JNK

JURNAL NERS DAN KEBIDANAN
(JOURNAL OF NERS AND MIDWIFERY)
http://jnk.phb.ac.id/index.php/jnk

Positive Correlation of Family Support and Level of Anxiety in Facing Labor

Devi Septiani[1], Wan Anita[2], Rummy Islami Zalni[3]
[1,2,3]Midwifery Department, STIKes Tengku Maharatu Pekanbaru, Indonesia

Article Information

History Article:
Received, 19/12/2022
Accepted, 12/04/2023
Published, 30/04/2023

Keywords:
family support, anxiety, pregnant women

Abstract

Anxiety that occurs in pregnant women can be reduced in various ways, one of which is with family support. Family support can provide peace, calm, and comfort for pregnant women in undergoing pregnancy in the first, second and third trimesters. The purpose of this study was to determine the correlation between family support and the anxiety level of third trimester pregnant women. This study used a quantitative method with a cross-sectional study design. The population in this study were third trimester pregnant women with purposive sampling technique. The sample in this research is 30 respondents. Data was collected using a questionnaire. The results showed that 22 respondents (73.3%) who received family support did not experience anxiety, 8 respondents did not receive family support, namely 7 respondents (23.3%) experienced mild anxiety and 1 respondent (3.3%) experienced severe anxiety . The results of the Chi Square test showed a p value (0.000 <0.05), it could be concluded that there was a correlation between family support and the level of anxiety in in facing labor in third trimester pregnant women at the Ernita Midwife Independent Practice.

✉Correspondence Address:
STIKes Tengku Maharatu Pekanbaru – East Java, Indonesia
Email : deviseptiani424@gmail.com
P-ISSN : 2355-052X
E-ISSN : 2548-3811
DOI: https://doi.org/10.26699/jnk.v10i1.ART.p053-058

INTRODUCTION

Pregnancy is a natural and physiological process. A woman with healthy reproductive organs is much more likely to get pregnant if she has menstruated and has sex with a man with healthy reproductive organs. A planned pregnancy brings happiness and hope, but also requires a woman's ability to adapt to the physiological and psychological changes that occur during pregnancy (Mandriwati et al, 2016). Pregnancy is divided into three monthly periods or Trimesters, Trimester I is the period from the first week to the 12th week, Trimester II is the period from the 13th week to the 27th week, while Trimester III is the period from the 28th week to the 38-40th week.

In the first trimester of pregnancy, emotional lability can occur, namely feelings that change easily in a short time and cannot be predicted, feelings of worry arise if the baby they are carrying is disabled or unhealthy, worries about falling, anxiety about having sex and so on. In the second trimester of pregnancy, pregnant women feel more stable, their ability to regulate themselves is better, the condition of the mother is more pleasant, the mother is used to the physical changes in her body, the fetus is not too big so it does not cause discomfort. Mother has started to accept and understand about her pregnancy. Cognitively, in the second trimester, mothers tend to need information about the growth and development of the baby and care for their pregnancy (Widatiningsih & Dewi, 2017).

Research conducted by Febriati & Zakiyah (2022) which examined the correlation between family support and adaptation to psychological changes in pregnant women found a correlation between family support and psychological changes in pregnant women at the Piyungan Health Center, Bantul Yogyakarta. The third trimester of pregnancy is a period of waiting and vigilance because the mother is impatient for the birth of the baby, is afraid of the birth of the baby, and when the baby is not yet born the mother feels anxious that the baby will be born abnormally, and the mother is afraid of pain when giving birth. The older the pregnancy, the stronger the prenatal fear and anxiety. Because the attention and thoughts of pregnant women are focused on anxiety facing childbirth. The fear of childbirth is at the top of the list most often experienced by mothers during pregnancy. Feelings of fear, anxiety in pregnant women can cause excessive pain during childbirth. The excruciating pain felt by the mother can interfere with labor and result in the length of the labor process (Palupi, 2012).

One of the causes of the high maternal mortality rate in Indonesia is prolonged labour. Factors causing prolonged labor include ineffective maternal power or strength, too large a baby, pelvic size that does not match the baby's head and the psychological state of the mother who is not ready for delivery. (Videbeck, 2012). Other causes of AKI are postpartum hemorrhage, pre-eclampsia, eclampsia, infection, abortion and other complications of unsafe delivery.

