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Original Article

Hubungan Persepsi Ibu Dan Dukungan Suami Dengan Tingkat Kecemasan Pada Ibu Hamil Dalam Menghadapi Proses Persalinan

Relationship Between Maternal Perception and Husband's Support with Anxiety among Pregnant Women Facing Childbirth

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ABSTRACT

Anxiety among pregnant women in facing the childbirth process remains a maternal health problem as it can affect psychological readiness, the course of labor, and the well-being of both mother and fetus. Lack of support, inaccurate perceptions, and fear of labor pain often exacerbate anxiety experienced by pregnant women. This study aimed to determine the relationship between maternal perception and husband's support with anxiety levels among pregnant women in facing the childbirth process at UPTD Puskesmas Jrangoan.

This study employed a correlational analytic design with a population of 33 pregnant women, from which 30 respondents were selected using simple random sampling. The research instrument was a questionnaire, and data were analyzed using the Spearman rank test.

The results showed that most pregnant women had good perceptions regarding childbirth, with 18 respondents (60.0%). In terms of husband's support, the majority of pregnant women received good support from their husbands, totaling 21 respondents (70.0%). Anxiety levels among pregnant women indicated that half of the respondents experienced moderate anxiety, amounting to 15 respondents (50.0%). There was a significant relationship between maternal perception and anxiety levels among pregnant women in facing childbirth at UPTD Puskesmas Jrangoan, Sampang, with a p-value of 0.000 (<0.05). There was also a significant relationship between husband's support and anxiety levels among pregnant women in facing childbirth at UPTD Puskesmas Jrangoan, Sampang, with a p-value of 0.007 (<0.05).

These findings indicate a significant relationship between husband's support and anxiety levels among pregnant women, where better husband's support is associated with lower levels of maternal anxiety.

Keywords: *Maternal perception, husband's support, anxiety, pregnant women facing childbirth*

ABSTRAK

Tingkat kecemasan pada ibu hamil dalam menghadapi proses persalinan masih menjadi masalah kesehatan maternal karena dapat memengaruhi kesiapan psikologis, proses persalinan, serta kesejahteraan ibu dan janin. Kurangnya dukungan, persepsi yang keliru, dan ketakutan terhadap nyeri persalinan sering memperberat kecemasan yang dialami ibu hamil. Penelitian ini bertujuan untuk mengetahui hubungan persepsi ibu dan dukungan suami dengan tingkat kecemasan pada ibu hamil dalam menghadapi proses persalinan di UPTD Puskesmas Jrangoan.

Metode penelitian ini menggunakan desain analitik korelasional dengan jumlah populasi sebanyak 33 didapatkan sampel sebanyak 30 dengan teknik simpel random sampling. Instrumen menggunakan kuesioner dengan analisis uji rank spearman.

Hasil penelitian ini didapatkan bahwa persepsi ibu hamil dalam menghadapi proses persalinan

menunjukkan sebagian besar memiliki persepsi baik sebanyak 18 orang (60,0%). Dukungan suami pada ibu hamil menghadapi proses persalinan menunjukkan sebagian besar ibu hamil mendapatkan dukungan baik dari suaminya sebanyak 21 orang (70,0%). Kecemasan pada ibu hamil menghadapi proses persalinan menunjukkan setengahnya ibu hampratiwipratiwiil mengalami kecemasan sedang sebanyak 15 orang (50,0%). Ada hubungan persepsi ibu dengan tingkat kecemasan pada ibu hamil dalam menghadapi proses persalinan di UPTD Puskesmas Jrangoan Sampang dengan p value 0,000 (0,05). Ada hubungan dukungan suami dengan tingkat kecemasan pada ibu hamil dalam menghadapi proses persalinan di UPTD Puskesmas Jrangoan Sampang dengan p value 0,007 (0,05).

Terdapat hubungan yang bermakna antara dukungan suami dengan tingkat kecemasan pada ibu hamil dalam menghadapi proses persalinan. Semakin baik dukungan suami yang diberikan, maka tingkat kecemasan ibu semakin rendah.

