The Relationship Between Husband's Support and Anxiety Level of Primigravida Pregnant Women in Third Trimester at Puskesmas Gamping I, Sleman Yogyakarta

Rasidah[1], Fayakun Nur Rohmah[1]

[1] *Midwifery Department, Universitas 'Aisyiyah Yogyakarta, Indonesia*
Corresponding Author: rasidahace22@gmail.com

ABSTRACT

The first pregnancy for a mother is one of the crisis periods in her life. This anxiety can arise because of the long period of waiting for birth. To decreases mother's anxiety level, efforts can be made, with support from the husband such as assistance. Lack of trust and support from husbands can result in pregnant women anxiety. The purpose of this study is to determine the relationship between husband support and the anxiety level of primigravida pregnant women third trimester at Puskesmas Gamping I, Sleman, Yogyakarta. The sampling technique used was Accidental Sampling. The population of all pregnant women who made ANC visits at Puskesmas Gamping I in February 1 to May 30, 2023 which amounted to 213 pregnant women and the sample used was 64 pregnant women. Data sources came from primary and secondary data. Data analysis using Univariate and Bivariate. Results of this study showed that of 64 respondents who filled out the questionnaire, the majority of 50 pregnant women (78.12%) received husband support. There were 56 pregnant women (87.50%) who did not experience anxiety, while as 8 pregnant women (12.50%) experienced mild anxiety. The conclusion of this research there is a relationship between husband's support and anxiety about childbirth in third trimester primigravida pregnant women at Puskesmas Gamping I, Sleman, Yogyakarta.

INTRODUCTION

Pregnancy is a period when mothers experience physical changes, and psychological changes due to an increase in pregnancy hormones. Hormonal changes in pregnant women cause unstable or changing emotions during pregnancy, so that pregnant women feel sad, irritable, angry and even feel happy [1]. The pregnant women program aims to increase knowledge, change attitudes and behavior of mothers about the health of pregnant women, maternity and postpartum and optimal toddler growth and development [2]. According to data from the United Nations Children's Fund, around 12,230,142 million pregnant women experience problems in childbirth, 30% of which are due to first pregnancy anxiety [3].According to the Indonesian Ministry of Health quoted from Hasim (2018), in Indonesia the

incidence of pregnant women with anxiety reaches 373,000,000, where 28.7% experience anxiety before the delivery process [4]. Anxiety disorders in pregnant women in developed countries reach 10% while in developing countries it reaches 25%, and for Indonesia the rate of anxiety in pregnancy is around 28.7%. Other causes of anxiety experienced by pregnant women before childbirth include the fear of death when giving birth to their babies, birth canal trauma, feelings of fear and pain before delivery, especially for mothers with their first pregnancy (primigravida) [5]. Anxiety experienced by pregnant women can interfere with the pregnancy process, because without realizing it, the anxiety felt by pregnant women will be transferred to the baby in the womb. Medical disorders such as high blood pressure, shortness of breath can arise due to anxiety experienced by pregnant women. According to [2], the adverse effects that occur in third trimester pregnant women due to anxiety are preeclampsia and premature.

After conducting an interview, the midwife said that primigravida pregnant women have various kinds of anxiety during pregnancy, one of which is also influenced by husband support. Furthermore, the researcher conducted interviews with Three Primigravida pregnant women who conducted examinations and obtained information related to the anxiety that the mother felt at the age of pregnancy which was getting closer to childbirth, one of which was husband support. The results of observations made by researchers during the research at the Gamping I health center on June 5th to June 24th, 2023 obtained the results of some pregnant women who carried out pregnant control accompanied by their husbands at the pregnancy examination, the husband did not participate in accompanying during the examination and the husband waited outside the room. Based on the background description that has been submitted, the researcher is interested in conducting research to find out "The Relationship between Husband Support and Anxiety Level in Primigravida Pregnant Women Third Trimester at Puskesmas Gamping I, Sleman, Yogyakarta".

