

THE RELATIONSHIP BETWEEN HUSBAND'S SUPPORT AND ANXIETY LEVELS IN PREGNANT WOMEN  
PRIMIGRAVIDA FACING CHILDBIRTH

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**ABSTRAK : HUBUNGAN DUKUNGAN SUAMI DENGAN TINGKAT KECEMASAN PADA IBU HAMIL  
PRIMIGRAVIDA MENGHADAPI KELAHIRAN**

Di Indonesia ibu hamil yang mengalami kecemasan dalam menghadapi persalinan ada sebanyak 107.000.000 orang (28,7%). Sedangkan ibu hamil yang mengalami kecemasan dalam menghadapi persalinan 355.873 orang (52,3%). Maka dari itu salah satu yang harus dipersiapkan ibu menjelang persalinan adalah hindari kepanikan dan ketakutan dan bersikap tenang, serta meminta dukungan dari orang-orang terdekat. Dalam hal ini dukungan suami akan memberikan rasa senang, aman, rasa puas, dan rasa nyaman yang membuat ibu hamil akan merasa mendapatkan support sistem secara emosional dan mempengaruhi ketenangan jiwanya. Tujuan penelitian ini adalah untuk mengetahui hubungan dukungan suami dengan tingkat kecemasan ibu hamil primigravida menghadapi persalinan di PMB kecamatan tegineneng.

Penelitian ini merupakan penelitian kuantitatif dengan pendekatan *cross sectional*. Dilakukan pada bulan Maret – April 2024 di 8 PMB kecamatan tegineneng, penelitian ini menggunakan tehnik *total sampling* dimana jumlah populasi sama dengan jumlah sampel yaitu 48 responden. Pengambilan data dengan kuesioner dukungan suami (skala likert) dan kuesioner tingkat kecemasan (T-Mas). Analisis data menggunakan uji *Chi Square* ( $p < 0.05$ ) untuk mengetahui hubungan dukungan suami dengan tingkat kecemasan pada ibu hamil primigravida menghadapi persalinan di PMB kecamatan tegineneng.

Hasil penelitian didapatkan bahwa mayoritas responden tidak mendukung dan mendapat kecemasan sebanyak 30 responden (62.5%) sedangkan yang mendukung dan tidak mengalami kecemasan sebanyak 18 responden (37.5%). Dapat disimpulkan terdapat hubungan antara dukungan suami dengan tingkat kecemasan pada ibu hamil primigravida menghadapi persalinan di PMB Kecamatan Tegineneng. Berdasarkan hasil penelitian ini disarankan untuk para suami memberikan dukungan kepada ibu untuk mengurangi tingkat kecemasan pada ibu hamil primigravida menghadapi persalinan.

Kata kunci : Dukungan Suami, Tingkat Kecemasan, Primigravida

**ABTRACT**

In Indonesia, there are 107,000,000 pregnant women who experience anxiety in the face of childbirth (28.7%). While pregnant women who experienced anxiety in the face of childbirth 355,873 people (52.3%). Therefore, one of the things that must be prepared by mothers before labor is to avoid panic and fear and be calm, and ask for support from the closest people. In this case, the support of the husband will provide a sense of pleasure, security, satisfaction, and a sense of comfort that makes pregnant women feel emotionally supported and affects the peace of their soul. The purpose of this study was to determine the relationship between husband support and the level of anxiety of primigravida pregnant women facing childbirth in PMB tegineneng sub-district.

This research is a quantitative research with a cross sectional approach. Conducted in March – April 2024 in 8 PMBs of tegineneng sub-district, this study uses total sampling techniques where the population is equal to the number of samples, namely 48 respondents. Data collection with husband support questionnaire (Likert scale) and anxiety level questionnaire (T-Mas). Data analysis using Chi Square test ( $p < 0.05$ ) to determine the relationship between husband support and anxiety levels in primigravida pregnant women facing childbirth in PMB tegineneng sub-district.

