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Differences in Family Support for Childbirth Preparation Among Pregnant Women in Urban and Rural Areas

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ABSTRACT

Background & Objective: Childbirth preparation is an important aspect in reducing the risk of pregnancy complications and maternal and infant mortality, with family support playing a role in the physical and psychological readiness and decision-making of pregnant women. Differences in the characteristics of urban and rural areas have the potential to influence the form and level of family support received by pregnant women. This study aims to analyze differences in family support for childbirth preparation among pregnant women in urban and rural areas of Sumedang Regency. **Method:** A quantitative *cross-sectional* study was conducted on 210 pregnant women, consisting of 105 respondents from urban areas and 105 respondents from rural areas. The sampling technique used proportionate stratified random sampling. The research instrument was a family support questionnaire covering informational, evaluative, instrumental, and emotional dimensions. Data analysis was performed using the Mann-Whitney U test. **Result:** The majority of respondents showed good family support, with a higher proportion in urban areas (76.19%) than in rural areas (67.62%). The average value of family support in urban areas was higher than in rural areas. The bivariate test showed a statistically significant difference in family support between the two areas ($p < 0.05$). **Conclusion:** Regional characteristics influence variations in family support for childbirth preparation among pregnant women.

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Introduction

Childbirth preparation is an important aspect in preventing maternal and neonatal risks that can occur suddenly (Rumpun et al., 2022). A mother's unpreparedness for childbirth can lead to various complications, such as bleeding, eclampsia, pre-eclampsia, infection, complications during childbirth, and even miscarriage, which can occur even in mothers who were previously declared healthy (Yuliana & Wahyuni, 2020). This unpreparedness also contributes to delays in

recognizing danger signs during childbirth, decision-making, and delays in referral and treatment at health facilities (K. Sari & Wahyuni, 2023). This condition is one of the factors contributing to the high Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) (Septa Rini et al., 2024).

The World Health Organization (WHO) reports that the global Maternal Mortality Ratio (MMR) is estimated to reach 260,000 deaths or 197 per 100,000 live births (WHO, 2025). In Indonesia, the MMR was recorded at 189 per 100,000 live births in 2020, with West Java Province contributing the highest number of cases (Noviani et al., 2024). Sumedang Regency showed a decline in MMR from 22 cases in 2023 to 21 cases in 2024, with the highest number of cases occurring in Jatinangor District (Sumedang Health Office, 2025). Despite this decline, maternal mortality remains a serious issue that requires ongoing attention (Anisykurlillah & Supit, 2023).

In line with the high MMR, the WHO recorded a global IMR of 37 per 1,000 live births in 2023 (WHO, 2025). The IMR in Indonesia was recorded at 16.85 per 1,000 live births, with West Java contributing 13.56 per 1,000 live births (WHO, 2025). Sumedang Regency reported 187 infant deaths in 2024, with Jatinangor District having the highest number of cases (Sumedang Health Office, 2025). This situation has prompted various efforts to achieve the Sustainable Development Goals (SDGs) in reducing MMR and IMR through improving birth preparation for pregnant women (WHO, 2025).

One important factor that influences a mother's readiness for childbirth is family support. Family support includes emotional, instrumental, and informational support, as well as assessment or appreciation, which play a role in improving the physical and psychological readiness of pregnant women (Inayati & Hasanah, n.d.). Optimal support can help mothers feel calmer, more confident, and ready to face childbirth, as well as facilitate decision-making and the fulfillment of childbirth needs (Evareny et al., 2022).

Previous studies have shown mixed results regarding the relationship between family support and birth preparedness. Simanihuruk (2021) and Laisouw (2020) found a significant relationship between family support and birth preparedness, while Kartika et al. (2021) found no significant relationship. Dewi et al. (2018) also reported that spousal support in childbirth preparation remains low. These differing findings indicate the need for further research that takes regional context into account.

The form and level of family support are influenced by geographical and social conditions, especially the differences between urban and rural areas (Diniarti & Zuli, 2025). Urban and rural areas differ in terms of population density, livelihoods, and access to health facilities and services as stipulated in BPS Regulation Number 120 of 2020 (BPS, 2020). Jatinangor Subdistrict is categorized as an urban area, while Surian and Jatigede Subdistricts are categorized as rural areas, so all three were selected to represent the different regional characteristics in Sumedang Regency.

Preliminary studies show differences in family support patterns between urban and rural areas. Family support in urban areas is more prominent in instrumental and informational aspects, while rural areas emphasize emotional support and appreciation. These differences are influenced by family characteristics, access to health facilities, and local socio-cultural conditions (Diniarti & Zuli, 2025; Zaini et al., 2025).

