

ARTICLE INFORMATION

Received: December 07, 2025

Revised: December 14, 2025

Available online: December 15, 2025

at: <https://e-jurnal.iphorr.com/index.php/mchc>

The relationship between spousal support and anxiety levels in mothers undergoing pre-cesarean section

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Abstract

Background: Cesarean section is an operative delivery procedure that often causes psychological responses in mothers, one of which is anxiety. Preoperative anxiety can affect the mother's physiological condition and the recovery process after the procedure. One psychosocial factor that can influence anxiety is spousal support, as the husband is the main source of emotional support for the mother during childbirth.

Purpose: To determine the relationship between spousal support and the level of anxiety in mothers undergoing pre-cesarean section.

Method: This study used a correlational quantitative design with a cross-sectional approach. The study was conducted from January 3 to January 23, 2026, at Nyi Ageng Serang Regional General Hospital and Queen Latifa General Hospital. The sampling technique used was Accidental Sampling. Spousal support was measured using a support questionnaire, while anxiety levels were measured using the HARS scale. Data analysis was performed using the Spearman Rank test.

Results: The results of the analysis showed a relationship between husband support and the anxiety levels of mothers undergoing pre-sectio caesarean delivery with a correlation coefficient of 0.454, indicating a moderate relationship, and a significance value of $p = 0.034$ (<0.05).

Conclusion: There is a relationship between spousal support and anxiety levels in mothers undergoing pre-cesarean section delivery. The better the spousal support provided, the lower the mother's anxiety in facing cesarean section delivery.

Keywords: Anxiety; Childbirth; Cesarean Section; Husband Support.

INTRODUCTION

Cesarean section (CS) is one of the operative delivery methods performed through an incision in the abdominal wall and uterus with the aim of saving the mother and fetus when vaginal delivery poses a risk of serious complications. This procedure is often associated with various physical and psychological risks, both before and after the surgery is performed. One of the most common psychological issues experienced by mothers prior to cesarean section delivery is anxiety. Pre-cesarean section anxiety may arise due to fear of the surgical procedure, anesthesia, post-operative pain, and concerns about

the safety of the mother and the baby to be born (Sari & Mendrofa, 2025).

The anxiety experienced by mothers during childbirth not only affects their psychological condition, but also influences their physiological responses, such as increased blood pressure, pulse rate, sleep disturbances, and increased need for anesthesia and analgesics during surgery (Fentie, Yetneberk, & Gelaw, 2022). In fact, anxiety that is not properly managed can affect the post-operative recovery process and the condition of the fetus due to disruption of oxygen and nutrient flow to the placenta

(Alsufyani, Katooa, Al-Zahrani, Felemban, Badr, & Thabet, 2024). Therefore, efforts to control the anxiety of mothers undergoing pre-cesarean section are an important aspect of maternity nursing services. Childbirth with a history of cesarean section can pose risks for subsequent pregnancies. This type of delivery is considered more risky than normal delivery. The effects after a cesarean section can include wound infection, prolonged pain, risk of ectopic pregnancy, possibility of uterine rupture in subsequent pregnancies, longer healing process, and higher medical costs compared to natural delivery (Sudarsih, Agustin, & Ardiansyah, 2023).

Various factors are known to influence the level of anxiety experienced by mothers approaching childbirth, both internal and external factors. Internal factors include age, parity, education level, previous childbirth experience, and the mother's mental preparedness, while external factors include the hospital environment, support from health workers, and family support, especially support from the husband (Tamala, 2020). Spousal support plays a strategic role in helping mothers cope with stress and anxiety before childbirth, as the husband is the closest person who interacts emotionally and socially with the mother during pregnancy and childbirth.

Spousal support during pregnancy, childbirth, and the postpartum period is crucial as it can help mothers feel calmer and more prepared to face the childbirth process. This support includes informational, emotional, instrumental, and evaluative support. The presence and attention of husbands have been proven to help reduce anxiety due to physical and psychological changes during pregnancy, improve psychological well-being, self-confidence, and the mother's readiness to undergo pregnancy until the postpartum period (Rusdiana 2022). Husband support ahead of childbirth has a positive impact on the mother's psychological condition, so that mothers feel more comfortable and calmer. Husband involvement during pregnancy, including accompanying the mother during consultations with health workers, helps increase knowledge about signs of complications, nutritional needs, and the mother's need for rest, thereby supporting her readiness for childbirth (Romlah, 2022).

