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From Anxiety To Emotional Stability: The Role of Emotional Maturity in Childbirth Anxiety

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Abstract

Pregnancy is often accompanied by anxiety, particularly as childbirth approaches, which may adversely affect the physical and psychological well-being of both the mother and the fetus. This study aimed to examine the role of emotional maturity in childbirth anxiety among pregnant women in Bangkalan Regency. It was hypothesized that emotional maturity significantly influences childbirth anxiety. This study used a quantitative approach using simple linear regression analysis. The participants comprised 100 pregnant women in Bangkalan Regency, aged 23–35 years, with a gestational age of more than 30 weeks. Participants were selected using purposive sampling. Data were collected using the Perinatal Anxiety Screening Scale (PASS) with 31 items and an Emotional Maturity Scale with 30 items. The results showed that emotional maturity had a significant effect on childbirth anxiety among pregnant women ($F = 17.575$, $p < 0.01$; $\beta = -0.402$, $t = -4.192$, $p < 0.01$). These findings indicate that emotional maturity plays a significant role in reducing childbirth-related anxiety among pregnant women in Bangkalan Regency. Specifically, pregnant women with higher levels of emotional maturity tend to experience lower levels of anxiety as they approach childbirth.

Keywords: Anxiety, childbirth, emotional maturity, pregnancy

Abstrak

Kehamilan merupakan kondisi yang sering disertai kecemasan, terutama mendekati proses persalinan, dan dapat berdampak pada kondisi fisik maupun mental ibu maupun janin. Tujuan penelitian ini adalah menganalisis peran kematangan emosional dalam kecemasan menghadapi persalinan pada ibu hamil di Kabupaten Bangkalan. Hipotesis penelitian ini adalah bahwa terdapat pengaruh kematangan emosi terhadap kecemasan saat menghadapi persalinan. Penelitian ini menggunakan pendekatan kuantitatif melalui analisis regresi linier sederhana. Subjek penelitian yang digunakan sebanyak 100 ibu hamil di Bangkalan berusia 23–35 tahun, dengan usia kehamilan lebih dari 30 minggu, yang dipilih menggunakan teknik purposive sampling. Instrumen penelitian yang digunakan adalah Skala Kecemasan Menghadapi Persalinan (Perinatal Anxiety Screening Scale/PASS) yang terdiri dari 31 item, serta Skala Kematangan Emosional yang terdiri dari 30 item. Hasil analisis penelitian yang telah dilakukan menunjukkan bahwa kematangan emosional berpengaruh terhadap kecemasan menghadapi persalinan pada ibu hamil ($F = 17{,}575$, $p < 0{,}01$; $\beta = -0{,}402$, $t = -4{,}192$, $p < 0{,}01$). Temuan ini menunjukkan bahwa kematangan emosional berperan dalam menekan perasaan cemas menghadapi persalinan pada ibu hamil di Bangkalan, Semakin tinggi kematangan emosi ibu hamil, semakin rendah kecemasannya.

***Kata kunci**: Kecemasan, kehamilan, kematangan emosional, persalinan*

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1. Introduction

Anxiety experienced by pregnant women when childbirth approaches is a common psychological challenge that needs attention. This condition often triggers feelings of helplessness and emotional distress, which may develop into fear, excessive worry, anxiety, stress, and even depressive symptoms. Previous studies have reported that approximately 69.6% of pregnant women experience moderate anxiety and 87% experience mild anxiety during childbirth (Hidayat, 2020; Siallagan & Lestari, 2018). Data from the World Health Organization (WHO, 2018) indicate that approximately 10% of pregnant women and 13% of postpartum women experience mental health disorders, with the prevalence increasing to 15.6% during pregnancy and 19.8% during the postpartum period in developing countries. Data reported by Heriyanto and As'ari (2014) further indicate that the prevalence of anxiety among pregnant women in Bangkalan is approximately 40%. In Madura, the tradition of *pelet betteng* represents a culturally rooted practice intended to alleviate anxiety during pregnancy. This ritual is typically performed when the pregnancy reaches seven months and involves communal prayers, recitation of verses from the Qur'an, a ceremonial flower-water bathing, and gentle abdominal massage as expressions of hope and

supplication for the mother's safety and a smooth childbirth (Arifin et al., 2023).

