



The Effect of Husband's Accompaniment on The Level of Anxiety of Mothers During Normal Labor Process at Obi Hospital In 2025

Telma Lanae¹, Raden Maria Veronika Widiatrilupi^{2*}

¹⁻² Institut Teknologi Sains dan Kesehatan RS dr. Soepraoen, Indonesia

* Corresponding author: mariawidia@itsk-soepraoen.ac.id

Abstract: Anxiety is a common psychological response experienced by mothers during labor, which can impact both maternal and neonatal outcomes. Husband's support, as a form of social support, is believed to reduce maternal anxiety levels during delivery. However, empirical evidence in Indonesia, particularly at Obi General Hospital, is still limited. This study aimed to analyze the effect of husband's support on maternal anxiety levels during normal delivery at Obi Hospital in 2025. A quasi-experimental design with a non-equivalent control group approach was used. The study population consisted of mothers who underwent normal delivery at Obi General Hospital in 2025. A purposive sampling technique selected 30 respondents, divided into two groups: 15 respondents with husband support and 15 without. The research instrument was a validated anxiety level questionnaire, and data were analyzed using the Chi-Square test with $\alpha = 0.05$. The majority of respondents were aged 25-34 years (60%), multigravida (53.3%), had a high school education (50%), were unemployed (60%), and had normal deliveries without complications (83.3%). In the group with husband's assistance, 80% experienced mild stress, 20% moderate stress, and none severe stress. In contrast, in the group without husband support, 26.7% experienced mild stress, 46.7% moderate stress, and 26.7% severe stress. The Chi-Square test yielded a p-value of 0.008 ($p < 0.05$), indicating a significant relationship between husband's support and maternal anxiety levels. In conclusion, husband's support significantly reduces maternal anxiety during normal labor. Health facilities should implement policies that encourage active husband involvement in labor to improve maternal outcomes and the birth experience.

Keywords: Husband's Support; Loving Care for Mothers; Maternal Anxiety; Normal Delivery; Social Support.

1. INTRODUCTION

Childbirth is one of the most defining experiences in a woman's life, not only because of its biological dimensions but also because of the psychological complexities that accompany it. The mental stress that a pregnant woman experiences during labor has serious consequences for both the mother's and the fetus's health. A 2021 study conducted by Kuo and her colleagues revealed that excessive psychological stress during childbirth contributes to various medical risks, including the possibility of premature birth and obstacles to forming an emotional bond between mother and child. These findings highlight the importance of identifying factors that can alleviate this psychological stress, with a partner's presence as a support throughout the birth process being a key factor.

Information released by the Central Statistics Agency (BPS) ahead of 2023 noted that more than half of pregnant women in Indonesia experience mental stress during childbirth. This psychological state is triggered by various factors, including uncertainty about the sequence of events to be faced, anticipation of pain, and anxiety about the well-being of their baby. Within this dynamic, the husband's role as a companion is crucial. Research conducted by Rahmawati and Sari in 2022 demonstrated that the physical presence of a husband can reduce a mother's mental stress by up to thirty percent. This data indicates that psychological support from a life

partner has a substantial beneficial impact on how a mother perceives and experiences childbirth.

Increased mental stress during labor triggers a series of counterproductive bodily responses, including accelerated heart rate, increased blood pressure, and disproportionate muscle contractions. These physiological reactions not only threaten maternal well-being but also have detrimental implications for the unborn baby. Research published by Yulianto and his collaborators in 2021 identified that babies born to mothers with high levels of anxiety tend to have lower Apgar scores than normal. Furthermore, mothers experiencing excessive psychological stress are also more likely to require additional medical procedures such as epidural anesthesia or cesarean sections, which actually increase the likelihood of medical complications. This reality underscores the urgency of exploring how the presence of a husband as a companion can function as a mechanism to reduce maternal mental stress throughout the labor process.

One approach that can be implemented to minimize maternal mental stress is to optimize the husband's active participation in his role as a companion. This support can manifest itself in various dimensions, from providing emotional support and physical assistance to providing necessary information. A special training program for husbands to prepare themselves to carry out the role of companion during labor can be an effective initiative. A 2023 study by Setiawan and Pratiwi showed that husbands who had received emotional support training were able to reduce maternal mental stress by up to 40 percent. This figure represents a significant increase compared to those without training. Furthermore, healthcare institutions such as hospitals can develop structured support programs that actively involve husbands in all stages of the labor process, thereby creating an atmosphere that makes mothers feel safer, calmer, and fully supported.

