

THE EFFECT OF HUSBAND'S ASSISTANCE ON THE LEVEL OF ANXIETY IN LABORING MOTHERS

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ABSTRAK : PENGARUH PENDAMPINGAN SUAMI TERHADAP TINGKAT KECEMASAN PADA IBU BERSALIN

Latar belakang: Persalinan merupakan hal yang fisiologis, namun dapat menjadi patologis ketika ibu mengalami kecemasan seperti ibu akan mengalami persalinan lama, adanya kelainan his, kejadian kecemasan di Indonesia terdapat sekitar 30%, dari data survey di Puskesmas Bukoposo sebanyak 33,3% merasa cemas akan proses persalinan. Upaya yang dapat dilakukan untuk menurunkan kecemasan dengan dukungan dari suami, dengan adanya dukungan suami, ibu akan menjadi lebih tenang.

Tujuan penelitian: untuk mengetahui pengaruh pendampingan suami terhadap tingkat kecemasan pada ibu bersalin di Wilayah Kerja Puskesmas Bukoposo Kabupaten Mesuji Tahun 2024.

Metode: Jenis penelitian kuantitatif rancangan quasy eksperimen pendekatan two group pre and posttest. Populasi adalah ibu bersalin sebanyak 36 responden dibagi menjadi 2 yaitu 18 kelompok intervensi dan 18 kelompok kontrol, pengambilan sampel secara total sampling. Penelitian ini telah dilaksanakan di Wilayah Kerja Puskesmas Bukoposo Kabupaten Mesuji pada bulan Februari – Juli 2024. Pengumpulan data menggunakan kuesioner. Analisis data secara univariat dan bivariat (uji t-test).

Hasil penelitian: diketahui rata-rata tingkat kecemasan pada ibu bersalin sebelum intervensi 54.2 dan sesudah intervensi adalah 37.1. Sedangkan rata-rata tingkat kecemasan kelompok kontrol adalah 57.2 dan sesudah adalah 45.8.

Kesimpulan: Ada pengaruh pendampingan suami terhadap tingkat kecemasan pada ibu bersalin dengan (p -value = 0,000). Saran bagi suami dapat meluangkan waktu untuk mendampingi ibu selama ibu melakukan pemeriksaan kehamilan, mendampingi ibu saat ada kegiatan kelas ibu hamil, dapat memberikan dukungan dengan menenangkan ibu, mendampingi ibu, menyiapkan keperluan ibu selama persalinan berlangsung sehingga tingkat kecemasan pada ibu menurun.

Kata Kunci : Ibu bersalin, kecemasan ibu bersalin, pendamping suami

ABSTRACT

Background: Childbirth is a physiological thing, but it can become pathological when the mother experiences anxiety, such as the mother will experience a long labor, there are abnormalities, the incidence of anxiety in Indonesia is around 30%, from survey data at the Bukoposo Community Health Center, 33.3% feel anxious about the birth process. . Efforts can be made to reduce anxiety with support from her husband. With her husband's support, the mother will become calmer.

The purpose The aim of this research is to determine the effect of husband's assistance on the level of anxiety among mothers giving birth in the Bukoposo Community Health Center Working Area, Mesuji Regency in 2024.

Methods: This type of quantitative research is a quasi-experimental design with a two-group pre- and post-test approach. The population was 36 mothers giving birth, divided into 2, namely 18 intervention groups and 18 control groups, total sampling. This research was carried out in the Bukoposo Community Health Center Working Area, Mesuji Regency in February – July 2024. Data was collected using a questionnaire. Univariate and bivariate data analysis (t-test).

Results of the study showed that the average level of anxiety in mothers giving birth before the intervention was 54.2 and after the intervention was 37.1. Meanwhile, the average anxiety level of the control group was 57.2 and after that it was 45.8.

