

Research Article

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The Relationship between Husband's Support and Anxiety of Third-Trimester Pregnant Women at Barana Health Center

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Abstract: Anxiety appears as intense fear or panic. If left unchecked, it can continue to trigger several complications, such as a prolonged first stage, the mother losing energy, and even obstructed labor. This research aims to determine the relationship between the husband's support and the anxiety of pregnant women in the third trimester at the Barana Community Health Center, Jeneponto Regency. The type of research used in this research is quantitative research. The sampling technique used in this research is a purposive sampling technique, namely taking subjects not based on strata, random, or area. This research was carried out on August 2023. The research was conducted in the KIA room of the Barana Community Health Center, Jeneponto Regency with a population of 90 and a sample of 32 people. The Chi-Square results conclude that the p-value is 0.04, which is smaller than the α value of 0.05 value. Thus, the alternative hypothesis is accepted, namely that there is a relationship between the husband's support and the anxiety level of pregnant women in the third trimester at the Barana Community Health Center, Jeneponto Regency.

Keywords: Husband's Support, Third Trimester, Pregnant Women, Anxiety.

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INTRODUCTION

The pregnancy and childbirth period in humans is a very important focus of attention in human life. In 2019, WHO mentioned that in 2017 every day, 830 mothers in the world died from diseases/complications related to pregnancy and labor. Based on the results of SUPAS in 2015, the MMR in Indonesia was 305 per 100,000 live births. Indonesia has the second-highest MMR among developing country in the world [1]. The main causes of maternal mortality are bleeding, infection, high blood pressure, and prolonged birth [2,3]. Complications during childbirth are closely related to maternal factors and birth attendants. The maternal factor is in the form of anxiety when approaching labor which can trigger changes in blood vessels and increased uterine arterial resistance which can raise blood pressure which if continued results in hypertension and high blood pressure.

Pregnant women usually experience ambivalent feelings, which are positive and negative feelings towards the baby. Positive feelings are happiness that is expressed freely and does not cause feelings of guilt. The negative feelings include anxiety about the pain caused during labor to reduce anxiety and fear is the responsibility of a husband [4,5]. Anxiety is characterized by vague feelings of concern and worry

due to threats to one's value system or security patterns, feelings of fear, and anxiety in pregnant women can cause excessive pain at the time of delivery. The overwhelming pain felt by the mother can interfere with the labor process and result in the length of the labor process. The high level of anxiety in pregnant women, especially during the third trimester of pregnancy, occurs because every pregnant woman will be filled with various kinds of feelings such as feelings of strength and courage to bear all burdens, fear, horror, love, hate, doubt, certainty, anxiety, a sense of calm, hopeful excitement, and the anxiety experienced will become more intensive when approaching the birth of her baby [6].

The reasons for anxiety during pregnancy, especially in third-trimester pregnancy in this case, such as anxiety and fear of death, birth trauma, feelings of guilt or sin, and real fears such as the fear of the baby being born with defects. At the same time, pregnant women also feel anxiety about the birth of their baby and the beginning of a new phase in their life [7]. The feeling of anxiety of third-trimester pregnant women in thinking about the process of giving birth and the condition of the baby who will be born does not only last in the first pregnancy [8].

The management of anxiety among pregnant women can be in the form of the husband's support given to the wife in the form of accompanying the wife during antenatal visits, providing extra attention and affection when the wife is pregnant, providing additional information on important things in caring for pregnancy and providing facilities both cost and transportation to do antenatal care [9]. Husband's emotional support for his wife can provide inner peace and feelings of happiness in the wife so that the wife finally becomes easier to adjust to the situation of her pregnancy.

During the third trimester of pregnancy, husbands should accompany their wives, especially during the third trimester of pregnancy because the third trimester of pregnancy is a very crucial period and during the third trimester of pregnancy pregnant women experience anxiety in waiting for labor that will occur soon [10,11]. Husbands who cannot accompany their pregnant wives will have an impact on the condition of the pregnant women themselves, pregnant women will feel afraid, lack security and comfort, and there is no one to encourage the wife because the husband is the first and main person who can provide support and inner peace and feelings of pleasure in the wife [12]. However, most of the pregnant women who visited the health facility did not come with their husbands but with their obstetricians or relatives. There were also some patients who did not live with their husbands during pregnancy. According to the results of monitoring, husbands are more likely to stay at home rather than take their wives, especially for pregnancy check-ups. The lack of awareness of the husband in paying attention to the condition of his wife while pregnant makes the wife feel anxious about the labor that will be undertaken later and feel less attention and affection from the husband. The purpose of this study was to determine the relationship between husband support and anxiety of third-trimester pregnant women at the Barana Health Center, Jeneponto Regency.

METHOD

A quantitative research approach with cross-sectional study design using purposive sampling sampling was conducted. Women were recruited from Barana Community Health Center Working Area, Jeneponto Regency, South Sulawesi Province, Indonesia. The study population consisted of 90 patients, as identified from medical records spanning from. Sample size determination followed the Slovin formula, resulting in 32 samples selected based on predefined inclusion and exclusion criteria.

Ethical approval was obtained from the Institutional Review Board of Barana Community Health Center Working Area, Jeneponto Regency. Additionally,

permission to conduct the research was acquired from the heads of the Barana Community Health Center Working Area, Jeneponto Regency, Indonesia prior to conducting the study.

