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Factors Associated with Anxiety Levels in Pregnant Women in the Third Trimester

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ABSTRACT

Pregnant women are more prone to mental health problems because they experience changes that affect their mental health at various stages. Anxiety in pregnant women, especially in the third trimester, if not treated immediately, can result in various adverse effects for their pregnancy, both for the mother herself and for the fetus she is carrying. The purpose of the study was to determine the relationship between age, gravida status, occupation, and education with anxiety levels in pregnant women in the third trimester. This type of research is descriptive analytical with the approach used is cross sectional. The sampling technique in this study was Total Sampling and a sample size of 47 people was obtained. Data were collected using a demographic data questionnaire and a Perinatal Anxiety Screening Scale (PASS) anxiety level questionnaire. The bivariate analysis used was the Chi-Square test. The results of this study were that there was no relationship between age, gravida status, occupation, and education and anxiety levels in pregnant women in the third trimester. The results of this research are expected to be used as a reference and contribute to the development of science.

Keywords: *Pregnant Women, Third Trimester, Anxiety Level*



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Introduction

Pregnant women are more prone to mental health problems because they experience changes that affect their mental health at various stages. In the process of pregnancy, there is a psychological adjustment where the vulnerability of a person's psychological strength can cause psychological changes. A factor that changes the psychology of pregnancy is the increased production of the hormone progesterone. Although the hormone progesterone affects the psychological state, psychological changes are not necessarily caused by the hormone progesterone [1].

According to the World Health Organization (WHO), 10% of pregnant women and 13% of postpartum mothers worldwide have mental disorders. In developing countries, this figure is even higher, at 15.6% during pregnancy and 19.8% after the birth of the baby. Mental disorders can have a bad impact on mothers and children [2].

The results of research conducted in Indonesia show that as many as 67.7% of pregnant women in the third trimester experience anxiety in the face of childbirth, of which 32.4% experience mild and moderate anxiety and 2.9% experience severe anxiety (Nofitasari, Lahdji dan Noviasari, 2023). Another study also stated that as many as 87.5% of pregnant women in the third trimester experienced severe anxiety (21.25%) (Subratha et al., 2023).

In old pregnancy, in the third trimester, anxiety will begin to appear until before delivery. Third trimester period (28-40 weeks). Fear and worry that always exist in the mind of pregnant women, they think about whether they will be able to give birth normally, imagine pain at the time of delivery, whether their child will be healthy and there will be no shortcomings, whether the delivery process can be smooth and so on. The older the gestational age is over 7 months, the anxiety felt by the mother becomes higher (Fauziah. S dan Sutejo, 2022).

Anxiety in pregnant women, especially in the third trimester, if not treated immediately, can result in various adverse effects for their pregnancy, both for the mother herself and for the fetus she is carrying [3]. The golden impact on pregnant women in the third trimester can be such as causing the mother to lack concentration in activities, increased blood pressure, and especially increased pregnancy risk such as increasing the stimulation of uterine contractions so that it can result in preeclampsia / eclampsia, miscarriage, birth of a low birth weight baby (BBLR), premature baby, and bleeding due to abortion, disturbed ectopic bleeding, antepartum bleeding, and postpartum bleeding [4]. Of course, the advanced level of the impact can increase the risk of infant mortality and especially maternal death. Therefore, anxiety in pregnant women is closely related to the risk of death in mothers [5].

In accordance with the above explanation, identifying the factors that affect anxiety in pregnant women is very important, especially related to age, gravida status, education, and employment. Some studies on each of these variables are known to still have a gap which is shown by the difference in results between one study and another. Therefore, the researcher is interested in researching more deeply about age, gravida status, education, and occupation on the level of anxiety of pregnant women in the third trimester in the Garung Health Center area, Wonosobo Regency.

Research Method

This type of research is analytic correlation. The approach used in this study is cross sectional where variable data collection is carried out once [6]. The independent variables in this study were age, gravida status, occupation, and education, while the dependent variables in this study were anxiety levels.

This research was carried out in June-August 2024 at the Garung Health Center, Wonosobo Regency. The population in this study



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is all pregnant women in the Garung Health Center area, Wonosobo Regency in July 2024 which totals 373 people. The sampling technique in this study was total sampling and the sample size obtained was 47 people.

The instrument used in this study is a questionnaire which includes a demographic data questionnaire and an anxiety level questionnaire consisting of 31 statement items using a standard questionnaire that has been translated, namely the Perinatal Anxiety Screening Scale (PASS).

