

Overview of the Effect of Family Support on Anxiety in Pregnant Women at Duren Sawit Hospital

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ABSTRACT

KEYWORDS

family support; anxiety;
pregnant women;
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health.

Pregnancy is a period that is prone to anxiety due to physical, hormonal, and psychological changes experienced by pregnant women, which can have an impact on the health of the mother and fetal development if not handled properly. One of the factors that plays a role in reducing anxiety levels is family support, both in emotional, informational, and instrumental forms. This study aims to determine the effect of family support on the anxiety levels of pregnant women at Duren Sawit Hospital. The research method used is a quantitative approach, with the measurement of family support using the Multidimensional Scale of Perceived Social Support (MSPSS) instrument, which has been tested for validity and reliability in various contexts, including among pregnant women in Indonesia, with a Cronbach's alpha value of > 0.85 . The results showed that most respondents were in the optimal reproductive age group, predominantly primipara, and mostly in the first and second trimesters of pregnancy. Most respondents also had high family support. Statistical analysis showed that there was a tendency for higher family support to be associated with lower anxiety levels. However, the relationship between gestational age (trimester) and anxiety level was not statistically significant ($p > 0.05$), indicating that trimester was not significantly associated with anxiety. Thus, family support plays an important role in reducing anxiety among pregnant women, although it is not the only factor influencing anxiety levels.

INTRODUCTION

Pregnancy is a physiological process experienced by women, which can cause various changes both physically, emotionally, and psychologically. This pregnancy process often causes feelings of anxiety caused by uncertainty, hormonal changes, worries about the condition of the fetus, and preparation for parenthood. Anxiety is an emotional reaction to stressors that are perceived as a threat to a person's well-being, and in pregnant women, this can have a serious impact if not handled properly (Kusumawardani & Andajani, 2021).

Research shows that the prevalence of anxiety during pregnancy is quite high. According to the World Health Organization (WHO), about 10% of pregnant women in developing countries and 15.6% in developed countries experience anxiety disorders, with symptoms such as insomnia, changes in appetite, excessive fear, and even depression (WHO, 2017). Anxiety that occurs during pregnancy not only has an impact on the mother's psychological condition, but can also affect fetal growth, increase the risk of premature birth, and affect mother-child bonding after childbirth (Field, 2017).

One of the protective factors that has an important role in reducing anxiety levels in pregnant women is family support. Family support can be emotional support, information, practical help, and assessment support that creates a sense of security and comfort for pregnant women. In this context, the family, especially the husband as the closest person, has a central

role in helping mothers live their pregnancy more calmly and healthily. Mental health can be influenced by internal and external factors because substantively these factors play a significant role in the creation of mental health. Research conducted by Yusriani (2021) shows that there is a significant relationship between family support and the level of anxiety of pregnant women. Pregnant women who received high family support showed lower levels of anxiety compared to those who did not receive similar support. Another study by Sari & Lestari (2020) also confirms that optimal family support is able to reduce fear and worry during the pregnancy process.

In addition, social and cultural factors also contribute to determining how much family support is provided. In a collective culture such as in Indonesia, relationships between family members tend to be close, but not all families automatically provide adequate psychological support to pregnant women. Many pregnant women still face a psychologically burdensome pregnancy without receiving attention or emotional support from family members, especially if the pregnancy is unplanned, occurs at too young a young age, or in difficult economic conditions (Nugroho, Dewi, & Wahyuni, 2021).

From the results of these studies, it can be concluded that family support has an important role in reducing anxiety experienced by pregnant women. Therefore, the understanding of the picture of the influence of family support on pregnant women's anxiety needs to be studied more deeply so that it can be the basis for the preparation of more effective interventions, both by health workers and the families themselves. With this understanding, it is hoped that pregnant women can live a healthy pregnancy, both physically and psychologically, and prepare themselves better for childbirth and their role as parents.

