THE ROLE OF SOCIAL SUPPORT IN OVERCOMING ANTENATAL ANXIETY

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ABSTRAK : PERAN DUKUNGAN SOSIAL DALAM MENGATASI KECEMASAN ANTENATAL

Latar Belakang: Kehamilan merupakan peristiwa alamiah yang terjadi berbagai perubahan baik fisik maupun psikis. Perubahan psikis seperti kecemasan antenatal seringkali tidak terdiagnosis. Kecemasan antenatal berhubungan dengan berbagai penyulit pada persalinan dan janin. Ibu dengan *panic disorder* selama kehamilan ditemukan mengalami resiko persalinan prematur, dengan berat badan bayi lahir rendah.

Tujuan: mengetahui Hubungan Dukungan Sosial dengan Kecemasan Antenatal pada Ibu Hamil di Puskesmas Karawang Kabupaten Sukabumi

Metode : Jenis penelitian yang digunakan dalam penelitian ini adalah penelitian korelasional. Populasi sampel 58, menggunakan teknik Total Sampling. Uji validitas alat ukur dilakukan pada variabel dukungan sosial dengan instrumen Medical Outcomes Study Social Support Survey (MOS SSS) dan variabel kecemasan antenatal dengan instrument PRAQ-r2. Analisis statistik menggunakan uji chi Square.

Hasil: sebagian besar ibu hamil di Puskesmas Karawang tidak merasakan kecemasan. Sebagian besar ibu hamil di Puskesmas Karawang memiliki dukungan sosial yang baik. Terdapat hubungan antara dukungan sosial dengan kecemasan antenatal pada ibu hamil di Puskesmas Karawang.

Kesimpulan: Terdapat hubungan antara dukungan sosial dengan kecemasan antenatal pada ibu hamil di Puskesmas Karawang.

Saran: Diharapkan tenaga kesehatan dapat berdiskusi tentang kecemasan antenatal guna mencegah ibu hamil mengalami komplikasi kehamilan akibat kecemasan yang berlebih..

Kata Kunci: Dukungan Sosial, Ibu Hamil, Kecemasan Antenatal

ABSTRACT

Background: Pregnancy is a natural process that causes various physical and psychological changes. Psychic changes such as antenatal anxiety are often undiagnosed. Antenatal anxiety is associated with multiple complications in labor and fetus. Mothers with Panic Disorder during pregnancy were found to be at risk of preterm labor with low birth weight.

Objective: to determine the relationship between social support and antenatal anxiety in pregnant women at the Karawang Health Center, Sukabumi Regency.

Methods: This study used correlational research. The sample population was 58, using the Total Sampling technique. The validity test of measuring instruments was carried out on social support variables with the Medical Outcomes Study Social Support Survey (MOS SSS) instrument and antenatal anxiety variables with the PRAQ-r2 instrument. Statistical analysis was performed using the Chi-Square test.

Results: The results showed that most pregnant women at the Karawang Health Center did not feel anxiety. Most pregnant women at Karawang Health Center have good social support. There is a relationship between social support and antenatal anxiety in pregnant women at Karawang Health Center.

Conclusion: There is a relationship between social support and antenatal anxiety in pregnant women at the Karawang Health Center.

Suggestion: It is hoped that the Karawang Health Center can discuss antenatal anxiety to prevent pregnant women from experiencing pregnancy complications due to excessive anxiety.

Keywords: Antenatal Anxiety, Pregnant, Social Support

INTRODUCTION

Pregnancy is a natural process characterized by various physical and psychological changes. While many women commonly experience physical discomfort during this period, psychological changes, such as antenatal anxiety, are often left

