

Research Article

Factors Associated with Anxiety Third Trimester Pregnant Women in Dealing with Labor at Health Center of Kassi-Kassi Rappocini District, Makassar

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Abstract: Anxiety in pregnant women is an emotional response to the intellectual assessment of the danger ahead of the delivery process. This study aims to determine the factors associated with anxiety third trimester pregnant women in the face of deliveries at Health Center of Kassi-Kassi Rappocini District, Makassar City. This study design was cross-sectional study. The total sample of 230 pregnant women in Health Center (Puskesmas) Kassi-Kassi Rappocini District of Makassar. Sampling was done by simple random sampling method. Data were analyzed using Chi Square test and logistic regression. Results of univariate analysis showed most respondents aged 26-35 years (48.7%), while the least respondents aged over 36 years (12.6%). The results of the bivariate analysis also shows that there is a relationship between family support ($p = 0.049$) and knowledge ($p = 0.046$) with anxiety third trimester pregnant women in the face of labor at health center of Kassi-Kassi Rappocini District of Makassar. The results of the bivariate showed no relationship between age ($p = 0.705$), parity ($p = 0.775$) with anxiety third trimester pregnant women in the face of labor. The results of the bivariate analysis also shows that there is a relationship between family support ($p = 0.049$) and knowledge ($p = 0.046$) with anxiety third trimester pregnant women in the face of labor at health center of Kassi-Kassi Rappocini District of Makassar. Multivariate analysis showed knowledge variable ($p < 0.05$) the most influence on anxiety third trimester pregnant women in the face of labor at health center of Kassi-Kassi Rappocini District of Makassar. It was concluded that the factors associated with anxiety third trimester pregnant women in the face of labor in sub-district Puskesmas Kassi-Kassi Rappocini Makassar is family support and knowledge.

Keywords: maternal anxiety, age, parity, family support, knowledge.

INTRODUCTION

Pregnancy is a chain of continuous consisting of ovulation (maturation) and meeting the ovum (egg) and spermatozoa (sperm) pass fertilization and growth of the zygote then bernidasi (planting) of the uterus and the formation of the placenta and the final stage is the growth and development of the products of conception until term (Manuaba, 2012). Pregnancy is something to be happy while giving the responsibility to the mother where the mother is required to be prepared physically and psychologically. Most pregnant women are better prepared for physical changes, but not ready psychologically. Physical changes in pregnant women is predictable and is common in every pregnant mother. But mental changes in pregnant women is very

unpredictable and not always the same happen to any pregnant woman or in every pregnancy.

Anxiety can lead to complaints such worry irritable, easily startled, impaired concentration and memory. (Hawari, 2004). When pregnant women experience anxiety, the possibility can babies born prematurely, underweight, increasing the risk of emotional imbalance after giving birth, delays in motor and mental development of the fetus and may cause colic in newborns (Bakshi *et al.*, 2008).

The incidence of anxiety in pregnant women in Indonesia reached 373 million. A total of 107 million, or 28.7% of which anxiety occurs in pregnant women before childbirth (Ministry of Health, 2014). Research

Quick Response Code



Journal homepage:

<http://www.easpublisher.com/easjnm/>

Article History

Received: 05.11.2019

Accepted: 12.11.2019

Published: 24.11.2019

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conducted in primigravida 22.5% experiencing mild anxiety, 30% had moderate anxiety, anxiety 27.5% by weight, and 20% had severe anxiety (Sarifah, 2016). While the research conducted in Banyumas, Central Java showed as much as 42.8% of pregnant women experience anxiety before delivery (Isworo *et al.*, 2012). Several other studies in Indonesia showed that in the third trimester of women experience mild anxiety and 60% experienced severe anxiety (57%), This is because pregnancy is getting close to childbirth (Maemunah *et al.*, 2013). age > 35 years and the first experience influence in the face of labor (Zamriati *et al.*, 2013). Fear of pregnancy was ranked top of the most frequently experienced by the mother during pregnancy (Kusmiyati 2010). Efikasi yourself is one of the internal factors affecting premarital sexual behavior in adolescents. Self-efficacy is one of the potential that exists in the human cognitive factors that are part of the determinants of human action in addition to environmental and internal drive. B Pervin & John (1997) states that self-efficacy is the most important aspect of perception that is part cognitive function. Self efficacy is one of the internal factors affecting premarital sexual behavior in adolescents. Self-efficacy is one of the potential that exists in the human cognitive factors that are part of the determinants of human action in addition to environmental and internal drive. Pervin & John (2001) states that self-efficacy is the most important aspect of perception that is part cognitive function (Pervin & John, 2001: 447). Self efficacy is one of the internal factors affecting premarital sexual behavior in adolescents. Self-efficacy is one of the potential that exists in the human cognitive factors that are part of the determinants of human action in addition to environmental and internal drive. Pervin & John (2001) states that self-efficacy is the most important aspect of perception that is part cognitive function.

