

The Relationship between Husband's Support and Mother's Anxiety Facing Sectio Caesarea at Mitra Sejati General Hospital Medan in 2024

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Abstract.

Feelings of anxiety from the family and husband that are too expressed in facing the wife's birth will cause the wife to feel less than full support from her husband and the wife will even experience greater anxiety. In fact, in facing the birth process, both caesarean section and normal, a wife will need full support from her husband because psychological factors also determine the smoothness of the birth. This study aims to analyze the relationship between husband's support and mother's anxiety about facing a caesarean section at the Mitra Sejati General Hospital in Medan in 2024. This type of research is descriptive correlative with a cross sectional design. The population in the study were all mothers who underwent caesarean section at Mitra Sejati General Hospital Medan in 2024. The sampling technique used consecutive sampling with a sample size of 51 people. Data collection using questionnaires. Data analysis was carried out univariately, bivariately with the Chi-square test at the 95% confidence level, $\alpha = 5\%$. The results of the analysis show that there is a relationship between husband's support and maternal anxiety in facing childbirth via caesarean section at Mitra Sejati General Hospital, Medan in 2024 with a value of $p=0.000$. It is recommended for husbands to increase support for mothers who will face childbirth by caesarean section. in the form of physical and psychological support.

Keywords : Husband's Support, Anxiety, Sectio Caesarea.

I. INTRODUCTION

Sectio Caesarea (SC) is an incision in the abdominal wall and uterus to remove the fetus and placenta intact. Sectio caesarea is an artificial birth that is carried out by incision of the abdominal wall and uterine wall, but the uterus must be intact and the fetus weighs >500 grams (Marthia, 2017). According to the World Health Organization (WHO), the average standard for caesarean section in a country is around 5-15%. Data from the WHO Global Survey on Maternal and Perinatal Health 2011 shows that 46.1% of all births were via CS. The incidence of caesarean section in Canada is 22.5%. The demand for caesarean sections in a number of developing countries is increasing rapidly (Devi, 2017).

The increase in cesarean operations in the world is due to several factors related to

changes in technology, social factors, maternal factors, maternal requests and fetuses who have indications for having a cesarean section. According to statistics on 3,509 cases of CS compiled by Peel and Chamberlain, indications for CS are fetal pelvic disproportion 21%, fetal distress 14%, placenta previa 11%, previous CS 11%, fetal abnormalities 10%, pre-eclampsia and hypertension 7% . In China, one of the countries with SC increased drastically from 3.4% in 1988 to 39.3% (World Health Organization, 2019).

According to RISKESDAS in 2018, the number of births using the SC method for women aged 10-54 years in Indonesia reached 17.6% of the total number of births. There are also several birth disorders/complications in women aged 10-54 years in Indonesia reaching 23.2% with details of transverse/sungsang fetal

position at 3.1%, bleeding at 2.4%, seizures at 0.2%, rupture of membranes early labor was 5.6%, late labor was 4.3%, umbilical cord entanglement was 2.9%, placenta previa was 0.7%, retained placenta was 0.8%, hypertension was 2.7%, etc. others amounted to 4.6% (Health Research and Development Ministry of Health of the Republic of Indonesia, 2018).

Anxiety is the most common feeling felt by every patient who is hospitalized when an operation is being carried out. The anxiety response experienced by each person is different, when the patient is informed and discussed about the scope of the operation, anxiety usually arises. To prevent anxiety from occurring during pre-operation, nurses must build a good relationship with the patient and provide complete and clear information regarding treatment and the disease. , so that supportive and protective two-way communication can be established between the nurse and the patient and the nurse and the patient's family members. Pre-operation is the time before surgery is carried out until the patient is on the operating table. During pre-operation the patient really needs support from the family, because during pre-operation the patient feels anxiety and fear. Support from the family can help patients reduce excessive anxiety and fear so that patients can prepare emotionally. Family support, especially husband's support, is very much needed when the patient undergoes surgery. Anxiety and fear caused by post-SC pain when the analgesic wears off can have an impact on the psychology and self-concept of a woman who gives birth by CS because of the loss of the experience of a normal birth, and decreased self-esteem caused by changes in body image due to Caesarean section (Wahyu et al. al., 2019).

The husband plays an important role for his wife as a leader and protector. Apart from that, the husband also has an obligation to educate, direct and show her the truth, support her well and provide for her physically and mentally (Priyanti, 2017). Forms of support from husbands include emotional/psychological support, accompanying the birth, providing

information about pregnancy and childbirth, either directly or through the media, books and magazines. Husband's support can also be in the form of positive words or praise to the wife who has experienced physical or psychological changes, as well as financial support in the form of funds or costs for childbirth and preparing the needs of the baby to be born (Priyanti, 2017).

