JOURNAL OF WORLD SCIENCE
https://jws.rivierapublishing.id/index.php/jws
Volume 3 No. 1 January 2024
P-ISSN: 2828-8726
E-ISSN: 2828-9307

HUSBAND'S SUPPORT AND KNOWLEDGE ABOUT BIRTH WITH ANXIETY FACING PRIMIGRAVIDA BIRTH

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ABSTRACT
This study aims to investigate the relationship between husbands' support and knowledge regarding childbirth and the level of anxiety experienced by primigravida during the childbirth process. The research adopts a quantitative approach by analyzing data from 297 pregnant women who visited during the months of March-April 2023. The analytical method employed is Multiple Linear Regression Analysis using SPSS version 25. The research findings reveal a highly significant correlation between husbands' support and knowledge together with the anxiety levels experienced by primigravida. The implications of these findings provide further insight into the importance of the husband's role in providing support and knowledge to their partners during pregnancy and childbirth. Moreover, this research lays the groundwork for the development of interventions aimed at reducing the anxiety levels of primigravida through the enhancement of husbands' support and knowledge. Practical implications of this study include the development of reproductive health education programs that focus more on involving husbands in supporting the mental and emotional well-being of pregnant women.

Keywords: Husband's Support, Primigravida Birth Anxiety, Knowledge.

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INTRODUCTION

Becoming a mother is a destiny inherent in a woman, especially when experiencing pregnancy, giving birth, and having children, which add happiness to family life (Diana Dayaningsih, 2016). The presence of a child is often awaited, although the process of presenting it is sometimes not easy for some couples (Meiliasari & Danuatmaja, 2004). Approaching delivery, in many cases, the final trimester brings increasingly complex and increasing psychological changes as a result of the preparation process for birth (National, 2009). This is a risk that mothers must face during childbirth, whether it occurs spontaneously, because of assistance, or because they are forced to give birth due to special conditions (Manuaba, 1998). The various things that mothers face during pregnancy and childbirth will undoubtedly increase when these things are experienced for the first time.

The first pregnancy, or primigravida (Pieter, 2018), is often a burden in itself for the mother because increasing the weight of the womb and increasing physical discomfort can put an additional burden on the pregnant mother, which in turn can disrupt her psychological condition. This can cause anxiety, especially before childbirth (Kartono, 1986), especially for primigravida mothers who have no experience regarding the birth process. For example, anxiety about experiencing pain during contractions before birth and pain during childbirth, anxiety when seeing blood during delivery, fear that the baby will be deformed, and other fears.

Some primigravida mothers generally also experience fear that their genitals will suffer severe tearing due to an episiotomy (torn to facilitate the process of giving birth to the baby) and fear of complications during childbirth (Legawati, 2019); Aprilia, 2014; (Kurniawati & Wahyuni, 2014). The feeling of anxiety felt by mothers who think about the birth process and the condition of the baby to be born (Arief, 2008) is said to be (Stuart, 2006) a form of abstract and widespread worry related to feelings of uncertainty and feelings of helplessness. The level of anxiety before childbirth in primigravida varies greatly.

According to research (Saputra & Mubin, 2013), the level of anxiety in primigravida mothers in the high category can reach 63.3%, almost the same as research (Mukhadiono et al., 2015) which recorded high anxiety in primigravida mothers in the third trimester when approaching delivery. It can reach a percentage of 60.7%. Although (Maki et al., 2018) in their research stated that anxiety in primigravida mothers is, on average, in the moderate category with a percentage of 43.8% to 59% of research (Aniroh & Fatimah, 2019). (Abidah et al., 2021) their research illustrates that 47.5% of pregnant women tend to have severe levels of anxiety.