Differences in regional characteristics have the potential to influence the form and level of family support in preparation for childbirth. Understanding these differences is important as a basis for developing interventions and maternal health

programs that are appropriate to regional characteristics. Research on differences in family support in urban and rural areas is needed to support more targeted strategies for assisting pregnant women.

Objective

This study aims to determine the differences in the level of family support in preparing for childbirth among pregnant women in urban and rural areas.

Method

This study was conducted using a quantitative approach with a *cross-sectional* design. The study population included all pregnant women in urban and rural areas of Sumedang Regency. Urban areas were represented by pregnant women in Jatinangor District, while rural areas were represented by pregnant women in Surian and Jatigede Districts. The research sample consisted of 210 respondents selected using proportionate stratified random sampling, with a balanced distribution between urban and rural areas. Data collection was conducted using a questionnaire on family support in preparation for childbirth, which had been tested for validity and reliability. The family support variable was measured through four dimensions, namely informational, evaluative, instrumental, and emotional support. Data analysis included descriptive analysis and the Mann-Whitney U test to determine differences in family support in preparation for childbirth between regions.

Results

1. Respondent Characteristics

The researchers collected data from respondents to determine their characteristics, including age, gestational age, education, and occupation, which are described as follows:

Table 1 . Respondent Characteristics Based on Age, Gestational Age, Education, and Occupation in Urban and Rural Areas (n = 210)

Characteristics	Urban		Rural	
	Frequency (F)	Percentage (%)	Frequency (F)	Percentage (%)
Age				
17 – 20	0	0.0	10	9.5
21–24	23	21.9	27	25.7
25–28	29	27.6	23	21.9
29–32	27	25.7	28	26.7
33–36	20	19.0	14	13.3
37 - 40	6	5.7	3	2.9
Gestational Age				
First trimester	0	0.0	1	1
Second trimester	6	5.7%	24	23.8
Third trimester	99	94.3%	79	75.2
Education				
Elementary	0	0.0%	0	0
Junior High School	1	1.0	2	1.9
High School	85	81.0%	97	92.4
Diploma	2	1.9	0	0
Bachelor	17	16.2	6	5.7
Employment				
Housewife	62	59.0	85	81.0

Characteristics	Urban		Rural	
	Frequency (F)	Percentage (%)	Frequency (F)	Percentage (%)
Labor	0	0.0	2	1.9
Employees	27	25.7	9	8.6
Teachers	2	1.9	0	0
Entrepreneur	14	13.3%	9	8.6
Total	**105**	**100.0%**	**105**	**100.0**

The characteristics of respondents in urban areas based on Table 1 show that most respondents in this study were aged 25–28 years, namely 29 people (27.6%). Based on gestational age, respondents in urban areas were dominated by mothers in their third trimester, numbering 99 respondents (94.3%). The highest level of education among respondents was senior high school (SMA), with 85 respondents (81.0%). Based on occupation, most respondents were housewives (IRT), with 62 people (59.0%).

Table 1 also shows the characteristics of respondents in rural areas. Most respondents were in the 29–32 age range, numbering 28 people (26.7%). The majority of respondents were in their third trimester of pregnancy, namely 79 respondents (75.2%). The majority of respondents' highest level of education was high school, namely 97 respondents (92.4%). Based on employment characteristics, the majority of respondents were housewives, namely 85 people (81.0%).

2. Frequency Distribution of Family Support Levels in Childbirth Preparation among Pregnant Women in Urban Areas

A. Overview of Family Support in Childbirth Preparation among Pregnant Women in Urban Areas Based on Dimensions

Table 2 . Overview of Family Support in Childbirth Preparation Among Pregnant Women in Urban Areas Based on Family Support Dimensions

Dimension of Support	Data Category	Frequency (F)	Percentage
Informational Support	Insufficient	6	5.8
	Adequate	39	37.1
	Good	60	57.1
	Total	**105**	100.0
Support for Assessment or Recognition	Insufficient	8	7.6
	Enough	13	12.4
	Good	84	80.0
	Total	**105**	100.0
Instrumental/Physical Support	Insufficient	9	8.6
	Adequate	23	21.9
	Good	73	69.5
	Total	**105**	100.0
Emotional Support	Insufficient	15	14.3
	Adequate	25	23.8
	Good	65	61.9
	Total	**105**	100.0

Based on the family support dimension in Table 2, most respondents received good informational support, namely 60 respondents (57.1%). Appraisal or appreciation support showed the highest percentage in the good category, namely 84 respondents (80%). In addition, respondents also received instrumental or physical support and emotional support in the good category, namely 73 respondents (69.5%) and 65 respondents (61.9%), respectively.