Data from the World Health Organization (WHO), maternal deaths in 2019 occurred more than 303,000 people worldwide. The results of the 2015 Indonesian Demographic Health Survey (SDKI), the Maternal Mortality Rate (MMR) in Indonesia was recorded at around 305/100,000 live births, a significant decrease compared to the 2012 IDHS, namely the maternal mortality rate. around 359/100,000 live births (Kemenkes RI, 2015). MMR in the 2020 Ministry of Health Family Health Program Recording shows 4,627 deaths in Indonesia, an increase compared to 2019 as many as 4,221 maternal deaths (Kemenkes RI, 2020). MMR in 2021 was 180 people, an increase compared to previous years, showing an increase of 39.53% from the number of deaths in 2020, where in 2020 there were 129 people, in 2019 there were 125 people. Details of the causes of maternal death in Riau are due to Covid 66%, Bleeding 50%, Hypertension in pregnancy 19%, Infection 2%, Disorders of the circulatory system 8%, Metabolic disorders 8%, and others 27% (Dinas Kesehatan Provinsi Riau, 2021). This shows that the maternal mortality rate in Indonesia is still very high.

Efforts to reduce maternal mortality are to reduce the anxiety of pregnant women until delivery. Anxiety in pregnant women most often occurs at 28 weeks of gestation, or before delivery in the third trimester of pregnancy. Data for 2015, the prevalence of anxiety in pregnant women before delivery in Indonesia ranges from 10% to 25% (Syafrie, 2017). Anxiety is an excessive feeling of discomfort, inability to see clearly which results in emotional, psychological symptoms of disturbed individuals in behavior and physique as well as a person's reactions to internal and external stimuli. The causes of third trimester pregnancy anxiety are fear of death, birth trauma, fear of bleeding, and fear of babies born with defects. At the same time, pregnant women fear the birth of a baby and the start of a new stage in life, which is influenced by many

factors such as age, occupation, education, pregnancy parity and family support.

The results of research conducted by Febria Syafyu Sari & Wira Novriani (2016) at RSUD Dr. Achmad Mochtar Bukitinggi "regarding family support with anxiety before the third trimester of labor" which shows that (80%) received support from family, and the results of the assessment (53.3%) were mild anxiety, (20%) panicked, (16.7%) moderate anxiety and (10%) severe anxiety. When pregnant women experience anxiety, pregnant women really need family support to reassure and calm them down. Given all the difficulties and fears experienced by pregnant women due to childbirth, the support from the family will be very helpful for the peace of the expectant mother.

Research conducted by Friedman (2013) Family support is the attitude and actions of family acceptance of family members, in the form of emotional, appraisal, instrumental and informational support. The role of the family is needed by pregnant women when experiencing anxiety in facing childbirth. In order to be able to reassure and calm them, with all the conflicts and anxieties and fears experienced by pregnant women in facing childbirth, family support is very helpful for calming pregnant women. One of the attitudes of family support for pregnant women is family concern to encourage pregnant women to check their pregnancies.

The number of maternal deaths in 2021 is 180 people, an increase compared to previous years. This figure shows an increase of 39.53% of the number of deaths in 2020, where in 2020 there were 129 people, in 2019 there were 125 people. The coverage of K1 and K4 visits for pregnant women in 2021 has increased compared to 2020, but has not yet reached the target set at 94% with a K1 coverage of 89.5% and K4 coverage of 87.2%. For the city of Pekanbaru, K1 coverage has exceeded the target, namely 95.6%, but K4 coverage with an acquisition score of 89.1% (Dinas Kesehatan Provinsi Riau, 2021). Preliminary study in November 2021 – March 2022 at PMB (Independent Practicum Midwife) Ernita Pekanbaru, obtained 20 third trimester pregnant women who made pregnancy visits. From interviews with 5 third trimester pregnant women experiencing anxiety due to lack of family support. The problems found above, the researcher is interested in researching "The Correlation between Family Support and the Level of Anxiety in Facing Childbirth in Third Trimester Pregnant Women at the Ernita Midwife Independent Practice".

METHODS

The research design used quantitative with a cross-sectional study design approach. The research was conducted at the Ernita Midwife Independent Practice on June 25 – July 30 2022. The sampling technique used a purposive sampling technique. The number of samples used in this study were 30 respondents. The measuring tool used in this study was a questionnaire. The instrument used closed questions and had been tested for validity. In this study, data analysis was carried out using univariate analysis and bivariate analysis.

RESULTS

1. Demographic Data

Table 4.1: Frequency Distribution of Respondents Characteristics.

Demographic Data	Σ	%
Age		
19-29 years old	17	56,7
30-34 years old	8	26,7
35-39 years old	3	10,0
40-45 years old	2	6,7
Total	**30**	**100**
Level of Education		
Junior high school	4	13,3
Senior High School	23	76,7
bachelor	3	10,0
Total	**30**	**100**

Continued Table 4.1: Frequency Distribution of Respondents Characteristics.