Anxiety in primigravida mothers was also seen in 8 primigravidas interviewed by researchers on April 26, 2023, to April 29, 2023, at the Bakunase Community Health Center, Kupang City. Five of the eight women interviewed revealed that they experienced an increased heart rate when imagining the birth process they would experience. In addition, they also noted a decrease in appetite when seeing babies with congenital disabilities, which resulted in anxiety behaviors such as avoiding negative stories about the birth experience. Some of them feel physical tension, such as dizziness, headaches, and joint pain, when they think about the approaching time of delivery. Apart from that, these primigravida mothers also showed signs such as often forgetting or losing focus when thinking about the closeness of delivery. They expressed fear related to the possibility of the baby being born imperfectly or experiencing health problems, concern about potential risks during the birthing process, and horror at the sight of blood. They feel anxiety, tension, and panic due to their lack of experience and lack of understanding about the birthing process, and they have no idea about what actions to take during labor. Fear also includes losing control, such as unconsciously making strange sounds, whining, getting angry at the companion (husband), and feeling anxious and tense about meeting their baby. In addition, they also expressed feelings of guilt or sin towards their mothers, which further increased their fear of death.

In previous research, it was stated that more than 74 pregnant women studied did not receive support from their husbands and, therefore, rarely had their pregnancies checked (Grace et al., 2022). The research also showed that as many as 161 pregnant women had insufficient knowledge and, therefore, did not know the importance of pregnancy checks until just before delivery.

The description of the symptoms shows that anxiety in primigravida mothers during the birth process can appear quickly, even though the impact is certainly not beneficial for them. Negative impacts may arise, including the length of the labor process, less effective contractions, and difficulty opening (Sondakh, 2013). Considering these conditions, anxiety when facing childbirth must be reduced so that primigravida mothers can give birth smoothly and do not experience trauma.

Several sources state that anxiety in primigravida mothers can be reduced and minimized when there is support from the family, especially the husband (Bobak et al., 2005) ; (Legawati, 2019) ; (Romalasari & Astuti, 2020). It was stated (Maharani & Fakhrurrozi, 2014) that when a husband

gives encouragement and attention to his wife, it makes the wife mentally stronger in dealing with problems that arise during pregnancy and childbirth. It was emphasized (Romalasari & Astuti, 2020) that a husband's support for his wife can positively influence the mother's physical readiness during childbirth.

Husband's support as part of social support is the understanding or experience that a person receives love and attention from other people and feels respected and appreciated (Taylor, 2011) ; (Legawati, 2019). It was stated (Diani & Susilawati, 2013) research that there were primigravida mothers who received less than optimal support from their husbands and tended to feel more anxious. The same research also found (Etty et al., 2020) that a lack of husband's support makes primigravida mothers feel anxious, while mothers who receive a husband's support tend to be less anxious when facing childbirth.

Apart from social support, the knowledge that primigravida mothers have about childbirth also influences their level of anxiety before giving birth (Nolan, 2010) ; (Naha & Handayani, 2018) ; (Lendy et al., 2018) ; (Sari, 2017). Knowledge about the birth process is an internal factor of the individual himself. Therefore, a lack of preparation and understanding, especially for pregnant women, can affect their thoughts and feelings when facing the birth process, which, in the end, can cause anxiety (Nolan, 2010).

Knowledge and readiness for childbirth refers to the understanding and preparation made by pregnant women in welcoming the birth of a child, especially in the third trimester of pregnancy. This includes understanding risks to the mother and fetus, psychological and physiological changes, knowledge of danger signs and how to cope, feelings related to the birth process and baby growth, understanding signs of labor, responses to birth, and family-focused care (Naha & Handayani, 2018). A pregnant woman's understanding of the birthing process is crucial, especially when the pregnant woman experiences disturbing thoughts in response to anxiety related to various conditions during pregnancy. On the other hand, excessive anxiety can cause fear in mothers who are about to give birth and can have an impact on the smoothness of the birth process (Bobak et al., 2005). On this side, primigravida pregnant women who are about to give birth look for people or their closest family to provide advice, direction, and care (Bobak et al., 2005).

