# Paritas, Age, and Education Are Associated with the Level of Anxiety in Facing the Childbirth Period in PMB Komang Seni Rahayu, A.Md.Keb

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## Abstract

Pregnancy-related anxiety is a condition that arises from the subjective experience of unsettling mental tension as a general reaction and the inability to deal with issues or feelings of insecurity that affect pregnant women and are related to the mother's concern for the welfare of herself and her fetus. The pregnant woman's age, education level, and prior pregnancies and deliveries are risk factors that contribute to anxiety in pregnant women. Particularly throughout the third trimester of pregnancy up until delivery, anxiety can strike pregnant women. Pregnant women experience anxiety during this time, including worry about having a healthy baby or worrying about the discomfort they are experiencing. These diseases can raise the risk of bleeding wounds and uterine atony, while also raising the likelihood of preterm birth and low birth weight in babies. This study's main goal was to find out how third-trimester pregnant women at PMB Komang Seni Rahayu, A.Md.Keb related to parity, age, and education. This study is quantitative and cross-sectional in nature. A questionnaire that was distributed to a specified group of respondents was used to collect data using the purposive sampling technique. 32 samples total were used in this study. Both univariate and bivariate data analysis are used in this study. Results of the correlations statistical test (= 0.05). The findings revealed a correlation between parity, age, and education with the degree of anxiety associated with giving birth in third-trimester pregnant women at PMB Komang Seni Rahayu, A.Md.Keb, with a significance of p = 0.139 at parity, age with p = 0.005, and level of education with 0.628.

*Keywords :* Characteristics, Pregnant Women, Anxiety

## INTRODUCTION

Anxiety in pregnancy is a condition resulting from subjective experiences of anxious mental tension as a general reaction and inability to face problems or feelings of insecurity that occur in pregnant women related to the mother's concerns about the welfare of herself and her fetus. Most mothers do not understand the phases of labor. The mother stated that childbirth was a painful and draining process, the mother also expressed her anxiety about the condition of the fetus that would be born. Apart from that, mothers are also worried about the birth process because they are no longer young (Zamriati et al., 2013)

In Indonesia, there are 107,000 (28.7%) pregnant women who experience anxiety when facing childbirth. (Mandagi, 2013) In research conducted by (Novitasari, 2013), it was found that anxiety was experienced more frequently by primigravida pregnant women (first pregnancy), namely 66.2%, compared to 42.2% of multigravida pregnant women.

This happens because stress and anxiety trigger the production of Cortiotrophin Releasing Hormone (CRH). The CRH hormone functions as a "sign" when labor is about to arrive. The fetus in the womb can respond to what the mother is feeling, such as the

mother's heartbeat. The faster the mother's heart beats, the faster the fetus moves in the uterus, which can trigger stimulation of uterine contractions. The consequences of this condition can increase the incidence of uterine atony, bleeding lacerations, infections, maternal fatigue, and shock, while in babies it can increase the risk of premature birth and LBW (Hasim, 2018)

The risk factors that cause feelings of anxiety in pregnant women are the knowledge of the pregnant woman, the level of education, the age of the pregnant woman, the physical status of the pregnant woman, previous experiences of pregnancy and childbirth, the mother's relationship with her partner and her husband's support (Ranita, 2016). Anxiety in pregnant women can arise, especially in the third trimester of pregnancy until the time of delivery, where during this period pregnant women feel anxious about various things such as whether the baby is born normally or not, the pain that will be felt, and so on. (Usman, 2013). As the birth process gets closer, especially in the first pregnancy, feelings of anxiety or fear arise about the birth process.