In a preliminary study conducted by researchers at the health center Kassi-Kassi District of Rappocini Makassar in December 2018 on 10 pregnant women, as many as seven pregnant women said they had suffered anxiety or fear for labor, while 3 said no anxiety or fear of facing the birth process, The fundamental reason that makes pregnant women anxious for labor is a situation that may occur during labor, such as pain at the time of delivery, maternal normal or with SC, survived or not the baby is born, the mother survived or not, and financing after childbirth.

Based on the description above, the anxiety in pregnant women in the face of labor is important to note in order to avoid negative impacts that arise, both for mother and baby. This study aims to determine the factors associated with anxiety third trimester pregnant women in the face of deliveries in health centers-Kassi Kassi Rappocini District of Makassar.

METHODOLOGY

Design Research

The design of this study using observational analytic design with cross sectional approach. This study will be conducted at the health center-Kassi Kassi Rappocini District of Makassar. This study will be conducted in September 2019.

Population and Sample

The population in this study were all number of third trimester pregnant women who are in Puskesmas-Kassi Kassi Rappocini District of Makassar in 2018 as many as 576 mothers. The sample in this study is part of the amount K4 third trimester pregnant women who are in Puskesmas-Kassi Kassi Rappocini District of Makassar in 2018 with a sampling technique Simple Random Sampling.

Method of Collecting Data

In this study, the primary data in the form of answers to questions given to respondents through questionnaires tested for validity and reliability as well as interviews related variables in the study. Secondary data obtained from annual data-Kassi Kassi sub-district Puskesmas Rappocini Makassar.

Data Analysis

Data premarital sexual behavior and self-efficacy were processed using SPSS for Windows 16.0. Bivariate analyzes to determine the relationship correlation between age, parity, family support and knowledge with the anxiety of pregnant women in the third trimester for labor in the health center-Kassi Kassi Rappocini District of Makassar City Chi Square test. As for knowing which variables are most influential with anxiety third trimester pregnant women in the face of deliveries in health centers-Kassi Kassi Rappocini District of Makassar City used a multivariate analysis that multiple logistic regression test.

RESULTS

Table 1. Distribution of respondents according to Respondent Characteristics in Puskesmas Kassi-Kassi Rappocini Makassar in 2019

Characteristics of respondents	n	%
Age (Years)		
17-25	89	38.7
26-35	112	48.7
36-45	29	12.6
Amount	230	100.0
Parity		
primiparas	127	55.2
multiparas	103	44.8
Amount	230	100.0
Worry		
No worries	34	14.8
Anxious	196	85.2
Amount	230	100
Family support		
Less	41	17.8
Well	189	82.2
Amount	230	100
Knowledge		
Less	18	7.8
Enough	51	22.2
Well	161	70.0
Amount	230	100

Table 2. The relationship between age and anxiety in pregnant women in the third trimester K4 Puskesmas Kassi-Kassi Rappocini Makassar in 2019

variable Age	Anxiety in the face of labor				n	%	X2	P value
	Anxious		not Worried					
	n	%	n	%				
high risk	150	85.7	25	14.3	175	100.0	0143	0705
low risk	46	83.6	9	16.4	55	100.0		
Total	196	85.2	34	14.8	230	100.0		

Table 3. The relationship between parity with anxiety in pregnant women in the third trimester K4 Puskesmas Kassi-Kassi Rappocini Makassar in 2019

parity	Anxiety in the face of labor				n	%	X2	P value
	Anxious		not worried					
	n	%	n	%				
primiparas	109	85.8	18	14.2	127	100.0	0084	0775
multiparas	87	84.5	16	15.5	103	100.0		
Total	196	85.2	34	14.8	230	100.0		

Table 4. Relationship between family support with anxiety in pregnant women in the third trimester K4 Puskesmas Kassi-Kassi Rappocini Makassar in 2019