Previous research explains that primigravida pregnant women with sufficient knowledge tend to be less anxious than those without knowledge and preparation for childbirth (Lendy et al., 2018). Furthermore, (Sari, 2017) states that the understanding possessed by pregnant women about the childbirth process can help reduce their anxiety before delivery. Earlier studies clarify that pregnant women with insights and understanding of the birthing process are more likely to increase their literacy levels related to pregnancy (Sari, 2017). They actively seek helpful information about maternal health and even child care, leading to a reduction in anxiety levels. According to (Notoatmodjo, 2022), this can impact knowledge, thereby improving the knowledge of these pregnant women.

Based on the above background, the objective of this research is to investigate the relationship between husbands' support and knowledge regarding childbirth and the level of anxiety experienced by primigravida during the childbirth process. The benefits of this study involve a positive contribution to the understanding of healthcare practitioners, particularly in designing more effective interventions to address anxiety in primigravida. The research findings can provide an

empirical foundation for healthcare providers to develop more focused husband support programs and education, thereby enhancing the mental and emotional well-being of pregnant women.

METHOD

This research uses quantitative methods. There are two variables analyzed, namely one dependent variable, namely anxiety about facing childbirth in primigravida, and two independent variables, namely the husband's support and knowledge about the birth process.The population that is the focus of this research consists of all pregnant women, totaling 297 people who visited in March-April 2023 and were registered as patients at the Bakunase Health Center, Kupang City. The non-probability sampling technique was purposive sampling with the criteria of being primigravida (pregnant for the first time) with a gestational age between 28-42 weeks and routinely carrying out pregnancy checks. The number of participants willing to contribute to this research was 102. The instruments used by the researchers were a questionnaire with a scale of anxiety facing primigravida childbirth, a scale of husband's support, and a test of knowledge about childbirth. The three scales were prepared by the researcher using the Likert scaling model, which uses five alternative answer choices, and the Guttman scale model, which uses right and wrong answer choices. Researchers compiled the Anxiety Scale based on the anxiety response identified by (Stuart, 2006), which involves four aspects, namely physiological, behavioral, cognitive, and affective. Meanwhile, the Husband's Support Scale was prepared by researchers by referring to aspects of social support described by (Taylor, 2011). This scale includes three dimensions, namely instrumental support, information support, and emotional support. The knowledge test used in this research referred to the cognitive domain defined by Bloom, which consists of knowledge, comprehension, application, analysis, synthesis, and evaluation. However, to be more relevant, only two cognitive domains are used: knowledge and comprehension. Data analysis was carried out using Multiple Linear Regression Analysis to prove the research hypothesis.

RESULTS AND DISCUSSION

Description of Research Data

Data from the Anxiety Scale for Facing Childbirth, the Husband's Support Scale, and the Knowledge Test about Childbirth were processed to obtain empirical scores and calculate hypothetical scores. Detailed data scores for these three variables can be found in Table 1 below:

Table 1. Research Data Mapping Using Hypothetical Data and Empirical Data

Variable	Hypothetical Data		Empirical Data	
	Mean	elementary school	Mean	elementary school
Anxiety Facing Childbirth	84	28	66.66	36,696
Husband's Support	56	67	68.29	23,298
Knowledge About Childbirth	20	6.67	28.67	8,597

Based on the table above, the data shows that the anxiety variable facing childbirth has a hypothetical minimum score of 0 and a maximum score of 168. The hypothetical mean is 84, with a standard deviation of 28. Based on empirical data, the minimum score is three, and the maximum score is 150. The empirical mean is 66.66, with a standard deviation of 36.696.

The results of the following calculation show that the husband's support variable has a minimum score of 0 and a maximum score of 112. The hypothetical mean is 56, with a standard deviation of 18.67. Based on empirical data, the minimum score was 12, and maximum scores were 111. The empirical mean was 68.29, with a standard deviation of 23.298.

Furthermore, the calculation results show that the knowledge variable has a minimum score of 0 and a maximum score of 40. The hypothetical mean is 20, with a standard deviation of 6.67. Based on empirical data, the minimum score was three, and the maximum score was 40. The empirical mean was 28.67, with a standard deviation of 8.597.

