

The Effect of Emotional Intelligence and Social Support on Anxiety in Primigravida Pregnant Women in The Third Trimester in Facing Childbirth

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ABSTRACT

KEYWORDS

Emotional Intelligence;
Social Support; Anxiety
in Primigravida

Anxiety during the third trimester of pregnancy is a significant concern, especially among primigravida women with no previous childbirth experience. This research explores the influence of emotional intelligence and social support on anxiety levels in third-trimester primigravida pregnant women. This research employed a quantitative method and purposive sampling, collecting data from 71 respondents who met specific inclusion criteria. Standardized instruments were employed, including the Pregnancy-related Anxiety Scale (PrAS), the Wong and Law Emotional Intelligence Scale (WLEIS), and the Social Provisions Scale (SPS). Multiple regression analysis revealed that emotional intelligence and social support together accounted for 18.2% of the variance in anxiety ($p \leq 0.01$). Individually, emotional intelligence contributed 11.9% and social support 12.2% to the reduction of anxiety, suggesting that social support had a slightly greater impact. These findings highlight the importance of enhancing both internal and external coping resources in maternal care. The study contributes to developmental and clinical psychology by refining the understanding of psychological determinants of prenatal anxiety and reinforces the role of social networks in maternal mental health. Practically, it underscores the need for tailored emotional regulation training and structured support systems for first-time mothers. Future studies are recommended to explore additional psychological and contextual factors influencing prenatal anxiety through longitudinal or intervention-based designs.

INTRODUCTION

Pregnancy, especially the first one, is often filled with excitement and anticipation. However, primigravida mothers frequently face heightened psychological vulnerability due to a lack of previous childbirth experience, leading to increased anxiety (Agatha, 2022; Handayani, 2015). This anxiety is amplified in the third trimester when concerns about labor, delivery, and the baby's health become more prominent (Nastiti, 2020). Lubis (2016) and Firouzbakht et al. (2014) describe childbirth as a life-threatening and highly emotional event, which often triggers intense fear in first-time mothers. This persistent fear, as echoed by Bayrampour et al. (2016), can overshadow the anticipation of childbirth.

Numerous external and internal factors exacerbate maternal anxiety. Hormonal changes, financial instability, relationship tensions, and uncertain future expectations contribute

significantly to stress during pregnancy (Agatha, 2022). Research has demonstrated that anxiety levels are particularly elevated among primigravida mothers compared to multigravida counterparts (Kurniawati & Wahyuni, 2014). Saputri and Yudianti (2020) classify pregnant women's anxiety into mild, moderate, and severe risk levels, with Hidayat (2013) finding that the majority experience moderate anxiety. Psychological conditions like emotional volatility, irritability, and depressive symptoms are common and often unaddressed (Dwiyani & Widuri, 2022).

Emotional intelligence emerges as a crucial internal factor in managing anxiety during pregnancy. It encompasses the ability to recognize, understand, and regulate emotions (Ciarrochi & Mayer, 2013; Huizink, 2021). Women with higher emotional intelligence are more likely to cope positively with the stressors of childbirth (Nuraini, 2013). Research by Thomas, Sung, and Bretl (2023), Sarifah (2016), and Yessy & Purnamasari (2022) confirms that emotional intelligence has a negative correlation with anxiety. The findings indicate that higher emotional awareness helps pregnant women suppress negative thoughts and respond more adaptively to labor-related fear and stress (Mutya, 2022 (Herfiantoro et al., 2019)).

External support systems also play a pivotal role in reducing prenatal anxiety. Social support from partners, family, and the surrounding environment helps mothers manage emotional stress (Muktiara, 2023). Johnson and Johnson (1991) emphasize the therapeutic role of supportive networks, while Taylor (2011) and Ningsih (2016) highlight the physical and mental health benefits of such support. Multiple studies (Besthorn et al., 2018; Maharani & Fakhurrozi, 2014; Moulina & Hermaleni, 2018; Utomo & Sudjiwanati, 2018; Yue et al., 2021) have affirmed the inverse relationship between social support and anxiety. These findings collectively suggest that robust emotional and informational support during pregnancy fosters maternal well-being.