Conclusion: There is an influence of husband's assistance on the level of anxiety in mothers giving birth with (p -value = 0.000). Suggestions for husbands can take the time to accompany the mother while the mother is

having a pregnancy check-up, accompany the mother during pregnancy class activities, can provide support by calming the mother, accompanying the mother, preparing the mother's needs during labor so that the mother's anxiety level decreases

Keywords: Maternity, maternity anxiety, husband companion

INTRODUCTION

Childbirth is the process of expelling the products of conception from the intrauterine to the extrauterine. The initial stage of childbirth is the I stage, which is the opening and dilatation of the cervix, which consists of a latent phase and an active phase. The latent phase is the start of regular contractions and followed by cervical dilatation up to 3 cm while the active phase is the interval after the latent phase followed by complete cervical dilatation (10 cm) (Prawirohardjo, 2020).

The early stages of childbirth are stressful, tiring and can cause anxiety in the mother. In this phase the mother will get interventions to overcome abnormal childbirth and prevent complications from childbirth, interventions that are often carried out are giving oxytocin induction, amniotomy and the decision to perform cesarean section. Anxiety is a mood or experience characterized by worry, unpleasant feelings and physical tension. Anxiety and worry in childbirthing if not taken seriously will have an impact and affect the physical and psychological, both on the mother and the fetus (Klara, 2021). Cognitive responses in the form of psychological changes experienced in childbirthing mothers when experiencing anxiety include experiencing feelings of fear of not being able to withstand pain during childbirthing, fear of the baby being born prematurely, bleeding during childbirth, safety of the baby and self, death of the baby, If the baby is born with a defect, the childbirth process, the possibility of complications during childbirth, and the pain that arises during childbirth. Therefore, many expectant mothers who are facing childbirth experience feelings of anxiety (Kurniarum, 2020).

The effects of anxiety in childbirth can trigger the release of excessive levels of catecholamines, which can result in decreased blood flow to the uterus, decreased uterine contractions, decreased blood flow to the placenta, oxygen available to the fetus will also decrease or decrease, so this can cause the length of childbirth in stage I (Sari, 2023). Towards childbirth, childbirthing mothers need calmness so that the childbirth process becomes smooth without obstacles (Fauziah, 2021). The more calm the mother is in facing childbirth, the smoother childbirth will go. One of the causes of prolonged childbirth, apart from abnormalities in his, the fetus

and / or the birth canal, another cause is emotional factors in the form of fear and anxiety (Zuhrotunida, 2020).

The prevalence of anxiety levels of third trimester pregnant women in Portugal was 18.2%, Bangladesh 29%. While the incidence of anxiety and or depression in Hong Kong was 54%, and Pakistan was 70%. A study by Phillips conducted in America reported that 14.3% of mothers stated the onset of anxiety during childbirth, 20% of mothers realized the onset of new anxiety during pregnancy and 51.4% immediately after giving birth (Samban, 2021). According to previous epidemiological studies, the prevalence of women experiencing high anxiety during pregnancy ranges from 6.8% to 59.5% (Arisani, 2021).

Data in Indonesia reported that about 30% of childbirth problems experienced anxiety (Abidlah et al., 2021). The results of research by one of the PMBs in Bandar Lampung in 2020, most respondents experienced anxiety as much as 50.0% (Aryawati et al., 2021). The results of Abidah's research in Surabaya (2021) illustrate that 47.5% of mothers have a severe level of anxiety. In addition, a small proportion of them had mild (30%) and moderate (22.5%) anxiety levels. The entire population on the island of Java there are 679,765 pregnant women who experience anxiety in facing 355,873 people (52.3%) (Mirazanah et al., 2021). The majority experienced severe anxiety with anxiety 16 respondents (47.1%), 8 respondents (23.5%) experienced moderate anxiety, 8 respondents (23.5%) with mild anxiety and only 2 respondents (5.9%) had no anxiety (Murdayah et al., 2021).

