ISSN : 2443-4019 | eISSN : 2502-2083
ADI HUSADA Nursing Journal
Jurnal Keperawatan - Sekolah Tinggi Ilmu Kesehatan Adi Husada Surabaya

The Relationship Between Marriage Satisfaction and Anxiety of Pregnant Women in Facing Childbirth

Veronica Yeni Rahmawati[1]*, Pratuma Rithpho[2], Jehan Puspasari[1], Dian Fitria[1]
[1]Study Program S1 Nursing STIKes RS Husada Jakarta, Indonesia
[2] Faculty of Nursing, Naresuan University, Amphur Maung Phitsanulok, Thailand

Correspondent Author:
Veronica Yeni Rahmawati

Email:
vero@stikesrshusada.ac.id

Keywords:
Anxiety, Marriage Satisfaction, Pregnant Woman

Abstract

The birth process is interpreted by a mother as a difficult process and full of struggle so it causes anxiety for pregnant women in facing childbirth. Excessive anxiety has a negative impact on the birth process and even causes birth complications. This study aimed to determine the relationship between marriage satisfaction and the anxiety of pregnant women in facing childbirth. This research used a cross-sectional method and the number of pregnant women in the Central Jakarta area with a sample size of 110 people. The research instrument used the Pregnancy-Related Anxiety Questionnaire-Revised 2 (PRAQ-2) questionnaire and the Marital Adjustment Test (MAT) questionnaire. In this study, data analysis used the Spearman Rho test. The results of this study show that there is a significant relationship between marriage satisfaction and anxiety about facing childbirth (p value=0.036). Marriage satisfaction has a fairly large influence on pregnant women's anxiety in facing childbirth in the moderate category (R Square=0.051). The role of the maternity nurse is to be able to take preventive measures to reduce the heavy or excessive anxiety of pregnant women through mentoring and counseling programs together with the family, especially the husband.

INTRODUCTION

Childbirth is a historic event and will always be remembered by mothers giving birth to the baby they have conceived. The process of childbirth is interpreted by a mother as a hard and struggling process in bringing new humans into the world. This is because there are risks in the labor process, one of which is the risk of maternal death in labor. In the globe, there are 223 maternal deaths for every 100,000 live births (MMR), according to statistics from the World Health Organization (WHO, 2020). Indonesia's MMR is still rather high, at 305 per 100,000 live births (Kemenkes, 2022). At 183 per 100,000 live births by 2024, this is still a long way from the goal. Based on data collected from the Indonesian Ministry of Health in 2022, the three main causes of maternal death include bleeding (30%), hypertension in pregnancy or preeclampsia (25%), and infection (12%) (Kemenkes, 2022).

Pregnant women view the labor process as a critical and traumatic period. The experience of childbirth is considered an unpleasant experience that causes anxiety in pregnant women in the face of childbirth. Therefore, physical and psychological preparation is needed for pregnant women before delivery (Rúger-Navarrete *et al.*, 2023). Physical preparation is done to manage pain during labor while psychological preparation is done to overcome anxiety that occurs before labor. Anxiety that occurs in pregnant women before labor is caused by many factors including age, parity status, previous labor process (labor by vacuum or force action or labor by cesarean section surgery), depression, conflict in making decisions, low social support and lack of knowledge (Rondung, Magnusson and Ternström, 2022).

According to Spanish research by Sánchez-García, Cortés-Martín, and Rodríguez-Blanque (2023), a person's age, education level, socioeconomic background, parity status, and coping mechanisms, all have an impact on how fearful they are of giving birth. Meanwhile, according to research by Rublein and Muschalla (2022) in Germany, it is stated that in addition

to these factors, anxiety in facing childbirth is also influenced by the mindset and knowledge of mothers before childbirth. The anxiety of pregnant women about giving birth plays a major role in how they react to the experience of both pregnancy and delivery. Individual anxiety over childbirth is very different from each other. Several variables, including age, parity status, previous delivery experience, educational attainment, and family income, affect this (Hendrix *et al.*, 2022).

