Original Research Article

Primigravida TM III Anxiety Levels in Facing the Labor Process Judging from Mother's Knowledge

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Abstract: ***Introduction:*** Pregnancy can be a source of anxiety stressors, especially in primigravida mothers' third trimester of pregnancy. One of the efforts made by health workers to reduce the level of anxiety in pregnant women facing the delivery process is by providing health services and counseling, and health education during pregnancy check-ups (ANC). Every woman believes that pregnancy is a natural thing that must be lived. On the other hand, some argue that it is an event that determines the next life. Anxiety and anxiety in pregnant women, if not treated seriously, will impact and affect the physical and psychological of both the mother and the fetus. ***Objective:*** This study aims to analyze the relationship between knowledge and the level of anxiety of primigravida TM III in dealing with childbirth at the Wae Rii Health Center and Langke Rembong Regency. ***Methods:*** The research design used in this research is descriptive correlative with a cross-sectional approach. A sample of 70 respondents was selected using the purposive sampling technique using inclusion and exclusion criteria. Data on pregnant women were taken from the register book and distributed in knowledge and anxiety questionnaires. Statistical test using chi-square test. ***Results:*** Most of the 35 people with good knowledge had a mild level of anxiety. The results of the statistical test showed a p-value of 0.000 which means a p-value <0.05, so there is a statistically significant relationship between knowledge and the anxiety level of TM III primigravida mothers in dealing with labor at the Work Center of Manggarai Regency, especially Wae Rii and Langke Rembong District.
Keywords: Knowledge; Primigravida TM III; anxiety level.

INTRODUCTION

The most common and frequent psychiatric disorder is the presence of anxiety disorder. The National Comorbidity Study reports that one in four people meet the diagnostic criteria for at least one anxiety disorder. Anxiety disorders were also more common in women (30.5%) than men (19.2%). For a woman, especially a primigravida, pregnancy is a new experience marked by physical and psychological changes (Said *et al.*, 2015).

One of the changes in the mother's psychology is anxiety. This condition will last for nine months so it can cause physical discomfort. Mother's worries increase about how the delivery process will look, the baby's condition, and the baby's condition after birth. Approaching the time of delivery, anxiety in pregnant women will continue to increase (Sulistiyaningsih, 2020) & (Mulyati & Zafariyana, 2018).

In the national strategic plan for Making Pregnancy Safer (MPS), the vision of the health development plan toward a healthy Indonesia 2025 is that pregnancy and childbirth take place safely to reduce maternal and neonatal morbidity and mortality. In line with this, the paradigm of childbirth is a life and

death gamble in society, so women who are about to give birth experience fear (Syafrie, 2018).

Anxiety is a feeling of fear with no clear cause and is not supported by the existing situation. Anxiety can not be avoided in everyday life. Everyone can feel anxiety if they experience pressure and deep feelings that cause psychiatric problems and can develop long-term. Symptoms of anxiety that arise are different for each individual. Anxiety symptoms can be in the form of restlessness, dizziness, palpitations, or shaking (Azwar, 2016).

In developed countries, the incidence or prevalence of anxiety in mothers is estimated to be between 7-20% during pregnancy, while in developing countries, it is recorded at 20% or even more (Biaggi *et al.*, 2016). Anxiety during pregnancy is estimated to be between 15-23% in women and increases the risk of complications in the mother and child born. Influences on infants include prematurity, low birth weight, and stunted fetal growth (Dennis *et al.,* 2017). WHO data in 2013 revealed that globally, in some developing countries, among others; Uganda with 18.2%, Nigeria with 12.5%, Zimbabwe with 19%, and South Africa with 41%, on average, 15.6% of mothers experienced psychological disorders during pregnancy. While in several countries, it was reported that 8.1% of women experienced mental disorders in England, 7.9% of a primigravida in France experienced anxiety, 11.8% experienced depression, and 13.2% experienced anxiety and depression, and all cases occurred during pregnancy. In developing countries such as Indonesia, there are 28.7% cases of anxiety in pregnant women before giving birth (Kemenkes RI, 2017).

