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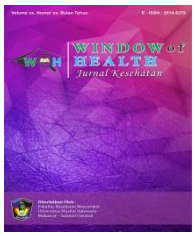

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Family-Based Anxiety Detection In Primigravida Pregnant Women

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ABSTRACT

Maternal anxiety during pregnancy, particularly among primigravida women, is a prevalent emotional state that can significantly impact both the mother and fetus. This study explores the relationship between family factors—specifically family support, communication, socioeconomic status, satisfaction with family roles, and family decision-making—and anxiety levels in primigravida pregnant women. Utilizing a cross-sectional observational analytical design, the research included 92 primigravida women from Puskesmas Tirto, Kedungwuni I, and Kedungwuni II. Data were collected through validated and reliable questionnaires and analyzed using multiple logistic regression. The findings reveal significant associations between family support (OR=25.427; 95% CI=1.123-9.078; p=0.007), family communication (OR=239.115; 95% CI=9.144-6252.589; p=0.001), and satisfaction with family roles (OR=107.415; 95% CI=4.231-2726.710; p=0.005) with reduced levels of anxiety. These results underscore the importance of involving family members in antenatal care, enhancing communication, and providing psychological support to manage anxiety effectively. The study highlights the need for healthcare providers to integrate family dynamics into prenatal care strategies to improve maternal mental health and overall pregnancy experience.

Keywords : Detection; Maternal Anxiety; Pregnancy

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INTRODUCTION

Anxiety is one of the most frequently experienced emotional states among women during their childbearing years, with its prevalence notably high during pregnancy. This emotional response can manifest as a broad spectrum of concerns, including anxieties about the pregnancy itself, the process of childbirth, the health of the newborn, and the challenges of future parenting. Maternal anxiety during pregnancy is often interpreted as a natural psychological adjustment to the profound changes that come with impending motherhood. It is thought that this form of anxiety might serve as a preparatory mechanism, helping the mother to anticipate and cope with the various demands of pregnancy and early parenthood (1).

However, when maternal anxiety becomes excessive or chronic, it can escalate into a more severe medical condition that adversely affects the mother's mental health and well-being. Such heightened anxiety, both during pregnancy and in the postpartum period, is associated with several negative outcomes for both the mother and the infant. These outcomes can include serious complications such as spontaneous abortion, preeclampsia, preterm birth, and low birth weight. In addition to these severe physical consequences, elevated anxiety levels can lead to other detrimental behaviors and conditions. For instance, a mother suffering from high levels of anxiety might neglect proper prenatal care, experience inadequate nutritional intake, or engage in substance abuse. Such factors contribute to an increased risk of prenatal depression, further complicating the mother's health and the overall pregnancy experience (2)(3). Research indicates that women with a history of psychiatric disorders, those who have encountered significant stressful events, traumatic social experiences, or have a history of abortion, stillbirth, or preterm deliveries are at a heightened risk for developing anxiety during pregnancy. These factors collectively contribute to a greater likelihood of experiencing anxiety-related complications, underscoring the importance of addressing and managing anxiety effectively to promote better health outcomes for both mother and child (4)(5).

Each pregnant woman experiences varying levels of anxiety, which largely depend on how she perceives her pregnancy. Anxiety encompasses feelings of apprehension, worry, restlessness, and unease, often accompanied by physical symptoms. It represents a component of the individual's emotional response, characterized by subjective evaluation and influenced by the subconscious mind. Anxiety is more commonly experienced by primigravida women, as it is their first pregnancy (6). During this period, especially peaking in the third trimester and at delivery, pregnant women undergo various physiological and psychological changes they have never encountered before, leading to discomfort. This first-time anxiety is often driven by fears related to the possibility of losing the baby, such as concerns that the baby might die or be born with a defect Additionally, feelings of inadequacy regarding the ability to meet the needs of the newborn, as well as fears that childbirth may disrupt daily activities, can further increase the risk of anxiety. As the delivery approaches, most primigravida mothers are unaware of effective ways to manage pregnancy and childbirth smoothly, unlike multigravida mothers

who have prior experience. Consequently, the risk of anxiety tends to be higher for primigravida women, particularly as they approach delivery (7)(8).