B. Overview of Family Support in Childbirth Preparation for Pregnant Women in Urban Areas Based on Total Scores

Table3 . Overview of Family Support in Childbirth Preparation Among Pregnant Women in Urban Areas

Variable 1	Data Category	Frequency (F)	Percentage
Family Support in Childbirth Preparation among Pregnant Women in Urban Areas	Insufficient	4	3.
	Adequate	2	20.0
	Good	80	76.2
	Total	**105**	**100.0**

Based on the total score for family support in preparing for childbirth among pregnant women in urban areas, the results show that most respondents fall into the good category, with 80 respondents (76.2%).

3. Frequency Distribution of Family Support Levels in Childbirth Preparation among Pregnant Women in Rural Areas

A. Overview of Family Support in Childbirth Preparation among Pregnant Women in Rural Areas Based on Dimensions of Support

Table4 . Overview of Family Support in Childbirth Preparation Among Pregnant Women in Rural Areas Based on Dimensions of Family Support

Dimension of Support	Data Category	Frequency (F)	Percentage
Informational Support	Insufficient	30	28.6
	Adequate	39	37.1
	Good	36	34.3
	Total	**105**	**100.0**
Support for Assessment or Awards	Less	14	13.3
	Adequate	28	26.7
	Good	63	60.0
	Total	**105**	**100.0**
Instrumental/Physical Support	Insufficient	9	8.6
	Adequate	22	2.9
	Good	74	70.5
	Total	**105**	**100.0**
Emotional Support	Insufficient	14	13.3
	Sufficient	15	14.3
	Good	76	72.4
	Total	**105**	**100.0**

Based on the family support dimension in Table 4, 39 respondents in rural areas received sufficient informational support (37.1%). Most respondents in this area received assessment or appreciation support, namely 63 respondents (60.0%).

Instrumental support in the good category was also received by the majority of respondents, namely 74 respondents (70.5%), and emotional support was received by 77 respondents (72.4%).

B. Overview of Family Support in Childbirth Preparation for Pregnant Women in Rural Areas Based on Total Scores

Table5 . Overview of Family Support in Childbirth Preparation for Pregnant Women in Rural Areas

Variable 2	Data Category	Frequency (F)	Percentage
Family Support in Childbirth Preparation for Pregnant Women in Rural Areas	Insufficient	12	11.4
	Adequate	22	21
	Good	71	67.6
	Total	**105**	**100.0**

Based on Table 5, the general description of family support in preparing for childbirth among pregnant women in rural areas shows that most respondents were in the good category, namely 71 people (67.6%).

I.1.1 Normality Test

Table6 . Results of the Normality Test for Family Support in Childbirth Preparation among Pregnant Women in Urban and Rural Areas

Variable	Statistics	Significance (>0.05)
Family Support in Childbirth Preparation	.590	<.001

Based on the normality test results in Table 6, the family support variable in childbirth preparation has a significance value of <.001 (<0.05). This result means that $H_1$is accepted with the statistical hypothesis that the sample is not normally distributed, so the analysis of differences in family support is continued using the *Mann-Whitney U* statistical test.

I.1.2 Bivariate Analysis

I.1.2.1 Differences in Family Support in Childbirth Preparation among Pregnant Women in Urban and Rural Areas Based on Dimensions

Table7 . Differences in the Level of Family Support in Childbirth Preparation among Pregnant Women in Urban and Rural Areas Based on the Dimension of Support (n = 210)

Dimension of Support	Region	*Mean*	Significance (<0.05)	Conclusion
Informational Support	Urban	15.581	<.001	H_0 rejected H_1 accepted
	Rural	12,667		
Assessment/Award Support	Urban	16,990	<.001	H_0 rejected H_1 accepted
	Rural	15,429		
Instrumental/Physical Support	Urban	16,295	0.652	H_0 accepted H_1 rejected
	Rural	16,257		
Emotional Support	Urban	15,838	0.500	H_0 accepted H_1 rejected
	Rural	16,238		

Based on the analysis of the family support dimension, there are significant differences in the dimensions of informational support and evaluative support between urban and rural areas with a significance value of <0.001 (p<0.05). Meanwhile, no significant differences were found in the dimensions of instrumental support and emotional support (p>0.05) with significance values of 0.652 and 0.500.

