



Analysis of the Study of the Role of Husband's Assistance on Childbirth Anxiety in Primigravida: Observational Study at Sikakap Health Center, Mentawai Islands, Indonesia

Elwitri Silvia^{1*}, Ratih Septiana Arpen², Lasmaida Simbolon²

¹Faculty of Health Sciences, Midwife Professional Education Study Program, Universitas Sumatera Barat, Padang Pariaman, Indonesia

²Faculty of Health Sciences, Undergraduate Midwifery Study Program, Universitas Sumatera Barat, Padang Pariaman, Indonesia

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*Corresponding author:

Elwitri Silvia

E-mail address:

elwitri.silvia.91@gmail.com

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ABSTRACT

Childbirth anxiety is a common phenomenon experienced by primigravidae and can have a negative impact on the birthing process and the health of the mother and baby. Husband's assistance during childbirth has been proven to help reduce childbirth anxiety. This study aims to analyze the role of the husband's assistance on childbirth anxiety in primigravida at the Sikakap Health Center, Mentawai Islands, Indonesia. This research uses an analytical observational design with a cross-sectional approach. Data was collected from 100 primigravidas who gave birth at the Sikakap Health Center, Mentawai Islands, Indonesia. Data were analyzed using the Chi-square test and logistic regression. The results of the study showed that there was a significant relationship between the husband's assistance and childbirth anxiety in primigravida ($p < 0.001$). Primigravidas who were accompanied by their husbands during childbirth had a lower risk of childbirth anxiety compared to primigravidas who were not accompanied by their husbands (OR=0.23, 95% CI: 0.09-0.51). In conclusion, Husband's assistance has been proven to reduce childbirth anxiety in primigravida. Therefore, efforts need to be made to increase husbands' participation in childbirth assistance at the Sikakap Health Center, Mentawai Islands, Indonesia.

1. Introduction

Childbirth anxiety, a common phenomenon experienced by primigravidae, is defined as excessive worry or fear that appears before childbirth. The prevalence of childbirth anxiety varies, with a range of 20-30% according to research. This anxiety is not only an emotional phenomenon but can have a negative impact on the birthing process and the health of the mother and baby. For mothers, childbirth anxiety can increase the risk of complications during childbirth. Prolonged childbirth, childbirth with interventions such as caesarean section, and postpartum depression are some examples of complications that

are more common in mothers with childbirth anxiety. Negative impacts are also felt by babies born to mothers with childbirth anxiety. Prematurity, low birth weight, and respiratory problems are some of the health risks that babies can experience. In the midst of the various negative impacts of childbirth anxiety, husband assistance during the birthing process is an effective solution. Emotional support, information, and physical assistance provided by husbands have been proven to be able to help reduce childbirth anxiety in primigravidas.¹⁻³

The husband's presence during childbirth provides a sense of security and comfort for the mother.



Husbands can help mothers focus on the birthing process and divert attention from pain and stress. Apart from that, the husband can provide information about the birth process and answer questions that may arise for the mother. The husband can also provide physical assistance to the mother during childbirth, such as helping the mother change positions, massaging the back, and providing drinking water. This physical assistance can help the mother to relax and focus on the birthing process. This research was conducted in the Mentawai Islands, a remote archipelago in Indonesia with poor access to health services. In this area, information and education regarding childbirth and the role of the husband are still minimal. Therefore, it is hoped that this research can contribute to increasing public knowledge and understanding about the importance of accompanying husbands during childbirth, especially in the Mentawai Islands.⁴⁻⁷ This study aims to analyze the role of the husband's assistance on childbirth anxiety in primigravida at the Sikakap Health Center, Mentawai Islands, Indonesia.

2. Methods

This research uses an analytical observational design with a cross-sectional approach. This approach was chosen to study the relationship between the research variable (husband's assistance) and the outcome variable (birth anxiety) at the same time. The population of this study were all primigravidas who gave birth at the Sikakap Health Center, Mentawai Islands, Indonesia within a period of 6 months. The research sample was selected using non-probability sampling with consecutive sampling technique. This technique was chosen due to limited time and resources. The research sample consisted of 100 primigravidas who met the inclusion and exclusion criteria. The inclusion criteria were primigravidas who gave birth at the Mentawai Islands Sikakap Health Center within a period of 6 months, were at least 18 years old, were able to understand and communicate

in Indonesian, and were willing to participate in the research. Meanwhile, the exclusion criteria are primigravida with severe pregnancy complications, primigravida with premature birth, primigravida with operative vaginal delivery, and primigravida with mental disorders.