It is estimated that the number of people suffering from chronic or acute anxiety disorders reaches 5% of the population, with a ratio between women and men of 2 to 1. And it is estimated that between 2% - 4% of their lives have experienced anxiety disorders. Some maternity homes more than 50% of childbirthing mothers experience anxiety with the results of research on primigravida mothers experiencing anxiety of 65.6% (Komariyah, 2021).

The anxiety experienced by mothers during childbirth allows mothers to tend to choose the easiest and fastest way to relieve anxiety (Ayu & Supliyani, 2019). The increasing number of women who want to give birth with a childbirth process that

takes place without pain and anxiety causes various ways to reduce pain and anxiety in childbirth, both with pharmacological and non-pharmacological techniques (Rifiana, 2019).

A commonly used method is to use painkillers intravenously, such as meperidine, morphine or fentanyl. However, it may cause adverse outcomes in neonates, especially respiratory suppression (Salsabilla, 2020). Moreover, mothers can have the risk of aspiration, inadequate ventilation, dizziness, nausea and excessive dosage.

One of the efforts developed to reduce the risk of anxiety during childbirth is to bring birthing mothers closer to people they trust. One of the people that birthing mothers trust is their husbands. The national program that developed by the Ministry of Health of the Republic of Indonesia is to involve husbands during childbirth. This is also part of the practice of family support during pregnancy, childbirth, and the postpartum period (Sari et al., 2020).

According to the World Health Organization (2015) (in Insani, 2022) suggests that the effect of husband's assistance on childbirthing mothers is the mother's own will or the husband's own will without coercion. Some have not been able to show their role as a husband during childbirth because they are afraid of the amount of blood that comes out so that the husband cannot participate in accompanying his wife in childbirth. The effect of the absence of husband's assistance in childbirth has an impact on the mother's anxiety because the mother struggles alone without anyone accompanying her, resulting in excessive catecholamine levels, there can be a decrease in blood circulation to the uterus, weakening of uterine contractions, reduced blood circulation to the placenta, reduced oxygen available to the fetus and longer childbirth time.

The presence of a partner can reduce anxiety during childbirth. Companions and birth attendants may be able to help during childbirth. The presence of a partner during childbirth can have a beneficial influence on childbirth, reducing morbidity, discomfort, and anxiety. childbirth assistance can be provided by a partner (Hasanah, 2019).

Research conducted by Nelisa (2021) according to her husband's assistance to childbirthing mothers is also a form of maternal care. childbirth accompanied by the husband will make the wife excited, motivated because the husband is waiting for childbirth until the baby comes out. With the presence of the husband beside his wife who will give birth will make the atmosphere safer, more comfortable, less tense and reduce the wife's anxiety during childbirth. Husband's support and the

mother's psychological condition are very important in facing the childbirth process. Some initiatives to adopt the idea of family-centered maternity care include having a spouse accompany the wife during childbirth.

The spouse is responsible for the health of the woman who is about to give birth to her child. The husband's role here is also to help calm the mother's spirit. The love and attention given by the husband makes it important, so that it can build a relationship between the two in order to maintain peace and strengthen harmony in the household. According to Sumakul & Terok (2017) accompanying the mother during childbirth can cause a sense of pleasure and comfort in the mother, these impulses transmit neurotransmitters to the limbic system, then forwarded to the amyglada, then to the hypothalamus, thus stimulating the inner core and the area around the uterus can produce a sense of calm, safety, and comfort and reduce a little mother's anxiety.

Based on the data of mothers in childbirth in the Working Area of Puskesmas Wira Bangun Mesuji Regency, it is known that data related to maternal anxiety during childbirth has never been measured, in the Working Area of Puskesmas Wira Bangun Mesuji Regency in 2023 there were 332 births. For data in the last three months, October - December 2023, it is known that the number of births per month is 89 people (PKM Wira Bangun, 2024).

Based on maternal data during childbirth in the Bukoposo Health Center Work Area of Mesuji Regency, it is known that data related to maternal anxiety during childbirth have never been measured, in the Bukoposo Health Center Work Area in 2020 there were 378 deliveries, in 2021 there were 381 deliveries, in 2022 there were 406 deliveries and in 2023 there were 362 deliveries. For data in the last three months, October - December 2023, it is known that the number of births per month is 92 people (PKM Bukoposo, 2024).