Psychologically, high anxiety causes impaired coordination and reflexes, one of which is difficulty listening or disruption of relationships with others. Anxiety can make the individual withdraw and decrease engagement with others (Arafat and Tarafa, 2022). World Health Organization data (2015) shows about 8-10% experience anxiety during pregnancy and increase to 13% before delivery. Pregnant women who experience anxiety may also undergo sadness, and extreme anxiety may have negative effects on both the mother and the fetus. Globally, mental health disorders are common namely depression and anxiety with a prevalence of 15% to 65% (Dadi *et al.*, 2020). Ghana, Senegal, Ethiopia, Nigeria, South Africa, Uganda, Zimbabwe, and other developing nations have significant rates of psychiatric problems among pregnant women (15.6%) and postpartum moms (19.8%) (Muliani, 2022). The incidence of anxiety for pregnant women in Indonesia who experience severe anxiety reaches 57.5% (Yuliani and Aini, 2020). According to research conducted in Central Jakarta during the COVID-19 pandemic, the anxiety levels of third-trimester pregnant women were primarily in the range of moderate anxiety (62%), mild anxiety (31%), and severe anxiety (6%) (Lubis, Carolina and Nisfa, 2023).

One of the things that likely affects a mother's anxiety in the face of childbirth is marriage satisfaction with her partner. Research conducted by Alipour *et al.* (2020) shows that the satisfaction of pregnant women with their partners is something that is believed to provide positive energy for mothers during pregnancy to be better prepared to face a pleasant delivery. Quality of life with a good partner can increase the confidence of pregnant women in undergoing pregnancy and facing childbirth. Effective communication between husband and wife can increase the bond with the couple in fostering a harmonious relationship in the family so that the mother feels she has a support system in undergoing pregnancy and facing childbirth.

Prenatal mental health issues and the degree of prenatal social support are strongly impacted by factors such as marital status, marital quality, and duration of marriage (Perwitasari, Wulandari and Meilani, 2023). A harmonious marriage relationship during pregnancy can be a means to improve the mental health of pregnant women and decrease periods of negative psychological distress during pregnancy (Nur, Ermus and Yanna Primanita, 2023). For pregnant women, their husbands are one of the main sources of real emotional support which greatly affects psychological well-being. A crucial source of social support in the prenatal stage is the spouse. Marriage satisfaction is one indicator to determine the quality of the husband's role (Fitrianah *et al.*, 2023).

Not only does marital discontent raise the divorce rate, but it also hurts expectant mothers' mental health. The experiences of pregnancy and motherhood significantly alter a husband and wife's relationship (Ghahremani, Ahmadi Doulabi and Eslami, 2021). Research conducted by Perwitasari, Wulandari and Meilani (2023) in Central Java shows that marriage satisfaction has a significant relationship with psychological distress during pregnancy. This research discusses the relationship between marriage satisfaction and stress experienced during pregnancy in the early trimester. However, in Central Jakarta, there has been no research related to marriage satisfaction with anxiety in facing childbirth in the second and last trimester. This means that further investigation is required into the relationship between pregnant women's concern about giving birth and their level of marriage happiness.

RESEARCH METHODS

This research is quantitative research with an analytical descriptive design using the cross-sectional method approach intended to determine the relationship between the independent variables in this study which were marriage satisfaction and the dependent variable was anxiety of pregnant women in facing childbirth. This research employed a large sample of 110 participants to determine the number of pregnant women in the Central Jakarta region from October to December 2023. The inclusion criteria that became the general characteristics of respondents were: pregnant women in the second and third trimesters, living in the same house with a couple, married status, do not have comorbidities, such as heart defects, asthma, diabetes mellitus, etc and have a pregnancy check at a health service. The sampling technique in this study used purposive sampling in one area in Central Jakarta. The place of implementation is in the South Mangga Dua Public Health Centre, Sawah Besar District.

This study consisted of an independent variable, namely marriage satisfaction, and a dependent variable, namely anxiety in facing childbirth. The instruments used in this study were questionnaires which included questionnaires on respondent characteristics, questionnaires on marital satisfaction variables and anxiety questionnaires in the face of childbirth. The measurement of anxiety in the face of childbirth was measured using the Pregnancy-Related Anxiety Questionnaire-Revised 2 (PRAQ-2) questionnaire with a total of 10 questions. Furthermore, this questionnaire has been translated and modified by previous researchers and has been tested for validity and reliability with a Cronbach Alpha value of 0.85 (Wulandari and Retno, 2022). The questions on this questionnaire consist of 10 questions using a Likert scale 1: Ever; 2: Sometimes; 3: Quite often; 4: Often; 5: Very often. This questionnaire has a minimum number of values of 10 and a maximum of 50. The anxiety level category is divided into mild anxiety with a score of <23, moderate anxiety with a score of 23-37, and severe anxiety with a score of >37. The marriage satisfaction instrument using the Marital Adjustment Test (MAT) Language version questionnaire consists of 15 question items and has been tested for validity and reliability with a Cronbach Alpha value of 0.80 (Akbeniz *et al.*, 2023). Categorized into: 1 = satisfied, if the total value > 100; 0 = not satisfied, when the total value ≤ 100.