Spousal support can be manifested in the form of emotional, informational, instrumental, and evaluative support. Emotional support in the form of attention,

empathy, and the husband's presence can increase the mother's sense of security and comfort. Informational support helps mothers understand the medical procedures they will undergo, while instrumental and evaluative support can increase mothers' confidence and mental readiness to face cesarean section delivery (Isnaniar, Norlita, & Gusrita, 2020). Previous research shows that good support from husbands is associated with a decrease in the anxiety levels of mothers giving birth (Yuanita, Suryanti, & Treasa, 2024). However, other studies have found that support from husbands is not always significantly associated with the anxiety levels of mothers, as anxiety is also influenced by internal factors such as perceptions of the operation and the psychological readiness of the mother (Yanti, 2021).

Data from the 2023 Indonesian Health Survey shows that the prevalence of cesarean section deliveries in Indonesia reached 25.9%, with a particularly high rate in the Special Region of Yogyakarta Province (Yogyakarta Special Region Health Service, 2025). The high rate of cesarean section deliveries indicates the need for special attention not only to medical aspects but also to the psychological aspects of mothers, particularly preoperative anxiety. Based on these conditions, research on the relationship between spousal support and the level of anxiety in mothers undergoing pre-cesarean section deliveries is important to provide a scientific picture of the role of spousal support as one of the factors that can influence the mental readiness of mothers in facing operative deliveries. The results of this study are expected to serve as a basis for health workers, especially nurses, in developing nursing interventions that focus on a family approach to reduce preoperative anxiety in mothers undergoing cesarean section.

According to Minister of Health Regulation No. 5 of 2022, the government has established the Childbirth Insurance program to guarantee health services for pregnant women, women in labor, postpartum women, and newborns, including cost management and equitable distribution of services. This program aims to ensure that all mothers, including those without health insurance, receive adequate services to reduce pregnancy risks and anxiety before childbirth. However, despite improved access to services, psychological factors such as spousal support remain a key factor in influencing a

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DOI: 10.56922/mchc.v4i12.2779

mother's mental readiness before childbirth (Legal Documentation and Information Network, 2022).

A birth companion is someone who accompanies the mother during pregnancy until the postpartum period to provide emotional, physical, and mental support. Their presence helps the mother feel calm, safe, and stronger when facing contractions, as well as strengthening the relationship between husband and wife. Spousal support such as massaging, calming, and fulfilling simple needs has been proven

to reduce pain, speed up labor, and lower the risk of complications and cesarean sections (Pratiwi & Suhartatik, 2021). Husbands can help prevent anxiety during labor by providing social support in the form of prayers, touch, motivation, as well as emotional and financial assistance. Simple support such as touch and praise can increase the mother's comfort, confidence, and psychological strength so that she is better prepared for childbirth (Wirabakti & Septiyono, 2022).

RESEARCH METHOD

This study used a quantitative method with a correlational research type and a cross-sectional design. The study was conducted at Nyi Ageng Serang Regional General Hospital and Queen Latifa General Hospital in Yogyakarta. The study population consisted of all mothers who had undergone pre-sectio caesarean sections, with a sample size of 22 respondents selected using accidental sampling.

The independent variable in this study was spousal support, while the dependent variable was

the level of anxiety among mothers giving birth. Data collection was carried out using a spousal support questionnaire and an anxiety level questionnaire. The data obtained were analyzed using Spearman's rank correlation coefficient to determine the relationship between the research variables. This study has obtained ethical approval from the Health Research Ethics Committee (KEPK) of RSUD NAS with ethical number KEPK/RSUD/NAS/42/XII/2025.