In data analysis, univariate analysis will produce a frequency distribution on each variable and its percentage, then for bivariate analysis to determine the relationship between age, gravida status, occupation, and education and anxiety levels using the Chi Square test.

Results

Table 1. Relationship between Age, Gravida Status, Occupation, Education and Anxiety Levels in Pregnant Women in the Third Trimester

No.	Variable	Significance
1.	Age	0,100
2.	Gravida Status	0,616
3.	Occupation	0,219
4.	Education	0,125

Based on Table 1, respondents with the age category of not at risk had the same results between those who did not experience anxiety and those who experienced moderate anxiety, namely 14 people (29.8%) each. Meanwhile, respondents with at-risk age had the same results between those who experienced mild anxiety and moderate anxiety levels, which were 3 people each (6.3%). From the bivariate analysis, a p-value of 0.100 was obtained, meaning that there was no relationship between age and the level of anxiety of pregnant women in the third trimester.

In the gravida status variable, primigravida respondents who were not anxious and experienced moderate anxiety had the same number, namely 7 people each (14.9%), while the majority of multigravida respondents experienced moderate anxiety as many as 10 people (21.2%). The chi-square test produced a p-value of 0.616, which means that there was no relationship between gravida status and anxiety levels in pregnant women.

In the occupational variable, respondents with the majority of respondents in the non-working category experienced a moderate level of anxiety as many as 16 people (34.0%). Meanwhile, respondents with the majority of respondents in the work category did not experience anxiety as many as 4 people (16%). The results of the bivariate test had a p-value of 0.219, which showed that there was no relationship between work and anxiety levels.

In the educational variable, the majority of respondents with elementary education did not experience anxiety as many as 3 people (6.3%), the majority of respondents with junior high school education experienced a moderate anxiety level of 8 people (17.0%), the majority of respondents with high school education experienced a moderate anxiety level of 6 people (12.8%) and at the university level the majority of respondents did not experience anxiety as many as 6 people (12.8%). The test between variables produced a p-value of 0.125, which showed no relationship between maternal education and anxiety levels

Discussions

1. Age with Anxiety Levels

The results of the bivariate analysis between age and anxiety level showed that there was no relationship between age and anxiety level in pregnant women in the third trimester with a statistical test value of chi square p value of 0.100.



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This is in line with research conducted by Asni and Erika (2023) which stated that there was no relationship between age and anxiety levels in pregnant women in the third trimester with a p value of 0.340 [7].

This is inversely proportional to the research conducted by Urip et al. (2024) which stated that there was a relationship between maternal age and the level of anxiety of pregnant women in the third trimester before childbirth in the working area of the Kuta Baro Health Center with a chi square statistical test value of 0.033 (p-value < 0.05) [8].

Each pregnant woman has different levels of anxiety and it depends on the extent to which the pregnant woman perceives her pregnancy. The age of 20-35 years is the age that is considered safe for mothers who plan to get pregnant both for the process of undergoing pregnancy and childbirth. However, there are some mothers who say they experience anxiety because they are not ready to be a mother and are afraid of not being able to take good care of their babies. Meanwhile, mothers over 35 years old are conditions that can be categorized as high risk of congenital abnormalities and complications during pregnancy and childbirth. There are also mothers over the age of 35 who experience anxiety because they are afraid of obstacles during childbirth and fear that their children will not be born normally [8].

So researchers argue that age has no effect on the anxiety of pregnant women in the third trimester because age does not look at a person's readiness to become a mother. Some are young and ready to become mothers, some are old and not ready to be mothers.

2. Gravida Status with Anxiety Levels

The results of the bivariate analysis between gravida status and anxiety levels of pregnant women in the third trimester showed that there was no relationship between gravida status and anxiety levels with a statistical test value of 0.616. The results of this study are in line with research conducted by Asni and Erika (2023)

which stated that there was no relationship between parity and anxiety levels in pregnant women in the third trimester with a p-value of 0.288 with a weak correlation (-0.273). Therefore, it can be said that primigravida or multigravida mothers do not affect anxiety levels [7].

However, this is inversely proportional to the research conducted by Wicaksana et al. (2024) which stated that there was a significant relationship between gravida status and anxiety levels in pregnant women in the third trimester at the Tanjung Karang Health Center, Mataram City with the results of the Rank Spearman statistical test obtaining a p-value of 0.001 (p-value < 0.05) [9].