Data analysis includes univariate and bivariate analysis. In this study, individual characteristic variables (respondents' age, parity status, economic status), anxiety in facing childbirth, and marital satisfaction are in the form of categorical data, all variables are presented in the form of distribution tables and percentages. In bivariate analysis in this study using the Spearman Rho test. This research has obtained Ethical Approval from the Health Research Ethics Committee of Sekolah Tinggi Ilmu Kesehatan Bani Saleh with No. EC.314/KEPK/STKBS/X/2023. There are 3 (three) general ethical principles applied to overcome ethical problems, namely non-maleficence and beneficence, respect for human dignity, and justice. Informed consent was obtained from each participant in this study.

RESULT

Table 1 indicates that 70.9% of mothers are in the healthy reproductive group, which covers the age range of 20 to 35 years. The parity status of respondents was mostly multigravida with a percentage of 81.8%. The majority family income shows >= Rp 4,901,798 or can be categorized as high with a percentage of 57.3%. Most pregnant women are satisfied with their marriage with a percentage of 90.9%. The majority of pregnant women showed moderate anxiety in facing childbirth with a percentage of 81.8%.

Table 1. Distribution of Respondent Characteristics, December 2023 (N=110)

Characteristic	Frequency (n)	Percentage (%)
Age		
15-19 years	4	3.6
20-35 years	78	70.9
35-45 years	28	25.5
Parity Status		
Primigravida	20	18.2
Multigravida	90	81.8
Family Income		
< IDR 4,901,798	47	42.7
>= IDR 4,901,798	63	57.3
Marriage Satisfaction		
Satisfied	100	90.9
Not Satisfied	10	9.1
Childbirth Anxiety		
Mild anxiety	5	4.5
Moderate anxiety	90	81.8
Severe anxiety	15	13.6

Table 2. Relationship between Age, Family Income and Parity Status with Childbirth Anxiety in Pregnant Women, December 2023 (N=110)

Variables	Anxiety Facing in Childbirth						P value
	Mild Anxiety		Moderate Anxiety		Severe Anxiety		
	n	%	n	%	n	%	
Age							
15-19 years	0	0	3	75	1	25	0.642
20-35 years	4	5.1	65	83.3	9	11.5	
36-45 years	1	3.6	22	78.6	5	17.9	
Family Income							
< IDR 4,901,798	3	6.4	38	80.9	6	12.8	0.576
>= IDR 4,901,798	2	3.2	52	82.5	9	14.3	
Parity Status							
Primigravida	0	0	18	90	2	10	0.954
Multigravida	5	5.6	72	80	13	14.4	

Table 2 based on the results of bivariate tests of the characteristics of respondents with anxiety in facing childbirth, it can be seen that there is no significant relationship between age, family income, and parity status with anxiety in facing childbirth (p-value = 0.642; 0.576; 0.954).

Table 3 explains that 86% of pregnant women who are happy with their marriage exhibit mild worry when it comes to giving birth, whereas 20% of pregnant women who are not content with their marriage exhibit severe anxiety. Bivariate analysis findings revealed a significant correlation (p-value = 0.036) between marital satisfaction and anxiety related to delivery. Marriage satisfaction has a considerable influence on the anxiety of pregnant women in the face of childbirth with a moderate category (R Square = 0.051). This shows that the higher the satisfaction in marriage, the lower the mother's level of anxiety in facing childbirth.

