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Penulis : Siska Nurul Abidah, Fritria Dwi Angraini, Fauziyatun Nisa',
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NPP: 20071300

LPPM Universitas Nahdlatul Ulama Surabaya

Website : lppm.unusa.ac.id

Email : lppm@unusa.ac.id

Hotline : 0838.5706.3867

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by Siska Nurul Abidah

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Husband Support Correlates with Maternal Anxiety Levels During Pregnancy in The Third Trimester

Siska Nurul Abidah¹, Fritria Dwi Anggraini¹, Fauziyatun Nisa¹, Meirda Nuriyana², Rahimah Halwa³

¹ Department of midwifery, Universitas Nahdlatul Ulama Surabaya, 60237 Surabaya, East Java, Indonesia

² Students in Department of Nursing, Universitas Nahdlatul Ulama Surabaya, 60237 Surabaya, East Java, Indonesia

³ Students in Department of Midwifery, Universitas Nahdlatul Ulama Surabaya, 60237 Surabaya, East Java, Indonesia

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CORRESPONDENCE

E-mail: siskanurul@unusa.ac.id

A B S T R A C T

Husband support reduces psychosocial stress on pregnant mothers before delivery. However, many people do not comprehend how essential husband support is for psychology in pregnant women. This study investigates the correlation between husband support and maternal anxiety levels during pregnancy in the third trimester. It was a correlational analysis using a cross-sectional approach. The population was pregnant mothers in the third trimester from May to July 2020 at Jagir Public Health Center, Surabaya. Meanwhile, the samples were 40 pregnant mothers in the third trimester with consecutive sampling. In addition, the independent variable was husband support, and the dependent variable was maternal anxiety levels. The instrument to measure husband support was a Likert scale questionnaire, and to assess maternal anxiety levels was Hamilton Anxiety Rating Scale (HARS). The analysis utilized the Rank's Spearman test with a significant $p < 0.05$. The results showed a correlation between husband support and maternal anxiety levels with $p = 0.000$ ($p < 0.05$). In conclusion, husband support significantly reduces maternal anxiety levels during pregnancy in the third trimester.

INTRODUCTION

Data from the Indonesia Health Profile (2012) reported problems with labor in 12,230,142 million mothers, and 30% of them experienced anxiety. Anxiety in pregnant women affects the fetus's condition in the womb and disrupts child development in the next life.

Several previous studies analyzed the correlation between husband support and maternal anxiety levels. Nurpratriwi (2018) revealed a significant association between husband support and maternal anxiety facing childbirth in the third trimester using the t-test analysis. In addition, a study conducted by Isniar et al. (2020) investigated the same variables but with the Spearman rank test. The study showed that family support by husband correlates with anxiety in pregnant women. Furthermore, Silalahi (2011) particularly researching those variables in primigravida using Kendall's tau-b test. The study reported that the two variables were interrelated.

Although the above studies reveal similar results, the correlation has not been well understood. The emotional support from the husband causes inner peace and pleasure in his wife so that she can adapt easier during pregnancy. In addition, she will feel comfortable, safe, strong, enthusiastic, and confident (Fithriany, 2011). Family support is assistance in attention, emotion, information, advice, material, and

assessment given by family members to the mother. It improves the mother's physical and psychological well-being to face childbirth. Therefore, this paper investigates the correlation between husband support and maternal anxiety levels during pregnancy in the third trimester.

METHOD

Respondents/locations

The population was pregnant mothers in the third trimester from May to July 2020 at Jagir Public Health Center, Surabaya. There were 40 samples by the consecutive sampling technique.

Data collection procedures

In this study, the data collection procedures refer to the previous research conducted by Sari (2018) with slight modifications. In brief, the stages are as follows.

An instrument to measure husband support was a Likert scale questionnaire with statements always (4), often (3), sometimes (2), and never (1). The items consist of seven emotional support items, seven assessment support items, six instrumental support items, and five informational support items. The results use the average value or mean. Husband support is categorized as adequate when the score is more than equal to the mean, while inadequate when the score is less than the mean. There are 25 statements, with the highest value of 100 and the lowest of 25.

Meanwhile, HARS (Hamilton Anxiety Rating Scale) is a questionnaire to evaluate maternal anxiety levels. There are 14 statement items with scoring as follows: 0 is no symptoms at all, 1 is one symptom present, 2 is half symptoms present, 3 is more than half symptoms present, and 4 is all symptoms present. Then, the total value is categorized into score <14: no anxiety, score 14-20: mild anxiety, score 21-27: moderate anxiety, and score 28-41: severe anxiety.

