HUSBAND SUPPORT, ADVERSITY QUOTIENT, AND ANXIETY OF PRIMIGRAVIDA THIRD-TRIMESTER PREGNANT MOTHERS

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Abstract

This current study aims to investigate the negative relationship between husband's support, adversity quotient, and anxiety of third-trimester primigravida pregnant mothers. A quantitative method with a cross-sectional study design was employed. A total of 103 primigravida third-trimester mothers (*Mean* age = 27.02) who received prenatal care at the Sidoarjo health center was participated in this study. Data were collected using the Husband's Support Scale (51 items, α = .96), the Adversity Quotient Scale (39 items, α = .93), and the Anxiety Scale of the Pregnant Mother (49 items, α = .92). Data analysis was conducted using the Multiple Linear Regression analysis with the assistance of SPSS version 24 for Windows. The results indicate negative relationships between husband's support (r =-.581, p <.001) and adversity quotient (r = -.612, p <.001) with anxiety. The husband's support and adversity quotient are together explaining 37.9% variances of anxiety in primigravida third-trimester mothers (*Adj. R^2* = .379; $F(32, 100) = 32.07$, $p < .001$). This research implies the importance of husband support for pregnant mothers and the need for mothers to develop adequate adversity quotient to manage pregnancy-related anxiety.

Keywords: husband support; adversity quotient; anxiety; primigravida third-trimester pregnant mothers

INTRODUCTION

Anxiety is the most common mental disorder experienced by individuals, affecting approximately 40 million people aged 18 to 40 years (Bradford et al., 2017). Anxiety is a negative emotion that can be accompanied by depression symptoms, both of which can occur concurrently (Canário & Figueiredo, 2017). Women are thought to be at a much higher risk of anxiety, with women being 1.5 to 2 times more likely to experience anxiety than men (Thibaut, 2017).

For some women and expectant mothers, the time between pregnancy and childbirth is a time when anxiety can affect their lives (Silva et al., 2017). This needs to be investigated more closely because fear during pregnancy in mothers can have detrimental effects on the mental and physical well-being of both the mother and the future child (van de Loo et al., 2018). When pregnant mothers experience excessive anxiety, they may encounter risks such as premature birth, insufficient insulin and growth hormones, a weakened immune

system, and decreased mental development of the child (Field, 2017). Excessive anxiety can also lead to symptoms of postpartum depression and severe anxiety in mothers (Hasanjanzadeh & Faramarzi, 2017). Therefore, it is vital to understand and then provide solutions to alleviate anxiety symptoms in pregnant mothers that can be scientifically investigated.

Pregnancy is the most critical and first moment of a human development. The development and growth process that occurs during pregnancy significantly impact the individual's subsequent stages. The process of pregnancy begins when the egg cell meets sperm cells which will enter the process of fertilization leading to the formation of the fetus. Pregnancy causes various changes and requires a process of physiological adaptation in all body systems, often resulting in discomfort. In addition, pregnancy also causes psychological changes that trigger crises and need an adaptation both physiologically and

psychologically (Astuti et al., 2017; Cholifah et al., 2021). During pregnancy, the most common psychological change that might appear is the development of anxiety (Safitri et al., 2023). This psychological anxiety-related issue is mostly due to fear of giving birth and other possibilities that might happen.

Fear of the unknown, feelings of uncertainty, and irrational emotions linked to everyday life pressure and everyday challenges be it physical or hormonal changes can all contribute to anxiety in a pregnant mother (Deklava et al., 2015). In dynamics, anxiety is any condition or situation that disturbs and threatens the comfort of the organism. Starting from various conflicts, frustrations, and anything that can hinder a person's goals (the form of physical and psychological threats and multiple pressures, feeling worried, afraid, and unhappy; Jeffrey et al., 2018). The emergence of anxiety can be caused by feelings of guilt due to someone's actions that resulted in unwanted things, as well as fear of events that might happen to oneself. Dwiwanto et al. (2021) said that experts divide anxiety into two levels, namely 1) the psychological level, which is characterized by psychiatric symptoms such as tension, worry, confusion, difficulty concentrating, and feeling unsettled, and 2) the physiological level is shown in physical symptoms, especially in the nervous system, such as nausea, difficulty sleeping, trembling, increased heart rate, etc.

