Family Type and Family Social Support Related with Pregnant Women's Anxiety in Facing Labor

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Abstract

Anxiety in pregnant women has the potential to cause depression in pregnant women and can even have an impact until delivery. The negative impact of prolonged anxiety during pregnancy is complications during delivery. This study aims to determine the relationship between family type and social support from the family with the anxiety of pregnant women facing childbirth. The sampling technique in this study used Purposive Sampling in one area in Central Jakarta. This research was conducted from May to August 2024 with a total of 110 pregnant women respondents. Measurement of anxiety in facing childbirth was measured using the Pregnancy Related Anxiety Questionnaire–Revised 2 (PRAQ-2) questionnaire with a total of 10 questions. The family support instrument used the Indonesian version of the Perceived Social Support from Family (PSSF) questionnaire consisting of 15 question items, meanwhile family type using questionnaire assesing who lives in the household. The results indicatethat family type had a significant relationship with the anxiety of pregnant women facing childbirth (p-value<0.001), with a moderate effect size (Phi (φ)=0.366) and family social support also had a significant relationship with the level of anxiety of pregnant women facing childbirth (p-value<0.001), with a moderate effect size (Phi (φ) =0.335). Nurses need to provide education to families about the importance of family support as companions for pregnant women in facing childbirth.

Keywords: Family Social Support, Family Type, Anxiety, Pregnant Women

INTRODUCTION

Childbirth is a significant life event that is often remembered by mothers throughout their lives. For many women, the process of giving birth is perceived as physically demanding and emotionally challenging, as it involves bringing a new life into the world. This perception is influenced by the various risks associated with childbirth, including the risk of maternal mortality. According to the World Health Organization (WHO), the global Maternal Mortality Rate (MMR) is 223 deaths per 100,000 live births. In Indonesia, the MMR remains relatively high at 305 deaths per 100,000 live births (Kemenkes, 2022). This figure is still considerably above the national target of 183 deaths per 100,000 live births by 2024 (WHO, 2024). Based on data from the United Nations Children's Fund (UNICEF), the three leading causes of maternal mortality are hemorrhage (30%), hypertensive disorders of pregnancy, including preeclampsia (25%), and infections (12%) (UNICEF, 2024).

Psychologically, high levels of anxiety can impair coordination and reflex responses, including difficulties in communication and maintaining interpersonal relationships. Anxiety

may lead individuals to withdraw socially and reduce their engagement with others. According to the World Health Organization, approximately 8-10% of women experience anxiety during pregnancy, increasing to 13% as childbirth approaches (Hendrix et al., 2022). Anxiety during pregnancy may also contribute to the development of antenatal depression, which can adversely affect both maternal well-being and fetal development (Husain et al., 2023).

Several developing countries, including Ethiopia, Nigeria, Senegal, South Africa, Uganda, and Zimbabwe, report high rates of psychological disorders among pregnant women (15.6%) and postpartum mothers (19.8%) (Mane et al., 2024). In Indonesia, approximately 107 million (28.7%) of an estimated 373 million pregnant women are reported to experience anxiety related to childbirth (Yanuarini et al., 2022). Anxiety during pregnancy is considered a significant maternal health concern because it affects both mother and the unborn child. This condition may be influenced by previous pregnancy experiences, concerns about the health and survival of the fetus, , fears of miscarriage, congenital abnormalities, multiple pregnancies, premature birth, family readiness and perceptions surrounding childbirth (Lateef Muhe-Aldeen et al., 2021).

The prevalence of severe anxiety among pregnant women in Indonesia has been reported to reach 57.5% (Tristanti & Pamungkasari, 2026). Furthermore, a study by Yanuarini et al., (2022) examining third-trimester pregnant women in Central Jakarta during the COVID-19 pandemic found that 62% of respondents experienced moderate anxiety, 31% experienced mild anxiety, and 6% experienced severe anxiety in preparation for childbirth.

Anxiety during pregnancy can be influenced by several factors, including maternal age, educaional level, family support, and spousal support (Malik et al., 2023). Social support, particularly from family members, has been shown to reduce maternal anxiety during pregnancy and childbirth(Lateef Muhe-Aldeen et al., 2021). Family support refers to the provision of attention, encouragement, affection, material assistance, information and services from close family members, such as spouses, parents, and in-laws, enabling pregnant women to feel valued, loved, and supported. This support may take the form of informational, appraisal, instrumental, and emotional support (Bayat et al., 2021). Such support can provide reassurance, motivation, and emotional strength, helping pregnant women cope more effectively with pregnancy-related challenges and prepare for childbirth.