The results of the study found that the majority of respondents did not support and received anxiety as many as 30 respondents (62.5%) while those who supported and did not experience anxiety as many as 18 respondents (37.5%). It can be concluded that there is a relationship between husband support and the level of anxiety in primigravida pregnant women facing childbirth in PMB, Tegineneng District. Based on the results of this study, it is recommended for husbands to provide support to mothers to reduce the level of anxiety in primigravida pregnant women facing childbirth.

Keywords : Husband's Support, Anxiety Level, Primigravida

## INTRODUCTION

Pregnancy brings various physical and psychological changes, so calm physical and psychological conditions are needed so that the process of pregnancy until delivery can run well. In the first pregnancy (primigravida), this is the first experience for the mother. What pregnant women are waiting for is the process of giving birth or bringing a baby into the world. Labor is a process where a woman gives birth to a baby which begins with regular uterine contractions and culminates in the expulsion of the baby until the expulsion of the placenta and membranes where this labor process will last for 12 to 14 hours. (Kurniarum, 2016). However, in the first stage of labor, many problems occur in mothers who are about to give birth, such as difficulty sleeping, fear, loneliness, stress, anger, fatigue, disappointment, feelings of hopelessness, especially anxiety about facing childbirth (Mauludiya et al., 2023).

Worry and anxiety for pregnant women in the third trimester, if not handled seriously, will result in complications and bad physical and psychological effects, both of which are interrelated and influence each other. If the physical condition is not good, then the thought process, mood, and actions involved in daily life will be negatively affected (Anggraini, 2023). The impact that can arise from anxiety itself 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, Hutagaol, & Wowiling, 2013).

World Health Organization data (2010) shows that around 8-10% experience anxiety during pregnancy and increases to 13% when approaching delivery. Anxiety in pregnant women is very potential causes depression in pregnant women. This condition is of course also not good for the fetus she is carrying (Kemenkes.RI, 2019). In Indonesia there are of the 373,000,000 pregnant women who experience anxiety when facing childbirth, there are 107,000,000 people (28.7%). Meanwhile, the entire population on the island of Sumatra is 679,765 pregnant women who experience anxiety when facing childbirth, 355,873 people (52.3%) (Kemenkes RI, 2015). Therefore, one thing that mothers have to prepare before giving birth is to avoid panic and fear and be calm, so that pregnant women can go through pre-birth well and be more prepared and ask for support from the people closest to them. (Harumawati, 2021).

With all the problems, anxiety and fear experienced by pregnant women in facing the birth process, the husband's support is very beneficial for the mother's calmness in facing childbirth. In this case, the husband's support will provide a feeling of joy, security, satisfaction and comfort which will make the pregnant woman feel that she has received an emotional support system and will influence her mental peace (Pohan, 2021).

A literature study conducted by Lars, Aderemi and Pernilia in 2011, explained that the presence of a husband is important in providing emotional and psychological support for his wife during pregnancy and childbirth. The husband's support and participation during pregnancy is very important to increase the readiness of pregnant women in facing pregnancy and the birth process. The husband, as the closest person, is considered to know the wife's needs best and can provide support to his wife in the form of emotional, instrumental, assessment and informational support. And when pregnant, women experience changes both physically and mentally. The husband's important task is to provide attention and build a good relationship with his wife, so that she will be open and consult about any problems she experiences in dealing with difficulties during pregnancy.

Based on a preliminary study at the Padangsari Community Health Center with brief interviews with 3 pregnant women in the third trimester who were currently undergoing pregnancy checks, all three pregnant women said they experienced anxiety when the time of delivery approached, a feeling of anxiety that felt due to changes in physical form, fear of labor pain and the safety of the fetus, and husbands who do not want to support them and are even afraid to accompany them during labor. Therefore, based on this background description, the author is interested in conducting research on "The Relationship between Husband's Support and the Level of Anxiety in Pregnant Primigravida Women Facing Childbirth in PMB, Tegineneng District".