Categorization

The results of the Anxiety Scale Facing Childbirth categorization indicated that participants were in the high category at 12% (12 people), medium at 46.1% (47 people), and low at 42.2% (43 people), meaning that the majority of participants felt anxiety about facing labor at a moderate level.

The results of the Husband Support Scale categorization show that participants in the high category are 43.1% (44 people), medium is 41.2% (42 people), and those low is 15.7% (16 people), meaning that the majority of participants feel anxious about giving birth in the high category.

The results of the categorization of knowledge about childbirth show that participants in the high category are 62.7% (64 people), medium is 29.4% (30 people), and low is 7.8% (8 people), meaning that the majority of participants feel anxious about facing a high category birth.

Multiple Regression Analysis

The findings of this research are the result of hypothesis testing analysis carried out using Multiple Linear Regression Analysis using the SPSS 25 for Windows program. The following are the results of data processing from research carried out.

Table 2. Results of Simultaneous Regression Analysis

F	p	Information
31,990	0, 00 0 (p < 0.01)	Very Significant

Source: Output Statistics Program SPSS Series 25 IMB for Windows

The results of multiple linear regression analysis obtained a value of F = 31.990 with a significance of 0.000 (p < 0.01), meaning that there is a significant relationship between husband's support and knowledge about childbirth and anxiety before giving birth for primigravida. These results prove that the second hypothesis, which states that the husband's support is negatively correlated with anxiety about facing primigravid birth, is proven. This means that the research assumption states that the higher the husband's support, the lower the anxiety in facing a primigravid birth. On the other hand, if the husband's support is lower, the anxiety of facing a primigravid birth is accurate.

Table 3. Partial Regression Results

Q	p	Information
- 4,268	0,000 (p < 0.01)	Very Significant
- 7,388	0,000 (p < 0.01)	Very Significant

Source: Output Statistics Program SPSS Series 25 IMB for Windows

Based on testing, the husband's support obtained t = - 4.268 with p = 0.000 (p < 0.01). This means that the husband's support has a significant negative impact on anxiety facing primigravida childbirth. These findings confirm that the second hypothesis, which claims there is a negative correlation between the husband's support and anxiety about facing primigravida childbirth, is true. This means that the assumption in the research that a higher level of husband support is related to a lower level of anxiety when facing a primigravid birth is proven. On the other hand, higher levels of anxiety can indeed be related to lower levels of husband's support when facing primigravida childbirth.

Knowledge about childbirth is t = - 7.388 with p = 0.000 (p < 0.01). In other words, there is a significant negative relationship between knowledge about childbirth and anxiety when facing childbirth in primigravidas. These findings indicate that the third hypothesis, which states that there is a negative correlation between knowledge about childbirth and anxiety about facing childbirth in primigravidas, is proven. This means that the research results support the assumption that the higher the knowledge about childbirth, the lower the level of anxiety experienced by primigravida when facing the birth process. On the other hand, if knowledge about childbirth is inadequate, the level of anxiety facing childbirth in primigravidas tends to be higher.

R2 and Effective Contribution of Each Variable

The practical contribution (SE) of the Husband's Support variable to anxiety facing childbirth is 8.33%. Meanwhile, the effective contribution (SE) of the Knowledge About Childbirth variable to Anxiety Facing Childbirth reached 30.97%. Based on these results, variable X_2 has a more significant influence on variable Y than variable X_1. The total effective contribution (SE) is 39.3%, the same as the coefficient of determination (RSquare) in the regression analysis, namely 39.3%.

The relative contribution (SR) of the variable Husband's Support (X_1) to Anxiety Facing Childbirth (Y) is 21.2%. Meanwhile, the relative contribution (SR) of the Knowledge About Childbirth variable (X_2) to Anxiety Facing Childbirth (Y) is 78.80%.