Education is a very important factor in shaping a person's behavior. Education of pregnant women about the birth process is an important factor to study in preparing pregnant women for childbirth. If a person's education is higher, the higher the person's quality in terms of knowledge and the more intellectually mature

they will be, with higher education they will tend to pay more attention to their own health and the health of their family. A person's level of education will influence the process and ability to think so that they can capture new information quickly (Situmorang et al., 2020). In research conducted by (K, Wanda et al., 2014), the higher a person's education level, the greater the opportunity to seek treatment from educational health services. On the other hand, low education will cause a person to experience stress, where the stress and anxiety that occurs is due to the lack of information that the person obtains

Parity is the number of previous pregnancies that have reached a gestational age of >20 weeks with a body weight of more than or equal to 500 grams that have been born alive or dead (Hasim, 2018). One of the anxieties of mothers facing childbirth is the fear of pain, especially for prospective mothers who have never given birth before for their first birth. (Heriani, 2016)

Age influences the maturity of an individual's personality. A person's ability to respond to anxiety can be influenced by age. With good coping mechanisms, they can be applied more by individuals with a mature age and mindset compared to younger groups. Individuals who have a mature personality will find it more difficult to experience stress disorders, because they have better

adaptability to stressors. On the other hand, individuals who have immature personalities will be sensitive to stimuli so that they will very easily experience anxiety due to stressors. At the age of 20 - 35 years is the age that is considered safe for mothers who are planning to become pregnant, both for the process of undergoing pregnancy and childbirth. At the age of over 35 years, this is a condition that can be categorized as having a high risk of congenital abnormalities and complications during pregnancy and childbirth (Rinata and Andayani, 2018).

According to the register book for pregnant women at PMB Komang Seni Rahayu, A.Md.Keb in the last 2 months (August - September 2022), the coverage of health services for pregnant women was 53 people. Of the number of pregnant women in the third trimester (28-37 weeks) who underwent routine pregnancy checks or ante-natal care at the Independent Midwife Practice of Komang Seni Rahayu, A.Md.Keb, 32 pregnant women experienced anxiety. The results of interviews with 10 pregnant women in the third trimester who experienced anxiety showed that 6 pregnant women experienced moderate anxiety with characteristics of 4 people of primiparous parity and 2 people of multiparous parity. Then 4 pregnant women experienced mild anxiety with age characteristics < 20 years.

Based on the description of the background to the problem above, researchers are interested in examining the relationship between parity, age and education of TM III pregnant women and the level of anxiety in facing the birth period at PMB Komang Seni Rahayu, A.Md.Keb.

The general aim of this research is to determine the relationship between parity, age and education of TM III pregnant women with the level of anxiety in facing the delivery period at PMB Komang Seni Rahayu, A.Md.Keb.

**METHOD**

The research design used is analytical research using a cross sectional approach. The population covered in this research were pregnant women in the third trimester who experienced anxiety who had their pregnancy checked by PMB Komang Seni Rahayu, A.MD. Keb. In this study the total population was 32 people. The number of samples in this study was determined based on the Taro Yamane or Slovin formula. The number of samples in this study was 32 mothers.

This research will pass an ethical test conducted by the Health Research Ethics Commission (KPEPK) Stikes Bina Usada Bali number: 378/EA/KEPK-BUB-2022. In this study, a questionnaire research instrument was used.

The analysis used in this research is the correlation coefficient test with the SPSS for Windows version.20.00 program.

**RESULTS AND DISCUSSION**

**RESULTS**

1. Characteristics Based on Respondent's Age

Table 1. Characteristics Based on Age of Respondents

| Age | Frequency | Percentage(%) |
|---|---|---|
| <20 years | 18 | 56,3 |
| 20-35 years | 14 | 43,7 |
| >35 years | 0 | 0 |
| **Total** | **32** | **100** |

Source: Primary Data, 2023

Based on age characteristics, the majority of respondents aged (<20 years) were 18 people with a percentage of 56.3%.

1. **Characteristic Based On Respondent's Education**

Table 2. Characteristic Based On Respondent's Education

| Education | Frequency | Percentage (%) |
|---|---|---|
| Primary | 12 | 37,5 |
| Secondary | 11 | 34,4 |
| Tertiary | 9 | 28,1 |
| **Total** | **32** | **100** |

Source: Primary Data, 2023

Based on educational characteristics, the majority of respondents with primary education (SD, SMP) were 12 people with a percentage of 37.5%.