The feelings of worry, fear, anxiety, and emotional tension experienced by pregnant women may arise from various factors, including psychological conditions, psychosexual concerns, and their ability to adapt to the changes during pregnancy (Islami & Ediyono, 2022). Pregnant women may also experience physical weakness during pregnancy, which can contribute to feelings of tension, distress, and helplessness. These conditions often trigger anxiety, particularly during the first trimester, when substantial physical and psychological changes occur as a result of increased levels of estrogen and progesterone. Many pregnant women have reported feelings of disappointment, sadness, uncertainty, concerns about the changes they experience, and anxiety regarding their condition (Andera et al., 2023). Anxiety during pregnancy is also associated with the physical and psychological transitions that women undergo as they prepare for the responsibilities and consequences of motherhood, including caring for and raising a child. Pregnancy represents a significant life transition and may be perceived as a period of crisis, potentially leading to increased stress and anxiety. Pregnant women often worry about their own well-being as well as that of their unborn babies. The numerous physical and psychological changes experienced during pregnancy can affect both maternal and fetal health (Islami & Ediyono, 2022).

Anxiety is an emotional condition characterized by fear or worry whose cause is uncertain or disproportionate to the actual situation and is a subjective experience that cannot be observed directly. The feeling is caused by ignorance and is preceded by new experiences (Zamriati et al., 2013). Anxiety itself is defined as a feeling or emotional state that is indicated by characteristics such as physiological arousal, having feelings of anxiety, uncomfortable and unpleasant tense conditions, and worries that something bad will happen (Nevid et al., 2003). In the perinatal context, anxiety facing childbirth includes four main dimensions, namely excessive worry and fear related to pregnancy and childbirth, social anxiety and fear of judgment from others, acute anxiety and trauma, and perfectionism and self-control (Somerville et al., 2014).

According to Budi et al. (2000), pregnancy is characterized by a range of distinctive physical and psychological changes. Common physical changes include fatigue, morning sickness, and food cravings, whereas psychological and emotional changes comprise mood instability, insomnia, reduced concentration, and heightened emotional responsiveness. These changes suggest that many pregnant women experience fear, worry, and anxiety during pregnancy. This is consistent with Manuaba and Kebidanan (2014), who argued that anxiety during pregnancy is commonly associated with concerns about the well-being of both the mother and the unborn baby, feelings of safety and comfort throughout pregnancy, identity development and preparation for parenthood, acceptance of the pregnancy, family financial circumstances, and the availability of family support. Nevertheless, the factors contributing to anxiety vary across individuals and largely depend on the extent to which they are prepared for pregnancy.

Untreated anxiety can have serious consequences for both pregnant women and their unborn babies. Wulandari and Wantini (2021) noted that pregnant women may experience various challenges during pregnancy, including anxiety related to pregnancy and the approaching childbirth process. These concerns are particularly common among first-time mothers, who often fear potential complications affecting themselves or their unborn babies. When anxiety during childbirth is not effectively managed, it may lead to increased tension, an inability to relax, fatigue, and even adverse effects on fetal well-being. Similarly, Nurhasanah (2021) reported that maternal anxiety during pregnancy arises from multiple factors and may negatively affect the health of both the mother and the fetus. In addition, unresolved anxiety may increase the risk of postpartum depression, including among women who experience preterm birth.

Untreated anxiety is associated with increased respiratory rate and glandular secretion, sleep disturbances, and muscle tension, all of which may complicate the childbirth process (Desmita, 2010; Wulandari & Wantini, 2021). Psychologically, women who cannot manage their anxiety are at greater risk of developing postpartum depression and experiencing difficulties in establishing a healthy mother–infant bond. Anxiety during pregnancy has also been linked to an increased risk of obstetric complications, adverse birth outcomes, and emotional distress that may negatively affect fetal development (Nurhasanah, 2021). Therefore,

identifying protective factors that can mitigate anxiety during pregnancy is essential.

Pregnancy is associated with heightened emotional tension, which may give rise to unusual or seemingly irrational desires and behaviors, often marked by intense emotional reactions. As a result, pregnant women may become more irritable, emotionally sensitive, and vulnerable to psychological distress (Basith et al., 2017). Among the various factors that may influence anxiety during pregnancy, emotional maturity was selected as the independent variable in this study for several reasons. First, emotional maturity directly affects an individual's ability to regulate emotional responses to stressful or threatening situations (Hurlock, 2019). Second, pregnancy is a transitional period that requires a high level of emotional regulation, which makes emotional maturity particularly relevant in this context (Chandranipapongse & Koren, 2013). Finally, unlike external factors such as social support, which depend on the surrounding environment, emotional maturity is an internal capacity that can be strengthened through psychological interventions.