## RESEARCH METHODS

This research design uses correlative research. This research uses a cross sectional approach. Cross sectional research . Population was all third trimester primigravida pregnant women in PMB, Tegineneng District, visiting in December - January 2024, totaling 48 third trimester primigravida pregnant women. Sample uses a total sampling

method, namely the entire population used as a sample for this research is 48 respondents.

- 1) Inclusion criteria
  - a) Willing to be a respondent
  - b) Mothers with normal pregnancies
  - c) Mothers who do not suffer from complications
- 2) Exclusion criteria
  - a) Gameli pregnant women
  - b) Mothers at risk of pregnancy, for example having had a miscarriage

In this study, the variable maternal anxiety in primigravida pregnant women facing childbirth, data collection used a research instrument in the form of the T-MAS (Taylor Manifest Anxiety Scale) questionnaire which consists of 50 statements and is categorized, Anxious =  $\geq 21$  and Not Anxious =  $< 21$ . And The tool for measuring husband's support uses a questionnaire (Likert scale) with 25 statements and is categorized, Supporting = total score  $\geq$  mean and Not Supporting = total score  $<$  mean. Data analysis using univariate and bivariate Chi Square analysis

## RESULTS AND DISCUSSION

### Univariate Analysis

#### Respondent Characteristics

The characteristics of respondents based on age, education and occupation are presented in the following table:

**Tabel 1**  
**Frequency distribution of respondent characteristics based on age, education and employment in District PMB Tegineneng in 2024**

Characteristics	Frequency	Percent
Age		
<25	10	20,8
26-35	27	56,3
>36	11	22,9
Education		
SD	8	16,7
SMP	10	20,8
SMA	22	45,8
College (Diploma/Bachelor)	8	16,7
Work		
Not Working (IRT)	32	66,7
Work	16	33,3

Based on table 1 regarding the characteristics of respondents in PMB Tegineneng District, it shows that the majority of respondents are in the 26-35 year age category with 27 respondents (56.3%), the highest education is high school with the number 22 respondents (45.8%). The characteristics of

respondents who do not work are more than those who work with 32 respondents (66.7%) who do not work and those who work with 16 respondents (33.3%).

#### Overview of Husband's Support

In the variable husband's support, subjects are grouped based on two categories, namely good and poor. The following is a table of results for the husband's support category:

**Tabel 2**  
**Frequency distribution of husband's support in preparation for childbirth of primigravida pregnant women in sub-district PMB Tegineneng in 2024**

Husband's Support	Frequency	Percent
Support	18	37,5
Does not support	30	62,5

Based on table 4.2, it can be interpreted that as many as 18 respondents (37.5%) were given support by their husbands. Meanwhile, 30 respondents (62.5%) did not receive support from their husbands.

#### Description of Anxiety Levels of Primigravida Pregnant Women

In the anxiety level variable of primigravida pregnant women, subjects were grouped based on two categories, namely anxious and not anxious. The following is a table of results for the anxiety level categories of primigravida pregnant women:

**Tabel 3**  
**Frequency distribution of anxiety levels of pregnant women primigravida in PMB Tegineneng District in 2024**

Emergency Level	Frequency	Percent
Anxious	30	62,5
No worries	18	37,5

Based on table 3 above, it can be seen that the majority 30 respondents (62.5%) experienced anxiety. Meanwhile, those who did not experience anxiety were 18 respondents (37.5%).

### Bivariate Analysis

#### Relationship between Husband's Support and Anxiety Levels of Pregnant Women Primigravida

The relationship between husband's support and the level of anxiety of primigravida pregnant women, in this analysis there is a variable of

husband's support with 2 categories, namely supporting and not supporting, while the variable of anxiety level of primigravida pregnant women is in the category of anxious and not anxious to test

whether there is a relationship between these 2 variables using The chi square test is presented in the following table:

**Tabel 4**  
**Relationship between Husband's Support and Anxiety Levels of Pregnant Women Primigravida in PMB Tegineneng District in 2024**

Support Husband	Emergency Level				Total		P Value
	Anxious		No Cemas				
	f	%	f	%	f	%	
Support	0	0.0%	18	37.5%	18	37.5%	0.000
No Support	30	62.5%	0	0.0%	30	62.5%	

Based on table 4, the results obtained from 48 respondents, 18 respondents (37.5%) received support and did not experience anxiety. Meanwhile, 30 respondents (62.5%) did not receive support and experienced anxiety.

