

The relationship between husband's emotional support and anxiety of third trimester pregnant women at Lulu's independent midwifery practice Surabaya

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Abstract

Anxiety during pregnancy arises due to physical and psychological changes in the mother. Anxiety makes emotional conditions unstable. If anxiety persists until the third trimester, it will cause prolonged labor, low birth weight, and premature birth and cause hypertension which leads to preeclampsia. Anxiety in pregnant women can be overcome with husband support. A husband plays a role in providing support to pregnant women. Husband support is one of the important factors obtained by pregnant women, because husbands are the closest people to pregnant women. During pregnancy, the mother has an unstable emotional condition so there is a need for emotional support from her husband. This emotional support includes expressions of empathy, care, and attention. The purpose of this study was to analyze the relationship between husband's emotional support and anxiety of third trimester pregnant women. This study is an observational analytic study using a cross sectional design. Data analysis using Spearman's Rho correlation test. The number of samples that met the inclusion criteria was 52 third trimester pregnant women at Lulu's Independent Midwifery Practice, Surabaya. Mothers with good husband's emotional support 86,4% were not anxious, while 53,3% of mothers with poor husband's emotional support experienced mild-moderate anxiety. The results of the Spearman's rho correlation test obtained an r_s value: 0.468 ($p < 0.001$) which means that there is a significant correlation between husband's emotional support and anxiety of third trimester pregnant women, with moderate correlation strength. Husband's emotional support has a moderate relationship with anxiety of third trimester pregnant women.

Keywords: Anxiety of Third Trimester; Pregnant Women; Husband's Emotional Support

1. Introduction

Maternal mortality in Indonesia is still high due to many factors, one of which is the psychological condition of the mother such as anxiety, fatigue, exhaustion during labor and worry [1]. Anxiety in pregnant women can arise from themselves or from environmental factors. Anxiety arises due to physical and psychological changes in the mother. Anxiety due to psychological changes is caused by the increase in progesterone hormone in the mother's body. Not only does this hormone increase anxiety, it also causes emotional disturbances and makes pregnant women tired quickly. The mother's emotions also become unstable so that she quickly experiences emotional mood swings. This condition makes pregnant women more irritable or offended, restless, unable to focus their thoughts, indecisive until finally causing further anxiety [2]. Anxiety is a normal thing, but anxiety that lasts continuously will cause stress to depression [3].

Research states that the classification of anxiety related to labor is different for each trimester. In the first trimester it was 43.1%, in the second trimester it was 55.7%, and in the third trimester it was 57.8% [4]. Based on this study, it was

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found that pregnant women in the third trimester experienced greater anxiety than pregnant women in the first and second trimesters. Increased anxiety in the third trimester occurs because as labor approaches, the mother feels worried about the safety of herself and her fetus. In addition, the mother is also worried about the condition of the fetus that will be born later, the labor process is painful and not easy [5]. Pregnant women who still experience anxiety until the third trimester will affect the labor process, 9% of prolonged labor, 15.5% of low birth weight, and 7-14% of babies born prematurely. In addition, the anxiety felt by pregnant women will cause the mother to experience hypertension which will cause preeclampsia (24%) [6].

In Indonesia, patriarchal culture is still strong, this is influenced by existing social, cultural and spiritual conditions. Men have a dominant position in decision-making that can influence the behavioral process in the family. A husband also plays a role in providing support to pregnant women. Taking a positive role in a patriarchal culture provides an opportunity for a husband to provide support and motivation for pregnant women to reduce their anxiety [7]. Support can also be interpreted as help or actions from the closest person, then support can provide emotional benefits and influence the recipient's behavior [24]. Husband support is one of the important supports obtained by pregnant women, because husbands are the closest people to pregnant women. Not only that, the husband is the first and main person who gives encouragement to his wife from before pregnancy. Husband support during pregnancy can increase feelings of security and comfort in pregnant women. Husband support will make pregnant women feel that they are cared for, valued and cared for by their husbands [25]. Many kinds of support can be provided by husbands such as emotional, instrumental, informational, and appreciation support [8]. During pregnancy, pregnant women have unstable emotional conditions so they need emotional support from their husbands. This emotional support includes expressions of empathy, care, and attention. In addition, this emotional support can provide a sense of comfort, peace of mind, and a feeling of being loved. With this support, pregnant women will feel more cared for and get comfort from their husbands [9].

