



Volume 15 Nomor 1 (2025) 24-29

JURNAL KEBIDANAN

p-ISSN: 2089-7669 ; e-ISSN: 2621-2870

<https://doi.org/10.31983/jkb.v15i1.12610>



The Relationship between Family Support and Maternal Readiness with Anxiety Levels Before Delivery

Dewi Ritonga^{*1}, Vaulinne Basyir¹, Rosfita Rasyid¹

¹Faculty of Medicine, Andalas University Padang, Indonesia
Jl. Limau Manis, Kec. Pauh, Kota Padang, Sumatera Barat, Indonesia

Corresponding author: Dewi Ritonga
Email: dewi.ritonga90@gmail.com

Received: February 17th 2025; Revised: February 5th 2024; Accepted: March 19th 2025

ABSTRACT

Anxiety in pregnant women is a common emotional condition that occurs during pregnancy, characterized by excessive feelings of anxiety, worry, or fear. Pregnancy anxiety itself is experienced by many pregnant women due to lack of knowledge, readiness and support from family, community and environment. Excessive anxiety during pregnancy can lead to an increased incidence of uterine atony, infection, maternal fatigue, and shock, while in infants it can increase the risk of preterm birth and low birth weight (LBW). This study aims to examine the relationship between family support and maternal readiness with the anxiety level of pregnant women before delivery. This study used a quantitative research design with a cross-sectional approach, conducted in the working area of Andalas Padang Community Health Center. The sample consisted of 59 third-trimester pregnant women, selected through Simple Random sampling. Data collection was carried out using a questionnaire. The results of this study showed that the percentage of pregnant women who received family support and experienced less severe anxiety was 52.2% ($p=0.048$), including analysis of this data using the Chi-Square Test. Furthermore, it was found that pregnant women who were less prepared for childbirth experienced severe anxiety at a rate of 50.0% ($p=0.002$). In conclusion, there is a relationship between family support and maternal readiness with anxiety levels before delivery in the working area of Andalas Padang Community Health Center.

Keywords: Family support; Maternal readiness; Anxiety level

Introduction

The World Health Organization (WHO) reported that approximately 810 women die every day in 2017 due to preventable causes related to pregnancy and childbirth. According to the Chairperson of the Scientific Committee of the International Conference on Indonesia Family Planning and Reproductive Health (ICIFPRH), Meiwi Budhiharsaba, as of 2019, the maternal mortality rate (MMR) in Indonesia remained high at 305 per 100,000 live births. This figure is still far from the target set in 2015, which was 102 per 100,000 live births [1].

Maternal mortality remains a serious issue

in Indonesia, with one of the main causes being prolonged labor. Prolonged labor can occur due to several factors, including ineffective uterine contractions and psychological factors, such as the mother's lack of preparedness for childbirth. Both physical and psychological aspects are interconnected and influence the process leading up to labor [2].

According to data from the United Nations Children's Fund, approximately 12,230,142 pregnant women face complications during labor, with 30% of these cases attributed to anxiety during pregnancy. In several developed countries, including the UK and Australia, around 10% of pregnant women and 13% of women in labor

experience mental health issues such as anxiety. This problem is even more prevalent in developing countries, affecting 15.6% of pregnant women and 19.8% of women in labor, including those in China, India, Pakistan, South Africa, Chile, Jamaica, Mexico, and Uganda [3].

According to the Ministry of Health of the Republic of Indonesia (Depkes RI), as cited in a study [4], in 2018 it was stated that out of all the data on pregnant women, approximately 28.7% of pregnant women in Indonesia experienced anxiety prior to childbirth. The study found that 81.5% of pregnant women in their third trimester experienced mild anxiety, 14.8% experienced moderate anxiety, and 3.7% experienced severe anxiety [5].

Anxiety itself can be caused by several influencing factors, as found in a study conducted in Latvia, Europe, which identified family support, economic status, education level, and maternal preparedness as factors that can influence pregnancy-related anxiety [6]. A similar study in Indonesia also found that several factors affecting maternal anxiety before labor include family support, followed by age, parity, and education level [7].

During the third trimester of pregnancy, anxiety generally arises due to both physical and psychological factors. In addition, a lack of family support can further increase the level of anxiety in pregnant women. Anxiety itself can lead to the release of stress hormones in large quantities, which may disrupt uterine contractions. This condition can interfere with oxygen circulation to the myometrium, leading to prolonged labor, which could be dangerous for both the mother and the fetus [8]. Pregnancy with psychological disturbances can also affect uterine artery resistance, potentially hindering fetal growth, causing preterm birth, and leading to miscarriages [9].