After carrying out a statistical test using the Chi Square Test, it was found that  $p = 0.000 (< 0.05)$ , then  $H_0$  was rejected and  $H_a$  was accepted. So it can be concluded that there is a relationship between husband's support and the level of anxiety of primigravida pregnant women in facing childbirth in PMB Tegineneng district.

## DISCUSSION

### Husband's Support in Facing Childbirth in Pregnant Women Primigravida

Husband's support is an attitude, an act of acceptance towards his family members (mother) in the form of informational support, assessment, instrumental and emotional support (Friedman, 2010). Attention and support from people closest to you, especially husbands, are very helpful in overcoming the anxiety experienced by pregnant women due to the physical and psychological changes that occur during pregnancy. Husband's support will improve psychological well-being and ability to adapt through feelings of belonging, increasing self-confidence, psychological prevention, reducing stress and providing resources or assistance needed during pregnancy (Stuart, 2008). The husband's active role in providing support to his pregnant wife influences the mother's concern for the health of herself and her fetus. Pregnant women will feel more confident, happy and ready to undergo the process of pregnancy, childbirth and the postpartum period (Taufik, 2010).

Based on the results of this research, it shows that the majority of 30 respondents (62.5%) were not given support by their husbands and 18 respondents (37.5%) were given support by their husbands.

According to (Maulidiya et al., 2022) concern and support from relatives or relatives/close family, especially husbands, can help deal with the anxiety experienced by pregnant women regarding physical and psychological transitions during pregnancy. Husband's support can strengthen the mother's mental psychology and adaptation with a sense of belonging, increasing self-confidence, and fighting stress during pregnancy. This research is in line with research (Asiah et al., 2022) which states that husband's support is attention and affection. Husband's support is the most important thing in helping or solving problems. If there is support, self-confidence will increase. Husband's support is assistance that can be given to the family in the form of information and advice, which makes the support recipient feel loved and appreciated. Apart from that, husband's support is a social resource in facing an event that requires support such as facing childbirth (Aprianawati & Sulistyorini, 2017).

Of the 30 respondents who were not given support by their husbands, they said the reason their husbands did not provide support to mothers before giving birth was because they were busy working from morning to evening with the majority of their husbands' jobs being laborers and truck drivers, so husbands did not provide enough emotional support to mothers, such as listening to complaints. mother, pay attention to the mother's health, and understand the condition of the mother who is about to give birth. Husbands also provide less assessment support to mothers, such as appreciating the sacrifices of mothers who are pregnant with their child, giving massages to mothers, and providing support for taking medication to mothers. Husbands also provide less instrumental support to mothers such as helping with housework, taking mothers to buy baby equipment and providing funds for pregnancy checks and childbirth preparation. Husbands also provide less informational support such as providing

information about childbirth to mothers and providing information about signs of labor. This is due to the husband's lack of knowledge about childbirth and signs of labor, with the majority of husbands' last education being high school.

Most of the respondents said that husbands were reluctant to accompany or assist mothers in preparation for childbirth. Because the majority of husbands said they were afraid to see blood, couldn't bear to see their mother in pain and some of them said they were out of town considering that most of their husbands' jobs, one of which was a truck driver. There are also some who say they still don't understand the importance of husband's support for primigravida pregnant women facing childbirth.

One thing the first author can do is educate husbands and families about the importance of husband's support for primigravida pregnant women when the mother has ANC (Antenatal Care) or during the posyandu for pregnant women in PMB Tegineneng subdistrict which is held every 11-13 of each month. . Then researchers were able to keep the mother's privacy more private during childbirth, so that husbands did not see blood during the birthing process. Furthermore, the author can educate mothers about good and correct breathing techniques during the birth process so that mothers can give birth more calmly and with minimal pain, so that husbands who cannot bear to see mothers screaming in pain can provide support to mothers.