According to Chaplin (2006), emotional maturity refers to a state in which an individual has attained a mature level of emotional development and no longer exhibits inappropriate or childlike emotional responses. Emotional maturity reflects an individual's psychological readiness to respond to life's changes with composure and emotional stability. Emotionally mature individuals can adapt calmly to changes while regulating and expressing their emotions appropriately in response to situational demands. Emotions, or feelings, are affective states that arise when individuals interact with others or encounter particular situations (Santrock et al., 2021). They are expressed through behavioral responses such as fear, anxiety, sadness, or happiness, and their expression depends on how individuals perceive and interpret the situations they experience.

Emotional maturity also refers to an individual's ability to maintain consistent emotional responses when dealing with problems, enabling sound decision-making based on careful judgment rather than fluctuating moods (Hurlock, 2019). Emotionally mature individuals are characterized by their ability to express and accept their emotions appropriately, manage unfounded or excessive worries, and demonstrate respect and consideration for others. Emotionally stable individuals are better prepared to cope with the changes they experience and are more capable of adapting to challenging circumstances. Thus, when confronted with difficulties, they tend to respond more wisely and are less likely to experience excessive worry, fear, or anxiety. This enables them to evaluate problems objectively and identify appropriate solutions. Such capacities are largely influenced by emotional maturity, which encompasses several key aspects: the ability to accept oneself realistically, the ability to accept others realistically, the ability to regulate and manage emotions, the ability to express emotions appropriately, and independence in attitudes and decision-making (Walgito, 2015).

Pregnant women need to understand and pay attention to various aspects of pregnancy and childbirth preparation. Such preparation should extend beyond physical readiness to include psychological preparedness, a crucial factor in a healthy pregnancy and childbirth experience. Chandranipapongse and Koren (2013) emphasized that preparing both physically and mentally for pregnancy and childbirth is essential, as it provides substantial benefits during pregnancy and the postpartum period. Adequate physical and psychological preparation helps women adapt to the changes associated with pregnancy, thus reducing stress and lowering the risk of complications during pregnancy and childbirth.

Psychological preparedness, particularly emotional maturity, plays a crucial role in shaping women's experiences during pregnancy and childbirth. Pregnant women with higher levels of emotional maturity are generally better prepared to cope with pregnancy and approach childbirth with greater confidence and emotional composure. Yuliasari and Wahyuningsih (2017) reported that emotional maturity enables pregnant women to regulate and manage their emotions more effectively. Similarly, Diani and Susilawati (2013) found that emotional maturity facilitates the development of adaptive coping strategies, including seeking social support and applying stress management techniques. Akbarzadeh et al. (2016) further demonstrated that higher levels of emotional maturity are associated with lower levels of anxiety during pregnancy, whereas lower emotional maturity increases vulnerability to heightened anxiety. Winda et al. (2023) also reported that emotionally mature

individuals have a better understanding of their emotional responses, enabling them to cope more effectively with the challenges of pregnancy and childbirth. They can soothe themselves, exercise self-control, maintain motivation and perseverance, and cope with anxiety and frustration better during the childbirth process. Collectively, these findings suggest that emotional maturity is closely related to anxiety experienced by pregnant women during pregnancy and in preparation for childbirth. However, previous studies have generally been conducted using relatively limited samples. The present study contributes to the literature by focusing on pregnant women in the rural and religious context of Bangkalan, Madura. Bangkalan Regency is characterized by strong adherence to Islamic values and local traditions, including the *pelet betteng* ritual, a communal pregnancy ceremony that involves family members, religious leaders, and traditional birth attendants. This cultural and religious context is particularly relevant because it may shape women's perceptions of pregnancy and childbirth-related anxiety while also providing a potential source of social support during the transition to childbirth.

Based on the explanation, this study hypothesized that emotional maturity would significantly influence childbirth anxiety among pregnant women in Bangkalan. The findings of this study are expected to serve as a reference for developing curricula and support programs for antenatal education that not only emphasize physical preparation for childbirth but also promote emotional maturity as an essential component of psychological readiness. Accordingly, this study hypothesized that emotional maturity would have a significant influence on childbirth anxiety among pregnant women in Bangkalan.

2. Method

This study employed a quantitative approach using a correlational-predictive research design. Data were analyzed using simple linear regression to examine the role of emotional maturity in childbirth anxiety among pregnant women. Participants were selected through purposive sampling, with the final sample of 100 pregnant women in Bangkalan Regency. Eligible participants were women aged 23–35 years who had a gestational age of more than 30 weeks. The demographic characteristics of the participants are presented below.