Anxiety during pregnancy varies depending on the gestational age. Initial surveys indicate that in early pregnancy, particularly during the first trimester, anxiety is often low due to the excitement of pregnancy. However, by the end of the second month to the third month, anxiety may start to emerge. Concerns during this period often include fears of miscarriage, worries about nutritional intake, and other related anxieties. In the second trimester, many women begin to enjoy their pregnancy, leading to fewer anxieties. However, in the final trimester, especially as delivery approaches, anxiety often increases. Expectant mothers may worry about their baby's health, the possibility of a normal delivery, and other related concerns. It is common for first-time mothers to experience increased anxiety as their delivery date nears, given that it is their first experience with childbirth (9)(6,10–12).

Early detection of anxiety during pregnancy is crucial due to the complexity and variety of contributing factors. Anxiety in expectant mothers can stem not only from significant physiological changes—such as hormonal fluctuations and physical discomfort—but also from psychological, emotional, and social stressors. Concerns about the childbirth process, the baby's health, feelings of unpreparedness for motherhood, and unfavorable socioeconomic conditions can all intensify anxiety levels. If left unaddressed, this anxiety can progress into more serious conditions, such as postpartum depression, which not only affects the mother's mental health but also disrupts the emotional bond between mother and child and may hinder the child's development. Therefore, a multidisciplinary approach involving healthcare professionals, family support, and a nurturing environment is essential for the early identification and management of anxiety, helping to prevent long-term complications and promote the overall well-being of both mother and baby (13,14).

Anxiety during pregnancy is a complex phenomenon that often arises in response to various changes—physiological, psychological, and social—that accompany the transition to motherhood. Addressing this condition requires a multidimensional approach, as untreated anxiety can persist into the postpartum period and negatively impact both maternal well-being and child development. Within this framework, family support—particularly from the husband—plays a critical protective role in reducing maternal anxiety. Recent studies have highlighted that active involvement of the husband throughout the pregnancy contributes significantly to emotional stability by providing psychological reassurance and social support. Early detection of anxiety by family members is considered an effective strategy due to their emotional closeness, frequent interactions, and ability to observe and respond to behavioral changes in a timely manner. Therefore, the involvement of the family, especially the husband, is essential in fostering a supportive environment that not only mitigates the risk of anxiety during pregnancy but also promotes a healthier and more balanced maternal experience, both physically and mentally (15,16).

Family involvement and social support systems during the perinatal period have been widely recognized as critical components in the early detection and reduction of pregnancy-related risk factors. The integration of families into maternal care facilitates continuous emotional, informational, and practical support, which is essential for promoting maternal well-being and improving health outcomes. Evidence suggests that when families, particularly spouses, are actively engaged in the care process, pregnant women are more likely to make informed decisions and adhere to recommended health practices. Additionally, family members who are well-informed and involved are better equipped to recognize early warning signs and respond promptly, thereby reducing the likelihood of delays in seeking care during emergencies. This underscores the importance of implementing family-centered approaches in maternal health services to ensure timely intervention, enhance the quality of care, and support positive maternal and neonatal outcomes (17)(18).

Detecting the causes of anxiety in primigravida pregnant women by examining family factors is crucial, as it can significantly impact both maternal and fetal well-being. Strong family support, effective communication, and adequate socioeconomic resources play a vital role in reducing maternal anxiety (17,19). When families are involved in decision-making regarding pregnancy and childbirth, it can provide a sense of certainty and alleviate the stress associated with uncertainty. Identifying and addressing anxiety related to these factors allows for early intervention, which can effectively address issues, improve the mother's mental health, and ensure a more positive pregnancy experience, thereby supporting the overall well-being of the family (20–22).

