Factors Affecting the Level of Anxiety in Primigravida Pregnant Women in Facing Giving Birth in the Work Area of the Public Health Center in Pekalongan City.

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Abstract

Background : Pregnancy is a transition period that makes the emotions felt by pregnant women quite labile. Primigravida pregnant women experience higher anxiety is a natural thing because they do not have the experience of labor so that the level of confidence is lacking and tend to experience greater anxiety than multigravida mothers. Psychological aspects that arise can be influenced by various factors. Objective : To know the factors that influence the level of anxiety of primigravida pregnant women in facing labor in the Work Area of Bendan Public Health Center in Pekalongan City. Methods : The study design used correlational analysis with a cross sectional approach. The study population was primigravida pregnant women in the Working Area of the Bendan Health Center in Pekalongan City. The research sample was 37 respondents taken by the total sampling method. Bivariate analysis was processed using the Fisher's Exact test and multivariate analysis using logistic regression analysis. Results : Age variables ($p = 0.007$), family support ($p = 0,000$), health status ($p = 0.002$), and class participation of pregnant women ($p = 0.005$) there is a relationship with the anxiety level of primigravidian pregnant women. But there was no relationship between education ($p = 0.302$) and twindihe anxiety level of pimigravida pregnant women. The results of multivariate family support analysis were the most dominant variable associated with anxiety of primigravida pregnant women. Suggestion : It is expected that pregnant women can be more active in taking classes in pregnant women and maintaining health status. The family is also expected to provide support to pregnant women.

Keyword : Anxiety, Primigravida Pregnant Woman.

Background

Pregnancy is a transition between life before having a child in the womb and life after the child is born. In general, emotions felt by pregnant women are quite unstable. Psychological changes are very significant things seen in pregnant women, such as feelings of anxiety, fear and anxiety.

In accordance with the research carried out by Handayani (2015) it was found that there were 70.3% of third trimester primigravida mothers experiencing moderate anxiety. Based on studies that have been done previously published in several research journals show that the level of anxiety experienced by mothers who have had their first pregnancy (primigravida) has a higher proportion than mothers who have had more than one pregnancy (multigravida).

The above research results are in accordance with the opinion of Kaplan and Sadock (1998) that anxiety can occur in new experiences, such as pregnancy, child birth or childbirth. Based on data from the Pekalongan City Health Service, the number of pregnant women was 6213 people and in the Bendan Public Health Center in Pekalongan City in 2018 there were 358 pregnant women. While a preliminary study with 10 primigravida pregnant women, data was obtained that all pregnant women experience anxiety about the health of the fetus and themselves and are anxious in the face of labor. 9 out of 10 pregnant women complain of anxiety when entering the third trimester, getting closer to the time of delivery because they do not know how to care for their babies when they are born.

Based on this background, the authors are interested in examining the relationship between age, education, family support, health status and class participation of pregnant women on the level of anxiety of primigravida pregnant women in facing labor in the working area of the Bendan Puskesmas in Pekalongan City.

Methods

The design of this study was a correlational analysis with a cross sectional approach with the population in this study were all primigravida pregnant women who experienced mild and moderate anxiety in the working area of the Bendan Pekalongan Health Center. The

sampling technique in this study was total sampling. Reasons for taking total sampling because according to Riwidikdo (2013), if the population is small (<100) then all members of the population are sampled. So, the number of samples that will be used is the entire population of 37 respondents.

The instruments of this study were the characteristics of the respondents, the examination of maternal and fetal health, the check list of classes of pregnant women and the PRAQ-R2 questionnaire and the family support questionnaire.