Kata Kunci: Persepsi ibu, dukungan suami, kecemasan, ibu hamil menghadapi persalinan

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Key Findings

- ⇒ More positive maternal perceptions of the childbirth process are associated with lower levels of anxiety among pregnant women.
- ⇒ Greater husband's support is associated with reduced anxiety among pregnant women facing childbirth.
- ⇒ Maternal perception and husband's support are important factors related to anxiety levels during the preparation for childbirth.

Introduction

Anxiety in pregnant women before labor arises from a lack of knowledge about the birthing process, fear of pain, the risk of complications, and concerns for the safety of themselves and their babies. It's not uncommon for pregnant women to also hear negative stories from their surroundings, further intensifying their fears. This condition can lead to physical and psychological stress, such as sleep disturbances, increased blood pressure, and ineffective contractions, which can ultimately impact the smoothness of labor. This phenomenon demonstrates that maternal anxiety is a crucial issue that needs to be addressed to support the mother's mental and physical readiness for labor (Muzayyana, 2021);(Shariatpanahi et al., 2023). Untreated anxiety experienced by pregnant women can negatively impact the mother's mental health and affect the course of labor.

Anxiety before childbirth is also related to a mother's preparedness for the birthing process. High levels of anxiety can lower self-confidence, hinder participation in antenatal care, and impact physical and psychological preparedness during labor. Research shows that age, previous pregnancy experience, and maternal health significantly impact maternal anxiety levels in the third trimester (Eravianti, et al., 2022); (Dewi & Idiana, 2022). Although several studies have discussed the factors that influence the anxiety of pregnant women, research that specifically analyzes the relationship

between maternal perception and husband's support with the level of anxiety of pregnant women in facing childbirth in the UPTD Jrangoan Health Center area is still limited.

According to the WHO, approximately 10% of pregnant women experience mental health disorders during pregnancy, and this figure increases to approximately 15.6% in developing countries. In Indonesia, the prevalence of anxiety in pregnant women is reported to be around 28.7%, while on the island of Java, the proportion of mothers in the third trimester facing childbirth is recorded at around 52.3%. In East Java, particularly in Madura, data shows that 31.4% of pregnant women experience very serious anxiety, and 12.9% experience severe anxiety (World Health Organization, 2021). Based on the results of a preliminary study conducted at the Jrangoan Sampang Community Health Center on October 2, 2025, through interviews with 10 pregnant women, data obtained showed that as many as 70% of pregnant women feel anxious in preparing for childbirth. Forms of anxiety felt include fear of pain during childbirth, worry about complications, and a lack of confidence in going through the labor process. This condition shows that most pregnant women still have quite high levels of anxiety, so special attention is needed in providing education, assistance, and psychological support so that they are better prepared mentally and physically to face the labor process.

The level of anxiety in pregnant women facing childbirth is influenced by various interrelated factors. Psychologically, anxiety can arise from limited knowledge about the birth process, fear of pain, and concerns about the safety of themselves and their babies (Noviyani et al., 2021). Socially, low family or partner support, economic constraints, and lack of access to appropriate information also exacerbate the condition. Medical factors such as a history of high-risk pregnancies, being too young or too old for the mother, and previous childbirth experiences also contribute to increased anxiety (Ilmiah et al., 2025). Furthermore, a pregnant woman's negative perception of childbirth, such as viewing it as a frightening experience, can exacerbate anxiety. Husband's support also plays a crucial role, as a husband's emotional and physical presence can provide a sense of security, reduce anxiety, and increase the mother's preparedness for childbirth.

Anxiety in pregnant women before delivery can have various negative impacts, both for the mother and the fetus. In the mother, high anxiety can lead to increased blood pressure, sleep disturbances, fatigue, and decreased concentration and motivation in preparing for labor. This condition can also trigger prolonged labor due to muscle tension, increased need for medical intervention, and the risk of postpartum hemorrhage (Nela Novita, et al., 2025). Meanwhile, in the fetus, maternal anxiety is associated with increased fetal heart rate, the risk of hypoxia, and low birth weight due to impaired placental blood flow (Irawati Riana Dewi, et al., 2025). If not promptly addressed, maternal anxiety can impact the quality of life of the mother and baby, as well as the postpartum adaptation process (Wicaksana et al., 2024).

