

## The Relationship Between Family Support and Anxiety in Primigravida Pregnant Women in the Third Trimester

Asmima Yanti<sup>1</sup>, Ita Susanti<sup>2</sup>, Nurromsyah Nasution<sup>3</sup>

<sup>1,3</sup> Sekolah Tinggi Ilmu Kesehatan Medika Seramoe Barat, Indonesia

<sup>2</sup> Sekolah Tinggi Ilmu Kesehatan Medika Nurul Islam, Indonesia

Email : [yantiasmima27@gmail.com](mailto:yantiasmima27@gmail.com)<sup>1</sup>, [itasusanti1990@gmail.com](mailto:itasusanti1990@gmail.com)<sup>2</sup>, [nurromsyah@gmail.com](mailto:nurromsyah@gmail.com)<sup>3</sup>

Author correspondence: [yantiasmima27@gmail.com](mailto:yantiasmima27@gmail.com) \*

**Abstract.** Family support is assistance that can be given to other families in the form of goods, services, information, and advice which makes the recipient of support feel loved and appreciated. In this case, family support will bring a sense of joy, security, satisfaction, and comfort that makes pregnant women feel emotionally supported which will affect their mental well-being. Objective: This study aims to determine the relationship between family support and anxiety in Primigravida pregnant women in the third trimester in the work area of the Simeulue Tengah Health Center UPTD, Simeulue Regency. Method: This research method is an analytical survey with a cross-sectional approach with a sample size of 36 respondents using the total sampling technique. The study began on December 16-20, 2022. Results: Family support is in the sufficient category with 16 respondents (44.4%) and the level of anxiety in Primigravida pregnant women in the third trimester is in the moderate and severe categories, each with 12 respondents (33.3%). Conclusion: Based on the results of the study, it was found that there was a relationship between family support and anxiety levels in Primigravida pregnant women in the third trimester at the UPTD Simeulue Tengah Health Center, Simeulue Regency with a  $p$ -value = 0.043. Suggestion: It is hoped that medical personnel at the Health Center can provide counseling to families who have pregnant women.

**Keywords :** Family support, anxiety level, pregnancy

### 1. INTRODUCTION

Pregnancy is a natural process experienced by every pregnant woman. During the pregnancy process, physiological and psychological changes occur in pregnant women. Physiological changes that occur in pregnant women such as discomfort in the breasts, nausea, vomiting, softening of the vulva, enlarged stomach, and cessation of menstruation (Susanti, 2013). These physiological changes can cause someone to become uncomfortable with the changes experienced. In addition to physiological changes, a mother will also experience psychological changes such as feelings of whether the pregnancy is real, the mother will think about the condition of the baby and the safety of the baby, the mother will take more care of her baby than herself, and sometimes the mother wants something strange (Astria Y, 2014).

According to the World Health Organization (WHO), the prevalence of anxiety levels in pregnant women in various countries in the world, namely anxiety in pregnant women in Portugal (18.2%), Bangladesh (29%), Hong Kong and Pakistan reached (54%). While in Indonesia, based on the 2017 Indonesian Demographic and Health Survey (SDKI), anxiety in

pregnant women in Indonesia in primigravida mothers reached 83.4% severe anxiety, and 16.6% moderate anxiety (Ministry of Health of the Republic of Indonesia, 2017).

Research conducted by Yone entitled the relationship between characteristics of pregnant women in the third trimester and anxiety in facing childbirth at the Obstetrics Polyclinic said that around the eighth month, mothers usually experience a period where they are less enthusiastic and depressed when the baby grows bigger and feels uncomfortable. Prospective mothers will be more introspective and start to think and worry a lot about childbirth, birth, and the condition of the fetus (Astria Y, 2014).