With the results of the study, there is no relationship between gravida status and anxiety levels, so the researcher argues that anxiety can be experienced by primigravida and multigravida mothers. Primigravida's mother can experience anxiety because she has no previous views or experiences related to childbirth and only hears information from the surrounding environment. Meanwhile, multigravida mothers feel anxious because of experiences or trauma in previous childbirth that they may experience again.

3. Jobs with Anxiety Levels

The results of the bivariate analysis between work and anxiety level showed that there was no relationship between work and anxiety level with a chi square p value of 0.219. This is in line with research conducted by Linda Juwita et al. (2023) which stated that there was no relationship between work and anxiety levels in pregnant women in the third trimester with a p value of 0.484 [10].

However, the results of this study are inversely proportional to the research carried out by Audityarini (2022) which said that there was a meaningful relationship between work and the level of anxiety of pregnant women in the third trimester in facing childbirth at Budi Kemuliaan Hospital in 2022 with the results of



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the chi square test obtaining a p-value of 0.039 (p-value < 0.05) [11].

In this case, researchers argue that the need for a lot of prenatal can cause pregnant women to feel anxious in welcoming their delivery. Pregnant women in the third trimester who work or do not work have no effect on anxiety levels in the last trimester and before childbirth as long as the family income is sufficient for the necessary material needs.

4. Education with Anxiety Levels

The results of the bivariate analysis between education and the level of poverty in pregnant women in the third trimester showed that there was no relationship with the p value of 0.125. This is in line with research conducted by Urip et al. (2024) which stated that there was no relationship between education and anxiety of pregnant women in the third trimester before childbirth in the working area of the Kuta Baro Health Center with the results of the chi square test obtained a p value of 0.054 [8].

This research is also in line with research conducted by Maria (2024) which stated that there was no relationship between education and anxiety of pregnant women in the third trimester at PMB Rita, Bukittinggi City with a p value of 0.062 [12].

Education is related to the knowledge that a person, especially pregnant women, receives with their knowledge about pregnancy, childbirth, and the role of parents so that it affects psychologically. Good education can also increase self-confidence [13].

This is inversely proportional to the research conducted by Rinata, E (2018) which states that there is a relationship between education and anxiety of pregnant women in the third trimester with a p-value = 0.000 [14].

However, in this case, the researcher argues that education does not affect the level of anxiety in pregnant women in the third trimester because anxiety can occur and be felt by everyone. Pregnant women with higher

education also do not always have good knowledge and good psychology.

This section answers the hypothesis/research objectives described in the background section and interprets the results that have been obtained. In this section more effort is made than in the background, methods and results section. In this section is focused on answering the question of why facts and data have been obtained. At its core this section is like the principle of a pyramid of special sections then extends which is supported by relevant studies.

Conclusion

Based on the results of the research that has been obtained, the following conclusions can be drawn the age of pregnant women in the third trimester is the most at the age of not at risk (20-35 years), which is 38 people (80.9%), the gravida status is obtained the most results of pregnant women in the third trimester of multigravida, which is 25 people (53.2%). As for the characteristics of work, the most results were obtained that pregnant women in the third trimester did not work, which was 41 people (87.2%). Then in the characteristics of education, the most results were obtained in the third trimester of pregnant women with junior high school education, which was 17 people (36.2%). And at the level of anxiety, the most results were obtained for mothers in the third trimester experiencing moderate anxiety, which was 17 people (36.2%). In this study it can also be concluded that there is no relationship between age, gravida status, work, education with anxiety levels in pregnant women in the third trimester.

Researchers suggest that pregnant women in the third trimester can actively follow every counseling provided by health workers and routinely carry out pregnancy checks so that the mother's condition is more controlled and the mother is not anxious about her preparation for childbirth. Researchers also suggest that further researchers are expected to pay more attention to other variables such as marital status,



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knowledge of anxiety, medical conditions, past negative experiences, status of the residential environment and others that may affect anxiety in pregnant women in the third trimester.

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Conflic of Interest

The authors declare that they have no conflict of interest.