METHOD

This research uses a quantitative approach. The research design for quantitative is preordained or determined in advance and cannot be changed during field research [6].

Research variable is an attribute or trait or value of people, objects or activities that have certain variations set by researchers to study and then draw conclusions [7]. In this study, the variables used are independent variables (X) and dependent variables (Y).
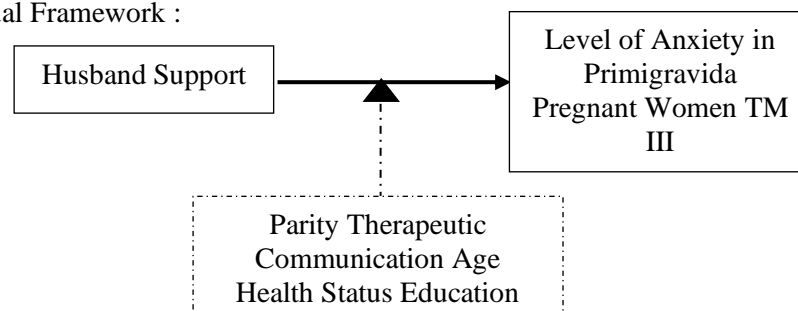
Conceptual Framework :

Figure 1. Conseptual Framework

Description:
→ : The direction of the relationship under study
- - -▶ : Unexamined direction of relationship
☐ : Variable under study
⌐ ⌐ : Unexamined variable

In the conceptual framework, research will be conducted related to the relationship between husband support and anxiety levels in primigravida pregnant women third trimester with the exclusion of Parity, Therapeutic Communication, Age, Health Status and Education.

Research variable is an attribute or trait or value of people, objects or activities that have certain variations set by researchers to study and then draw conclusions [7]. In this study, the variables used are independent variables (X) and dependent variables (Y).

1. Independent Variable or referred to as stimulus, predictor, and antecedent variables. Free variables are variables that affect or cause changes or the emergence of dependent variables (bound) [7]. The independent variable in this study is husband support.
2. Dependent Variable According [7] dependent variables are often referred to as output variables, criteria, consequences. The dependent variable is the variable that is influenced or that becomes the result of the independent variable. The dependent variable in this study is Primigravida third trimester pregnant wom
3. Confounding variables are variables that interfere with the relationship between independent variables and dependent variables [7]. In this case, the confounding variables are parity, therapeutic communication, age, education and health status.

Definisi Operasional Research. Operational definition is an element of research that determines variables and measures a variable, so that it will help other researchers who use the same variable [8].

Table 1. Operational Definition

Variable	Operational Definition	How to Measure	Measuring Instruments	Measurement Results	Measurement Scale
Husband support	Attitude, action, attention, motivation and affection given by the husband to the third trimester primigravida pregnant women who will face the labor process.	*Favourable:* 1. Always score : 4 2. Frequent score : 3 3. Sometimes : 2 4. Never score : 1 *Unfavourable:* 1. Always score : 1 2. Frequent score : 2 3. Sometimes score : 3 4. Never score : 4 (in Sari Widya, 2018)	Questionnaire Husband Support	1. Less Supports < 76.81 2. Support if ≥ score 76.81 (mean) (in Sari Widya, 2018)	Nominal

Variable	Operational Definition	How to Measure	Measuring Instruments	Measurement Results	Measurement Scale
Anxiety of pregnant women	An unpleasant condition experienced by third trimester pregnant women who will face childbirth	1. Score 0 (no symptoms) 2. Score 1 (1 symptom from existing options) 3. Score 2 (less than half of symptoms) 4. Score 3 (half or more of the symptoms) 5. Score 4 (all symptoms) (Max Hamilton dalam Schlacfer (2012)	Questionnaire HARS	1. No anxiety if the score < 14 2. Mild anxiety if the score is 14-20 3. Moderate anxiety if the score is 28-41	Ordinal

Data Collection Tools and Methods.