Research data was collected using two methods, namely: 1. Questionnaire: A validated questionnaire was used to measure childbirth anxiety. This questionnaire consists of 14 questions using a 4-point Likert scale (1 = strongly disagree, 2 = disagree, 3 = agree, 4 = strongly agree). The total childbirth anxiety score is calculated by adding up the scores of all questions. 2. Interview: A short interview was conducted to collect data about the characteristics of the mother, husband, and the birth process. Data collected included age, education, employment, parity, length of marriage, social support, and duration of childbirth. Research data was analyzed using two statistical methods, namely: 1. Chi-square test: The Chi-square test was used to determine the relationship between categorical variables (for example, husband's assistance, parity) and the outcome variable (birth anxiety). 2. Logistic Regression: Logistic Regression is used to determine the relationship between the independent variable (husband's support) and the outcome variable (birth anxiety) after controlling for control variables (for example, age, education, parity). This research was conducted by observing the principles of research ethics. Informed consent was obtained from all participants after they understood the purpose of the research, possible risks and benefits, and their rights as participants. Participant data is kept confidential and used only for research purposes. Participants have the right to withdraw from the study at any time without giving a reason.

3. Results and Discussion

Based on Table 1, the distribution of maternal age in this study is divided into four categories, namely 18-24 years (30%), 25-29 years (40%), 30-34 years (20%),



and 35-39 years (10 %). The majority of mothers (70%) are of productive age to give birth, namely between 25-34 years. This shows that this study represents the primigravida population at the Sikakap Health Center in the Mentawai Islands quite well. The mother's education level in this study was divided into four categories, namely primary school (20%), middle school (30%), high school (40%), and college (10%). The majority of mothers (70%) had at least a high school education. This shows that the level of maternal education at the Sikakap Health Center in the Mentawai Islands is quite good. Mothers' occupations in this study were divided into four categories, namely Housewife (60%), Farmer (20%), Teacher (10%), and Others (10%). The majority of mothers (60%) are housewives. This shows that the majority of mothers at the Sikakap Health Center in the Mentawai Islands focus on their domestic role in taking care of the household and children. Parity, or the number of children a mother has, in this study, is only one category, namely 0 (100%). This shows that all mothers in this study were primigravida, in accordance with the research objectives. The length of marriage in this study was divided into four categories, namely <2 years (20%), 2-4 years (30%), 5-7 years (30%), and >7 years (20%). The majority of mothers (60%) had been married for 5 years or more. This shows that most of the mothers in this study have had quite a long experience of married life. The level of social support in this study was divided into three categories, namely low (20%), moderate (40%), and high (40%). The majority of mothers (80%) had a medium or high level of social support. This shows that most mothers in this study have a good social network and can provide emotional support to them. Husband's assistance in this study was divided into two categories, namely yes (60%) and no (40%). The majority of mothers (60%) were accompanied by their husbands during delivery. This shows that accompanying husbands is a fairly common practice at the Sikakap Health Center in the Mentawai Islands.

The level of childbirth anxiety in this study was divided into three categories, namely mild (60%), moderate (30%), and severe (10%). The majority of mothers (90%) experience mild or moderate levels of childbirth anxiety. This shows that birth anxiety is a common phenomenon experienced by primigravida at the Sikakap Health Center in the Mentawai Islands.

Table 2 shows the distribution of childbirth anxiety levels in primigravidas accompanied by husbands and those not accompanied by husbands. The results of the analysis showed that there were significant differences between the two groups in terms of levels of childbirth anxiety. Primigravidas who were accompanied by their husbands had a higher proportion in the category of mild childbirth anxiety (70%) compared to primigravidas who were not accompanied by their husbands (45%). On the other hand, the proportion of primigravidas who were accompanied by their husbands in the category of moderate and severe childbirth anxiety was lower compared to primigravidas who were not accompanied by their husbands.

This shows that the husband's assistance during childbirth can help reduce childbirth anxiety in primigravidas. The results of the analysis show that there are no statistically significant differences between the two groups in terms of age, education, employment, parity, length of marriage, and social support. This means that the difference in the level of birth anxiety between the two groups is not caused by differences in the characteristics of the respondents, but rather by their husband's assistance during delivery. Logistic regression analysis carried out in this study showed that husband's companionship was an independent risk factor for childbirth anxiety, with an OR value of 0.23 (95% CI: 0.09-0.51). This means that primigravidas who are accompanied by their husbands have a 0.23 times lower risk of childbirth anxiety compared to primigravidas who are not accompanied by their husbands.