Table 1. Demographic Characteristics of the Participants

Characteristic	Category	Number of Participants
Age (years)	23-30 years	59
	31-35 years	41
Gestational age	31-35 weeks	68
	> 35 weeks	32
Pregnancy	First pregnancy	53
	Second or subsequent pregnancy	47

Childbirth anxiety was measured using the Perinatal Anxiety Screening Scale (PASS), a valid and reliable 31-item self-report instrument designed to screen for anxiety symptoms in women during the antenatal and postpartum periods (Somerville et al., 2014). A culturally adapted version of the PASS was used in this study, with responses rated on a 4-point Likert scale: 0 (Never), 1 (Sometimes), 2 (Often), and 3 (Almost always). The adapted instrument demonstrated item validity coefficients ranging from 0.250 to 0.550 and a reliability coefficient (Cronbach's α) of 0.839. Emotional maturity was assessed using a 30-item Emotional Maturity Scale developed by the researchers based on the dimensions of emotional maturity proposed by Walgito (2015). Responses were rated on a four-point Likert scale: 1 = Strongly disagree, 2 = Disagree, 3 = Agree, and 4 = Strongly agree. The scale demonstrated item validity coefficients ranging from 0.314 to 0.566 and a reliability coefficient of 0.878.

Data were collected through direct visits to maternity clinics and independent midwifery practices in Bangkalan. Before completing the questionnaires, all participants were informed about the study's purpose and procedures and provided written informed consent. Participants' confidentiality was maintained, and participation was voluntary. The collected data were subsequently analyzed using simple linear regression in IBM SPSS Statistics to test the proposed hypothesis.

3. Results

Based on the descriptive statistical analysis of the Emotional Maturity Scale and the Childbirth Anxiety Scale conducted on the 100 pregnant women who participated in this study, the following results were obtained.

The results of descriptive analysis presented in Table 2 indicate that the mean score for emotional

maturity was 94.73 (SD = 9.68), whereas the mean score for childbirth anxiety was 28.40 (SD = 9.97). Pregnancy is a natural stage in a woman's life and is often experienced as both a new and emotionally significant event. Although it is generally associated with joy and anticipation, it can also be accompanied by feelings of tension and uncertainty. Therefore, adequate preparation throughout pregnancy is essential. Pregnant women need to understand the physical and psychological changes they experience during pregnancy and childbirth so that they can effectively regulate and manage their emotional responses.

Table 2. Descriptive Statistics for Emotional Maturity and Childbirth Anxiety

Variable	N	Mean	Std. Deviation
Emotional maturity	100	94.73	9.68061
Childbirth anxiety	100	28.4	9.97573
Valid N (listwise)	100		

Pregnancy and childbirth require adequate psychological preparedness to cope with the challenges that may arise throughout these processes. Such preparedness enables pregnant women to regulate and manage emotional tension more effectively. This psychological readiness reflects emotional maturity, which helps pregnant women maintain greater emotional stability, facilitates the childbirth process, and prepares them to adapt to the physical and psychological changes that occur after delivery. During this period, pregnant women may experience a wide range of emotions, including excitement, joy, and fear, particularly regarding the prospect of giving birth (Miller, 2016). Before performing the regression analysis, the underlying assumptions of linear regression were examined and found to be satisfied. The normality test indicated that the residuals were normally distributed (Kolmogorov–Smirnov, $p > 0.05$). The linearity test confirmed a linear relationship between emotional maturity and childbirth anxiety (F for linearity, $p < 0.05$). In addition, the heteroscedasticity test revealed no systematic pattern in the residual plot, indicating that the assumption of homoscedasticity was met. The results of the simple linear regression analysis are presented in Table 3.

Table 3. ANOVA Results for the Simple Linear Regression Model

	F	Sig.	Interpretation
Regression	17.575	0.000	Significance ($p < 0.01$)

As shown in Table 3, the regression model was statistically significant, with $p = 0.000$ ($F = 17.575$, $p < 0.001$), indicating that emotional maturity significantly predicts childbirth anxiety among pregnant women in Bangkalan.

