

Husband's Support and Anxiety Levels in Primigravida Mothers Facing Childbirth: A Cross-Sectional Study

Lumastari Ajeng Wijayanti^{1*}, Satria Eureka Nurseskasatmata², Rita Yulifah³

¹ Politeknik Kesehatan Kemenkes Malang, Indonesia

² Universitas Negeri Surabaya, Indonesia

³ Politeknik Kesehatan Kemenkes Malang, Indonesia

*Corresponding author: ajengg1612@gmail.com

ABSTRACT

Background: Anxiety is commonly experienced by mothers during childbirth, and spousal support is crucial in alleviating it.

Purpose: This study aims to determine the correlation between husband's support and anxiety levels in primigravida mothers.

Methods: This quantitative study utilized a cross-sectional design with purposive sampling involving 30 primigravida mothers at Aminah General Hospital, Blitar. Data were collected using the Zung Self-Rating Anxiety Scale and a social support questionnaire.

Results: The study found that 66.7% of participants experienced mild anxiety due to receiving strong support from their husbands. The Spearman correlation test showed a significant relationship ($p = 0.000$, $r = 0.535$).

Conclusions: Husband's support plays a significant role in reducing anxiety levels among primigravida mothers during childbirth, especially through emotional, informational, instrumental, and appraisal support.

Keywords: anxiety level, childbirth, husband's support, primigravida

Received March 10, 2025; Revised May 12, 2025; Accepted July 3, 2025

DOI: <https://doi.org/10.30994/jnp.v8i4.866>



The Journal of Nursing Practice, its website, and the articles published there in are licensed under a Creative Commons Attribution-ShareAlike 4.0 International License.

BACKGROUND

Primigravida delivery is the birth experience of a primigravida is a woman who is pregnant for the first time. Primigravida mothers who lack knowledge about childbirth frequently encounter challenges when getting ready for their delivery (Khosravi et al., 2022). This situation can cause changes both physically and psychologically for the mother (Huang et al., 2024). In the primigravida phase of pregnancy also has various kinds of pregnancy problems. One of them is a psychological or psychological problem in the form of anxiety. Psychological changes in primigravida mothers will have a greater influence compared to multigravidas (Sofiaty et al., 2022).

According to the WHO (World Health Organization) changes in the psychological disorders of primigravida mothers in several developing countries are very high risk in pregnant women = 15.6% and in postpartum = 19.8% (Romalasari & Astuti, 2020). Primigravida mothers who are not ready to give birth will experience psychological disorders more quickly such as fear and anxiety (Hamat et al., 2022). The psychological changes felt by primigravida mothers are said to be very severe because mothers have to face fear before giving birth, imagining labor pains, experiencing problems during childbirth, and other disturbances (Romalasari & Astuti, 2020). There are several factors that can affect reducing the psychological disorders of primigravida mothers before delivery, one of which is getting support from the family, especially the husband (Biaggi et al., 2016). Psychological changes in primigravida mothers can cause maternal mortality (MMR) (Syairaji et al., 2024).

According to the East Java Provincial Health Office, the maternal mortality rate (AKI) in 2020 reached 98.39 per 100,000 live births, and the largest number of maternal deaths in 2021 has increased to 1,279 people per 100,000 live births. The causes of the highest maternal mortality rate (AKI) are prolonged labor (42%), pre-eclampsia (37%), bleeding (17%) and infection (4%). According to research (Hamranani SST, 2016), the phenomenon of long labor is as much as 55.3%. and The same research was conducted (Yusmaharani, 2017). The incidence of long labor was 67.08% due to psychological factors, namely anxiety. The 2020 East Java Province Health Profile Report, in Blitar City, the MMR is high compared to other cities and districts in East Java, namely 118.84/100,000 live births. This figure is lower than the target to reduce mortality at the national level, which is 305/100,000 live births (East Java Provincial Health Office, 2020).

Based on a preliminary study conducted on 19-24 December 2022 at the Aminah General Hospital in Blitar City through interviews with midwives and heads of rooms, the results obtained were 39 primigravida deliveries, both normal and caesarean. And it was found that the length of the delivery process for mothers giving birth at the Aminah General Hospital, Blitar City, was the length of labor due to the psychological condition of the mother, namely anxiety. This anxiety arises because the husband does not support it, 40% of primigravida mothers take 6-12 hours to deliver because they are worried and are not attended by their husbands. Meanwhile, 60% of primigravida mothers who were supported by their husbands had a duration of delivery of 4 hours from >3 cm opening until delivery.

Anxiety is a feeling disorder characterized by deep and ongoing worry, feelings of anxiety can also cause pain during labor (Binti, 2021). Anxiety in facing childbirth is the thing that is most often experienced by mothers in facing the birth process. The impact of maternal anxiety that is not immediately taken seriously will affect the physical and psychological aspects of both the mother and the fetus. anxiety experienced by primigravida mothers can be overcome by providing care, protection and support from doctors, family and especially husbands (Hanifah, 2018).