### **Level of Anxiety Facing Childbirth in Pregnant Women Primigravida**

Anxiety is a feeling (mood) which is usually characterized by physical symptoms such as physical tension, worry about the future, feelings of restlessness, a number of visible behaviors including worry and restlessness (Selamita, 2022). The results of this research show that the total number of respondents 48 respondents, the majority of respondents experienced anxiety, 30 respondents (62.5%). According to (Aryani, 2017) Primigravida third trimester pregnant women who cannot let go of anxiety and fear before giving birth will release high concentrations of catecholamine hormones (stress hormones) which can result in increased labor pain, prolonged labor, and tension when facing labor.

One of the factors that influences anxiety is the level of education where the theory states that the higher a person's level of education, the easier it is to receive information so that the more knowledge they have, and vice versa. The results of this study are supported by research (Asih et al., 2021) Third trimester pregnant women experience anxiety before giving birth. Anxiety in pregnant women is caused by

the mother's inaccurate perception of the birth process.

One form of anxiety among primigravida pregnant women facing childbirth is the lack of husband's support for the mother, childbirth that is not according to her wishes and fear of not being able to endure the pain of childbirth. This is in accordance with the theory (Anggraini, 2023) that feelings before childbirth are related to feelings of fear or not fear experienced by the mother as she approaches childbirth. Anxiety is also related to fear, fear can make people lose control so that they are unable to do something even with direction. Anxiety that arises during the birth process is caused by several things, including anxiety about the course of the birth process, anxiety about the condition of the fetus and anxiety about the success of the birth process.

### **The relationship between husband's support and the level of anxiety in primigravida pregnant women in facing childbirth**

High anxiety or stress can result in prolonged labor with inadequate contractions. Hormones such as adrenaline interact with receptors in the uterine muscle and inhibit contractions, slowing down the labor process. This is an involuntary response when the mother feels unsafe and comfortable. Factors that influence anxiety according to (Anggraini, 2023) are age, education, economy, parity, and family or husband support. The type of support that a husband can provide is emotional support, assessment support, instrumental support, and informational support.

The research results show  $p = 0.000 (< 0.05)$ , so it can be concluded that there is a relationship between husband's support and anxiety levels ( $p$  value = 0.000). This research is in line with research conducted by (Nurpratiwi & Anggaresi, 2018) and is reinforced by research (Pezani, 2017) that there is a relationship between husband's support and pregnant women's anxiety in facing childbirth. The most important person for a pregnant woman is her husband. Much evidence shows that women who are cared for and loved by their partners during pregnancy will show fewer emotional and physical symptoms, adjust more easily during pregnancy and have less risk of birth complications.

The results of this research are also supported by research conducted by (Diani & Susilawati, 2020) that husband's support plays a high role in the anxiety experienced by the mother. The husband is the first person to be a source of help for a pregnant wife, including the health of pregnant women in the third trimester in terms of the need to

eat and drink, rest, preventing pregnant women in the third trimester from fatigue, and so on.

Factors that influence husband's support include knowledge about pregnancy, husband's experience in dealing with wife's pregnancy and childbirth. The wife's pregnancy and childbirth will have a positive effect on the support given to the wife, couples with an invalid marital status will have less support given to their partner compared to couples with a legal marital status. Husbands who have good socio-economic status will be able to play a role, culture, income, education level can influence the husband's insight and knowledge as head of the household (Saputra et al., 2018).

This is in line with the results of data from 30 respondents who were not given support by their husbands, the majority of whom had a high school education, with no experience in dealing with pregnancy and childbirth because this was the mother's first pregnancy (primigravida). Respondents said that this marital status was valid but was not supported by the family, because the family did not care enough and did not understand the importance of husband and family support for primigravida pregnant women who were about to give birth. The data results also show that the majority of husbands' jobs are truck drivers and farmers, which is in line with what was explained above that good socio-economic status will be able to play a role, culture, income, and education level can influence the husband's insight and knowledge as head of the household.

