregnant women before childbirth with family support are as many as 21 people (84.0%). Most pregnant women did not experience anxiety before delivery, as many as 16 people (64.0%). There was a significant relationship between family support and pregnant women's anxiety level before delivery ( $p = 0.004$ ).

#### 4. CONCLUSION

Based on the results of data analysis, researchers can draw several research conclusions, as follows: most pregnant women experience anxiety at moderate levels before delivery, most pregnant women get sufficient family support from the closest family before delivery, only a small percentage of pregnant women experience less readiness before delivery, there is a significant relationship between family support and the level of anxiety of pregnant women Before childbirth, and there is a significant relationship between maternal readiness and the level of anxiety of pregnant women before delivery. The results of this study are based on the conditions, high educational background, and problems faced by pregnant women aged under 30 years, so the results of this study may be different if the respondents selected are pregnant women over 30 years of age.

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