The causes of prolonged labor include inadequate uterine contractions (uterine inertia), power disorders, abnormal hystera and the husband's support relationship. Husband support is needed by mothers in labor, namely by providing a calm mood, a sense of attention and establishing a good relationship with the mother, in order for the mother to articulate her emotions to her spouse (Menajang et al., 2017). Husband's support can be in the form of giving advice, providing information, providing assistance, and giving the spirit of caring for others (Setyoningsih, 2018). The husband is the person who has influence on the mother's birth, because the husband is the main support when a mother goes through pregnancy (Setyoningsih, 2018). Husband's support has four components, namely emotional support, informational support, instrumental support and assessment (Setyoningsih, 2018).

PURPOSE

The main objective of this study is to analyze the correlation between husband's support and the anxiety level of primigravida mothers during childbirth.

METHODS

This study employed a cross-sectional research design with purposive sampling. A total of 30 primigravida mothers at Aminah General Hospital, Blitar, were selected as respondents. All participants were provided with detailed information about the purpose, procedures, risks, and benefits of the study. Written informed consent was obtained from each participant, and they were assured of their right to withdraw at any time without penalty. Participant confidentiality and data anonymity were strictly maintained throughout the research process. Data were collected using the Zung Self-Rating Anxiety Scale, adapted from Phuangpaka Masena and Pranat Nandiyakul) with 20 items. The results of the validity test of each questionnaire question with the lowest value of 0.663 and the highest is 0.918 with an alpha value of 0.829. (Nasution et al., 2013) and The husband support questionnaire consisted of 25 closed-ended questions, covering emotional, appraisal, instrumental, and informational support for pregnant women regarding their anxiety levels during a CS. This questionnaire was developed by Sari (2018) and has been tested for reliability and validity. The results of the reliability and validity tests using Cronbach's alpha with a 5% margin of error for the 25 valid statements revealed that all questions were reliable, with an r-value of 0.931, exceeding the 0.06 threshold (Sari, 2018).

RESULTS

After knowing the general data in this study, further research results related to specific data regarding the relationship between husband's support and the level of anxiety of primigravida mothers in facing childbirth will be presented.

Table 1. Husband support

Husband support	Frequency	%
Good Support	30	100
Not Good Support	0	0
TOTAL	30	100

Table 1 shows that 100% of participants received good support from their husbands.

Tabel 2. Anxiety level

Anxiety level	Frequency	%
1. Normal or not worried	3	10
2. Mild Anxiety	20	66,7

3. Moderate Anxiety	7	33,3
4. Severe Anxiety	0	
TOTAL	30	100

Table 2 reveals that 66.7% of participants experienced mild anxiety, 23.3% experienced moderate anxiety, and 10% were not anxious.

Tabel 3. Relationship between husband's support and mother's anxiety level

anxiety level	Husband support					
	Good Support		Not Good Support		Total	
	F	%	F	%	F	%
Normal or not worried	3	10	0	0	3	10
Mild Anxiety	20	66,7	0	0	20	66,7
Moderate Anxiety	7	23,3	0	0	7	23,3
Severe Anxiety	0	0	0	0	0	0
TOTAL	30	100	0	0	30	100

Spearman's correlation test P= 0,000 (r)= 0,535

Table 3 presents a statistically significant relationship between husband's support and anxiety levels ($p = 0.000$, $r = 0.535$).

Tabel 4. Anxiety level and type of labour

Type labor	Anxiety level				
	Normal or not worried	Mild Anxiety	Moderate Anxiety	Severe Anxiety	Total
Normal	3	9	2	0	14
Sectio caesaria	0	11	5	0	16
Total	3	20	7	0	30

Table 4 indicates that respondents experiencing moderate anxiety were more likely to undergo cesarean section due to fear of childbirth.

The findings align with Hanifah (2018) and Aisyah & Syarifatul (2021), confirming a significant correlation between husband's support and maternal anxiety (Aisyah & Syarifatul, 2021; Hanifah, 2018). Despite all respondents receiving support, 23.3% still experienced moderate anxiety, potentially due to factors such as type of labor and maternal age. Husband support enhances psychological well-being by providing emotional comfort, boosting self-esteem, and offering practical aid. This is essential during childbirth to reduce maternal stress and anxiety (Bohren et al., 2017).

The support provided by the husband can enhance psychological well-being and adaptive capacity by fostering a sense of belonging, boosting self-esteem, preventing psychological issues, reducing stress, and offering necessary resources or aid during the childbirth process.

