Relationship of Husband's Assistance to the Level of Mother's Anxiety in the Active Phase of the First Stage of Normal Labor Process

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Abstract

Labor that starts spontaneously, is low risk in early labor, and remains so throughout the labor process. On Anxiety which is a fear that is not clear and not supported by the situation. The delivery process requires husband's support to reduce anxiety so that pregnant women can feel calm. The purpose of this study was to determine the relationship between husband's assistance to the level of maternal anxiety in the active phase of the first stage of the normal delivery process at the Makassar City Hospital.Methods this research uses an observational analytic research type with a cross sectional approach. The sample in this study were all mothers who gave birth normally in the delivery room at the Makassar City Hospital in December totaling 60 people using the accidental sampling technique. Collecting data using a questionnaire and the data analysis process using the chis-square test. Results: Mentoring husband or family both with moderate maternal anxiety levels as many as 53 respondents (88.3%) while good husband or family assistance with severe maternal anxiety levels as many as 2 respondents (3.3%) and adequate husband or family assistance with moderate anxiety levels as many as 3 respondents (5.0%) and husband or family assistance is lacking with moderate anxiety levels as many as 2 respondents (3.3%) Based on the p value obtained, namely 0.003 which means p value < (Ha is accepted and H0 is rejected) and it can be concluded that there is a relationship between husband's assistance to the level of maternal anxiety in the active phase of the first stage of the normal delivery process at the Makassar City Hospital.It can be concluded that there is a relationship between husband's assistance to the level of maternal anxiety in the active phase of the first stage of the normal delivery process at the Makassar City Hospital.

INTRODUCTION

Normal labor according to WHO is labor that begins spontaneously, is low risk at the beginning of labor, and remains so throughout the labor process. The baby is born spontaneously in a posterior presentation at a gestational age of between 37 weeks and 24 completed weeks. After delivery, both mother and baby are in good health. Anxiety is a feeling of fear that is unclear and not supported by the situation. Anxious individuals will feel uncomfortable or afraid, but do not know the reason for the condition. Anxiety does not have a clear stimulus that can be identified (Aisyiah et al., 2021).

Anxiety during labor is a common psychological response, especially among first-time mothers, and has been associated with prolonged labor, increased pain perception, and adverse birth outcomes. Without proper emotional support, maternal anxiety may escalate, leading to elevated levels of stress hormones such as cortisol and catecholamines, which can disrupt uterine contractions and reduce blood flow to the fetus (Putri & Wulandari, 2021; Fitria et al., 2022).

The presence of a supportive companion particularly the husband has been proven to reduce fear and promote a sense of control and calmness during childbirth. This support not only alleviates anxiety but also contributes to the physiological readiness of the mother, making the delivery process more effective and less traumatic (Suandari et al., 2023). Hence, psychological aspects such as anxiety and the role of spousal support should be considered essential components in improving maternal health services.

Husband's support can reduce anxiety so that pregnant women can feel calm and have a strong mentality in facing childbirth (Handayani et al., 2024). Psychologically, the wife needs her husband's assistance during the labor process with the presence of a birth companion (husband) the mother can share the

pain and the husband can provide comfort to the wife and provide motivation so that the wife is stronger in undergoing the labor process (Emin et al., 2023).

The first period is the opening period that lasts between one to complete opening, at the beginning of the contractions, the opening period is not so strong that the mother can still walk around. Clinically, it can be asked when labor begins, if contractions occur and the mother produces mucus mixed with blood (bloody show) this mucus and blood comes from the cervical canal mucus because the cervix begins to open or flatten. while the blood comes from the capillary blood vessels around the cervical canal that burst. This process lasts approximately 18-24 hours, which is divided into two phases, namely the Latent phase and the Active phase. Based on the Friedman Curve, the opening in Primigravida is calculated at 1 cm / hour and 2 cm / hour in multigravida. With this calculation, the time of complete opening can be estimated (Sandall J, 2024).