METHOD

This study is categorized as a non-experimental quantitative research because the researcher did not provide any interventions to the study subjects. The design used is observational and analytical with a cross-sectional approach. The population of this study includes all primigravida pregnant women in the Puskesmas Tirto, Kedungwuni I, and Kedungwuni II areas, totaling 92 pregnant women. The sampling technique employed is Proportional Random Sampling. The variables in this study include independent variables such as Family Support, Communication with Family, Family Socioeconomic Status, Satisfaction with Family Roles, and Family Decision-Making, and the dependent variable, Anxiety Level. This research uses primary data collected through questionnaires that have undergone validity and reliability testing, with valid results ($r_{calculated} > r_{table}$) ranging from 0.469 to 0.839, and an alpha value of 0.910 (> 0.444), indicating that the questionnaire items are reliable. For assessing anxiety, the Hamilton Rating Scale for Anxiety (HRS-A) was used. To analyze the relationship between one or more independent variables and a categorical dependent variable of a dichotomous nature, multiple logistic regression analysis was utilized. The study has been ethically reviewed and approved by Universitas Muhammadiyah Pekalongan with the ethics approval certificate No. 010/KEP-UMPP/IV/2024.

RESULTS

Table 1. Characteristics of Research Subjects

Variable	Frequency	Percentage (%)
Age		
20-35	37	40,2
<20 and >35	55	59,8
Education Level		
SD/SMP	53	57,6
SMA/PT	39	42,4
Gestational Age		
First Trimester	13	14,1
Second Trimester	36	39,1
Third Trimester	43	46,7

Table 1 shows that more than half (59.8%) are aged between 20 and 35 years, over half (58.3%) have an education level of elementary or junior high school, and less than half (46.7%) of the pregnant women are in their third trimester (27-40 weeks)

Table 2: Frequency Distribution of Research Subjects Based on Family Support, Communication with Family, Family Socioeconomic Status, Satisfaction with Family Roles, Family Decision-Making, and Levels of Anxiety

Variabel	n	%
Family Support		
Less Support	37	40,2
Support	55	59,8
Communication with family		
Less	26	28,3
Good	66	71,7
Social Economy		
Low	39	42,4
Middle/Upper	53	57,6
Satisfaction with Family Roles		
Less	29	31,5
Good	63	68,5
Family Decision-Making		
Centralized	50	54,3
Consensus	42	45,7
Anxiety Level		
Not anxious	32	34,8
Mildly anxious	24	26,1
Moderately anxious	28	30,4
Severely anxious	8	8,7

Table 2 shows that 59.8% of families provide support, 71.7% have good communication with the mother, 57.6% have a middle/upper socioeconomic status, 68.5% of mothers are satisfied with family roles, 54.3% experience centralized decision-making, and 8.7% have severe anxiety.

Table 3 Bivariate Analysis of the Relationship Between Family Support, Communication with Family, Family Socioeconomic Status, Satisfaction with Family Roles, Family Decision-Making, and Anxiety Levels in Primigravida Pregnant Women

Variable		Anxiety Levels				Total		p	OR
		Anxiety		Not anxious					
		n	%	n	%	n	%		
Family Support	Less Support	28	30,4	9	9,8	37	40,2	0,001	0,025
	Support	4	4,3	51	55,4	55	59,8		
Communication with family	Less	23	71,9	3	5	26	28,3	0,001	0,021
	Good	9	28,1	57	95	66	71,7		
Social Economy	Low	11	34,4	28	46,7	39	42,4	0,277	1,670
	Middle/Upper	21	65,6	32	53,3	53	57,6		
Satisfaction with Family Roles	Less	24	75	5	8,3	29	31,5	0,001	0,030
	Good	8	25	55	91,7	63	68,5		
Family Decision-Making	Centralized	16	50	34	56,7	50	54,3	0,661	1,308
	Consensus	16	50	26	43,3	42	45,7		