I.1.2.2 Differences in Family Support in Childbirth Preparation between Pregnant Women in Urban and Rural Areas

Table8 . Differences in the Level of Family Support in Childbirth Preparation between Pregnant Women in Urban and Rural Areas (n = 210)

Level of Family Support in Childbirth Preparation	*N*	*Mean*	Significance (<0.05)	Conclusion
Urban	105	64.705	0.039	H_0 rejected
Rural	105	60,590		H_1 accepted

Based on the results of bivariate analysis in Table 8, there is a difference in the level of family support in preparing for childbirth between pregnant women living in urban and rural areas with a significance value of 0.039 (<0.05). The average value of family support for pregnant women in urban areas (*mean* = 64.705) is higher than in rural areas (*mean* = 60.590), so it can be concluded that the alternative hypothesis $H_0$is rejected and $H_1$is accepted, which means that there is a difference between family support in preparing for childbirth among pregnant women in urban and rural areas.

Discussion

This study aims to analyze family support in childbirth preparation among pregnant women and compare it between urban and rural areas in Sumedang Regency. Family support in this study is understood as the form of assistance provided by the family to pregnant women, which includes informational, evaluative or appreciative, instrumental, and emotional support, which collectively play a role in shaping physical and psychological readiness and decision-making ahead of childbirth.

1. Respondent Characteristics

The majority of respondents were in the healthy reproductive age range of 25–32 years, which is the ideal age for pregnancy and childbirth, and is associated with psychological readiness and individual maturity. In line with the findings of Fauziah & Rahmawati (2021), mothers in this age range tend to have more stable mental readiness in preparing for childbirth. According to Ningsih's (2023) research, most respondents were also in the third trimester of pregnancy, a critical phase marked by an increased focus on childbirth preparation and the need for family support. Educational characteristics were dominated by high school/equivalent levels, which supported mothers' ability to understand health information and make decisions, as stated by (Roslina et al., 2024), although knowledge could also be obtained through non-formal sources. The majority of respondents were housewives, which allowed for flexibility in time to check their pregnancies and receive family support, in line with research by Suyani (2020), although the burden of housework still has the potential to affect the physical condition of pregnant women.

2. Family Support in Urban Areas

Based on the dimensions of family support, the majority of pregnant women in urban areas received informational, evaluative, instrumental, and emotional support in the good category. Evaluative or appreciative support showed the highest percentage, namely 80.0%, followed by instrumental support at 69.5%, emotional support at 61.9%, and informational support at 57.1%. These findings indicate that families in urban areas play an active role in supporting pregnant women's readiness for childbirth. Family involvement is evident in both psychological and practical aspects during pregnancy. These conditions are important factors in shaping the physical and mental readiness of mothers ahead of childbirth.

Informational support plays a role in helping mothers understand their pregnancy and prepare for childbirth by providing relevant information and advice. Easy access to health information sources in urban areas supports the achievement of good informational support. These findings are in line with the research by Wardani & Ifayanti (2021), which states that informational support from families can increase pregnant women's understanding, motivation, and confidence. Appreciation or recognition also plays a major role in improving mothers' psychological readiness through family reinforcement and trust. These results are in line with Ananda (2020), who asserts that family appreciation can foster mothers' sense of capability and motivation in facing childbirth.

Instrumental and emotional support help reduce the physical burden and anxiety of pregnant women approaching childbirth. Tangible assistance and emotional attention from the family allow mothers to focus more on maintaining their pregnancy health. These findings are in line with Hj. Zakiah et al. (2025) and D. M. Sari & Chalid (2022), who state that physical and emotional support are related to childbirth readiness and maternal mental health. Based on the total scores, most pregnant women in urban areas received good category family support. These results are in line with K. Sari & Wahyuni (2023), who state that family support and a conducive urban environment play a role in increasing childbirth readiness, although support for groups in the adequate and inadequate categories still needs to be strengthened.

3. Family Support in Rural Areas

Based on the dimensions of family support, pregnant women in rural areas received informational, evaluative, instrumental, and emotional support with varying categories. Informational support was mostly in the adequate category, at 37.1%, indicating that the delivery of health information to pregnant women was not yet optimal. Limited access to health information in rural areas was a factor influencing this condition. Pregnancy information is generally obtained from family experiences, health workers, as well as posyandu activities and pregnancy check-ups. These findings are in line with Fadilla et al. (2024), who stated that informational support in rural areas still needs to be improved to support childbirth preparedness.

