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IDENTIFICATION OF FACTORS CAUSING ANXIETY IN PREGNANT WOMEN AS AN EFFORT IN PREPARATION FOR DELIVERY

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ABSTRAK: IDENTIFIKASI FAKTOR PENYEBAB KECEMASAN IBU HAMIL SEBAGAI UPAYA DALAM PERSIAPAN PERSALINAN

Latar Belakang: Tingkat kecemasan sangat berpengaruh terhadap kesejahteraan ibu hamil maupun janin yang ada di dalam kandungan. Tingkat kecemasan yang rendah pada ibu hamil dapat mengurangi komplikasi yang ditimbulkan sehingga secara tidak langsung dapat mengurangi angka kematian ibu dan bayi, sedangkan tingkat kecemasan yang tinggi dapat memperberat komplikasi angka kematian ibu dan bayi. Tujuan: Penelitian ini bertujuan untuk mengidentifikasi factor penyebab kecemasan ibu hamil trimester III sebagai upaya dalam persiapan menjelang persalinan. Metode: Metode penelitian ini adalah desktiptif. Penelitian akan dilaksanakan di Puskesmas Mujur Kabupaten Lombok Tengah. Sampel dalam penelitian ini sebanyak 30 ibu hamil Trimester III. Data dikumpulkan menggunakan kuesioner, diolah secara univariat, dan disajikan dalam bentuk tabel distribusi frekuensi.Hasil: hasil penelitian menunjukan bahwa sebagian besar umur responden pada ketegori tidak beresiko (56,7%), sebagian besar responden dalam kategori multipara (66,7%), sebagian besar responden berprofesi sebagai ibu rumah tangga (66,7%), sebagian responden memiliki pengetahuan yang baik (50%) tentang pencegahan anemia, sebagian besar ibu patuh mengonsumsi suplemen zat besi (56,7%), sebagian besar ibu rutin melakukan pemeriksaan hemoglobin (73,3%), dan hampir seluruh ibu hamil rutin melakukan pemeriksaan antenatal care (90%). Kesimpulan: sebagian besar umur responden berada pada kategori tidak berisiko (60,0%), sebagian besar responden berada pada kategori primipara (56,7%), sebagian besar responden bekerja sebagai ibu rumah tangga (63,3%), sebagian besar responden mengalami kecemasan ringan (56,7%), sebagian besar ibu patuh dalam mengonsumsi suplemen zat besi (56,7%), sebagian besar ibu hamil rutin melakukan pemeriksaan antenatal care (83,4%). Saran: Menjanjikan kegiatan edukasi tentang kecemasan saat hamil serta sinkronisasi dan pemantauan kesejahteraan ibu hamil terus ditingkatkan melalui program Posyandu dan kelas ibu hamil, serta fasilitasi terkoordinasi kebutuhan persiapan persalinan untuk memudahkan persiapan mental ibu menjelang persalinan..

Kata Kunci : Ibu Hamil Trimester III, Kecemasan, dan Persiapan Persalinan

ABSTRACT

Background: Anxiety levels greatly affect the well-being of both pregnant mothers and the fetus in the womb. Low anxiety levels in pregnant women can reduce complications that arise, thereby indirectly reducing maternal and infant mortality rates, whereas high anxiety levels can worsen complications and increase maternal and infant mortality rates. Objective: This study aims to identify the factors causing anxiety in pregnant women in the third trimester as an effort to prepare for childbirth. Method: This research method is descriptive. The study will be conducted at the Puyung Community Health Center in Central Lombok Regency. The sample size for this study is 30 pregnant women in their third trimester. Data were collected using a questionnaire, processed univariately, and presented in a frequency distribution table.Results: Most of the respondents' ages were in the no-risk category (60.0%), most of the respondents were in the primipara category (56.7%), most of the respondents worked as housewives (63.3%), most of the respondents experienced mild anxiety (56.7%), most of the mothers were compliant in taking iron supplements (56.7%), most of the pregnant women routinely had antenatal care check-ups (83.4%). Conclusion: Most pregnant women experience mild anxiety during pregnancy leading up to delivery and their antenatal care visits are fairly routine. Suggestion: Promising educational activities about anxiety during pregnancy as well as synchronization and monitoring of the welfare of pregnant women continue to be improved through the Posyandu program and pregnancy classes, as well as coordinated facilitation of childbirth preparation needs to facilitate the mental preparation of mothers before childbirth.

