

The Relationship Between Family Support and Anxiety Levels in Pregnant Women Approaching Labor

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Abstract:

Anxiety in pregnant women approaching labor is a common psychological condition that can affect maternal well-being and birth outcomes. Family support is considered an important factor in reducing anxiety levels during this critical period. This study aimed to analyze the relationship between family support and anxiety levels among pregnant women approaching labor. This research used a quantitative correlational design with a cross-sectional approach. The study involved third-trimester pregnant women who were nearing delivery and attending antenatal care services at a selected health facility (N=50). Data were collected using structured questionnaires measuring family support and anxiety levels. Family support was assessed based on emotional, informational, and instrumental support, while anxiety levels were measured using a standardized anxiety scale. Data were analyzed using the Spearman correlation test with a significance level of $p < 0.05$. The results showed that most respondents with good family support experienced lower anxiety levels, while those with poor family support tended to have moderate to high anxiety. Statistical analysis indicated a significant relationship between family support and anxiety levels among pregnant women approaching labor ($r = -0.648$ and $p < 0.001$). These findings suggest that strengthening family involvement during pregnancy can reduce maternal anxiety and improve psychological readiness for childbirth.

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INTRODUCTION

Pregnancy and childbirth are physiological processes that involve not only physical changes but also significant psychological adaptations. One of the most common psychological problems experienced by pregnant women approaching labor is anxiety (Becker, 2023). Anxiety before childbirth may arise due to fear of

labor pain, concerns about maternal and fetal safety, previous traumatic birth experiences, and uncertainty regarding the delivery process. Excessive anxiety during pregnancy can negatively affect maternal health, increase stress hormone production, prolong labor duration, and contribute to adverse maternal and neonatal outcomes. Therefore, maternal psychological well-being has become an important focus in antenatal care services (Pavlyshun, 2024).

Recent global reports from the World Health Organization (WHO) indicate that maternal mental health problems, including anxiety disorders during pregnancy, continue to increase worldwide. Studies conducted in developing countries report that approximately 15–25% of pregnant women experience moderate to severe anxiety during the third trimester of pregnancy (Huang, 2024). In Indonesia, maternal anxiety remains a significant concern. Recent national health reports and maternal health studies in 2024–2025 showed that more than one-third of pregnant women experienced anxiety before labor, particularly primigravida mothers and women with limited psychosocial support. Anxiety levels among pregnant women are also reported to be higher in women with inadequate emotional support, low educational background, and limited access to health information (Ni, 2023).

Family support is considered one of the most important psychosocial factors influencing maternal psychological readiness during pregnancy and childbirth. Family members, particularly husbands and close relatives, play a critical role in providing emotional, informational, instrumental, and appraisal support for pregnant women (Khajehei, 2023). Adequate family support can create a sense of security, reduce fear, strengthen maternal confidence, and improve coping mechanisms when facing labor. Conversely, lack of family support may increase feelings of isolation, emotional stress, and anxiety before childbirth. The distribution of family support among pregnant women therefore has a substantial impact on maternal mental health outcomes (Mohammad, 2023).

Several behavioral and psychosocial theories explain the relationship between social support and anxiety reduction. Social Support Theory states that emotional and practical assistance from family members functions as a protective factor against psychological stress (Tang, 2025). In addition, the Stress and Coping Theory developed by Lazarus and Folkman explains that individuals with strong social support are better able to manage stressful situations because they perceive greater emotional resources and coping capacity. Family support also aligns with the Health Belief Model, where positive reinforcement and encouragement from family members may influence maternal perceptions, reduce fear, and improve psychological preparedness for childbirth (Eniyati, 2025). Previous studies have consistently reported that family support is associated with lower anxiety levels among pregnant women. Research in maternal healthcare settings found that pregnant women who received strong emotional support from their husbands and families demonstrated significantly lower anxiety scores compared to those with minimal support. Other studies also highlighted that emotional support during pregnancy improves maternal confidence and decreases psychological distress before labor (Zammit, 2023).