Reducing the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) is a priority in the National Medium-Term Development Plan (RPJMN), with a target of 183 per 100,000 live births and 16 per 1,000 live births for 2024. To achieve this target, the Indonesian government has implemented various efforts, including increasing access to and the quality of pregnancy check-ups, providing iron tablets to pregnant women, and early detection of the risk of pregnancy complications. Although official 2024 IMR data from the World Health Organization (WHO) is not yet available, the national target remains the main reference in supporting the achievement of the Sustainable Development Goals (SDGs), especially target 3.1 which aims to reduce the global maternal mortality ratio to less than 70 per 100,000 live births by 2030.

In Indonesia, there are 107,000 (28.7%) pregnant women who experience anxiety in facing childbirth (Suandari et al., 2023). Maternal and neonatal health services are one of the determining factors of health status. Although efforts have been made to improve maternal care, the Maternal Mortality Rate (MMR) in Indonesia remains high. According to the 2020 Indonesian Population Census (BPS), the MMR is estimated at 189 deaths per 100,000 live births, showing a decline from 228 per 100,000 as reported in the 2014 Indonesian Demographic and Health Survey (SDKI). Despite this improvement, Indonesia still has one of the highest maternal mortality rates in Asia. It ranks second highest in the South and Southeast Asia regions, after Timor-Leste, and remains far behind neighboring countries such as Malaysia, Thailand, and Vietnam, which have MMRs below 100 per 100,000 live births (BPS, 2021; Kemenkes, 2023; WHO, 2023).

One contributing factor to the persistently high maternal mortality rate in Indonesia is the presence of psychological disorders among pregnant women, particularly anxiety during pregnancy and childbirth. These are often exacerbated by environmental stressors and the lack of family support—especially the absence of emotional and motivational support during the labor process. Support from family and the community plays a crucial role in maintaining a mother's psychological well-being throughout pregnancy and childbirth (Sandhi & Lestari, 2021).

AKI in South Sulawesi in 2015 reached 82 per 100,000 live births. AKI in Bone Regency was 4 per 100,000 live births (South Sulawesi Ministry of Health, 2016). Based on an initial survey conducted by researchers on March 29, 2020 at Dr. M. Yasin Bone, data on the number of primigravida mothers giving birth in March 2020 was 30 people. Among the 30 primigravida patients, 18 patients had mild anxiety and 12 patients had severe anxiety. This was influenced by the presence of a husband who accompanied the delivery.

The results of a preliminary study conducted at the MAKASSAR CITY Hospital, the number of mothers giving birth in 2019 was 327 people, in 2020 it was 485 people, in September - December 2021 it was 210 people and in February the researcher got 70 respondents. where out of 70 mothers giving birth were accompanied by their husbands. The results of interviews with 70 mothers giving birth showed that the psychological condition of mothers who were accompanied by their husbands felt more confident and their anxiety levels were not too high compared to mothers who gave birth without being accompanied by their husbands (Medical records, 2022).

Based on this, the author is interested in conducting a study entitled The Relationship between Husband's Accompaniment and the Level of Maternal Anxiety in the Active Phase of the First Stage of the Normal Labor Process in the Delivery Room of Makassar City Hospital.

METHOD

The type of research used in this study is observational analytical research with a cross-sectional approach. The population in this study were all mothers who gave birth normally in the delivery room of the

Makassar City Hospital in December as many as 70 people. This study was conducted in May 2022 in the children's room of the Makassar City Hospital. The respondents in this study were 60 respondents.

The instrument used to measure anxiety was the Hamilton Anxiety Rating Scale (HARS), a standardized questionnaire frequently used in clinical research to assess anxiety levels. This instrument has been proven valid and reliable, with a Cronbach's Alpha coefficient ≥ 0.80, indicating high internal consistency.

Data collection procedures included:

1. Providing informed consent to the respondents.
2. Conducting structured interviews using the HARS questionnaire.
3. Recording respondent characteristics such as age, education level, occupation, and the presence or absence of husband/family support during labor.

Data analysis techniques involved:

1. Univariate analysis to describe the frequency distribution and percentages.
2. Bivariate analysis using the chi-square test (χ^2) to determine the relationship between husband/family support and the level of maternal anxiety during labor.
3. The level of significance was determined at $p < 0.05$.