There are two main things that affect the quality of research data, namely the quality of research instruments and the quality of data collection. In quantitative research, the quality of the instrument is concerned with the validity and reliability of the instrument and the quality of data collection is concerned with the accuracy of the methods used to collect data. According to [9]. quantitative research is a type of research that is often used by students to complete their final project.

Data Processing and Analysis Methods

1. Data processing is often referred to as data management. The main purpose of data management is to ensure that the data collected has been validated, stored properly and can be manipulated for analysis needs.
2. The data that has been collected cannot necessarily be directly analyzed because it takes stages so that the research results have validity that can be accounted for. The objectives of data processing according to [10] are:
   a. Identify the presence or absence of missing data so that further action can be taken. These actions include collecting data again to complete the blank data or making adjustments to samples that are lacking, or making adjustments. Analysis if the empty data is still tested.
   b. Codify or code the data that has been collected in accordance with the established operational definition.
   c. Determine the limit (cut-off) of measuring results if the researcher does not have a standard in categorizing measurements.
   d. Knowing the existence of outlier data that can affect the results of the analysis. Some statistical analyses are very sensitive to data that is far from the middle value so that outlier tests are carried out with certain methods.
   e. Test statistical assumptions needed as a requirement to conduct analysis.

3. Data Analysis

   Data analysis is carried out if the data processing process has been carried out completely. Judging from the number of variable pairs analyzed, the analysis is divided into three, namely univariate analysis, bivariate analysis and multivariate analysis.

   a. Univariate Analysis

      Univariate analysis if the number of variables analyzed is only one kind. Univariate analysis uses descriptive statistical methods to describe the parameters of each variable. In the author's thesis, univariate analysis is used as a descriptive analysis by calculating the frequency distribution of each research variable, namely repondent characteristics, independent variables of husband support and anxiety-bound variables in pregnant women primigravida third trimester. Univariate analysis was used to determine the relationship between husband support and anxiety levels in pregnant women with primgravida third trimester.

   b. Bivariate Analysis

      Analysis is carried out if the analyzed variables consist of two types, namely dependent and independent. Usually used in correlation, association, and 2-group experiment research designs. This analysis aims to test the research hypothesis proposed by the researcher. Bivariat analysis of the two variables studied, namely husband support with anxiety of pregnant women primigravida third trimester using a nominal scale on the variable of husband support and an ordinal scale, then data analysis using the *Spearman Rank correlation test*

RESULT AND DISCUSSION

In an effort to prevent anxiety in pregnant women, especially in third trimester primigravida mothers, the Gamping I health center provides nutrition fulfillment consultation services at nutrition consultation services, consultations related to pregnancy and anxiety that mothers feel at the psychologist poly to pregnancy examination services at the MCH poly to support the welfare of mothers and fetuses. Furthermore, Puskesmas Gamping I has 3 auxiliary health centers consisting of Mancasan Pustu, Gejawan Pustu and Jatisawit Pustu.

Analysis Univariat

Characteristics of Respondents

The description of third trimester pregnant women at Puskesmas Gamping I Sleman, Yogyakarta which is characteristic of the research used is the respondents as follows:

Table 2.
Frequency Distribution of Characteristics of Pregnant Women
Respondents at Puskesmas Gamping I, Sleman, Yogyakarta

No	Characteristics of the wife	Frequency f	Percentage %
1.	Age		
	<20	1	2
	20-30	60	94
	>30	3	5
	Total	64	100
2.	Education		

No	Characteristics of the wife	Frequency f	Percentage %
	SD	1	1,6
	SMP	6	9,4
	SMA	25	39,1
	SMK	9	14,1
	S1	16	25
	D3	7	10,9
	Total	64	100
3.	Work		
	Wiraswasta	4	31,3
	IRT	40	62,5
	Employee	20	31,3
	Total	64	100

Based on Table 2 shows that the age of most respondents aged 20-30 years (94%) is then based on the characteristics of education in third trimester pregnant women, most of them have high school education as many as 25 pregnant women (39.1%), while the most occupational characteristics of pregnant women are working as 40 pregnant women (62.5%).