Pregnancy is a period that is vulnerable to the emergence of anxiety due to physical, hormonal, and psychological changes experienced by pregnant women, which if not handled properly can have a negative impact on the health of the mother and the development of the fetus, so supporting factors are needed that can help reduce anxiety levels, one of which is family support in emotional, informational, and instrumental forms; Based on this, this study is designed to answer the question of how the picture of the influence of family support on the anxiety of pregnant women at Duren Sawit Hospital, with the general purpose of finding out the influence and a specific purpose to describe the relationship between family support and the level of anxiety of pregnant women, while the benefits of this research are expected to increase students' insight related to anxiety disorders and their treatment, provide scientific contributions to YARSI University as reference material and further research development, become a learning tool for researchers in compiling and understanding the research process, as well as providing an overview and evaluation material for research locations for the development of better services in the future.

METHOD

Types of Research

This study is a quantitative research with an approach using a cross-sectional design conducted on pregnant women with anxiety at Duren Sawit Hospital. The research design used was cross-sectional, by collecting data at one point in time (one time taken time) to analyze the picture of the influence of family support on anxiety of pregnant women at Duren Sawit Hospital.

Population and Sample

The research population to be taken is pregnant women with anxiety at Duren Sawit Hospital who are undergoing treatment at a health service facility.

The research sample consisted of pregnant women with anxiety at Duren Sawit Hospital who met the research inclusion criteria, namely:

1. Pregnant women in the second or third trimester
2. Willing to be a respondent and sign an informed consent
3. Can read and write (to fill out questionnaires)
4. Not have a clinically diagnosed severe psychiatric disorder (other than pregnancy anxiety)

How to Assign Samples

Sampling was taken using the total sampling technique, i.e. all members of the population who meet the inclusion criteria will be sampled. Data collection was carried out in two sessions on a predetermined day.

Sample Size Determination

The number of samples will be adjusted to the number of pregnant women with anxiety who meet the inclusion criteria and are present at the time of filling out the questionnaire according to a predetermined schedule.

Data Type

This study uses primary data obtained directly by respondents by filling out questionnaires.

How Data Is Collected and Measured

Data was collected using questionnaires that were shared with respondents. Before filling, respondents were given an explanation of the purpose and procedure of the research. Respondents were asked to fill out the questionnaire honestly within the stipulated time.

Data Collection Instruments

The instruments used in this study consisted of two main questionnaires:

1. Multidimensional Scale of Perceived Social Support (MSPSS):

The MSPSS is a measurement tool developed by Zimet et al. (1988) to assess an individual's perception of the social support they receive from three main sources, namely family, friends, and partners. In this study, only a subscale of family support consisting of 6 items was used, which assessed the extent to which pregnant women felt emotional support, attention, and involvement from their family members.

Respondents rated each statement using a 7-point Likert Scale, from: 1 (strongly disagree) to 7 (strongly agree).

The total score ranges from 6–42, and interpretation is done based on the average score. Average scores between 1.0–2.9 indicate low support, 3.0–5.0 moderate, and 5.1–7.0 high.

MSPSS has been tested for validity and reliability in various contexts, including in the pregnant population in Indonesia, with a Cronbach's alpha value of > 0.85 .

2. Medical Records

In addition to questionnaires, data was also obtained through documentation of subjects' medical records sourced from health service facilities such as hospitals. Medical records are used to confirm pregnancy status and clinical conditions of pregnant women, including gestational age, history of antenatal care (ANC) examinations, as well as relevant medical records related to risk factors or psychological complaints such as anxiety. This data is used as

a support in identifying respondent characteristics and strengthening the analysis of the relationship between family support and anxiety.

Validity and Reliability:

Medical records are an official secondary data source recorded by health professionals, so they have high validity and reliability. These medical records are used as an objective reference in ascertaining the pregnancy status and condition of the respondents, and can enrich the interpretation of questionnaire data clinically.

Data Analysis

The data in this study was analyzed using SPSS (Statistical Product and Service Solution) version 24, which is statistical software used to process and analyze data. SPSS allows users to perform various analyses, such as descriptive analysis, hypothesis testing, regression, and variance analysis, making it easier to manage research data. This study uses SPSS to assess the effect of family support on the anxiety of pregnant women at Duren Sawit Hospital. The analysis was carried out using descriptive statistical and analytical tests (such as correlation or regression tests) in accordance with a cross-sectional design to see the picture of the influence of family support on the anxiety of pregnant women at Duren Sawit Hospital.