The results of the pre-survey in December 2023 found that 3 of the birth mothers said they were anxious during the childbirth process, as many as 1 (33.3%) mothers said that they felt anxious, afraid of the childbirth process because the previous childbirth process took a long time, then at 2 (66.7%) birth mothers said that they were anxious, afraid of the childbirth process, said they did not know what to do during childbirth, then feared their own condition, the condition of the baby and others, and felt pain.

Based on the above problems, the authors are interested in further research on "The Effect of Husband Assistance on Anxiety Levels in Maternity

Mothers in the Bukoposo Health Center Work Area, Mesuji Regency in 2024”.

RESEARCH METHODS

The type of research used in this study is quantitative research, Quasi experimental research design or design with a two group posttest design approach. This research has been carried out in the Bukoposo Health Center Work Area of Mesuji Regency, in February - July 2024.

The population in this study were all mothers in childbirth at the Bukoposo Health Center Work Area, Mesuji Regency in May-June 2024 based on childbirth medical record data there were 36 mothers who gave birth. The sample used in this study was 36 respondents which were divided into 2 groups. 18 respondents who will be given and 18 respondents who will not be given a companion.

The independent variable is: husband's assistance during childbirth, the dependent variable is the anxiety of childbirthing mothers.

RESEARCH RESULTS

It was found that out of 18 respondents in the intervention group, 3 (26.7%) respondents with the latest education level were elementary and junior high school, 9 (50.0%) respondents with the latest high school education level, and 6 (33.3%) respondents with the latest undergraduate education level. Whereas in the control group of 18 respondents there were 9 (50.0%) respondents with the last education level of elementary and junior high school, 8 (44.4%) respondents with the last education level of high school, and 2 (5.6%) respondents with the last education level of undergraduate.

Table 1
Frequency Distribution Analysis of Respondents' Education

Variable	Intervension		Control	
	n	%	n	%
Education				
Elementary - Junior High School	3	26,7	9	50,0
Senior High School	9	50,0	8	44,4
Bachelor	6	33,3	2	5,6

Table 2
Frequency Distribution of Respondents' Occupations

Variable	Intervensi		Control	
	n	%	n	%
Work				
Doesn't work	13	72,2	13	72,2
Work	5	27,8	5	27,8

It was found that out of 18 respondents in the intervention and control groups, 13 (88.8%) respondents did not work, and 5 (27.8%) respondents worked.

It is known that of the 18 respondents in the intervention group, 9 (50.0%) respondents were primiparous and 9 (50.0%) respondents were multiparous. While the control group respondents were 4 (22.2%) primiparous respondents and 14 (72.8%) multiparous respondents.

Table 3
Respondent Parity Frequency Distribution

Variable	Intervension		Control	
	n	%	n	%
Parity				
Primipara	9	50,0	4	22,2
Multipara	9	50,0	14	72,8

Univariate Analysis

Based on the table above, it is known that the average level of anxiety in childbirthing women before being given to the intervention group is 54.2 with a standard deviation value of 5.9, a minimum value of 46 and a maximum value of 65. While the average level of anxiety in childbirthing women after the intervention group is 37.1 with a standard deviation value of 6.3, a minimum value of 25 and a maximum value of 47. From the average level of anxiety in childbirthing women in the intervention group who have been assisted to experience a decrease in anxiety levels.