In the 2018 Indonesian health profile, it was stated that neonatal mortality was 59% of infant mortality caused by various causes including premature birth, decreased APGAR (Appearance, Pulse, Grimace, Activity, Respiration) score, prolonged second stage, and LBW. Meanwhile, based on a survey by the Indonesian Ministry of Health (2015), the infant mortality rate was 32 per 1,000 live births, and the toddler mortality rate was 40 per 1,000 toddlers. The results of the Riskesdas (Basic Health Research) stated that 78.5% of neonatal deaths occurred at the age of 0-6 days.

In addition, anxiety during pregnancy can cause LBW, from the results of the 2018 Riskesdas, it was stated that the percentage of toddlers aged 0-59 months was 10.2%. Meanwhile, in Simeulue Regency, the percentage of LBW (Low Birth Weight) in infants reached 8.0%. (Simeulue Health Office, 2020). In that case, anxiety does not have a direct impact, but anxiety will increase high-risk pregnancy to pregnancy complications which can cause this (Mayasari L, 2013). From the results of a study conducted by Resmaniasih, (2014) revealed that there is a relationship between antenatal anxiety and the behavior of neonates and toddlers. Pregnant women with high anxiety, their neonates and toddlers tend to experience behavioral problems such as babies can experience LBW and even slower development than mothers with lower anxiety (Resmaniasih K, 2014). Among the care during pregnancy, one of them is by trying to reduce antenatal anxiety in pregnant women. Efforts to reduce anxiety early on will affect the pregnancy process and can reduce complications of pregnancy and childbirth (Haniyah S, et al. 2013).

Family support is assistance that can be given to other families in the form of goods, services, information, and advice which makes the recipient of support feel loved and appreciated. In this case, family support will bring a sense of joy, security, satisfaction, and comfort that makes pregnant women feel emotionally supported which will affect their mental well-being (Latifah L, 2016). The results of the researcher's interview with 5 primigravida pregnant women in the third trimester in June 2022, 4 pregnant women

experienced anxiety such as fear of experiencing danger signs in pregnancy, fear that their baby would not be able to be born normal, discomfort felt in the third trimester of pregnancy such as frequent urination at night, leg cramps and 1 other pregnant woman did not experience anxiety. As for family support from 5 pregnant women, 3 of them received support in the form of instrumental support such as husbands accompanying mothers during pregnancy check-ups, providing attention and affection during pregnancy and 2 other pregnant women received less support from their families because their husbands did not have time to accompany their mothers to do pregnancy check-ups.

## **2. RESEARCH THEORITICAL**

### **Family Support for Pregnant Women**

Family support is a positive influence given by the family (husband, mother, child, in-laws, etc.) to pregnant women in reducing or reducing anxiety in this case in the form of attention. Facing labor is a concrete condition that threatens the pregnant woman's self which causes feelings of tension, worry, and fear. For that, pregnant women try to be successful in dealing with the situation as well as possible until the time of labor arrives (Mahmudah D, 2013). The presence of physiological changes that cause instability of psychological conditions during pregnancy raises continuous concerns in facing the birth of a baby in women who are pregnant for the first time. Such feelings will manifest in the form of anxiety. Anxiety followed by feelings of doubt, sometimes less realized by the person concerned so that it lasts a long time in him/her which will have a higher frequency and intensity. These emotional changes are not the same in every pregnant woman. These differences depend on the individual's personality, the type of stress that has been experienced, and the emotional support received from the woman. The support of a husband or father is very important in planning alternative solutions regarding the future of their child

## **3. METHODS**

The design of the research to be conducted is an analytical survey. An analytical survey is a form of research that aims to find relationships or correlations between research variables. The research location is planned in the Working Area of the Simeulue Tengah Health Center UPTD, Simeulue Tengah District, Simeulue Regency. This research was conducted in December 16-20, 2022. The determination of the population in this study was primigravida pregnant women who were in their third trimester of pregnancy at the time of the research and underwent ANC examinations in the Simeulue Tengah Health Center working area, totaling 36 people. The sampling technique in this study was to use the total

sampling technique, namely the entire population was sampled with a sample size of 36 pregnant women.