Building on previous research, this study aims to investigate the combined effect of emotional intelligence and social support on anxiety, specifically among third-trimester primigravida women. Unlike earlier studies conducted on general pregnant populations or pandemic-era workers (Hijriyati, 2021) Mutya & Adiyanti (2022). This study focuses on a distinct population segment and expands the geographic sample beyond previously limited scopes. Given the unique vulnerability of third-trimester primigravida women and the scarcity of research targeting this group, this study intends to fill that gap and quantify how significantly emotional intelligence and social support mitigate their anxiety levels during childbirth preparation.

This study aims to empirically examine the impact of emotional intelligence and social support on anxiety levels among third-trimester primigravida pregnant women as they prepare for childbirth. The research is expected to offer both theoretical and practical benefits: theoretically, it will contribute to Psychology—particularly Developmental, Social, and Clinical Psychology—by expanding knowledge on emotional intelligence, social support, and anxiety, while also explaining related phenomena; practically, it will provide insights for

pregnant women to manage anxiety through improved emotional intelligence, help families understand and support expectant mothers, assist healthcare workers in addressing anxiety-related issues, and serve as a reference for future research on these variables.

The novelty of this study lies in its specific focus on third-trimester primigravida pregnant women—a group particularly vulnerable to anxiety due to their lack of prior childbirth experience. While previous research has examined the role of emotional intelligence and social support in managing anxiety in broader contexts, such as among workers during the COVID-19 pandemic (Hijriyati, 2021) or pregnant women generally (Mutya & Adiyanti, 2022; Yessy & Purnamasari, 2022)—this study narrows its scope to a highly specific population: first-time mothers in the critical final trimester of pregnancy. Furthermore, it extends the geographic scope beyond prior studies such as Mutya's (2022), which were limited to Yogyakarta and Pekanbaru, by involving a wider domicile distribution across Indonesian provinces. In addition, the study empirically quantifies the relative contributions of emotional intelligence (11.9%) and social support (12.2%) to anxiety reduction using validated instruments, offering comparative insight not commonly found in previous literature that often emphasized qualitative outcomes or bivariate correlations.

METHOD RESEARCH

This study investigated the influence of emotional intelligence and social support on anxiety levels among third-trimester primigravida pregnant women. The dependent variable is anxiety, while the independent variables are emotional intelligence and social support. The research population comprises third-trimester primigravida women, selected through a non-probability sampling method, specifically purposive sampling, based on criteria such as gestational age (third trimester), being in their first pregnancy, and aged between 20 and 40 years.

The data were collected using a questionnaire, which included items related to respondent identity, anxiety, emotional intelligence, and social support. The instruments utilized standardized scales adapted to the study's context, namely the Pregnancy-related Anxiety Scale (PrAS), the Wong and Law Emotional Intelligence Scale (WLEIS), and the Social Provisions Scale (SPS).

Responses were measured by using a Likert scale with five answer choices: Very Appropriate (SS), Appropriate (S), Neutral (N), Not Appropriate (TS), and Very Not Appropriate (STS). These options allowed respondents to express the extent of agreement or relevance regarding each item. The overall aim of this measurement approach was to quantitatively assess perceptions and experiences related to the study variables.

This methodological framework enables the researchers to evaluate how emotional intelligence and social support correlate with and possibly predict levels of anxiety in a specific maternal population, offering data-driven insights into prenatal psychological health.

RESULT AND DISCUSSION

Research Preparation

The preparation made by the researcher before conducting the research is the collection of research materials, such as determining the research topic, determining the research respondents, looking for phenomena, compiling the background of the problem, the theoretical foundation, and the research method, as well as determining and compiling a measuring tool or scale. In this study, the researcher employed three scales: the anxiety scale, the emotional intelligence scale, and the social support scale. The anxiety scale in this study was measured using the Pregnancy-related Anxiety Scale (PrAS), adapted and modified from Putri and Gunatirin (2020). The emotional intelligence scale was measured using the Wong and Law Emotional Intelligence Scale (WLEIS), which was adapted and modified from Pasaribu (2019). Furthermore, to measure social support, the researcher used the Social Provisions Scale (SPS) adapted and modified from Deviana et al., (2020).