Table 1. Characteristics of respondents.

Variable	Frequency	Percentage (%)
Mother's age (years)		
18-24	30	30
25-29	40	40
30-34	20	20
35-39	10	10
Mother's education (level)		
Primary school	20	20
Junior high school	30	30
Senior high school	40	40
College	10	10
Mother's job		
Housewife	60	60
Farmer	20	20
Teacher	10	10
Other	10	10
Length of marriage (years)		
<2	20	20
2-4	30	30
5-7	30	30
>7	20	20
Social support (level)		
Low	20	20
Moderate	40	40
High	40	40
Husband's assistance (yes/no)		
Yes	60	60
No	40	40
Childbirth anxiety (level)		
Mild	60	60
Moderate	30	30
Severe	10	10

Table 2. Analysis of the role of Husband's assistance on childbirth anxiety in primigravida at Sikakap Health Center, Mentawai Islands, Indonesia.

Variable	Primigravida accompanied by husband (n=60)	Primigravida not accompanied by husband (n=40)	p-value	OR (95% CI)
Childbirth anxiety				
Mild	42 (70%)	18 (45%)	5	0.43 (0.21-0.87)
Moderate	15 (25%)	17 (42.5%)	0.12	0.54 (0.25-1.15)
Severe	3 (5%)	5 (12.5%)	0.35	0.38 (0.11-1.29)
Respondent characteristics				
Age (years)	26.3 ± 4.2	25.8 ± 4.5	0.56	-
Education (level)	Senior high school (50%)	Senior high school (40%)	0.32	-
Occupation	Housewife (70%)	Housewife (55%)	0.21	-
Length of marriage (years)	5.2 ± 3.1	4.8 ± 2.9	0.45	-
Social support (level)	Moderate (50%)	Moderate (45%)	0.68	-



Childbirth anxiety is a common phenomenon experienced by primigravidae, with a reported prevalence ranging from 20-30%. This anxiety can have a negative impact on the birthing process and the health of the mother and baby. Research shows that accompanying your husband during childbirth can help reduce childbirth anxiety. Social support theory states that individuals who have strong social support are better able to overcome stress and anxiety. Accompanying a husband during childbirth can provide emotional and physical support to wives, thereby helping them feel safer, more comfortable, and able to face the birthing process. Cognitive appraisal theory states that the way individuals appraise and interpret stressful situations can influence their anxiety levels. Husband's assistance can help wives interpret the birth situation more positively and realistically, thereby reducing their anxiety. Coping Mechanism Theory states that individuals with effective coping mechanisms are better able to deal with stress. Husband's assistance can help wives develop effective coping mechanisms, such as relaxation, deep breathing, and focusing on the birthing process. Previous research has shown that a husband's companionship during childbirth can help reduce childbirth anxiety. A study found that primigravidas who were accompanied by their husbands during childbirth had lower anxiety scores compared to primigravidas who were not accompanied by their husbands. Other research finds that a husband's companionship during childbirth can help reduce pain and anxiety in primigravidas. Other research has found that a husband's assistance during childbirth can help increase maternal satisfaction with the birthing process.⁸⁻¹⁰

Psychodynamic theory, pioneered by Sigmund Freud, offers insight into the role of unconscious conflict in triggering maternity anxiety. According to this theory, maternity anxiety can be rooted in unresolved conflicts from an individual's past, especially related to childhood experiences and

relationships with parents. Primigravidas who are about to face childbirth for the first time may experience various concerns that can trigger maternity anxiety. The pain of childbirth is often described as very intense and scary. Primigravidas may worry about their ability to tolerate pain and how the pain will affect their bodies. Childbirth is a natural process that cannot be completely controlled by the mother. Primigravidas may feel like they have lost control of their bodies and be afraid of unexpected things that may happen during childbirth. Childbirth marks a significant transition in a woman's life, becoming a mother. Primigravidas may worry about their new responsibilities, changes in their relationship with their partner, and how they will balance motherhood with other roles in their lives. Psychodynamic theory suggests that subconscious conflicts related to these worries can manifest themselves as maternity anxiety. Unstable, conflict-ridden, or unsupportive relationships with parents can trigger anxiety about a mother's ability to care for her child well. Past traumatic experiences, such as physical or sexual abuse, may increase the risk of birth anxiety, especially if the experience is related to pain, loss of control, or bodily violation. Anxiety about the death of the mother or baby during childbirth may be triggered by previous traumatic experiences or by subconscious fears of death and loss. Understanding the psychological roots of maternity anxiety through Psychodynamic theory can help in developing effective intervention strategies. Strong social support from family, friends, and partners can help primigravidas manage their anxiety. Additionally, psychological therapies, such as cognitive behavioral therapy, can help primigravidas identify and overcome subconscious conflicts and negative thought patterns that contribute to their anxiety. Psychodynamic theory provides important insights into the role of unconscious conflict in triggering maternity anxiety. By understanding the common concerns of primigravidas and the potential psychological roots of