Based on the description above, the researcher seeks to evaluate the intervention of husband's emotional support on the anxiety of third trimester pregnant women.

2. Material and methods

This study is an observational analytic study using a cross sectional design. The minimum sample size using correlation sample size [10] is 37 people. Data collection was carried out in June-September 2023. Data were collected using a questionnaire consisting of respondent characteristics, anxiety questionnaire, and husband's emotional support questionnaire. The number of samples that met the inclusion criteria was 52 third trimester pregnant women at Lulu's independent midwifery practice. Data analysis using Spearman's Rho correlation test.

3. Results and discussion

3.1. Overview of Characteristics of Pregnant Women

Table 1 Frequency Distribution of Pregnant Women Characteristics on Anxiety Level

Characteristics	Frequency (n)	Percentage (%)	Not Anxious (Normal)		Mild-Moderate Anxiety		Moderate-Severe Anxiety	
			n	%	n	%	n	%
Maternal Age								
≤30 years old	37	71.2	22	59.5	14	37.8	1	2.7
>30 years old	15	28.8	12	80	2	13.3	1	6.7
Gestational Age								
28-35 weeks	27	51.9	21	77.8	6	22.2	0	0
>35 weeks	25	48.1	13	52	10	40	2	8
Gravida Status								
Primigravida	22	42.3	15	68.2	6	27.3	1	4.5

Multigravida	30	57.7	19	63.3	10	33.3	1	3.3
Type of Previous Delivery								
Vaginal Delivery	22	88	15	68.1	6	27.2	1	4.5
Caesarean section	3	12	2	66.7	1	33.3	0	0
Educational Levels								
Primary School	3	5.8	1	33.3	1	33.3	1	33.3
Secondary School	9	17.3	4	44.4	4	44.4	1	11.1
High School	35	67.3	24	68.5	11	31.4	0	0
Higher Education	5	9.6	5	100	0	0	0	0
Occupation								
Housewife	28	53.8	16	57.1	10	35.7	2	7.1
Private Employment	21	40.4	15	71.4	6	28.5	0	0
Others	3	5.8	3	100	0	0	0	0

The results showed that most of the respondents' ages were <30 years (71.2%). In this study pregnant women who had an age of <30 years, there were still pregnant women who were under 20 years old. According to the study, the optimal age for a pregnant woman is 20-35 years old because at that age the uterus is mature and is able to accept the pregnancy both in terms of psychology and physical. Age less than 20 years will increase the risk of stress or baby blues because of the burden and demands that must be faced due to not being ready to care for and nurture the baby, can increase the risk of anemia so that it can make pregnant women weak so that it can affect fetal growth and development, the risk of premature birth is also high which will result in impaired fetal respiratory function, growth and development and congenital birth defects. When over 35 years old, the number and quality of eggs produced will decrease, increase the risk of hypertension which can lead to preeclampsia, can increase the risk of miscarriage or stillbirth along with increasing age during pregnancy, increase bleeding complications before or after childbirth due to placental abnormalities or poor uterine muscle contractions [11].

Most of the respondents' gestational age was in the range of 28-35 weeks (51.9%). In the final trimester of pregnancy, the level of anxiety felt will be higher and characterized by the fear of an unpredictable delivery process. Physiological changes during pregnancy and other factors that can cause the rise and fall of anxiety [12]. Most of the respondents' gravida status was multigravida (57.7%). Mothers with multigravida will have previous pregnancy experience so that they have a picture of the conditions experienced during pregnancy now. Anxiety in multigravida pregnant women is caused by unpleasant experiences she has experienced in the first childbirth process, such as pain, complications, bleeding, or a labor process that is not smooth. Whereas in primigravida mothers, this pregnancy is the first experience of pregnancy not knowing the picture, information and preparation for childbirth so that it will experience a more anxious condition. Anxiety in primigravida occurs because the pregnancy she is experiencing is the first time and ignorance becomes a supporting factor for anxiety [13].