Results

1. The relationship between age and anxiety level of primigravida pregnant women

Table 1. Age of pregnant women * Pregnancy anxiety crosstabulation

		Pregnancy Anxiety		Total
		Mild anxiety	Moderate anxiety	
Age of pregnant women	<20 or> 35 years	0	14	14
	20-35 years	9	14	23
Total		9	28	37

Table 1 above shows the results of the study found that the majority of primigravida pregnant women with age <20 or> 35 years (14 people) all experienced moderate anxiety. While primigravida pregnant women aged 20 to 35 years the majority experience mild anxiety (9 people) and moderate anxiety (14 people). So, there is a relationship between age and the level of anxiety of primigravida pregnant women as evidenced by the results of the Fisher's Exact correlation test, the results are P value (0.007) <(0.05). Odd Ratio (OR) value obtained in this study is (OR = 1.643), which means pregnant women aged <20 or> 35 years have a risk of anxiety levels 1.643 times greater than pregnant women aged 20 to 35 years.

2. The relationship between education and the level of anxiety of primigravida pregnant women

Table 2 education of pregnant women * Anxiety for Pregnant Women Crosstabulation

		Anxiety pregnant woment		Total
		Mild anxiety	Moderate anxiety	
Education	<9 years	0	6	6
	>9 years	9	22	31
Total		9	28	37

Table 2 above shows the results of the study found that most primigravida pregnant women with <9 years of education experience moderate anxiety. While primigravida pregnant women with education> 9 years old experienced moderate anxiety (22 people) and mild anxiety (9 people). So, there is an insignificant relationship between education and the anxiety level of primigravida pregnant women but as evidenced by the results of the Fisher's Exact correlation test the results are P value (0.302) > (0.05). The value of Odd Ratio (OR) obtained in this study was (OR = 0.050), pregnant women with low education had a risk of anxiety level 0.050 times greater than pregnant women who were highly educated.

3. Relationship between family support and the level of anxiety of primigravida pregnant women

Tabel 2 dukungan keluarga ibu hamil * Ansietas Ibu Hamil Crosstabulation

		Anxiety pregnant woment		Total
		Mild anxiety	Moderate anxiety	
Family Support	Less	0	19	19
	Good	9	9	18
Total		9	28	37

Table 3 above shows that most primigravida pregnant women with poor family support (19 people) all experience moderate anxiety. While primigravida pregnant women with good family support (18 people) there were 9 people (50%) experiencing mild anxiety and 9 other people with moderate anxiety (50%). So, there is a

relationship between family support and the anxiety level of primigravida pregnant women as evidenced by the results of the Fisher's Exact correlation test, the results of which are P value (0,000) <(0,05). The Odd Ratio (OR) obtained in this study was (OR = 1,875), pregnant women who had poor family support had a risk of anxiety level 1,875 times greater than pregnant women with good family support.

4. Relationship between primigravida pregnant health status

Tabel 4 status kesehatan ibu hamil * Ansietas Ibu Hamil Crosstabulation

		Anxiety pregnant woment		Total
		Mild Anxiety	Moderate Anxiety	
Health status	Less	1	20	21
	Health	8	8	16
Total		9	28	37

Table 4 above shows that most primigravida pregnant women with poor health status (21 people) all experienced moderate anxiety by 20 people. Whereas primigravida pregnant women with good health status (16 people) there were 8 people (50%) experiencing mild anxiety and 8 other people with moderate anxiety (50%). So, there is a relationship between health status with the level of anxiety of primigravida pregnant women as evidenced by the results of the Fisher's Exact correlation test results obtained are P value (0.002) <(0.05). Odd Ratio (OR) values obtained in this study were (OR = 1.705), pregnant women with poor health status had an anxiety level of 1.705 times greater than pregnant women with good health status.