After obtaining the measuring tools for the three variables, the researcher carried out the process of adaptation and modification of the items. In modifying the statement items, the researcher received assistance from a researcher friend who is a graduate of the Master of Professional Psychology at one of the State Universities, as well as assistance from the supervisor. After making modifications, the research tool goes through a content validity test by expert judgement, namely the research supervisor, to see if the measuring tool has measured what will be measured and the results of adaptation and modification are in accordance with the original measurement tool and can be understood by the participants. At this stage, there is no reduction in items; it's just that several items have had their sentences corrected. After making improvements, the researcher then created an online questionnaire using Google Forms.

Hypothesis Test

Hypothesis tests were conducted to find out whether emotional intelligence has an effect on anxiety, and whether social support has an effect on anxiety, as well as whether emotional intelligence and social support affect anxiety. If the significance value is < 0.05 , then it can be said that there is an influence between the free variable and the dependent variable.

The Effect of Emotional Intelligence on Anxiety

The results of the simple regression analysis showed that an F-value of 9.349 was obtained, with a significance value of 0.003 ($p \leq 0.01$). This shows that there is an influence of emotional intelligence on anxiety in third-trimester primigravida pregnant women in the face of childbirth. The results of the influence analysis showed that the R value for tightness was 0.345 with an R-squared value of 0.119, indicating that emotional intelligence had a 11.9% influence on anxiety, while the remaining 88.1% was influenced by other factors outside the scope of the study. Therefore, the hypothesis proposed in this study is accepted. The results of the hypothesis test analysis are presented in Table 1.

Table 1. Results of the Emotional Intelligence Hypothesis Test on Anxiety

Variable	R	R Square	F	Sig	Result
Emotional Intelligence Against Anxiety	0,345	0,119	9,349	0,003	There is an influence

The Effect of Social Support on Anxiety

The results of the simple regression analysis showed that an F-value of 9.612 was obtained, with a significance value of 0.003 ($p \leq 0.01$). This shows that there is an effect of social support on anxiety in primigravida pregnant women in the third trimester when facing childbirth. The results of the influence analysis showed that the R value of proximity was 0.350 with an R square of 0.122, meaning that social support had an influence of 12.2% on anxiety, and the remaining 87.8% was influenced by other factors outside the study. Therefore, the hypothesis proposed in this study is accepted. The results of the hypothesis test analysis are presented in Table 2.

Table 2. Results of the Social Support Hypothesis Test for Anxiety

Variable	R	R Square	F	Sig	Result
Social Support Against Anxiety	0,350	0,122	9,612	0,003	There is an influence

The Effect of Emotional Intelligence and Social Support on Anxiety

The results of multiple regression analysis showed that an F value of 7.541 was obtained with a significance value of 0.001 ($p \leq 0.01$). This shows that there is an influence of emotional intelligence and social support on anxiety in primigravida pregnant women in the third trimester when facing childbirth. The results of the influence analysis showed that the R value of closeness was 0.426 with an R square of 0.182, meaning that emotional intelligence and social support had an influence of 18.2% on anxiety, and the remaining 81.8% were influenced by other factors outside the study. Therefore, the hypothesis proposed in this study is accepted. The results of the hypothesis test analysis are presented in Table 3.

Table 3. Results of the Emotional Intelligence and Social Support Hypothesis Test for Anxiety

Variable	R	R Square	F	Sig	Result
Emotional Intelligence and Social Support Against Anxiety	0,426	0,182	7,541	0,001	There is an influence

Discussion

This study aims to empirically test the influence of emotional intelligence and social support on anxiety in primigravida third-trimester pregnant women in the face of childbirth. Based on the results of the regression analysis test, it was found that there was a significant

influence between emotional intelligence on anxiety obtained an F value of 9.349 with a significance value of 0.003 ($p \leq 0.01$), and there was a significant influence between social support for anxiety obtained an F value of 9.612 with a significance value of 0.003 ($p \leq 0.01$), and there was an influence of emotional intelligence and social support on anxiety obtained an F value of 7.541 with a The significance value was 0.001 ($P \leq 0.01$). This means that the higher the value of emotional intelligence and social support, the lower the anxiety. With that, the three hypotheses proposed in this study are accepted.

