The Influence of Husband's Support on Maternal Anxiety Who Received Misoprostol Labor Induction At Merauke Regional Hospital

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ABSTRACT

Childbirth is a process of expelling viable products of conception (fetus and urine) out of the uterus through the birth canal or other means. Induction of labor causes the mother to experience discomfort in the form of labor pain. Anxiety is one of the main factors that influences the course of labor and results in a long opening. The husband's role is a very important factor in the labor process, because the husband can foster feelings of self-confidence and form a healthy mentality, so that feelings of anxiety and fear disappear. This research uses an observational analytical research design with a cross sectional approach. Using the accidental sampling technique, a sample of 35 respondents was obtained, from 142 populations, in December at the Merauke District Hospital, the independent variables were husband's support and Misoprostol labor induction using a questionnaire and the dependent variable was maternal anxiety during childbirth using observation. The Chi-Square statistical test was used to determine the relationship between the three variables.   The results of the study showed that the total number of respondents was 35 mothers who received Misoprostol labor induction, the majority (most) received support from their husbands, namely 19 respondents (54.3%) and the most respondents experienced moderate levels of anxiety, namely 16 respondents (45.7 %), and it can be seen that the most common type of misoprostol labor induction administered vaginally to mothers giving birth was 21 respondents (60%). Analysis using the Chi-Square statistical test resulted in $p = 0.012 < 0.05$, so H0 was rejected and H1 was accepted, which means it can be concluded that there is an influence of husband's support on the anxiety of mothers who receive misoprostol labor induction at the Merauke District Hospital. In this context, the husband's role as companion and supporter has a significant impact on the level of anxiety of mothers giving birth. First of all, the husband's presence during the labor induction process.

Keywords : Husband's Support, Labor Induction, Maternal Anxiety, Misoprostol

INTRODUCTION

Childbirth is the process of movement of the fetus, placenta and membranes from the uterus through the birth canal.[1] Labor induction (*induction of labor*) is performed on pregnant women to stimulate uterine contractions to start or speed up the labor process, through administration of oxytocin, misoprostol, or the use of devices such as Foley catheter balloons. Labor induction is carried out in several medical conditions, such as postterm pregnancy, premature rupture of membranes, or other conditions that endanger the health of the mother or fetus and require immediate birth to prevent further complications.[1]

WHO *(World Health Organization)* regarding improving maternal health which is one of the goals *Millenium Development Goal's* (MDG's) according to the National target

according to the MDGs, namely reducing the Maternal Mortality Rate by ¾ of the Maternal Mortality Rate in 2018 according to WHO which is 211/100,000 live births. The United Nations (UN) has set a sustainable development target to reduce the MMR to 70/100,000 KH and no country will exceed 140/100,000 KH by 2030 [2]. The Indonesian Ministry of Health (Kemenkes) recorded that the maternal mortality rate in 2022 will be around 183 per 100 thousand births. This condition is very different compared to Malaysia with an MMR of 20 per 100 thousand births.[3]

However, to reduce the MMR to the lowest level of 102, all these figures have not achieved the MDGs target. Even now, efforts are still being made to reduce the MMR, starting with the new SDGs target, namely reducing the MMR to 131/100,000 KH in 2030. The results of the 2018 Demogravi Survey (SDKI), recorded 228 maternal deaths out of 100,000 live births. [4]Data on deaths of pregnant women in Indonesia in 2021 according to cause, bleeding 1,320 cases, other 1,309 cases, infection 207 cases and abortion 14 cases.[5]

A preliminary study was carried out at the Merauke Regional General Hospital, South Papua Province on September 1 2023. The data obtained by mothers giving birth at the Merauke Regional Hospital in 2022 was 1148 cases. The highest number of cases of women giving birth with labor induction was 122 cases from January to December 2022. (Source: Data on deliveries at Merauke District Hospital).