Anxiety experienced by pregnant women can hurt the baby and the mother. Mothers who are not psychologically ready to face childbirth will cause prolonged labor which is one of the factors causing the high MMR in Indonesia..The results of a recent study by Weerth, 2010 in (Murdayah *et al.*, 2021) showed that maternal anxiety during prenatal was associated with an illness suffered by the baby after birth. This can happen because the production of the hormone adrenaline in response to fear will block blood flow to the womb and make the fetus lack oxygen. High levels of anxiety can exacerbate complications and increase AKI and IMR.

The Maternal Mortality Rate (MMR) in 2020 in Indonesia has increased compared to the 2019 case, from 4,221 people to 4,627 or 97/100,000 live births, with the most common causes being bleeding (1,330 cases), pregnancy accompanied by hypertension (1,110 cases), circulatory system disorders (230 cases) and infections (216 cases). MMR in East Nusa Tenggara (NTT) Province in 2019 increased from 102/per 100,000 live births to 107/per 100,000 (Dinkes NTT, 2020). MMR in Manggarai Regency, it is known that in 2019 there was a fairly large increase from 98.36/100,000 KH to 202.77 per 100,000 live births (Dinkes Kabupaten Manggarai, 2019). Although the MMR has reached the 2015 MDGs target, which is 102, it has not yet reached the 2030 SDGs (Sustainable Development Goals) target, less than 70 per 100,000 live births (Kemenkes RI, 2019).

Data received by institutions or Family Health units in 2020, of the 25,652 infant mortality rates (IMR), 79% (20,266 deaths) occurred in the neonatal period, namely at the age of 0-28 days. Meanwhile, there were 20% of neonatal deaths from 29 days to 11 months of age (5,386 deaths).. The most common causes of neonatal death are low birth weight (LBW) 35.2%, asphyxia 27.4%, infection 3.4%, congenital abnormalities 11.4% and 22.8% (Kemenkes RI, 2020).

The anxiety of primigravida mothers is influenced by various things, including young pregnant women, low levels of education, and lack of knowledge about antenatal care. Pregnancy check-ups, class programs for pregnant women, and yoga are actions that can be taken to help reduce anxiety levels in pregnant women. Health workers make an effort to reduce the level of anxiety in pregnant women facing the delivery process, namely by providing health services and counseling and education during pregnancy check-ups (ANC) to increase understanding and change mothers' perceptions about childbirth (Siallagan & Lestari, 2018). Some things that pregnant women must know and prepare for during the third trimester of pregnancy regarding childbirth include risk factors for mother and fetus, types of psychological and physiological changes, danger signs or complications, and how to overcome them. feelings about labor and infant development, signs during labor, how to respond to labor, and family-centered care (Naha, 2018).

Research (Muthoharoh, 2018) shows that most primigravida mothers have less knowledge about childbirth, namely 12 people (46.9%), and most of them are not ready to face childbirth, as many as 24 people (85.7%). Pregnant women with a minimal understanding of the labor process are one of the causes of anxiety. So it is necessary to increase knowledge about the delivery process is a very important factor in preparing pregnant women before delivery.

From the data above, researchers are interested in reviewing the anxiety level of primigravida TM III in terms of the mother's knowledge in handling childbirth in the work area of the Manggarai District Health Center.

METHOD
The study design used in this research is descriptive correlative with a cross-sectional approach. Before conducting the research, the researcher took care of ethics first because the object in the study was a human, namely at the University of Nusa Cendana

Kupang. Then the researcher submitted a research permit to the licensing office of Manggarai Regency. Permission letters were forwarded to each puskesmas for data collection for primigravida mothers, namely Lao Health Centers, Ruteng City, Watu Alo, Bangka Kenda, and Timung Health Centers. This research was conducted for one month in 2022. Researchers used the purposive sampling technique. Meets the following criteria: 1) Inclusion criteria: primigravida with a minimum gestational age of 36 weeks (TM III) and is willing to be a respondent. 2) Exclusion criteria: age <20 years, working, low education, and low income. The sample in the study amounted to 70 people who agreed to be involved in the study by signing informed consent.