Keywords: Anxiety, Third Trimester Pregnant Women, and Childbirth Preparation

INTRODUCTION

Childbirth is a major contributor to maternal mortality worldwide. According to the World Health Organization (WHO), in 2018, cases of prolonged labor and childbirth complications occurred. Indonesia ranked highest in ASEAN for the incidence of prolonged labor and childbirth complications.(WHO, 2018)

Pregnancy is a significant moment in a woman's life, a time of great joy and hope. However, pregnancy can also be a challenging and stressful time, both physically and emotionally. This condition often becomes an emotional crisis for some women and, if not managed properly, can lead to complications for both mother and baby. Evidence shows that various somatic and psychological problems, such as fear, anxiety, and depression, often accompany pregnancy. (Siregar et al., 2021). Anxiety is a mental state often characterized by feelings of worry, dread, and anxiety about things that have not yet happened or may happen in the future, including high risks for the pregnant woman. Pregnant women with a history of miscarriage may fear that they will lose another baby, and this can exacerbate their anxiety.

Anxiety that persists throughout the labor process can prolong labor and increase the risk of maternal and fetal death.(Parina & Afrika, 2023)

According to the World Health Organization (2019), maternal deaths are caused by major complications such as bleeding, infection, high blood pressure during pregnancy, complications from childbirth, and unsafe abortion. According to WHO data, almost 75% of the major complications that cause maternal deaths include high blood pressure during pregnancy (pre-eclampsia and eclampsia). Research shows that 52.7% of pregnant women with moderate anxiety levels experience hypertension, while 57.8% of pregnant women with high anxiety levels experience pre-eclampsia (Triasani & Hikmawati, 2016)

The 2020 Maternal Mortality Rate (MMR) in Yogyakarta City was 6.41% of 3,118 live pregnancies, with 2 maternal deaths. Beliefs about childbirth are one of the causes of negative reactions in pregnant women, regardless of their beliefs or stories they have heard from others. Lack of knowledge can lead to fear, and lack of information from health workers about childbirth and support from their husbands, such as before giving birth (Liawati and Ima 2020).

There are two factors that influence anxiety in pregnant women: internal and external factors. Internal factors consist of beliefs about birth and feelings before giving birth. External factors include information, medical personnel, and husband's support (Mukhadiono, Subagyo, and Wahyuningsih 2018). A woman who discovers she is pregnant for the first time can be both happy and nervous. Concerns about infection, what if the baby is infected in the womb, the mother's medical condition during pregnancy, previous birth experiences, and economic factors are all things that need to be considered. Untreated mental disorders during pregnancy can lead to various conditions, including premature birth, low birth weight, fetal growth restriction, gestational hypertension, preeclampsia, gestational diabetes, and postpartum complications (Maki, Pali, and Opod 2018).

Anxiety experienced by pregnant women can have negative impacts on both the baby and the mother. A mother's psychological state of being unprepared for childbirth can trigger prolonged labor, which is one of the causes of high maternal mortality rates in Indonesia. Recent research by Weerth (2010) shows that maternal anxiety during prenatal care is associated with illnesses suffered by babies after birth. This can occur because the production of the hormone adrenaline in response to fear can inhibit blood flow to the uterus and cause the fetus to lack air

Severe and prolonged anxiety before or during pregnancy experienced by the mother is more likely to result in medical difficulties and the birth of an abnormal baby compared to mothers who are relatively calm and secure (Desmita, 2010). As a result of severe anxiety and panic, things that the patient must do before the delivery procedure are perceived poorly by the patient and even deviations occur. This can result in the disruption of the planned delivery process or the recovery process of childbirth (Jubaidi, 2012).

Anxiety levels significantly impact the well-being of both the pregnant woman and her unborn fetus. Low levels of anxiety in pregnant women can reduce complications, indirectly reducing maternal and infant mortality rates, while high levels of anxiety can exacerbate complications and increase maternal and infant mortality rates. For women, anxiety can occur at any time during pregnancy, as they experience physical and psychological changes, which can lead to anxiety as they adjust to these changes. Furthermore, delivery can be a pleasant or even stressful experience for a woman (Siallagan & Lestari, 2018).

In Indonesia, emergency preparedness is called the Childbirth Planning and Complication Prevention Program (P4K), which is implemented during antenatal care. The Ministry of Health has

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implemented this program since 2007 to reduce maternal mortality. The program's components include planning for identifying the birthing location, identifying competent birth attendants, identifying emergency transportation, preparing funds for childbirth and emergencies, and identifying blood donors (R. Amalia, 2019).