The results of the first regression analysis conducted in this study showed that the magnitude of the influence of emotional intelligence on anxiety in third-trimester primigravida pregnant women facing childbirth was 11.9%, and other factors outside the study influenced the remaining 88.1%. Emotional intelligence can affect anxiety in third-trimester primigravida pregnant women when facing childbirth because pregnancy can be a source of anxiety stressors, especially in a third-trimester primigravida pregnant woman who will face childbirth. This condition often causes feelings of tension, panic, fear, stress, and worry when dealing with the birth of a baby. Pregnant women who are emotionally intelligent tend to view pregnancy and the associated changes as positive, allowing them to navigate pregnancy more comfortably and effectively (Sarifah, 2016). Therefore, the emotional intelligence that pregnant women have can reduce their anxiety. The results of this study are in accordance with research conducted by Mutya (2022), who stated that there is a negative relationship between emotional intelligence and maternal anxiety in facing childbirth. Yessy and Purnamasari (2022) also mentioned that there is a relationship between emotional intelligence and anxiety in primigravida pregnant women.

The results of the second regression analysis showed that social support had an effect of 12.2% on anxiety, and the remaining 87.8% was influenced by other factors outside the study. Social support can affect anxiety in third-trimester primigravida pregnant women when facing childbirth because, during the pregnancy process, there are biological, physiological, and psychological changes. Psychologically, primigravida pregnant women can experience stress and anxiety caused by the mother's adaptation process to her pregnancy. Anxiety experienced by primigravida pregnant women can affect fetal development, high blood pressure, and shortness of breath, and if not treated immediately, can harm the mother and the fetus. Social support is a form of assistance given to pregnant women to protect them from anxiety (Utomo & Sudjiwanati, 2018). The forms of social support that pregnant women can receive include emotional support, practical support, and informational support. Social support is expected to help pregnant women reduce anxiety when facing childbirth. The results of this study are in accordance with research conducted by Maharani and Fakhurrozi (Besthorn et al., 2018; Maharani & Fakhurrozi, 2014), which found that the higher the social support, the lower the anxiety experienced by pregnant women before birth. Thus, it can be ensured that the role of the family is important for pregnant women in dealing with childbirth to reduce anxiety levels.

The results of the third regression analysis showed that emotional intelligence and social support had an influence of 18.2% on anxiety, and the remaining 81.8% was influenced by other factors outside the study, such as age, parity, and knowledge (Khoiriah & Mariyam, 2020), education, employment, and husband support (Murdayah, Lilis, & Lovita, 2021). Emotional intelligence and social support can affect anxiety in primigravida pregnant women in the third trimester because anxiety in pregnant women facing childbirth can be caused by factors from within, namely emotional intelligence, and factors from outside, namely social support. A person who has good emotional intelligence will be able to overcome the anxiety that exists in them, because people who have emotional intelligence are able to think positively. A person with good emotional intelligence will think about how to make himself comfortable with his pregnancy (Fahyuni, 2019). Pregnancy has an impact on all family members, so many pregnant women get social support from the surrounding environment, such as parents, husbands, and other family members (Maryam, 2018). Therefore, social support during pregnancy is very necessary so that primigravida pregnant women in the third trimester can be mentally strong in facing childbirth. The results of this study are in accordance with research conducted by Mutya and Adiyanti (2022), which stated that emotional intelligence and social support play a negative and significant role in anxiety in mothers who are about to face the birth of their first child.

In this study, it is known that the empirical mean of anxiety in primigravida pregnant women in the third trimester facing childbirth is in the moderate category. This is because anxiety in primigravida pregnant women in the third trimester is a frequent occurrence because primigravida pregnant women in the third trimester have no experience with pregnancy and childbirth before. Most third-trimester primigravida pregnant women await the birth of their babies impatiently and are tinged with anxiety and fear. According to Brunton, Dryer, Saliba, and Kohlhoff (2018), childbirth worries show the diversity and centrality of fears related to the childbirth process in pregnant women that can trigger anxiety. There are pregnant women who do not face their fears and anxieties about childbirth, and there are also those who are not psychologically prepared to feel the ordeal of childbirth. In other words, this attitude towards childbirth reflects whether the pregnant woman has achieved mental, emotional, and physical readiness to give birth.