Table 3. Relationship between Marriage Satisfaction and Childbirth Anxiety in Pregnant Women in Jakarta, December 2023 (N=110)

Variable	Anxiety Facing in Childbirth						R Square	P-value
	Mild anxiety		Moderate anxiety		Severe anxiety			
	n	%	n	%	n	%		
Marriage Satisfaction								
Satisfied	1	0.9	86	78.2	13	11.8	0.051	0.036*
Not Satisfied	4	3.6	4	3.6	2	1.9		
Total	5	4.5	90	81.8	15	13.7		

DISCUSSION

According to the study's findings, pregnant women's worry over giving birth and their level of marriage satisfaction were significantly correlated. Pregnant women who feel satisfied in marriage have a moderate category influence on the level of anxiety of pregnant women in facing childbirth. The higher the mother's satisfaction in marriage, the lighter the level of anxiety. Satisfaction in marriage is shown by feeling happy in navigating the household, decisions involving husband and wife, interpreting life in harmony and harmony, enjoying leisure time together, and maintaining the integrity of the household by not talking about the ugliness of the husband to others. Pregnant women who are satisfied with their marriage feel the husband's support in all matters including in accompaniment of the husband in facing childbirth so that the mother does not experience severe or excessive anxiety.

The research findings indicate a noteworthy correlation between psychological discomfort and marital satisfaction among expectant mothers. Distress that occurs in pregnant women is a mental health problem for pregnant women as an early sign of anxiety, especially in the face of childbirth. Pregnant women who feel psychologically comfortable feel calmer when facing childbirth.

The same findings were found in research on the variables influencing pregnant women's anxiety in the face of delivery that Arafat and Tarafa (2022) performed in Ethiopia. According to the study's findings, marital happiness is one of the variables linked to pregnant women's fear when it comes to giving birth. This shows that the feeling of calm and comfort in pregnant women is obtained from the support of the closest person, namely the husband. The role of the husband is very important in creating household harmony so that it can reduce the burden of thoughts felt by mothers, especially in the face of childbirth.

Research by Sari, Parwati, and Indriana (2023) in Bali, Indonesia, on the connection between husband support and the degree of anxiety pregnant women experience before giving birth is one more study that might confirm the findings of this one. Results from this research, which included pregnant women in their third trimester, indicated that women who were very anxious about giving birth did not always get the best support from their husbands. Optimal husband support is one indicator of the level of satisfaction in marriage. Satisfaction in marriage felt by pregnant women brings a sense of being loved in the mother's daily life. Mothers who get attention, love, and affection from their husbands tend to have high self-confidence so they do not experience severe or excessive anxiety in the face of childbirth.

Emotional disorders in the form of stress or anxiety experienced during pregnancy will affect the fetus because at that time the fetus is in the formation period, which will result in stunted baby growth or low birth weight (Hastanti, Budiono and Febriyana, 2021). Psychological changes in pregnant women each trimester is different and each individual has varied psychological changes. In the first trimester, anxiety often arises mixed with happiness,

sadness, disappointment, rejection, uncertainty or uncertainty, ambivalent attitudes, sexual changes, self-focus, stress, and psychological shocks that cause discomfort and arguments. Meanwhile, the form of psychological changes in pregnant women in the second trimester such as worry, emotional changes, and an increase in libido. As the pregnancy progresses, psychological changes in expectant mothers occur in the third trimester and are more complicated than in the preceding trimesters. Pregnant women need assistance from their spouses, families, and medical professionals due to certain psychiatric problems that may cause emotional shifts and pain (Veringa-Skiba *et al.*, 2022). Therefore, marriage satisfaction with a harmonious and happy relationship between husband and wife helps pregnant women manage the psychological changes that occur, especially anxiety in facing childbirth.

Ghahremani, Ahmadi Doulabi and Eslami (2021) calling marriage satisfaction is a feeling of pleasure and happiness felt subjectively by married couples. Marital satisfaction is a subjective assessment of the quality of marriage, including feelings of happiness, satisfaction, pleasure, and how much the couple feels their needs are met in the marriage relationship. Communication, participation in shared activities, religious orientation, problem-solving skills, money management, sexual compatibility, relationships with family and friends, views on children and parenting, personality compatibility, and role similarity are some of the characteristics of marriage that influence how happy a couple is together. Someone who feels satisfied in marriage has a high commitment to building a household so that every heavy event experienced in the family can be overcome and managed properly without causing stress or depression that has a negative impact.