RESULT AND DISCUSSION

Research Results

This chapter presents the results of data analysis and discussion obtained from the research on family support and anxiety levels in pregnant women, as formulated in the research objectives. Data analysis was carried out to provide an overview of respondents' characteristics as well as identify the conditions of family support and the level of anxiety experienced during pregnancy.

The presentation of the research results began with a descriptive analysis that included the profile of the respondents, such as age, parity, and trimester of pregnancy. Furthermore, the distribution of family support and the level of anxiety of respondents were presented as the main variables in this study. The results of the analysis are presented in the form of frequency and percentage distribution tables to facilitate understanding of the data obtained.

Tabel 1. Descriptive Age of Respondents

Respondent Age (Year)	Frequency	%
21 – 24	2	5,0
25 – 28	20	50,0
29 – 32	10	25,0
33 – 36	8	20,0
Total	40	100,0

Based on the age distribution table of respondents above, most of the respondents were in the age group of 25–28 years, which was 20 people (50.0%). The age group of 29–32 years amounted to 10 respondents (25.0%), followed by the age group of 33–36 years as many as 8 respondents (20.0%). Meanwhile, respondents aged 21–24 years were the least group, namely 2 people (5.0%).

This distribution shows that the majority of pregnant women in the study were at optimal reproductive age, which is physiologically and psychologically considered to be relatively more mature. This age characteristic is relevant to the purpose of the study because the age of the mother is one of the factors that can affect mental readiness and anxiety levels during pregnancy.

Descriptive Respondent Parity

Table 2. Parity Group

Parity Group	Frequency	%
Primipara	23	57,5
Multipara	15	37,5
Largemultipara	2	5,0
Total	40	100,0

Based on the respondent parity group table, most of the respondents were primipara, namely 23 people (57.5%), followed by multipara as many as 15 people (37.5%), and grandemultipara as many as 2 people (5.0%).

The primipara dominance showed that the majority of respondents experienced pregnancy with limited childbirth experience. This condition is relevant to the purpose of the study because primitive mothers generally have a higher risk of anxiety due to the lack of experience of pregnancy and previous childbirth, so they require more optimal family support.

Descriptive Trimester of Pregnancy

Table 3. Respondent's Pregnancy Trimester

Trimester	Frequency	%
Trimester 1	16	40,0
Trimester 2	15	37,5
Trimester 3	9	22,5
Total	40	100,0

Based on the pregnancy trimester table, the most respondents were in the first trimester, which was 16 people (40.0%), followed by 15 people (37.5%) in the second trimester, and 9 people in the third trimester (22.5%).

These findings show that most of the respondents are in the early to mid-pregnancy phase, which is psychologically often associated with the emergence of various concerns related to pregnancy conditions, physical changes, and adaptation to maternal roles. This trimester distribution is important in the context of the research objectives because the level of anxiety of pregnant women can differ at each phase of pregnancy.

Distribution of Family Support Categories Against Anxiety

Table 4. Distribution of Anxiety Levels Based on Family Support Levels

Family Support	Not anxious	Mild anxiety	Moderate anxiety	Severe anxiety	Total
Moderate Support	0 (0,0%)	0 (0,0%)	5 (100,0%)	0 (0,0%)	5 (100,0%)
High Support	8 (22,9%)	3 (8,6%)	11 (31,4%)	13 (37,1%)	35 (100,0%)
Total	8 (20,0%)	3 (7,5%)	16 (40,0%)	13 (32,5%)	40 (100,0%)

Based on the results of cross-tabulation between family support and respondents' anxiety levels, it was obtained that all respondents with moderate family support (5 people) were in the category of moderate anxiety (100.0%). No respondents were found in this group who were in the category of not worried, mildly anxious, or severely worried.

Meanwhile, in respondents with high family support (35 people), anxiety levels showed more diverse variations. A total of 8 respondents (22.9%) did not experience anxiety, 3 respondents (8.6%) experienced mild anxiety, 11 respondents (31.4%) experienced moderate anxiety, and 13 respondents (37.1%) experienced severe anxiety.