Acceptance of the first hypothesis from the research, which states that the husband's support and knowledge about childbirth are correlated with anxiety facing childbirth in primigravidas. This means that the level of anxiety before childbirth in primigravidas can be low if the individual has high husband support and adequate knowledge about the birth process. As explained (Marwidah, 2017), the support provided by the husband can significantly reduce the level of anxiety during childbirth. Additionally, adequate knowledge can provide opportunities for pregnant women to obtain helpful information.

Support from the husband has been proven to be one of the factors that can reduce the level of anxiety facing childbirth, especially in the context of prenatal care (Mendrofa, 2019). This is because the husband is considered the wife's closest source of social support. Husbands have an essential role in supporting their wives with enthusiasm and full concern. They can also strengthen their relationship by going for walks and conversing casually. Emotional support from husbands positively impacts wives' psychological comfort and safety.

Apart from that, according to (Naha & Handayani, 2018), knowledge plays an important role, especially in preparation for the birthing process. This knowledge allows pregnant women to understand and prepare optimally. Pregnant women need to understand the various aspects that are generally felt during pregnancy so that they can prepare for the necessary needs. A high level of

knowledge can contribute to reducing the risk of harm during childbirth. Overall, mothers with good husband support and adequate knowledge tend to face the birthing process with calm, happiness, and comfort (Novelia et al., 2022).

The second hypothesis of the research, which states that there is a correlation between the husband's support and anxiety regarding childbirth, shows that in the context of this research, the husband's support is indeed related to the level of anxiety regarding childbirth. In line with (Agustina, 2022) emphasizes that the husband's support is a factor that can increase the mother's mental readiness, reduce anxiety levels, and create a sense of security and comfort in facing the birthing process. The husband's practical support and role have been proven to increase the mother's psychological or mental readiness to face the birthing process.

Husbands also have a crucial role in providing support, including instrumental support, items that can help or make things easier for their wives, and needed services. Support from husbands can potentially motivate pregnant women to access information and receive antenatal care. The husband's support is practical and involves informational support, such as providing reading materials such as magazines or books about pregnancy or helpful advice for the wife. Apart from that, emotional support is also an important part, with husbands providing feelings of love, empathy, and trust to their wives during pregnancy. Husbands also become a place for wives to vent their complaints during pregnancy.

Support from the husband has a significant impact on the mother's psychological response, mainly because the third trimester is associated with concerns regarding pregnancy risks and preparation for the upcoming birth. In this period, the emotional aspect becomes crucial in preparing oneself or increasing awareness of everything that will be faced (Manurung & Panjaitan, 2019). The husband's support will motivate mothers to seek information and access antenatal care services, including participation in classes for pregnant women. This is because the husband's support is the primary key to maintaining the mother's positive emotions during pregnancy and ensuring the fetus's condition remains strong and healthy (Nurdiansyah, 2011). Apart from the husband's support, the results of this thesis research also prove the third hypothesis that the better the knowledge about childbirth, the greater the anxiety. Facing childbirth will be lower. Therefore, to reduce anxiety about childbirth, knowledge about childbirth is needed. As proven in research (Safitri, 2018), with increasing levels of knowledge, anxiety levels can decrease. This happens because knowledge is vital in shaping and influencing a person's attitude when facing the birthing process.

The knowledge possessed by primigravidas can impact their behavior in preparing for and facing the birth process. The more knowledge you have about childbirth, the more positive responses you will have towards the process. In this way, primigravidas will better prepare themselves physically and mentally to face childbirth and actively participate in efforts to prevent possible complications that may arise during the birth process.

The results of this study show that the presence of the husband's support and knowledge has an influence on anxiety before childbirth in primigravidae. This can be seen from the high level of anxiety of 11.8% (12 people), medium 46.1% (47 people), and low 42.2% (43 people). Participants had levels of husband support that were in the high category at 43.1% (44 people), medium at 41.2% (42 people), and low at 15.7% (16 people). Furthermore, participants also had a level of knowledge in the high category of 62.7% (64 people), medium 29.4% (30 people), and low 7.8% (8 people), so it

can be concluded from the descriptive results show that the majority of participants have a moderate level of labor anxiety, husband's support in the high category and level of knowledge in the high category. This is due, among other things, to providing information and education through counseling, counseling and maternal classes by health workers, and regular pregnancy checks carried out by mothers according to standards at least four times during pregnancy (Permenkes RI, 2014).