The unstandardized regression coefficient (B) for the effect of emotional maturity on childbirth anxiety was -0.402 (SE = 0.096), with $t = -4.192$ ($p < 0.01$). The standardized regression coefficient ($\beta = -0.390$) indicates that each one-standard-deviation increase in emotional maturity was associated with a 0.390-standard-deviation decrease in childbirth anxiety. Based on the value of B, the regression equation can be expressed as $Y = 66.467 - 0.402X$. These results are supported by Hurlock (2019) that emotionally mature individuals tend to evaluate situations or conditions critically before responding emotionally, particularly in situations characterized by worry that something adverse may occur.

The R^2 value was 0.152, indicating that emotional maturity accounted for 15.2% of the variance in childbirth anxiety among pregnant women in Bangkalan. These findings indicate that pregnant women with higher levels of emotional maturity are better able to manage their anxiety when facing childbirth. The results also indicate that the remaining 84.8% of the variance in childbirth anxiety among pregnant women in Bangkalan is explained by factors other than emotional maturity, such as spousal support, economic status, and stress coping.

Table 4. Results of the Simple Linear Regression Analysis

Model	B	SE	Confidence Interval	t	Sig.
(Constant)	66.467	9.127		7.282	0.000
Emotional maturity	-0.402	0.096	-0.390	-4.192	0.000

4. Discussion

The findings of this study confirm that emotional maturity has a significant influence on childbirth anxiety, thereby supporting the proposed hypothesis. These findings indicate that pregnant women with higher levels of emotional maturity tend to experience lower levels of anxiety during pregnancy and when preparing for childbirth. This finding is supported by Muthoharoh (2018), who argued that pregnancy and childbirth require adequate psychological preparedness to enable pregnant women to manage the anxiety they experience. Such psychological preparedness reflects emotional maturity, which is closely related to a woman's ability to regulate and manage her anxiety. Pregnant women who lack adequate knowledge and understanding of pregnancy and childbirth often experience greater difficulty preparing for labor. Consequently, preparedness for childbirth is an important factor in a smooth, successful birth.

Anxiety experienced by pregnant women during pregnancy and in preparation for childbirth is a natural response. However, such anxiety can be reduced when pregnant women possess emotional maturity and can regulate their emotions effectively. The findings of this study demonstrate that emotional maturity plays a role in the anxiety experienced by pregnant women. The more emotionally mature pregnant women are in managing and regulating their emotions, the lower their level of childbirth anxiety. This emotional maturity enables pregnant women to regulate their responses when experiencing emotional distress and to adopt effective strategies for coping with these feelings. These findings are supported by Diani and Susilawati (2013), who suggest that emotional maturity facilitates the development of coping strategies, such as seeking social support and applying stress management techniques, which in turn help reduce pregnancy-related anxiety.

Pregnant women with a high level of emotional maturity can better reduce feelings of fear, worry, and anxiety experienced during pregnancy and in preparation for childbirth. They tend to regulate and control their emotional responses more effectively when experiencing anxiety during pregnancy and as childbirth approaches. Furthermore, they are more likely to seek appropriate ways of coping with their anxiety, indicating that emotional maturity and childbirth anxiety are closely related. These findings are supported by Akbarzadeh et al. (2016) that higher levels of emotional maturity are associated with lower levels of anxiety during pregnancy. In other words, the more emotionally mature pregnant women are, the lower the anxiety they experience. Emotional maturity enables pregnant women to regulate and manage the anxiety they experience more effectively.

Pregnant women with a high level of emotional maturity can regulate and manage their emotions better during pregnancy and when preparing for childbirth. They are more capable of controlling their emotional responses and managing situations that they perceive as distressing or uncomfortable. This ability has a significant influence on both pregnancy and childbirth. The more emotionally mature pregnant women are in regulating and managing their emotions, the lower the level of anxiety they experience. These findings are supported by Winda et al. (2023), who indicate that emotionally mature individuals tend to have a better understanding of their emotional responses, enabling them to regulate their emotions and cope more effectively with the challenges of pregnancy and childbirth.

Pregnant women with good emotional regulation can better cope with the various conditions experienced during pregnancy, which in turn helps reduce anxiety during pregnancy and as childbirth approaches. Emotionally mature pregnant women can manage their thoughts and feelings and consciously seek the most appropriate solutions for themselves during pregnancy and the upcoming childbirth process. This condition can reduce feelings of anxiety and worry related to pregnancy and childbirth. These findings are supported by Miller (2016), who states that emotionally mature pregnant women are better prepared to face the physical and psychological changes of pregnancy because they possess a greater capacity for self-awareness, emotional regulation, and problem-solving.