It is known that the empirical mean of emotional intelligence in primigravida pregnant women in the third trimester facing childbirth is in the medium category. This is because pregnant women in the third trimester are experiencing psychological changes that are increasingly complex and increasing compared to the previous trimester due to the condition of the pregnancy that is getting bigger. The emotional intelligence possessed by primigravida pregnant women in the third trimester is very helpful for primigravida pregnant women in controlling emotions that occur during pregnancy. According to Goleman (2000), with emotional intelligence, a person is able to recognize emotions and manage their emotions well, be more responsible, be more able to control themselves so that they can finally overcome life's problems better.'

Furthermore, it is known that the empirical mean of social support in primigravida pregnant women in the third trimester facing childbirth is in the high category. This is because social support for primigravida pregnant women in the third trimester is not only obtained from husbands, but also from families, health workers, and people in the environment of primigravida pregnant women in the third trimester. With this high social support, pregnant women with primigravida in the third trimester can reduce the appearance of anxiety before the birth of their child. According to Murdayah, Lilis, and Lovita (2021), attention and support from the closest people, especially the husband, are very helpful in overcoming the anxiety experienced by pregnant women due to the physical and psychological changes that occur during pregnancy.

Based on the descriptions of the respondents in this study, primigravida pregnant women in the third trimester are divided into several categories, including those based on age, level of education, work status (whether employed or not), occupation, monthly income, domicile, residence, gestational age, and whether they are seeking information about pregnancy and childbirth.

Description of respondents based on age, it is known that the empirical mean score of anxiety is in the medium category. The results showed that most third-trimester primigravida pregnant women were of non-risk age, specifically 20-34 years old, while the rest were of risk age, specifically 35-40 years old. This is in accordance with Rinata and Andayani (2018), stating that the optimal age for a pregnant woman is 20-35 years old because at that age the uterus matures and is able to accept pregnancy from both a psychological and physical perspective. According to Hidayat (2013), the age of pregnant women determines the physiological and psychological status of the mother during pregnancy until before delivery. At the ideal age (20-35 years), subjective maturity occurs, which affects the health status of the mother. Cognitive and affective maturity are two perfect combinations to create coping or varying to overcome stressors. Ideally, mothers aged 20-35 years can easily overcome stressors because of their natural potential (effective coping to overcome anxiety). The 35-year-old allows the conflict between two personality elements to be a stressor. The circumstances that describe the actual condition of the mother (full of risk) are far different from what the mother expects. The gap between reality and the fear of realizing hope easily triggers anxiety in pregnant women.

Furthermore, the empirical mean of emotional intelligence based on the age of primigravida pregnant women in the third trimester is in the medium category. According to Zan Pieter and Namora (2010), emotional maturation and problem-solving are influenced by age; the higher a person's age, the higher the emotional maturity and the better the problem-solving. Then, the empirical mean of social support based on the age of pregnant women in the third trimester, aged 20 – 24 years and 35 – 40 years, is in the medium category, while at the ages of 25 – 29 years and 30 – 34 years, it is in the high category.

Based on the latest education, it is known that the empirical mean of anxiety in third trimester primigravida pregnant women who have their last education in junior high school, high school/vocational school, D1 – D3, and D4/S1 is in the medium category. Meanwhile, his last education was S2 in the high category. This is in line with research conducted by Deklava et al., (2015), which stated that highly educated pregnant women experience more anxiety compared to less educated pregnant women. Likewise, when comparing anxiety related to the possibility of induced labor, it showed that pregnant women with higher education experienced more anxiety compared to pregnant women with lower education. According to Hastanti et al., (2021), education is a process towards intellectual maturity, which affects a person's insight and way of thinking. The higher the education, the more information is obtained. The information obtained can also be related to complications that may occur in pregnancy, so you will be more afraid that it will happen, especially in a primigravida, who is pregnant for the first time; the shadows of the information you get are worried that it will happen to you. Therefore, the level of education may not necessarily reduce anxiety.