Based on the results of practical contribution calculations, it is known that the contribution of knowledge about childbirth to anxiety facing childbirth is more significant than the husband's support. This indicates that good knowledge about the birthing process has a more significant role than how much support the husband has for the primigravida. Therefore, when a primigravida has adequate knowledge about childbirth, she can be more accepting and better prepared for the birth process that will be faced. The existence of this knowledge can provide calm to primigravidas so that the level of anxiety facing childbirth can gradually decrease. Primigravidas, who have good knowledge, tend to obtain accurate information and have adequate literacy in searching for information that supports preparation for the birthing process. In this way, they can better understand preparation for childbirth.

This research provides information that the results of calculating the effective contribution (SE) of the variable Husband's Support for Anxiety Facing Childbirth is 8.33%. Apart from that, the calculation results from this research show that the effective contribution (SE) of the Knowledge About Childbirth variable to Anxiety Facing Childbirth is 30.97%.

Based on the description above, it can be concluded that there is a negative relationship between the husband's support and knowledge and the level of anxiety facing childbirth in primigravida. These findings show that the more positive the husband's support and knowledge, the lower the level of anxiety. Conversely, the more negative the husband's support and lack of knowledge, the more anxiety levels tend to increase. In addition, the calculation results from this research show that the total effective contribution of the husband's support and knowledge about childbirth to anxiety facing childbirth reached 39.3%. This indicates that there are 60.7% other factors that influence the level of anxiety facing childbirth, apart from the two variables studied in this thesis. Several other factors may influence maternal age, gestational age, parity (Vaira et al., 2023), education, maternal employment, husband's employment, housing status, and household income (Soltani et al., 2017).

CONCLUSION

This study successfully uncovered a significant relationship between husbands' support and knowledge about childbirth with the anxiety levels of primigravida. The intriguing findings of this research indicate that the higher the spousal support, the lower the anxiety levels experienced by primigravida during the childbirth process. Additionally, a good understanding of childbirth also plays a role in reducing the anxiety levels of primigravida. The results of this study make a positive contribution to our understanding of the importance of the husband's role and the level of knowledge about childbirth in managing anxiety among primigravida.

The practical implications of this research involve the development of more focused reproductive health education programs to enhance husbands' involvement in providing support during pregnancy and childbirth. Furthermore, the improvement of knowledge about the childbirth

process can be integrated into reproductive health education programs to minimize anxiety during the prenatal stage. These implications are expected to positively contribute to the mental and emotional well-being of primigravida, creating a more positive childbirth experience, and strengthening family bonds.

REFERENCES

Abidah, S. N., Anggraini, F. D., Nuriyana, M., & Halwa, R. (2021). Husband Support Correlates with Maternal Anxiety Levels During Pregnancy in The Third Trimester. *Journal of Health Sciences*, *14*(3), 174–180. https://doi.org/10.33086/jhs.v14i3.1917

Agustini, N. R. S., & Agustina, K. S. (2022). Hubungan Dukungan Suami Terhadap Tingkat Kecemasan Ibu Hamil Primigravida Dalam Menghadapi Persalinan di Klinik Permana. *Indonesian Journal of Health Research*, *5*(3), 169–175. https://doi.org/10.51713/idjhr.v5i3.98

Aniroh, U., & Fatimah, R. F. (2019). Tingkat Kecemasan Ibu Primigravida dalam Menghadapi Persalinan Ditinjau dari Usia Ibu dan Sosial Ekonomi. *Jurnal Ilmu Keperawatan Maternitas*, *2*(2), 1–6. https://doi.org/10.32584/jikm.v2i2.374

Arief, N. (2008). Panduan lengkap kehamilan dan kelahiran sehat. *Jogjakarta: AR Group*.