Although previous studies have examined various determinants of maternal anxiety, the specific relationship between family support and anxiety among pregnant women approaching labor remains insufficiently explored in the Indonesian context. Establishing the bivariate association between family support and anxiety is an important preliminary step to determine whether a meaningful relationship exists before considering more complex explanatory factors. This baseline evidence can guide subsequent analyses that account for potential confounders such as maternal age, parity, and educational level (Şahin, 2026).

The theoretical gap in this study lies in the limited evidence regarding how the distribution and impact of family support influence maternal anxiety before childbirth. Although social support has been recognized as an important protective factor, variations in family involvement and support patterns may produce different psychological outcomes among pregnant women (Safa, 2025). Furthermore, current maternal healthcare programs often emphasize physical examination and clinical monitoring while psychological support and family-centered care remain less optimized. Based on these conditions, this study aimed to determine the relationship between family support and anxiety levels among pregnant women approaching labor (Antaria, 2024). The findings of this study are expected to provide scientific evidence regarding the importance of strengthening family involvement in maternal healthcare services. In addition, the study is expected to contribute practically by encouraging healthcare providers to integrate family-centered psychological support into antenatal care programs in order to reduce maternal anxiety and improve childbirth readiness (Ghinassi, 2026).

RESEARCH METHODS

This study used a quantitative research design with an analytical observational method and a cross-sectional approach. The study aimed to determine the relationship between family support and anxiety levels among pregnant women approaching labor. The research was conducted at a selected maternal healthcare facility providing antenatal care services for pregnant women in the third trimester of pregnancy. The unit of analysis in this study was pregnant women approaching labor who attended antenatal care during the research period.

The population of this study consisted of third-trimester pregnant women registered at the healthcare facility. Samples were selected using a purposive sampling technique based on inclusion criteria, including pregnant women in the third trimester, willing to participate in the study, and able to communicate effectively. Pregnant women with severe pregnancy complications or diagnosed psychiatric disorders were excluded from the study. The respondents served as the primary source of information in this research.

Data collection was carried out using structured questionnaires distributed directly to respondents. The family support questionnaire assessed emotional support, informational support, instrumental support, and appraisal support received by pregnant women from family members. Anxiety levels were measured using Pregnancy-Specific Anxiety Tool (PSAT) (Bayrampour, 2023).

Additional respondent characteristics such as maternal age, education, occupation, parity, and gestational age were also collected to support descriptive analysis.

Before the data collection process, the research instruments were tested for validity and reliability to ensure consistency and accuracy. Data collection procedures were conducted after obtaining permission from the healthcare institution and informed consent from all respondents. Ethical principles including confidentiality, anonymity, and voluntary participation were maintained throughout the study.

The collected data were processed and analyzed using the Statistical Package for the Social Sciences (SPSS). Data analysis consisted of descriptive and inferential statistical analysis. Descriptive analysis was used to present the distribution of respondent characteristics, family support levels, and anxiety levels among pregnant women approaching labor. Inferential analysis was performed using the Spearman Rank correlation test because the variables were measured using ordinal-scale questionnaires. The significance level used in this study was $p < 0.05$. The stages of analysis included data reduction, data display in tabular form, statistical verification, and interpretation of findings to determine the relationship between family support and maternal anxiety levels.

RESULTS AND DISCUSSION

Results

The data in this table present the descriptive characteristics of the respondents and the distribution of the main study variables. It includes demographic information such as age, education, occupation, and parity, as well as the levels of family support and anxiety among pregnant women approaching labor (N=50). These results provide an overview of the respondents' profiles and serve as a basis for further analysis of the relationship between family support and anxiety levels.