Research on this topic is highly relevant given that many pregnant women still experience mental stress during childbirth, despite the availability of various information and support services. By focusing on the husband's role as a companion, this research is expected to provide new perspectives on effective methods for alleviating maternal psychological stress. Furthermore, the findings of this study can serve as an important reference for hospitals in designing and implementing more comprehensive support programs for pregnant women and their partners. This research is expected to identify more optimal strategies for supporting maternal mental health throughout childbirth, ultimately improving the overall quality of the birth experience. Well-maintained maternal mental health not only benefits the mother but also

positively contributes to the health and development of the newborn, as well as strengthening the foundation of harmonious family relationships from the very beginning of the baby's birth.

2. RESEARCH METHOD

This study was designed using a quantitative methodology through a cross-sectional approach, allowing for observation and analysis of the correlation between the husband's presence as a companion and the mother's level of mental stress throughout the normal birth procedure over a specific time period. This design was chosen based on its effectiveness in exploring the extent to which the husband's presence as a companion can influence the mother's psychological state during childbirth. As explained by Creswell in her 2021 publication, the cross-sectional approach has proven efficient in identifying relationships between variables without the need for longitudinal observation, which requires greater complexity and a longer research duration. This design also allows researchers to collect data in a relatively short time while still providing valid and reliable results to answer the formulated research questions.

The subjects of this study included all mothers who underwent normal births at OBI General Hospital throughout 2025, with a sample size of thirty respondents who met the established inclusion criteria. These criteria included pregnant women who delivered normally and expressed their willingness to participate in this study voluntarily. Meanwhile, exclusion criteria applied to mothers who faced certain medical complications or did not have a husband or other companion during delivery. According to Sharma (2022) in her research on sampling methodology in maternal health studies, the use of clear inclusion and exclusion criteria is crucial to ensure sample homogeneity and reduce bias in research results. The sampling process was carried out using a purposive sampling technique, where researchers deliberately selected respondents based on specific characteristics relevant to the research objectives, thus ensuring that each selected respondent could truly contribute meaningful data to the research analysis. Purposive sampling was chosen as the sampling strategy because it allowed researchers to obtain truly representative respondents within the context of this study. This approach is very appropriate for the research objectives, which require specific characteristics from participants: mothers who undergo normal deliveries and have husbands present as companions throughout the birth process. According to Palinkas et al. (2023) in their publication on qualitative and quantitative sampling techniques, purposive sampling provides the advantage of obtaining rich and in-depth information from a limited sample size that is highly relevant to the research question. With a relatively limited sample size, this technique facilitates researchers to collect data that is not only relevant but also provides in-depth information regarding how husband

support affects mothers' mental stress during childbirth. Thus, the research results can provide a comprehensive picture even with a small sample size.

After all data has been successfully collected through the validated research instrument, the data analysis stage will be carried out using the Chi-Square test to identify whether there is a significant relationship between the variable of husband's assistance and the level of maternal anxiety. The selection of the Chi-Square statistical test is based on the characteristics of the categorical data, where the level of anxiety is grouped into low, medium, and high categories, while the presence of a husband as a companion is categorized as present or absent. As explained by Field (2024) in his book on statistics using SPSS, the Chi-Square test is an appropriate method for analyzing the relationship between two categorical variables and determining whether the observed differences occur by chance or have statistical significance. By utilizing statistical software such as the latest version of SPSS, researchers will calculate the Chi-Square value along with the p-value to determine the level of significance of the relationship between the two variables studied. If the p-value obtained is less than 0.05, it can be concluded that there is a statistically significant relationship between the presence of a husband as a companion and the level of maternal anxiety during the labor process, which can further provide important implications for the development of maternal health interventions.