Addressing anxiety in pregnant women before childbirth can be carried out through psychological, educational, and social support approaches. Providing education about the pregnancy and childbirth process has been shown to increase knowledge and reduce maternal anxiety, as a good understanding can reduce fear of the unknown (Míguez et al., 2021). Family support, especially the husband's, also plays a significant role in providing a sense of security and increasing mental preparedness for pregnant women (Fattah et al., 2025). Furthermore, relaxation techniques such as deep breathing, meditation, prenatal exercises, and counseling with health professionals can help reduce anxiety levels (Thaib et al., 2026). The involvement of health professionals in providing information, counseling, and quality antenatal care is key to fostering maternal confidence and preparedness for childbirth.

Methods

Design, Participants, and Setting

This study employed a correlational analytical design with a cross-sectional approach. The study was conducted in the working area of the Jrangoan Community Health Center (UPTD) in October-November 2025. The study population was all 33 pregnant women facing childbirth, with a sample of 30 respondents taken using the Slovin formula and simple random sampling techniques. The independent variables were the mother's perception and husband's support, while the dependent variable was the level of anxiety. Data collection instruments were a demographic data questionnaire, a perception questionnaire (12 statements), a husband's support questionnaire (16 statements), and a DASS questionnaire to measure anxiety. Data analysis was carried out univariately for frequency distribution and bivariately using the Spearman Rank statistical test with a significance level of **α**= 0.05

Instruments

The instrument in this study was a questionnaire. The questionnaire was used to obtain demographic data consisting of maternal age, highest education, and occupation. To measure perceptions, family support, and anxiety levels, a questionnaire was used.

Table 1. Questionnaire item to determine the relationship between maternal perception and husband's support with the level of anxiety in pregnant women in facing the delivery process

Variabel	Parameter	Criteria
Mother's perception	1. Knowledge about childbirth 2. Perceptions/perceptions about childbirth 3. Feelings or emotions related to childbirth 4. Expectations about childbirth	Good = 3 Sufficient = 2 Poor = 1 Criteria: • Good = 76-100% • Sufficient = 50-75% • Poor = <50%
Husband's support	1. Instrumental support 2. Informational support 3. Emotional support 4. Assessment support	Score: 0: Never 1: Sometimes 2: Often 3: Always Criteria: • Good husband support 33-48 • Sufficient husband support 17-32 • Poor husband support 0-16
Anxiety level	DASS	1. Very heavy > 20 2. Weight 15-19 3. Medium 10-24 4. Light 8-9 5. Not anxious 0-7

Data Collection and Analysis

The process of collecting data for this research is to process a cover letter from the Wiraraja University campus in Sumenep for data collection, process data collection permits from the Head of the Jrangoan Community Health Center, researchers use questionnaires as research instruments, fill in all the questions in the questionnaire, process data and compile research results reports.

The collected data were analyzed using Spearman rank test because it examined the analysis of more than two variables: the independent variables of husband's perception and support, and the dependent variable of anxiety level. To determine the relationship between maternal perception and husband's support and anxiety levels in pregnant women facing childbirth at the Jrangoan Community Health Center (UPTD), the Spearman rank test was used with Statistical Product and Service Solution (SPSS) 16 software for Windows, with a significance level of $\alpha = 0.05$. If $p < \alpha$ indicates a relationship between the two variables, H0 is accepted.

Ethical Approval

To conduct this research, the researcher first submitted a research permit request from Wiraraja University to the Jrangoan Community Health Center with bearing letter number 1105/D-WD.I-FIK/PP-01/UNIJA/XI/2026. Jrangoan Community Health Center then responded with a letter numbered 440/200/434.203.200.20/2026 that Jrangoan Community Health Center was willing to facilitate research activities. The first step was to obtain informed consent from the research subjects. The researcher explained the purpose of the research and its potential impacts during and after data collection. Those who agreed to participate were required to sign a consent form. If they refused, the researcher would not coerce them and would respect their rights. The second step was anonymity.

To maintain confidentiality, the researcher did not include their names on the data collection forms; they were simply assigned a code number for each form. Finally, the confidentiality of the information provided by the subjects was guaranteed by the researcher. The presentation of research data was only displayed in academic forums. The consent form is attached.