The instrument used in this study was a questionnaire on the characteristics of the respondents. The questionnaire contains questions about sociodemographic characteristics and a knowledge questionnaire with answers to true and false statements. Before being used in research, validity and reliability tests were carried out to determine whether it was valid and feasible or not to be used in research. Anxiety questionnaire using Pregnancy-related anxiety questionnaire-revised 2 (PRAQ-r2). PRAQ-r2 is an internationally standardized instrument consisting of 10 questions to assess anxiety during pregnancy, with predictors related to labor and delivery and independent of generalized anxiety. The level of anxiety measured was in the light, moderate and severe categories. Analysis of the data used in univariate analysis to display the frequency of each variable studied and bivariate analysis to assess whether knowledge influences feelings of anxiety in TM III primigravida with the chi-square test.

RESULTS
1. Respondent Description

Table 1: Distribution of Respondents' Characteristics

Variable	Category	Amount (n)	Percentage (%)
Knowledge	Good	35	50
	Enough	26	37
	Not enough	9	13
	Total	70	100
Anxiety	Light	53	76
	Currently	14	20
	Heavy	3	4
	Total	70	100

The table above shows that 70 TM III primigravida mothers had good knowledge, 35 people (50%), and 53 people (76%) had mild anxiety levels. While a small proportion of 9 people (13%) had less knowledge and several 3 people (4%) experienced severe anxiety.

2. Relationship between Knowledge Level and Anxiety

Table 2: Results of Analysis of the Relationship Between Knowledge and Anxiety

Variable	Category	Anxiety								P-value
		Light n	%	Currently n	%	Heavy n	%	Total n	%	
Knowledge	Good	29	83	6	17	0	0	35	100	0.000
	Enough	18	69	8	31	0	0	26	100	
	Not enough	6	67	0	0	3	33	9	100	
	Total	53	76	14	20	3	4	70	100	

Table 2 shows the results of the tabulation of the relationship between knowledge and the respondent's level of anxiety. Most 29 people (83%) of 35 primigravida mothers who had good knowledge had mild anxiety. At the same time, a small percentage or 3 people (4%) of 9 who are knowledgeable enough have anxiety. The results of the Chi-Square Test prove that the p-value (0.000) is less than (< 0.05). It can be concluded that there is a significant relationship between knowledge and the level of anxiety of TM III primigravida mothers in facing childbirth.

DISCUSSION
Relationship Knowledge and Anxiety Primigravida TM III

In this study, the researchers found that knowledge had a relationship with the anxiety level of primigravida TM III mothers in the working area of the Puskesmas Wae Rii and Langke Rembong Districts. The study results found that most respondents have mild anxiety levels because they have a high level of knowledge. The results of the chi-square test showed that the significance value (0.000) was smaller than (<0.05). The results of this study follow the provisional

hypothesis that the researcher proposes a significant relationship between knowledge and the level of anxiety of TM III primigravida mothers facing childbirth.

There is a relationship between the knowledge of pregnant women in the third trimester of the labor process and the level of anxiety of the mother facing childbirth due to several factors, namely: age, education, and occupation. Respondents involved in the study were aged 20-35 years of reproductive age. If pregnant women are during their reproductive years, they are less likely to experience complications compared to those less than reproductive age or above reproductive age. The mother's physical condition is in excellent condition. The uterus can provide protection and is mentally prepared to care for and maintain her pregnancy carefully (Aniroh & Fatimah, 2019).

The mindset and perspective of a mother in responding to every problem can be seen from the background of her level of education. The last education will change the digestibility and absorption of new information about conditions during pregnancy and preparation for childbirth. A high level of education will also affect a high level of knowledge. So that it can affect behavior in maintaining pregnancy and facing childbirth (Riniasih *et al.*, 2020)

Individuals who do not work tend to have a lighter mind load than those who work. Pregnant women who work tend to experience anxiety due to many workload activities, so they are worried that it will impact their pregnancy. The group of housewives has much time to check their pregnancy and have the opportunity to obtain various information about pregnancy and childbirth through the experiences of other people, health workers, MCH books, the internet, and other media. So that maternal knowledge increases and can reduce maternal anxiety related to childbirth (Martini dan Ika Oktaviani, 2016).