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undiagnosed. Pregnant women may not recognize the symptoms of anxiety as a significant health concern, which can lead to unaddressed feelings. Furthermore, physical manifestations of anxiety, such as tension and insomnia, are frequently mistaken for typical pregnancy complaints. This overlap can make it challenging for both expectant mothers and healthcare providers to distinguish between normal pregnancy-related anxiety and more excessive anxiety disorders.(Sinesi et al., 2019) Studies on anxiety disorders in pregnant women have been extensively conducted. Systematic review studies on the prevalence of anxiety reveal varying results. Across 36 studies, several types of anxiety disorders have been identified during pregnancy, including Obsessive-Compulsive Disorder (OCD), agoraphobia, Panic Disorder (PD), Generalized Anxiety Disorder (GAD), specific phobias, social anxiety disorder, and post-traumatic stress disorder (PTSD). The prevalence of each of these anxiety disorders is approximately 3%, except for specific phobias, which have a prevalence of 6%. Pregnant women with OCD account for 13–39%, predominantly occurring in the second trimester. Panic Disorder tends to emerge more frequently during the first and second trimesters of pregnancy.(Viswasam et al., 2019) A previous study on pregnancy-related anxiety using the Pregnancy-Related Anxiety Questionnaire-Revised 2 (PRAQ-r2) found that 26.4% of pregnant women experienced antenatal anxiety disorders.(Hanifah et al., 2019)

Antenatal anxiety is associated with various complications during labor and for the fetus. Mothers with Panic Disorder during pregnancy are at increased risk of preterm labor and delivering babies with low birth weight.(Uguz et al., 2019) Anxiety disorders are a risk factor for the development of postpartum depression.(Osborne et al., 2021) Maternal stress has an impact on the occurrence of obstructed labor.(Zhuk & Shchurevska, 2020) The negative effects of antenatal anxiety can be exacerbated by various factors, such as financial and relationship problems, as well as low social class. Meta-analysis results indicate a difference in the prevalence of antenatal anxiety between low-income countries (34.4%) and high-income countries (19.4%).(Dennis & Dowswell, 2014) Another factor influencing antenatal anxiety is social support. Pregnant women who receive low levels of social support are more likely to experience mental health disorders compared to those with adequate support. Women with insufficient social support may lack someone to confide in, receive critical information or advice, or help alleviate negative emotions associated with challenging situations. Consequently, they may be more vulnerable to stress, which can eventually lead to depression.(Bedaso et al., 2021)

Social support is help or support from people who can be trusted and relied upon.(Şahin et al., 2019) The availability of someone to provide assistance or emotional support can protect individuals from some of the negative impacts of serious illness or stressful situations. Social support consists of five domains, namely emotional support (emotional), providing information (informational), real support (tangible), affectionate support (affectionate), and positive social interaction (positive social interaction).(Velando-Soriano et al., 2020)

Pregnant women should receive adequate social support during their pregnancy so that their pregnancy becomes a pleasant event and avoids trauma due to stress caused by pregnancy. A preliminary study was carried out on pregnant women in the Karawang Community Health Center working area, and antenatal care was carried out according to the 10 T standard using the KIA book. The Karawang Community Health Center is located in the Sukabumi Regency area, the target number of pregnant women in the area is quite large, in 2022 there will be 97 pregnant women with various health problems such as anemia, nutritional issues, and several other cases of pregnancy complications. (Puskesmas Karawang, 2022) The problems of pregnant women related to anxiety disorders have not been detected because, so far, there has been no unique instrument to assess pregnancy anxiety disorders. In this study, researchers will identify anxiety in pregnant women and the social support received by mothers during their pregnancy, as well as analyze the relationship between social support and antenatal anxiety.

RESEARCH METHODS

This research is correlational with a cross-sectional approach. The study was conducted at the Karawang Community Health Center from November 2023 to November 2024. The population in the study consisted of pregnant women who visited the Maternal and Child Health Polyclinic at the Karawang Community Health Center. The sample for this study included 58 individuals, using a total sampling technique.

The independent variable in this research is social support, and the dependent variable is antenatal anxiety. The type of data used is primary data. The instrument used to measure social support is the Medical Outcomes Study Social Support Survey (MOS SSS), and for measuring antenatal anxiety, the Pregnancy-Related Anxiety

Questionnaire Revised 2 (PRAQ-r2) is used. The measurement of antenatal anxiety was conducted during participants' antenatal visits across all trimesters of pregnancy. Bivariate analysis was performed using Chi-Square.

RESEARCH RESULTS

Univariate Analysis

Based on Table 1, it is known that the age of pregnant women in the at-risk group (under 20 years old and over 35 years old) is 22.4%. The educational background of pregnant women who graduated from high school is 55.2%. A significant proportion of respondents, 46.6%, fall into the low economic status category.

