



Husband and Healthcare Provider Support Toward the Prenatal Anxiety in Indonesia

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Abstract. Background: Pregnant mother experienced different level of anxiety in each trimester. The anxiety became higher in the last semester where the time closed to the delivery. Social support was important to decrease anxiety level. The social support could origin from the spouse also healthcare providers in the maternal clinic.

Aim: This study aimed to explore the association between husband and healthcare providers support with prenatal anxiety level in Indonesia.

Methods: This study was quantitative study used cross sectional approach. The sampling used consecutive sampling with total of 155 pregnant mothers. The instruments used were 2 self-developed questionnaires (husband support questionnaire and healthcare providers support questionnaire), and Hamilton Anxiety Rating Scale (HARS).

Results: The level of husband support were majority in low level, while the majority of healthcare providers provide high support. Level of anxiety of pregnant mother related to the childbirth process were at the moderate level (58 (37.4%)). Sommer's-d test showed that support from husband and healthcare providers were associated with the anxiety level. The lower husband's and healthcare providers' support for mother produce higher anxiety ($r = -0.470$, $p < .05$; $r = -0.765$, $p < .05$).

Conclusion: Husband support was important to decrease anxiety of pregnancy woman in Indonesia. In addition, healthcare providers at the clinic also took the vital role in improving the prenatal anxiety. Further education from healthcare providers to the husband related to the delivery process will be helpful to improve their knowledge and skill in managing the prenatal anxiety of their spouse. Encouraging husband during maternal examination and health education would be an upstanding effort to improve their involvement to decrease prenatal anxiety.

Keywords: Husband Support · Spouse Support · Healthcare Provider Support · Anxiety · Pregnancy

1 Introduction

Pregnancy was the crucial moment for both husband and wife who intend to have the baby [1]. Instead of feeling happiness, both husband and parents could experience anxiety due to lack of preparation to be parent for their children [2]. Several factors found as the source of anxiety in pregnancy including lack of information, planning, and support including financial support. In addition of decrease of well-being, social issues such as impaired communication with spouse where both of them faced the challenges to be a parent for their children. Mother's health status and fetal health also made mother feel anxiety [3–5].

Mother might experience anxiety during pregnancy from the beginning until the delivery [1, 6]. The development during pregnancy also the hormonal changes that affect progesterone and estrogen, also endocrine system have affected the physical and mother's emotional change including anxiety [7–9]. Different level of anxiety found in between in-patient and outpatient regarding to the risk level [10].

The negative psychological change in pregnancy would impact to mother and baby. Anxiety was found more than depression that happened for mother during pregnancy. The anxiety could result in labor difficulty, physical and psychological problem for the baby [5, 11]. Prolonged anxiety will become depression during pregnancy. Mother with social support will have less anxiety compared to the one without social support although there was no different level of anxiety between mild and high support level [12].

Meaningful support from husband during pregnancy will lower the anxiety level especially in the last semester also the couple relationship after delivery [13, 14]. Several factors found influenced the father's involvement during pregnancy including socio cultural factor also the clinical factor [1].

The anxiety during pregnancy reported in several studies that happened in several developing and developed countries, including Indonesia [5–7, 15–17]. Husband support found to decrease the prenatal anxiety [1, 13, 14]. Healthcare providers support and involvement also might be helpful to increase the mother's psychological status including anxiety [14]. Indonesia with its diverse regional economy, culture value in each ethnic and policy might have various factors that associated with the mother's prenatal anxiety. This study explored the association of husband and healthcare provider support toward the prenatal anxiety in a region of Indonesia.

2 Methods

2.1 Study Design, Population, and Sample

This study was cross sectional study. All of last trimester pregnant mother at a clinic has been invited to the study through the consecutive sampling to invite mother who will participate and visited the clinic during data collection period. Mother with further intervention needs were excluded. Finally, 155 respondents participated in this study.

2.2 Location and Time

The study conducted at a maternal clinic in Samarinda City, East Kalimantan Province, Indonesia from April–May 2022.

2.3 Instruments

Instruments used consisted of three questionnaires. The demographic questionnaires included the wife and husband's demographical data.

Husband support questionnaire was developed by Sari (2019) The questionnaires included 25 items represent for 4 dimension of support (emotional support, tangible support, instrumental support and informational support) [18].