Adequate family income makes pregnant women ready to face pregnancy and childbirth. They need particular budgets such as ANC costs, nutritious food for mother and fetus, maternity clothes, delivery costs, and baby needs after birth. These needs ensure the physical and psychological health of pregnant women (Said *et al.*, 2015). Research by Putri *et al.*, (2021) stated a significant relationship between knowledge and anxiety in pregnant women before delivery. Marpaung *et al.*, (2018) at the Kalasan Public Health Center also reported a relationship between primigravida knowledge about the labor process and the level of anxiety in dealing with childbirth with a solid close relationship. Likewise, research conducted (by Lee & Holroyd, 2009) shows that knowledge of antenatal care can reduce anxiety and uncertainty from pregnancy obtained from visits and consultations with midwives and obstetricians.

According to Budiman & Riyanto, (2014), knowledge is known to be related to the learning process. To research (Harmia, 2015), pregnant women who have less knowledge about the delivery process are one the causes of anxiety in pregnant women, so the knowledge of pregnant women about the birth process is essential to study in preparing for childbirth.

The process of receiving information by a person begins when the senses catch stimuli. Stimuli are converted into signals that can be understood by the brain and then processed. The process of perception occurs, namely, understanding the message that the sensory system has processed. The perception that arises in each person will be different. Differences in perception will cause different stimuli to the brain so that they can affect the psychological condition of the recipient of the information. If the perception generated is positive, it will have a positive impact, and vice versa. Mothers can respond to whatever needs are needed both physically and mentally in dealing with childbirth and participate in preventing complications that may occur in the delivery process (Naha, 2013).

For pregnant women, especially primigravida mothers, knowledge is essential because they do not have experience or have never experienced pregnancy and childbirth. Mothers who know childbirth well will know what is happening to them and can prepare themselves. For example, when mothers experience contractions, mothers who know will perform relaxation and breathing techniques to overcome contractions. Meanwhile, mothers who have less knowledge will choose to cry, moan in pain and move uncontrollably in bed (Aisyah *et al.*, 2015).

Pregnant women who prepare themselves for childbirth will receive support from the closest people and receive information from professionals to prevent any complications that may occur. Mothers will prepare their bodies and minds to be better prepared for childbirth so that anxiety can be overcome. Mothers who have high knowledge will be more independent in determining attitudes and treatment actions because they get health information. Low maternal knowledge impacts maternal pregnancy and the lack of desire to use health services (Padila, 2013).

The theory put forward by Shodiqoh *et al.*, (2014), s that in dealing with childbirth, a mother's behavior is determined and influenced by her knowledge of childbirth. A mother's understanding has a major role in the relationship between the preparedness of pregnant women in the face of childbirth to avoid feelings of worry so that they can give birth to babies safely. Something that is not known to pregnant women, especially primigravida, will cause unpreparedness for childbirth because of the lack of information about pregnancy and childbirth and do not have experience with it.

According to Notoatmodjo (2015), knowledge results from someone sensing particular objects. Anxiety will arise before delivery in the third-trimester primigravida mothers (28-40 weeks). Mothers have questions and images that come to mind more and more frequently, whether they can give birth typically, how to push, whether something will happen during delivery, or whether the baby will be delivered safely. Primigravida mothers who lack information about the condition of their pregnancy and the management of the delivery process will make the mother anxious in dealing with childbirth.

The researcher assumed that the primigravida who had a mild level of anxiety in this study was partly due to maternal compliance in ANC visits. Primigravida mothers who do not have experience related to pregnancy have received optimal information from health workers to form good knowledge. Mother is ready and has thoughts and understanding related to the birth process.

CONCLUSION

The level of knowledge has a significant relationship with the anxiety of third trimester Primigravida mothers in facing childbirth in the Manggrai District Health Center Work Area, especially Wae Rii and Langke Rembong sub-districts with p-value = 0.000 (< 0.05).

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