Before filling out the questionnaire, the authors explained the purpose, benefits, title, and confidentiality of the research. Then, we provided informed consent to the mother willing to be a respondent. Furthermore, the filled questionnaire was rechecked for data completeness. We asked respondents whose data were incomplete to fill in again. Finally, we collected the questionnaire and thanked them.

We tested instrument validity and reliability to 40 primigravida in the third trimester. There were 25 valid items of 28 items overall with r count > 0.4438 . In addition, the r table is 0.4438 at a significance level of 5% (0.05). Furthermore, 25 items were reliable using Cronbach's alpha with an R -value = 0.931 and an error rate of 5%.

Data analysis

The data analysis used the Spearman rank test to evaluate the correlation between husband support and maternal anxiety levels during pregnancy in the third trimester.

RESULTS

The results in this paper included characteristics of respondents, husband support, maternal anxiety levels, and statistical analysis.

Table.1 Characteristic of respondents by age, gender, education, and profession

Characteristics of Respondents	Frequency	Percentage (%)
Age		
17-25 years old (late adolescence)	11	27.5
26-35 years old (early adulthood)	22	55.0
36-45 years old (late adulthood)	7	17.5
Education		
Basic (Elementary School - Junior High School)	4	10.0
Secondary (High School)	30	75.0
Tertiary (College)	6	15.0
Profession		
Housewife	27	67.5
Entrepreneur	12	30.0
Lecturer	1	2.5
Husband's age		
17-25 years old (late adolescence)	8	20.0
26-35 years old (early adulthood)	23	57.5
36-45 years old (late adulthood)	7	17.5
46-55 years old (early elderly)	2	5.0
Husband's education		
Basic (Elementary School - Junior High School)	2	5.0
Secondary (High School)	36	90.0
Tertiary (College)	2	5.0
Husband's profession		
Entrepreneur	11	27.5
private sector	29	72.5
Total	40	100

Table 1 shows that most respondents are early adulthood (55%), housewives (67.5%), and have secondary education (75%). In addition, most husbands are early adulthood (57.5%) and work in the private sector (72.5%).

Table 2 Frequency Distribution of Respondents Based on Husband Support at Jagir PHC, Surabaya

Husband Support	Frequency (f)	Percentage (%)
Adequate	19	47.5
Inadequate	21	52.5
Total	40	100.0

Table 2 shows that most respondents have inadequate husband support (52.5%), while almost half of respondents have adequate husband support (47.5%).

Table 3. Frequency Distribution of Respondents Based on Maternal Anxiety Levels at Jagir PHC, Surabaya

Maternal Anxiety Levels	Frequency (f)	Percentage (%)
Mild	12	30.0
Moderate	9	22.5
Severe	19	47.5
Total	40	100.0

Table 3 describes that 47.5% of mothers have severe anxiety levels. In addition, a small proportion of them has mild (30%) and moderate (22.5%) anxiety levels.

Table 4. Cross Tabulation Between Husband Support and Maternal Anxiety Levels at Jagir PHC, Surabaya

		Maternal Anxiety Levels			Total
		Mild	Moderate	Severe	
Adequate Support	Husband	10 (52.6%)	6 (31.6%)	3 (15.8%)	19 (100%)
Inadequate Support	Husband	2 (9.5%)	3 (14.3%)	16 (76.2%)	21 (100%)
Total		12 (30.0%)	9 (22.5%)	19 (47.5%)	40 (100%)

Table 4 reveals that of 19 respondents with adequate husband support, almost half (52.6%) have mild anxiety. Meanwhile, of the 21 respondents with inadequate husband support, most (76.2%) have severe anxiety levels.

DISCUSSION

Pregnancy, childbirth, and pregnancy outcome are affected by the age of the mother. Most respondents in this study were aged 26-35 years. This age is categorized into the reproductive period in women. Mothers are advised to get pregnant at reproductive age to avoid risky childbirth. Age over 35 years results in decreased egg quality in women compared to reproductive age (Sulistya, 2017). Marmi (2011) also stated that age was a predisposing factor in pregnancy. Pregnancy should occur at the reproductive age following the psychological development of women. At reproductive age, women are easy to adapt to the mother's role.