In Indonesia, research related to the prevalence of childbirth preparation and complication preparedness is not yet available nationally, only at the district level. For example, research conducted by Dwijayanti (2013) in Demak Regency found that the implementation of childbirth preparation has not been optimal. Research related to childbirth preparation was also conducted in Semarang. Murdiati and Jati found that only 37.8% of pregnant women who carried out childbirth preparation and complication preparedness. Research on childbirth preparation conducted in Toraja, South Sulawesi, Wahyuni and Ansar (2014) stated that 81.7% of respondents had childbirth preparation. National research conducted by R. R. Amalia and Silviliyana only explained that childbirth preparation in Indonesia is relatively high, mentioning components of birthplace identification 80%, birth companion 80%, transportation identification 60%, saving money 77% and blood donor identification 15%..

RESEARCH METHODS

The research used a quantitative descriptive design. This study employed primary and secondary data analysis methods. This study identified and described various factors causing anxiety in pregnant women in the third trimester before delivery at the Mujur Community Health Center, Central Lombok Regency. The population is the entire research object. A population can be defined as all elements in a study, including objects and subjects with certain characteristics and traits. The population in this study was all pregnant women in the third trimester (Amin. et al., 2023). A sample is a portion taken from the entire research object and considered representative of the entire population. A sample is a portion or representative of the population to be studied (Amin. et al., 2023). The sample used in this study was 30 people, namely all third-trimester pregnant women in the Mujur Community Health Center work area. This study was conducted from September to October 2025 in the Mujur Community Health Center work area. The respondent criteria in this study were pregnant women (third trimester), registered and undergoing antenatal care (ANC) visits in the Mujur Community Health Center work area, willing to be respondents and signing an informed consent form and a complete KIA book, while the exclusion criteria were pregnant women with severe medical complications such as chronic diseases (kidney failure, severe diabetes, or heart disease). The instrument used in this study was the Hars questionnaire.

RESEARCH RESULTS

Based on research conducted in November 2025, in the Mujur Health Center work area, the following results were obtained:

Table 1
Frequency Distribution Based on the Age

Variable	N	%
Risk	12	40,0
No Risk	18	60,0

Based on table 1, it shows that 18 respondents (40,0%) were at a non-risk age and 12 respondents (60,0%) were at a risk age.

Table 2
Frequency Distribution Based on Parity

Variable	N	%
Multiparous	13	43,3
Primiparous	17	56,7

Based on table 2, it shows that 17 respondents (56,7%) were Primiparous and 13 respondents (43,3%) were Multiparous.

Table 3
Distribution of Respondents Based on Education

Variable	N	%
Elementary School	5	16,7
Middle School	10	33,3
High School	12	40
College	3	10

Based on table 3, it shows that the high school education category is 12 respondents (40%), the junior high school category is 10 respondents (33,3%), the elementary school category is 5 respondents (16,7%), and the tertiary education category is 3 respondents (10%).

Table 4
Distribution of Respondents Based on Occupation

Variable	N	%
Housewife	19	63, 3
Private Employee	8	26,7
Civil Servant	2	6,7
Self-Employed	1	3,3

Based on table 4, it shows that 19 respondents (63,3%) work as housewives, 8 respondents (26.7%) work as private employees, 2 respondents (6.7%) work as civil servants, and 1 respondent (3.3%) work as self-employed.

Table 5
Distribution of Factors Causing Anxiety in Pregnant Women in the Third Trimester

Variabel	N	%
No anxiety	10	33,3
Mild anxiety	17	56,7
Moderate anxiety	3	10,0
Severe anxiety	0	0
Very severe anxiety	0	0

Based on table 5, it shows that as many as 3 respondents (10.0%) mothers experienced moderate anxiety, as many as 17 respondents (56,7%) mothers experienced mild anxiety, and as many as 10 respondents (33.3%) mothers did not experience anxiety.

Table 6
Distribution of Efforts to Provide Delivery Services to Pregnant Women by Conducting Antenatal Care Examination

Variabel	N	%
Routine	25	83,4
Not Routine	5	16,6

Based on Table 6, it shows that as many as 25 respondents (83.4%) routinely carry out antenatal care checks and as many as 5 respondents (16.6%) do not routinely carry out antenatal care checks in preparation for childbirth for pregnant women in the third trimester..

DISCUSSION

Table 1 shows that 18 respondents (60,0%) were in the non-risk age range. These results indicate that the majority of pregnant women are between the ages of 20 and 35, a reproductive age considered safe and ideal for pregnancy. Meanwhile, the remaining half are under 20 or over 35, which puts them at risk for pregnancy complication.

Anxiety disorders can occur at any age. Age affects a person's psychological well-being, and with increasing age, a person's emotional maturity and ability to cope with various challenges improves. The ideal age for pregnancy and delivery is between 20 and 35, which is during a healthy reproductive age. A woman under 20 may be sexually mature, but not yet emotionally and socially mature. Therefore, it's natural for mothers under 20 to experience more anxiety than those who are more mature in pregnancy and childbirth.