The data were analysed using SPSS version 23. Descriptive statistics (frequencies, percentages, mean and standard deviation) were used to present demographic factors and health characteristics. A chi-square test is a statistical test used to compare observed results with expected results.

RESULT

Table-1: Distribution of Respondents Based on Husband Support for Third-Trimester Pregnant Women at Barana Health Center, Jeneponto Regency

Husbands Support	n	%
Lack of support	20	62.5
Supporting	12	37.5
Total	32	100

Source: Primary Data 2023

To determine the husband's support for Trimester III pregnant women, it was calculated using frequency distribution in a computerized system where researchers categorized the husband's support into 2 categories, namely less supportive (total score \leq mean 62.5) and supportive (if the total score \geq mean 62.5). Based on table 1 shows that respondents said that their husbands' support was supportive, namely 20 people (62.5%). Meanwhile, those who did not support were 12 people (37.5%).

Table-2: The distribution of anxiety levels of pregnant women at the Barana Health Center, Jeneponto Regency

Anxiety	n	%
Anxious	19	59.4
Not Anxious	13	40.6
Total	32	100

Source: Primary Data 2023

To determine anxiety in third-trimester pregnant women, it was calculated using frequency distribution in the SPSS application where researchers categorized the anxiety of pregnant women into 2 categories, namely not anxious (if the score <14) and anxious (if the score >14). According to Table 2, more respondents experienced anxiety, namely 19 people (59.4%), not anxious, namely 13 people (40.6%).

Table 3 Relationship between Husband Support and Anxiety of Third-Trimester Pregnant Women at the Barana Health Center, Jeneponto Regency

Husbands Support	Level of Anxiety				Total	%	ρ
	Anxious		Not Anxious				
	n	%	n	%			
Lack of support	16	50	4	12.5	20	62.5	0.02
Supporting	3	9.4	9	28.1	12	37.5	
Total	19	59.4	13	40.6	32	100	

Based on the results of statistical analysis using the chi-square test with a value of $\alpha = 0.05$. In table 3 above, the value of $\rho = 0.04$ is obtained so that $\rho < \alpha$, the research hypothesis H_a is accepted and H_o is rejected, meaning that there is a relationship between husband support and the anxiety level of third-trimester pregnant women at the Barana Health Center, Jeneponto Regency. Thus, it is concluded that the lack of a husband's support can cause anxiety to third-trimester pregnant women.

DISCUSSION

The results showed that the importance of husband support about anxiety experienced by third-trimester primigravida mothers in the face of childbirth. Husband's support is very important to reduce the psychological pressures experienced by third-trimester primigravida pregnant women facing labor [13,14]. Previous study states that husband support is very meaningful in dealing with pregnancy and childbirth for pregnant women because it can foster self-confidence so that pregnant women are mentally strong enough to face labor [15,16]. In addition, husbands can provide positive support. Whereas unsupportive husbands are husbands who do not take them to pregnancy check-ups or do not remind them to take medicine [17].

Husband support is needed by pregnant women to improve psychological well-being and self-adjustment as well as reduce stress and anxiety during pregnancy and improve and maintain physical health during pregnancy [18]. Several factors influence the husband's support, among others: knowledge about pregnancy, by reading many books about pregnancy, the husband is easier to share what his wife experiences and feels [19]. Furthermore, a husband's experience in dealing with his wife's pregnancy and childbirth will positively affect the support given to his wife. The marital status of couples with invalid marital status will reduce the support given to their spouses, compared to couples whose marital status is legal. The economic status, husbands who have good socio-economic status will be able to play a role. In traditional societies, women are considered not equal to men, and women are tasked with serving the needs of their husbands [19]. This assumption can affect the husband's behavior toward his wife's reproductive health. Then income, in most societies 75%-100% of their income is used to finance

their living needs. Husband empowerment needs to be linked to family economic empowerment so that the head of the family has no reason not to maintain the health of his wife. Finally, the level of education can affect the husband's knowledge insight as the head of the household.

Pregnant women in the third-trimester should try to be open about the things they feel their husbands and social environment because this can help communication between husband and wife to face pregnancy, especially the period leading up to childbirth well [20]. During pregnancy, third-trimester pregnant women expand their knowledge about childbirth and matters related to parenting and try to be open with the social environment about matters related to their pregnancy, this is needed to provide insight for pregnant women so that they can anticipate things that can interfere during pregnancy [21]. In addition, husbands should always seek information about the danger signs of pregnancy, and signs of labor, and accompany pregnant women during pregnancy, especially before labor by providing attention, support, and assistance, and developing good communication with pregnant women.

CONCLUSION

Based on the results of research that have been conducted with the title of the relationship between husband support and anxiety of third-trimester pregnant women at the Barana Health Center, Jeneponto Regency, the following conclusions can be drawn: (1) There were 12 out of 32 respondents (37.5%) who received support from their husbands and 20 (62.5%) who did not receive support from their husbands. (2) The number of respondents who experienced anxiety was 19 (59.4%) and the number of respondents who did not experience anxiety was 13 (40.6%). (3) The results of the study there is a relationship between husband support and anxiety in pregnant women with a ρ value of 0.04 or below $\alpha = 0.05$. then the research hypothesis H_a is accepted and H_o is rejected.

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