Table 3. The results of the bivariate analysis using the chi-square test for various variables tested for their relationship with anxiety in primigravida pregnant women show a significant relationship (p-value: 0.001) with family support, family communication, and satisfaction with family roles**.**

Table 4 Multivariate Analysis Using Multiple Logistic Regression of the Relationship Between Family Support, Communication with Family, Family Socioeconomic Status, Satisfaction with Family Roles, Family Decision-Making, and Anxiety Levels in Primigravida Pregnant Women

Variable	OR	CI 95%		*p*
		Lower	Upper	
Family Support	25,427	2,395	269,988	0,007
Communication with family	239,115	9,144	6252,589	0,001
Social Economy	0,083	0,004	1,478	0,110
Satisfaction with Family Roles	107,415	4,231	2726,710	0,005
Family Decision-Making	4,215	0,397	44,774	0,233
N Observartion = 92				
-2 Log Likehood = 31,020				
Nagelkerke R^2 = 84%				

Table 4. The results of the multivariate analysis using multiple logistic regression for various variables tested for their relationship with anxiety in primigravida pregnant women show significant relationships

with family support (OR=25.427; 95% CI=1.123-9.078; p=0.007), family communication (OR=239.115; 95% CI=9.144-6252.589; p=0.001), and satisfaction with family roles (OR=107.415; 95% CI=4.231-2726.710; p=0.005).

DISCUSSION

The Relationship Between Family Support and Anxiety in Primigravida Pregnant Women

Pregnancy and childbirth can lead to significant psychological and social changes. The experiences that women undergo during pregnancy and delivery can impact their own health and that of their baby, both in the short and long term. These experiences can influence their physical and emotional responses as new mothers, affect their self-esteem, and shape their relationships with their partner and baby, playing a crucial role in family formation (23). Support for pregnant women plays a crucial role in alleviating anxiety that may arise during pregnancy and childbirth, with family support being a significant factor. Family support includes providing attention, encouragement, affection, material assistance, information, and practical help from close individuals such as partners, parents, in-laws, and other relatives. This support aims to make the mother feel valued and cared for. Various types of support can be offered, including informational support, evaluative support, instrumental support, and emotional support. Such support, encompassing both encouragement and attention, helps pregnant women build the mental resilience needed to navigate the challenges of pregnancy and prepare for childbirth (24).

This study's findings are consistent with other research, indicating that family support (OR=25.427; 95% CI=1.123-9.078; p=0.007) is associated with anxiety in primigravida pregnant women. Support from a partner can include various actions, such as accompanying the wife during antenatal visits, providing additional attention and affection, assisting with pregnancy care, and offering facilities like financial support and transportation for antenatal care. These actions can enhance the mother's happiness, making it easier for her to adjust to pregnancy. Partners can also play an active role by providing physical support and psychological encouragement, which helps reduce the mother’s anxiety during pregnancy. Family support typically involves providing information and advice that aids the pregnancy, as well as sharing experiences from family members who have been pregnant before. This helps the pregnant woman understand how to manage her pregnancy situation and meet her needs. Additionally, families play a role in reminding the mother to attend regular prenatal check-ups to monitor the health of both the mother and the fetus and to detect any potential issues that need attention (25,26).

Support and affection from family members can provide comfort and security for pregnant women, especially when they feel anxious and worried about their pregnancy. Positive family support contributes to the growth and development of the fetus, as well as to the physical and mental health of the mother. This support includes not only financial aspects but also affection, the nurturing of self-confidence, attention, and meeting the nutritional needs of the pregnant woman. Excessive worry and anxiety can cause muscle tension, including in the birth canal, which can narrow the passage and prolong and complicate labor. Conversely, positive thinking can facilitate the delivery process. Postpartum

anxiety is a common issue that significantly impacts maternal well-being, and understanding this is crucial for planning effective detection, prevention, and management of the problem(7,14,27).