Support from loved ones plays a crucial role in overcoming anxiety in pregnant women. For example, offering special attention to the mother and helping her adapt to the physical and psychological changes of pregnancy. The role of the family in providing care to a pregnant woman can positively affect her well-being and the health of both the mother and the baby.

Moreover, the pregnant woman will feel calmer, more comfortable, happier, and more confident in facing the pregnancy process, labor, and the postpartum period [5]. The purpose of this study is to determine the relationship between family support and maternal preparedness with anxiety levels before labor in the working area of Andalas Health Center, Padang.

Methods

This research is a quantitative study with a cross-sectional approach, where data is collected simultaneously at a single point in time. Data collection was conducted from December 2023 to July 2024. The population for this study consists of third-trimester pregnant women in the working area of Andalas Health Center, Padang. A total of 59 samples were randomly selected using the simple random sampling method. Data processing was done with the Chi-Square Test, ($p < 0.05$) using computerized. The variables in this study included family support, measured by a questionnaire assessing emotional, informational, and practical assistance provided by family members; maternal readiness, assessed through a questionnaire evaluating the mother's knowledge about labor, health, and physical and mental preparation; and anxiety levels, measured using a validated anxiety scale categorizing anxiety into mild, moderate, and severe.

The questionnaire used in this study consisted of three sections: family support, maternal readiness, and anxiety levels. Each section included multiple-choice and Likert-scale questions designed to assess the respective variables. The validity of the questionnaire was established through expert review and pilot testing, ensuring that the questions accurately measured the intended constructs. The reliability was assessed using Cronbach's alpha, which yielded a coefficient of 0.85, indicating good internal consistency. Ethical clearance for this research was obtained from the Ethics Committee of Andalas University, ensuring that all participants provided informed consent and that their confidentiality was maintained throughout the study.

Results and Discussion

Univariate Analysis

Table 1. Frequency Distribution of Family Support, Maternal Preparedness, and Anxiety Levels of Pregnant Women

Independent Variable	F	%
Family Support		
Good	19	32,2
Moderate	17	28,8
Poor	23	39,0
Maternal Preparedness		
Good	16	27,1
Moderate	19	32,2
Poor	24	40,7
Anxiety Level		
Mild	16	27,1
Moderate	23	39,0
Severe	20	33,9

Based on Table 1, it shows that the majority of pregnant women received poor family support, with 23 (39.0%) respondents reporting this. For the maternal preparedness variable, the majority of pregnant women had insufficient preparedness,

with 24 (40.7%) reporting this. Regarding anxiety levels, the majority of pregnant women experienced moderate anxiety, with 23 (39.0%) respondents.

Bivariate Analysis

Table 2. The Relationship Between Family Support and Anxiety Levels Before Labor in the Working Area of Andalas Health Center, Padang

Maternal Preparedness	Anxiety Levels						Total		p-value
	Mild		Moderate		Savere				
	f	%	f	%	f	%	f	%	
Good	10	62,5	5	31,3	1	6,3	16	100	0,002
Moderate	2	10,5	10	52,6	7	36,8	19	100	
Poor	4	16,7	8	33,3	12	50,0	24	100	
Total	16	33,9	23	33,9	20	32,2	59	100	

Based on Table 2, it can be observed that the percentage of women experiencing severe anxiety is significantly higher among those who received poor family support (52.2%) compared to respondents who received good family support (21.4%) during their pregnancy leading up to labor. The results indicate a significant relationship between family support and anxiety levels before labor, with a

confidence interval of 1.25 to 3.45 at a 95% confidence level. Furthermore, the findings of this study demonstrate a Chi-Square test with a p-value of 0.048 (p-value < 0.05), confirming the significant relationship between family support and anxiety levels before labor in the working area of Andalas Health Center.

Table 3. The Relationship Between Family Support and Anxiety Levels Before Labor in the Working Area of Andalas Health Center, Padang

Family Support	Anxiety Levels						Total		p-value
	Mild		Moderate		Savere				
	f	%	f	%	f	%	f	%	
Good	9	47,4	6	31,6	4	21,1	19	100	0,048
Moderate	4	23,5	9	52,9	4	23,5	17	100	
Poor	3	13,0	8	34,8	12	52,2	23	100	
Total	16	27.1	23	39.0	20	33.9	59	100	

Based on Table 3, it can be observed that the percentage of women experiencing severe anxiety is significantly higher among those with insufficient maternal preparedness (50.0%) compared to those with good preparedness (6.3%) leading up to labor. The results indicate a significant relationship between maternal preparedness and anxiety levels before labor, with a confidence interval of 1.75 to 4.25 at a 95% confidence level. Furthermore, the findings of this study demonstrate a Chi-Square test with a p-value of 0.002 ($p\text{-value} < 0.05$), confirming the significant relationship between maternal preparedness and anxiety levels before labor in the working area of Andalas Health Center, Padang.

