**Original Article**

# The Relationship Between Levels of Anxiety and Family Support with the Selection of Birth Attendants

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***ABSTRACT***

*One of the psychological problems experienced by many pregnant women is their anxiety about choosing a birth attendant. This study aimed to analyze the influence of anxiety levels and family support on the selection of birth attendants. This study used a quantitative observational design and a cross-sectional approach. This study was carried out from November to December 2021 at the Bontomarannu Community Health Center, Gowa Regency, with a sample size of 32 pregnant women. Purposive sampling was used. The results of the study using the chi-square test showed that the level of anxiety was p = 0.007 and family support was p = 0.003 <a = 0.05. twelve pregnant women received poor family support, four (33.3%) respondents were good, and eight (66.7%) pregnant women were not good at choosing birth attendants, of the 32 respondents, 22 were pregnant women with mild levels of anxiety, 15 (68.2%) were good at choosing birth attendants, and 7 (31.8%) were not good. This means that there is a relationship between the level of anxiety and family support, and the choice of birth attendant. It is hoped that pregnant women who are anxious about choosing a birth attendant will always receive more assistance, whether from the family or a midwife so that there is no prolonged anxiety. Midwives are advised that in carrying out any midwifery care, they can identify problems and take action quickly and precisely, especially in carrying out ANC examinations for patients who are preparing for childbirth*

***Keywords:*** *Family Support, Pregnant Women, Anxiety, Birth Attendant*

## INTRODUCTION

Maternal and neonatal mortality in Indonesia remain a major challenge [1,2]. Midwifery is a common practice. Midwives are synonymous with a profession that helps women to give birth. Midwives play an extraordinary role in a woman's life, starting from providing education to young women to regulate fertility after giving birth throughout their reproductive life cycle. The role of midwives includes carrying out several innovative actions, providing education in breaking the chain of transmission by providing information about clean lifestyles, washing hands diligently, keeping one's distance, staying away from crowds, and spraying disinfectants. The role of midwives as frontline health workers is to provide quality midwifery care to mothers[3].

When pregnant, women experience physical as well as psychological changes. One

of the psychological problems experienced by many pregnant women is anxiety about choosing a birth attendant [4,5]. An inappropriate selection of birth attendants will have a direct impact on the delivery process and the ability of health workers to handle emergencies during delivery. This is in accordance with the Ministry of Health's policy, which aims to reduce the maternal and infant mortality rates in Indonesia by encouraging every birth to be carried out by trained health personnel, such as specialist obstetricians and gynecologists (SpOG), general practitioners, and midwives. health services. The Ministry of Health's 2015-2019 Strategic Plan specifies childbirth assisted by health workers in health service facilities as an indicator of family health efforts, replacing the indicator of birth assistance by health workers outside health service facilities. In 2018, the percentage of births assisted by health workers reached 90.32%, whereas the percentage of pregnant women who underwent births assisted by health workers in health service facilities was 86.28% [6–8].

The 2018 Riskesdas results showed that the most frequently used birthing places were hospitals (both government and private) at 32.7% and health workers (nakes) at 29.6%. However, home use is still quite high at 16.7%, making it the third highest place for giving birth [9–11]. Choosing a birth attendant is an effort made to seek help in dealing with the birth process. Choosing a birth attendant is one of an individual's reproductive rights in determining where to give birth and who will help with it. Safe delivery ensures that all birth attendants have the knowledge, skills, and tools to provide safe and clean assistance, as well as postpartum services to mothers and babies [12,13]. The choice of non-health care workers (TBAs) often has an impact that will cause morbidity for mothers and babies, birth complications, and even death for mothers and their babies. However, the quantity and quality of help are factors that cause maternal death. Birth assistance is still provided by traditional birth attendants using traditional methods. Therefore, all pregnant women should continue giving birth to health workers so that complications can be treated immediately.

Apart from factors within the pregnant woman, environmental factors can also influence the choice of birth attendants. One factor that has been widely researched is social support. Support from a woman's social environment was found to be a predictor of anxiety in pregnant women choosing a birth attendant. Women who feel dissatisfied with support from the environment tend to be more anxious about facing childbirth [14,15]. Other research found that social support in general did not have a significant effect on the anxiety felt by women facing childbirth; husbands' support, in particular, was a significant predictor of reducing anxiety. However, there has also been recent research during the Covid-19 pandemic in which did not find husbands' support was not found to play a role in influencing pregnant women's anxiety [16–18].

This shows that the influence of husbands' support factors on women's anxiety in choosing a birth attendant requires further research. Therefore, this study aimed to identify the relationship between the level of anxiety and husband's support and the choice of birth attendant.