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RESEARCH RESULTS

Tabel 1. Characteristics of Respondent (N=22)

Variable	Results
Age (Mean±SD) (Years)	(29.05±3.93) (20-35)
20-25	4/18.0
26-30	9/41.0
31-35	9/41.0
Education (n/%)	
Elementary	1/4.5
Junior High School	0/0
High School/Vocational School	10/45.5
D-III/Bachelor's Degree	11/50.0
Occupation (n/%)	
Civil servant	1/4.5
Self-employed	10/45.5
Housewife	9/41.5
Other occupations	2/8.0
Place of Birth (n/%)	
Childbirth at Nyi Ageng Serang Regional General Hospital	18/82.0
Childbirth at Queen Latifa General Hospital	4/18.0
Parity (n/%)	
1	9/40.5
2	11/50.0
3	2/9.1
Cesarean Section Status (n/%)	
1	16/73.0
1-3	6/27.0
Emotional Support (n/%)	
Less Supportive	0/0
Support	22/100
Assessment Support (n/%)	
Less Supportive	0/0
Support	22/100
Instrumental Support (n/%)	
Less Supportive	1/4.5
Support	21/95.5
Information Support (n/%)	

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Less Supportive Support	2/9.0 20/91.0
Spousal Support (n/%)	
Less Supportive Support	7/32.0 15/68.0
No Anxiety (n/%)	4/18.2
Mild	1/4.4
Moderate	10/45.5
Weight	7/31.8

Based on the characteristics of the respondents, most of the mothers were aged 26–30 years and 31–35 years, each with 9 people (40.9%), and 4 people (18.2%) were aged 20–25 years. The majority of respondents had a D-III/S1 education, with 11 people (50.0%), followed by SMA/SMK with 10 people (45.5%), and SD with 1 person (4.5%). Based on occupation, most respondents worked as entrepreneurs (10 people or 45.5%) and housewives (9 people or 40.9%), while 1 person was a civil servant (or 4.5%) and 2 people had other occupations (9.1%). The results show that in terms of spousal support, all respondents received emotional support and evaluative support in the supportive category (100%). In terms of instrumental support, most respondents were in the supportive category (95.5%), while in terms of informational support, 90.9% of respondents were in the supportive category. Overall, the majority of respondents received spousal support in the supportive category, totaling 15 people (68.2%), although there were still 7 people (31.8%) in the less supportive category. Based on the data above, the results of the study on Anxiety Levels at Nyi Ageng Serang Regional General Hospital and Queen Latifa General Hospital show that the anxiety level in the no anxiety category was 4 mothers (18.2%), mild anxiety was 1 mother (4.5%), moderate anxiety in 10 mothers (45.5%), and severe anxiety in 7 mothers (31.8%).

Table 2. Bivariate Analysis

Spousal Support	Anxiety Level			
	No Anxiety (n=4)	Mild (n=1)	Moderate (n=5)	Severe (n=7)
Not supported	4/100	1/100	0/0	2/28.6
Support	0.0	0/0	10/100	5/71.4

Based on the cross-tabulation results, most mothers who gave birth by cesarean section experienced moderate anxiety, with 10 respondents (100%) reporting this, all of whom were from the group that received support from their husbands. Severe anxiety was experienced by 7 respondents (71.4%), most of whom also received support from their husbands. Meanwhile, 4 respondents (100%) did not experience anxiety, and all of them came from the group without spousal support. Mild anxiety was the least common category, with 1 respondent (100%), who also came from the group without spousal support.

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Tabel 3. Spearman's Rank Test Table

Variable	Correlation Coefficient	Significance	Results
Spousal Support with Anxiety Level	0.454	0.034	Significant

The Spearman Rank test results show a correlation coefficient value of 0.454 (moderate relationship strength) with a significance value of $p = 0.034$ ($p < 0.05$), so H_a is accepted and H_o is rejected. This means that there is a relationship between husband support and anxiety levels among mothers undergoing pre-cesarean section.

DISCUSSION

The results of the study show that the majority of mothers who gave birth by cesarean section at Nyi Ageng Serang Regional General Hospital and Queen Latifa General Hospital received support from their husbands in the supportive category. The support provided includes emotional, informational, instrumental, and evaluative support, which shows that husbands have generally played an active role in accompanying their wives prior to delivery. Theoretically, spousal support is part of social support that functions as a protective factor in reducing maternal anxiety by providing a sense of security, comfort, and confidence in facing surgical procedures (Adriani 2022). Additionally, research indicates that without emotional support from husbands, the knowledge possessed by mothers may actually increase anxiety because they become more aware of the risks and potential complications of childbirth (Novelia, Rukmaini, & Umayah, 2022).