According to Urvia (2023) anxiety is a major problem for pregnant women before delivery, especially for primigravida mothers (Urvia et al., 2023). According to Paninsari (2022) the anxiety experienced by mothers who are pregnant for the first time (primigravida) is normal (Paninsari et al., 2022). Anxiety is an emotion and experience from a person's condition that makes that person feel uncomfortable and is divided into several levels. The psychological condition that is felt when anxious greatly affects the body's functions both physically and mentally for the mother (Rilyani, 2017). Maternal anxiety about childbirth is

most often experienced by primigravida mothers or mothers who are pregnant for the first time and are facing the birth process for the first time (Hanifah, 2018).

According to Bohren (2017) The continuous presence of a husband is crucial during childbirth as the wife may encounter feelings of fear and isolation. It is essential for the husband to offer continuous encouragement and be by the mother's side throughout the labor process (Bohren et al., 2017). Moreover, the assistance rendered by the husband in labor serves to alleviate anxiety and bolster the expectant mother's self-assurance as she approaches delivery.

In this study, data were obtained that 7 (23,3%) respondents experienced moderate anxiety and would lead to severe anxiety, this is possible because the majority of respondents used the cesarean section type of delivery as many as 17 people because they were afraid of the shadow of the operation process. According to researchers, the type of delivery and the age of the mother can affect the level of anxiety of the mother even though she has received full support from her husband.

It can be seen from the results of the correlation test that there is a relationship between husband's support and the anxiety level of primigravida mothers in facing childbirth at Aminah General Hospital, Blitar City. The findings of this study align with previous study from Aisyah & Syarifatul (2021) which shows that there is a relationship between husband's support and the anxiety level of primigravida mothers in facing childbirth research (Aisyah & Syarifatul, 2021). Also in line with research Kanna (2023) showing that there is a significant relationship between husband's support and anxiety for pregnant women (Khanna et al., 2023). This means that the hypothesis states that there is a significant relationship between the husband's support and the anxiety level of primigravida mothers in facing childbirth.

While this study found a significant association between husband's support and the anxiety levels of primigravida mothers, several limitations must be acknowledged. First, the study utilized a cross-sectional design, which restricts the ability to draw conclusions about causality or the direction of the relationship. Second, the sample size was relatively small (n = 30) and derived from a single hospital setting using non-random purposive sampling, limiting the generalizability of the findings to broader populations. Additionally, all respondents reported receiving "good support," which may reflect social desirability bias or limitations in the sensitivity of the measurement tool.

Potential confounding variables, such as the mother's age, education level, previous psychological history, socioeconomic status, and the type of labor (normal vs. cesarean), were not controlled for and may have influenced anxiety levels independently of husband's support. The reliance on self-reported data introduces the possibility of reporting bias, where participants may overestimate or underestimate their support or anxiety experiences.

Future research should aim to include larger, more diverse samples, employ randomized sampling techniques, and consider multivariate analysis to adjust for potential confounders. Qualitative or longitudinal studies may also provide deeper insights into the mechanisms underlying the observed association between spousal support and maternal anxiety.

CONCLUSION

Based on the observed association, it is recommended that future studies explore this topic using longitudinal or interventional designs to better understand the dynamics and potential causal pathways between spousal support and maternal anxiety. Health practitioners may consider encouraging the involvement of husbands during antenatal care, while remaining mindful that this study only shows an association, not a direct effect. Programs

aiming to strengthen emotional and informational support for pregnant women may also consider involving spouses as part of a broader psychosocial intervention.