Family support	Anxiety in the face of labor				n	%	X2	P value
	Anxious		not worried					
	n	%	n	%				
Less	39	95.1	2	4.9	41	100.0	3,885	0049
Well	157	83.1	32	16.9	189	100.0		
Total	196	85.2	34	14.8	230	100.0		

Table 5. The relationship between knowledge and anxiety in pregnant women in the third trimester K4 Puskesmas Kassi-Kassi Rappocini Makassar in 2019

Knowledge	Anxiety in the face of labor				n	%	X2	P value
	Anxious		not worried					
	n	%	n	%				
Less	15	83.3	3	16.7	18	100.0	6,160	0046
Enough	49	96.1	2	3.9	51	100.0		
Well	132	82.0	29	18.0	161	100.0		
Total	196	85.2	34	14.8	230			

Table 1 shows most respondents aged 26-35 years (48.7%), while the least respondents aged over 36 years (12.6%). Based on the most parity respondents who have never given birth or primiparous (55.2%) compared with multiparous (44.8%). According to most respondents anxiety that has anxiety (85.2%) compared with those not having anxiety (14.8%). Based on the support of her husband most respondents who have a good husband support (82.2%) compared to the husband's support enough (17.8%). In addition, based on knowledge of the respondents, most of which have a good knowledge (70%) while the least is having knowledge less (7.8%). The results of the bivariate analysis between age and anxiety X2 values obtained with p value 0.705 0.143 > 0, 05 which indicates that there is no relationship between age and anxiety in pregnant women in the third trimester K4 Puskesmas Kassi-Kassi Makassar. The results of the bivariate analysis between anxiety parity with the 0084 X2 values obtained with p value 0.775 > 0.05, which indicates that there is no relationship between parity with anxiety in pregnant women in the third trimester K4 Puskesmas Kassi-Kassi Makassar. The results of the bivariate analysis between family support with anxiety 3885 X2 values obtained with p value 0.049 < 0.05, which indicates that there is a relationship between family support with anxiety in pregnant women in the third trimester K4 Puskesmas Kassi-Kassi Makassar. The results of the bivariate analysis between knowledge and anxiety 6160 X2 values obtained with p value 0,046 < 0, Multivariate analysis using logistic regression showed that there is only one variable that has a value of p < 0.05 is knowledge variables with p = 0.036. Of exp (B) = 4839 > 1 is a risk factor and 95% CI value of more than 1 (1105-21182) so OR meaningful. This suggests that pregnant women who have less knowledge had 4.839 times risk for experiencing anxiety compared with those with good knowledge.

DISCUSSION

In this research shows only two of the four variables associated with anxiety in pregnant women that family support and knowledge while age and parity does not have a relationship with anxiety in pregnant women. According Prawirohardjo (2009), the ideal age for a woman to conceive and give birth is in the range of 20-30 years. Distance safe for pregnant and giving

birth is the age of 20-30 years with a safe distance from the child gave birth to one child to the next 3-5 years, which is expected during the fertile period of women give birth to two children alone and the maximum is 3. The results of the bivariate analysis of the results of the bivariate analysis between age and anxiety in the face of labor shows the value X2 0143 with ap value of 0.705 > 0, 05 which indicates that there is no relationship between age and anxiety in pregnant women in the third trimester K4 Puskesmas Kassi-Kassi Makassar. The results are consistent with research Mayasari *et al.*, (2018) with ρ value = 0.151 > 0.05 means that there is no relationship between age and anxiety primigravidae third trimester pregnant women. The results of this study are not consistent with research Yainanik & Rachmah (2017) which showed that the correlation coefficient with the anxiety of the age of - 0299. The value of the correlation coefficient was significant at test level of 0.001, which means that the age primigravida with anxiety facing pesalinan proven or accepted, or it can be said there is significant correlation of age primigravida with anxiety in the face of labor. The results are consistent with research Mayasari *et al.*, (2018) with ρ value = 0.151 > 0.05 means that there is no relationship between age and anxiety primigravidae third trimester pregnant women. The results of this study are not consistent with research Yainanik & Rachmah (2017) which showed that the correlation coefficient with the anxiety of the age of - 0299. The value of the correlation coefficient was significant at test level of 0.001, which means that the age primigravida with anxiety facing pesalinan proven or accepted, or it can be said there is significant correlation of age primigravida with anxiety in the face of labor. The results are consistent with research Mayasari *et al.*, (2018) with ρ value = 0.151 > 0.05 means that there is no relationship between age and anxiety primigravidae third trimester pregnant women. The results of this study are not consistent with research Yainanik & Rachmah (2017) which showed that the correlation coefficient with the anxiety of the age of - 0299. The value of the correlation coefficient was significant at test level of 0.001, which means that the age primigravida with anxiety facing pesalinan proven or accepted, or it can be said there is significant correlation of age primigravida with anxiety in the face of labor. The results of this study are not consistent with