Demographic Data	Σ	%
Occupation		
Housewife	18	60,0
Employee	4	13,3
Entrepreneur	6	20,0
Teacher	1	3,3
civil servant	1	3,3
Total	**30**	**100**
Parity		
Primigravida	17	56,7
Multigravida	13	43,3
Total	**30**	**100**
Family Support		
Unsupport	8	26,7
Support	22	73,3
Total	**30**	**100**
Anxiety Level		
No Worry	22	72,3
Mild Anxiety	7	23,3
Heavy Anxiety	1	3,3
Total	**30**	**100**

DISCUSSION

The results showed that the majority of pregnant women who received family support were 22 respondents (73.3%) and a small proportion who did not receive family support were 22 respondents (73.3%). as many as 8 respondents (26.7%). Most of the pregnant women who did not experience anxiety were 22 respondents (73.3%), while 7 respondents (23.3%) experienced mild anxiety and a small proportion of 1 respondent (3.3%) experienced severe anxiety.

Family support is the attitude and actions of family acceptance in the form of emotional support, instrumental support, appraisal/appreciation support and informational support. Family support is a form of interpersonal interaction that involves attitudes, behavior and acceptance by family members so that they feel that someone is paying attention. Family support is believed to reduce or moderate the impact on a person's mental health. Family support is all support provided by the family to provide physical and psychological comfort to people who are experiencing depression or stress. Family support is a process of correlation between the family and its social environment that allows the family to access, support and help family members (Friedman, 2013).

The results of research that has been conducted by Arifin et al., (2015) who examined the correlation between family support and the anxiety of pregnant women facing the delivery process at the Budilatama Health Center, Gadung District, Buol Regency, Central Sulawesi Province. 17 respondents (53.1%) received good support and 15 respondents stated that support was not good (46.9). Family support is highly expected by a pregnant woman in facing the birth process because good family support will reduce stressors in the mother so that the delivery process is smoother and faster without causing complications.

Anxiety is something that describes a state of worry, uncertain anxiety, or an uneasy fear reaction which is sometimes accompanied by various physical complaints. Anxiety is an emotional response and individual subjective judgment that is influenced by the subconscious and has not specifically identified the causal factor.

The results of a similar study were 20 respondents (57.1%) who did not experience anxiety, 13 respondents (37.1%) experienced moderate anxiety, and no respondents experienced severe anxiety. Anxiety is the main factor that increases the fear of childbirth. One study found that as the number of live births increased, so did the fear of giving birth. This situation may be due to the expectant mother's previous negative childbirth experience (Erkaya, 2017).

The results of this study indicate that pregnant women who get family support are mostly 22 respondents (73.3%) in the category of not experiencing anxiety and while 8 respondents do not get family support, 7 respondents (23.3%) experience mild anxiety and 1 respondent (3.3%)

experienced severe anxiety. The statistical test results obtained a p value of 0.000. So it can be concluded that there is a correlation between family support and the level of anxiety of third trimester pregnant women in Ernita Midwife Independent Practice.

The results of this study are in line with Febria Syafyu Sari & Wira Novriani (2016) who have conducted research on family support with anxiety in the third trimester, found that (80%) received support from family and (53.3%) experienced mild anxiety, (20%) experienced panic anxiety, (16.7%) experienced anxiety moderate and (10%). respondents experienced severe anxiety. In the bivariate analysis, it was found that p value = 0.041, there was a correlation between family support and the level of anxiety before the third trimester of labor. The family provides support to the mother before delivery so that the mother feels calm and reduces the anxiety of the mother before delivery.

The results of research that has been conducted by Sri & Hastutik (2022) who examined the analysis of family support with anxiety levels in preparation for childbirth with the results of respondents' anxiety levels in preparation for childbirth, it was found that most of them with moderate, severe and severe levels of anxiety. once in preparation for childbirth each of 7 respondents (25.0%), so it was concluded that most of the respondents who received family support with moderate, severe, very heavy anxiety levels in preparation for childbirth were 7 respondents (25.00%).

The researchers' assumptions from the results of research that has been done, the correlation between family support and anxiety levels is very influential in third trimester pregnant women. The existence of family support gives a positive response to pregnant women so they don't experience anxiety. Pregnant women who do not get family support are prone to experience anxiety, but if pregnant women have received family support but still experience anxiety, it becomes a problem and further research is needed.

CONCLUSION

Based on the results of the study, it can be concluded that most of the 22 respondents (73.3%) pregnant women who have received family support, 22 pregnant women who have not experienced anxiety (73.3%), and 7 respondents who have experienced mild anxiety. (23.3%), and 1 respondent (3.3%) had experienced severe anxiety. There is a correlation between family support that has been provided with the level of anxiety facing childbirth in third trimester pregnant women at the Ernita Midwife Independent Practice. Based on the results of statistical tests obtained p value of 0.000.

SUGGESTION

Family support, especially the closest people, is very necessary for pregnant women. Forms of support that can be given by taking time and attention for pregnant women during their pregnancy until before delivery so that mothers can live their pregnancy with peace and happiness and away from stress that can harm the mother and the fetus. Suggestions for health workers such as midwives, cadres and other health workers as providers of health information to families to be able to always provide counseling about psychological changes in pregnant women to the anxiety that will arise when entering labor and the role of birth attendants in reducing anxiety during childbirth as an effort to increase awareness for families who play an important role in childbirth assistance.