Husband's support as a birthing companion must also be a special concern for health workers, especially midwives in Antenatal Care services. Sing and Newborn presented the results of a qualitative study with 800 husbands regarding their experiences accompanying their wives in childbirth. Most husbands say they do not have enough information about childbirth, so they need more information about coping strategies for wives in labor, information about labor pain, and their participation during the labor process (Putri, 2015).

According to Nolan (2015), a husband's experience when accompanying his wife to pregnancy and giving birth to their child is no different from his wife's feelings. Feelings of anxiety and worry are mixed with joy when welcoming the arrival of your baby. Husbands who are waiting for their wives to give birth are faced with an uncertain situation, meaning that the husband does not know for sure the conditions leading up to the birth. This condition causes anxiety in the husband.

II. LITERATURE REVIEW

Suliswati (2015) said that anxiety is a subjective experience of the individual and cannot be observed directly and is an emotional state without a specific object. Anxiety occurs as a result of a threat to self-esteem or self-identity which is very basic to an individual's existence. Anxiety is communicated interpersonally and is part of everyday life, generating valuable and important alerts for efforts to maintain balance and protect the self. Therefore, it is important to pay attention to the mental preparation of the patient and their family or

those closest to them to ensure a smooth delivery process.

Mitra Sejati Medan General Hospital is one of the private hospitals developing in the city of Medan. The incidence of caesarean section operations at this hospital is approximately 58 cases every month. Based on data available at the hospital, the total number of patients who underwent caesarean sections from January to March 2024 was 77 patients. The majority of mothers are accompanied by their husbands when undergoing surgery. Based on the results of observations, it was found that mothers who were accompanied by their husbands showed less anxiety responses than mothers who were not accompanied by their husbands. Based on the background above, the problem formulation in this research is "Is there a relationship between husband's support and mother's anxiety about facing a caesarean section at the Mitra Sejati General Hospital in Medan in 2024?"

III. RESEARCH METHODS

The research design is descriptive correlative with a cross sectional study approach, namely a type of research that aims to find out whether there is a relationship between husband's support and anxiety about facing a caesarean section in wives, and if there is, how close the relationship is and whether or not the relationship is meaningful. All data collected was analyzed again by checking all questionnaires to see whether the answers were complete or correct (Editing). Scoring is given to each respondent's answer, then the overall score obtained by the respondent is calculated, then grouped using the measurement aspect (Scoring). Then the data is coded (Coddling) to make it easier to process the data, analyze the data and draw conclusions from the data entered into tabular form. Data entry in the computer and data analysis are carried out using computerized techniques. Data analysis is a way to facilitate or simplify data into a form

that is easier to read and understand, so researchers carry out data analysis through the following stages:

Univariate data analysis was carried out using computerization to assess the frequency distribution, namely husband's support and mother's anxiety about facing a caesarean section.

Bivariate analysis was carried out to determine the relationship between the independent variable and the dependent variable statistically. The analysis used to test the data is by using the Chi-Square statistical formula. With a degree of confidence $p = 0.05$. If $p \leq 0.05$ then the calculation results are meaningful (significant) and if $p > 0.05$, then the calculation results are not significant with a confidence level of 95%.

IV. RESEARCH RESULTS AND DISCUSSION

Univariate Analysis Results

Husband's Support

The husband's support provided by the husband to the mother was assessed using a questionnaire consisting of 20 open-ended questions which were filled in directly by the mother. The frequency distribution of husband's support can be seen in the table below.

Table 4.1. Frequency Distribution of Husband's Support at Mitra Asli Medan General Hospital in 2024

Dukungan Suami	Frekuensi (f)	Persentasi (%)
Ada Dukungan	27	52.9
Tidak Ada Dukungan	24	47.1
Total	51	100

Based on table 4.1 above, it is known that the majority of respondents had support from their husbands during the pregnancy process, namely 27 respondents (52.9%). Meanwhile, 24 respondents did not receive support from their husbands during the

pregnancy process, namely 24 respondents (47.1%).

Mother's Anxiety

Maternal anxiety was assessed using the HARS scale using a questionnaire that the author had modified consisting of 20 statements aimed at identifying the mother's level of anxiety in facing caesarean section. The frequency distribution of maternal anxiety in facing caesarean section delivery can be seen in the table below

Table 4.2. Frequency Distribution of Maternal Anxiety Levels in Facing Section Caesarea Birth at Mitra Sejati General Hospital Medan in 2024

Tingkat Kecemasan	Frekuensi (f)	Persentase (%)
Cemas Ringan	27	52.9
Cemas Sedang	19	37.3
Cemas Berat	3	5.9
Cemas Berat Sekali	2	3.9
Total	51	100

Based on table 3.2 above, it is known that the level of maternal anxiety in facing cesarean section delivery is that the majority of mothers experience mild anxiety, 27 people (52.9%), 19 people (37.3%), moderate anxiety, 19 people (37.3%), 3 people (5.9%) who experience severe anxiety. very anxious, namely 2 respondents (3.9%).