Results

Table 2. Frequency Distribution of Respondents Based on Age, Education Level, Occupation, Maternal Perception of Childbirth Process, Husband's Support, and Anxiety Level (N = 30)

Variable	Category	n (%)
Age	17–25 years	18 (60.0)
	26–45 years	12 (40.0)
	Total	30 (100.0)
Education Level	Junior High School (SMP)	10 (33.3)
	Senior High School (SMA)	13 (43.3)
	Higher Education (PT)	7 (23.3)
	Total	30 (100.0)
Occupation	Housewife (IRT)	14 (46.7)
	Entrepreneur	16 (53.3)
	Total	30 (100.0)
Maternal Perception of	Fair	12 (40.0)

Variable	Category	n (%)
Childbirth Process		
	Good	18 (60.0)
	Total	30 (100.0)
Husband's Support	Fair	9 (30.0)
	Good	21 (70.0)
	Total	30 (100.0)
Anxiety Level	Not anxious	0 (0.0)
	Mild	0 (0.0)
	Moderate	15 (50.0)
	Severe	5 (16.7)
	Extremely Severe	10 (33.3)
	Total	30 (100.0)

Based on the **table 2** above, the age distribution of respondents shows that the majority are aged 17-25, amounting to 18 (60.0%). The distribution of educational attainment among respondents shows that nearly half, 13 (43.3%), had a high school education. The distribution of jobs among respondents shows that the majority work as self-employed, as many as 16 people (53.3%). The majority of pregnant women have a good perception of the childbirth process, with 18 women (60.0%) reporting positive perceptions. The distribution of husband's support for pregnant women facing the delivery process shows that the majority of pregnant women receive good support from their husbands, as many as 21 people (70.0%) and the distribution of anxiety in pregnant women facing the delivery process shows that half of the pregnant women experience moderate anxiety, as many as 15 people (50.0%).

Table 3. Relationship Between Maternal Perception of the Childbirth Process, Husband's Support, and Anxiety Level Among Pregnant Women (N = 30)

Variable	Category	Not Anxious n (%)	Mild n (%)	Moderate n (%)	Severe n (%)	Extremely Severe n (%)	Total n (%)	p-value
Maternal Perception of Childbirth Process	Fair	0 (0.0)	0 (0.0)	0 (0.0)	5 (41.7)	7 (58.3)	12 (100.0)	<0.001
	Good	0 (0.0)	0 (0.0)	15 (83.3)	0 (0.0)	3 (16.7)	18 (100.0)	
Husband's Support	Fair	0 (0.0)	0 (0.0)	0 (0.0)	5 (55.6)	4 (44.4)	9 (100.0)	0.007
	Good	0 (0.0)	0 (0.0)	15 (71.4)	0 (0.0)	6 (28.6)	21 (100.0)	

Based on the **table 3** above, analysis between maternal perception and anxiety level showed that all respondents with fair perception experienced anxiety, with the majority categorized as extremely severe anxiety, namely 7 respondents (58.3%), while 5 respondents (41.6%) experienced severe anxiety. Meanwhile, among respondents with good perception, most experienced moderate anxiety, namely 15 respondents (83.3%), and only a small proportion experienced extremely severe anxiety, namely 3 respondents (16.6%). The Spearman Rank statistical test obtained a p-value of 0.000 (<0.05), indicating that there was a significant relationship between maternal

perception and anxiety level among pregnant women facing the labor process at the UPTD Jrangoan Community Health Center, Sampang.

Furthermore, the relationship between husband's support and anxiety level revealed that all respondents with fair husband support experienced anxiety, with the majority categorized as severe anxiety, namely 5 respondents (55.4%), while 4 respondents (44.4%) experienced extremely severe anxiety. In contrast, among respondents with good husband support, most experienced moderate anxiety, namely 15 respondents (71.4%), and a smaller proportion experienced extremely severe anxiety, namely 6 respondents (28.5%). The Spearman Rank test yielded a p-value of 0.007 (<0.05), indicating a significant relationship between husband's support and the anxiety level of pregnant women facing the childbirth process at the UPTD Jrangoan Community Health Center, Sampang.