Bobak, I. M., Lowdermilk, D. L., Jensen, M. D., & Perry, S. E. (2005). Buku ajar keperawatan maternitas. *Jakarta: Egc*, 7–8.

Diana Dayaningsih, S. A. K. C. (2016). *Manajemen Persalinan Bebas Nyeri Dengan Teknik Hypnobirthing*. Sinergiberjayaindonesia.Com. https://sinergiberjayaindonesia.com/2016/04/22/manajemen-persalinan-bebas-nyeri-dengan-teknik-hypnobirthing-artikel-ke-1/

Diani, L. P. P., & Susilawati, L. (2013). Pengaruh dukungan suami terhadap istri yang mengalami kecemasan pada kehamilan trimester ketiga di Kabupaten Gianyar. *Jurnal Psikologi Udayana*, *1*(1), 1–11.

Etty, C. R., Siahaan, J. M., & Sinaga, Y. V. (2020). Analisis Dukungan Suami untuk Mengatasi Kecemasan Pada Ibu Hamil di Klinik Wanti Mabar Hilir Kecamatan Medan Deli Kota Medan. *Jurnal Teknologi Kesehatan Dan Ilmu Sosial (Tekesnos)*, *2*(2), 49–63.

Grace, M. P., Goa, M. Y., & Bina, M. Y. (2022). Faktor-faktor yang Mempengaruhi Kujungan Ibu Hamil dalam melakukan Antenatal Care di Puskesmas Kota Kupang. *CHMK Midwifery Scientific Journal*, *5*(1), 400–414.

Kartono, K. (1986). *Psikologi Wanita Jilid 2: Wanita Sebagai Ibu Dan Nenek*. Bandung, PT Alumni.

Kurniawati, H., & Wahyuni, A. (2014). Perbandingan tingkat kecemasan primigravida dan multigravida dalam menghadapi persalinan di wilayah kerja puskesmas wirobrajan. *Mutiara Medika: Jurnal Kedokteran Dan Kesehatan*, *14*(1), 100–105. https://doi.org/10.18196/mmjkk.v14i1.2476

Legawati, Ss. (2019). *Asuhan Persalinan Dan Bayi Baru Lahir*. WINEKA MEDIA.

Lendy, E. U., Handayani, S., & Kora, F. T. (2018). Hubungan Pengetahuan Ibu Hamil Primigravida Trimester III Dengan Kecemasan Menghadapi Persalinan Di Bidan Praktek Swasta Endang Purwaningsih Pleret Bantul. *Jurnal Kesehatan Samodra Ilmu*, *9*(1), 102–112.

Maharani, T. I., & Fakhrurrozi, M. (2014). Hubungan dukungan sosial dan kecemasan dalam menghadapi persalinan pada ibu hamil trimester ketiga. *Jurnal Psikologi*, *7*(2).

Maki, F. P., Pali, C., & Opod, H. (2018). Gambaran tingkat kecemasan ibu hamil primigravida trimester III di Klinik Bersalin Sutra Minahasa Selatan. *EBiomedik*, *6*(2).

Manuaba, I. B. G. (1998). *Ilmu kebidanan, penyakit kandungan & keluarga berencana untuk pendidikan bidan*.

Manurung, S. S., & Panjaitan, M. (2019). Hubungan Dukungan Suami Dengan Kesiapan Ibu Dalam Proses Persalinan Di Rumah Sakit Imelda Pekerja Indonesia Medan Tahun 2018. *JIFI (Jurnal*

Ilmiah Farmasi Imelda), *2*(2), 33–40.

Marwidah, S. I. (2017). Safruddin. *Relationship Between Pregnant Women's Knowledge About Labor Process With Anxiety Againts Labor. J Life Birth*, *1*, 37–47.

Meiliasari, M., & Danuatmaja, B. (2004). Persalinan Normal Tanpa Rasa Sakit. *Jakarta: Puspa Swara*.