Based on the research findings, it was found that the majority of respondents still receive insufficient family support and are unprepared for childbirth. Lack of family support is one of the factors contributing to anxiety during pregnancy. Support from family members for pregnant women can enhance their self-confidence as they approach labor, which helps the mother feel more comfortable and avoid negative thoughts that cause anxiety. If the family provides continuous support, such as being present whenever the mother needs assistance, the pregnant woman will feel happier throughout her pregnancy. Additionally, offering information, feedback, or emotional support can help the mother avoid feelings of anxiety [6].

Moreover, a pregnant woman's readiness for childbirth is the final preparation that needs to be made before the labor process. Preparation for childbirth itself includes physical and mental readiness, which covers the mother's health condition, aspects related to physiological changes during pregnancy and labor, nutritional needs during pregnancy, the planning of labor, and the prevention of complications, including signs of labor-related complications [10].

Readiness is one of the most important factors that need to be considered, in addition to family support, when facing childbirth. Readiness itself can be divided into two categories: physical readiness and psychological readiness. Both physical and mental readiness can be fulfilled by pregnant women by attending pregnancy classes available in their area, as these classes prepare them both physically and mentally. Additionally, mothers will receive extra information about how to anticipate potential complications [11].

In the analysis of the relationship between family support and the mother's readiness with anxiety levels approaching labor, it was found that respondents with severe anxiety were more

commonly those who received inadequate family support and readiness compared to those who received good family support and readiness. Statistical tests using Chi-square showed a significant relationship between family support and anxiety levels before childbirth [4].

Anxiety itself is caused by several factors, one of which is family support. Every pregnant woman, especially those experiencing their first pregnancy, will experience anxiety before childbirth. The presence of family to provide support is very important for the mother during the labor process. Moreover, families who are involved during pregnancy and childbirth will have a positive impact on both the mother and the baby. Support from the family can include actions such as massaging the mother's back, holding her hand, maintaining eye contact, and staying with her throughout the labor process [12].

Similar findings were also observed in a study conducted in Latvia using the Pearson Chi-square test. This test was used to identify whether there is a relationship between anxiety and factors such as pregnancy, age, education level, marital status, pregnancy planning, number of children, and family support. The results indicated significant statistical differences, showing that severe anxiety levels were higher among pregnant women who felt lonely compared to those who received support from family members or partners [13].

Aside from family support, the mother's unpreparedness for childbirth is one of the factors contributing to the high maternal mortality rate (MMR) and infant mortality rate (IMR). Readiness for childbirth encompasses everything that is prepared by the pregnant woman in welcoming her child. This readiness includes preparation for psychological and physiological changes, recognizing danger signs, and understanding how to handle them initially. Moreover, lack of preparation causes anxiety in pregnant women as they worry about what will happen during labor. With proper preparation, mothers can avoid feeling worried about their childbirth experience [14].

Pregnant women who are well-prepared are more confident in going through labor and handling any complications that may arise during the process. One activity that can help train the mother's readiness is attending pregnancy classes. Pregnant women who participate in such classes will gain knowledge, skills, and motivation to improve their health and that of their baby. A mother may fear the pain and physical risks that could occur during labor, so her own readiness is crucial.

A study conducted by Wildan, M., & Palupi found that the majority of respondents at the Panembahan Senopati Bantul General Hospital experienced high levels of anxiety, significantly more than those with mild anxiety. This heightened anxiety may be attributed to internal factors affecting the mother, particularly inadequate physical readiness to face labor. A lack of physical preparedness can often result in symptoms such as headaches, muscle aches, tension, fatigue, and palpitations. However, this study has several limitations. Firstly, the sample size was relatively small and limited to a single hospital, which may affect the generalizability of the findings to a broader population. Additionally, the study relied

on self-reported measures of anxiety and physical readiness, which may introduce bias and affect the accuracy of the data. Therefore, it is crucial for the husband to be actively involved in assisting the mother in preparing for childbirth and to provide support in case any complications arise. The results of this study have important clinical implications, highlighting the need for healthcare providers to assess not only the psychological state of pregnant women but also their physical preparedness for labor. Interventions such as prenatal education and support programs that involve partners can be beneficial in reducing anxiety levels and improving maternal outcomes during childbirth [15].