These findings suggest that anxiety levels remain found in pregnant women despite receiving high family support, so family support is not the only factor influencing anxiety. However, the findings also showed that although most respondents obtained high family support, the level of anxiety experienced by pregnant women still varied from not being anxious to severely anxious. This indicates that anxiety in pregnant women is a multifactorial condition, which is not only influenced by family support, but also by other factors such as physical condition, previous pregnancy experiences, and individual psychological readiness.

Discussion

Respondent Age

Based on the age distribution table of respondents, it is known that most pregnant women are in the age group of 25-28 years, which is as many as 20 people (50.0%). The age group of 29-32 years amounted to 10 respondents (25.0%), followed by the age group of 33-36 years as many as 8 respondents (20.0%). Meanwhile, the age group of 21-24 years was the least group, namely 2 respondents (5.0%). This distribution shows that the majority of respondents are at optimal reproductive age.

Theoretically, the optimal reproductive age for pregnant women is in the range of 20-35 years, where physical and psychological conditions are generally more stable and mature. At this age, the function of the reproductive organs has developed optimally, and the ability to adapt to physical and emotional changes during pregnancy is relatively better than that of too young or old. Therefore, pregnant women in this age group tend to have better mental readiness in dealing with pregnancy, childbirth, and the role of mother.

The relationship between age and psychological readiness is relevant to the purpose of this study, considering that the age of the mother is one of the factors that can affect the level of anxiety during pregnancy. Pregnant women at a younger age are often associated with a lack of experience, emotional immaturity, as well as limited knowledge about pregnancy, which can increase the risk of anxiety. On the other hand, at older ages, anxiety can increase due to concerns about pregnancy risks, childbirth complications, and maternal and fetal health conditions.

The results of this study are in line with the findings of previous research in the last five years. Research by Elmas et al., (2023) shows that most pregnant women are at optimal reproductive age and this age group tends to have more controlled levels of anxiety compared to pregnant women aged <20 years or >35 years. Another study by Ahmad et al., (2024) states that maternal age plays a role in psychological readiness to face pregnancy, although it is not the only determining factor for anxiety.

In addition, a study by Abera et al., (2023) found that pregnant women aged 25–35 years generally have better coping skills against pregnancy stress due to emotional maturity and more stable social support. However, the study also confirms that anxiety can still occur at optimal reproductive age when it is influenced by other factors, such as lack of family support, previous pregnancy experiences, or certain health conditions.

Thus, the age distribution of respondents in this study showed characteristics that were in accordance with the research target, namely pregnant women at the optimal reproductive age. Although age can affect mental readiness and anxiety levels, these findings reinforce that age is not a single factor, but rather part of a series of biopsychosocial factors that play a role in pregnant women's anxiety. Therefore, health interventions for pregnant women still need to be carried out comprehensively without differentiating certain age groups.

Descriptive Respondent Parity

Based on the respondent parity distribution table, most of the pregnant women in this study were primipara, namely 23 people (57.5%), followed by multipara as many as 15 people (37.5%), and grandemultipara as many as 2 people (5.0%). This distribution shows that the majority of respondents are in their first pregnancy, so they have limited experience related to the pregnancy and childbirth process.

Theoretically, parity is an important factor that affects the psychological readiness of pregnant women. Primitive mothers generally face pregnancy as a new experience accompanied by various uncertainties, both related to physical changes, the delivery process, and new roles as mothers. According to the theory of psychological adaptation in pregnancy, a lack of prior experience can increase the perception of threats and uncertainty, which ultimately contributes to increased levels of anxiety.

The link between parity and anxiety is relevant to the purpose of this study, considering that primitive mothers tend to require greater emotional, informational, and instrumental support than multiparapara. Family support, especially from couples and the nuclear family, plays an important role in helping primitive mothers develop adaptive coping mechanisms and increase confidence in coping with pregnancy and childbirth.

The results of this study are in line with the findings of previous research by Lestari et al. (2022) showing that primipara mothers have a higher level of anxiety than multipara mothers, especially in the last trimester of pregnancy. Another study by Huang et al., (2024) also reported that primipara is more prone to experiencing anxiety due to limited experience and information related to childbirth.