#### 4. RESULTS AND DISCUSSION

Based on the results of research conducted starting in September 2022 on primigravida pregnant women who are in their third trimester of pregnancy in the work area of the Simeulue Tengah UPTD Health Center, Simeulue Tengah. This research was conducted on 36 respondents.

**Table 1. Frequency Distribution of Respondents Based on Age of Pregnant Women at Simeulue Tengah Health Center, Simeulue Tengah District**

No	Age	Frequency	%
1	20 – 25 years	7	19.4
2	26 – 30 years	14	38.9
3	31 – 35 years	15	41.7
Amount		36	100

*Source: Primary Data Processed 2023*

Based on Table 1 above, it can be seen that the majority of respondents based on age are in the 31-35 year age category, amounting to 15 respondents (41.7%).

**Table 2. Frequency Distribution of Respondents Based on Education of Pregnant Women at Simeulue Tengah Health Center, Central Simeulue District**

No	Education	Frequency	%
1	SD	5	13.9
2	JUNIOR HIGH SCHOOL	6	16.7
3	SENIOR HIGH SCHOOL	12	33.3
4	PT	13	36.1
Amount		36	100

*Source: Primary Data Processed 2023*

Based on Table 2 above, it can be seen that the majority of respondents based on education are in the PT category, namely 14 respondents (36.1%).

**Table 3. Frequency Distribution of Respondents Based on the Occupation of Pregnant Women's Husbands at the Simeulue Tengah Health Center, Central Simeulue District**

No	Work	Frequency	%
1	Farmer	8	22.2
2	Self-employed	7	19.4
3	Civil Servants/TNI/POLRI	9	25.0
4	Other	12	33.3
Amount		36	100

*Source: Primary Data Processed 2023*

Based on Table 3 above, it can be seen that the majority of respondents based on their occupation are in the other category, namely 12 respondents (33.3%). The research method used is quantitative with a descriptive design, namely to analyze data by describing or depicting the data that has been collected. as it is without intending to make conclusions that apply to the public or generalizations (Sugiyono, 2013).

**Table 4. Relationship Between Self-Efficacy and Preparedness**

No	Work	Frequency	%
1	Farmer	8	22.2
2	Self-employed	7	19.4
3	Civil Servants/TNI/POLRI	9	25.0
4	Other	12	33.3
	Amount	36	100

*Source: Primary Data Processed 2023*

Based on Table 4 above, it can be seen that the majority of respondents based on their occupation are in the other category, namely 12 respondents (33.3%).

## **Discussion**

The results of the statistical test of the significant relationship between family support and anxiety of pregnant women in the Work Area of the Simeulue Tengah Health Center UPTD, Simeulu Tengah District, obtained a p-value (0.043) which means  $p\text{-value (0.043)} < \alpha (0.05)$  so that the  $H_0$  hypothesis is rejected, which means there is a significant relationship between the relationship of family support and the level of anxiety of pregnant women in the Work Area of the Simeulue Tengah Health Center, Simeulu Tengah District.

In addition to family, husband's support significantly reduces maternal anxiety levels during pregnancy in the third trimester. The active role of the husband in providing support to his pregnant wife affects the mother's concern for her health and that of her fetus (Abidah, 2021). Anxiety in primigravida mothers at seven months of gestation and above is because the birth process is considered a frightening, stressful and more painful event than any event in a mother's life. High anxiety in pregnant women can increase the risk of premature birth and can increase the risk of hypertension, while anxiety in mothers who will face labor or stress can result in prolonged labor with inadequate contractions (Indrayani, 2016).

Research conducted by Kartika, et al. (2021) on "The Relationship between Family Support and the Level of Anxiety of Pregnant Women Facing the Childbirth Process", moderate and severe anxiety is often experienced by mothers who are not supported by their families and are also influenced by age factors under 20 years, where this age is at high risk of complications during childbirth, thus causing certain fears in the mother. Mardjan (2016) stated that family support, especially husbands, is very dominant in reducing anxiety during pregnancy. This is the place where mothers express their complaints during pregnancy. During pregnancy and the labor process, husbands must play an active role in providing support to their wives in the form of physical and emotional support, this support is in the form of recognizing various efforts that may greatly help the mother's comfort.