Table 1
Frequency Distribution of Pregnant Women's Sociodemographic Characteristics at Karawang Sukabumi Health Center in 2024

Characteristics	n	(%)
Age		
At Risk (< 20 year & >35 year)	13	22,4
Not at Risk (20-35 years)	45	77,6
Educational Background		
Low/ Graduated from Junior High School or Below	22	37,9
Middle/ Senior High School	32	55,2
High/ University	4	6,9
Economic Status		
Low if < Regional Minimum Wage	27	46,6
High if ≥ Regional Minimum Wage	31	53,4

Table 2
Frequency Distribution of Obstetric Status of Pregnant Women at Karawang Sukabumi Health Center in 2024

Obstetric Status	n	(%)
Parity		
Primigravida	11	19
Multigravida	47	81
Gestational Age		
1st Trimester	15	25,9
2nd Trimester	14	24,1
3rd Trimester	29	50
Wanted Pregnancy		
Yes	46	79,3
No	12	20,7
History of Miscarriage		
Yes	11	19
No	47	81
History of Preterm Delivery		
Yes	5	8,6
No	53	91,4
History of Cesarean Delivery		
Yes	6	10,3
No	52	89,7
History of Complicated Pregnancy/Delivery		
Yes	7	12,1
No	51	87,9
History of Stillbirth		
Yes	5	8,6
No	53	91,4

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History of Birth Defects		
Yes	0	0
No	58	100

Table 1 shows the obstetric status of pregnant women, with 81% being multigravida. The distribution of gestational age includes the first trimester (25.9%), second trimester (24.1%), and third trimester (50%). Most pregnancies were wanted pregnancies (79.3%). The obstetric status of pregnant women includes a history of miscarriage (19%), preterm delivery (8.6%), cesarean delivery (10.3%), previous pregnancies/deliveries with complications (12.1%), and deliveries with stillbirths (8.6%).

Table 3
Frequency Distribution of Antenatal Anxiety

Antenatal Anxiety	n	(%)
Anxious	11	19
Not Anxious	47	81

Table 3 shows that 11 pregnant women (19%) experienced antenatal anxiety.

Table 4
Frequency Distribution of Social Support

Social Support	n	(%)
Good	44	75,9
Poor	14	24,1

Based on Table 4, it is known that 44 women (75.9%) received good social support.

Bivariate Analysis

The bivariate analysis was conducted to examine the relationship between social support and antenatal anxiety. The results can be seen in Table 5 as follows:

Table 5
The Relationship Between Social Support and Antenatal Anxiety

Social Support	Antenatal Anxiety				Total	%	*P-Value*
	Anxious	%	Not Anxious	%			
Good	1	2,3	43	97,7	44	100	**0.000**
Poor	10	51,4	4	28,6	14	100	

Table 5 shows that most women with good social support did not experience antenatal anxiety, totaling 43 women (97.7%). Among women with poor social support, most experienced antenatal anxiety, totaling 10 women (51.4%). Based on the Yates'Correction statistical test, the p-value was 0.000 (p-value < 0.05), indicating a significant relationship between social support and antenatal anxiety in pregnant women.

DISCUSSION

Based on the study results, the sociodemographic status of pregnant women shows that 22.4% are in the at-risk age group, namely those aged less than 20 years or more than 35 years (table 1). This age group has a higher risk of complications during pregnancy and childbirth compared to the healthy reproductive age group. In addition, the educational level of most pregnant women is high school graduates (55.2%), which shows that most pregnant women have secondary education. However, the economic level of respondents is still relatively low, with 46.6% in the low economic category, which can affect their access to quality health services.

The obstetric status of pregnant women shows that the majority of mothers are multigravida (81%), namely mothers who have experienced more than one pregnancy. The distribution of gestational age is divided into three trimesters, with the most significant proportion in the third trimester (50%), followed by the first trimester (25.9%) and the second trimester (24.1%). Most of these pregnancies were planned (79.3%), showing maternal readiness in facing pregnancy (table 2).