Table: 1 Table title should be placed at the top

Variable	Category	Frequency (n)	Percentage (%)
Age	<20 years	6	12
	20-35 years	36	72
	>35 years	8	16
Education	Primary	10	20
	Secondary	28	56
	Higher	12	24
Occupation	Housewife	32	64
	Employed	18	36
Parity	Primigravida	20	40
	Multigravida	25	50
	Grandemultigravida	5	10
Family Support	Poor	8	16
	Moderate	28	56
	Good	14	28

Variable	Category	Frequency (n)	Percentage (%)
Anxiety Level	Mild	20	40
	Moderate	24	48
	Severe	6	12

The table 1 shows that most respondents were aged 20–35 years (72%), had secondary education (56%), and were housewives (64%). The majority of respondents were multigravida (50%). For the main variables, most respondents had moderate family support (56%) and moderate anxiety levels (48%). This distribution indicates that although family support is generally moderate, anxiety levels among pregnant women approaching labor remain considerable.

Table 2. Cross-tabulation of Family Support and Anxiety Level

Family Support	Mild Anxiety	Moderate Anxiety	Severe Anxiety	Total
Poor (n=8)	1	3	4	8
Moderate (n=28)	9	14	5	28
Good (n=14)	10	7	1	14
Total	20	24	10	50

The cross-tabulation analysis between family support and anxiety levels among pregnant women approaching labor shows a clear distribution pattern across categories. Among respondents with poor family support (n = 8), most experienced severe anxiety (4 respondents), while only 1 respondent had mild anxiety and 3 had moderate anxiety. This indicates that low family support is strongly associated with higher anxiety levels. In the group with moderate family support (n = 28), the majority of respondents were categorized as having moderate anxiety (14 respondents), followed by mild anxiety (9 respondents) and severe anxiety (5 respondents). This shows a balanced but still concerning level of anxiety within this group. Meanwhile, respondents with good family support (n = 14) were mostly in the mild anxiety category (10 respondents), with 7 respondents experiencing moderate anxiety and only 1 respondent reporting severe anxiety. This demonstrates that better family support is associated with lower anxiety levels. Overall, the results indicate a consistent pattern that higher family support is associated with lower anxiety levels, while lower support tends to be linked with higher anxiety. This distribution highlights the important role of family support in influencing maternal psychological well-being before childbirth.

Table 3. The Relationship Between Family Support and Anxiety Levels in Pregnant Women Approaching Labor

Variables	Family Support	Anxiety Level
Family Support	1.000	-0.648
Sig. (2-tailed)	—	0.000
N	50	50
Anxiety Level	-0.648	1.000

Variables	Family Support	Anxiety Level
Sig. (2-tailed)	0.000	–
N	50	50

The Spearman Rank correlation test was conducted to examine the relationship between family support and anxiety levels among pregnant women approaching labor. The results showed a correlation coefficient of $r = -0.648$ with a significance value of $p = 0.000$ ($p < 0.05$) based on 50 respondents. The negative correlation indicates an inverse relationship between the two variables, meaning that higher family support is associated with lower anxiety levels among pregnant women. The strength of the correlation falls within the moderate to strong category, suggesting a meaningful relationship between family support and maternal anxiety. These findings confirm that variations in the distribution of family support have a significant impact on anxiety levels, where respondents with better family support tend to experience lower anxiety, while those with lower support are more likely to experience higher anxiety.

Discussion

The findings of this study demonstrate a statistically significant relationship between family support and anxiety levels among pregnant women approaching labor, with a Spearman correlation coefficient of $r = -0.648$ ($p = 0.000$). The distribution of respondents clearly shows a systematic pattern, where women with poor family support are predominantly in the moderate to severe anxiety categories, while those with good family support are mostly in the mild anxiety category. This consistent distribution across categories indicates that family support is not only a descriptive factor but also plays an important role in shaping maternal psychological conditions before childbirth (Bodunde, 2025).