Family support can take the form of providing attention, encouragement, affection, goods, information and services from those closest to the husband/wife, parents, children and other closest people so that the recipient of the support feels loved and appreciated. The support provided is informational support, assessment support, and instrumental support[7]

To date, several studies have been carried out, including research conducted by Tanendri Arrizqiyani 'Study of the Use of Misoprostol and Oxytocin as Labor Inducers in Bandung City Hospital 2017. The results of the study showed that the longest duration of labor was when using oxytocin, namely with a duration of 2 hours (18, 20%), the use of misoprostol is with a duration of 6 hours (27.80%) and the use of both is with a duration of 7 hours (22.70%). The results of the most induction research were on oxytocin, namely stage 1 of the latent phase, 66.20%, on misoprostol, namely premature rupture of membranes (25.00%) and on both, preeclampsia (22.70%). The results of research on pregnancy status were mostly for oxytocin, namely with the pregnancy of the 1st child (33.80%), with the use of misoprostol with the pregnancy of the 1st child (36.10%) and with both uses, namely with the pregnancy of the 1st and 3rd child respectively. amounting to 31.80%.[8] Another research conducted by Irma et al regarding the relationship between husband's support and pregnant women's anxiety in facing childbirth. The majority of husbands' support for pregnant women at the Nining Pelawati Clinic, Lubuk Pakam District in 2020 who supported their wives in facing childbirth was 14 people (70.0%), the majority level of anxiety Pregnant women facing childbirth at the Nining Pelawati Clinic, Lubuk Pakam District, Deli Serdang Regency in 2020 in the no anxiety category were 13 people (65.0%). There is a relationship between husband's support and pregnant women's anxiety in facing childbirth at the Nining Pelawati Clinic, Lubuk Pakam District, Deli Serdang Regency in 2020 with a p value of 0.040. [6]

METHOD

This research uses an observational analytical research design with a cross sectional approach. Using the accidental sampling technique, a sample of 35 respondents was obtained, from 142 populations, in December at the Merauke District Hospital, the independent variables were husband's support and Misoprostol labor induction using a questionnaire and the dependent variable was maternal anxiety during childbirth using observation. The Chi-Square statistical test was used to determine the relationship between the three variables.

RESULTS

Table.1 Distribution of Respondent Characteristics and Variables

Research result	Frequency (f)	Percentage (%)
Age		
19-24 years old	14	40,0
25-29 years old	15	42
30-34 years old	1	2,9
35-39 years old	5	14,3
Education		
ELEMENTARY SCHOOL	2	5,7
JUNIOR HIGH SCHOOL	11	31,4
SENIOR HIGH SCHOOL	12	34,3
UNIVERSITY	10	28,6
Work		
Civil servants	7	20,0
Private	5	14,3
Housewife	18	51,4
Other	5	14,3
Husband's Support Variable		
Support	19	54,3
Less Supportive	16	45,7
Maternal Anxiety Variable		
There is no anxiety	1	2,9
Mild anxiety	11	31,4
Moderate anxiety	16	45,7
Heavy anxiety	7	20,0
Misoprostol Labor Induction Variables		
Vaginal	21	60,0
Oral	14	40,0
Amount	**35**	**100**

Source: Research Questionnaire, 1-31 December 2023

Based on the age characteristics of the respondents, the majority were 25-29 years, namely 15 respondents or around 42.9%. Based on the educational characteristics, the majority were senior high school, namely 12 respondents or 34.3%. Based on the employment characteristics, the majority were housewife, namely 18 respondents. or 51.4%, based on the husband's support variable, the most supportive respondents were 19 respondents or 54.3%. the most frequent was vaginally, amounting to 21 respondents or 60.0%.

Table 2 Cross Tabulation between Variables

			anxiety				Total
			No There is	Light	Currently	Heavy	
Support Husband	Less Support	F	0	4	5	7	16
		%	0.0%	11.4%	14.3%	20.0%	45.7%
	Support	F	1	7	11	0	19
		%	2.9%	20.0%	31.4%	0.0%	54.3%
Total		F	1	11	16	7	35
		%	2.9%	31.4%	45.7%	20.0%	100.0%
	Vaginal	F	1	7	11	2	21

Induction Type		%	2.9%	20.0%	31.4%	5.7%	60.0%
	Oral	F	0	4	5	5	14
		%	0.0%	11.4%	14.3%	14.3%	40.0%
Total		F	1	11	16	7	35
		%	2.9%	31.4%	45.7%	20.0%	100.0%

Source: Research Questionnaire, 1-31 December 2023

Based on the table above, it is known that the variable Husband Support which supports the criterion of no anxiety is only 1 respondent (2.9%), while the Misoprostol vaginal labor induction variable has the criterion of no anxiety, namely 1 respondent (2.9).

