

Attitude and Knowledge of Third-Trimester Pregnant Women toward Labor Anxiety in New Normal Covid-19 Era at Puskesmas Abiansemal I

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ABSTRACT

Pregnant women can become stressed because of fear and anxiety experienced by pregnant women in excess, which will impact pregnancy and the delivery process. This study determines the correlation between attitudes and knowledge of third-trimester pregnant women about labor anxiety in dealing with the new normal era of Covid-19 at the Puskesmas Abiansemal I. A quantitative correlational method was used with 62 pregnant women. The questionnaire was used to measure the level of knowledge and attitude, and the HARS questionnaire was used to measure the level of anxiety. From 62 respondents, the result shows 36 respondents (60%) were obedient. 58 respondents (93.5%) had good knowledge, and 59 respondents (95.2%) had moderate anxiety with p -value = 0.955 ($p > 0.05$) on expertise with a correlation of -0.135 and p -value = 0.297 ($p > 0.05$) on attitudes with a correlation of -0.007. Based on the result, there is an insignificant correlation between knowledge and attitudes of pregnant women toward labor during the new normal covid-19 era at Puskesmas Abiansemal I.

INTRODUCTION

Pregnancy is a condition that can affect biological and psychological conditions, requiring adaptation from a woman experiencing it. Changes during normal pregnancy are physiological (Erawati and Dewi, 2011). According to Farid (2014), the early pregnancy period is the first trimester, from conception to the 12th week. The second trimester, when the fetus reaches 13 weeks' gestation until the

end of the 27th week, often referred to as the period of waiting, waiting, and being alert, covers the 29th to 42nd week of pregnancy (Farid, 2014). Active preparation for the birth of a baby and changes in the role of being a parent, such as focusing on the baby's birth in the third trimester (Erawati and Dewi, 2011). The situation in the third trimester allows pregnant women to experience anxiety

related to worry about facing labor (Farid, 2014).

Anxiety can easily trigger pain during labor, resulting from the mother's hearing various scary stories about childbirth, causing the mother to feel tense and afraid. These feelings will impact the birth canal, which becomes rigid and narrow. The baby's birth canal will push the baby's head with natural contractions by the mother so that it is easy to give birth. Pregnant women can become stressed as a result of excessive feelings of fear and anxiety experienced by pregnant women (Jenny, 2013). Sucipto and Yenly (2010) stated that the mental readiness of pregnant women to face childbirth could be seen from the condition of the mother who is not anxious. Pregnant women need calmness and understanding in facing childbirth. In this case, birth attendants can provide guidance and mental preparation for pregnant women about reducing anxiety in pregnant women. Guidance and mental preparation provided by the helper aims to make the mother accept the principle that childbirth is not a scary thing (Jenny, 2013).

As health care providers, birth attendants must recognize anxiety symptoms and ways to minimize anxiety for pregnant women by explaining pregnancy, childbirth, stress, and their

effects on the mother and fetus during antenatal care (ANC). Mothers who carry out regular prenatal checks can increase their understanding of pregnancy, childbirth, and postpartum so that pregnant women can reduce the anxiety they experience in going through the labor process. Iriani (2014) showed a relationship between the regularity of ANC visits and stress in dealing with the first stage of labor. Danuatmaja and Meiliasari (2008) stated that the impact of pressure is by weakening labor contractions or weakening the mother's pushing strength (power) can hamper the progress of labor and can cause prolonged struggle. The danger of prolonged work can cause fetal distress (fetal distress). If this condition is unchecked, pregnant women's mortality and morbidity rates will increase (Sulistyawati, 2012). The research results by Usman *et al.* (2016) said the opposite. That is, the majority of respondents with high levels of anxiety were mothers who frequently made ANC visits, and there was no difference in fear of facing labor. This is due to unsatisfactory or poor service and the delivery of information that is often ineffective so that it does not solve the problem of concern.