RESULTS AND DISCUSSION
Results

Table 1. Respondent Distribution

Characteristics	N	%
Agw		
19-22 years	5	8.3
23-26 years	17	28.3
27-30 years	30	50.0
31-34 years	8	13.3
Education		
Elementary School	10	16.7
Junior High School	22	36.7
Junior High School	16	26.7
Bachelor / Master	12	20.0
Activity		
Employee	32	53.3
Housewife	28	46.7
Anxiety		
Light	0	0
Medium	58	96.7
West	2	3.3
Husband/Family Accompaniment		
Good	55	91.7
Enough	3	5.0
Less	2	3.3

Source: Primary Data, 2024

Based on table 1. shows that out of 60 respondents, mothers aged 27-30 years were 30 respondents (50.0%), respondents aged 23-26 years were 17 respondents (28.3%), those aged 31-34 years were 8 respondents (13.3%), while respondents aged 19-22 years were 8 respondents (22.2%). Based on education level, respondents who had junior high school education were 22 respondents (36.7%), while those who had high school education were 16 respondents (26.7%), S1/S2 were 12 respondents (20.0%), and as many as 10 respondents (16.7%) respondents who had elementary school education. Based on occupation, respondents who worked as employees/civil servants were 32 respondents (53.3%) while mothers who worked as housewives were 28 respondents (46.7%). And respondents who have moderate labor anxiety are 58 respondents (96.7%), while mothers who have severe anxiety are 2 (3.3%). mothers who have good

husband or family support are 55 respondents (91.7%), while mothers who have sufficient husband or family support are 3 (5.0%), and mothers who have less husband or family support are 2 (3.3%).

Table 2. Relationship of Husband or Family Support to Mother's Anxiety

Husband or Family Accompaniment	Kecemasan Ibu						Total		P value
	Less		Medium		Light				
	n	%	n	%	n	%	n	%	
Good	0	0.0	53	88.3	2	3.3	8	91.7	
Enough	0	0.0	3	5.0	0	0.0	28	5.0	
Less	0	0.0	2	3.3	0	0.0	36	3.3	**0.03**
Total	0	0.0	58	96.6	2	3.3	60	100	

Sumber : Data Primer, 2024

Based on table 2 shows the relationship between husband or family assistance and good husband assistance with moderate maternal anxiety levels of 53 respondents (88.3%), while good husband or family assistance with severe maternal anxiety levels of 2 respondents (3.3%) and sufficient husband or family assistance with moderate anxiety levels of 3 respondents (5.0%) while sufficient husband assistance with severe anxiety levels of 0 respondents (0.0%) and insufficient husband or family assistance with moderate anxiety levels of 2 respondents (3.3%) while husband or family assistance with severe anxiety levels of 0 respondents (0.0%). Based on the p value obtained, which is 0.003, which means the p value <α value (Ha is accepted and H0 is rejected), so based on the data obtained, it can be interpreted that there is a relationship between husband assistance and maternal anxiety levels in the active phase of the first stage of the normal labor process at the Makassar City Hospital.

DISCUSSION

Based on statistical tests, it was found that the relationship between husband or family assistance and mother assistance, from 60 respondents, good husband assistance with moderate maternal anxiety levels was 53 respondents (88.3%), while good husband or family assistance with severe maternal anxiety levels was 2 respondents (3.3%) and sufficient husband or family assistance with moderate anxiety levels was 3 respondents (5.0%) while sufficient husband assistance with severe anxiety levels was 0 respondents (0.0%) and insufficient husband or family assistance with moderate anxiety levels was 2 respondents (3.3%). By looking at the significance value (p = 0.003) while the α value was 0.05 which means (pValue 0.003 <α 0.05) Ho was rejected and Ha was accepted and it can be interpreted that there is a relationship between husband assistance and maternal anxiety levels in the active phase of the first stage of the normal labor process.

This is in line with the research conducted Mayangsari, (2020) with the results of the study showing that there is a relationship between husband's assistance and the level of anxiety of mothers in the first stage of labor in facing the labor process where those accompanied by their husbands experience mild levels of anxiety if those accompanied by their husbands are less likely to experience severe levels of anxiety.