2. Characteristics Based on Respondent Parity

Table 3. Characteristics Based on Respondent Paritas

| Paritas | Frequency | Percentage (%) |
|---|---|---|
| Primipara | 13 | 40,6 |
| Multipara | 10 | 31,3 |
| Grandemultipara | 9 | 28,1 |
| **Total** | **32** | **100** |

Source: Primary Data, 2023

Based on parity characteristics, the majority of respondents with primiparous paritas were 13 people with a percentage of 40.6%.

2. **Frequency Distribution of Anxiety Levels**

Table 4. Frequency Distribution of Anxiety Levels

| Anxiety Level | Frequency | Percentage (%) |
|---|---|---|
| Low | 10 | 31,2 |
| Medium | 22 | 68,8 |
| Hard | 0 | 0 |
| Very Hard | 0 | 0 |
| **Total** | **32** | **100** |

Source: Primary Data, 2023

The level of anxiety was mostly at a moderate level, namely 22 people (68.8%).

**The relationship between paritas and anxiety levels of pregnant women in the third trimester**

**Table 5. Relationship between paritas and anxiety level of third trimester pregnant women**

| Variable | Correlation | Significance | Result |
|---|---|---|---|
| Paritas | 0.267 | P value = 0.139 | Valid |
| Anxiety Level | | p>0,05 | |

Source: Primary Data, 2023

The research results show that there is a significant relationship between maternal parity with the level of anxiety in facing childbirth with a p value of 0.139. So it can be concluded that there is a significant relationship between parity and the level of anxiety in facing the period leading up to childbirth because the p value is <0.05.

**2. The relationship between age and the anxiety level of pregnant women in the third trimester**

**Table 6. Relationship between age and trimester anxiety levels of pregnant women III**

| Variable | Correlation | Significance | Result |
|---|---|---|---|
| Age | 0.488 | P value = 0.005 | Valid |
| Anxiety Level | | p>0,05 | |

Source: Primary Data, 2023

The results of the research show that there is a significant relationship between maternal age and the level of anxiety in facing childbirth with a p value of 0.005. So it can be concluded that there is a significant relationship between age and the level of anxiety in facing the period leading up to childbirth because the p value is <0.05.

**2. The relationship between education and the anxiety level of pregnant women in the third trimester**

**Table 7. Relationship between education and anxiety levels of pregnant women in the third trimester**

| Variable | Correlation | Significance | Result |
|---|---|---|---|
| Education | 0.089 | P value = 0.628 | Valid |
| Anxiety Level | | p>0,05 | |

Source: Primary Data, 2023

The results of the research show that there is a significant relationship between maternal education and the level of anxiety in facing childbirth with a p value of 0.628. So it can be concluded that there is a significant relationship between education and the level of anxiety in facing the period leading up to childbirth because the p value is <0.05.

**Discussion**

1. **Correlation between Age and Anxiety**

Based on age characteristics, the majority of respondents were aged <20 years and >35 years. This is in accordance with Heriani's (2016) research that anxiety during pregnancy can be related to the mother's age which has an impact on feelings of fear and anxiety, namely under the age of <20 years because her physical condition is not 100% ready. Physically, the reproductive organs in women aged less than 20 years are not yet fully formed. Based on the results of the analysis, the proportion of respondents aged <20 years was 56.3% (18 respondents), while respondents aged 20-35 years were 43.7% (14 respondents). The results of the research show that there is a significant relationship between maternal age and the level of anxiety in facing childbirth with a p value of 0.005. Some of the risks that can occur in pregnancies under 20 years of age are the tendency for blood pressure to rise and stunted fetal growth. Meanwhile, pregnancies over >35 years are at higher risk of experiencing obstetric complications as well as perinatal morbidity and mortality. The condition of the birth canal is less elastic than before, so labor becomes long and difficult. This is coupled with a decrease in the mother's strength to expel the baby due to age and the disease she is suffering from. The safe age for pregnancy and childbirth is >20 years and <35 years. In this age range, a woman's physical condition is in prime condition, the uterus is able to provide protection, and she is mentally ready to care for and maintain her pregnancy carefully. According to Alibasjah (2016) found that the age factor had a significant relationship with anxiety in third trimester primiparous mothers with p = 0.018 with r = 0.309. Based on the results of the analysis, it can be concluded that the results of this research obtained a p value of 0.002. So it can be concluded that there is a significant relationship between age and the level of anxiety in facing the period leading up to childbirth because the p value is <0.05