Maternal examination during pregnancy is another effort to reduce

maternal mortality due to childbirth. It is known as antenatal care (ANC), a visit of pregnant women for at least the fourth time with health workers in the third trimester. Another term that requires birth in a hospital. If abnormal fetal conditions are found, it can cause anxiety for pregnant women. The results of ANC coverage of pregnant women in the province of Bali, especially in Badung district in 2019, namely, the highest in The Puskesmas Abiansema I was 121.6%, and the lowest was at the Puskesmas Abiansema at 73.7% (Badung, 2019). This research aims to find out the correlation between attitudes and knowledge of third-trimester pregnant women about anxiety in dealing with childbirth in the new normal covid-19 era at the Abiansema I Health Center

METHODS AND MATERIALS

This study is a quantitative—study with a cross-sectional design. The sample was pregnant women in their third trimester at the Puskesmas Abiansema I. The sampling technique used was purposive sampling. The dependent variable is the attitude and knowledge of the respondents, while the dependent variable is the respondents' anxiety. Data in this study using a questionnaire. For the knowledge variable about childbirth using closed

questions designed with the Guttman model scale, the instrument used for attitudes is a closed questionnaire which is used and developed based on the Likert model scale containing several questions stating the object to be disclosed and for data collection regarding anxiety levels using a scaled questionnaire HARS (Hamilton Anxiety Rating Scale).

Data analysis used the Rank Spearman correlation test. The Spearman Rank correlation value is between -1 to 1. If the value = 0, there is no correlation between the independent and dependent variables. Value = +1 means a positive correlation, and value = -1 means a negative correlation.

RESULTS AND DISCUSSION

The result of the research is shown below.

Table 1. The Demographic Data of Respondent

No	Descriptio n	Information	
		Frequen cy	Percenta ge (%)
1	Age		
	18-24	17	28
	25-35	37	60
	>38	8	12
2	Occupatio n	35	56,5
	Housewive	5	8,1
	s	10	16,1
	Self- employed	9	14,5
		3	4,8

Businessman		
Employee		
Teacher		
3 Education		
Level	3	4,8
Elementary school	45	72,6
High school	2	3,2
Diploma	12	19,4
Bachelor		
4 Gestational Age		
Seven months	28	45,2
Eight months	23	37,1
Nine months	11	17,7
5 Attitude		
Sufficient	33	4,8
Good	59	95,2
6 Knowledge		
Sufficient	4	6,5
Good	58	93,5
7 Anxiety		
Mild	23	37,1
Moderate	37	59,7
Heavy	2	3,1

This analysis contains the age of the respondents, education, occupation, and gestational age. The instruction was mainly at the high school level, as shown by 45 respondents (72.6%). The teaching of pregnant women dramatically influences behavior in finding causes and solutions. Pregnant women with higher education tend to act more rationally because of readily accept information intended to maintain

their health and the fetus (Walyani and Elisabeth, 2015).

Respondents in this research were mainly between the age of 25-35 years, which is 37 respondents (60%). Women at this age are considered physically and mentally ready to experience pregnancy. According to Subiyanto and Puspita (2012), a healthy and safe reproductive age to experience pregnancy and childbirth is 20-30; the need for nutrients in the body will increase while the systems in the body will decrease (Syafrudin, 2011).

Most respondents in this research are housewives, shown as 35 respondents (56.5%). The occupation is related to income and closely related to a family's economic status. According to Fifi (2012), the lack of family income causes a reduced ability to purchase daily food, thereby reducing the amount and quality of the mother's food per day, which has an impact on decreasing the mother's nutritional status. In addition, Nuraini and Kurniawan (2015) also stated that pregnant women with stable economic conditions tend to pay more because of the assumption that high costs will be as reasonable as the service and comfort obtained during the examination.

Based on this research's results, 59 respondents (95.2%) dominate in the

excellent category. Factors related to this are the age respondents' age and education level. According to J. M. Seno Adjie, an obstetrician and gynecologist from Cipto Mangunkusumo General Hospital, the safest age for pregnancy and labor is after 20 and before 35 years because of prime condition. At that age, the uterus can provide protection and is mentally ready for a woman to care for and maintain the pregnancy. Pregnancies under 20 years tend to increase blood pressure and stunted fetal growth. Whereas after the age of 35 years, pregnancy is at high risk for congenital abnormalities and complications during delivery (Pasaribu, 2014).