One of the factors that may influence maternal anxiety regarding childbirth is the nature of family structure and the level of social support provided by family members (Zhong et al., 2024). A study conducted by Zhou, Liu, & Zhang (2021) found that the nuclear family structure, characterized by a close and supportive relationship between spouses, can provide

positive emotional support for pregnant women, enabling them to be better prepared for childbirth. In addition, strong family social support can enhance pregnant women's confidence throughout pregnancy and in preparation for delivery. Effective communication between pregnant women and their family members may also reduce anxiety by fostering a sense of security and reinforcing the perception that they have a reliable a support system during pregnancy and childbirth.

Family type refers to the structural composition and size of a family. According to Martin et al., (2021), family type influences the availability and patterns of social support within the household. Larger families may provide more diverse sources of support and assistance when family members require care compared with smaller families. Similarly, Míguez & Vázquez (2021) suggested that extended family structures may facilitate the provision of care and support because multiple family members can share responsibilities and provide assistance when needed.

Social support from extended families may include active involvement in maintaining the health and well-being of pregnant women., Pregnancy care should not be considered solely the responsibility of the expectant mother; rather, family members are expected to function as active partners throuhout the pregnancy process. Strong and positive support from the extended family is essential not only for the maternal well-being , but also for fetal health. To fulfill this role effectively, family members should be empowered with adequate knowledge, motivation, and positive attitudes regarding maternal health and pregnancy care (Awaliyah & Yuriah, 2024).

Despite these theoretical perspectives, previous research has rarely explored the combined influence of family type and family social support on maternal anxiety or clarified the mechanisms through which family structure may modify the protective role of social support. Most existing studies have investigated these variables independently, resulting in an incomplete understanding of their interaction. Therefore, this study seeks to address this important knowledge gap by investigating how family type and family social support jointly influence anxiety among pregnant women. The findings are expected to provide a more comprehensive understanding of family-related determinants of maternal mental health and contribute to the development of family-centered interventions aimed at reducing anxiety during pregnancy.

METHOD

This study employed a quantitative research approach with an analytical descriptive design using a cross-sectional method. The study examined family type and family support as independent variables and maternal anxiety regarding childbirth as the dependent variable. A purposive sampling technique was used because the study required respondents who met specific inclusion criteria. The study was conducted in Sawah Besar Sub-District, Central Jakarta. This location was chosen because it comprises five urban villages and has a relatively large population of pregnant women distributed across these areas. The study population consisted of pregnant women residing in Sawah Besar Sub-District, and a total sample of 110 respondents was recruited. Data collection was conducted between May and August 2024.

The inclusion criteria were pregnant women in any trimester of pregnancy (first, second, or third trimester), living with a spouse, legally married, free from comorbid conditions , such as congenital heart disease, asthma, or diabetes mellitus, and regularly attending antenatal care visits at healthcare facilities. The exclusion criteria included pregnant women who were unwilling to participate in the study or who were unable to read and write. Prior to data collection, ethical approval was obtained from the Health Research Ethics Committee of Muhammadiyah University Surakarta (No. 2438/KEPK-FIK/VIII/2024). Ethical procedures were implemented to protect the rights, confidentially, and voluntary participation of all respondents. Coordination was conducted with selected healthcare facilities in Sawah Besar Sub-District, Central Jakarta, to facilitate participant recruitment. Before data collection, the research instruments, including the demographic questionnaire, the Perceived Social Support from Family (PSSF) questionnaire, and the Pregnancy-Related Anxiety Questionnaire-Revised 2 (PRAQ-R2), were prepared and reviewed. Eligible participants were identified based on the predetermined inclusion criteria.

Data were collected using a structured questionnaire, consisting of three sections: demographic characteristics, family support, and anxiety regarding childbirth. Maternal anxiety related to childbirth was measured using the Pregnancy Related Anxiety Questionnaire-Revised 2 (PRAQ-2), which consists of 10 items (Marcelina et al., 2019). The instrument had previously been translated and adapted for use in the local context, and its psychometric properties had been established, demonstrating satisfactory reliability with a Cronbach's alpha coefficient of 0.80 (Marcelina et al., 2019). Family support was assessed using the Perceived Social Support from Family (PSSF) questionnaire, which consists of 15 items. The instrument has demonstrated good validity and reliability, with a Cronbach Alpha coefficient of 0.89.