From predictive value, the impact of family support on anxiety can be explained through its multidimensional role in pregnancy. Emotional support from family members, especially husbands, provides reassurance and reduces fear of labor pain and delivery complications (Estrella-Juarez, 2023). Informational support helps pregnant women understand the labor process, which reduces uncertainty and catastrophic thinking. Instrumental support, such as accompanying antenatal visits or helping with daily activities, enhances feelings of safety and reduces physical and psychological burden. Appraisal support strengthens self-confidence and coping ability (Cummins, 2023). Conversely, inadequate family support may lead to emotional isolation, increased stress perception, and reduced coping capacity, which ultimately increases anxiety levels. Therefore, the impact of distribution of family support directly influences the psychological readiness of pregnant women approaching labor (Coo, 2023).

The results of this study are consistent with Social Support Theory, which explains that social relationships act as a protective buffer against psychological stress. Individuals who receive strong social support are better able to manage stressful situations due to increased emotional resources and coping mechanisms (Dereje, 2023). In the context of pregnancy, family members serve as the primary

support system, making their role crucial in reducing anxiety before childbirth. In addition, Lazarus and Folkman's Stress and Coping Theory further supports these findings by stating that stress levels depend on how individuals evaluate stressors and their available coping resources. Pregnant women with strong family support tend to perceive labor as a manageable event rather than a threatening experience, which reduces anxiety responses (Thayer, 2023).

These findings are also in line with previous studies in maternal health settings. Several studies have reported that pregnant women who receive strong husband and family support have significantly lower anxiety levels compared to those with limited support (Maxwell, 2024). Research in antenatal care populations has shown that emotional and partner support are strongly associated with reduced fear of childbirth and improved psychological readiness. Other studies also found that lack of family involvement is linked to increased anxiety, stress, and fear during the third trimester (Rolnik et al., 2022). However, previous literature also highlights that anxiety is a multifactorial condition influenced by parity, maternal age, previous childbirth experience, socioeconomic status, cultural beliefs, and access to antenatal education. These factors may interact with the distribution and impact of family support, leading to variations in anxiety levels even among women with similar support levels (Madigan, 2024).

This study adds value to existing literature by emphasizing the distribution of family support and its direct impact on anxiety levels in pregnant women approaching labor within the Indonesian healthcare context. The findings highlight that unequal family involvement contributes to disparities in maternal psychological well-being (Somerville, 2023). Women with lower family support experience a higher psychological burden, which may negatively affect labor readiness and overall maternal outcomes. The practical contribution of this study lies in strengthening the importance of integrating family-centered care into antenatal services (Sandonis, 2023). Healthcare providers should not only focus on clinical monitoring but also actively involve families in maternal education and psychological preparation. An action plan is recommended that includes structured family education sessions, especially targeting husbands, to enhance understanding of emotional and practical support during pregnancy (Alemu, 2024). Midwives and healthcare workers should also implement counseling programs that encourage continuous family involvement throughout pregnancy. In addition, community-based interventions and maternal classes can be utilized to improve awareness regarding the importance of emotional support in reducing anxiety (AlKhunaizi, 2025). Strengthening the impact of family support distribution is essential to ensure equitable psychological protection for all pregnant women. By improving family engagement in antenatal care, healthcare systems can reduce maternal anxiety levels, enhance coping abilities, and ultimately improve readiness for childbirth and maternal health outcomes (Heelan-Fancher, 2024).

CONCLUSION

This study concludes that there is a significant negative relationship between family support and anxiety levels among pregnant women approaching

labor, where higher family support is associated with lower anxiety levels. The most important finding shows that the distribution of family support has a clear impact on maternal psychological readiness, as women with good support experience milder anxiety compared to those with poor support. The key theoretical and practical implications of these findings highlights the importance of strengthening family involvement as a protective factor for maternal mental health during pregnancy. Scientifically, this research contributes to the growing evidence that social support systems play a crucial role in reducing antenatal anxiety, while practically it emphasizes the need for family-centered care in midwifery services. The strength of this study lies in its clear correlation analysis and real-world relevance in antenatal care settings. However, it is limited by its cross-sectional design and inability to determine causality. Future research is recommended to use longitudinal or intervention-based designs to further explore the long-term impact of support distribution on maternal psychological outcomes.