The factors that influence success in marital satisfaction depend on the strength of commitment in marriage, the pattern of interaction established in the early days of marriage, and the relationship of affection that is always colored by peace. The age of the individual at the time of marriage is also a major predictor of whether a marriage will last. Flexibility in the face of economic difficulties, with a relatively high economic status couples do not face frustration very often. There is emotional support from each partner, having happy parents and yourself is also happy. Religion also affects satisfaction in marriage and differences in expectations between women and men are also important factors that must be considered in marriage (Alipour *et al.*, 2020).

If anxiety during pregnancy is not managed as quickly as possible, both the mother and the fetus will suffer. The effect on the mother can trigger contractions in her uterus, leading to early delivery, miscarriage, and sadness. Additionally, due to this condition, blood pressure may rise, potentially leading to preeclampsia and miscarriage (Hendrix *et al.*, 2022). Although worry in the face of birthing has an influence on anxiety and autonomic nerve activity in reaction to perceived risks, it does not directly affect death during pregnancy. However, it inhibits the labor process. When a mother has anxiety before going into labor, she may experience a shorter labor, and a higher chance of uterine atony, bleeding, cuts, infection, exhaustion, and shock. For the unborn child, anxiety may raise the risk of low birth weight and early delivery (Lateef Muhe-Aldeen, Salah-Aldeen Abdulrazaq and Jasim, 2020).

According to this research, pregnant women's worry over giving birth is unrelated to their age, family income, or parity status. This finding contradicts the study by Khoiriah and Mariyam (2020), which indicates that age, parity status, and family income are variables influencing the anxiety level of pregnant women facing delivery. Pregnant women with a healthy reproductive age (20-35 years) are a relatively safe limit for a woman to produce offspring. In this age range, women's physical condition is in excellent physical condition, reproductive growth and development are in good condition, and are a safe age in undergoing pregnancy and childbirth.

The anxiety that expectant mothers felt about giving birth did not seem to be correlated with family wealth. This contradicts a study by Ghezi, Eftekhariyazdi and Mortazavi (2021) that found a relationship between pregnant women's anxiety levels family income and the prospect of motherhood. Pregnant women with an adequate family income are better prepared to give birth since pregnancy and delivery come with unique expenses, such as those for antenatal care, nourishing meals for the mother and fetus, prenatal clothing, labor, and postpartum necessities (Veringa-Skiba *et al.*, 2022). Family income does not affect anxiety during pregnancy because there are no childbirth costs at Puskesmas or Regional General Hospitals for pregnant women who use the Social Security Organizing Agency so pregnant women do not worry about the cost of childbirth.

The parity status in this study showed that most pregnant women with multigravida or pregnancies more than once. The parity status of primigravida and multigravida in this study showed no association with anxiety in the face of labor. This is contrary to the research Yanuarini *et al.* (2022) that parity status affects the level of anxiety of pregnant women in the face of childbirth. Previous childbirth experiences tend to also affect a mother's level of anxiety in dealing with the labor process. For mothers who have never had the experience of childbirth before (nullipara) many experience severe anxiety, because mothers are afraid of their thoughts and images about the birth process, many hear scary stories about the birth process from others (Mahini *et al.*, 2023). However, it does not rule out the possibility that mothers who have had previous childbirth experiences also experience anxiety, both mild, moderate, and severe anxiety. This can be caused by a bad experience in a previous delivery, causing the mother to feel traumatized and afraid to face the next delivery.

CONCLUSION

The goal of the research may be addressed by this study. This shows that the higher the satisfaction in marriage, the lower the mother's level of anxiety in facing childbirth. The results of this study explain that satisfaction in marriage is a predictor of anxiety in the face of childbirth. The role of maternity nurses is to be able to take preventive measures to reduce severe or excessive anxiety of pregnant women in the face of childbirth through mentoring and counseling programs together with family, especially husbands. Besides that, the results of this study showed that satisfaction in marriage is associated with anxiety in the face of childbirth. The results of this study are the material for consideration and basic data for future research on marital satisfaction and anxiety in facing childbirth, not only anxiety in facing childbirth but other psychological changes using qualitative methods. Additionally, the results of this study provide an overview and explanation of how maternal satisfaction in marriage is related to anxiety in the face of childbirth. Therefore, the development of maternity nursing science needs to consider the study of psychological aspects theory, namely satisfaction in marriage as one of the factors associated with anxiety in facing childbirth.