Analysis of Research Statistical Test Results

		Value	Approx. Sig.
Nominal by Nominal	Contingency Coefficient	.487	.012
N of Valid Cases		35	

The results of the research analysis regarding the relationship between the influence of husband's support on the anxiety of mothers giving birth who received misoprostol labor induction based on statistical tests using the Chi-Square test showed that p = 0.012 < 0.05, so H0 was rejected and H1 was accepted, which means there is a relationship between the influence of husband's support on maternal anxiety. Maternity who received misoprostol labor induction. With value *correlation coefficient* 0.487 which means the level of relationship Between husband's support and anxiety of mothers who receive Misoprostol labor induction, it is in the moderate relationship category, where the correlation value range is between 0.400-0.599, which is included in the moderate relationship category (Sugiyono, 2010).

DISCUSSION

Identify Husband's Support

Support for mothers during labor will reduce the mother's anxiety during pregnancy facing childbirth. Support for mothers before the birth process can be given in several forms, namely emotional support, self-esteem, financial and information Amiri et al (2019) Attention and support from the people closest to them, especially husbands, really help overcome the anxiety experienced by mothers giving birth due to physical and psychological changes during pregnancy. Support from husbands and families has a significant role in reducing the intensity of pain in the first stage of labor. Therefore, support from husbands and families during the birth process is very important to help mothers in labor overcome the pain and stress that may arise. (Health Journal 12 (2) 2019,) Based on the results of the analysis, it can be seen that of the total number of respondents totaling 35 mothers who received Misoprostol labor induction, the majority (most) received support from their husbands, namely 19 respondents (54.3%), and Based on age, it is known that respondents aged 19-24 years are the respondents who received the most support from their husbands, namely 8 respondents (22.9%). Based on education, it is known that the respondents who received the most support from their husbands were mothers with high school education. Equivalent, namely 9 respondents (25.7%). Based on Occupation, it is known that the respondents based on Occupation with the most support from their husbands are Housewives with a total of 11 respondents (31.4%). The opinion that occurs is that the husband is present to accompany the wife during the birth process, is very supportive, for example helping to stroke the back of the mother's body, helps direct the mother if she is in pain, take a deep breath and then exhale slowly, when the mother needs anything at that time the husband can quickly help her, so that mothers feel more calm, and vice versa, mothers who are not accompanied by their husbands because their husbands are out of town feel a little

anxious. A husband's presence not only provides physical support, but also provides invaluable emotional and psychological support. When a mother gives birth, her husband's presence can provide a sense of security and comfort, making the mother feel fully supported in facing the challenges of the birthing process.

Identify Maternal Anxiety

The psychological problem felt by pregnant women when facing childbirth is anxiety. In general, anxiety is influenced by several symptoms that are similar to those of people experiencing stress. The difference is, stress is dominated by physical symptoms while anxiety is dominated by psychological symptoms, namely: motor or movement tension, autonomic nervous hyperactivity, excessive worry about things to come and excessive vigilance (Yuliani & Diki Retno, 2020). Anxiety as a form of emotion based on symbols of alertness and uncertain elements (Annisa, 2019)

Severe and prolonged anxiety before or during pregnancy experienced by the mother is more likely to result in medical difficulties and the birth of an abnormal baby compared to a mother who is relatively calm and safe. As a result of conditions of severe anxiety and panic, the things that the patient must do before giving birth are perceived unfavorably by the patient and even deviations occur. This can result in delays in birth plans or the birth recovery process (Murdayah, 2021).

Based on the results of the analysis, it can be seen that of the total 35 respondents who received misoprostol labor induction, almost half of the respondents experienced moderate levels of anxiety, namely 16 respondents (45.7%), 1 respondent (2.9%) did not experience anxiety. , 11 (31.4%) respondents experienced mild anxiety and 7 respondents (20.0) experienced severe anxiety. The opinion that occurs is that half of the 35 respondents experience anxiety, this is because the mother thinks too much that childbirth is a scary thing, this will lead to symptoms of feelings of anxiety, tension, fear of childbirth.