Table 3.
Frequency Distribution of Characteristics of Pregnant Women
Respondents at Puskesmas Gamping I, Sleman, Yogyakarta

No	Characteristics of the husband	Frequency f	Percentage %
1.	Age		
	<20	-	-
	20-30	55	85,94
	>30	9	14,06
	Total	64	100
2.	Education		
	SMP	3	4,69
	SMA	21	32,81
	SMK	12	18,75
	D3	2	3,13
	S1	25	39,6
	S2	1	1,56
	Total	64	100
	Work		
3.	Entrepreneurial	3	4,69
	Private	23	35,94
	Employee	30	46,8
	Buruh	8	12,50
	Total	64	100

Based on Table 3 that the husbands of pregnant women aged 20-30 years are at most 55 people (85.94%), then based on the characteristics of education in husbands, most of them have S1 education as many as 25 people (39.6%), while in job characteristics as many as 30 husband respondents (46.8%) work as employees.

Table 4.
Distribution of Anxiety Frequency of Pregnant Women Based on
Characteristics at Puskesmas Gamping I, Sleman, Yogyakarta

No	Characteristics of the wife	Anxiety Level			
		No Anxiety	No Anxiety	Light	Light
		f	%	f	%
1.	Age				
	<20	1	1,56	-	-
	20-30	44	68,75	16	25
	>30	2	3,13	1	1,56
	Total	47	73,44	17	26,56
2.	Education				
	SD	1	1,56	-	-
	SMP	6	9,38	-	-
	SMA	23	35,94	2	3,13
	SMK	6	9,38	3	4,69
	S1	14	21,88	2	3,13
	D3	6	9,38	1	1,56
	Total	56	87,52	8	12,48
3.	Work				
	Wiraswasta	2	3,13	2	3,13
	IRT	31	48,44	9	14,06
	Employee	14	21,88	6	9,38
	Total	47	73,45	17	26,55

Based on Table 4 above, the characteristics of the age with a range of <20 years amounted to 1 (2%), people did not experience anxiety (1.56%), 20-30 years amounted to 60 (94%), pregnant women experienced anxiety as many as 16 pregnant women (25%) and 44 pregnant women (68.75%) did not experience anxiety, while in mothers aged >30 years, as many as 3 pregnant women (5%), as many as 2 pregnant women (3.13%) did not experience anxiety, and 1 pregnant woman (1.56%) experienced mild anxiety.

Husband's support for pregnant women primigravida third trimester at puskesmas gamping I, Sleman, Yogyakarta

To determine the husband's support for pregnant women, third trimester primigravida in the face of childbirth was calculated using a computerized frequency distribution where researchers categorized husband support into 2 categories, namely supportive and less supportive. The results of husband support are then presented in the table as follows:

Table 5.
Frequency Distribution of Husband Support for Third Trimester Primigravida Pregnant
Women at Puskesmas Gamping I, Sleman, Yogyakarta

Husband Support	Frequency	Percentage
	f	%
Support	50	78,1
Less Support	14	21,9
Total	64	100

Based on Table 5 shown above shows the overall results of 64 respondents pregnant with third trimester primigravida, as many as 50 pregnant women received husband support (78.1%), while as many as 14 respondents of third trimester pregnant women received less husband support (21.9%). Furthermore, in the presentation of husband support by displaying the results per item as follows:

Table 6.
Frequency Distribution Per Item of Husband Support for Third Trimester
Primigravida Pregnant Women at Puskesmas Gamping I, Sleman, Yogyakarta

Husband Support	Support		Less supportive	
	f	%	f	%
Emotional Support	58	90,62	6	9,37
Assessment Support	48	75	16	25
Instrumental Support	38	59,37	26	40,62
Information Support	56	87,5	8	12,5

Based on table 6 above, 58 respondents received emotional husband support (90.62%), while as many as 6 pregnant women respondents received less support from their husbands (9.37%). In the assessment support, 48 pregnant women received husband support (75%), while 16 other pregnant women respondents received less husband support (25%). Then in instrumental support, as many as 44 respondents of pregnant women received husband support (59.37%), while as many as 20 respondents of pregnant women received less husband support (40.62%). And in information support, as many as 56 respondents of pregnant women received husband support (87.5%), while 8 other pregnant women respondents received husband support (12.5%).