2. **Correlation between Education and Anxiety Level**

Based on educational characteristics, the relationship between education and anxiety among pregnant women in TM III, the majority of respondents with the highest level of education, namely primary education (SD, SMP). Based on the results of the analysis, the proportion of respondents who had primary education which was related to the level of anxiety in facing the birth period was 37.5% (12 respondents), while respondents who had secondary education which was related to the level of anxiety in facing the birth period was 34.4% (11 respondents ), while respondents with higher education were related to the level of anxiety in facing the birth period of 28.1% (9 respondents).

The results of the research show that there is a significant relationship between

maternal education and the level of anxiety in facing childbirth with a p value of 0.628. Suryani's research (2020) explains that education level has a significant relationship with anxiety in third trimester pregnant women with p education level = 0.002. The results of research conducted by Asri (2014) show that there is a relationship between the level of education and the anxiety of pregnant women in the working area of the Turminting Community Health Center because education will influence a person's response to something that comes from outside, because pregnant women with primary and secondary education tend to experience more anxiety. rather than higher education. This is because the higher a person's level of education, the more they can think rationally and control their emotions well so that their anxiety can be reduced.

3. **Correlation Between Paritas and Anxiety Level**

Based on parity characteristics, the relationship between parity and anxiety of TM III pregnant women is that the majority of respondents are primiparous parity. (Murtofingah, 2020) explains that mothers with parity >3 are at risk of giving birth to LBW due to disruption of the uterus, especially in terms of blood vessel function. Repeated pregnancies will cause damage to the walls of the uterine blood vessels, this will affect nutrition to the fetus in the next pregnancy which has the potential to give birth to a LBW baby.

Complications that may occur during childbirth can affect the mother's anxiety level to become more severe. In primiparous mothers when facing childbirth, anxiety arises because of the fear of losing the baby they are born to, such as fear that the baby they are born will die, or be born deformed/abnormal. Sometimes it is caused by feelings of inability to meet the needs of the baby being born, such as the inability to provide a decent education and livelihood. Besides that, anxiety in primiparous pregnant women is caused by the emergence that giving birth will hinder work routines because of the demand to pay attention to the baby being born. (Rosdiyah, 2017).

Research (Martini and Oktaviani, 2015) explains that parity has a significant relationship with anxiety in third trimester pregnant women with p = 0.010. Based on the results of the analysis, it shows that there is a significant relationship between maternal parity and the level of anxiety in facing the period leading up to delivery, that the majority of pregnant women are primiparous parity as many as 15 people (40.7%), pregnant women with multiparous parity are 8 people (25%), and grand multiparous parity, 2 people (6.25%) experienced moderate anxiety and 7 people (21.8) experienced moderate anxiety. With p value = 0.139 < α (0.05).

This means that there is a relationship between parity and anxiety levels

## CONCLUSION

There is a relationship between age, parity and education of pregnant women in the third trimester who experience anxiety at PMB Komang Seni Rahayu, A.Md.Keb with the level of anxiety.

## SUGGESTION

It is hoped that this research can increase public insight and be able to provide information to the public so as to help increase the efforts that can be made to reduce the anxiety of TM III Pregnant Women.

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