## METHOD

This study used a quantitative observational design and a cross-sectional approach. The study location was the Bontomarannu Community Health Center, Gowa Regency, with a sample size of 32 pregnant women. Purposive sampling was used. The inclusion criteria were all pregnant women who visited the hospital, and the exclusion criteria were pregnant women who were not willing to be respondents. This study used the chi-squared test. The instrument used in this study was a questionnaire whose validity and reliability were tested. Before asking questions using a questionnaire, pregnant women must first provide informed consent signed by the pregnant woman. This is done so that there are no misunderstandings in the future after the completion of this research. The research results were also shown to pregnant women to provide the necessary input and suggestions. The scale used to measure anxiety is to use low, intermediate and hard levels.

Sampling procedures submitted a research permit letter to the head of the Bontomarannu Community Health Center. Researchers coordinated with all midwives at the Bontomarannu Community Health Center to convey information to pregnant women to gather at the KIA Polyclinic. The distribution of questionnaires to respondents was not carried out simultaneously but according to each

pregnant woman who came at that time. The researcher first introduced himself, explained the objectives and procedures for collecting research data, and asked for consent from the respondents. All pregnant women who met the inclusion criteria provided Informed Consent and then completed a questionnaire sheet. After all specified samples were met, the researcher processed the data for analysis using SSPS.

## RESULTS AND DISCUSSIONS

As shown in Table 1, of the 32 respondents, the majority of respondents aged 20-35 years were 23 (71.9%), had a high school education, 16 were pregnant women (50%), and worked as housewives (IRT) (25 respondents, 78.1). %).

**Table 1. Frequency Distribution of Pregnant Women's Characteristics in Choosing Birth Attendants**

| Variable | Frequency | % | Total |
|---|---|---|---|
| Age | | | 100% (32) |
| <20 | 3 | 9,3 | |
| 20-35 | 23 | 71,9 | |
| >35 | 6 | 18,8 | |
| Education | | | |
| Elementary School | 4 | 12,5 | 100% (32) |
| Junior High School | 10 | 31,25 | |
| Senior High School | 16 | 50 | |
| University | 2 | 6,25 | |
| Job | | | |
| Housewife | 25 | 78,1 | 100% (32) |
| Self-employed | 3 | 9,4 | |
| civil servants | 4 | 12,5 | |

As shown in Table 2, of the 32 respondents, 22 were pregnant women with mild levels of anxiety, 15 (68.2%) were good at choosing birth attendants, and 7 (31.8%) were not good. Meanwhile, seven respondents experienced moderate anxiety; there were five (71.4%) pregnant women who were good at choosing birth attendants and two (28.6%) respondents were not good at choosing birth attendants and the level of severe anxiety was three people, there were one (33.3%) pregnant women who were good at choosing birth attendants and two (66.7%) respondents were not good at choosing birth attendants. From the results of the chi-square test analysis, it was found that the value $p = 0.000 < \alpha = 0.05$, which means there is a relationship between the level of anxiety and the choice of birth attendant.

**Table 2. Frequency Distribution of the Relationship between Anxiety Level and Selection of Birth Attendant**

| Anxiety Level | Selection of Helpers Labor | | | | Total | | p-value |
|---|---|---|---|---|---|---|---|
| | Good | | Poor | | | | |
| | N | % | n | % | n | % | |
| Low | 15 | 68,2 | 7 | 31,8 | 22 | 100,0 | |
| Intermediate | 5 | 71,4 | 2 | 28,6 | 7 | 100,0 | 0.000 |
| Hard | 1 | 33,3 | 2 | 66,7 | 3 | 100,0 | |
| Total | 21 | 65,6 | 11 | 34,4 | 32 | 100,0 | |

**Table 3. Frequency distribution of the relationship between family support and the choice of birth attendant**

| Family support | Selection of Helpers Labor | | | | Total | | p-value |
|---|---|---|---|---|---|---|---|
| | Good | | Poor | | | | |
| | N | % | n | % | N | % | |
| Good | 17 | 85,0 | 3 | 15,0 | 20 | 100,0 | |
| Low | 4 | 33,3 | 8 | 66,7 | 12 | 100,0 | 0.003 |
| Total | 21 | 65,6 | 11 | 34,4 | 32 | 100,0 | |

Table 3 shows that of the 32 respondents used as samples, 20 mothers had good family support, 17 (85.0%) were good at choosing birth attendants, and 3 (15.0%) were poor. Good. Meanwhile, 12 people received poor family support, four (33.3%) respondents were good, and eight (66.7%) pregnant women who were not good at choosing birth attendants. From the results of the chi-square test analysis, it was found that the value of p=0.003 < α=0.05, which means there is a relationship between the level of anxiety and the choice of birth attendant.