Anxiety in Primigravida third trimester Pregnant Women at Puskesmas Gamping I, Sleman, Yogyakarta

To determine the level of anxiety that will be faced by pregnant women third trimester Primigravida approaching labor, in the calculation using the SPSS application where the researcher then calculated using frequency distribution with 5 categories, namely a score of < 14 if there is no anxiety, 14-20 mild anxiety, 21-27 moderate anxiety, 28-41 severe anxiety. The results obtained are as follows:

Table 7.
Frequency Distribution of Anxiety Facing Childbirth in Primigravida third
trimester Pregnant Women at Puskesmas Gamping I, Sleman, Yogyakarta

Anxiety	f	%
No anxiety	47	73,4
Mild anxiety	17	26,6
Total	64	100

Based on table 7 above, it can be seen that of the 64 respondents who measured the level of anxiety using the HARS questionnaire, the results were that 47 pregnant women with primigravida third trimester, the majority did not experience anxiety facing childbirth (73.4%), while as many as 17 other primigravida third trimester pregnant women experienced mild anxiety before delivery (26.6%). Furthermore, in the category of anxiety with moderate and severe levels, respondents were not found who experienced anxiety with similar levels.

Analysis Bivariat

To determine the relationship between husband support and anxiety facing childbirth in pregnant women with primigravida third trimester, then calculations were carried out using tabulations as follows:

Table 8.

Relationship Between Husband Support and Anxiety Level Facing Childbirth in Primigravida third trimester Pregnant Women at Puskesmas Gamping I, Sleman, Yogyakarta

Husband Support	Anxiety Level		
	None	Light	
Support	41	9	P value 0.03
Less Support	6	8	
Total	47	17	

Based on table 8, it can be concluded that pregnant women who received husband support with no anxiety category as many as 41 pregnant women (64.6%) while pregnant women with mild stress as many as 9 pregnant women (14.6%). Then in pregnant women who lack husband support with no anxiety as many as 6 pregnant women (9.38%) while in ib who lack husband support with mild anxiety as many as 8 pregnant women (12.50%). This study was conducted using the *Chi Square* test which showed a value or *P Value of 0.03* with a significant level of < 0.05 meaning that there is a correlation or relationship between husband support and anxiety in third trimester primigravida pregnant women at Puskesmas Gamping I, Sleman, Yogyakarta.

The results of the study conducted showed that from all respondents 64 pregnant women there were 47 pregnant women (73.4%) did not experience anxiety, 17 pregnant women (26.6%) experienced mild anxiety, none of the respondents experienced moderate, severe or panic anxiety in the research that the researchers conducted. Furthermore, based on the characteristics of elementary school education that did not experience anxiety 1 respondent (1.56%), none experienced mild, moderate or severe anxiety. In junior high school education 6 respondents did not experience anxiety (9.38%), none experienced mild, moderate or severe anxiety. In respondents with high school education, 23 respondents did not experience anxiety (35.94%), 2 respondents experienced mild anxiety (3.13%), none experienced moderate or severe anxiety. In respondents with vocational education, there were 6 respondents who did not experience anxiety (9.38%), 3 respondents experienced mild anxiety (4.69%), none had moderate or severe anxiety. In respondents with S1 education, there were 14 respondents who did not have anxiety (21.88%), 2 respondents had mild anxiety (3.13%), none had moderate or severe anxiety. Then in D3-educated respondents there were 6 respondents who did not have anxiety (9.38%), 1 respondent had mild anxiety (9.38%), while in moderate to severe anxiety there were no respondents who met the category. This suggests anxiety can also be felt by mothers with higher education.