5. Relationship between class participation of pregnant women with the level of anxiety of primigravida pregnant women

Tabel 5 status kesehatan ibu hamil * Ansietas Ibu Hamil Crosstabulation

		Anxiety pregnant woment		Total
		Mild anxiety	Moderat anxiety	
Class participation of pregnant women	No	1	19	20
	Yes	8	9	17
Total		9	28	37

The results of the study showed that most primigravida pregnant women who did not take classes in pregnant women (20 people) experienced moderate anxiety as many as 19 people. While primigravida pregnant women who took classes in pregnant women (17 people) there were 8 people experiencing mild anxiety and 9 other people with moderate anxiety. So, there is a relationship between health status with the level of anxiety of primigravida pregnant women as evidenced by the results of the Fisher's Exact correlation test, the results are P value (0.005) <(0.05). Odd Ratio (OR) value obtained in this study is (OR = 0.059), pregnant women who do not attend pregnant women have a risk level of anxiety 0.059 times greater than pregnant women attending pregnant women classes.

6. Selection of multivariate candidate variables

Table 6 Bivariate results between variables age, education, family support, health status and class participation of pregnant women with the level of anxiety of primigravida pregnant women in the face of childbirth

Variabel	Log-likelihood	G	*P Value*
Age	30,789	10,265	0,001
Education	37,351	3,703	0,054
family support	24,953	16,101	0,000
health status	30,221	10,833	0,001
class participation of pregnant women	31,449	9,606	0,002

From the table above it turns out that all variables have a p value <0.25, thus the five variables continue to enter the multivariate model.

Table 4.9 The results of multivariate logistic regression analysis between age, education, family support, health status and participation of pregnant women with anxiety levels of

primigravida pregnant women in the face of labor

Variabel	B	P Wald	OR
Age	-54,317	0,996	0,000
education	37,367	0,998	16920993916313 914,000
family support	-55,022	0,996	0,000
health status	-37,711	0,996	0,000
class participation of pregnant women	17,298	0,997	32538892,425

-2 Log likelihood = 4,499. G = 36,556.

P value = 0,000

From the results above it can be seen that the log-likelihood significance is <0.05 (P = 0,000). However, significantly the P wald there are variables with high P values, so the variable expenditure from the model is necessary. So the variables released from the next model process are education variables.

Discussion

1. Bivariate Discussion

    1) Relationship between age and anxiety level of primigravida pregnant women in facing labor in the Community Health Center Bendal Pekalongan City

    The assumption of researchers is that pregnant women at the age of <20 years experience moderate symptoms of anxiety because the physical condition is not 100% ready. For the safest age to undergo pregnancy and childbirth is the age of 20-35 years, in this age range a woman's physical condition is in prime condition. Meanwhile, after the age of 35 years some women are classified as having a high-risk pregnancy for congenital abnormalities and complications during labor. In this age period, maternal and neonatal mortality rates are increasing, which will increase anxiety. As according to Mochtar (1998) that pregnancy and childbirth in a healthy period, ie under the age of 20 years or above 35 years have a risk of death 3 times higher than the healthy reproductive age group (20-35 years).

As age increases, the more mature a person in making choices. Pregnancy at risky mothers can be a cause of maternal anxiety because a mother's experience is not yet sufficient. As according to Handayani (2015) which states that pregnant women at an age of risk can cause fetal disorders or disorders that can cause anxiety for pregnant women, especially primigravida pregnant women.

2) The relationship of education with the level of anxiety of primigravida pregnant women in facing labor in the Work Area of the Bendan Pekalongan City Health Center

The results of the bivariate analysis of the relationship between education and the level of anxiety of primigravida pregnant women obtained the result that is P value (0.302) which means there is a significant but not significant relationship between education and the level of anxiety of primigravida pregnant women in facing labor in the Work Area of the Bendan Pekalongan City Health Center. , this is possible because more pregnant women in the Work Area of Bendan Health Center are more highly educated as many as 31 respondents (83.8%).

This is in line with the research conducted by Nyoman (2017) that there is no significant relationship between the level of higher and lower education with the knowledge and attitudes of the mother towards her pregnancy. Lack of education will have an impact on the lack of knowledge about matters relating to pregnancy. So with good education is expected to be followed by good knowledge as well. So from that someone's knowledge about labor still needs to be improved so that it can improve the mother's sense of security and be better prepared to face labor later.