ACKNOWLEDGEMENT

We would like to give our big appreciation to STIKes Tengku Maharatu and Ernita Midwife Independent Practice for supporting our research in all aspects. We also would like to thank all of the respondents that participated in this research for their commitment.

FUNDING

This research was funded by all of the authors collectively and also supported by STIKesTengku Maharatu.

CONFLICTS OF INTEREST

The authors declare no conflict of interest. Other funders than the authors had no role in the design of the study, data collection, data analysis, in the writing of the manuscript, and also in the decision for publication.

AUTHOR CONTRIBUTIONS

The main author sees the phenomena that occur because of the discrepancy between the spatial ideal and the real events that occur. The main author starts designing and compiling the theoretical framework, the framework determines theoretical concepts and

research hypotheses, compiles articles, conducts analysis, displays data, performs critical revisions of manuscript writing, makes final approval of the version to be published. The co-authors made research designs and analytical tests using data processing software, performed data retention, data interpretation and assessed the relevance of the theoretical concepts used, designed research instruments and assessed the suitability of implementation according to standard procedures and research frameworks. The lead author monitored the conduct of the research and discussed with co-authors. Based on the hypothesis, the researcher examines the research results to deepen the research discussion. The research associate collected the data and ensured the accuracy of the sample and the validity of the data collected.

REFFERENCES

Arifin, A., Kundre, R., & Rompas, S. (2015). Hubungan Dukungan Keluarga Dengan Kecemasan Ibu Hamil Menghadapi Proses Persalinan Di Puskesmas Budilatama Kecamatan Gadung Kabupaten Buol Propinsi Sulawesi Tengah. *eJournal Keperawatan*, *3*(Volume 3 Nomor 2), 1–6.

Dinas Kesehatan Provinsi Riau. (2019). *Profil Kesehatan*.

Dinas Kesehatan Provinsi Riau. (2021). *Profil Kesehatan Provinsi Riau Tahun 2021* (pp. 1–301).

Febria Syafyu Sari, & Wira Novriani. (2016). Dukungan Keluarga dengan Kecemasan Menjelang Persalinan Trimester III. *JURNAL IPTEKS TERAPAN Research*, *11*, 55–64.

Febriati, L. D., & Zakiyah, Z. (2022). Hubungan Dukungan Keluarga Dengan Adaptasi Perubahan Psikologi Pada Ibu Hamil. *Jurnal Kebidanan Indonesia*, *13*(1), 1–31.

Friedman. (2013). *Buku ajar keperawatan keluarga: Riset, Teori dan Praktek*. Buku Kedokteran EGC.

Kemenkes RI. (2015). Profil Kesehatan RI 2015. In M. K. Dr. drh. Didik Budijanto, M.Kes Yudianto, SKM, M.Si Boga Hardhana, S.Si, MM drg. Titi Aryati Soenardi (Ed.), *Profil Kesehatan Indonesia Tahun 2015*. Kementerian Kesehatan Republik Indonesia.

Kemenkes RI. (2020). Pencatatan program kesehatan keluarga di Kementerian Kesehatan Republik Indonesia pada tahun 2020. In M. Boga Hardhana, S.Si, Ms. P. Farida Sibuea, SKM, & M. Winne Widiantini, SKM (Eds.), *Profil Kesehatan indonesia*. https://doi.org/351.077 Ind p

Mandriwati et al. (2016). *Asuhan Kebidanan Kehamilan Berbasis Kompetensi* (3rd ed.). Buku Kedokteran EGC.

Palupi, F. H. (2012). Perbedaan Tingkat Kecemasan Ibu Primigravida dengan Multigravida dalam Menghadapi Proses Persalinan Kala I di RB Ngudi Saras Jaten Karanganyar. *Jurnal Maternal*, *Vol 6*.

Sri, N. K. E. P., & Hastutik. (2022). *Analisis Dukungan Keluarga Dengan Tingkat Kecemasan Dalam Persiapan Menghadapi Persalinan*. *6*, 9480–9486.

Syafrie. (2017). Gambaran pengetahuan dan kecemasan ibu hamil trimester III dalam menghadapi persalinan di wilayah kerja Puskesmas Muara Aman Kecamatan Lebong Utara, Kabupaten Lebong tahun 2016. *Journal Of Midwifery*, *5*(1), 564.

Videbeck, S. L. (2012). *Buku Ajar Keperawatan Jiwa* (Issue Renata Komalasari, penerjemah). EGC.

Widatiningsih, S., & Dewi, C. H. T. (2017). *Praktik Terbaik Asuhan Kehamilan*. Trans Medika.