The Relationship Between Family Communication and Anxiety in Primigravida Pregnant Women

Effective communication within the family plays a crucial role in reducing anxiety among primigravida pregnant women. As first-time mothers often experience uncertainty and worry during pregnancy, open and supportive communication from family members becomes essential in maintaining their well-being. Through clear information, emotional support, and positive encouragement, the expectant mother can feel more reassured and better prepared for the pregnancy and childbirth process. Honest discussions about expectations, concerns, and relevant experiences can help alleviate anxiety and foster a sense of readiness. Moreover, good communication promotes a better understanding of each family member's role in supporting the mother, thereby creating a nurturing environment that helps reduce anxiety. In this context, communication includes the mother's expression of her concerns to family members, especially to her husband, who may have received information from healthcare providers. The husband and other family members can then provide the necessary support for both prevention and care (28).

The results of this study indicate a positive and statistically significant relationship between communication and anxiety (OR=239.115; 95% CI=9.144-6252.589; p=0.001). Effective and healthy communication skills are crucial for maintaining family harmony. For pregnant women and their partners, good communication skills can make their pregnancy experience more enjoyable and enhance both their physical and mental health, as well as that of their children. A strong relationship with one's partner can provide protection against various stress factors. One common issue is the lack of communication with the partner. The ability to build effective relationships is a vital skill. Other research has shown that communication skills are linked to anxiety levels during pregnancy. In this context, communication plays a key role in detecting pregnancy risks; when pregnant women experience concerns, a family educated in early risk detection can respond appropriately based on their knowledge. Therefore, healthcare providers are encouraged to offer regular pre-marital, pre-conception, and prenatal counseling programs to help couples achieve marital satisfaction, address psychological disturbances during pregnancy, and foster healthy communication (23,28,29).

The Relationship Between Family Economic Status and Anxiety in Primigravida Pregnant Women

Economic factors, such as income, can significantly impact anxiety levels in pregnant women. Adequate socioeconomic status helps ensure both physical and psychological well-being during pregnancy, thereby reducing anxiety. Sufficient family income prepares pregnant women to handle pregnancy-related expenses, such as antenatal care costs, nutritious food for both the mother and fetus, maternity clothing, delivery expenses, and baby needs post-birth. Conversely, insufficient social and economic support can disrupt the mother's psychological state and increase anxiety levels. Low family

income can create financial stress due to daily expenses during pregnancy, adding pressure and challenges that may heighten anxiety. Conversely, having a stable income helps expectant mothers feel more prepared for pregnancy, as it covers health care costs and provides necessary information, thereby increasing maternal knowledge and reducing anxiety(30,31).

The results of this study indicate that there is no significant relationship between a family's socioeconomic status and anxiety in primigravida pregnant women. In the context of research on anxiety among first-time pregnant women, the connection between socioeconomic factors and anxiety levels does not always appear to be significant. Although it is generally assumed that higher income may reduce anxiety by providing greater access to resources during pregnancy, in reality, maternal anxiety is often influenced by a variety of other factors, such as social support, the quality of interpersonal relationships, and individual stress management skills. Studies have shown that emotional and social support, especially from partners and family members, often has a greater impact on anxiety than income alone. Additionally, factors such as individual psychological resilience and the accessibility and effectiveness of resource utilization may influence how pregnant women cope with anxiety, making the direct link between socioeconomic status and anxiety less evident(31).

The Relationship Between Family Role Satisfaction and Anxiety in Primigravida Pregnant Women

The link between family role satisfaction and anxiety levels in pregnant women highlights how familial roles and support impact maternal mental health. Family role satisfaction occurs when individuals feel content with their responsibilities and functions within the family and receive adequate support from other family members. When a pregnant woman perceives that her role is valued and supported, and she receives emotional and practical support, it can significantly reduce her anxiety levels. Conversely, dissatisfaction with family roles, such as feeling unsupported or neglected, can heighten anxiety. Feelings of rejection or inadequacy within the family can exacerbate stress and worries, negatively affecting mental well-being. Therefore, high satisfaction with family roles, involving strong support and effective communication, serves as a crucial buffer in alleviating anxiety and enhancing mental health during pregnancy.