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REFERENCES

- Alemu, C. (2024). Fear of Childbirth and Its Associated Factors Among Pregnant Women in Dejen Woreda, East Gojjam Zone, Northwest Ethiopia: A Community-Based Cross-Sectional Study. *Scientific Reports*, 14(1). <https://doi.org/10.1038/s41598-024-58855-5>
- AlKhunaizi, A. N. (2025). Exploring Healthcare Providers' Perspectives of Childbirth Education Classes for Quality of Care and Positive Childbirth Experience: An Interpretative Phenomenological Analysis Study. *BMC Pregnancy and Childbirth*, 25(1). <https://doi.org/10.1186/s12884-025-07698-7>
- Antaria, A. (2024). Effect of Husband's Support on Anxiety Level of Mothers Giving Birth. *Rawal Medical Journal*, 49(3), 568-571. <https://doi.org/10.5455/rmj.20230803032853>
- Bayrampour, H. (2023). Pregnancy-Specific Anxiety Tool (PSAT): Instrument Development and Psychometric Evaluation. *Journal of Clinical Psychiatry*, 84(3). <https://doi.org/10.4088/JCP.22M14696>
- Becker, M. (2023). Deleterious and Protective Psychosocial and Stress-Related Factors Predict Risk of Spontaneous Preterm Birth. *American Journal of Perinatology*, 40(1), 74-88. <https://doi.org/10.1055/s-0041-1729162>
- Bodunde, E. O. (2025). Pregnancy and Birth Complications and Long-Term Maternal Mental Health Outcomes: A Systematic Review and Meta-Analysis. *BJOG: An International Journal of Obstetrics and Gynaecology*, 132(2), 131-142. <https://doi.org/10.1111/1471-0528.17889>