In conducting this research, the researcher is fully committed to ensuring that all research procedures comply with applicable national and international research ethics standards. Each prospective respondent will be given a complete explanation of the research objectives, procedures to be performed, potential benefits and risks, and their rights as a research participant before being asked to sign an informed consent form. According to Emanuel et al. (2022) in their publication on the ethical principles of clinical research, informed consent is a fundamental element in protecting the rights and well-being of research participants. The researcher will also strictly maintain the confidentiality of respondents' identities and personal data, ensuring that the information collected is used only for research purposes and will not be shared with third parties without permission. This research has received approval from the health research ethics committee at OBI General Hospital, which ensures that all aspects of the research meet the required ethical standards. Therefore, it is hoped that this research will not only provide a meaningful scientific contribution but will also be conducted in a manner that respects the dignity and rights of each participant. Thus, the research results can positively contribute to the development of maternal health practices in Indonesia and improve the quality of delivery services that are more humane and oriented towards the needs of mothers.

3. RESULTS AND DISCUSSION

This study aims to analyze the effect of husband's assistance on the level of maternal anxiety during the normal delivery process at OBI Hospital in 2025. Based on the results of the study conducted on 30 respondents using a quasi-experimental non-equivalent control group design, a description of the characteristics of the respondents and an analysis of the relationship between the variables studied were obtained.

Respondent characteristics indicate that the majority of mothers were in the productive age group of 25–34 years (60%), were multigravidarum (53.3%), had a high school education (50%), were unemployed (60%), and experienced normal delivery without complications (83.3%). The distribution of stress levels showed that most mothers experienced mild stress (53.3%), followed by moderate stress (33.3%), and severe stress (13.3%). Husband support was distributed equally, with 50% of mothers receiving support from their husbands and 50% receiving no support.

Bivariate analysis using the Chi-Square test showed a significant relationship between husband's support and maternal anxiety levels during labor ($p=0.008 < 0.05$). This finding indicates that the husband's presence as a birth companion plays a significant role in reducing maternal anxiety levels. These results align with social support theory, which states that the presence of a close relative, particularly a husband, can provide a sense of security, comfort, and emotional support needed by mothers during labor.

General Data

Table 1. General Data Distribution.

| Characteristics | Frequency | % |
|----------------------|-----------|------|
| Age: | | |
| • 15–19 | 3 | 10 |
| • 20–24 | 5 | 16.7 |
| • 25–34 | 18 | 60 |
| • 35–44 | 4 | 13.3 |
| • >45 | 0 | 0 |
| Gravida | | |
| • Primigravidarum | 14 | 46.7 |
| • Multigravidarum | 16 | 53.3 |
| Education | | |
| • Elementary School | 4 | 13.3 |
| • JUNIOR HIGH SCHOOL | 5 | 16.7 |
| • SENIOR HIGH SCHOOL | 6 | 20 |

| | | |
|-----------------|----|------|
| • College | | |
| Work | | |
| • Normal | 12 | 40 |
| • Complications | 18 | 60 |
| Labor | | |
| • Normal | 25 | 83.3 |
| • Complications | 5 | 16.7 |

The age distribution of respondents shows that the majority of mothers are in the 25-34 years age range (18 respondents (60%)), followed by 20-24 years age (5 respondents (16.7%)), 35-44 years age (4 respondents (13.3%)), and 15-19 years age (3 respondents (10%)). There were no respondents over 45 years of age. These data indicate that most mothers giving birth are at an optimal healthy reproductive age for the delivery process.

Based on parity, respondents were divided into 14 primigravidarum (46.7%) and 16 multigravidarum (53.3%). This nearly equal proportion indicates that both first-time mothers and those with previous childbirth experience anxiety during labor.

Respondents' educational level was dominated by high school graduates (15 respondents (50%)), followed by college graduates (6 respondents (20%)), junior high school graduates (5 respondents (16.7%)), and elementary school graduates (4 respondents (13.3%)). These varying educational levels can influence mothers' understanding of the childbirth process and their ability to manage anxiety.

The majority of respondents (18 respondents (60%)) were unemployed or housewives, while 12 respondents (40%) were employed. Employment status can influence the level of stress and support a mother receives during pregnancy and childbirth.

The majority of respondents (25 respondents) experienced normal delivery, while 5 respondents (16.7%) experienced complications. The high rate of normal delivery indicates that the mothers are in good enough health to undergo vaginal delivery.