Age also determines anxiety levels.

Anxiety often occurs in younger age groups. Pregnant women under 20 or over 35 are considered high-risk pregnancies because of the potential for fetal abnormalities or disorders, which can cause anxiety. This opinion aligns with research that found that anxiety and depression experienced by pregnant women are influenced by their age. This finding is also supported by research that found that pregnant women aged 16-20 years experienced higher levels of stress compared to those over 36 years old.

According to research by Wa Ode Zamriati et al. (2013) on Factors Associated with Anxiety in Pregnant Women Approaching Childbirth at the Tuminting PKM KIA Clinic, data collection was conducted using primary and secondary data. The results of the study showed that 57.8% of mothers were at risk and 42.2% were not at risk. Meanwhile, 26% experienced mild anxiety, 62% moderate, and 12% severe. Statistical tests showed a significant relationship between age and maternal anxiety levels.

Tabel 2 shows that 17 respondents (56,7%) were Primiparous and 13 respondents (43,3%) were Multiparous Anxiety disorders are more common in primigravida women than multigravida or even grandemultigravida women. Multigravida women are pregnant for the first time and will be having their first child. Multigravida women are pregnant with 2-3 children, while grandemultigravida women are pregnant with their fourth or more children.

Primigravida women have higher levels of anxiety than multigravida women because when their first child is about to be born, they require preparation, both materially, mentally, and emotionally (maternal readiness). Primigravida women are often associated with a lack of knowledge and experience when it comes to childbirth, especially if they have never received

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health education or training from a midwife. Therefore, anxiety and fear will always haunt them until the moment they give birth.

However, according to experts in their research, grandigravida women also have a 30% risk of experiencing anxiety. This is because the higher the number of children born, the higher the risk of complications during childbirth, such as low birth weight (LBW), asphyxia, eclampsia, and severe bleeding from lacerations to the birth canal.

Research by Wa Ode Zamriati et al. (2013) on Factors Associated with Pregnant Women's Anxiety Before Delivery at the Tuminting Maternal and Child Health Clinic (PKM) stated that data collection involved primary and secondary data. Univariate analysis revealed that 62.1% of those at risk for parity were at risk, while 37.9% were not.

Table 3 shows that the high school education category is 12 respondents (40%), the junior high school category is 10 respondents (33,3%), the elementary school category is 5 respondents (16,7%), and the tertiary education category is 3 respondents (10%).

Research by Nurfaizah Alza, Ismarwati (2018) about Factors Which influence Anxiety of Pregnant Women in Third Trimester, Mention that the analysis used is independent didn't test. The research results show that factors related to anxiety of pregnant women in the first trimester III is education, with the education category low (52.0%), and high education (48.0%), So it is known that there is a relationship between education with anxiety.

Education has a different meaning for each person. Education is generally useful in changing thought patterns, behavior patterns, and decision-making patterns. A sufficient level of education makes it easier to identify stressors within and outside oneself. Education also influences awareness and understanding of stimuli. A person's level of education influences their response to both internal and external stimuli.

Table 4 shows that 19 respondents (63,3%) work as housewives, 8 respondents (26.7%) work as private employees, 2 respondents (6.7%) work as civil servants, and 1 respondent (3.3%) work as self-employed.

Table 5, shows that as many as 3 respondents (10.0%) mothers experienced moderate anxiety, as many as 10 respondents (33.3%) mothers experienced mild anxiety, and as many as 17 respondents (56.7%) mothers did not experience anxiety.

Table 6 shows that as many as 25 respondents (83.4%) routinely carry out antenatal care checks and as many as 5 respondents (16.6%) do not routinely carry out antenatal care checks in preparation for childbirth for pregnant women in the third trimester.

CONCLUSION

Based on the results of research that has been conducted regarding the factors causing pregnant women in the third trimester as an effort to prepare for childbirth, it can be concluded that most of the respondents' ages are in the non-risk category (60.0%), most of the respondents are in the primipara category (56.7%), most of the respondents work as housewives (63.3%), most of the respondents experience mild anxiety (56.7%), most of the mothers comply with taking iron supplements (56.7%), most of the pregnant women routinely carry out antenatal care checks (83.4%).

SUGESTION

It is hoped that educational activities on anxiety during pregnancy and synchronization and monitoring of pregnant women's well-being will continue to be improved through the Integrated Health Post (Posyandu) program and pregnancy classes, as well as coordinated facilitation of maternal labor preparation needs to facilitate mental preparation for mothers before delivery.

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