The study variables, including respondents' characteristics (age, educational level, and income), family type, family support, and maternal anxiety regarding childbirth, were categorical in nature. Therefore, univariate analysis was performed to describe the distribution of each variable and was presented using frequency and percentage tables. Bivariate analysis was conducted using the Chi Square test to examine the associations between family type and maternal anxiety, as well as betwen family support and maternal anxiety, since both the independent and dependent variables were categorical. In addition, Spearman's rank-order correlation (Spearman's rho) was employed to assess the strength and direction of the relationship between the study variables. Statistical significance was determined at a p-value of < 0.05.

RESULTS

Table 1 Characteristics of Respondents (n=110)

Characteristics	Chategory	F	%
Age	15-19 years old	4	3.6
	20-35 years old	77	70.0
	36-45 years old	29	26.4
Level of Education	Bachelor	31	28.2
	Senior High School	73	66.4
	Junior High School	2	1.8
	Elementary School	4	3.6
Family Income	< Rp 5.067.381	57	51.8
	> Rp 5.067.381	53	48.2

Table 1 presents the demongraphic characteristics of the respondents, including age, educational attainment, and income level. A purposive sampling technique was employed to recruit 110 pregnant women who met the study inclusion criteria. The findings indicate that the majority of respondents were aged 20-35 years, accounting for 77 participants (70%). Respondents aged 36-45 years comprised 29 participants (26.4%), while only 4 participants(3.6%) were aged 15-19 years.

Regarding educational attainment, most respondents had completed senior high school, representing 73 participants (66.4%). This was followed by respondents with a bachelor's degree, who accounted for 31 participants (28.2%). In contrast, only 2 respondents (1.8%) had completed junior high school, and 4 respondents (3.6%) had completed elementary school. Based on income level, 57 respondents (51.8%) had a monthly income of less than Rp 5,067,381 and were categorized as having low income, whereas 53 respondents (48.2%) had a monthly income of more than Rp 5,067,381 and were categorized as having high income.

Table 2. Frequency Distribution Based on Family Type, Family Social Support, and Anxiety of Facing Childbirth (N=110)

Variable	Chategory	F	%
Family Type	Nuclear Family	61	55.5
	Extended Family	49	44.5
Family Social Support	Good	38	34.5
	Less	72	65.5
Anxiety of Facing Childbirth	Low	42	38.2
	High	68	61.8

Based on the table 2 can be concluded from 110 respondents obtained the results that, mothers who live with extended families 49 (44.5%) respondents and who live with nuclear families 61 (55.5%) respondents, social support obtained by pregnant women from the family has 2 types of good support of 38 (34.5%) respondents and less support as many as 72 (65.5%) respondents and pregnant women who experience high anxiety in the face of childbirth as many as 68 (61.8%) respondents and a number of who experience low anxiety is 42 (38.2%) respondents.

Table 3. Family Type Relationship with Anxiety of Pregnant Women (n=110)

Family Type	Anxiety of Facing Childbirth				Total		*P- Value*	*Phi(φ)*
	High		Low					
	f	%	f	%	F	%		
Nuclear Family	28	25.5	33	30	61	55.5	<0.001	0.366
Extended Family	40	36.3	9	8.2	49	44.5		
Total	**68**	**61.8**	**42**	**38.2**	**110**	**100**		

Table 3 presents the relationship between family type and anxiety of facing childbirth among 110 pregnant women. Of the total respondents, 61 (55.5%) lived in nuclear families, whereas 49 (44.5%) lived in extended families. Among pregnant women living in nuclear families, the majority experienced high anxiety (28 respondents; 25.5%), while 33 respondents (30%) reported low anxiety. In contrast, among those living in extended families, 40 respondents (36.3%) experienced high anxiety, whereas only 9 respondents (8.2%) experienced low anxiety. The Chi-square test demonstrated a statistically significant relationship between family type and anxiety of facing childbirth ($p < 0.001$). This finding indicates that maternal anxiety differs significantly according to family type. The strength of the association, as measured by the Phi coefficient ($\varphi = 0.366$), indicates a moderate association between family type and anxiety.