Anxiety felt by pregnant mothers during pregnancy is a prevalent problem in Indonesia, which can be minimalized by adequate support from family members, especially the husband (Nurianti et al., 2021). Research conducted by Islami et al. (2021), among 70 respondents showed that the highest level of anxiety in pregnant mothers occurs when entering the third trimester, with a percentage of 44.3% compared to the first trimester and second trimester, with percentages of 17.1% and 38.6%, respectively. The rates above showed that when entering the third trimester, pregnant women experiences anxiety, leading to fear of the unpredictable labor or birth process. In addition to physical changes that affect anxiety, several other factors can cause anxiety, namely cultural and economic factors.

The first and third trimesters are the periods that have a high risk of experiencing anxiety. This phenomenon is supported by the results of another study which showed that in the first trimester, 74.4% of 24 people experienced moderate anxiety (Hidayati & Hasibuan, 2019), and 52.5% of mothers will experience anxiety in the third trimester of pregnancy, and 66.2% of them are primigravida mothers (Wardani et al., 2018). In the first trimester, the mother will have anxiety that a miscarriage will occur, while in the third trimester, the mother will experience anxiety thinking about the child to be born and also worry about childbirth (Irma et al., 2020).

Moreover, this phenomenon is supported by preliminary data obtained from interviews with primigravida mothers in their third-trimester of pregnancy. These interviews revealed that primigravida third-trimester pregnant mothers often experience fear regarding future deliveries and anxiety during repeat visits for prenatal checks. Such emotional distress can significantly impact the maternal well-being, potentially increasing the risk of preterm birth or miscarriage. Each mother faces numerous challenges, both environmental and personal, contributing to heightened anxiety levels. The interview results conclude that primigravida mothers in their third-trimester commonly experience anxiety during the pregnancy process. The pressures faced by pregnant mothers contributed significantly to their anxiety levels, impacting not only the delivery process but also potentially influencing the later development of the child.

Anxiety during pregnancy is often confused with general anxiety, precisely pregnancy-related anxiety is more concerned with specific challenges that arise during

pregnancy and the state of the child at birth, which should have different measures than general anxiety (Bayrampour et al., 2016).

Anxiety in pregnant women is also can be linked to Lazarus and Folkman's transactional theory of stress and coping. According to this hypothesis, people are continually assessing the value of stimuli offered by their surroundings. When these stimuli are viewed as demanding, threatening, or damaging (stressors), people respond by using coping mechanisms to control their emotions or tackle the stressor directly (Biggs et al., 2017). Pregnant women will react by engaging in coping mechanisms in response to sensations of being challenged, worst-case situations, and perceived hazards. These coping techniques might be modified by assistance from close relatives and the level of adversity quotient they possess.

Internal and external factors can affect the level of anxiety in dealing with labor during pregnancy. Internal factors include knowledge, stage of development, how to deal with problems, age, health, physical status, education level, and previous experience. In contrast, external factors include social and environmental support, as well as cultural and spiritual values (Romalasari & Astuti, 2020). In addition to the factors above, there are internal factors from the mother, namely personality, one of which is the Adversity Quotient, where adversity quotient is the intelligence a person has in facing obstacles or difficulties regularly (Shabrina, 2018).

Adversity quotient is a type of intelligence that can turn obstacles into opportunities (Stoltz, 1999). The adversity quotient is the ability to think creatively, which reflects an individual's ability to face obstacles and find ways to overcome them so that individuals can achieve success (Aprilia & Khairiyah, 2018). Based on some of the definitions above, it can be concluded that the adversity quotient is a person's ability to deal with influences or life challenges given by the organizational environment, work environment, and even a family environment

in one's life. Someone with an adversity quotient can overcome the difficulties in his life. The adversity quotient or resilience in facing challenges is an essential element for every human being because, through this resilience, a person can survive all the problems in his life. Stolz (1999) stated that adversity quotient is an intelligence that allows individuals to face obstacles or difficulties regularly. The adversity quotient helps improve individual ability and persistence in meeting everyday life's challenges and sticking to their principles and dreams, regardless of the situation.