This study is in line with the research of Wa Ode Zamriati, et al (2013) which states there is no significant relationship between the level of anxiety and the level of maternal education, but there are other factors that are more influential [12].

The psychological problem commonly felt by pregnant women with third trimester primigravida is a feeling of anxiety before approaching labor. For primimigravida mothers, the pregnancy experienced is the first time so that the third trimester of pregnancy increases feelings of anxiety in prospective mothers. Mothers will tend to feel anxious about their pregnancy, feel anxious and afraid to face childbirth because ignorance is the main factor supporting their anxiety. Factors that

influence anxiety in third trimester pregnant women are parity, therapeutic communication, support of husbands and health workers, age, education, access to information and health status [13] .

The results of a study conducted [14] one of the husband supports that can be shown is emotional support. Emotional support is the extent to which individuals feel that people around them pay attention, encourage and help solve problems faced by individuals. Emotional attention in the form of warmth, care and empathy given by others. This emotional attention itself can make pregnant women feel confident that they are not alone through pregnancy.

The results of the study conducted by the researcher above showed that respondents totaling 40 pregnant women had the majority of respondents aged 22 years as many as 11 (27.5%) pregnant women, junior high school education as many as 17 (42.5%) pregnant women, IRT work as many as 40 (100%) pregnant women, experiencing moderate anxiety as many as 24 (60%) pregnant women, experiencing severe anxiety as many as 16 (40%) pregnant women.

In research conducted by [5] explained that husband support can affect anxiety facing childbirth. This is supported by the results of research found a support relationship between husband support and anxiety facing childbirth at the Nglipar II Health Center. High husband support lowers the level of anxiety faced by pregnant women.

The effects caused by anxiety during pregnancy include postpartum depression, preterm labor, separation anxiety disorder, GPH (Attention deficit and hyperactivity disorder) and behavioral disorders in children [15]. Knowledge about childbirth can affect anxiety about pregnancy before delivery, because mothers who have less knowledge will view the process of childbirth as a scary thing.

Anxiety will have a negative impact on pregnant women from pregnancy to childbirth, inhibit growth, trigger uterine muscle contractions and others. This impact can harm the mother and fetus [14]. Based on research conducted by 15 stated that of 185 respondents with husbands who did not support pregnancy, the majority of respondents experienced mild anxiety, namely 138 pregnant women (74.6%), followed by 30 pregnant women (16.2%) with moderate anxiety, 13 people (7%) with severe anxiety, 2 people (1.1%) no anxiety. Whereas in 56 respondents with husbands who support pregnancy, a minority of respondents experienced. Mild anxiety was 40 pregnant women (71.4%), were raised. 6 pregnant women (10.7%) with moderate anxiety, 6 pregnant women (10.7%) with severe anxiety, 2 people (3.6%) with severe anxiety and 2 people (3.6) no anxiety. The results of statistical tests show that there is a relationship between husband support and anxiety of pregnant women in facing childbirth.

CONCLUSION

Based on the results of research conducted by researchers entitled the relationship between husband support and anxiety of pregnant women primigravida third trimester at Puskesmas Gamping I, Sleman, Yogyakarta, the conclusion is there is a relationship between husband support and anxiety facing childbirth in pregnant women primigravida third trimester with a significant level of α 5% (0.05) at Puskesmas Gamping I, Sleman, Yogyakarta.