Regarding obstetric history, this study found that 19% of mothers had a history of miscarriage, 8.6% had a history of premature birth, and 10.3% had a history of cesarean delivery. In addition, 12.1% of mothers reported a previous pregnancy or delivery with complications, and 8.6% had experience of giving birth to a stillborn baby (table 2). This history shows that several pregnant women face obstetric risks that can affect their health and that of the fetus.

Overall, this study's socio-demographic and obstetric status of pregnant women provides essential insight into factors influencing pregnancy outcomes. Age at risk, education level, and low economic status contribute to the challenges faced by pregnant women. Likewise, obstetric history such as miscarriage, premature labor, and complications of pregnancy indicate the need for special attention in prenatal care to prevent further complications. These findings emphasize the importance of a holistic approach considering social, economic, and medical history to improve maternal and infant health.

In the aspect of antenatal anxiety, it appears that the majority of respondents did not experience antenatal anxiety, while only a tiny portion reported such anxiety (table 3). This confirms that although anxiety is a common physiological reaction to pregnancy, adequate social support can help manage or even prevent antenatal anxiety. Anxiety is defined as a feeling disorder characterized by deep fear or worry for no apparent reason. This condition can be influenced by psychological and physical factors, which often arise when individuals are unable to overcome psychosocial stressors.(Puspitasari & Wahyuntari, 2020)

The impact of antenatal anxiety is not only felt by the mother but also by the fetus. Stress caused by anxiety can affect the Hypothalamic-Pituitary-Adrenal (HPA) system, which triggers the release of stress hormones, causing systemic vasoconstriction, including the uteroplacental blood vessels. As a result, the oxygen supply to the uterus is disrupted, which can prolong the labor process and increase the risk of fetal distress.(Sarmita et al., 2021) Managing anxiety through a healthy lifestyle, meeting nutritional needs, and social support is very important to reduce this impact. (Annisa et al., 2022)

Social support plays a vital role in dealing with antenatal anxiety. This support includes emotional help, motivation, and comfort provided by those closest to you, such as a partner, family, or friends. This study found that most mothers received good social support, which was significantly correlated with lower anxiety levels. Social support helps mothers feel appreciated, loved, and respected and provides a sense of security and confidence in facing pregnancy and childbirth. (Alhafid & Nora, 2020; Nugraha, 2020)

Previous research supports these findings, showing that pregnant women with strong social support have lower levels of anxiety than those who receive less support. Social support involves not only verbal interaction but also physical presence and attention, which can improve the mother's psychological well-being.(Ike et al., 2021)

In addition to the direct benefits on anxiety management, social support also plays a role in improving the mother's overall mental and physical health. Pregnant women who feel supported tend to have better emotional balance despite hormonal and physical changes during pregnancy. Support from those closest to you, such as partners and family, can help mothers face the emotional challenges that often arise during the first trimester until the end of pregnancy. (Utomo & Sudjiwanati, 2018)

Untreated antenatal anxiety can harm fetal development, such as increasing the risk of low birth weight (LBW) and impaired brain development. By providing adequate social support, these risks can be minimized. Social support can also be combined with counseling and therapy during pregnancy to increase the mother's mental and physical readiness for childbirth.(Wirabakti & Septiyono, 2022)

Social support is an important component of comprehensive pregnancy care. The presence of friends, partners, or family can provide a sense of comfort and improve the emotional well-being of pregnant women. This support also acts as a psychological protector, enabling mothers to face pregnancy with more confidence and calm. By recognizing the importance of social support, various programs or interventions can be designed to ensure that every pregnant woman receives the support needed to reduce antenatal anxiety and improve quality of life during pregnancy.

CONCLUSION

Most pregnant women do not experience antenatal anxiety, which indicates a stable emotional condition during pregnancy. Additionally, most pregnant women receive good social support, which helps them feel more confident and calm in navigating pregnancy. This research also shows a significant relationship between social support and antenatal anxiety.

SUGGESTION

Suggestions for future researchers to examine other factors that can influence antenatal anxiety, which have not been discussed in this study, as well as using different analytical approaches. For health workers, it is hoped that they can detect antenatal anxiety early and design effective interventions to ensure that every pregnant woman receives the support needed to reduce anxiety and improve quality of life during pregnancy.

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