Discussion

The findings indicate that pregnant women generally demonstrated positive perceptions toward the childbirth process. This suggests that most participants had adequate understanding and psychological preparedness regarding labor and delivery. Positive perceptions may have been shaped by antenatal education, prior pregnancy experiences, and the quality of information received from healthcare providers. According to the Health Belief Model, individuals are more likely to respond positively to health-related situations when they perceive benefits and believe they are capable of overcoming potential barriers. In this context, positive perceptions may help pregnant women feel more confident and emotionally prepared for childbirth. Previous studies have similarly reported that adequate antenatal education and emotional support contribute to more positive perceptions and lower levels of childbirth anxiety among pregnant women ((Azza et al., 2025); (Munkhondya et al., 2020)). In addition, positive perceptions are closely associated with self-efficacy, which plays an important role in helping women cope with labor-related stress and uncertainty (Mohammed et al., 2026). These findings reinforce existing evidence that cognitive and emotional readiness are important factors influencing maternal mental well-being during pregnancy.

The findings also demonstrate that husbands generally provided good support to pregnant women during pregnancy and childbirth preparation. Husband support represents an important form of social support that can influence maternal psychological well-being. Emotional attention, practical assistance, and involvement in decision-making may help pregnant women feel safer and more valued during the childbirth process. Social support theory explains that supportive interpersonal relationships can reduce stress and improve coping abilities when individuals face challenging situations. The present findings are consistent with previous research indicating that active husband involvement during pregnancy contributes to lower anxiety levels, improved maternal confidence, and a more positive childbirth experience (Tenri & Dwi, 2021). Furthermore,

partner support may encourage pregnant women to seek health services more actively and make informed decisions regarding delivery preparation (Alizadeh-dibazari et al., 2025). These findings highlight the importance of involving husbands in maternal healthcare programs to strengthen psychological support for pregnant women.

Pregnant women in this study commonly experienced moderate anxiety when facing childbirth. Anxiety during pregnancy may arise from concerns about labor pain, maternal and fetal safety, previous birth experiences, and uncertainty regarding the delivery process. Stress and coping theory explains that anxiety occurs when individuals perceive a situation as threatening and feel uncertain about their ability to manage it. Moderate anxiety may still function as an adaptive response that encourages pregnant women to prepare physically and psychologically for childbirth. However, persistent or unmanaged anxiety could negatively affect maternal well-being and delivery outcomes. Previous studies have shown that limited knowledge, negative childbirth experiences, and insufficient emotional support are associated with higher levels of antenatal anxiety (Priyadarshanie et al., 2023). Nevertheless, positive coping strategies and supportive environments may help pregnant women adapt more effectively and prevent anxiety from progressing to more severe psychological distress. These findings emphasize the need for continuous psychological support and maternal education during pregnancy(Priyadarshanie et al., 2023).

The study further demonstrates that maternal perceptions were closely associated with anxiety levels during childbirth preparation. Pregnant women with more positive perceptions tended to experience lower anxiety, whereas negative perceptions were associated with increased emotional distress. Cognitive theory explains that emotional responses are influenced by how individuals interpret and evaluate events (Tingkat et al., 2025). When childbirth is perceived as dangerous or frightening, anxiety levels are likely to increase. Conversely, positive interpretations supported by adequate knowledge and prior experience may strengthen psychological readiness and emotional control. Similar findings have been reported in previous studies, which found that positive perceptions and strong self-efficacy reduce antenatal anxiety and improve maternal confidence during labor (Mccarthy et al., 2021). The present findings contribute to existing knowledge by emphasizing the importance of psychological and educational interventions aimed at shaping positive perceptions of childbirth among pregnant women.

In addition, husband support was found to play an important role in reducing maternal anxiety during childbirth preparation. Emotional reassurance, encouragement, and practical assistance from husbands may help pregnant women feel more secure and less isolated during pregnancy and labor. Social support theory suggests that emotional and instrumental support can buffer stress responses and improve psychological adaptation. These findings are in line with previous studies reporting that active husband involvement contributes to lower

antenatal anxiety, improved coping abilities, and better psychological preparedness for childbirth (Abidah et al., 2023). The study therefore strengthens evidence regarding the importance of family-centered approaches in maternal healthcare, particularly by encouraging husband participation during antenatal care and childbirth preparation(Rini et al., 2025).

