



Relationship between the level of knowledge and family support with the level of mother's anxiety during the first stage of labor

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Abstract

The level of anxiety in mothers giving birth becomes arrhythmic in the birth experience and can have a long-term impact on the well-being of the mother and baby. This study aims to determine the relationship between the level of knowledge and family support and the level of maternal anxiety during the first stage of labor. Descriptive analytical research type with cross sectional emphasis with a total sample of 31 primigravida mothers in the first stage of labor. The results showed most respondents had a moderate level of anxiety (48.9%), most respondents (77.4%) had a low level of knowledge and most respondents (58.1%) had good family support. The chi square statistical test shows that there is a significant relationship between the level of knowledge and family support and the anxiety level of mothers in the first stage of labor with p values of 0.046 and 0.006 (p value < 0.05), respectively. The level of knowledge and family support is related to the level of anxiety of mothers in the 1st stage of labor.

Keywords: level of knowledge, family support, level of anxiety

Introduction

Birth mothers experience a complex transition period, including significant physical and emotional changes. The level of anxiety in the birthing mother can be a critical aspect of the birth experience and can have long-term impacts on the well-being of mother and baby (Fauziah, 2022).

Anxiety can be defined as an emotional response without a specific object that is subjectively experienced and communicated interpersonally. The anxiety felt generally revolves around fear of bleeding, fear of the baby being deformed, fear of pain during childbirth, fear of having stitches, fear of complications and even fear of not being able to care for and raise the child well in the future (RSUP dr. Soeradji Tirtonegoro Klaten, 2023).

The impact that can arise from anxiety is the weakening of labor contractions or weakening of the mother's pushing strength (power), so that it can hinder the progress of labor and can cause prolonged labor (Zamriati et al., 2019). Anxiety during labor is associated with high levels of the stress hormone epinephrine in the blood, which in turn can cause abnormal fetal heart rate patterns in labor, decreasing uterine contractility, a longer active labor phase with regular contractions and a good Apgar score. Emotional support, information and advice, comfort measures and advocacy can reduce anxiety and fear and associated adverse outcomes during labour (Hodnett et al., 2012).

Anxiety in mothers during the first stage of labor is important to understand because it can affect the birthing process and the welfare of both mother and baby (Hasni et al., 2024). Several factors have been identified as factors that can influence the mother's anxiety level during the first stage of labor. Previous research shows that factors such as husband's support, previous birth experience, and information received can play a role in increasing or reducing the mother's anxiety level during labor (Mariyana et al., 2024).

Emotional support in the delivery room can be provided by a midwife, nurse or doctor, or can be provided by a friend, or one of the relatives, family members or husband of the pregnant woman. The main goal of this emotional support is to reduce the mother's stress and anxiety during childbirth. The presence of a trained husband by the pregnant mother's side during labor will improve the psychological outcome of labor and reduce the pregnant woman's anxiety during labor (Salehi et al., 2016).

Previous birth experiences have influenced the mother's level of anxiety facing the birth process. Mothers who are giving birth for the first time will feel very anxious, because the mother will have her own impression of the birthing process (Aisyiah et al., 2021). The anxiety experienced by mothers with a bad obstetric history during the first stage of labor is caused by bad experiences during process previous pregnancies and childbirth and pain during the labor (Trisianti et al., 2023).

Knowledge about the state of health and illness is a person's experience about the state of health and illness. The person acts to overcome the problem of illness and acts to maintain their health or even improve their health status. Pain will cause a person to act passively or actively in various stages (Meliono, 2007). Information about health influences a person in terms of efforts to overcome anxiety in facing the first stage of labor which is caused by not or lack of obtaining solid information. The consequences that can occur if the mother cannot know about the first stage of labor are that the mother will feel anxious and restless. If the mother already has knowledge about this, usually the mother will be more confident in dealing with it (Hawari, 2001).

Based on the description above, researchers are interested in taking the title "The Relationship between the Level of Knowledge and Family Support and the Anxiety Level of Mothers in Childbirth in the First Period.