The respondents' past history of labor was mostly vaginal delivery (42.3%). The type of past labor history, either vaginal delivery, can also affect anxiety in pregnant women. The risks and trauma that may be caused during the past labor history can increase anxiety when facing labor [14]. The last education level of most respondents was high school (67.3%). A person's level of education will affect the process and ability to think so that he can capture new information quickly. the higher the level of education, the more qualified a person will be in terms of knowledge and can be more intellectually mature. With higher education, a person can tend to pay more attention to their own health and the health of their family. The higher a person's education, the greater the opportunity to seek information and access to health workers. Conversely, the lower a person's education will cause a person to experience stress, where stress and anxiety that occurs due to lack of information obtained [11].

Most of the respondents were housewives (53.8%). In someone who does not work, almost every day the respondent spends time at home so that it is limited to looking for information about her pregnancy and causes more thoughts about things that have a negative impact on her pregnancy. Working mothers generally have time-consuming activities so that pregnant women who work experience less anxiety than non-working mothers because work can divert feelings of anxiety [15].

3.2. Overview of Relationship Between Husband's Emotional Support and Anxiety of Third Trimester Pregnant Women

Anxiety in pregnant women physiologically can cause the release of stress hormones including Adrenocorticotrophic Hormone (ACTH), cortisol, catecholamine, β -Endorphin, Growth Hormone (GH), prolactin and Luteinizing Hormone (LH)/Follicle Stimulating Hormone (FSH). The release of these stress hormones results in systemic vasoconstriction, including constriction of the vasa utero placenta which causes impaired blood flow in the uterus, so that oxygen delivery to the myometrium is disrupted and results in weak uterine muscle contractions. High levels of maternal stress can lead to increased levels of CRH in pregnancy. It is known that chronic stress during pregnancy will result in an increase and release of hormones that play a role in labor, including CRH, ACTH, cortisol, estrogen, progesterone, prostaglandins, and other hormones. Chronic stress will stimulate the activation of the HPA axis. All these processes lead to preterm labor and low birth weight. In particular, changes in the level of production of CRH and cortisol hormones in mid to late pregnancy in response to stress affect the decrease in progesterone hormones that function to maintain pregnancy, then with an imbalance in the ratio of estrogen and progesterone, as a result there is a decrease in progesterone due to cortisol which stimulates the appearance of prostaglandin hormones that trigger contractions and increase the intensity of contractions. This can lead to an increased risk of premature birth and low birth weight [16].

Table 2 Relationship Between Husband's Emotional Support and Anxiety of Third Trimester Pregnant Women

Husband's Support	Emotional	Not Anxious (Normal)		Mild-Moderate Anxiety		Moderate-Severe Anxiety		Total	
		n	%	n	%	n	%	n	%
Good		19	86.4	3	13.6	0	0.0	22	100
Medium		10	66.7	5	33.3	0	0.0	15	100
Less		5	33.3	8	53.3	2	13.3	15	100
Total		34	65.4	16	30.8	2	3.8	52	100
Significance Value ($p < 0.001$); Spearman-Rho Correlation Coefficient (r): 0.468)									

Anxiety that occurs during pregnancy is caused by personal and fetal health, anxiety about the delivery process, finances, delivery services, and newborn care. In addition, other causes of anxiety in pregnant women are usually related to the welfare conditions of themselves and the baby to be born, the experience of miscarriage again, a sense of security and comfort during pregnancy, self-discovery and preparation for parenthood, attitudes of giving and receiving pregnancy, family finances, family support and medical support. Factors that also affect anxiety in pregnant women are age, parity, history of miscarriage, education marital status, gestational age, social support, unplanned pregnancy, relationship with partner and interaction with health care [8,17].

Anxiety that persists into late pregnancy results in preterm birth. The effects of prolonged emotional distress during pregnancy affect endocrine balance, so anxiety can carry over into the postnatal period and affect adjustment to postnatal life. Mothers who will go into labor should be prepared for assistance by the family, especially by the husband. Husband support has an important role in the development of pregnancy and the readiness of the mother's labor, for example, the husband can help to prepare various needs both in terms of nutrition and psychological support for the mother. The presence of a husband can provide psychological support that will increase self-confidence, and control anxiety during the mother's labor [18].