Adversity quotient can also assist pregnant mothers in dealing with the various challenges that may arise during pregnancy. Negative emotions during pregnancy are attributed to a lack of support from close friends, relationship problems with partners, and more importantly, some physical or cognitive difficulties and behaviors of the future child (Glover & Barlow, 2014). Pregnant mothers face societal challenges such as financial difficulties and differences of opinion with their partners (Kingsbury et al., 2018).

The adversity quotient can affect how a pregnant mother handles anxiety, but external factors also affect a pregnant mother's anxiety, namely the husband's support. In this case, the husband's help is needed for pregnant mothers until the delivery process to give a sense of confidence and create a stronger mentality for wives with high anxiety. The husband must recognize the signs of labor, such as contractions, bleeding, cramps, or rupture of the membranes. Not only that, but the husband is also responsible for constantly reminding the mother to be regular in controlling her womb and has also started preparing items for delivery. In addition, the support provided by the husband can also be in the form of physical support, for example, helping to clean the house so that the mother does not feel tired.

Previous studies shows that the relationship between husband support and maternal anxiety has been found in both local and

global context. Eddy and Fife (2021) found that husband support can reduce anxiety in pregnant mothers by building trust, creating mature relationships, increasing affection, improving communication, and providing continuous support. According to a study conducted by Antoniou et al. (2021), husband support for pregnant mothers has a significant effect and significantly helps alleviate the stress faced by pregnant mothers. Sufredini et al. (2022) cited findings from their survey indicating that inadequate social assistance provided by the husband to pregnant women can result in the development of depression and anxiety symptoms. Bedaso et al. (2021) found that in their survey of pregnant mothers in Australia, around 24.7% had symptoms of depression and 20.9% had symptoms of anxiety, with the likelihood of antenatal depression being four times higher when they had adequate social support and increasing even higher by sevenfold when they had no affectionate support and positive social contact.

Relevant studies in Indonesia also showed a connection between husband support and maternal anxiety. Utami and Triani (2023) found pregnant mothers who are most of the time accompanied by their husbands during pregnancy experience less anxiety compared to pregnant mothers who are not accompanied by her husbands. Wulandari and Purwaningrum's (2023) research found that the husband's support has a significant correlation to the psychological side of pregnant mothers. This will make the pregnant mother develop self-confidence and prepare the mother for the upcoming birth process. Meanwhile, another study conducted by Abidah et al. (2021) showed that there was a significant negative relationship between the husband's support and anxiety for pregnant mother, which means that the higher the husband's support for pregnant mothers, the level of anxiety in facing the third trimester will decrease.

When pregnant women receive substantial support from their husbands, they feel well-prepared and emotionally at peace, confident in handling the delivery process. This is bolstered by a high adversity quotient, which enables them to overcome daily challenges and reduce anxiety. Conversely, those with minimal husband support face difficulties in preparation and heightened emotional distress, often feeling fear and worry about their babies. Their lower adversity quotient leads to greater anxiety. The explanation above demonstrates that the hypothesis of this study is negative.

Based on the description of the phenomenon above, the researcher intends to determine whether there is a correlation and influence of husband's support and adversity quotient on the anxiety of primigravida third-trimester pregnant mothers at the Sidoarjo district health center. The hypothesis proposed by researchers was there is a correlation between the husband's support and emotional intelligence to pregnant mother's anxiety. Husband support and emotional intelligence simultaneously influence a pregnant mother's anxiety significantly.

METHOD

This research used the quantitative method with a cross-sectional design. The population in this study were third-trimester primigravida pregnant mothers who carried out examinations at the Sidoarjo District Health Center, totaling 103 people. The sample in this study was conducted by taking all primigravida third-trimester pregnant mothers who received prenatal care at the Sidoarjo health center. Because of the small sample size, the researcher decided to use all the population as the sample.

Data were collected using the questionnaire in which participants were asked to fill out the informed consent first to become part of this research. Data were collected through a survey via google form in from September to November 2022.