REFERENCES

1. Sari, W. N. I. (2018). The Relationship of Husband Support with the Level of Anxiety Facing Childbirth in Third Trimester Primigravida Pregnant Women at the Mlati II Sleman Health Center [THESIS]. 'Aisyiyah University Yogyakarta;

2. Ministry of Health of the Republic of Indonesia. (2019). 3 Provinces Hold Classes for Pregnant Women and Toddlers. Deflated. https://www.kemkes.go.id/article/view/19111300003/3-provinsi-gelar-kelas-ibu-hamil-dan toddlers.html;

3. Hastanti, H., Budiono, B., &; Febriyana, N. (2021). Primigravida has more anxiety during pregnancy. Indonesian Midwifery and Health Sciences Journal. https://doi.org/10.20473/imhsj.v3i2.2019.167-178;

4. Elvina, L., ZA, R. N., &; Rosdiana, E. (2018). Factors Related to the Psychological Readiness of Third Trimester Pregnant Women in Facing Childbirth. Journal of Healthcare Technology and Medicine. https://doi.org/10.33143/jhtm.v4i2.207Afifah DN. Factors Contributing to the Failure of Exclusive Breastfeeding Practices. J Univ Diponegoro. 2007;

5. Romalasari, N. F., &; Astuti, K. (2020). The relationship between husband support and participation in classes for pregnant women with anxiety facing childbirth in third trimester primigravida pregnant women at the Nglipar II Health Center. Journal of Guidance and Counseling. https://doi.org/10.31316/g.couns.v4i2.817Oktova R. Determinants Associated with Giving MP-ASI Early in 0-6 Months Infants. J Health. 2017;

6. Ahyar, H., Maret, U. S., Andriani, H., Sukmana, D. J., Mada, U. G., Hardani, S.Pd., M. Si., Nur Hikmatul Auliya, Grad. Cert. B., Helmina Andriani, M. Si., Fardani, R. A., Ustiawaty, J., Utami, E. F., Sukmana, D. J., & Istiqomah, R. R. (2020). Buku Metode Penelitian Kualitatif & Kuantitatif (Issue March).

7. Nurcahyani, R. (2021). Health during pregnancy. *health during pregnancy*;

8. Nurcahyani, R. (2021). Health during pregnancy. Health During Pregnancy.Wahyu, N. M. S., &; Fauzi, A. (2022). The Effect of Health Education About Childbirth on the Anxiety of Third Trimester Primigravida Pregnant Women in Walantaka District, Pipitan Village, Serang City in 2022. Mlahayati Nursing Jounal;

9. Hatami, F., Tahmasbi, F., &; Hatami Shahmir, E. (2017). Benefits of Husband Support on the Health of Pregnant Women. Neuropsychology. http://clpsy.journals.pnu.ac.ir/article_3887.htmlHeryana, A. (2020). Quantitative Research Data Analysis. Publisher Erlangga, Jakarta. https://doi.org/10.13140/RG.2.2.31268.91529

10. Hidayat, D. N. (2014). Metodologi Penelitian SosialChung M, Raman G, Trikalinos T, Lau J, Ip S. Interventions in primary care to promote breastfeeding: An evidence review for the U.S. Preventive services task force. Ann Intern Med [Internet]. 2008; Available from: http://www.annals.org/content/149/8/565.full.pdf+html

11. Alza, N., &; Ismarwati. (2018). Factors affecting anxiety of III trimester pregnant women. Journal of Midwifery and Nursing Aisyiyah.

12. Nurianti, I., Saputri, I. N., &; Crisdayanti Sitorus, B. (2021). The relationship of husband support with the anxiety of pregnant women in facing the labor process. Journal of Midwifery Kestra (Jkk).

13. Wulandari Sari, S. S., &; Risza Khoirunnisa. (2023). The Relationship between Midwives, Husband Support and Access to Information with the Anxiety of Adolescent Pregnant Women in Facing Childbirth at Johar Baru Health Center. Budi Luhu Health Journal.

14. Utomo, Y. D. C., & Sudjiwanati, S. (2018). The effect of social support on the anxiety level of pregnant women in the Malang City Government Maternity Hospital. Psychovidya.

15. Tabita, E., Angita, E., Kurniawan, G., Florensa, M. V. A., & Purimahua, D. I. (2021). The description of husband's support to pregnant woman in Banyumudal Village Central Java. Nursing Current Journal of Nursing. https://doi.org/10.19166/nc.v8i2.3105