Things that can reduce the anxiety of pregnant women when facing the labor process are assistance from their husband or family. With this assistance, pregnant women can provide attention, a sense of security, comfort, enthusiasm and calm the heart and mind of the pregnant

woman, so that it can reduce anxiety and the mother's emotional attitude to be better and can shorten the labor process (Umboh, in Sinambela and Tane 2020). One of the factors that influence anxiety is social environmental support (husband's support) (Legawati, 2018).

Family support, especially the husband when the mother gives birth, is very much needed, such as the presence of family and husband to accompany the wife before giving birth or the husband touching the wife's hand with feeling so that the wife will feel calmer in facing the labor process. In addition, words that can motivate and provide confidence to the mother that the labor process that the mother is going through will go well, so that the mother does not need to feel anxious, tense, or afraid. Guyton in Jayanti (2019) husband's support in the labor process will have an effect on the mother's limbic system, namely in terms of emotions, the mother's calm emotions will cause her neuron cells to secrete the hormone oxytocin, the reaction of which will cause uterine contractility at the end of pregnancy to expel the baby.

According to the assumption of researchers, pregnant women who receive positive support from their families will have a reduced level of anxiety, while the level of anxiety of pregnant women with negative support from their families will tend to increase. Anxiety in pregnant women in the third trimester if not handled seriously will have an impact in the form of complications and negative effects on the physical and psychological, both of which are interrelated and influence each other. If the physical condition is not good, then the thinking process, mood, and daily activities will be bad. Therefore, family support is very much needed by pregnant women approaching childbirth, especially mothers who are pregnant for the first time (primigravida) and provides beneficial effects on the physical and mental health of pregnant women.

## **5. CONCLUSION**

The conclusion of the research results is that the average value of the community's level of preparedness is 63.8% in the high category, the average value of the level of preparedness is 63.8% in the low category, level of preparedness is 63.8% in the high category, the average value of the level of prepared *self-efficacy* society, namely 57.1% in the high category and there is a significant relationship between *self-efficacy* with disaster preparedness. The correlation coefficient with a value of 0.380 means that the correlation coefficient value is in the category of having sufficient strength of relationship between 2 variables.