The instrument used in this study is a Likert scale. The data collection technique used three scales, namely a) the Husband's Support

Scale using the husband's social support scale (Masrurah, 2017) based on aspects of the husband's social support, namely information support, appreciation support, instrumental support, had a reliability value of .961; b) the Adversity Quotient Scale was adapted by Shabrina (2018) concerning the adversity quotient theory proposed by Stoltz (1999) with dimensions consisting of CO2RE (Control, Origin & Ownership, Reach, & Endurance) and adapted to the conditions so that it is easier to understand in the condition of the respondent resulting in reliability value of .933; c) the anxiety scale adapted from Masrurah (2017) is based on the concept of anxiety by Sue et al. (1990), namely cognitive, affective, motor, and somatic movements with reliability score .923. The researchers used the internal consistency reliability method using the Cronbach's alpha coefficient to assess the reliability of the scale.

Data analysis to test prerequisite assumptions used residual normality and linearity tests. For hypotheses testing, multiple linear regression test was employed using the SPSS 26.0 for Windows as the analytical tool.

RESULT AND DISCUSSION

The participants in this study were 103 pregnant mothers who were expecting their first child and had an examination at the Sidoarjo Health Center. Table 1 shows the participants' demographics, with most participants being mothers aged 26 to 28.

Based on Table 1, it can be seen that 27% of mothers are included in the category of healthy reproductive age (26-28 years old). At

that age, the reproductive system is still developing optimally so that pregnancy outcomes can develop properly. Meanwhile, 4.5% are aged 35 years and over, and 15.3% are aged 20-22 years, where this age group can be vulnerable to experiencing a risk of miscarriage and bleeding, a significant cause of maternal death.

Table 1.
Maternal Age

Age	n	%
20-22	17	15.3%
23-25	20	21.6%
26-28	27	27%
29-31	25	23.4%
32-34	9	8.2%
35-37	5	4.5%
Grand Total	103	100%

From the Table 2, it is seen that negative relationships exists between the husband's support (r = -.581, p < .001) and adversity quotient (r = -.612, p < .001) with primigravida third-trimester pregnant mother's anxiety. This means that the higher the husband's support and adversity quotient—separately—the lower the anxiety of primigravida third-trimester pregnant mothers.

The result is corroborated by research conducted by Sukaedah and Fadilah (2019), which stated that the results showed a significant negative relationship between the husband's support variable and the anxiety of the pregnant mother. This shows that the higher the husband's support, the lower the anxiety the pregnant mother will experience.

Table 2.
Descriptive Statistics and Correlation of Variables

No	Variable	*Mean*	SD	1	2	3
1.	Husband's Support	134.22	15.63	1	-	-
2.	Adversity	95.29	11.09	.833[***]	1	-
3.	Anxiety	90.02	13.80	-.581[***]	-.612[***]	1

Notes. N = 103.
[***]*p* = .000, *p* < .001

Another study was also conducted by Patimah et al. (2019) who found a significant negative relationship between the husband's support and anxiety levels in primigravida first-trimester pregnant mothers in Tasikmalaya City. Inadequate husband support will make pregnant mothers feel stressed and anxiety. Conversely, an adequate husband support can help pregnant mothers to increase self-control and positive emotions. Thus, the mother feels calmer.

In addition, the researchers also tested the correlation between adversity quotient and anxiety. Based on the calculations, it can be concluded that the adversity quotient has a negative relationship with anxiety. Research conducted by Putri and Akbar (2022) also supported the posit, which found a significant relationship between adversity quotient and anxiety. The adversity quotient empowers pregnant mothers to gain control and develop a positive self-perception of their physical appearance. It enables themselves to confidently navigate the others opinion, especially towards their physical appearance (Harahap & Pranungsari, 2020).

The results of the analysis showed that there is a simultaneous influence of the husband's support and adversity quotient on the anxiety of third-trimester primigravida pregnant mothers at the Sidoarjo Health Center, $R^2 = .391$, *Adj.* $R^2 = .379$; $F(2, 100) = 32.07$, $p < .001$. The husband's support and adversity quotient together explain 37.9% of variances in anxiety experienced by primigravida third-trimester pregnant mothers, with 62.1% is explained by other factors.