Several limitations should be considered when interpreting these findings. The study was conducted in a single healthcare setting with a relatively limited number of participants, which may reduce the generalizability of the results to other populations or regions. In addition, the cross-sectional design does not allow causal relationships between perceptions, husband support, and anxiety to be established. Data were also collected using self-reported questionnaires, which may be influenced by social desirability bias or subjective interpretation by respondents. Future studies are recommended to involve larger and more diverse populations, apply longitudinal approaches, and explore additional factors such as socioeconomic status, cultural beliefs, and healthcare accessibility that may influence maternal anxiety and childbirth preparedness.

Overall, this study contributes to existing knowledge by highlighting the important roles of maternal perceptions and husband support in influencing anxiety among pregnant women facing childbirth. The findings suggest that strengthening antenatal education, improving psychological support, and increasing husband involvement in maternal healthcare programs may help reduce maternal anxiety and enhance childbirth preparedness.

Conclusion

Based on the research results, it can be concluded that the majority of pregnant women at the Jrangoan Community Health Center (UPTD) have positive perceptions and receive good husband support. The most common anxiety level was moderate. There was a significant relationship between mothers' perceptions and husbands' support and their anxiety levels. Health workers are advised to increase husband involvement in prenatal classes and childbirth preparation counseling to foster positive perceptions and provide mental support for mothers.

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Conflict of Interest

There is no conflict of interest.

Author Contribution

Ria Verti Sandika Arif: Conceptualization, Methodology, Coordination of activities, Investigation, Data analysis, Writing – initial draft.

Listya Ningsih: Methodology, Validation, Data curation, Writing – review and editing, Supervision.

Eko Mulyadi: Investigation, Data collection, Health education, Activity documentation, licensing and coordination.
Dian Permatasari: Investigation, Data collection, Participant mentoring, Activity documentation.
Nailiy Huzaimah: Data curation, Data analysis, Data visualization, Writing – review and editing.

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Appendix

Kuesioner Persepsi

No	Pernyataan	SS	S	TS	STS
1	Saya memahami tahapan proses persalinan secara jelas.	☐	☐	☐	☐
2	Saya merasa yakin dapat menghadapi persalinan dengan baik.	☐	☐	☐	☐
3	Saya mengetahui tanda-tanda persalinan yang normal dan tidak normal.	☐	☐	☐	☐
4	Saya percaya bahwa persalinan dapat berjalan lancar jika saya mempersiapkan diri.	☐	☐	☐	☐
5	Saya merasa takut terhadap rasa sakit saat persalinan.	☐	☐	☐	☐
6	Saya memiliki harapan positif terkait kesehatan bayi saya saat persalinan.	☐	☐	☐	☐
7	Saya memahami cara mengelola stres atau kecemasan menjelang persalinan.	☐	☐	☐	☐
8	Saya yakin dapat mengambil keputusan yang tepat selama proses persalinan.	☐	☐	☐	☐
9	Saya percaya dukungan tenaga kesehatan akan membantu proses persalinan saya.	☐	☐	☐	☐
10	Saya memiliki pemahaman tentang komplikasi persalinan dan cara mengantisipasinya.	☐	☐	☐	☐
11	Saya merasa pengalaman kehamilan sebelumnya membantu saya mempersiapkan persalinan saat ini.	☐	☐	☐	☐
12	Saya optimis bahwa persalinan dapat saya jalani dengan aman dan nyaman.	☐	☐	☐	☐

(Putri & Lestari, 2022).

Kuesioner Dukungan Suami

NO	PERTANYAAN	SELALU	SERING	KADANG KADANG	TIDAK PERNAH
	DUKUNGAN INSTRUMENTAL				
1	Suami sangat berperan aktif dalam setiap pengobatan dan perawatan sakit saya				
2	Suami bersedia membiayai biaya perawatan dan pengobatan saya				
3	Suami menyediakan waktu dan fasilitas jika saya memerlukan mereka untuk keperluan pengobatan				
4	Suami menyediakan semua kebutuhan sandang dan pangan saya				
	DUKUNGAN INFORMASIONAL				
5	Suami selalu mengingatkan saya untuk control, minum obat, latihan dan makan				
6	Suami selalu memberitahu tentang hasil pemeriksaan dan pengobatan dari dokter yang merawat kepada saya				
7	Suami mengingatkan saya tentang perilaku yang memperburuk penyakit saya				
8	Suami menjelaskan kepada saya setiap saya bertanya hal hal yang tidak jelas tentang penyakit saya				
	DUKUNGAN EMOSIONAL				
9	Suami selalu memberi pujian dan perhatian kepada saya				
10	Suami selalu mendampingi saya dalam perawatan				
11	Suami selalu memberi kepercayaan kepada saya				
12	Suami selalu bersikap ramah dan bicara sopan kepada saya				