Misoprostol Labor Induction Identification

Misoprostol in tablet form is one option among other pharmacological labor induction because it is easy to administer, inexpensive, and more stable at room temperature (Morris, 2018). Labor induction is an artificial action or treatment to stimulate uterine contractions which are followed by Progressive dilatation and flattening of the cervix then ends with the birth of the baby (Setyorini, 2010 in Ni Nyoman, 2017). Misoprostol as a labor induction drug has good effectiveness and can help in the labor process. Although there are several other methods to assess cervical maturity, misoprostol has been widely used and proven to be effective in facilitating labor. However, it is important to remember that the use of misoprostol can also cause certain side effects, such as uterine contractions that are too strong or irregular. Based on the results of the analysis, it can be seen that the type of misoprostol labor induction given vaginally to women giving birth was 21 respondents (60%) while 14 respondents (40%) The opinion that occurred was that the majority of women giving birth received misoprostol labor induction vaginally because it directly looked better. better in achieving 'vaginal delivery within 24 hours' than Oral. So it can be seen that vaginal labor induction as a labor induction drug has good effectiveness and can help in the labor process.

Analysis of the Influence of Husband's Support on Anxiety of Mothers Who Received Misoprostol Labor Induction at Merauke District Hospital

The data analysis used in this research is *Spend*-square. The results of the research analysis on the Effect of Husband's Support on the Anxiety of Mothers Who Received Misoprostol Labor Induction at Merauke Regional Hospital based on statistical tests using the *Chi-Square* results were obtained $p = 0,012 < 0,05$ eye H_0 rejected and H_1 accepted, which means it can be concluded that there is an influence of husband's support on the anxiety of women giving birth who receive misoprostol labor induction at the Merauke District Hospital. Then, the value is obtained *correlation coefficient* amounted to 0.487, which means that the

level of relationship between husband's support and anxiety of women giving birth who received misoprostol labor induction at the Merauke District Hospital was included in the moderate relationship category, where the correlation value range was between 0.400-0.599, which was included in the medium relationship category (Sugiyono, 2010). The results show that there is a relationship between the influences of husband's support on the level of anxiety in mothers who receive misoprostol induction so that the mother can give birth smoothly until the baby is born. Furthermore, the husband's presence during the labor induction process can increase active participation and joint decisions between husband and wife. The husband's involvement in decision making regarding maternal care can provide the mother with a sense of control and self-confidence, which in turn can reduce anxiety levels. This creates a supportive environment, where husband and wife support each other to overcome the challenges of childbirth.

Overall, the influence of husband's support on the anxiety of mothers who receive Misoprostol labor induction is very important. This support includes emotional aspects, understanding of medical procedures, and active participation in decision making. Involving your husband as a supportive partner can create a more positive birth experience and help manage the level of anxiety that may arise during the labor induction process.

The results of this research are in line with research conducted by Pratiwi, et al (2021) with the research title "The Influence of Husband's Support on the Mother's Anxiety Level Before the Normal Delivery Process at the Antang Perumnas Makassar Community Health Center" where the results of the research also stated that there was an influence of husband's support on the mother's anxiety level before the normal delivery process at the Antang Prumnas Health Center. Researchers recommend providing education to husbands to accompany their wives during childbirth to reduce the psychological burden on mothers. The p value obtained is 0.003 < 0.05.

CONCLUSION

1. Based on the Husband's Support variable, the respondents with the most support were 19 respondents or 54.3%
2. Based on the Maternal Anxiety Variable, the most common were moderate anxiety, namely 16 respondents or 45.7%
3. Based on the variable type of delivery, the most common Misoprostol labor induction was vaginally, with 21 respondents or 60.0%.
4. There is a relationship between the influence of husband's support on the anxiety of women giving birth who receive misoprostol labor induction based on statistical tests using the Chi-Square test, the result is p = 0.012 < 0.05 With a value *correlation coefficient* 0.487, which means that the level of relationship between husband's support and anxiety of women giving birth who receive Misoprostol labor induction is in the medium relationship category.

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