Table 4

Average anxiety levels in childbirthing mothers before and after the intervention group in the Bukoposo Health Center Working Area

Anxiety in mothers giving birth	Mean	SD	Min	Max	n
Before	54.2	5.9	46	65	18
After	37.1	6.3	25	47	18

Table 5

Average anxiety levels in childbirthing mothers before and after in the control group in the Bukoposo Health Center Working Area

Anxiety in mothers giving birth	Mean	SD	Min	Max	n
Before	57.2	5.6	47	65	18
After	45.8	6.6	36	58	18

Based on the table above, it is known that the average anxiety level in childbirthing mothers before being given to the control group is 57.2 with a standard deviation value of 5.6, a minimum value of 47 and a maximum value of 65. While the average

level of anxiety in childbirthing women after the control group is 45.8 with a standard deviation value of 6.6, a minimum value of 36 and a maximum value of 58. From the average level of anxiety in the control group there is no decrease in anxiety levels.

Table 6
Data normality test

Anxiety in mothers giving birth	Husband Assistance	Shapiro-Wilk	Information
Intervension Group	Before	0.307	Normal
	After	0.456	Normal
Control Group	Before	0.394	Normal
	After	0.407	Normal

Based on the table above, the data normality test using Shapiro-Wilk for variables in both the intervention group and control group obtained a

significant value > 0.05, which means that the data is normal.

Bivariate Test

Table 7

Effect of husband's assistance on anxiety levels in childbirthing mothers in the Bukoposo Health Center Working Area

Group	Mothers' Anxiety	Mean	Mean Different	P-Value
Intervension	Before	54,2	17,1	0,000
	After	37,1		
Control	Before	57,2	11,4	0,000
	After	45,8		
Group Different			5,7	0,000

Based on the table above, the statistical test results obtained p-value = 0.000 (p-value < α = 0.05) which means that there is an effect of husband's assistance on the level of anxiety in childbirthing women in the Bukoposo Health Center Working Area of Mesuji Regency in 2024, where the group

accompanied by the husband experienced a decrease in anxiety by 5.7.

DISCUSSION

Univariate Analysis

Average anxiety level in childbirthing mothers before and after in the intervention group

Based on the results of the study, it is known that the average level of anxiety in childbirthing women before being given to the intervention group is 54.2 with a standard deviation value of 5.9, a minimum value of 46 and a maximum value of 65. While the average level of anxiety in childbirthing women after the intervention group was 37.1 with a standard deviation value of 6.3, a minimum value of 25 and a maximum value of 47.

In line with Sari's research (2020), it shows that of the 30 primigravida childbirthing mothers at stage I who were accompanied by their husbands, no mother experienced severe anxiety, the majority of mothers experienced mild anxiety 19 people (63.3%) moderate anxiety as many as 6 people (20%) and no anxiety 5 people (16.7%). Geme's research (2019) showed that the frequency distribution of high husband support was 25 people (52.1%).

The anxiety level of pregnant women shows that pregnant women who have moderate anxiety are 17 people (35.4%). Rastuti's research (2024) results state that husband's assistance during childbirth is mostly in the good category (58.7%). The level of anxiety undergoing the childbirth process is mostly in the mild category (39.1%).

Anxiety is a condition that indicates a situation that threatens his integrity and is manifested in the form of behavior such as a sense of helplessness, a sense of inadequacy, fear, certain phobias (Nursalam, 2016).

According to researchers, the presence of a companion during childbirth can have a positive effect on childbirth, in the sense that it can reduce morbidity, reduce pain, shorten childbirth, and reduce the number of surgical deliveries including major surgery. In addition, the presence of a childbirth companion can provide a sense of comfort, encouragement, emotional support, and can encourage the mother.

Based on the results of the study, it is known that of the 16 respondents in the intervention group, 16 (88.8%) were aged 20-35 years. Mothers who are less than 25 years old tend to experience more severe anxiety before childbirth. This means that the age of the mother affects the anxiety experienced by the mother before childbirth. Mothers who are younger (less than 25 years old) tend to feel heavier anxiety when facing the childbirth process compared to older mothers (more than 25 years old). This fact is thought to be because the age of the mother is related to her level of personal maturity. Differences in anxiety levels can be influenced by a person's level of personal maturity. A person who has a mature personality will be more capable in dealing with his