Table 4. Family Social Support Relationship with Anxiety of Pregnant Women (n=110)

Family Social Support	Anxiety of Facing Childbirth				Total		*P- Value*	*Phi(φ)*
	High		Low					
	f	%	f	%	F	%		
Good	6	5.5	32	29.1	38	34.6	<0.001	0.335
Less	62	56.3	10	9.1	72	65.4		
Total	**68**	**61.8**	**42**	**38.2**	**110**	**100**		

Table 4 shows that there was a statistically significant relationship between family social support and anxiety toward childbirth among pregnant women ($p < 0.001$), with a moderate association strength ($\varphi = 0.335$). Among the 110 respondents, 38 (34.6%) reported receiving good family social support, while 72 (65.4%) perceived less family social support. Regarding anxiety levels, pregnant women who received good family social support predominantly experienced low anxiety (32 respondents; 29.1%), whereas only 6 respondents (5.5%) reported high anxiety. In contrast, among women who perceived less family social support, the majority experienced high anxiety (62 respondents; 56.3%), while only 10 respondents (9.1%) had low anxiety.

DISCUSSION

The findings indicate that the majority of respondents were pregnant women aged 20-35 years. This finding is consistent with the results of previous studies showing that the most common reproductive age falls within the 20-35-year age group (ACOG, 2021). Previous research has also demonstrated that the maternal age significantly influences both maternal and neonatal health outcomes, with advanced maternal age being associated with an increase risk of pregnancy-related complications (Balogun et al., 2023).

Most respondents had completed senior high school education. Previous studies have shown that maternal education attainment plays an important role in maternal and infant health outcomes, as women with higher levels of education tend to have better access to quality health services and health-related information (Maldonado et al., 2021). Furthermore, mothers with at least a secondary education are generally better equipped to make informed decisions regarding child health and healthcare utilization. This finding highlights the significant influence of maternal education on a mother's ability to promote and maintain her child's health (Mane et al., 2024).

Most respondents reported a relatively low income, defined as less than Rp 5,067,381 per month. Previous studies have demonstrated that maternal income significantly affects both

maternal and infant health outcomes, as women with lower incomes often experience limited access to quality health services and health resources (Adil & Al-Tawil, 2024). In addition, household income has been shown to influence a mother's ability to meet the nutritional needs and optimize healthcare for their children (Wong et al., 2025).

The present study demonstrated that both family type and family social support were significantly associated with maternal anxiety regarding childbirth. These findings suggest that family structure and family social support jointly influence anxiety related to childbirth among pregnant women. Family structure alone may be insufficient to explain maternal psychological well-being during pregnancy. Zhong et al. (2024) suggested that the interaction between family composition and the quality of support provided by family members determines how effectively pregnant women cope with pregnancy- and childbirth-related stress and anxiety. These findings are consistent with Family Systems Theory, which proposes that family members function as an interconnected system in which interactions, communication patterns, and mutual support significantly influence individual psychological outcomes (Hawkins et al., 2021).

Regarding family type, the findings showed that pregnant women living in extended-family households were more likely to experience higher levels of anxiety than those living in nuclear family households. The results indicated a moderate association between family type and maternal anxiety. The greater prevalence of anxiety among women in extended families may be explained by the complexity of interpersonal relationships within multigenerational households. Although extended families are traditionally regarded as valuable sources of emotional, instrumental, and practical support, they may also expose pregnant women to multiple sources of stress. Living with parents, parents-in-law, or other relatives may increase exposure to conflicting opinions regarding pregnancy, childbirth, infant care, and cultural practices (Aubel et al., 2021). Such differences in expectations and advice may create uncertainty, limit maternal autonomy in decision-making, and ultimately contribute to increased anxiety. Furthermore, greater family involvement may unintentionally place additional psychological pressure on pregnant women to conform to family expectations concerning pregnancy outcomes and maternal roles (Zhong et al., 2024).

In contrast, pregnant women living in nuclear families tended to report lower levels of anxiety. This finding may reflect greater autonomy in making health-related decisions and fewer interpersonal conflicts during pregnancy. Couples living independently often communicate more directly regarding pregnancy-related concerns, childbirth preparation, and healthcare utilization, thereby facilitating more consistent emotional support from their

partners. The presence of a supportive partner has consistently been identified as a protective factor against antenatal anxiety because it enhances maternal confidence, strengthens coping strategies, and promotes a sense of security throughout pregnancy (Adil & Al-Tawil, 2024).