Mendrofa, H. K. (2019). Hubungan dukungan sosial keluarga dengan tingkat kecemasan ibu primigravida trimester III dalam menghadapi proses persalinan di wilayah kerja puskesmas Kota Matsum Medan. *Indonesian Trust Health Journal*, *2*(1), 132–137.

Mukhadiono, M., Subagyo, W., & Wahyuningsih, D. (2015). Hubungan antara Dukungan Suami dengan Tingkat Kecemasan pada Ibu Primigravida Trimester III dalam Menghadapi Persalinan. *Soedirman Journal of Nursing*, *10*(1), 53–60. DOI: 10.20884/1.jks.2015.10.1.592

Naha, M. K., & Handayani, S. (2018). Hubungan Pengetahuan Ibu Hamil tentang Persalinan dengan kesiapan menghadapi persalinan pada trimester III di Puskesmas Umbulharjo I Yogyakarta. *Jurnal Kesehatan Samodra Ilmu*, *9*(2), 158–168.

Nasional, B. A. (2009). Pelayanan Kesehatan Maternal dan Neonatal. *Jakarta: PT. Bina Pustaka Sarwono Prawirohardjo*.

Nolan, M. (2010). Kelas bersalin. *Yogyakarta: Golden Books*.

Notoatmodjo, S. (2022). *Metode penelitian kesehatan*.

Novelia, S., Rukmaini, R., & Umayah, U. (2022). Hubungan Pengetahuan Ibu Hamil dan Dukungan Suami dengan Kecemasan Ibu Hamil dalam menghadapi Persalinan. *Journal for Quality in Women's Health*, *5*(1), 90–98.

Nurdiansyah, N. (2011). *Buku Pintar Ibu & Bayi*. Bukune.

Pieter, H. Z. (2018). *Pengantar psikologi untuk kebidanan*. Kencana.

Romalasari, N. F., & Astuti, K. (2020). Hubungan antara dukungan suami dan partisipasi mengikuti kelas ibu hamil dengan kecemasan menghadapi persalinan pada ibu hamil primigravida trimester tiga di Puskesmas Nglipar II. *G-COUNS: Jurnal Bimbingan Dan Konseling*, *4*(2). https://doi.org/10.31316/g.couns.v4i2.817

Safitri, Y. (2018). Hubungan Pengetahuan dengan Tingkat Kecemasan Ibu Hamil Primigravida dalam Menghadapi Proses Persalinan di RSU Sundari Medan. *Jurnal Kebidanan Flora*, *11*(1), 28–34.

Saputra, A., & Mubin, M. F. (2013). Hubungan Dukungan Suami Terhadap Tingkat Kecemasan Ibu Primigravida Pada Trimester Tiga Di BPS NY. Murwati Tony AMD. KEB Kota Semarang. *FIKkeS*, *6*(1).

Sari, I. (2017). Relationship Between Pregnant Women's Knowledge About Labor Process With Anxiety Against Labor. *Jurnal Life Birth*, *1*(1), 37–47.

Soltani, F., Eskandari, Z., Khodakarami, B., Parsa, P., & Roshanaei, G. (2017). Factors contributing to fear of childbirth among pregnant women in Hamadan (Iran) in 2016. *Electronic Physician*, *9*(7), 4725.

Sondakh, J. J. S. (2013). Asuhan kebidanan persalinan dan bayi baru lahir. *Jakarta: Erlangga*, *228*.

Stuart, G. W. (2006). *Buku saku keperawatan jiwa*.

Taylor, S. E. (2011). Social support: A review. *The Oxford Handbook of Health Psychology*, *1*, 189–214.

Vaira, R., Karinda, M., & Wahdah, R. (2023). Factors Causing Anxiety of Pregnant Women in Delivery. *International Journal of Public Health Excellence (IJPHE)*, *2*(2), 556–564. https://doi.org/10.55299/ijphe.v2i2.313