Reference

- [1] V. Glover, "Prenatal Mental Health and The Effects of Stress on The Foetus and The Child. Should Psychiatrists Look Beyond Mental Disorders?," *World Psychiatry Off. J. World Psychiatr. Assoc.*, vol. 19, no. 3, p. 331, 2020.
- [2] P. Y. Sari and Zulhijriani, "Hubungan Prenatal Yoga dengan Tingkat Kecemasan Ibu Hamil Trimester III di PMB D," *JurnalProfesi Bidan Indones.*, vol. 4, no. 1, 2024.
- [3] I. Isnaini, E. N. Hayati, and K. Bashori, "Identifikasi Faktor Risiko, Dampak dan Intervensi Kecemasan Menghadapi Persalinan pada Ibu Hamil Trimester Ketiga," *Analitika*, vol. 12, no. 2, pp. 112–122, 2020.
- [4] I. S. Saputri and I. Yudianti, "Tingkat Kecemasan Ibu Hamil Trimester III Anxiety Level of Third Trimester Pregnant Women," *J. Midwifery Updat.*, vol. 1, no. 1, pp. 16–23, 2020.
- [5] Gusmadewi and M. F. D. Reflianto, "Pengaruh Antenatal Care, Tingkat Kecemasan, Kehamilan Beresiko Dan Jenis Persalinan Terhadap Kesiapan Fisiologis Persalinan," *J. Kesehat. Masy. J-KESMAS*), vol. 08, no. N, 2022.
- [6] W. Kurniawan and A. Agustini, *Metode Penelitian Kesehatan dan Keperawatan*. Cirebon: Rumah Pustaka, 2021.
- [7] A. Halil and E. Puspitasari, "Faktor yang Menyebabkan Kecemasan Ibu Hamil Trimester III dalam Menghadapi Persalinan di Puskesmas Depok 2," *J. Kesehat.*, vol. 12, no. 1, pp. 78–83, 2023.
- [8] U. Pratama, N. Sakdah, and R. Okfidaria, "Faktor- Faktor Yang Mempengaruhi Tingkat Kecemasan Ibu Hamil Trimester Tiga Menjelang Persalinan," *Quantum Wellness J. Ilmu Kesehat.*, vol. 1, no. 2, 2024.
- [9] I. P. A. Wicaksana, A. A. Shammakh, M. R. A. Pratiwi, M. Maswan, and M. B. Azhar, "Hubungan Dukungan Suami, Status Gravida, dan Kepatuhan Ibu Melakukan Antenatal Care (ANC) terhadap Tingkat Kecemasan Ibu Hamil Trimester III," *J. Glob. Ilm.*, vol. 1, no. 6, pp. 376–388, 2024, doi: 10.55324/jgi.v1i6.62.
- [10] L. Juwita, N. N. Sari, and Y. Pangestika, "Faktor-faktor Karakteristik Demografi Yang Mempengaruhi Tingkat Kecemasan Primigravida Trimester III (Demographic Characteristics Factors Affecting Anxiety Level Of Primigravids Trimester III)," *J. Ners LENTERA*, vol. 11, no. 1, pp. 410–421, 2023, doi: 10.48175/ijarsct-13062.
- [11] D. Apriliani, E. Audityarini, and Marinem, "Faktor-Faktor Yang Berhubungan Dengan Tingkat Kecemasan Ibu Hamil Trimester III Dalam Menghadapi Persalinan Di RSUD Budi Kemuliaan Tahun 2022," *J. Kebidanan dan Kesehat. Reproduksi*, vol. 1, no. 2, pp. 16–27, 2023, doi: 10.61633/jkk.v1i2.10.
- [12] M. M. Fadillah, "Faktor yang Mempengaruhi Kecemasan Ibu Hamil Trimester III Di PMB R Kota Bukittinggi," *J. Kesehat. Ibu dan Anak*, vol. 2, no. 2, pp. 73–82, 2024.
- [13] W. Lestari and Dkk, *Asuhan Kebidanan*

Kharisma Dwi Anggraini et all : Factors Associated with Anxiety Levels in Pregnant Women in the Third Trimester



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- Kehamilan Panduan Lengkap Asuhan Selama Kehamilan Bagi Praktisi Kebidanan.* Jambi: PT. Sonpedia Publishing Indonesia, 2023.
- [14] E. Rinata and G. A. Andayani, "Karakteristik ibu (usia, paritas, pendidikan) dan dukungan keluarga dengan kecemasan ibu hamil trimester III," *Medisains*, vol. 16, no. 1, p. 14, 2018, doi: 10.30595/medisains.v16i1.2063.