NO	PERTANYAAN	SELALU	SERING	KADANG KADANG	TIDAK PERNAH
	DUKUNGAN PENGHARGAAN				
13	Suami dan tetangga memaklumi bahwa sakit yang saya alami dalah suatu musibah				
14	Suami mencintai dan memperhatikan keadaan saya selama saya sakit				
15	Suami melibatkan saya dalam mengambil keputusan				
16	Suami menceritakan masalah keluarga kepada saya				

(Friedman, 2013)

Kuesioner Kecemasan

No	Aspek yang dinilai	0	1	2	3
1	Menjadi marah karena hal-hal kecil				
2	Mulut terasa kering				
3	Tidak dapat melihat hal positif dari setiap kejadian				
4	Merasakan gangguan dalam bernafas (nafas cepat, sulit nafas)				
5	Merasa sepertinya tidak kuat lagi melakukan suatu kegiatan				
6	Cenderung bereaksi berlebih pada situasi				
7	Kelemahan pada anggota tubuh				
8	Kesulitan untuk relaksasi/bersantai				
9	Cemas yang berlebihan dalam suatu situasi namun bisa lega jika hal/situasi itu berakhir				
10	Pesimis				
11	Mudah merasa kesal				
12	Merasa banyak menghabiskan energi karena cemas				
13	Merasa sedih dan depresi				
14	Tidak sabaran				
15	Kelelahan				
16	Kehilangan minat pada banyak hal				
17	Merasa diri tidak layak				
18	Mudah tersinggung				
19	Mudah berkeringat				
20	Ketakutan tanpa alasan yang jelas				
21	Merasa hidup tidak berharga				
22	Sulit untuk beristirahat				
23	Kesulitan dalam menelan				
24	Tidak dapat menikmati hal-hal yang dilakukan				
25	Perubahan kegiatan jantung dan denyut nadi tanpa stimulasi oleh latihan fisik				
26	Merasa hilang harapan dan putus asa				
27	Mudah marah				
28	Mudah panik				

No	Aspek yang dinilai	0	1	2	3
29	Kesulitan untuk tenang setelah sesuatu mengganggu				
30	Takut diri terhambat oleh tugas-tugas yang tidak bisa dilakukan				
31	Sulit untuk antusias pada banyak hal				
32	Sulit mentoleransi gangguan-gangguan terhadap hal yang sudah dilakukan				
33	Berada pada keadaan tegang				
34	Merasa tidak berharga				
35	Tidak dapat memaklumi hal apapun yang menghalangi untuk menyelesaikan hal yang dilakukan				
36	Ketakutan				
37	Tidak ada harapan untuk masa depan				
38	Merasa hidup tidak berarti				
39	Mudah gelisah				
40	Kehawatiran dengan situasi saat diri Anda mungkin menjadi panik dan mempermalukan diri sendiri				
41	Gemetaran				
42	Sulit untuk meningkatkan inisiatifdalam melakukan sesuatu				
Total					

(Lovibond & Lovibond, 2020; Asih & Yanti, 2022).

- Skala Depresi : 3, 5, 10, 13, 16, 17, 21, 24, 26, 31,34, 37, 38, 42.
- Skala Kecemasan : 2, 4, 7, 9, 15, 19, 20, 23, 25, 28, 30,36, 40, 41.
- Skala Stress : 1, 6, 8, 11, 12, 14, 18, 22, 27, 29, 32, 33, 35, 39.

Indikator Penilaian

Tingkat	**Depresi**	**Kecemasan**	**Stress**
Tidak cemas	0-9	0-7	0-14
Ringan	10-13	8-9	15-18
Sedang	14-20	10-24	19-25
Berat	21-27	15-19	26-33
Berat sekali	>28	>20	>34