Based on job characteristics, most respondents were self-employed with income that tended to be uncertain. This condition can increase the psychological burden on mothers approaching childbirth. Therefore, instrumental support from husbands, such as fulfilling economic needs and accompanying them during pregnancy checkups, plays an important role in reducing mothers' anxiety levels (Tristanti & Kulsum, 2021).

The majority of respondents were aged 26–35 years, who theoretically have greater emotional maturity and adaptive coping skills. However, anxiety can still arise due to situational factors such as first-time surgery, lack of childbirth experience, and concerns about medical complications (Fentie et al., 2022). This explains why anxiety is still in the moderate category even though the respondents are of productive age.

Most respondents had a high school to bachelor's degree education. Higher education can increase understanding of medical information, thereby helping to reduce anxiety. However, increased awareness of the risks and complications of cesarean section can also trigger anxiety if not accompanied by adequate emotional support (Wulandari, Sitorus, & Noviadi, 2021). This explains why the respondents' anxiety levels were in the moderate category.

Nevertheless, most respondents still experienced moderate levels of anxiety. This shows that the anxiety of mothers before cesarean section is influenced by various factors, such as fear of the surgical procedure, anesthesia, and post-operative pain. Maternal characteristics such as adult age and relatively good education levels help mothers control their anxiety, but are not fully capable of reducing anxiety without consistent emotional support. Statistical test results show a relationship between spousal support and the anxiety levels of mothers giving birth, in line with previous studies stating that spousal support plays an important role in influencing the psychological response of mothers prior to childbirth (Yuanita et al., 2024). Therefore, spousal involvement needs to be continuously improved as part of promotive and preventive efforts in maternal health services.

These findings are in line with the theory of maternity nursing, which states that mothers undergoing cesarean section generally experience moderate anxiety because they face real threats that are still controllable, such as fear of the surgical process and post-operative pain. The majority of respondents were in early adulthood and had a secondary to higher education level, which theoretically supports more adaptive coping abilities. However, situational factors such as first-time

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surgery, concerns about medical complications, and job conditions with uncertain economic demands can be additional stressors that maintain anxiety at a moderate level. The results of this study indicate that even though mothers have characteristics that support coping abilities, anxiety still arises due to the complexity of factors that influence cesarean section delivery. Therefore, nursing interventions focused on preoperative education, therapeutic communication, and ongoing psychological support are needed to help mothers manage anxiety adaptively.

The results of the cross-tabulation analysis between husband support and anxiety levels in mothers undergoing pre-cesarean section delivery showed a significant relationship based on the Spearman Rank test with a p-value of 0.034 (<0.05) and a moderate relationship strength ($r = 0.454$). These findings indicate that husband support plays a role in influencing the anxiety levels of mothers undergoing pre-cesarean section. The positive direction of the relationship shows that the better the support provided by the husband, the lower the mother's anxiety level tends to be. These research results are in line research, which states that there is a significant relationship between husband support and the anxiety levels of mothers giving birth (Yuanita et al., 2024).

Spousal support acts as a form of social support that helps mothers cope with their fears of surgery, anesthesia, and post-operative pain. The presence, attention, and emotional support of the husband can increase the mother's sense of security and mental preparedness, thereby helping her manage her anxiety more adaptively. However, these findings are not in line with the other research, which states that spousal support does not have a significant relationship with the anxiety levels of pregnant women, as anxiety is more influenced by internal factors such as mental readiness and previous childbirth experiences (Yanti, 2021). These differing results indicate that the anxiety of mothers undergoing pre-sectio caesarean section is a complex psychological response influenced by the interaction of various internal and external factors. Therefore, in addition to spousal support, a comprehensive approach is needed through preoperative education, therapeutic communication, and psychological interventions by healthcare

professionals to help reduce maternal anxiety optimally.

CONCLUSION

Based on the results of the study of 22 respondents, it can be concluded that the majority of pre- s of mothers undergoing cesarean section received support from their husbands. Most mothers experience moderate levels of anxiety when facing cesarean section delivery. The results of the analysis show a close relationship between spousal support and the anxiety levels of mothers undergoing pre-cesarean section delivery, confirming that spousal support plays a role in influencing the psychological condition of mothers prior to delivery.

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