Furthermore, the empirical mean of emotional intelligence in primigravida pregnant women in the third trimester who have their last education in high school/vocational school, D1 – D3, D4/S1, and S2 is in the medium category. Meanwhile, his last junior high school education was in the very high category. In this case, education does not have much effect on emotional intelligence, because it can be nurtured in oneself. According to Le Dove (in PS, 2020), emotional intelligence is not only influenced by individual personality but can also be nurtured and strengthened in individuals. Then the empirical mean of social support for third-trimester primigravida pregnant women who have their last education in junior high school, high school/vocational school, and D1–D3 is in the medium category. Meanwhile, the last education is D4/S1 and S2 in the high category. Maharani and Fakhurrozi (Maharani & Fakhurrozi, 2014) revealed that pregnant women with the last bachelor's education usually have more social networks and close relationships than pregnant women who have the last education up to high school and a diploma. So that the possibility of them getting support from their social environment during pregnancy and in the run-up to childbirth is also increasing.

Based on work and non-work, the empirical mean of anxiety and emotional intelligence in working primigravida pregnant women in the third trimester is in the medium category. Meanwhile, social support for working primigravida pregnant women is in the high category. Anxiety, emotional intelligence, and social support in third-trimester primigravida pregnant women who did not work were in the medium category. This is in line with research conducted by Hastanti et al., (2021), showing that both working and non-working pregnant women can cause anxiety in pregnancy. According to Murdayah, Lilis, and Lovita (2021), pregnant women who do not work experience more anxiety. Pregnant women who have a job can get information and experiences about pregnancy from others because pregnant women who have a job will meet other people more often. In addition, pregnant women who have jobs will have an influence on determining stressors, so that they can better control anxiety.

Based on the work, the mean empirical anxiety in third-trimester primigravida pregnant women who work as civil servants and entrepreneurs is in the low category. Meanwhile, those

who work as private employees, honorary employees, and housewives are in the medium category. The emotional intelligence in third-trimester primigravida pregnant women who work as civil servants and entrepreneurs is in the high category. Meanwhile, those who work as private employees, honorary employees, and housewives are in the medium category. Furthermore, social support for third-trimester primigravida pregnant women who work as civil servants and honorary employees is in the high category. Meanwhile, those who work as entrepreneurs are in a very high category. In addition, those who work as private employees and housewives are in the medium category. This is in line with the opinion of Widyastuti (2005) regarding the characteristics of a person's job that can reflect income, social status, education, socioeconomic status, risk of injury, or health problems in a population group. Maharani and Fakhurrozi (2014) revealed that pregnant women who have jobs usually have more social networks of close relationships than pregnant women who do not work, where their social environment is much less.

Based on monthly income, the empirical mean of anxiety and emotional intelligence in primigravida pregnant women in the third trimester is in the medium category. The social support for primigravida pregnant women in the third trimester who earn \leq IDR 1,000,000, IDR 1,000,000 – IDR 3,000,000, and IDR 3,000,000 – IDR 5,000,000 is in the medium category. Meanwhile, those with an income of $>$ IDR 5,000,000 are in the high category. According to Hastanti et al., (2021), finances are one of the stressors that can trigger anxiety in pregnant women. However, family income is not a tool to measure family financial sufficiency, because each family has different needs. In line with the results of the research of Usman and Maulida (2019), socioeconomic circumstances play an important role in improving family health status. The type of work is closely related to the level of income, where if the income is high, the fulfillment of needs will be better, such as pregnant women who have many needs that must be met. This dependence on the family's socio-economy can cause stress (inner pressure) and anxiety in pregnant women. Unpleasant circumstances that start from pregnancy will affect the mother's mental readiness in facing her childbirth.

Based on domicile, the empirical mean of anxiety in third-trimester primigravida pregnant women domiciled in the provinces of Banten, DKI Jakarta, West Java, Central Java, and East Java is in the medium category. According to Utami and Lestari (2011), a conducive living environment can reduce the feelings of anxiety experienced by pregnant women. This is in accordance with Ramaiah (2003), where the environment around the place of residence can affect the way one thinks about oneself and others. This can be caused by experiences with family, with friends, with coworkers, and others. Anxiety arises if you feel unsafe in the environment.