Special Data

Table 2. Maternal Anxiety Level During Labor.

| Anxiety/stress levels | Frequency | % |
|-----------------------|-----------|------|
| • Light | 16 | 53.3 |
| • Currently | 10 | 33.3 |
| • Heavy | 4 | 13.3 |

Respondents' stress levels were distributed as mild (16 respondents (53.3%), moderate (10 respondents (33.3%), and severe) (4 respondents (13.3%). These data illustrate the variation in anxiety levels experienced by women giving birth, with a tendency toward mild to moderate stress levels.

Table 3. Distribution of Husband's Support During Childbirth.

| Husband's Accompaniment | Frequency | % |
|-------------------------|-----------|----|
| • There is | 15 | 15 |
| • There isn't any | 15 | 15 |

Respondents were evenly divided between 15 respondents (50%) who received husband support and 15 respondents (50%) who did not. This even distribution allowed for an objective comparison of the effect of husband support on maternal anxiety levels.

Bivariate Analysis

The analysis results showed significant differences between the groups that received husband support and those that did not. In the group with husband support (n=15), 12 respondents (80%) experienced mild stress, 3 respondents (20%) experienced moderate stress, and no respondents experienced severe stress. Conversely, in the group without husband support (n=15), only 4 respondents (26.7%) experienced mild stress, 7 respondents (46.7%) experienced moderate stress, and 4 respondents (26.7%) experienced severe stress.

The Chi-Square statistical test produced a Pearson Chi-Square value of 9.733 with degrees of freedom (df) = 2 and an asymp. sig. (2-sided) value = 0.008. Since the p-value (0.008) < alpha (0.05), H₀ is rejected and H_a is accepted. This indicates that there is a statistically significant relationship between husband's support and the level of maternal anxiety during the normal delivery process at Obi Hospital in 2025.

Discussion

The results of this study indicate that husbands' support significantly reduces maternal anxiety levels during normal labor. This finding aligns with research conducted by Sulistyawati and Nugraheny (2010), which found that a husband's presence during labor significantly

reduced maternal anxiety levels ($p < 0.05$). The study explained that the emotional support provided by a husband creates a sense of security and comfort for the mother, thereby helping to reduce the perception of pain and anxiety during labor.

Research by Kuntoro and Fitriyah (2014) also supports these findings by showing that mothers accompanied by their husbands had lower anxiety scores than those who were not ($p = 0.001$). They explained that the husband's presence provides strong psychological support, helping mothers cope with the fear and uncertainty that arise during labor. This support includes reassuring verbal communication, comforting physical touch, and an emotional presence that makes mothers feel less alone in facing this critical moment.

Lestari and Sugiharti (2016) found in their research at Semarang City Hospital that 78.6% of mothers who received husband support experienced mild anxiety, while in the group without support, 64.3% experienced moderate to severe anxiety. This study emphasized that husband support not only plays a role in psychological aspects but also influences the mother's physiological response to labor pain, with calmer mothers tending to have better labor progress.

The findings of this study are also consistent with those of Astuti (2012) who stated that husband's support is a protective factor against labor anxiety with an OR of 3.45, meaning that mothers who do not receive husband's support have a 3.45 times greater risk of experiencing high anxiety than those who do. The study explained that the presence of a husband facilitates better coping mechanisms in mothers, helps with emotional regulation, and increases mothers' confidence in facing the labor process.

Based on social support theory, husbands' support works through several mechanisms. First, emotional support from husbands creates feelings of love, care, and appreciation. Second, instrumental support involves practical assistance such as massage, wiping sweat, or helping with positioning. Third, informational support involves husbands helping communicate the mother's needs to healthcare professionals.

In their research, Wijayanti and Wahyuni (2013) explained that husband support activates the parasympathetic nervous system, which reduces the production of cortisol (the stress hormone) and increases the production of oxytocin, which facilitates more effective uterine contractions and reduces pain perception. Their research showed a significant difference in cortisol levels between the group with husband support (lower) and the group without support ($p = 0.003$).

Rahmadhani's (2017) research added that husband's support also influences labor duration, where mothers accompanied by their husbands had a shorter first stage of labor (an average of 8.2 hours) compared to those who were not accompanied (an average of 11.5 hours)

with $p = 0.012$. This indicates that reducing anxiety not only impacts the psychological aspect but also the physiological progress of labor.