personal problems, because he will always try to be able to overcome the problems faced. Mothers who have a younger age have a relatively immature personality, so they have not prepared themselves much in facing the childbirth process that will be experienced after their marriage. She has not learned much or sought information about it, as a result when experiencing pregnancy feels heavier anxiety. On the other hand, older marriages (more than 25 years) expect more children, so they will learn more or seek information about it, either through reading books, watching television programs, or seeking experience from others, as many as 9 (50.0%) respondents with high school education, as many as 13 (72.2%) respondents with IRT jobs, heavy activities make the risk of miscarriage and premature birth higher because of less oxygen intake to the placenta and may occur early contractions. Light activities or exercises performed by pregnant women will help maintain pregnancy. Pregnant women who do light activities are proven to reduce the risk of premature birth. Experience and information that a person has will add informal information. This can be obtained when someone interacts when someone works or when doing social interactions and as many as 9 (50.0%) respondents with primiparous parity, Parity can affect anxiety where parity is a factor that can be related to psychological aspects. Mothers who give birth too often have a risk to their health and their babies because in the mother there is damage to the blood vessels of the uterine wall which affects the circulation of nutrients to the fetus, where the amount of nutrients will increase so that it can cause impaired growth and development of the fetus which will later be born with LBW.

Average anxiety level in childbirthing mothers before and after in the control group.

Based on the results of the study, it is known that the average level of anxiety in childbirthing women before being given to the control group is 57.2 with a standard deviation value of 5.6, a minimum value of 47 and a maximum value of 65. While the average anxiety level in childbirthing mothers after the control group was 45.8 with a standard deviation value of 6.6, a minimum value of 36 and a maximum value of 58.

In line with Sari's research (2020) of 30 primigravida childbirthing mothers at stage I who were not accompanied by their husbands there were 4 mothers experiencing severe anxiety (13.3%), moderate anxiety 12 people (40%) and mild anxiety 14 people (46.7%). Research by Rosdiana (2019) found that the husband's assistance in childbirthing

women who were accompanied by their husbands was 20 respondents (71.4%) while those who were not accompanied by their husbands were 8 respondents (28.6%).

Maternal anxiety is caused by fears about health, maternity age, financial difficulties, and other basic problems in life. This situation causes disruption in the childbirth process. To overcome this, a mother needs to get intervention with various methods during antenatal to ease the psychological burden, especially anxiety in the third trimester until the time of delivery (Kristiningrum et al., 2019).

According to the researcher, every mother who will face the process of childbirth experiences anxiety because the mother thinks of scary things, imagines unwanted things, is afraid of being referred and is afraid of not being able to go through the childbirth process smoothly, especially with primigravida mothers who are the first experience of giving birth, this makes the mother feel afraid and anxious about her childbirth, anxious about the condition of the baby she is carrying. Therefore, the husband's role is to provide treatment for the wife during childbirth assistance in the form of providing gross motor skills such as providing food and drinks, stroking the back, helping the wife regulate her breathing when his, helping the wife read prayers, and providing support for the wife and fine motor skills.

Based on the results of the study it is known from 16 respondents in the control group as many as 11 (61.1%) with ages 20-35 years. Anxiety in pregnancy can be related to the age of the mother which has an impact on feelings of fear and anxiety, namely under the age of 20 years at higher risk of obstetric complications and perinatal morbidity and mortality. For a safe age to undergo pregnancy and childbirth is 20 years to 35 years in this age range the woman's physical condition is in prime condition, the uterus is able to provide protection, mentally ready to care for and maintain her pregnancy carefully. As many as 9 (50.0%) respondents with elementary and junior high school education, mothers with education above junior high school or junior high school and below do not have sufficient knowledge about childbirth, so both feel relatively the same anxiety. Lack of knowledge about the childbirth process will cause fear, anxiety, which is a sign of anxiety. The knowledge possessed by both mothers above junior high school and junior high school and below is more general, while knowledge of the childbirth process is not obtained from this education. While knowledge about the process of childbirth may be obtained from books, magazines, television, or from the experiences of others.