Emotional maturity in pregnant women can help minimize and reduce anxiety experienced during pregnancy and childbirth. Pregnant women with low emotional maturity are more likely to experience increased childbirth anxiety due to a limited ability to regulate emotions and find solutions to their fears and concerns. Such women tend to have difficulty managing their anxiety and worries, which in turn affects their decision-making processes. This is supported by Akbarzadeh et al. (2016) that individuals

with lower emotional maturity may be more vulnerable to increased anxiety during pregnancy because they may struggle to understand and effectively manage their emotional responses.

Pregnant women with high emotional maturity can manage worry, anxiety, uneasiness, and stress experienced during pregnancy. Emotionally mature pregnant women can also regulate their feelings as childbirth approaches. This condition enables them to remain calmer and more emotionally stable and to view the problems they experience more objectively. These findings are consistent with Sohrabzadeh and Hakim (2021), who reported that individuals with a high level of emotional maturity tend to behave in accordance with social expectations, regulate their emotions and mental state appropriately, possess a better understanding of themselves, and demonstrate emotional stability. In contrast, individuals with low emotional maturity tend to be more aggressive, behave carelessly or in ways that do not conform to social expectations, have limited self-understanding, and exhibit emotional instability. These findings become even more meaningful when considered within the specific sociocultural context of Bangkalan. As a region with a strong Madurese cultural background characterized by Islamic values and collective traditions, pregnant women in Bangkalan experience pregnancy within a social environment rich in ritual-based support, such as the *pelet betteng* tradition. This tradition functions not only as a spiritual ritual but also as a form of social support that may influence women's emotional states. Within this context, emotional maturity serves as an internal factor that complements the external sources of support available within the community. Pregnant women with higher emotional maturity can better integrate such communal support positively, thereby more effectively reducing childbirth anxiety. Future research is needed to further explore how local cultural factors in Bangkalan, including the *pelet betteng* tradition and extended family support, interact with emotional maturity in influencing childbirth anxiety.

This study has several limitations. Methodologically, the cross-sectional design in this study did not allow for strong causal inferences, and therefore, longitudinal studies are needed to clarify the direction of the relationships between variables. Although the researcher-developed Emotional Maturity Scale demonstrated good reliability, it still requires broader cross-cultural validation. Theoretically, this study did not examine potential mediating or moderating variables that may influence the relationship between emotional maturity and anxiety, such as social support or childbirth self-efficacy.

The findings of this study have implications for the development of antenatal support programs. Antenatal classes should not only focus on physical preparation for childbirth but also integrate modules for developing emotional maturity, such as emotion regulation techniques, management of negative thoughts, and strengthening self-acceptance. For future research, it is recommended that longitudinal designs be employed to monitor changes in emotional maturity and anxiety across the trimesters of pregnancy. Future studies should also include potential mediating or moderating variables, such as social support and childbirth self-efficacy, and expand the sample to other regions to enhance the generalizability of the findings.

5. Conclusion

Based on the results of the analysis and discussion, it can be concluded that emotional maturity has a significant influence on childbirth anxiety. Pregnant women with higher levels of emotional maturity tend to experience lower levels of anxiety, whereas those with lower emotional maturity are less equipped to regulate their emotional states, resulting in higher levels of anxiety during pregnancy and childbirth. Emotional maturity accounts for 15.2% of the variance in childbirth anxiety among pregnant women in Bangkalan, while the remaining 84.8% is explained by other factors. These factors may include family support, particularly from the husband, as well as readiness for parenthood, which is closely related to preparedness for establishing a family.

Pregnant women are encouraged to maintain their physical and psychological health during pregnancy and in preparation for childbirth by attending regular prenatal check-ups with physicians or midwives. In addition, they are advised to maintain positive thinking and engage in activities that support psychological well-being, such as prenatal classes including yoga, relaxation techniques, and emotional management training, as well as strengthening social support from partners and family. Healthcare professionals, particularly midwives and obstetricians, are encouraged to integrate emotional

maturity assessment into routine prenatal monitoring and to develop structured psychological support programs for pregnant women. Husbands and family members are also expected to provide consistent emotional support throughout the pregnancy period.

Ethical Statement: The research was conducted in accordance with prevailing ethical standards. Prior to data collection, the researcher provided comprehensive information regarding the study to the respondents, encompassing the research objectives, data confidentiality, and data utilization. Furthermore, respondents were granted the full autonomy to withdraw from the study at any point if they no longer wished to be involved. The respondents participated in this study on a completely voluntary basis and completed the institutional informed consent forms.

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