Although research shows the positive influence of husband support, its effectiveness can be influenced by several factors. Research by Nurlaila and Hastuti (2018) identified that the quality of the husband-wife relationship, the husband's knowledge of the childbirth process, and the husband's psychological preparedness are determining factors for the success of support. In the study, husbands who had received education about their roles during childbirth provided more effective support than those who had not ($p=0.021$).

The characteristics of the respondents in this study also contributed to anxiety levels. The majority of respondents were in the healthy reproductive age range (25-34 years), which theoretically suggests greater emotional maturity. However, parity factors indicated that both primigravidas and multigravidas experienced anxiety, albeit at varying intensities. Primigravidas tended to experience anxiety due to a lack of experience, while multigravidas may experience anxiety due to previous unpleasant childbirth experiences or complications.

The respondents' educational level, which was predominantly high school or higher, demonstrated good cognitive abilities in understanding information about childbirth. However, knowledge alone is insufficient to overcome anxiety without adequate emotional support. The respondents' employment status, which was predominantly housewives, can have two sides: on the one hand, they have more time to prepare for childbirth, but on the other, they may experience limitations in access to information and broader socialization.

4. CONCLUSION

Based on the results of a study conducted on 30 respondents giving birth at Obi General Hospital in 2025 using a quasi-experimental non-equivalent control group design, it can be concluded that husband's support has a statistically significant effect on reducing maternal anxiety levels during normal labor. This is proven by the Chi-Square test which produces a p -value of 0.008 which is smaller than $\alpha 0.05$, so the alternative hypothesis is accepted and the null hypothesis is rejected. This finding indicates that the presence of a husband as a birth companion is not merely a physical presence, but has a real psychological and physiological impact in helping mothers face the labor process with more calm and confidence.

The distribution of anxiety levels between the group with husband support and the group without showed quite striking and clinically significant differences. In the group of mothers with husband support, 80 percent experienced mild stress, 20 percent experienced moderate stress, and none experienced severe stress. In contrast, in the group of mothers

without husband support, only 26.7 percent experienced mild stress, while 46.7 percent experienced moderate stress and 26.7 percent experienced severe stress. This distribution pattern suggests that husband support consistently correlates with lower levels of anxiety, which in turn may contribute to a more positive birth experience and better maternal outcomes.

The characteristics of the respondents in this study indicate that the majority of mothers were in a healthy reproductive age, between 25 and 34 years old (60 percent), who theoretically have optimal emotional and physical maturity to face the labor process. The almost equal distribution of parity between primigravidas and multigravidas indicates that labor anxiety can be experienced by mothers with various birth experience backgrounds, both first-time and those with previous experience. The respondents' educational level, which was predominantly high school graduates, indicated adequate cognitive ability in understanding information about childbirth. However, knowledge alone is not enough to overcome anxiety without adequate emotional support from those closest to them, especially their husbands. The employment status of the majority of respondents as housewives suggests that they have more time to prepare for childbirth, but on the other hand, they may also experience limitations in accessing information and broader social support outside the family environment.

The mechanism by which a husband's support reduces maternal anxiety during labor can be explained through several interrelated aspects of social support. Emotional support from a husband creates a sense of security, love, and appreciation, which is essential for mothers facing the critical moments of labor. Instrumental support, in the form of practical assistance such as back massages, wiping sweat, helping with positioning, or providing fluids, provides physical comfort that can reduce pain perception. Informational support, where a husband can help communicate the mother's needs to health workers, also ensures that the mother receives appropriate care. These three forms of support work synergistically to activate the parasympathetic nervous system, reducing the production of the stress hormone cortisol and increasing the production of oxytocin, which not only facilitates more effective uterine contractions but also creates a sense of calm and a strong emotional bond.

The practical implications of this research finding are crucial for developing maternal health care policies and practices in Indonesia. Health facilities, particularly hospitals and maternity clinics, need to develop policies that support and encourage the active involvement of husbands in the birth process as an integral part of caring for mothers. This includes providing adequate facilities for assistance, developing educational programs for expectant fathers about their roles during labor, and training health workers to facilitate and encourage effective husband participation. Childbirth preparation classes should be designed to actively

involve partners, not just the mother, so that husbands have a comprehensive understanding of the birth process and can provide appropriate support tailored to the mother's needs at each stage of labor. Thus, husband support can be optimized as an effective, safe, and easily implemented non-pharmacological intervention to improve the quality of the birth experience and the health outcomes of mothers and infants.

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