Research findings indicate a positive and statistically significant relationship between family role satisfaction and anxiety levels (OR=107.415; CI 95%=4.231-2726.710; p=0.005). Family roles are pivotal in preventing anxiety in first-time pregnant women by providing emotional support, information, and practical assistance. Families can alleviate maternal concerns by offering clear information about pregnancy and delivery processes, providing emotional encouragement, and assisting with practical needs such as antenatal care costs and daily care. By fostering a nurturing and supportive environment, families can help pregnant women feel more at ease and prepared to handle pregnancy challenges. This support includes active involvement in care, open communication about concerns, and boosting

maternal confidence, which collectively reduce anxiety and enhance mental well-being during this critical period (14,32,33).

The Relationship Between Family Decision-Making and Anxiety in Primigravida Pregnant Women

The findings of this study indicate that family decision-making plays a significant role in supporting the well-being of pregnant women, particularly in reducing anxiety among primigravida mothers. These results are consistent with previous research, which suggests that consensus-based decision-making—where family members, especially spouses, are actively involved—can enhance emotional support and foster a greater sense of involvement for the expectant mother. Open communication and shared decision-making allow pregnant women to feel heard and valued, which in turn contributes to lower levels of anxiety. In contrast, centralized decision-making that excludes the perspectives of the pregnant woman or other family members may lead to dissatisfaction, tension, and increased psychological stress. Thus, the alignment of this study with earlier findings reinforces the importance of participatory decision-making models in promoting maternal mental health and overall family well-being during pregnancy(34,35).

Family Decision-Making and Its Impact on Anxiety in Primigravida Pregnant Women

Family decision-making plays a crucial role in influencing the psychological well-being of primigravida pregnant women. Typically, consensus-based decision-making, which involves all family members in planning and managing pregnancy needs, is thought to reduce anxiety by ensuring that the expectant mother feels supported and valued. However, recent studies have shown that while inclusive decision-making is anticipated to lessen anxiety, the results do not always demonstrate a significant relationship. Research indicates that, in some cases, the level of anxiety experienced by pregnant women is not directly affected by the family's decision-making style. This suggests that other factors, such as individual emotional support, education about pregnancy, and access to healthcare services, may have a more substantial impact on anxiety than the decision-making process itself (36).

This study indicates that centralized decision-making, where one family member holds primary authority in making decisions, does not always have a direct relationship with the anxiety levels of primigravida pregnant women. While centralized decision-making can expedite the decision-making process, it does not always address the mother's concerns effectively. Limited involvement in the decision-making process may lead to dissatisfaction and feelings of powerlessness, potentially increasing anxiety if not balanced with strong emotional support. These findings highlight that, although the decision-making structure is important, its effectiveness in reducing maternal anxiety also depends on other factors such as open communication, the quality of emotional support, and access to accurate information (37).

CONCLUSIONS AND RECOMMENDATIONS

Family-based detection of anxiety is significantly associated with family support (OR=25.427; 95% CI=1.123-9.078; p=0.007), family communication (OR=239.115; 95% CI=9.144-6252.589; p=0.001), and satisfaction with family roles (OR=107.415; 95% CI=4.231-2726.710; p=0.005). Healthcare providers can address anxiety in primigravida pregnant women by involving the family in care, educating them about the signs and effects of anxiety, and encouraging family participation in antenatal visits. Evaluating family dynamics and providing stress management techniques, such as breathing exercises, are also crucial. Additionally, referring families to additional resources like psychological counseling can offer more comprehensive support to the pregnant woman.

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