3) Relation of family support to the anxiety level of primigravida pregnant women in facing childbirth in the Work Area of the Public Health Center in the City of Pekalongan

Based on the results of research conducted by researchers note that there is a significant relationship between family support and anxiety levels of primigravida pregnant women in the face of labor as evidenced by the results of the Fisher's Exact test obtained P value 0,000.

Mothers who get poor family support will have an impact on the mother's lack of motivation so that it can affect the level of anxiety of primigravida pregnant women in the face of childbirth. This is in accordance with Stuart and Sudeen (1998, in Tamheer and Noorkasiani, 2009) which states that family support is the most important element in helping individuals solve problems. If there is family support, confidence will increase and motivation to deal with the problems that occur will increase. This is in line with the opinion of Ratna (2010) which states that the provision of social support, is more effective than the people closest to who have meaning in someone's life.

2. The relationship of health status with the level of anxiety of primigravida pregnant women in the face of childbirth in the Work Area of the Bendan Pekalongan Health Center

The results showed that most primigravida pregnant women with poor health status (21 people) all experienced moderate anxiety of 20 people. While primigravida pregnant women with good health status (16 people) there were 8 people (50%) had mild anxiety and 8 others were moderate anxiety (50%).

The degree of health of pregnant women plays a role in influencing the level of anxiety of pregnant women. Pregnant women with good health status will feel calmer in undergoing pregnancy and facing the birth process. They will feel more confident in facing childbirth with a capital of good health. At least it is estimated that there are no complications that can inhibit labor. Although a person's health status will change due to the influence of various factors. But there are other things that can make pregnant women more confident if their health status is not problematic, especially for pregnancy.

While the poor health status of pregnant women will also affect the anxiety of pregnant women in the face of childbirth. Pregnant women will feel worried if their health will affect the health of the fetus that is still being conceived, and even complications of labor will arise due to poor health conditions.

3. Relationship between class participation of pregnant women with the level of anxiety of primigravida pregnant women in the face of childbirth in the Work Area of the Bendan Pekalongan City Health Center

From the results of the study, respondents who took part in the class of pregnant women experienced mild anxiety (47%) and some experienced moderate anxiety (53%) in the face of childbirth. While respondents who had never attended a pregnant mother class during pregnancy were mostly experiencing moderate anxiety (95%). The results of the above study are in accordance with the results of research related to class participation of pregnant women with anxiety of pregnant women, which shows there is a relationship between participation of pregnant women in the pregnant class with the level of anxiety in the face of childbirth in primigravida trimester III pregnant women (Rifki, et al, 2018).

6. Multivariate Discussion

The logistic regression calculation results that age, family support and health status are significantly related to the anxiety level of primigravida pregnant women in facing labor (P = 0,000). The results of this study indicate that the risk factors for the level of anxiety of primigravida pregnant women are not single, meaning that one risk factor with other risk factors are interrelated in influencing the level of anxiety of primigravida pregnant women. But the most dominant variable affecting the anxiety level of primigravida pregnant women in facing labor is the family support variable.

Family support is highly expected by a pregnant woman in dealing with the birth process, with good family support will reduce stressors on the mother so that the delivery process is more smooth and fast without causing complications.

Conclusion

1. Frequency distribution of primigravida level anxiety shows that the majority of respondents experienced moderate anxiety (78.4%) and 21.6% experienced mild anxiety.
2. There is a significant relationship between the age of pregnant women, family support, health status and class participation of pregnant women with the level of anxiety of primigravida pregnant women.
3. There is no significant relationship between education with the level of anxiety of primigravida pregnant women in the face of childbirth with the P value.
4. The variable most related to the anxiety level of primigravida pregnant women in facing labor in the working area of the Bendan Pekalongan Health Center is the family support variable with a P Wald value of 0.996.

Suggestion

1. Pregnant women should do ANC routinely at least 4 times during pregnancy.
2. Families are expected to continue to provide support to pregnant women.

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