Furthermore, emotional intelligence in primigravida pregnant women in the third trimester who are domiciled in the provinces of Banten, DKI Jakarta, West Java, Central Java, and East Java is in the medium category. According to Suwatno (2019), the community environment will affect the physical and mental development of individuals. The individual grows and

develops in the community environment in which he lives and associates. Individuals will carry out an intensive socialization and interaction process with their community so that they will learn to understand and be understood by others. The social support for primigravida pregnant women in the third trimester who are domiciled in the provinces of Banten, DKI Jakarta, and Central Java is in the medium category. Meanwhile, those domiciled in the provinces of West Java and East Java are in the high category. This is because each individual has a different relationship with other individuals in terms of frequency, size, proximity, and composition. This will also affect the amount of assistance given and received (Sarafino, Smith, King, & Delongis, 2020).

Based on residence, the empirical mean of anxiety in third-trimester primigravida pregnant women who lived in contract, private, in-laws' houses, and parents' homes was in the medium category. In this study, the mean empirical anxiety in third-trimester primigravida pregnant women who lived in private homes and contracts was slightly larger than in pregnant women who lived in in-laws' and parents' homes. This is because pregnant women who live with their parents will get a sense of comfort because there is attention and mental support. According to Madhavanprabhakaran et al., (2015), nuclear families (living only with their husbands) are more at risk of experiencing anxiety in pregnancy. The nature of the nuclear family encourages to reduce exposure to traditional knowledge transfer from mother to child compared to previous extended family systems. The lack of scientific and comprehensive information on childbirth preparation contributes to increasing pregnancy-related concerns. Although these educated pregnant women seek information through magazines, media, and friends that are not comprehensive or complete, it actually triggers an increase in pregnancy-specific anxiety.

Furthermore, the empirical mean of emotional intelligence in third-trimester primigravida pregnant women who lived in contract, private, in-laws' houses, and parents' homes was in the medium category. Because the family is a small community that has the greatest influence on the emotional intelligence of individuals. Family parenting and the culture of life in the family will shape the individual's personality and way of life (Suwatno, 2019). Then, social support for third-trimester primigravida pregnant women who live in contract houses and in-laws' houses is in the medium category. Meanwhile, those who live in private houses and parents' houses are in the high category. According to Rahayuningsih (2021), individuals have the role of others who can be trusted to guide their existence to provide advice and information, usually obtained from teachers, supervisors, and parents.

Based on gestational age, the empirical mean of anxiety and emotional intelligence in third trimester primigravida pregnant women based on gestational age is in the medium category. The results showed that most of the pregnancy ages of primigravida pregnant women in the third trimester were between 28 and 32 weeks and 33 and 37 weeks. The rest have entered ≥ 38 weeks of gestation. According to Wulandari (2006), in the third trimester (28-40 weeks), anxiety before the delivery of a pregnant woman with her first child will appear at the gestational age of seven months and above, the level of anxiety of pregnant women is increasingly acute and intensive as the birth of her first baby approaches. In addition, the third trimester is a high-risk period for premature babies, causing anxiety in pregnant women. In line

with the opinion of Mezy (2016), primigravida pregnant women still do not have a shadow about what happens during childbirth and are often found feeling scared because they often listen to stories about what will happen when the gestational age is getting closer to the time of delivery by imagining a terrifying childbirth process.

Furthermore, social support for primigravida pregnant women in the third trimester, whose gestational age is 28-32 weeks, is in the medium category. Meanwhile, those with a gestational age of 33-37 weeks and ≥ 38 weeks are in the high category. This is because the gestational age of 33 – 37 weeks and ≥ 38 weeks is approaching childbirth, so more support is needed to divert pregnant women's anxious feelings about childbirth. According to Rahayuningsih (2021), social support will be effective if it is given at the right time when someone needs support.

Based on searching for information about pregnancy and childbirth, the empirical mean results of anxiety and emotional intelligence in third-trimester primigravida pregnant women who frequently or rarely seek pregnancy and childbirth information are in the medium category. In line with Khoiriah and Mariyam (2020), who said that pregnant women who have knowledge will have their anxiety levels affected when facing childbirth. This is due to more complex psychological changes in the third trimester that are getting bigger and increasing again than in the previous trimester. If the mother-to-be is not prepared and does not have knowledge about childbirth, then they can feel anxiety that has an impact on bleeding, extreme pain, and can even cause fear and death for the mother and her baby. Meanwhile, social support for pregnant women in the third trimester, who often seek pregnancy and childbirth information, is in the high category. Meanwhile, those who rarely seek pregnancy and childbirth information are in the medium category. In seeking information about pregnancy and childbirth, primigravida pregnant women are usually assisted by health workers; this assistance is in the form of information support, including providing advice, direction, guidance, or feedback on what the individual is doing (Sarafino & Smith, 2011).