Conclusion

Based on the data analysis, the researcher can draw the following conclusions: The majority of pregnant women receive insufficient support and are unprepared for the labor process. There is a significant relationship between family support and the mother's readiness with the level of anxiety approaching childbirth in the working area of Andalas Health Center, Padang. Acknowledgment is due to the individuals and organizations that contributed to the success of this research.

References

- [1] Susiana, S. Program Keluarga Harapan dan Penurunan Angka Kematian Ibu (Studi di Provinsi Jambi dan Provinsi Kalimantan Selatan). *Aspirasi: Jurnal Masalah-masalah Sosial*. 2019, 10.1: 19-31.
- [2] Shodiqoh, E. R., & Syahrul, F. (2014). Anxiety Level Differences Between The Face Of Labour And Multigravida Primigravida. *Jurnal Berkala Epidemiologi*. 2014, 2.1: 141-150.
- [3] Nielsen-Scott, M., Fellmeth, G., Opondo, C., & Alderdice, F. Prevalence of perinatal anxiety in low-and middle-income countries: A systematic review and meta-analysis. *Journal of affective disorders*. 2022, 306:71-79.
- [4] Hasim, R. P., & Sulastri, S. K. *Gambaran Kecemasan Ibu Hamil* (Doctoral dissertation, Universitas Muhammadiyah Surakarta). 2018.
- [5] Febriati, L. D., & Zakiyah, Z. Hubungan dukungan keluarga dengan adaptasi perubahan psikologi pada ibu hamil. *Jurnal Kebidanan Indonesia*. 2022, 13.1.
- [6] Deklava, L., Lubina, K., Circenis, K., Sudraba, V., & Millere, I. Causes of anxiety during pregnancy. *Procedia-Social and Behavioral Sciences*. 2015, 205: 623-626.
- [7] Rinata, E., & Andayani, G. A. Karakteristik ibu (usia, paritas, pendidikan) dan dukungan keluarga dengan kecemasan ibu hamil trimester III. *Medisains*. 2018, 16.1: 14-20.
- [8] Maryani, S., Amalia, R., & Sari, M. H. N. Pijat Hamil Sebagai Terapi Non Farmakologis Dalam Penanganan Ketidaknyamanan Kehamilan Trimester Iii. *Jurnal Sains Kebidanan*. 2020, 2.2: 15-20.
- [9] Maki, F. P., Pali, C., & Opod, H. Gambaran tingkat kecemasan ibu hamil primigravida trimester III di Klinik Bersalin Sutra Minahasa Selatan. *eBiomedik*. 2018, 6.2.
- [10] Jumita, J., Ekasari, Y. P., Harlyanita, H., & Sari, L.Y. Faktor-Faktor Yang Berhubungan Dengan Kesiapan Psikologis Ibu Primigravida Pada Kelas Ibu Hamil Di Puskesmas Ratu Agung Kota Bengkulu. *Journal of Midwifery and Nursing Studies*. 2021, 3.2: 1-12
- [11] Kaso, M., & Addise, M. Birth preparedness and complication readiness in Robe Woreda, Arsi Zone, Oromia Region, Central Ethiopia: a cross-sectional study. *Reproductive health*. 2014,11:1-12
- [12] Araj, S., Griffin, A., Dixon, L., Spencer, S. K., Peavie, C., & Wallace, K. An overview of maternal anxiety during pregnancy and the post-partum period. *Journal of Mental Health & Clinical Psychology*. 2020, 4.4.
- [13] McCarthy, M., Houghton, C., & Matvienko-Sikar, K. Women's Experiences and Perceptions of Anxiety and Stress During The Perinatal Period: A Qualitative Evidence

- Synthesis. 2021.
- [14] Fitriani, E., & Dewita, D. Metode Pembelajaran Kelas Ibu Hamil Terhadap Pengetahuan Dan Sikap Ibu Tentang Perawatan Kehamilan, Persalinan Dan Nifas. JKM (Jurnal Kebidanan Malahayati). 2021, 7.4: 731- 737
- [15] Dadi, A. F., Wolde, H. F., Baraki, A. G., & Akalu, T. Y. Epidemiology of antenatal depression in Africa: a systematic review and meta-analysis. BMC pregnancy and childbirth. 2020, 20: 1-13