Education affects insight and knowledge in pregnant women. The education level of pregnant women in this paper was secondary education. In addition, the lower the knowledge, the less access to health information. As a result, pregnant women will make decisions ineffectively (Budiman, 2013). Information is obtained in everyday life from observations and accessed through communication. It includes data, image text, sound, code, computer programs, and databases. The more information obtained, the higher the knowledge of pregnant women in the third trimester. As a result, it can reduce maternal anxiety levels to face the delivery process (Alza, 2017). The higher the education level, the more accessible information receiving. Nurlailiyah (2015) emphasizes that individuals with a high level of education can think, hold emotions, and reduce anxiety. Mothers with high education levels tend to pay more attention to their health and their families. The higher the level of education, the greater the seeking medical help behavior. On the other hand, low education causes stress and anxiety caused by lack of information.

Most respondents were housewives, so that the knowledge obtained by them was only from the surrounding environment. They did not have the opportunity to seek information from other sources. The

environment exists around the individual, both physically, biologically, and socially (Budiman, 2013). It affects the process of receiving information because of the reciprocal interaction. The process results knowledge in the individual. Information from the surrounding environment can change the mother's behavior in dealing with pregnancy and childbirth.

Husband support consists of emotional, information, instrumental, and appreciation support from husband. The inadequate husband support include: (1) He does not understand the condition of pregnant women who are not as fit as they used to be; (2) He pays less attention to mother consumption; (3) He rarely accompanies the mother during the examination; and (4) He does not seek information about the pregnancy from magazines, books, or other sources (Dahro, 2018). The low husband participation in pregnancy may be due to the lack of information obtained related to pregnancy problems.

Reading about pregnancy from many sources makes the husband understand and feel his wife's condition. Furthermore, husbands will give more attention, support, assistance. In addition, he will develop good communication with pregnant mothers. The knowledge makes the pregnancy process more attractive to husbands (Kholil, 2010). The attention and support from the closest people, especially the husband, is beneficial to overcome the anxiety experienced by pregnant women due to both physical and psychological changes during pregnancy.

This paper result is in line with a study conducted by Aprianawati et al. (2017). The study showed that husband support improved psychological well-being and self-adjustment ability through feelings of belonging, increased self-confidence, prevented psychological disorders, reduced stress, and provided the resources or assistance needed during pregnancy. In addition, research by Spitz et al. (2013) also reported that the husband's active role in providing support to his pregnant wife influences the mother's concern for her health and her fetus. Pregnant women will feel more confident, happy, and ready for pregnancy, childbirth, and postpartum.

The maternal anxiety levels consist of mild, moderate, and severe. Pregnant women often complain about weakness in limbs and fatigue. They also feel a faster heartbeat without physical exercise stimulation. Primigravida in the third trimester with anxiety and fear during pregnancy will release catecholamine hormones or stress hormones. In high concentrations, the hormones resulting in increased labor pain, prolonged labor, and tension during labor (Janiwarty & Pieter, 2012). Increased gestational age affects both the mother's physical and emotional condition. This change will continue until labor. Lack of husband support causes anxiety in the mother.

In this paper, the result is in line with a study by Palupi et al. (2012). The study reported that increased gestational age influenced attention and thoughts in pregnant women. They began to focus on the labor and postpartum period, resulting in anxiety and fear intensified during the third trimester.

Husband support is critical in reducing anxiety and fear. In addition, it encourages positive vibes and fosters self-confidence in pregnant women to face childbirth (Handayani, 2012). Physical health and psychological maturity are indispensable elements to reduce pain during labor (Kartono, 2017). Anxiety reduction involves cooperation between patients and health workers by giving health education during pregnancy (Dahro, 2008). The emotional support from the husband causes inner peace in the wife. Eventually, pregnant women become easier to adjust to their pregnancy. There will be the feeling of comfortable, safe, strong, enthusiasm, and confidence in pregnant women (Fithriany, 2011).

Nurpratiwi's research (2018) showed that husband support reduced anxiety levels in pregnant women in the last trimester before delivery. In addition, Isnari et al. (2020) found that maternal anxiety levels decreased when giving birth accompanied by a husband. Furthermore, Silalahi's research (2011) on primigravida stated high maternal anxiety levels before delivery, but the levels decreased when there was support from husband or family.

CONCLUSIONS

Husband support significantly reduces maternal anxiety levels during pregnancy in the third trimester. The husband's active role in providing support to his pregnant wife influences the mother's concern for her health and her fetus. Furthermore, they will feel more confident, happy, and ready for pregnancy, childbirth, and postpartum.

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