Based on the description analysis based on the first open-ended question, which is about concerns about the delivery process. It stated that 64 respondents were often worried about the delivery process, and 7 respondents who answered were not often worried about the delivery process. The concerns of third trimester primigravida pregnant women regarding the delivery process, such as the pain of childbirth, fear of a torn vagina, emergency cesarean section, fear of dying during childbirth, the condition of the baby being born, false contractions at 39 weeks but there are no signs of childbirth, and a poor recovery process. In line with Handayani (2015), where the experience of childbirth first gives a mixed feeling of happiness and hope, with worries about what will be experienced during childbirth. This anxiety arises because of the shadow of scary things during the labor process, even though what is imagined does not necessarily happen. This situation has caused drastic changes, not only physical and psychological.

The second open-ended question, which was about emotions (feelings) during pregnancy, resulted in 40 respondents who answered that they found it difficult to control their emotions (feelings) during pregnancy, and 31 respondents who answered that they did not find it difficult to control their emotions (feelings) during pregnancy. Emotions (feelings) are often felt during pregnancy, such as anger, sadness, fear, happiness, disgust, and jealousy easily. In line with Pieter and Lubis (2016), emotional changes also occur during pregnancy in the form of feelings of fear, sadness, and happiness in just a few minutes, tend to be lazy, sensitive, easily jealous, ask for more attention, experience feelings of ambivalence, have insomnia, or have difficulty sleeping. According to Sarifah (2016), emotions are more determined by the results of a person's interpretation of an event. A person can view and interpret an event in a positive or negative way. The expression of emotions caused by the results of pregnant women's perception can be in the form of positive emotional expressions and negative emotional expressions. Positive emotions are those that everyone enjoys and wants, and conversely, the expression of negative emotions is something that everyone does not like and does not want. Therefore, controlling negative emotional expressions requires an ability to control emotions that arise during pregnancy, namely, with the emotional intelligence possessed by everyone. The emotional intelligence possessed by everyone, especially pregnant women, is very helpful for mothers in controlling emotions that occur during pregnancy.

The third open-ended question is about the help received during pregnancy. There were 69 respondents who answered that there were other people who helped during pregnancy, and two respondents who answered that no one helped during pregnancy. The assistance received by primigravida pregnant women in the third trimester is in the form of emotional support, real support, information support, and friendship support. This is in accordance with the components of social support according to Sarafino and Smith (2011), who say that there are four components in social support, namely, first, emotional support conveys empathy, concern, attention, positive appreciation, and encouragement to primigravida pregnant women in the third trimester. Second, real support involves direct assistance, such as financial support or assistance in completing tasks. In this study, several respondents reported that their families, especially the husband, often assisted with household chores, while others received financial support. Third, information support includes providing advice, direction, guidance, or feedback on what pregnant women should do, such as information about pregnancy and childbirth, as well as what can and cannot be done during pregnancy. Fourth, friendship support refers to the availability of other individuals to spend time together. Like always being accompanied everywhere and having friends who share the same interests during pregnancy.

CONCLUSION

This study confirms that emotional intelligence (11.9%) and social support (12.2%) significantly influence anxiety in third-trimester primigravida women ($p \leq 0.01$), with their combined effect explaining 18.2% of anxiety variance, while 81.8% remains attributed to other factors. Respondents exhibited moderate anxiety and emotional intelligence levels but reported high social support. Given the substantial unexplained variance, future research should

investigate additional psychological (e.g., resilience, childbirth fears), biological (e.g., hormonal influences), sociocultural (e.g., economic status, healthcare access), and relational factors (e.g., partner dynamics), employing longitudinal, intervention-based, or qualitative approaches to better understand and address prenatal anxiety.

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