According to the author, there is a significant relationship between husband's support and the anxiety level of a primigravida pregnant woman who gets support from her husband, her anxiety level will be low and if a primigravida pregnant woman does not get support from her husband, her anxiety level will be high.

## CONCLUSION

The results show that there is a relationship between husband's support and the level of anxiety of primigravida pregnant women in facing childbirth in PMB, Tegayeneng District, p value = 0.000.

## SUGGESTION

It is hoped that primigravida pregnant women will pay more attention to their condition both physically and psychologically and ask their husbands to always provide support and participate in maintaining the pregnancy and in preparing for childbirth.

The Husband can provide more support to primigravida pregnant women, especially husbands,

to be able to care for their wives when their wives are sad, accept every advice from their wives as good advice, help their wives do their housework and also encourage their wives to have their health checked when their wives complain about their health. For Midwives can educate husbands and primigravida pregnant women during ANC about the importance of husband's support during pregnancy and childbirth

## REFERENCES

- Agi Saputra, M. Fatkhul Mubin, S. (2013). Hubungan Dukungan Suami Terhadap Tingkat Kecemasan Ibu Primigravida Pada Trimester Tiga Di BPS Ny. Murwati Tony AMD. Kabupaten Kota Semarang 3 Agi. *Jurnal Keperawatan*, 6(1), 24–35. <https://jurnal.unimus.ac.id/index.php/FIKKeS/article/download/1871/1913>
- Anggraini, Riyanti Setyo. (2023). Hubungan Dukungan Suami Terhadap Tingkat Kecemasan Ibu Hamil Trimester III Menghadapi Persalinan Di Wilayah Kerja Puskesmas Padangsari. (Skripsi Sarjana, Politeknik Kesehatan Semarang). [https://repository.poltekkes-smg.ac.id/?p=show\\_detail&id=35790](https://repository.poltekkes-smg.ac.id/?p=show_detail&id=35790)
- Aprianawati, R. B., & Sulistyorini, R. I. R. (2017). Reta Budi Aprianawati Kesehatan Provinsi Jawa Barat bekerja sama dengan RS Jiwa Bandung, RS Jiwa dan ketidakmampuan menghadapi masalah atau adanya rasa aman. Perasaan yang. *Jurnal Kesehatan Surya Medika*.
- Aryani, F. (2017). Senam Hamil Berpengaruh Terhadap Tingkat Kecemasan pada Primigravida Trimester III di RSIA Sakina Idaman Sleman, D. I Yogyakarta. *Jurnal Ners Dan Kebidanan Indonesia*, 4(3), 129. [https://doi.org/10.21927/jnki.2016.4\(3\).129-134](https://doi.org/10.21927/jnki.2016.4(3).129-134)
- Asiah, A., Indragiri, S., & Agustin, C. (2022). Hubungan Dukungan Suami Dengan Tingkat Kecemasan Ibu Hamil Trimester III Menghadapi Persalinan Pada Pandemi Covid 19. *Jurnal Kesehatan Mahardika*, 8(2), 24–30. <https://doi.org/10.54867/jkm.v8i2.84>
- Asih, N. W. Y., Ariyani, N. W., Darmapatni, M. W. G., Lindayani, I. K., & Somoyani, N. K. (2021). Li Dinas Kesehatan Kecamatan Denpasar Barat Tahun 2021 the Description Level of Anxiety Before Delivery in Third Trimester Pregnant Women At the Uptd Puskesmas li, West Denpasar District Health Office in.