REFERENCES

- Aisyah, S., & Syarifatul, A. (2021). Dukungan Suami Berhubungan Dengan Kecemasan Ibu Bersalin Primigravida. *Jurnal Ilmu Kesehatan*, 12(1), 382–394. <https://doi.org/https://doi.org/10.35966/ilkes.v12i1.206>.
- Biaggi, A., Conroy, S., Pawlby, S., & Pariante, C. M. (2016). Identifying the women at risk of antenatal anxiety and depression: A systematic review. *Journal of Affective Disorders*, 191, 62–77. <https://doi.org/10.1016/j.jad.2015.11.014>.
- Bohren, M. A., Hofmeyr, G. J., Sakala, C., Fukuzawa, R. K., & Cuthbert, A. (2017). Continuous support for women during childbirth. *Cochrane Database of Systematic Reviews*, 2017(8). <https://doi.org/10.1002/14651858.CD003766.pub6>.
- Hamat, V., Zuhriyah, L., & Ratnaningrum, S. D. (2022). Primigravida TM III Anxiety Levels in Facing the Labor Process Judging from Mother's Knowledge. *EAS Journal of Nursing and Midwifery*, 4(3), 79–84. <https://doi.org/10.36349/easjnm.2022.v04i03.003>.
- Hanifah, U. (2018). *Hubungan Dukungan Suami dengan Kecemasan Ibu Hamil Primigravida Trimester III dalam Menghadapi Persalinan di Puskesmas Umbulharjo I Kota Yogyakarta* [UNIVERSITAS 'AISYIYAH YOGYAKARTA]. <https://doi.org/https://doi.org/10.35790/jkp.v5i1.15790>.
- Huang, S., Zhang, M., Luo, X., Yang, W., Wang, S., Zhang, J., & Zhai, J. (2024). The current status of primipara's childbirth experience and its correlation with their reproductive intention: a cross-sectional survey study. *BMC Pregnancy and Childbirth*, 24(1), 630. <https://doi.org/10.1186/s12884-024-06843-y>.
- Khanna, T., Patel, R., Akhtar, F., & Mehra, S. (2023). Relationship between partner support and psychological distress among young women during pregnancy: A mixed-method study from a low- and middle-income country. *Journal of Affective Disorders Reports*, 14, 100672. <https://doi.org/10.1016/j.jadr.2023.100672>.
- Khosravi, P., Pirdadeh Beiranvand, S., Beiranvand, B., & Khalesi, Z. B. (2022). Relationship between Primigravid women's awareness, attitude, fear of childbirth, and mode of delivery preference. *European Journal of Obstetrics & Gynecology and Reproductive Biology: X*, 14, 100143. <https://doi.org/10.1016/j.eurox.2022.100143>.
- Nasution, T. H., Ropi, H., & Sitorus, R. E. (2013). FAKTOR-FAKTOR YANG BERHUBUNGAN DENGAN MANAJEMEN DIRI PADA PASIEN YANG MENJALANI HEMODIALISIS DI RUANG HEMODIALISIS RSUP DR HASAN SADIKIN BANDUNG. *Journal of Nursing Science Update*, 1(2), 162–168. <https://jik.ub.ac.id/index.php/jik/article/view/26>.
- Paninsari, D., Sandi, H. T., Agusdiana, A., Graciela, A., Anggraini, B., & Hagana, C. E. (2022). The relationship between preparation for gentle birth and the degree of anxiety of first pregnant women in facing labor at PMB Mutiara Medan Sunggal. *Priviet Social Sciences Journal*, 2(4), 1–4. <https://doi.org/10.55942/pssj.v2i4.183>.
- Rilyani. (2017). Hubungan Pendampingan Suami Dengan Tingkat Kecemasan Ibu Bersalin (Kala I) Di Ruang Bersalin Rumah Sakit Pertamina Bintang Amin. *Jurnal Kesehatan Holistik (The Journal of Holistic Healthcare)*, 11(3), 188–195. <https://doi.org/https://doi.org/10.33024/hjk.v11i3.15>.
- Romalasari, N. F., & Astuti, K. (2020). HUBUNGAN ANTARA DUKUNGAN SUAMI DAN PARTISIPASI MENGIKUTI KELAS IBU HAMIL DENGAN KECEMASAN MENGHADAPI PERSALINAN PADA IBU HAMIL PRIMIGRAVIDA

- TRIMESTER TIGA DI PUSKESMAS NGLIPAR II. *G-Couns: Jurnal Bimbingan Dan Konseling*, 4(2). <https://doi.org/10.31316/g.couns.v4i2.817>.
- Sari, W. N. I. (2018). *Hubungan Dukungan Suami Dengan Tingkat Kecemasan Menghadapi Persalinan Pada Ibu Hamil Primigravida Trimester Iii Di Puskesmas Mlati Ii Sleman* [UNIVERSITAS 'AISYIYAH YOGYAKARTA]. [https://digilib.unisayogya.ac.id/4471/1/SKRIPSI 1710104096.pdf](https://digilib.unisayogya.ac.id/4471/1/SKRIPSI%201710104096.pdf).
- Sofiati, F., Widayati, E., Lestari, R., & Abdillah, S. (2022). Characteristics Associated With Anxiety in Primigravida Mothers Facing Labor in Cianjur District. *KnE Medicine*. <https://doi.org/10.18502/kme.v2i2.11071>.
- Syairaji, M., Nurdianti, D. S., Wiratama, B. S., Prüst, Z. D., Bloemenkamp, K. W. M., & Verschuere, K. J. C. (2024). Trends and causes of maternal mortality in Indonesia: a systematic review. *BMC Pregnancy and Childbirth*, 24(1), 515. <https://doi.org/10.1186/s12884-024-06687-6>.
- Urvia, M., Setia Ningtyas, W., & Utomo, B. (2023). ANXIETY AND READINESS DIFFERENCES BETWEEN PRIMIGRAVIDA AND MULTIGRAVIDA MOTHERS TOWARDS CHILDBIRTH IN THE COVID-19 PANDEMIC. *Indonesian Midwifery and Health Sciences Journal*, 7(1), 45–52. <https://doi.org/10.20473/imhsj.v7i1.2023.45-52>.