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Literatur Review

Anxiety is a feeling of worry, nervousness or anxious about something with an uncertain outcome that could accompany, affect or cause depression (Kajdy et al., 2020). Factors that influence maternal anxiety include age, education, parity, physical condition of the mother, history of illness during pregnancy, economic status and family support (Djannah & Dinda Handiani., 2019; Heriani, 2016; Sidabukke & Siregar, 2020; Sitepu et al., 2020).

Knowledge is a result from knowing someone about an object through the senses he has, namely the sense of hearing, the sense of smell, the senses sight, sense of smell, and sense of touch (Notoatmodjo, 2012).

Family support is the attitude, actions, and acceptance of the family towards family members, in the form of informational support, appraisal support, instrumental support and emotional support (Friedman, M. M., Bowden, V. R., & Jones, 2010). Family support is a form of interpersonal relationship which includes attitudes, actions and acceptance of family members so that family members feel like someone is paying attention (Wilson-Mitchell et al., 2014).

Research Method

Type of analytical descriptive research. The research design used in this research is correlation analysis. The approach model used is cross-sectional, namely an approach that uses observation or data collection only once and measurements are carried out on subject variables at the time of examination (Nursalam, 2020). In this study, data was collected only once by giving a questionnaire to respondents. This research was conducted at the Idaman Clinic and BPM Harti Candra with the research period from October 2023 to January 2024. The population in this study were all primiparous mothers. The total research sample was 31 people who met the research inclusion criteria. The sampling method is using purposive sampling technique. The data analysis used in this research is unilabiate analysis and bivariate analysis. In analyzing the data bivariate, data testing was carried out using the Chi Square statistical test, with a significance level of 95% ($\alpha=0.05$).

Result

Univariate Analysis

Table 1. Frequency distribution of anxiety level, level of knowledge and family support

<i>Variable</i>	<i>Frequency</i>	<i>Percentage</i>
Anxiety Level		
Severe	11	35,5
Medium	15	48,4
Low	5	16,1
Knowledge Level		
Low	24	77,4
Hight	7	22,6
Family Support		
Not at all helpfull	13	41,9
Very Helpful	18	58,1

Based on table 1, it shows that the frequency of respondents based on the level of anxiety in the first stage, the majority of respondents with a moderate level of anxiety (48.4%), the mother's level of knowledge, more than half of the respondents with a low level of knowledge (77.4%) and the frequency of respondents based on family support. At the time of delivery, more than half of respondents had good family support (58.1%).

Bivariate Analysis

Table 2. Relationship between level of knowledge and anxiety level of mothers in first stage of labor

Knowledge Level	Severe Anxiety Level		Middle Anxiety Level		Low Anxiety Level		Total		P value
	f	%	F	%	f	%	f	%	
Low	8	72,7	14	93,3	2	40,0	24	77,4	0,046
Hight	3	27,3	1	6,7	3	60	7	22,6	
Total	11	100	15	100	5	100	31	100	

Based on Table 2, it is known from the research results that of the 31 mothers in the first stage of labor, there were 8 mothers with a severe level of anxiety who had a low level of knowledge (72.7%), 14 mothers with a moderate level of anxiety who had a low level of knowledge (14). 93.3%) and mothers with a low level of anxiety who had a low level of knowledge were 2 people (40%). The p-value obtained was 0.046 ($\alpha \leq 0.05$), which means there is a relationship between the mother's level of knowledge about childbirth and the mother's anxiety level in the first stage of labor.

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Table 3. Relationship between Family Support and Mother's Anxiety Level in First Stage of Birth

<i>Family Support</i>	Severe Anxiety Level		Middle Anxiety Level		Low Anxiety Level		Total		P value
	f	%	F	%	f	%	f	%	
<i>Not at all helpfull</i>	3	27,3	5	33,3	0	0	13	41,9	0,06
<i>Very Helpful</i>	8	72,7	10	66,7	5	100	18	58,1	
Total	11	100	15	100	5	100	31	100	

Based on Table 3, it is known from the research results that of the 31 mothers in the first stage of labor, there were 3 mothers with severe levels of anxiety who had poor family support (27.3%), 3 mothers with moderate levels of anxiety who had poor family support. 3 people (33.3%) obtained a p-value of 0.06 ($\alpha \leq 0.05$), which means that there is a relationship between family support and the mother's anxiety level in the first stage of labor.