Bivariate Analysis

The relationship between husband's support and the mother's level of anxiety about facing a caesarean section can be seen in the table below:

Table 4.3. The relationship between husband's support and mother's level of anxiety facing caesarean section at Mitra Sejati General Hospital, Medan, 2024

Dukungan Suami	Tingkat Kecemasan Ibu								p
	Cemas Ringan		Cemas Sedang		Cemas Berat		Cemas Berat Sekali		
	f	%	f	%	f	%	f	%	
Ada	24	88.9	3	11.1	0	0	0	0	0.000
Tidak Ada	3	12.5	16	66.7	3	12.5	2	8.3	
Total	27	52.9	19	37.3	3	5.9	2	3.9	

Based on table 4.3, it is known that of the respondents who experienced mild anxiety, 27 respondents (52.9%), 24 people received support from their husbands and 3 people did not receive support from their husbands. Of the 19 respondents (37.3%) experiencing moderate anxiety, there were 3 people who received support from their husbands, and 16 people who did not receive support from their husbands. Of the 3 respondents (5.9%) who experienced severe anxiety, it was found that 3 people did not receive support from their husbands. Meanwhile, of the 2 people (3.9%) who experienced very severe anxiety, 2 people did not receive support from their husbands. Based on the results of statistical tests with Chi Square, the value obtained was $p=0.000$ ($p<0.05$). This shows that there is a relationship between husband's support and maternal anxiety in facing a caesarean section delivery at the Mitra Sejati General Hospital in Medan in 2024.

DISCUSSION

Husband's Support

The results of this research showed that the majority of respondents had support from their husbands during the pregnancy process, namely 27 respondents (52.9%). Meanwhile, 24 respondents did not receive support from their husbands during the pregnancy process, namely 24 respondents (47.1%).

Attention and support from those closest to you, especially husbands, are very helpful in overcoming the anxiety experienced by

pregnant women due to the physical and psychological changes that occur during pregnancy. Husband's support will increase psychological well-being and ability to adapt through feelings of belonging, increased self-esteem, psychological prevention, reduced stress and the provision of resources or assistance needed during pregnancy (Stuart, 2013, p. 141). This is in accordance with the results of research by Arifin (2015) with 17 respondents (53.1%) having good support and 15 respondents saying the support was not good (46.9%).

The husband's support for the mother in facing a caesarean section is where the husband is responsible for preparing the wife's mental strength to give birth because those moments are the wife's life and death struggle for her family. The husband can be present during the birth process. The husband's presence, even if it is just accompanying him, holding his wife's hand, and whispering comforting words to his wife will provide an extra boost of mental strength for his wife. Even though it cannot reduce the pain, the wife gains mental strength (Sari, 2020). The fairly high participation of husbands in accompanying their wives shows that husbands are aware of the role they can play in providing physical support and moral encouragement to wives who will undergo a caesarean section delivery. In this study, it was found that the majority of mothers became pregnant with the support of their husbands. This is because many husbands do not know what kind of support should be given to mothers. Husbands also experience anxiety so they trust their mother or mother-in-law more to accompany them during the birthing process.

Mother's Anxiety

The results of this study showed that the level of maternal anxiety in facing a caesarean section delivery was that the majority of mothers experienced mild anxiety, 27 people (52.9%), 19 people (37.3%) had moderate anxiety, 3 people experienced severe anxiety (5.9%) and 3 people experienced anxiety. very serious, namely 2 respondents (3.9%).

Anxiety is a condition where individuals experience difficult feelings (anxiety or fear) and autonomic nervous activity in response to unclear, non-specific threats (Carpenito, 2006). Anxiety is a general feeling, where a person feels afraid or loses self-confidence whose origin or form is unclear. Some social scientists argue that women are at greater risk of suffering from anxiety disorders because of their position in society and the nature of their relationships with others. Primi gravidarum is a woman who is pregnant for the first time and feels more anxious than women who have been pregnant before (Ministry of Health, 2001).

Before surgery, patients think that surgery is a scary action because it uses special equipment, rooms and procedures. Preoperative patients experience feelings of anxiety and tension which are characterized by anxiety, fear of their own thoughts, muscle pain, feeling of fullness or bloating, cold sweat. Fear and anxiety will increase a person's response to pain. The pain of the unknown, the fear of being alone in dealing with an experience such as childbirth and the fear of failure in overcoming anxiety will increase a person's anxiety (Carpenito, 2006).