Based on these results, it is concluded that the research hypothesis stating that there is a relationship between husband support and adversity quotient on anxiety in pregnant mother, as well as a significant influence of husband support and adversity quotient on pregnant mother simultaneously (H1), has been proven correct and can be accepted.

The results of this study are strengthened by previous research by Racine et al. (2019) who said that the level of husband's support would make pregnant mothers experience a decrease in stress and anxiety. Pregnant mothers who receive high spousal support will become a strong protective factor for mental health during pregnancy. Whereas the research conducted by Arisukwu et al. (2021) stated that the husband's support has a significant influence on the pregnancy period. where maximum level of support received from the husband can make the pregnancy period easier for the mother.

Anxiety is a condition that is commonly experienced by individuals when they feel deep emotional pressure or distress. Anxiety conditions often develop over time and are influenced by the individual's life experiences (Shodiqoh & Syahrul, 2014; Tarigan, 2021). The results of research conducted by Masrurah (2017) show that in the third trimester of pregnancy, pregnant mothers tend to experience increased anxiety, which can be caused by fear of giving birth and increased concern for the health of the child to be born. This was also reinforced when researchers carried out initial survey activities to research subjects that pregnant mothers experienced anxiety during the pregnancy process.

Anxiety is affected by both internal and external influences (Romalasari & Astuti, 2020). One internal aspect of the mother is personality, which includes the adversity quotient, which is a person's intelligence in dealing with barriers or challenges regularly (Shabrina, 2018). Pregnant mothers with strong spouse support will believe the preparation materials are adequate. Emotionally, they can find inner serenity and confidence to get through the delivery process, aided by the mother's high adversity quotient to overcome barriers or problems in daily life. The mother will be better able to manage her anxiousness. Whereas mothers with little husband support as pregnant mothers lack preparation, emotional mothers frequently face dread and worry.

As an additional, through the categorization of scores of anxieties in pregnant mothers

presented in Table 3, it was found that around 75.73% part of this sample have moderate to high levels of anxiety. This shows that there are still many pregnant mothers around who experiences high anxiety.

Table 3.
Anxiety Level Categorization

Category	Range	n	%
Very High	>157	7	6.80%
High	157-142	27	26.21%
Moderate	141-126	44	42.72%
Low	125-111	19	18.45%
Very Low	<111	6	5.83%
Total		103	100%

Research that has been conducted on the anxiety of pregnant mothers focuses more on internal factors, such as beliefs about childbirth and feelings before birth. Belief in internal factors is a response from pregnant mother to stories or myths circulating in their surroundings. In addition, the sense of approaching labor also affects the anxiety level of pregnant mothers. External sources factor such as information from health workers, also affect pregnant mother's anxiety. Information obtained from health workers can affect pregnant mother's anxiety levels regarding childbirth.

According to Wahyudi et al. (2022), family and husband care for the mother has a significant impact on how well the mother will handle their pregnancy period, including doing medical check-ups and other health regulations. By knowing the health conditions and risks during pregnancy, pregnant mothers can prepare themselves mentally and physically. In addition, by knowing complete information, pregnant mothers will not be burdened by excessive fear and anxiety during pregnancy and childbirth. Pregnant mothers can also get the right and best treatment according to their conditions to improve the safety and health of the mother and the baby she is carrying (Asmariyah et al., 2021; Sarifah, 2016)

This research certainly has limitations in it. Limitations of this study were using an instrument in the form of a scale distributed online via Google Forms to allow for bias when respondents fill out the instrument. Another limitation of this study is the multicollinearity that exists between independent variables, which makes the individual estimates of each variable cannot be reported.

CONCLUSION

Based on the findings of this study, it can be concluded that there is a correlation between husband support and adversity quotient on anxiety in pregnant women. Husband support and adversity quotient have a substantial impact on a pregnant mother's anxiety. These findings also suggest that the research hypothesis is accepted. The researcher proposes that the spouse need to accompany the pregnant mother during the pregnancy period and participate in activities or training to raise the pregnant mother's adversity quotients. Future research should incorporate other variables and undertake a more in-depth investigation to better explain the phenomena of anxiety in pregnant mothers.

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