BIBLIOGRAPHY

Akbeniz, A. *et al.* (2023) 'The intimate partner violence and marital adjustment on married women', *Anatolian Journal of Health Research*, Volume 4 Issue 1(Volume 4 Issue 1), pp. 1–7. Available at: https://doi.org/10.29228/anatoljhr.67055.

Alipour, Z. *et al.* (2020) 'Marital communication skills training to promote marital satisfaction and psychological health during pregnancy: A couple of focused approaches', *Reproductive Health*, 17(1). Available at: https://doi.org/10.1186/s12978-020-0877-4.

Arafat, S.M.Y. and Tarafa, H. (2022) *Factors associated with pregnancy-related anxiety among pregnant women attending antenatal care follow-up at Bedelle General Hospital*

and Metu Karl comprehensive specialized hospital, Southwest Ethiopia.

Dadi, A.F. *et al.* (2020) 'Global burden of antenatal depression and its association with adverse birth outcomes: An umbrella review', *BMC Public Health*, 20(1). Available at: https://doi.org/10.1186/s12889-020-8293-9.

Fitrianah, R. *et al.* (2023) 'Kepuasan pernikahan pasangan suami istri : Bagaimana peranan komunikasi interpersonal?', *INNER: Journal of Psychological Research*, 2(4), pp. 528–538.

Ghahremani, F., Ahmadi Doulabi, M. and Eslami, M. (2021) 'The correlation between marital satisfaction and childbearing characteristics in women in Tehran', *International Journal of Adolescent Medicine and Health*, 33(5). Available at: https://doi.org/10.1515/ijamh-2019-0018.

Ghezi, S., Eftekhariyazdi, M. and Mortazavi, F. (2021) 'Pregnancy Anxiety and Associated Factors in Pregnant Women', *Zahedan Journal of Research in Medical Sciences*, 23(1). Available at: https://doi.org/10.5812/zjrms.99953.

Hastanti, H., Budiono, B. and Febriyana, N. (2021) 'PRIMIGRAVIDA MEMILIKI KECEMASAN YANG LEBIH SAAT KEHAMILAN', *Indonesian Midwifery and Health Sciences Journal*, 3(2), pp. 167–178. Available at: https://doi.org/10.20473/imhsj.v3i2.2019.167-178.

Hendrix, Y.M.G.A. *et al.* (2022) 'Fear of Childbirth in Nulliparous Women', *Frontiers in Psychology*, 13. Available at: https://doi.org/10.3389/fpsyg.2022.923819.

Kemenkes (2022) 'Turunkan Angka Kematian Ibu melalui Deteksi Dini dengan Pemenuhan USG di Puskesmas', *Kementerian Kesehatan RI*. Available at: https://kesmas.kemkes.go.id/konten/133/0/turunkan-angka-kematian-ibu-melalui-deteksi-dini-dengan-pemenuhan-usg-di-puskesmas (Accessed: 6 November 2023).

Khoiriah, A. and Mariyam, N. (2020) 'FAKTOR-FAKTOR YANG MEMPENGARUHI TINGKAT KECEMASAN IBU HAMIL MENGHADAPI KELAHIRAN', *Jurnal Kebidanan Besurek*, 5(1), pp. 6–17. Available at: https://doi.org/10.51851/jkb.v5i1.157.

Lateef Muhe-Aldeen, A., Salah-Aldeen Abdulrazaq, A. and Jasim, A.M. (2020) 'Fear and Anxiety Disorders Related to Childbirth among Primiparous Women in Kirkuk City', *Medico-legal Update*, 20(3).

Lubis, R., Carolina, D. and Nisfa, A. (2023) 'Gambaran Tingkat Kecemasan Ibu Hamil Trimerser III dalam Persiapan Persalinan Pada Masa Pandemi Covid-19 di RW.007 Kelurahan Kebon Kosong Jakarta Pusat', 9(1).

Mahini, E. *et al.* (2023) 'Evaluation of factors related to maternal anxiety during pregnancy among women referred to Tabriz primary care centers', *BMC Psychiatry*, 23(1). Available at: https://doi.org/10.1186/s12888-023-04823-8.

Muliani, R.H. (2022) 'FAKTOR-FAKTOR YANG MEMPENGARUHI KECEMASAN PADA IBU BERSALIN DALAM MASA PANDEMI COVID 19', *Jurnal Bina Cipta Husada*, 18(1), pp. 56–66. Available at: https://jurnal.stikesbch.ac.id/index.php/jurnal/article/view/54/77 (Accessed: 20 November 2023).