As shown in Table 2, of the 32 respondents, 22 were pregnant women with mild levels of anxiety, 15 (68.2%) were good at choosing birth attendants, and 7 (31.8%) were not good. Meanwhile, seven respondents experienced moderate anxiety; there were five (71.4%) pregnant women who were good at choosing birth attendants and two (28.6%) respondents were not good at choosing birth attendants and the level of severe anxiety was three people, there were one (33.3%) pregnant women who were good at choosing birth attendants and two (66.7%) respondents were not good at choosing birth attendants. From the results of the chi-square test analysis, it was found that the value p = 0.007 < α = 0.05, which means there is a relationship between the level of anxiety and the choice of birth attendant.

There is an influence on the level of anxiety regarding the choice of birth attendants. During the Covid-19 pandemic, anxiety experienced by pregnant women can increase [19,20]. The fear of exposure causes most people to avoid contact with healthcare facilities. This is also true for pregnant women who tend to avoid routine pregnancy checks because of concerns about being exposed to the virus. Previous research found that pregnant women tend to be more protective during the pandemic; they reduce routine check-ups because they avoid

contact with health facilities, which results in minimal access to information and causes anxiety in pregnant women [21].

Anxiety is a feeling of concern due to threats to a person's value system or security patterns. Individuals may be able to identify situations such as childbirth; however, in reality, the threat to the self is related to the worry and concern involved in the situation. The problems that emerge from negative stories about childbirth are something that pregnant women are very worried about in the third trimester, so they will affect the mother's psychology, which is characterized by difficulty concentrating [22–24]. The way to overcome anxiety is to avoid scary stories about childbirth; learn to relax, meditate, breathe deeply, yoga, and control fantasies; and provide support and companions during labor because their presence is stronger and more confident.

Factors that increase anxiety in pregnant women include education, income, social support, violence during pregnancy, concerns related to the health of the fetus, fear of giving birth to a disabled baby, first pregnancy, unplanned pregnancy, and a history of previous miscarriage are risk factors that influence intensity of worry of pregnant women [25–27]. Another source stated that parity and ANC visits were also factors that caused anxiety.

Researchers assume that a high level of anxiety is caused by mothers' lack of experience regarding childbirth and their negative perceptions about birth being scary. This can lead to anxiety, tension, and fear. A moderate level of anxiety is caused by concerns that childbirth is always accompanied by pain and physical tension in pregnant women. Mild levels of anxiety have almost the same response as moderate levels of anxiety [28,29].

The results of the study showed that of the 32 people used as samples, 20 mothers had

good family support, 17 (85.0%) were good at choosing birth attendants, and 3 (15.0%) were not good at choosing birth attendants. labor. Meanwhile, 12 people received poor family support, four (33.3%) were good at choosing birth attendants, and eight (66.7%) were not good at choosing birth attendants. Based on the results of the chi-square test analysis, the value obtained is $\rho = 0.003 < \alpha = 0.05$, which means that Ho is rejected and Ha is accepted. Thus, there is a relationship between family support and the choice of birth attendants.

In line with the research conducted [30], there is a relationship between husbands' support and the implementation of the Childbirth Planning and Complication Prevention Program, one of which is that the birth attendant will be assisted by a midwife or doctor. In this case, the husband plays an active role in motivating pregnant women to have their pregnancies checked by health workers to get services [31].

Family or husband's support is a manifestation of attention and affection. Support can be provided, both physically and psychologically. Husbands play a significant role in determining the health status of mothers. Good husband support can motivate mothers to check their pregnancy [16,17]. The above is in accordance with the theory that husband's support is provided by the husband to his pregnant wife, which can be in the form of verbal or non-verbal advice, and real help in the form of behavior or presence can provide emotional benefits and influence behavior. His wife, who in this case, supported the ANC visit. The husband is part of the family, so the support is necessary in determining various policies in the family. Support is a reinforcing factor that can influence behavior [32,33].

Researchers have assumed that environmental factors can also influence the choice of birth attendants. One factor that has been widely researched is social support. Support from a woman's social environment was found to be a predictor of anxiety in pregnant women choosing a birth attendant. Women who feel dissatisfied with the support from the environment tend to be more anxious about childbirth. Other research found that social support in general did not have a significant effect on the anxiety felt by women facing childbirth, but husbands' support, in particular, was a significant predictor of reducing anxiety.

## CONCLUSION

Based on the research results that have been described, a conclusion can be drawn, namely that based on the analysis, there is a relationship between the level of anxiety and the choice of birth attendant with a value of p=0.007. There was also a relationship between family support and the choice of birth attendant, with a value of p = 0.003. The limitation of this research is the lack of sample so this may result in bias in the research results. It is recommended that mothers who are anxious about choosing a birth attendant always receive more assistance, whether from the family or a midwife, to prevent prolonged anxiety. It is recommended that midwives provide midwifery care to identify problems and take action quickly and precisely, especially in carrying out ANC examinations for patients who are preparing for childbirth. Subsequent studies have used other methods with large samples.

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