## REFERENCES

- Abdullah, M. (2015). *Method study quantitative*. [http://idr.uinantasari.ac.id/5014/1/Researcher\\_Methodology\\_Administration\\_SR-II\\_2018\\_undefined.pdf](http://idr.uinantasari.ac.id/5014/1/Researcher_Methodology_Administration_SR-II_2018_undefined.pdf)
- Administrationstisip, E-Journal. (2018). Analysis of community preparedness in flood-prone areas (Study in Paruga Village, West Rasanae District City, Bima). *Administrationstisip E-journal*, 15(2), 2085–1804. [http://administrasistisip.ejournal.web.id/index.php/administrasistisip/article/view/143ian\\_Quantitative.pdf](http://administrasistisip.ejournal.web.id/index.php/administrasistisip/article/view/143ian_Quantitative.pdf)
- Bandura, A. (1983). Self-efficacy: Determinants of anticipated fears and calamities. *Journal of Personality and Social Psychology*, 45(2), 464–469. <https://psycnet.apa.org/record/1984-06766-001>
- Cohen, J. W. (1988). *Statistical power analysis for behavioral sciences* (2nd ed.). Lawrence Erlbaum Associates.
- Creswell, J. W. (1994). *Research design: Qualitative and quantitative approaches*. Sage.
- Eisenhardt, K. M., & Martin, J. A. (2000). Dynamic capabilities: What are they? *Strategic Management Journal*, 21, 1105–1121.
- Ekah, U. J., & Iloke, J. (2022). Performance evaluation of key performance indicators for UMTS networks in Calabar, Nigeria. *GSC Advanced Research and Reviews*, 10(1), 47–52.
- Ezenwakwelu, C. A., Akpan, E. E., & Ogbogu-Asogwa, O. I. (2021). Enabling service innovation through dynamic capabilities: Insight from telecommunication firms. *International Journal of Business and Management Invention*, 10(5), 54–63.
- Fincham, J. (2008). Response rates and responsiveness for surveys, standards, and the journal. *American Journal of Pharmaceutical Education*, 72(2), 1–3.
- Herdwiyanti, F., & Sudaryono. (2012). Differences in preparedness for facing disasters reviewed from the level of self-efficacy in elementary school children in the Mount Kelud disaster impact area. *Journal of Personality and Social Psychology*, 1(03), 136–141. <http://journal.unair.ac.id/download-fullpapers-jpks957e6ca3132full.pdf>
- Jayanti, R. D. (2020). Self-efficacy in SMP earthquake disaster preparedness boarding school and junior high school M 21 Gantiwarno. *JPIG: Journal of Education and Geographical Sciences*, 5(1), 46–55. <https://doi.org/10.21067/jpig.v5i1.4012>
- Kamilah, S. F. (2015). The influence of self-efficacy, social support, and empathy on motivation to teach special needs teachers in South Jakarta (Thesis). Faculty of Psychology, Syarif Hidayatullah State Islamic University, Jakarta, 5(1), 121.
- Kelud, D. (2013). Differences in disaster preparedness reviewed from the level of self-efficacy in elementary school age children. *Journal, Unair.ac.id*, 2(01). [http://www.journal.unair.ac.id/filerPDF/110810003\\_ringkasan.pdf](http://www.journal.unair.ac.id/filerPDF/110810003_ringkasan.pdf)

- Kurniasari, N., Handling, S., & Tourism, K. (2017). Crisis management strategy in tourism and the National Disaster Management Agency (BNPB) policy.
- Leaning, J., & Guha-Sapir, D. (2013). Natural disasters, armed conflict, and public health. *New England Journal of Medicine*, 369(19), 1836–1842. <https://doi.org/10.1056/NEJMRA1109877>
- LIPI-UNESCO/ISDR. (2006). *Study of community preparedness in anticipating disasters: Landslide and tsunami disasters*. Jakarta: Deputy for Earth Sciences, Indonesian Institute of Sciences.
- Mahdia, F., & Noviyanto, F. (2013). Post-transportation logistics assistance management information system mobile web-based natural disaster management (case study: Yogyakarta City Regional Disaster Management Agency). <https://www.neliti.com/publications/211271/pecepatangoogle-maps-api-untuk-pembangunan-sistem-information-manajemen-bangunan>
- March, B. B.-E., & U. (2013). Disaster info. *BNPB.go.id*, 5(1). [https://bnpb.go.id/uploads/publication/1094/BENCANA\\_INFO\\_JAN\\_2015\\_DIGITAL3-FEB.pdf](https://bnpb.go.id/uploads/publication/1094/BENCANA_INFO_JAN_2015_DIGITAL3-FEB.pdf)
- Maryanti, S., Lestari, E., Putri, W., Wardani, A. R., & Haris, F. (2017). Relationship between the level of public education on landslide disaster preparedness in Giritirto Village, Wonogiri District. *Seminar Proceedings*.
- Mastura, M. (2015). The relationship between self-efficacy and earthquake disaster preparedness and tsunami on students of State Senior High Schools 2 and 6 Banda Aceh. *Idea Nursing Journal*, 6(2), 53–61.
- National Geography UMS. (2017). 319–330. <http://publikasiilmiah.ums.ac.id/handle/11617/9019>
- Permadi, M. G., Tjahjono, B., & Baskoro, D. P. T. (2018). Identification of risk areas for landslide disaster in Bogor City. *Journal of Soil and Environmental Science*, 20(2), 86–94. <https://doi.org/10.29244/JITL.20.2.86-94>
- Undiksha Geography Education, 8(1), 43–54. <https://doi.org/10.23887/jjpg.v8i1.23477>