In addition, a study by Shu-Wei et al., (2022) states that previous pregnancy experiences in multipara mothers can serve as a protective factor against anxiety, as mothers have a better picture and readiness to face the delivery process. However, the study also confirms that anxiety can still be experienced by multiple mothers if the previous childbirth experience is traumatic or accompanied by complications.

Thus, the dominance of primipara in this study reinforces the importance of the role of family support in reducing the level of anxiety of pregnant women. These findings confirm that parity is one of the factors that affect pregnant women's anxiety, although not the only factor, so maternal health interventions need to consider aspects of pregnancy experience as well as adequate psychosocial support, especially for primitive mothers.

Descriptive Trimester of Pregnancy

Based on the distribution table of the trimester of pregnancy, it is known that most of the respondents were in the first trimester, namely 16 people (40.0%), followed by the second trimester as many as 15 people (37.5%), and the third trimester as many as 9 people (22.5%). This distribution shows that the majority of pregnant women in the study are in the early to mid-pregnancy phase.

Theoretically, each trimester of pregnancy has different psychological characteristics. In the first trimester, pregnant women are in the early adaptation phase to pregnancy, which is often accompanied by hormonal changes, physical discomfort, and concerns about the continuity of the pregnancy. This condition can trigger anxiety, especially in pregnant women who have not had previous pregnancy experience. Therefore, the high proportion of respondents in the first trimester is relevant in the context of this study.

In the second trimester, the mother's physical condition generally begins to be more stable, but anxiety can still arise due to concerns about fetal development, antenatal examination results, and readiness for future delivery. Meanwhile, in the third trimester, anxiety often increases as the time of delivery approaches, fear of labor pain, and concerns about the safety of mother and baby.

The findings of this study are in line with the results of previous research by Krasilova et al., (2023) showing that anxiety can appear throughout the trimester of pregnancy, with different intensities according to the adaptation phase experienced by pregnant women. Another study by Adina et al., (2022) stated that pregnant women in the early and late trimesters tended to experience higher anxiety than the middle trimester, although the difference was not always statistically significant.

In addition, a study by Li et al., (2024) confirms that differences in anxiety levels between trimesters are greatly influenced by other factors, such as family support, maternal health conditions, and individual psychological readiness. This reinforces that the distribution of the trimester of pregnancy in this study has an important role as a characteristic of respondents, but is not the only factor that determines the level of anxiety of pregnant women. These findings underscore the importance of attention to pregnant women's mental health from early pregnancy to prenatal, as well as the need for a comprehensive and sustainable antenatal service approach in each trimester.

Distribution of Family Support Categories Against Anxiety

Based on the results of cross-tabulation between family support and respondents' anxiety levels, it was obtained that all pregnant women who had moderate family support (100.0%) were in the category of moderate anxiety. No respondents were found in this group who were in the category of not worried, mildly anxious, or severely worried. These findings show that family support at a moderate level has not been able to fully reduce the level of anxiety of pregnant women, especially in the face of physical, psychological, and social changes during pregnancy.

According to the social support theory put forward by Cohen & Wills (1985), family support is one of the main forms of social support that serves as a buffer against psychological stress. This support includes emotional, informational, instrumental, and reward support. If the

support is not optimal or only at a moderate level, then the ability of pregnant women to manage stress and anxiety is also limited, so that anxiety still appears at a meaningful level.

Meanwhile, in the group of respondents with high family support, anxiety levels showed more varied variations, ranging from not anxious to severe anxiety. Some respondents (22.9%) did not experience anxiety, and others experienced mild anxiety (8.6%), indicating that high family support can play a protective role in pregnant women's mental health. However, respondents were still found with moderate anxiety (31.4%) and severe anxiety (37.1%), despite receiving high family support.

These results are in line with the concept of multifactoriality of pregnancy anxiety, in which family support is an important factor, but not the only determinant. The theory of psychological adaptation in pregnancy explains that pregnant women's anxiety is influenced by various factors, such as hormonal changes, physical conditions, previous pregnancy experiences, parity, pregnancy complications, and individual psychological readiness. Therefore, high family support does not necessarily completely eliminate anxiety if other risk factors are still dominant (Harja et al., 2023).