The questionnaire for measuring healthcare providers support consists of 15 items which has been validated with reliability (.982). The dimension of questions included motivation, pregnancy, health education, ANC examination, labor, Husband's role, decision making, problem solving and role of healthcare providers [19].

The Indonesian version of *Hamilton Anxiety Rating Scale* (HARS) was used to measure the mother's anxiety level. This instrument consists of 14 items and rated from 0–4 (not present-severe). The interpretation of result divided to no anxiety (<17), mild (18–24), moderate (25–30), severe (31–40) and extremely severe (41–56) [20–22].

2.4 Data Collection Procedure

The data collection began with the explanation of study and consent signing. After filled the demographic questionnaire, respondents filled the husband support questionnaire and healthcare provider support questionnaire. At the last stage, to measure anxiety level, respondents were asked to fill the HARS questionnaires. Researcher and team ensure for each questionnaire that fully being filled.

2.5 Data Analysis

The gathered data descriptively analyzed for used percentage and frequency while using Sommer's-d test to explore the relationship between variables.

2.6 Ethical Clearance

This study has been approved for ethical clearance from University of Mulawarman, Indonesia No. 128/KEPK-FK/VIII/2022 on August, 10th, 2022.

3 Results

The result has been divided to three parts with the first part presented the demographical status, continued with the relationship between husband and healthcare providers support toward the prenatal anxiety.

3.1 Demographic Characteristics

The characteristics including husband's and wife's age, education. In addition, husband's religion and occupation also parity status, have been presented in the Table 1.

Majority of husband's and wife's age was below 35 years old while at most both of education was at the senior high school level. Number of multiparous mother was lower compared with the nulliparous and primiparous. Most of husband were Muslim and worked at the private sector.

Table 1. Characteristics of Respondents

Sociodemographic Characteristic	F	(%)
Wife's Age		
<20 Years Old	3	1.9
20–35 Years Old	132	85.2
>35 Years Old	20	12.9
Wife's Education		
Elementary School	2	1.3
Junior High School	16	10.3
Senior High School	92	59.4
Higher Education (Diploma, Undergraduate, Post Graduate)	45	29.0
Parity		
Nulliparous	57	36.8
Primiparous	51	32.9
Multiparous	46	29.7
Grand Multiparous	1	0.6
Husband's Age		
15–25 yrs	30	19.4
26–35 yrs	98	63.2
36–45 yrs	24	15.5
46–55 yrs	3	1.9
Husband's Religion		
Islam	150	96.8
Protestant	5	3.2
Husband's Occupation		
Private Sector	141	91
Public Sector	9	5.8
Entrepreneurship	5	3.2
Husband's Education		
Elementary School	2	1.3
Junior High School	5	3.2
Senior High School	106	68.4
Higher Education (Diploma, Undergraduate, Post Graduate)	42	27.1

Table 2. Relation between husband support toward prenatal anxiety

Support Level	Anxiety Level (N(%))					Total	r	P
	No	Mild	Moderate	Severe	Extremely Severe			
Low	2	5	6	31	7	81	-.470	.000
High	8	30	22	10	4	74		
Total	10	35	28	41	11	155		
	(6.5)	(22.6)	(37.4)	(26.5)	(7.1)	(100)		

Table 3. Relation between healthcare provider support toward prenatal anxiety

Support Level	Anxiety Level (N(%))					Total	r	P
	No	Mild	Moderate	Severe	Extremely Severe			
Low	1	2	26	40	10	76	-.765	.000
High	9	33	2	1	1	79		
Total	10	35	28	41	11	155		
	(6.5)	(22.6)	(37.4)	(26.5)	(7.1)	(100)		

3.2 Husband Support and Prenatal Anxiety

Husband support had moderate level of strength correlation to the mother's prenatal anxiety ($-.470$) as attached in Table 2. Mother with low support from husband had higher number than mother with high support.

Severe anxiety was the most anxiety level experienced by mother with low support from husband.

3.3 Healthcare Provider Support and Prenatal Anxiety

Healthcare provider support had high correlation toward prenatal anxiety of mother ($-.765$). The number of mother with low and high support level almost similar. Table 3 provided information about the number of healthcare provider support at low and high level and it association with the mother's prenatal anxiety.