research Yainanik & Rachmah (2017) which showed that the correlation coefficient with the anxiety of the age of -0.299. The value of the correlation coefficient was significant at test level of 0.001, which means that the age primigravida with anxiety facing pesalinan proven or accepted, or it can be said there is significant correlation of age primigravida with anxiety in the face of labor. The results of this study are not consistent with research Yainanik & Rachmah (2017) which showed that the correlation coefficient with the anxiety of the age of -0.299. The value of the correlation coefficient was significant at test level of 0.001, which means that the age primigravida with anxiety facing pesalinan proven or accepted, or it can be said there is significant correlation of age primigravida with anxiety in the face of labor.

The results of the bivariate analysis between parity with anxiety in the face of labor X2 0084 values obtained with p value $0.775 > 0.05$, which indicates that there is no relationship between parity with anxiety in pregnant women in the third trimester K4 Puskesmas Kassi-Kassi Makassar. The results are consistent with research Ratnawati (2018) which shows that No significant relationship between parity and level of anxiety in the face of labor (p value = 0.583). The results of this study are not consistent with research Rinata (2018) which showed no relation between education and anxiety third trimester pregnant women with a p-value = 0.000.

Support family or husband greatly affect the level of anxiety in the third trimester pregnant women before the delivery. Because by providing continuous support to the third trimester pregnant women before delivery, it can provide a sense of security and comfort. So as to reduce the level of anxiety in the third trimester pregnant women (Jannah 2015). The results of the bivariate analysis between family support with anxiety in the face of labor X2 values obtained 3,885 with p value $0.049 < 0.05$, which indicates that there is a relationship between family support with anxiety in pregnant women in the third trimester K4 Puskesmas-Kassi-Kassi Makassar. The results are consistent with research Rinata (2018) which showed no relation between family support with anxiety in pregnant women (p-value = 0.003). More than half (57.1%) of pregnant women who do not have family support more anxiety was s / d severe anxiety compared to respondents who support a family or husband. In line with the research Arifin *et al.*, (2015) which showed that there was a significant relationship between family support and anxiety of pregnant women at health centers Budilatama Buol. Zuhrotunida & Yudiharto (2017) in his research indicates that there is a relationship between family support maternal anxiety in the face of deliveries in health centers Mauk with p-

value $0.000 < 0.05$. Buffering hypothesis referring to the theory that holds that social support affects health by protecting people from the negative effects of stress. This protection will be effective only when individuals face severe stressor.

The results of the bivariate analysis between knowledge and anxiety in the face of labor X2 values obtained 6,160 with p value $0.046 < 0.05$, which indicates that there is a relationship between knowledge with anxiety in pregnant women in the third trimester K4 Puskesmas Kassi-Kassi Makassar. This study is in line with Kusumawati research (2011) shows that there is a relationship between knowledge primigravidae pregnancy with anxiety in the face trimester 1. Walangadi *et al.*, (2014) in his research shows pregnant women showed that knowledge primigravidae with maternal anxiety levels facing labor to get the value of p = 0,000 means that there is a relationship between knowledge primigravidae third trimester pregnant women with maternal anxiety levels to face deliveries in health centers KIA poly Tuminting. Some studies show no relationship between knowledge with no maternal anxiety in the face of labor. This occurs because the respondents memiliki good knowledge berfikir more objective and knowledgeable and able to think of an explanation of the problem. Respondents who have a good knowledge of labor will better understand the birth process was going to happen so he will not feel anxious.

CONCLUSION

We conclude that the age and parity is not related to anxiety in pregnant women in the third trimester K4 Puskesmas Kassi-Kassi Makassar City while family support and knowledge related to anxiety in pregnant women in the third trimester K4 Puskesmas Kassi-Kassi Makassar. The factors that most influence the anxiety is knowledge. The government is expected to promote counseling programs, education and information (IEC) in each work area Puskesmas evenly and thoroughly. Because until now the implementation of the program has not been implemented to the maximum. This is done so that pregnant women can get a comprehensive knowledge about the delivery process so that it can minimize the anxiety of pregnant women during delivery.

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