The results of this study are in line with the study conducted (Kulsum, 2019) at the Bandung City Hospital which received assistance from their husbands, namely 23 (46.9%) and those who did not receive assistance were 26 (53.1%). There were 29 (59.2%) experiencing very high anxiety, 11 (22.4%) moderate anxiety, 8 (16.3%) high anxiety, 1 (2.0%) mild anxiety. And it was found that there was a relationship between the presence of the husband and the level of anxiety of the mother in labor. The conclusion of this study is that there is a significant influence between the presence of the husband and the level of anxiety of the mother in labor in the first stage in facing the labor process.

Labor pain can increase the levels of catecholamines in the mother's body by 20–40%. This increased sympathetic response leads to elevated peripheral resistance, cardiac output, blood pressure, and maternal oxygen consumption during labor. Hyperventilation as a response to pain can cause respiratory alkalosis, increased adrenaline levels, and reduced uterine blood flow. This condition may result in uncoordinated uterine activity, which can prolong labor (Fitria et al., 2022). Increased plasma cortisol levels can also decrease the immune response of both the mother

and fetus. The secretion of catecholamines that pass to the fetus through placental circulation can cause fetal acidosis (Putri & Wulandari, 2021).

Given these physiological impacts, it becomes crucial to implement effective strategies to reduce maternal stress and anxiety during labor. One of the most accessible and evidence-based approaches is the continuous presence of a supportive companion, particularly the husband. Studies have shown that women who are accompanied by their spouses during childbirth tend to experience lower anxiety levels, improved coping mechanisms, and greater satisfaction with the birthing experience (Handayani et al., 2024; Emin et al., 2023). Spousal support has also been associated with reduced pain perception and shorter labor duration, as emotional reassurance can positively influence the mother's hormonal response and labor progression. These findings highlight the importance of incorporating psychosocial interventions, including partner involvement, into standard maternity care to promote safer and more positive birth outcomes.

A study conducted by Sunarsih and Sari (2020) found that the average level of anxiety in labor was 51.35 and the average pain score felt was 4.68. With the conclusion that there is a relationship between the level of anxiety and pain in labor in the first active phase.

Meanwhile, based on the results of the study (Ida Setya Rinati, Umi Ma'rifah 2021) regarding the relationship between anxiety levels and the duration of cervical dilation in primigravida in the first active phase of labor at BPS Muarofah, Asem Rowo, Surabaya, it was concluded that 40% of primigravida mothers in the first active phase of labor experienced mild anxiety. As many as 56% of primigravida mothers in the first active phase of labor experienced normal first phase. In addition, there is a relationship between anxiety levels and the duration of cervical dilation in primigravida in the first active phase of labor.

From the results of this study, the level of anxiety of mothers giving birth with the assistance of their husbands is mostly at a moderate level of anxiety. This category can be interpreted that mothers with the assistance of their husbands feel that they are not alone and receive support that is not yet complete. Based on the respondents' answers to the questionnaire, there were not too many obstacles or problems experienced so far, the obstacles or problems experienced so far are still normal and reasonable like pregnant women and mothers who are about to give birth in general. Such as anxiety, restlessness, pain, palpitations, nausea, vomiting, etc. It can be concluded that the presence of a birth companion (husband) will provide a sense of security, comfort, enthusiasm, emotional support and can encourage the mother, because sometimes the mother is faced with situations of fear and loneliness. Accompanying the wife's labor process by providing motivational support and comfort such as holding the wife's hand, massaging the wife's back makes the wife stronger in undergoing the labor process.

However, research conducted by Intan Dwi Tamala, (2020) showed that most mothers who gave birth with the assistance of their husbands experienced moderate anxiety as many as 5 people (50%) and most mothers who gave birth without the assistance of their husbands experienced severe anxiety as many as 12 people (60%) with the results of the study it can be concluded that there is no relationship between husband's assistance and the level of anxiety in primigravida mothers facing childbirth. The presence of a husband's companion during the labor process can have a positive influence on the mother's physical readiness and can play a role in reducing the time needed for the labor process.

CONCLUSION

From the results of the study entitled the relationship between husband's assistance and the level of maternal anxiety in the active phase of the first stage of the normal labor process at the Makassar City Hospital, it can be concluded that there is a relationship between husband's assistance and the level of maternal anxiety in the active phase of the first stage of the normal labor process at the Makassar City Hospital.

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