The findings of this study are in line with the results of previous research by Jin et al., (2025) showing that pregnant women with good family support tend to have lower levels of anxiety, but moderate to severe anxiety is still found in pregnant women with a history of problematic pregnancies. Another study by Suryani and Wahyuni (2021) also reported that although family support was significantly related to pregnant women's anxiety, internal factors such as fear of childbirth and maternal health conditions also affected anxiety levels.

A study by Wohrer et al., (2024) confirms that family support plays a key protective factor in reducing pregnant women's anxiety, especially emotional support from partners. However, anxiety can still occur in pregnant women with high family support if there are additional stressors, such as concerns about fetal health, economic conditions, or traumatic previous childbirth experiences.

In addition, the finding that some pregnant women with high family support still experienced severe anxiety can be explained through a more comprehensive perspective involving both psychological and physical aspects (Al-Mutawah et al., 2023). Although family support is known to play a protective role, it does not automatically eliminate anxiety, especially when internal factors within the individual are dominant (Huang et al., 2022). This shows that anxiety during pregnancy is not solely determined by external support, but also by how the individual processes and responds to various changes and stressors.

From a psychological perspective, individual differences greatly influence the level of anxiety experienced. Pregnant women who have low coping abilities tend to find it more difficult to manage stress and adapt to changes during pregnancy (Li et al., 2022). Negative thinking patterns, such as excessive worry about the baby's health or fear of complications, can intensify anxiety (Green et al., 2021).

Furthermore, psychological readiness plays an important role in shaping emotional responses during pregnancy. Women who are not mentally prepared for pregnancy or motherhood may feel overwhelmed by new responsibilities and expectations. This condition can lead to increased vulnerability to anxiety, particularly when combined with a lack of confidence in their ability to handle pregnancy and childbirth (Diezi et al., 2023). Therefore, even in a supportive family environment, internal psychological struggles can still trigger

severe anxiety. From a physical perspective, various physiological changes during pregnancy also contribute significantly to anxiety levels. Common discomforts such as nausea and vomiting, fatigue, sleep disturbances, and physical pain can reduce overall well-being and increase emotional sensitivity (Karnwal et al., 2024).

In addition, hormonal fluctuations especially changes in estrogen and progesterone play a crucial role in influencing mood stability and emotional regulation. These hormonal changes can make pregnant women more sensitive, irritable, and prone to anxiety (Yilmazer, 2024). Therefore, this finding reinforces that anxiety during pregnancy is a complex condition resulting from the interaction of internal and external factors. Effective management requires a comprehensive approach that includes not only family support, but also psychological assistance and appropriate medical care when needed.

Thus, the results of this study reinforce previous theories and empirical findings that family support is related to pregnant women's anxiety levels, but anxiety cannot be explained by a single factor. These findings affirm the importance of a holistic approach in antenatal services, not only by involving the family as a support system, but also by paying attention to the psychological aspects, health education, and mental readiness of pregnant women as a whole.

CONCLUSION

Based on the results of the study on pregnant women who conducted examinations at Duren Sawit Hospital, it can be concluded that the characteristics of the respondents are dominated by mothers of optimal reproductive age (25-28 years), the majority are primipara with limited pregnancy experience, and are in the first and second trimester, so psychologically they still need a good adaptation process and support; The results of family support measurement using the MSPSS instrument showed that most respondents received high family support and there was a tendency that the better the family support, the lower the level of anxiety of pregnant women, although anxiety can still occur so that family support is not the only determining factor; In addition, anxiety was found throughout the trimester of pregnancy in the absence of a meaningful relationship between gestational age and anxiety levels, suggesting that anxiety is also affected by other factors such as parity, physical condition, psychological readiness, and other supporting factors; Based on these findings, it is suggested that pregnant women increase awareness of mental health and actively communicate with families and health workers, families are expected to provide emotional, informational, and instrumental support optimally, health workers need to improve screening and education related to mental health in antenatal services, health service institutions are expected to develop programs that are integrated with psychological aspects such as counseling and the class of pregnant women, and for future researchers, it is recommended to conduct research with a larger sample and a more varied design to examine other factors that affect pregnant women's anxiety in more depth.

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