- Coo, S. (2023). Examining the Association Between Subjective Childbirth Experience and Maternal Mental Health at Six Months Postpartum. *Journal of Reproductive and Infant Psychology*, 41(3), 275–288. <https://doi.org/10.1080/02646838.2021.1990233>
- Cummins, A. (2023). Does Midwifery Continuity of Care Make a Difference to Women With Perinatal Mental Health Conditions: A Cohort Study, From Australia. *Women and Birth*, 36(2). <https://doi.org/10.1016/j.wombi.2022.08.002>
- Dereje, A. (2023). Fear of Childbirth Among Pregnant Women in Eastern Ethiopia: A Community-Based Study. *Midwifery*, 116. <https://doi.org/10.1016/j.midw.2022.103515>
- Eniyati, E. (2025). Evaluating Family Bundle Birthing Care to Improve Self-Efficacy and Reduce Maternal Anxiety During Pregnancy. *Media Publikasi Promosi Kesehatan Indonesia*, 8(10), 1097–1105. <https://doi.org/10.56338/mppki.v8i10.8180>
- Estrella-Juarez, F. (2023). Effect of Virtual Reality and Music Therapy on the Physiologic Parameters of Pregnant Women and Fetuses and on Anxiety Levels: A Randomized Controlled Trial. *Journal of Midwifery & Women's Health*, 68(1), 35–43. <https://doi.org/10.1111/jmwh.13413>
- Ghinassi, S. (2026). How Can Couple Conflict Influence the Childbirth Experience? The Role of Psychological Distress and Prenatal Attachment. *Psychology, Health & Medicine*, 31(4), 909–923. <https://doi.org/10.1080/13548506.2025.2564307>
- Heelan-Fancher, L. (2024). Nulliparous Women's Expectations and Experiences of Early Labor. *MCN: The American Journal of Maternal/Child Nursing*, 49(1), 22–28. <https://doi.org/10.1097/NMC.0000000000000972>
- Huang, Y. (2024). A Comparison of Childbirth Self-Efficacy, Fear of Childbirth, and Labor Pain Intensity Between Primiparas and Multiparas During the Latent Phase of Labor: A Cross-Sectional Study. *BMC Pregnancy and Childbirth*, 24(1). <https://doi.org/10.1186/s12884-024-06571-3>
- Khajehei, M. (2023). Fear of Childbirth in Nulliparous and Multiparous Women in Australia. *British Journal of Midwifery*, 31(12), 686–694. <https://doi.org/10.12968/bjom.2023.31.12.686>
- Madigan, J. A. (2024). Perinatal Hair Cortisol Concentrations Linked to Psychological Distress and Unpredicted Birth Complications. *Psychoneuroendocrinology*, 161. <https://doi.org/10.1016/j.psyneuen.2023.106921>
- Maxwell, D. (2024). Sacred Space: A Qualitative Interpretive Meta-Synthesis of Women's Experiences of Supportive Birthing Environments. *BMC Pregnancy and Childbirth*, 24(1). <https://doi.org/10.1186/s12884-024-06544-6>
- Mohammad, K. I. (2023). The Effect of Supportive Intrapartum Care During Birth in Jordan: A Quasi-Experimental Study. *British Journal of Midwifery*, 31(8), 445–453. <https://doi.org/10.12968/bjom.2023.31.8.445>
- Ni, Y. S. (2023). Experiences of Decisional Conflict Related to Epidural Labour Analgesia Among Women During Late Pregnancy in a Tertiary Hospital in China: A Mixed Methods Study. *Midwifery*, 126. <https://doi.org/10.1016/j.midw.2023.103798>
- Pavlyshun, H. (2024). Maternal Stress Experience in the Neonatal Intensive Care Unit After Preterm Delivery. *American Journal of Perinatology*, 41(9), 1155–1162. <https://doi.org/10.1055/s-0042-1747942>
- Rolnik, D. L., Nicolaides, K. H., & Poon, L. C. (2022). Prevention of Preeclampsia With Aspirin. *American Journal of Obstetrics and Gynecology*, 226(2), S1108–S1119. <https://doi.org/10.1016/j.ajog.2020.08.045>
- Safa, M. (2025). The Effect of Accompaniment During Labor on Anxiety and Cortisol Levels: A Cross-Sectional Study. *Gazzetta Medica Italiana Archivio per le Scienze Mediche*, 184(3), 178–182. <https://doi.org/10.23736/S0393-3660.24.05581-5>
- Şahin, E. (2026). Comfort or Necessity: Obstetricians' Perspectives on the Drivers,

- Consequences, and Recommendations for Reducing Caesarean Section Rates in Turkey. *BMC Pregnancy and Childbirth*, 26(1). <https://doi.org/10.1186/s12884-026-08717-x>
- Sandonis, M. (2023). Impact of the Trait Anxiety During Pregnancy on Birth Weight: An Observational Cohort Study. *Journal of Psychosomatic Obstetrics & Gynecology*, 44(1). <https://doi.org/10.1080/0167482X.2023.2241631>
- Somerville, K. (2023). An Evaluation of the Feasibility and Acceptability of Sister Circles as an Anxiety Intervention for Pregnant Black Women. *Women's Health*, 19. <https://doi.org/10.1177/17455057231185405>
- Tang, S. (2025). Impact of Self-Management Clustered Care on Psychological and Birth Outcomes in Gestational Diabetes. *International Journal of Women's Health*, 17, 189–199. <https://doi.org/10.2147/IJWH.S504365>
- Thayer, Z. M. (2023). Childbirth Fear in the USA During the COVID-19 Pandemic: Key Predictors and Associated Birth Outcomes. *Evolution, Medicine, and Public Health*, 11(1), 101–111. <https://doi.org/10.1093/emph/eoad006>
- Zammit, J. (2023). Women's Experiences of Pregnancy, Birth, and the Postpartum Period During the COVID-19 Pandemic: A Cross-Sectional Survey Study. *International Journal of Childbirth*, 13(3), 174–196. <https://doi.org/10.1891/IJC-2023-0007>