Discussion

a. Relationship between level of knowledge and anxiety level of mothers during first stage of labor

The results of the study showed that of the 31 mothers in the first stage of labor, there were 8 mothers with severe levels of anxiety who had low levels of knowledge (72.7%), 14 mothers with moderate levels of anxiety who had low levels of knowledge (93.3%). %) and mothers with a low level of anxiety who have a low level of knowledge are 2 people (40%). The p-value obtained was 0.046 ($\alpha \leq 0.05$) which means that there is a relationship between the mother's level of knowledge about childbirth and the mother's anxiety level in the first stage of labor.

The results of the study showed that there was a significant relationship between pregnant women's knowledge about the first stage of labor and the level of anxiety of pregnant women in facing the first stage of labor at RSIA Bahagia Semarang. This can be explained that pregnant women who have good knowledge will certainly be able to prepare both physically and mentally in facing the first stage of labor by always routinely checking the condition of their pregnancy and continuing to explore information and knowledge about childbirth both from health workers and through print media and electronic media so that with the knowledge they have, pregnant women can manage their anxiety well. On the other hand, pregnant women who have less knowledge will easily become anxious and restless because they imagine something that has not happened without trying to control their feelings so that it can turn into serious anxiety if they do not get support from health workers and family during the first stage of labor.

Ignorance of the birth process causes fear which greatly affects the birth process. Fear causes anxiety and an endocrine response that causes sodium retention, potassium excretion, and a decrease in glucose required by uterine contractions. These responses also

cause the secretion of epinephrine, which inhibits myometrial activity, and the release of norepinephrine, which causes uncoordinated uterine activity. Increased physical distress and ineffective labor cause more fear and discomfort.

b. The Relationship between Family Support and Mother's Anxiety Level in the First Stage of Birth

The results of the study showed that of the 31 mothers in the first stage of labor, there were 3 mothers with severe levels of anxiety who had poor family support (27.3%), 3 mothers with moderate levels of anxiety who had poor family support (3). 33.3% Obtained a p-value of 0.06 ($\alpha \leq 0.05$) which means that there is a relationship between family support and the mother's anxiety level in the first stage of labor.

The results of this study are in line with research (Retnowati, et al (2016) stated that husband's support can reduce the level of anxiety during childbirth in primigravida mothers when facing childbirth. The results of this research are also in line with the results of Atefeh Salehi's research showing that the husband's presence in labor can reduce maternal anxiety during the birthing process (Salehi et al., 2016).

Family support, especially the husband, plays a very important role in maintaining or maintaining a person's integrity, both physically and psychologically. A person in a state of stress will seek support from other people so that with this support, it is hoped that they can reduce anxiety. A part from playing a role in protecting someone from sources of stress, husband's support also has a positive influence on the health condition of pregnant women. Someone with high family support will be able to deal with stress well (Erin, 2014).

The presence of a second person or companion or birth attendant can provide comfort during childbirth. The presence of a companion, especially a husband, during childbirth can have a positive effect on childbirth, namely reducing morbidity, reducing pain, shortening labor, and reducing the number of surgical births including caesarean section (Marni, 2016).

Direct support from the husband is very beneficial for the health and well-being of the birthing mother and can reduce the anxiety and helplessness of the birthing mother who is experiencing stress and anxiety and will get positive feelings and experiences that life can run stably if she gets support from the surrounding environment. Husband's support can modify the mother's reaction to anxiety stressors after carrying out a previous assessment. Mothers who do not receive support from their families, especially their husbands, have a high tendency to experience negative impacts from stress and anxiety (Erin, 2014). The support given by the husband when the mother is about to give birth will have a physical and psychological effect on both the mother and fetus. Having family support, especially the support you get from your husband, will create inner peace and feelings of joy in the mother (Erin, 2014).

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Conclusion

There is a significant relationship between the level of knowledge and the level of anxiety of mothers in the first stage of childbirth at the Idaman Clinic and PMB Harti Candra (p value = 0.046). There is a significant relationship between support and the anxiety level of mothers in the first stage of childbirth at the Idaman Clinic and PMB Harti Candra (p value = 0.006)

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