Relationship between Husband's Support and Maternal Anxiety

The results of this study showed that of the respondents who experienced mild anxiety, 27 respondents (52.9%), 24 people

received support from their husbands and 3 people did not receive support from their husbands. Of the 19 respondents (37.3%) experiencing moderate anxiety, there were 3 people who received support from their husbands, and 16 people who did not receive support from their husbands. Of the 3 respondents (5.9%) who experienced severe anxiety, it was found that 3 people did not receive support from their husbands. Meanwhile, of the 2 people (3.9%) who experienced very severe anxiety, 2 people did not receive support from their husbands. Based on the results of statistical tests with Chi Square, the value obtained was $p=0.000$ ($p<0.05$). This shows that there is a relationship between husband's support and maternal anxiety in facing a caesarean section delivery at the Mitra Sejati General Hospital in Medan in 2024.

The support of those closest to you, especially your husband, is really needed so that the mother's inner mood is calmer and less disturbed by anxiety. The husband's role is very important because the husband is the main supporter during pregnancy (Taufik, 2010). The presence of a husband can encourage mothers not to worry, provide comfort, calm and enthusiasm. The love and sympathy given by the husband to the wife when the mother is undergoing a caesarean section will provide its own strength which can trigger the wife's enthusiasm to be stronger through the operation process. The husband must play an active role in supporting the operation process so that the birth can take place quickly, but the situation in the field is that anxiety is difficult to eliminate for mothers who always think about environmental conditions, whether based on the risk of the birth itself, for example death, thinking about

administration, especially when she listens to the birth. followed by surgery, therefore the mother's anxiety will increase even more.

Apart from that, the support given by the husband while the wife is pregnant can also reduce anxiety and restore the prospective mother's sense of confidence in experiencing pregnancy and facing childbirth. This is in accordance with the concept of alert husbands, namely that the husband's vigilance regarding the danger signs of pregnancy and the husband's readiness to accompany his wife to a health service for a pregnancy check-up is expected. At every pregnancy check-up visit, husbands always accompany their wives so that they know the condition of their wife's pregnancy.

The results of this research are in line with the results of research by Mukhadiono, et al (2015). The results of the Chi-Square analysis show a figure of 23.105 with a p value of $0.027 < \alpha$ (0.05), so there is a significant relationship between husband's support and the anxiety level of third trimester primigravida mothers in facing childbirth. Similar research also supports the results of this research, namely the results of research by Tursilowati and Sulistyorini (2017) which shows that there is a very significant relationship between the husband's role and the level of anxiety which can make the mother's pregnancy journey smoother and safer so that the birth process is easier.

The results of this study clearly show the importance of husband's support in relation to the anxiety experienced by mothers in facing caesarean section delivery. Husband's support is very important to reduce the psychological pressure experienced by pregnant women when facing childbirth. According to Taufik (2010), psychosocial

support is very important to reduce or reduce stress levels. In general, there are two explanations why psychosocial support can reduce stress levels and can even maintain the mental health of the person concerned. The first explanation, namely direct effect, states that psychosocial support is a protective factor in all situations, it not only protects during periods of ongoing stress, but even at later times. However, this first explanation is considered incorrect and has been rejected by most psychologists from various fields of psychology. Meanwhile, the opinion that is more widely accepted is the explanation with the buffering hypothesis. This theory states that psychosocial support reduces stressful stressful conditions at that time. Social support is needed both when an individual is suffering from stress and under normal conditions it can ward off or can act as a defense against the possibility of stress occurring in the individual.

However, in this study it was still found that 10 people experienced mild anxiety with low support from their husbands, and 3 people experienced very severe anxiety even though their husbands had provided high support. This shows that husband's support is not the only factor related to maternal anxiety in facing caesarean section.

Mild anxiety can still be felt by the mother even though the husband's support is low, which can occur because the mother receives support from other family members. The mother's high level of knowledge regarding the birth process by caesarean section can also increase the mother's readiness for childbirth. So the mother only has mild anxiety.

On the other hand, mothers who received high levels of husband support also experienced severe anxiety. This is due to

the health conditions of the mother and fetus. Mothers who have birth and fetal complications will feel more anxious. Apart from that, the mother's inadequate knowledge about the birth process can also increase the mother's anxiety even though the husband provides high support for the mother.

V. CONCLUSIONS AND RECOMMENDATIONS

- 5.1. The majority of respondents had support from their husbands during the pregnancy process, namely 27 respondents (52.9%). Meanwhile, 24 respondents did not receive support from their husbands during the pregnancy process, namely 24 respondents (47.1%).
- 5.2 The majority of mothers experienced mild anxiety as many as 27 people (52.9%), moderate anxiety as many as 19 people (37.3%), severe anxiety as many as 3 people (5.9%) and those who experienced very severe anxiety were 2 respondents (3.9%).
- 5.3 There is a relationship between husband's support and maternal anxiety in facing the labor section caesarea at Mitra Sejati General Hospital Medan in 2024.

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