Nur, R., Ermus, I. and Yanna Primanita, R. (2023) 'Kontribusi Dukungan Sosial terhadap Kepuasan Pernikahan (Maturity Satisfaction) pada Istri dengan Kehamilan Tidak

Direncanakan', *JURNAL RISET KESEHATAN NASIONAL*, 7(1), pp. 35–44. Available at: https://doi.org/10.37294.

Perwitasari, Wulandari, R.P. and Meilani, M. (2023) 'Kepuasan Pernikahan Dan Distres Psikologis Pada Ibu Hamil: Studi Cross-Sectional Di Jawa Tengah', *Jurnal Kebidanan Indonesia*, 14(2), pp. 111–118. Available at: https://stikesmus.ac.id/jurnal/index.php/JKebIn/index (Accessed: 24 October 2023).

Rondung, E., Magnusson, S. and Ternström, E. (2022) 'Preconception fear of childbirth: experiences and needs of women fearing childbirth before first pregnancy', *Reproductive Health*, 19(1). Available at: https://doi.org/10.1186/s12978-022-01512-9.

Rublein, L. and Muschalla, B. (2022) 'Childbirth fear, birth-related mindset and knowledge in non-pregnant women without birth experience', *BMC Pregnancy and Childbirth*, 22(1). Available at: https://doi.org/10.1186/s12884-022-04582-6.

Rúger-Navarrete, A. *et al.* (2023) 'Antenatal Fear of Childbirth as a Risk Factor for a Bad Childbirth Experience', *Healthcare (Switzerland)*, 11(3). Available at: https://doi.org/10.3390/healthcare11030297.

Sánchez-García, J.C., Cortés-Martín, J. and Rodríguez-Blanque, R. (2023) 'Preparation for Childbirth: Coping with the Fear of Childbirth', *Healthcare (Switzerland)*. MDPI. Available at: https://doi.org/10.3390/healthcare11040480.

Sari, N.L.P.M.R., Parwati, N.W.M. and Indriana, N.P.R. (2023) 'HUBUNGAN ANTARA TINGKAT PENGETAHUAN IBU DAN DUKUNGANSUAMI DENGAN TINGKAT KECEMASAN IBU HAMIL TRIMESTER IIIDALAM MENGHADAPI PERSALINAN', *JURNAL RISET KESEHATAN NASIONAL*, 7(1), pp. 35–44. Available at: https://doi.org/10.37294.

Veringa-Skiba, I.K. *et al.* (2022) 'Fear of childbirth, nonurgent obstetric interventions, and newborn outcomes: A randomized controlled trial comparing mindfulness-based childbirth and parenting with enhanced care as usual.', *Birth (Berkeley, Calif.)*, 49(1), pp. 40–51. Available at: https://doi.org/10.1111/birt.12571.

WHO (2020) *Maternal Mortality*. Available at: https://www.who.int/news-room/fact-sheets/detail/maternal-mortality#:~:text=The global MMR in 2020,achieved at the national level. (Accessed: 6 November 2023).

Wulandari, L.A. and Retno, S.N. (2022) 'Autogenic Relaxation on Anxiety Among Pregnant Women at Trimulyo Community Health Center, East Lampung', *Jurnal Aisyah : Jurnal Ilmu Kesehatan*, 7(S1). Available at: https://doi.org/10.30604/jika.v7is1.1188.

Yanuarini, T.A. *et al.* (2022) 'THE PREGNANT FACTORS OF ANXIETY IN PREGNANT MOTHERS DURING THE COVID-19 PANDEMIC : A SYSTEMATIC REVIEW', *Indonesian Midwifery and Health Sciences Journal*, 6(3), pp. 232–256. Available at: https://doi.org/10.20473/imhsj.v6i3.2022.232-256.

Yuliani, D.R. and Aini, F.N. (2020) 'KECEMASAN IBU HAMIL DAN IBU NIFAS PADA MASA PANDEMI COVID-19 DI KECAMATAN BATURRADEN', *Jurnal Sains Kebidanan*, 2(2), pp. 11–14. Available at: https://doi.org/10.31983/jsk.v2i2.6487.