Assessment or appreciation support in rural areas was mostly in the good category, at 60.0%. This support reflects the family's recognition and trust in the role of pregnant women in preparing for childbirth. The values of togetherness and strong kinship in rural areas contribute to this high level of support. This support plays a role in increasing the confidence and mental readiness of pregnant women. These results

are in line with the research by Hastutik & Putri (2023), which states that family appreciation support has a positive effect on the psychological readiness of pregnant women.

Instrumental and emotional support in rural areas is mostly in the good category, at 70.5% and 72.4%, respectively. Tangible assistance and emotional support from family members help reduce the physical burden and anxiety of mothers during pregnancy. Overall, family support in preparing for childbirth in rural areas is predominantly in the good category, although there is still some support in the adequate and poor categories. This condition shows the strong role of the family as the main source of support despite limited access to health facilities. These findings are in line with Simanihuruk (2021b), Zaini et al. (2025), and Aprillia Fadila et al. (2024), which emphasize the importance of strengthening family-based health education to improve the childbirth readiness of pregnant women in rural areas.

4. Differences in Family Support Between Urban and Rural Areas

The bivariate analysis results show a difference in family support for childbirth preparation between pregnant women in urban and rural areas with a significance value of 0.039 (<0.05). The average value of family support in urban areas is higher (mean = 64.705) than in rural areas (mean = 60.590). This difference indicates that pregnant women in urban areas tend to receive more optimal family support. Based on these results, the null hypothesis was rejected and the alternative hypothesis was accepted. These findings confirm that the living environment contributes to variations in family support in preparation for childbirth.

Based on the dimensions of support, significant differences were found in informational support and assessment or appreciation support with a significance value of <0.001. Both dimensions had higher mean values in urban areas than in rural areas. This condition indicates a gap in access to health information and decision-making patterns within families. No significant differences were found between the two regions in terms of instrumental and emotional support. This finding is in line with Wardani & Ifayanti (2021), who stated that physical and emotional support tends to be provided evenly regardless of the region of residence.

Differences in family support are influenced by access to more adequate health facilities and information in urban areas. This condition allows families to better understand the importance of childbirth preparation and play an active role in supporting pregnant women, as supported by Winingsih (2023) and K. Sari & Wahyuni (2023). Rural areas are still influenced by limited resources and traditional socio-cultural patterns. Nevertheless, the values of togetherness and emotional closeness remain important assets in accompanying pregnant women, as stated by Simanihuruk (2021b). These findings are also in line with Zaini et al. (2025), who emphasize the need to strengthen family-based health education to reduce the gap in support between regions.

Strengths and Weaknesses of the Study

This study's strengths lie in its comparative analysis of family support based on regional characteristics and its multidimensional approach, which is able to describe the complexity of support for pregnant women. The limitations of this study lie in its cross-sectional design, which does not allow for the assessment of causal relationships. The use of self-report questionnaires has the potential to cause respondent perception

bias. Cultural aspects and family norms have also not been explored in depth through a qualitative approach. The findings of this study confirm that family support is a key factor in preparing for childbirth, so that strengthening family-based health education, especially in rural areas, needs to be optimized.

Conclusion

The level of family support in preparing for childbirth among pregnant women in urban areas is relatively good. Most pregnant women receive optimal family support based on the total score, with the proportion in the good category reaching more than three-quarters of respondents. Family support in urban areas appears to be strong in all dimensions, especially in terms of assessment or appreciation, which shows the highest percentage. This condition reflects the active involvement of families in providing encouragement, attention, and assistance during pregnancy. This good support plays an important role in shaping the physical and psychological readiness of pregnant women ahead of childbirth.

The level of family support in preparing for childbirth among pregnant women in rural areas is also in the good category, although the percentage is lower than in urban areas. The majority of pregnant women in rural areas receive adequate family support based on the total support score. Instrumental and emotional support are the most prominent dimensions, indicating the strong role of the family in providing tangible assistance and emotional attention. Informational support is still in the adequate category for some respondents, which illustrates the limited access to health information sources. This condition shows that the family remains the main source of support for pregnant women in rural areas, although there is still room for improvement.

The difference in family support for childbirth preparation between urban and rural areas is statistically significant. The average value of family support for pregnant women in urban areas is higher than in rural areas. This difference is particularly evident in the dimensions of informational support and assessment or appreciation support. Access to health information and the characteristics of the urban environment contribute to the high level of support in these two dimensions. These findings indicate that regional characteristics influence the variation in family support received by pregnant women in preparing for childbirth.

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