These findings indicate that pregnant women who receive adequate social support from their families are more likely to experience lower levels of anxiety when facing childbirth. Family support serves as an important psychosocial resource that enhances emotional well-being, promotes self-confidence, and strengthens coping mechanisms during pregnancy. Emotional encouragement, empathy, practical assistance, and positive communication from family members may help pregnant women perceive childbirth as a manageable life event rather than a threatening experience (Masyayih et al., 2023). Consequently, women who feel supported are more likely to develop confidence in their ability to cope with labor and delivery.

Conversely, inadequate family social support appears to increase the likelihood of experiencing anxiety during pregnancy. Awaliyah & Yuriah (2024) reported that family social support plays a significant role in reducing anxiety in pregnant women. During pregnancy, positive family interactions foster adaptive coping, emotional security, and confidence in facing childbirth, whereas dysfunctional family interactions may contribute to emotional distress and anxiety. The Stress Buffering Model also explains that social support protects individuals from the adverse psychological effects of stressful life events by reducing perceived stress, enhancing coping capacity, and increasing psychological resilience.

Several previous studies support these findings, Hawkins et al., (2021) reported that family and social support were significantly associated with lower levels of anxiety among pregnant women in Indonesia, indicating that supportive family relationships enhance women's confidence in preparing for childbirth. Similarly, Hendrix et al. (2022) found that strong family support significantly reduced childbirth-related anxiety by improving maternal psychological preparedness. Malik et al., (2023) also demonstrated that inadequate family support increased anxiety during pregnancy, emphasizing the importance of family involvement in maintaining maternal emotional well-being. Furthermore, previous studies have concluded that emotional, informational, instrumental, and appraisal support provided by family members contributed significantly to reducing anxiety among pregnant women.

These findings indicate that family type and family social support should not be viewed as independent determinants of maternal anxiety. Rather, family social support may strengthen or weaken the influence of family structure on maternal psychological outcomes. Pregnant women living in nuclear households may experience lower anxiety when they receive adequate emotional, informational, instrumental, and appraisal support (Adil & Al-Tawil, 2024).

Consequently, interventions aimed at reducing childbirth anxiety should focus not only on pregnant women but also on enhancing the supportive capacity of family members, particularly spouses and close relatives, to create a positive family environment throughout pregnancy (Mane et al., 2024).

This study has several limitations that should be considered when interpreting the findings. First, the cross-sectional design limits the ability to establish causal relationships between family type, family social support, and maternal anxiety. The observed associations represent conditions at a single point in time and cannot determine temporal or causal directions. Second, the study was conducted in only one sub-district of Central Jakarta using purposive sampling, which may limit the generalizability of the findings to pregnant women in other geographical areas or sociocultural settings. Third, the data were collected using self-reported questionnaires, making the responses susceptible to recall bias and social desirability bias, particularly when assessing perceived family support and anxiety levels.

The findings of this study provide several implications for future research and clinical practice. Future studies should employ longitudinal or prospective cohort designs to better clarify the causal relationships between family characteristics and maternal anxiety throughout pregnancy. Research involving larger and more diverse populations from multiple regions in Indonesia is recommended to improve the external validity and generalizability of the findings. Further studies should also incorporate additional psychosocial, obstetric, and socioeconomic variables, including parity, pregnancy planning, previous childbirth experiences, coping mechanisms, family functioning, and maternal mental health history, to develop a more comprehensive understanding of the determinants of pregnancy-related anxiety.

CONCLUSION

This study demonstrated that family type and family social support were significantly associated with anxiety among pregnant women. Pregnant women living in extended families experienced lower levels of anxiety than those living in nuclear families, suggesting that the presence of additional family members may provide greater emotional, informational, and practical support during pregnancy. Although most respondents reported receiving good family social support, the findings also revealed that anxiety remained prevalent among this group, indicating that family support alone may not be sufficient to protect pregnant women from psychological distress. Maternal anxiety may be influenced by multiple interacting factors, including physiological changes, pregnancy-related concerns, previous experiences, individual coping abilities, and broader psychosocial conditions.

Overall, these findings highlight the importance of considering family context as an integral component of maternal mental health care. Family-centered antenatal interventions that actively engage spouses and other family members may strengthen the support system available to pregnant women and contribute to reducing anxiety during pregnancy. Nevertheless, comprehensive maternal mental health strategies should also address other psychosocial and obstetric determinants to effectively promote the psychological well-being of pregnant women.

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