- Jurnal Infokes Informasi Kesehatan*, 11(2), 404–412.
- Dewi Cahyaningsing, D. K. (2020). *Hubungan Usia Ibu Hamil Dengan Tingkat Kecemasan Pada Kehamilan Trimester Iii Di Puskesmas Bantul li Kabupaten Bantul*. 1–15.
- Dharma, K.K. (2019). Metodologi Penelitian Keperawatan (Pedoman Melaksanakan dan Menerapkan Hasil Penelitian). Trans Info Media.
- Diani, L. P. P., & Susilawati, L. K. P. A. (2013). Pengaruh Dukungan Suami terhadap Istri yang Mengalami Kecemasan pada Kehamilan Trimester Ketiga di Kabupaten Gianyar. *Jurnal Psikologi Udayana*, 1(1), 1–11. <https://doi.org/10.24843/jpu.2013.v01.i01.p01>
- Harini, Godfrida. (2020). Hubungan Dukungan Suami Dengan Tingkat Kecemasan Ibu hamil Trimester III Menghadapi Persalinan. (Skripsi Sarjana, Politeknik Kesehatan Semarang). [https://repository.poltekkes-smg.ac.id/?p=show\\_detail&id=22706](https://repository.poltekkes-smg.ac.id/?p=show_detail&id=22706)
- Harumawati, D. (2017). *Gambaran Dukungan Suami Dalam Antenatal Care Ibu Hami di Wilayah Kerja Puskesmas Babadan Ponorogo*. 2(2), 35–43.
- Helita, K. (2020). *Hubungan pendampingan suami dengan tingkat kecemasan ibu primi gravida dalam menghadapi proses persalinan kala i di ruang bersalin di rsud panyabungan*.
- Heriani, H. (2016). Kecemasan dalam Menjelang Persalinan Ditinjau Dari Paritas, Usia dan Tingkat Pendidikan. *Jurnal Aisyah : Jurnal Ilmu Kesehatan*, 1(2), 01–08. <https://doi.org/10.30604/jika.v1i2.14>
- Klara, W. C. (2018). *KECEMASAN IBU HAMIL TRIMESTER III*.
- Kurniarum, Ari. 2016. *Asuhan Kebidanan Persalinan dan Bayi Baru Lahir*. Jakarta: Kemenkes RI
- Maki, F. P., Pali, C., Opod, H., Studi, P., Dokter, P., Kedokteran, F., Sam, U., Manado, R., Psikologi, B., Kedokteran, F., Sam, U., & Manado, R. (n.d.). *Gambaran Tingkat Kecemasan Ibu Hamil Primigravida Trimester III di Klinik Bersalin Sutra Minahasa Selatan*. 103–110.
- Mamuaya, M. H., Elim, C., & Kandou, L. F. J. (2016). Gambaran tingkat kecemasan dengan pengukuran TMAS dan prestasi belajar siswa perempuan dan laki-laki kelas 1 SMA Negeri 1 Kawangkoan. *E-Clinic*, 4(2). <https://doi.org/10.35790/ecl.4.2.2016.12797>
- Mauludiya, M., Sunanto, & Hidayati, T. (2023). Hubungan Pendampingan Suami dengan Kecemasan Ibu Primigravida Dalam Menghadapi Proses Persalinan Kala I di UPT Puskesmas Kunir. *Jurnal Ilmiah Obsgin*, 15(2), 39–45.
- Menajang, N., Pondaag, L., & Kundre, R. (2017). Hubungan Dukungan Suami Dengan Tingkat Kecemasan Pada Ibu Primigravida Trimester Iii Di Puskesmas Sonder. *Jurnal Keperawatan UNSRAT*, 5(1), 105173.
- Ogura, T., & Hagiwara, M. (2010). A neural network type knowledge extraction method from web and its application to a question-answering system. *SCIS and ISIS 2010 - Joint 5th International Conference on Soft Computing and Intelligent Systems and 11th International Symposium on Advanced Intelligent Systems*, 11(1), 171–176.
- Pezani, D. (2017). *Ibu Hamil Dalam Menghadapi Persalinan Di Ibu Hamil Dalam Menghadapi Persalinan Di Puskesmas Gamping 1 Sleman. Naskah Publikasi*