Husband's support includes a form of responsibility towards his wife. Husband's support will provide a sense of pleasure, security, satisfaction, and comfort that makes pregnant women feel emotionally supported and affects their mental well-being. Support from husbands obtained by prospective mothers will cause feelings of calmness, a positive attitude towards themselves and their pregnancy. Emotional support that husbands can provide includes empathy, attention, affection, and togetherness. The wife will make her husband a place to tell stories, a place of hope and a place to complain when experiencing problems [18]. The husband's form of emotional support is as a safe and peaceful place for rest and recovery and helps control emotions. Other aspects of emotional support include support that is realized in the form of affection, trust, listening and being listened to. Applications of husband's emotional support given to pregnant women such as listening attentively to complaints and problems faced, caring about every complaint experienced, understanding the decisions and actions taken by the mother [4].

Continuity of Care (CoC) is fundamental in the midwifery practice model to provide holistic care, build sustainable partnerships to provide support, and foster trusting relationships between midwives and clients and improve family welfare [19]. The philosophy of the continuity of care model emphasizes natural conditions, namely helping women to be able to give birth with minimal intervention and monitoring the physical, psychological, spiritual and social health of women and families [20]. The prevailing culture at the research site, the husband's involvement was limited only when delivering the examination but was not involved during the pregnancy examination so that communication between the midwife and the husband was minimal. In accordance with the minimum standards of 10T integrated antenatal care services, at the point of meeting the husband should have a role in pregnancy and childbirth planning. The intended role of the husband is to be involved in pregnancy examinations, making decisions on mutual agreement, and planning for childbirth [21].

Based on statistical tests using Spearman's Rho correlation analysis, the results of significance (p) <0.001 , which means that there is a significant correlation between husband's emotional support and anxiety of third trimester pregnant women. Spearman's Rho correlation coefficient $\{r\}$: 0.468 which means that the strength of the correlation (r) is moderate with a positive correlation direction, which means that the smaller the husband's emotional support provided, the greater the anxiety felt by third trimester pregnant women.

The results of this study are in line with research [1] that there is a significant relationship between husband support and anxiety level (p value 0.03). In the results of the study mentioned that husband support is the main support during pregnancy. Anxiety and difficulties will be experienced during third trimester pregnancy leading up to childbirth so that husband support is very important for mothers in labor. This is also in line with other studies that there is a significant effect on husband's support on the anxiety level of third trimester pregnant women (p value 0.000), indicating that the higher the support provided by the husband, the less anxiety experienced by pregnant women. The importance of support given by husbands to their wives can provide a feeling of calmness in third trimester pregnant women as they approach childbirth [4]. Likewise, research [22] shows that husband support can affect anxiety levels in third trimester pregnant women (p value 0.03) with the results of the study showing that pregnant women with less husband support experience severe anxiety (45.5%). Husband support has a big role in determining maternal health so that it can make mothers reduce anxiety, increase self-confidence during pregnancy and psychological disorders that arise during pregnancy can be avoided.

However, the above is not in line with other studies which state that there is no relationship between family support and the anxiety level of pregnant women facing the labor process (p value 0.40) with the results of the study lacking family support (54%). The support provided is in the form of emotional support, assessment, instrumental, and information. There are several factors that cause the results of the study to be unrelated, namely due to individual factors in urban communities so that pregnant women are accustomed to doing their own activities and can control their anxiety or even not anxious. Another factor mentioned is the presence of traditional midwife in the area so that the traditional midwife can supervise pregnant women and make pregnant women feel calmer [23].

4. Conclusion

There is a relationship between husband's emotional support and anxiety of third trimester pregnant women. It is hoped that this study will provide an evaluation related to pregnancy services, not only involving mothers but also involving husbands in midwifery care. Anxiety screening can also be a recommendation for routine screening during pregnancy.

Compliance with ethical standards

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Conflict of interest statement

There is no conflict of interest in this study.

Statement of ethical approval

This study implemented the principle of Helsinki Declaration and has received an ethical certificate from Health Research Ethics Committee of Airlangga University. Indonesian Midwives Association of Surabaya Branch has given a letter of approval to conduct the study and the letter was handed over Lulu's Independent Midwifery Practice.

Statement of informed consent

Informed consent as obtained from all individual participants included in the study.

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