Therefore, mothers who have education above junior high school and junior high school and below both feel anxious when facing childbirth as many as 13 (72.2%) respondents with IRT jobs, mothers who have jobs allow mothers to get information and experiences about pregnancy from other people because mothers who have jobs will more often meet with other people besides that mothers who have jobs will get influence in determining stressors so that mothers can control anxiety better. As mentioned in the study that work affects the stressors of a person who has activities outside the home so that he gets a lot of influence from friends and various information and experiences from others can change one's perspective in accepting and overcoming stressors and as many as 14 (77.8%) respondents with primiparous parity. first pregnancy for a woman is one of the crisis periods in her life. This new experience gives a mixed feeling between happy and hopeful with worries about what she will experience during pregnancy where there is a combination of feelings of anxiety about what will happen during childbirth. One of the anxieties of mothers facing childbirth is the fear of pain, especially for prospective mothers who have never given birth before. For the first childbirth, this anxiety is very natural because everything is new experience.

Bivariate Analysis

The influence of husband's assistance on anxiety levels in mothers giving birth

Based on the results of statistical tests, it was found that $p\text{-value} = 0.000$ ($p\text{-value} < \alpha = 0.05$) which means that there is an influence of husband's assistance on the level of anxiety among women giving birth in the Bukoposo Health Center Working Area, Mesuji Regency in 2024, where the group accompanied by husband experienced a decrease anxiety of 5.7. In line with Utomo's (2018) research, there is an influence of social support on the anxiety level of pregnant women with a significance value of 0.01 ($p=0.01$). Sari's research (2020), the results of the research obtained a P value of 0.000, indicating that there is an influence of husband's assistance on the level of anxiety in the first stage of childbirth for primigravida mothers at the UPT Puskesmas Pulosari. The presence of a partner can reduce anxiety during childbirth. Companions and birth attendants may be able to help during childbirth. The presence of a partner during childbirth can have a beneficial influence on childbirth, reducing morbidity, discomfort, and anxiety. Childbirth assistance can be provided by a partner (Hasanah, 2019).

Based on the results of the research, the author assumes that the husband's assistance during the birthing process has a big influence in reducing anxiety, giving strength, it is hoped that all forms of support can provide positive suggestions so that it will be smooth and safe from the beginning of the process until the birth is complete. Forms of husband's assistance include gently massaging the painful part during contractions, facilitating the mother in her hydration and nutritional needs, guiding short prayers according to her beliefs, helping the mother if she wants to eliminate urination or defecation, always accompanying the mother from the start of childbirth until it is finished.

Based on the results of research in the intervention group, there were variations in changes in anxiety reduction between 11 - 21 points. Likewise with the control group, this was due to different stressors, so that when given the intervention there were respondents who experienced a significant reduction in anxiety, but in this study it was also found It is known that there is a slight decrease in anxiety, but in principle there has been a decrease in anxiety in mothers who underwent intervention.

CONCLUSION

It is known that the average level of anxiety in mothers giving birth before being given to the intervention group is 54.2 and the average level of anxiety in mothers giving birth after being given to the intervention group is 37.1. It is known that the average level of anxiety in mothers giving birth before being given to the control group is 57.2 and the average The average level of anxiety in mothers who gave birth after being in the control group was 45.8. There is an influence of husband's assistance on the level of anxiety in women giving birth compared to the level of anxiety of women giving birth without husband's assistance in the Bukoposo Community Health Center Working Area, Mesuji Regency in 2024 (p-value = 0.000).

SUGGESTION

For respondents, they can add information about the state of their pregnancy so that they are better prepared for childbirth and can reduce feelings of anxiety when facing childbirth and can comply with every instruction given by health workers and routinely check their pregnancy, husband accompanies mother during pregnancy check-ups, participates in maternal class activities pregnant, and accompanying the mother during the birthing process.

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