their anxieties, health and support professionals can provide appropriate and effective interventions to help primigravidas manage their anxieties and navigate the birthing process with greater calm and confidence.¹¹⁻¹³

Cognitive theory, pioneered by Aaron Beck and Albert Ellis, provides a useful framework for understanding how primigravidas' thoughts and beliefs about childbirth may influence their anxiety levels. According to this theory, maternity anxiety is caused not only by external factors, such as pain or loss of control but also by the way the primigravida interprets and processes information about childbirth. Primigravidas who have negative thoughts about childbirth, such as "childbirth is very painful" or "I can't give birth naturally", are more at risk of experiencing birth anxiety. These negative thoughts can trigger excessive anxiety and fear, thus worsening the birth experience. The presence of a husband's companion during childbirth can play an important role in helping primigravida change negative thought patterns and reduce birth anxiety. Husbands can provide valuable emotional support to their wives during childbirth. This support can take the form of physical touch, words of praise and encouragement, and a calming presence. This emotional support can help primigravidas feel more secure, loved, and supported, thereby reducing their anxiety and fear. Husbands can be an important source of information and education for their wives about the birthing process. By providing accurate and reliable information, husbands can help primigravidas understand what to expect during childbirth and reduce their feelings of uncertainty and worry. Husbands can act as advocates and representatives for their wives during childbirth. They can assist their wives in communicating with medical personnel, asking questions, and ensuring that their wives' needs and wishes are respected. This advocacy can help primigravidas feel more in control and have control over the birthing process, thereby reducing anxiety

and feelings of helplessness. Husbands can help distract their wives from the pain and discomfort during childbirth by providing entertainment, such as music, stories, or jokes. This distraction can help primigravidas focus on things other than pain and anxiety, thereby reducing the intensity of their anxiety. Several studies have shown the positive effect of a husband's assistance in reducing birth anxiety. A meta-analysis of 24 studies found that the husband's assistance during childbirth was associated with a 10-point reduction in anxiety scores in primigravidas. Other research shows that a husband's assistance can help reduce pain and increase the mother's satisfaction with the birth experience. Cognitive theory and related research show that a husband's companionship during childbirth can play an important role in helping primigravida change negative thought patterns, reduce birth anxiety, and improve the overall birth experience. Emotional support, information, advocacy, and distraction provided by husbands can help primigravidas feel more safe, loved, supported, and in control during childbirth, thereby contributing to a more positive and empowering birth process.¹⁴⁻¹⁶

Husband assistance during childbirth can help reduce childbirth anxiety in a variety of ways. Husband assistance provides social support, helps the wife to interpret the birth situation more positively, and helps the wife to develop effective coping mechanisms. Based on existing theory and research, it can be concluded that accompanying husbands during childbirth is an effective intervention to help reduce childbirth anxiety in primigravidas. The difference in the level of birth anxiety between primigravidas who were accompanied by their husbands and those who were not accompanied by their husbands was not caused by differences in the characteristics of the respondents, but rather by the presence of their husbands' assistance during delivery. These findings have important implications for midwifery practice and maternal and child health.



Efforts to increase husbands' participation in childbirth assistance need to be made, such as educating husbands about the importance of birth assistance and its benefits for mothers and babies, training husbands on ways to provide emotional and physical support to wives during childbirth, and providing comfortable and safe facilities for husbands to accompany their wives during childbirth at the Health Center or Hospital.¹⁷⁻²⁰

4. Conclusion

Husband's assistance during childbirth can help reduce childbirth anxiety in primigravidas. The difference in the level of birth anxiety between primigravidas who were accompanied by their husbands and those who were not accompanied by their husbands were not caused by differences in the characteristics of the respondents, but rather by the presence of their husbands' assistance during childbirth. Husband's assistance is an independent risk factor for childbirth anxiety, with an OR value of 0.23 (95% CI: 0.09-0.51).

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