Mother with low support level from the healthcare provider tend to have severe level. Mother with high support from healthcare provider experienced mild anxiety.

4 Discussion

4.1 Respondent's Characteristics

The anxiety could develop in each stage of pregnancy. Mother with education lower than high school found to experience higher anxiety [5]. Mother's health status such as

the anemia and hypertension produced higher anxiety to face the process of delivery [3, 5]. Mother's age, working status, family care, medical staff service, and social support were related to the prenatal anxiety. Mother with multiparous found to have less anxiety while mother without any occupation and only became housewife will experience higher anxiety. Previous experience thought mother to have more adjustable way to control their anxiety during pregnancy [12].

Father's occupation when most of men worked to fill in the family needs made them difficult to adjust the father role also adjust the time to give the comprehensive support during pregnancy [14, 23].

4.2 Husband Support and Prenatal Anxiety

Couples might face the relationship conflict that produce anxiety during pregnancy where the intimacy became less and lack of marital satisfaction [24]. Conflict with the spouse during pregnancy could increase mother's anxiety [5].

Higher husband support will help lower anxiety of mother in this study. Active husband support was significantly found to decrease prenatal anxiety of mother [13, 14, 19], also helpful to improve the quality of couple relationship [25]. Support from husband not only help mother to decrease anxiety during pregnancy but also after delivery. This might help mother to decrease risk of post-partum depression by having good adjustment to the changes [25, 26].

Husband support could be in form affective support, cooperative attitude, also financially and being responsive in significant moments. Husband could show their empathy through the understanding the effect of hormonal change during pregnancy and not offense them. Assisting wife to do the daily household chores (e.g., cooking and cleaning), playing with other kids, and also supporting physically help mother felt relax and less anxiety [14].

Some factors could decrease the husband involvement including the society perspective to see the man involved in women's matter. In addition, the engagement between couples before first pregnancy. Moreover, the traditional clinical layout put the husband uncomfortable to involve during the physical exam [1]. Fathers also commonly confused to provide positive support for her wife during pregnancy. In western view, father seen more as breadwinner and responsible to fulfill the economical aspect of family. This condition also put father in thinking what is the best way to support his wife during pregnancy [23, 27].

Studies mentioned the importance of husband involvement during pregnancy in healthcare settings. However most of men felt uncomfortable and being intimidated to express their need related to the support for their wife in pregnancy [28, 29]. Limited information could lead husband to suggest labor process choice that could increase mother's anxiety [12]. In order to increase their understanding how to assess the mother's need during pregnancy, husband could monitor their mother's behavior and through education via online or offline classes, or reading the books [14].

4.3 Healthcare Provider Support and Prenatal Anxiety

The result showed the lower healthcare providers the higher mother prenatal anxiety. Healthcare providers that provide services during pregnancy contributes to the mother's anxiety [12]. Healthcare providers at the clinic had various heavy workload with limited available time. This condition could be the challenges to provide the comprehensive health education for mother also for the husband. The attitude that provided by healthcare providers is still needed to be improved to help mother and husband being comfort to have consultation during the antenatal visit at the clinic [1].

Moreover, misjudgment to the man related to their involvement made them lack of information which could be gathered from the healthcare providers. The man believed that healthcare provider support might have many information to help them find the best way to provide better support and decrease the mother's prenatal anxiety [14, 28].

5 Conclusions

Majority of mothers felt the moderate prenatal anxiety level. Early detection at the beginning pregnancy will be helpful for mother to find the way to adapt with their anxiety. Husband support was importance to decrease anxiety during pregnancy. Support could be in form of emotional and non-emotional support. Healthcare providers as the trusted person for mother also helpful to improve prenatal anxiety by supporting mother and their spouse. Time when mother visit the clinic for ante natal care was important time to provide information for both parties including mother and the husband. Kind of information could be about labor process especially for the complete process and the impact for Mom and baby.

Intensive counseling will be a better solution for mother with severe level of anxiety and low support from husband and healthcare providers. Further research could design the intensive counseling for mother and husband by considering both of available time. Tele-consultation model could be developed to help this intensive counseling when the time is more flexible for mother, husband, and healthcare providers.

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