The percentage of pregnant women's knowledge level was in a suitable category, shown by 58 respondents (93.5%). The educational history of pregnant women influences the knowledge category of pregnant women. Results of education level are mostly of pregnant women in high school. These results indicate that it was easier for pregnant women to receive information about anemia during pregnancy. Data were obtained from various sources such as family members, neighbors, print media, electronic media, and health workers. If pregnant women have good knowledge about childbirth, the risks or complications that might occur can

be avoided. Anxiety that arises can cause pain. This pain can be influenced because the mother feels anxious and tired when facing labor, and the mother feels afraid and does not believe in the delivery process (Sidabukke, 2016).

Most of the respondents in this research were at a moderate level of anxiety, as shown by 37 respondents (59.7%). An increase in hormones causes stress. Almost all pregnant women are more emotional and have mood swings, act in decisive ways over trivial events, scream when they feel uncomfortable sure and panic, even when a positive attitude towards pregnancy will feel depression, worry, and confusion. Fear and anxiety emerge in various levels of immaturity in emotional and psychosocial development regarding a person's ability to adapt to something that is being faced (Utami, 2011). According to Pasaribu (2014), the anxiety of pregnant women in facing labor can be caused by parity. For first-time pregnancies, some women said the third trimester is even more worrying because it is getting closer to the delivery process. Whereas for women who have been pregnant before, the anxiety is related to past experiences they have experienced (Pasaribu, 2014).

Table 2. The Correlation of Attitudes of Third-Trimester

Pregnant Women Toward Labor Anxiety

	Spearman's rho	Anxiety	Attitude
Anxiety	Correlation Coefficient	1.000	-.007
	Sig. (2-tailed)	.	.955
	N	62	62
Attitude	Correlation Coefficient	-.007	1.000
	Sig. (2-tailed)	.955	.
	N	62	62

Anxiety can be a feeling of restlessness, with several visible behaviors, including worry and restlessness (Durand and Barlow, 2009). The bivariate analysis showed that 59 pregnant women (95.2%) had a good attitude, and 3 (4.8%) had a good mood. Mothers with higher education than primary education tend not to feel anxious and can enjoy the birth process knowledge. Putranti (2014) found that pregnant women's knowledge about childbirth influences their behavior in preparing for and dealing with delivery. Meanwhile, a good attitude in dealing with birth will form a positive response to the beginning that affects physical and mental needs in dealing with childbirth and prevent complications that may occur in the delivery process.

This research indicates a negative correlation between the attitude of pregnant women towards anxiety in facing childbirth
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by a significance value of 0.955. The closeness of the correlation between these variables is $CC = -0.007$. The value of the contingency coefficient (CC) is negative, meaning that the lower the attitude of third-trimester pregnant women regarding preparation for delivery, the higher the anxiety in facing labor. The results do not align with Putranti (2014), which states a correlation between respondents' attitudes toward anxiety in facing childbirth indicated by a significance value of 0.000 and a correlation coefficient of 0.795. Psychological in the third-trimester pregnancy seems more complex due to the growing condition compared to the previous trimester. Even though the birth event is a normal physiological phenomenon, the labor process impacts bleeding and extreme pain. It can affect fear and even death for the mother and the baby (Janiwarty *et al.*, 2013).

Table 3. The Correlation of Knowledge of Third-Trimester Pregnant Women Toward Labor Anxiety

	Spearman's rho	Anxiety	Knowledge
Anxiety	Correlation Coefficient	1.000	-.135
	Sig. (2-tailed)	.	.297
	N	62	62
Knowledge	Correlation Coefficient	-.135	1.000

Sig. (2-tailed)	.297	.
N	62	62

The analysis shows that the two variables have a negative correlation, demonstrated by 58 respondents (93.5%) with a good knowledge level category and an anxiety level in the moderate category. The Spearman rank statistical test results showed a significance of 0.297 with a correlation coefficient (CC) of -0.135. The results showed that the p-value = 0.297 was more significant than 0.05 ($0.297 \leq 0.05$), and the CC value was -0.135. The CC value is -0.135, a negative value. The lower the third-trimester pregnancy knowledge about preparing for labor, the higher the anxiety in facing a delivery.

In this research, most respondents had good knowledge and moderate anxiety, and respondents who had good knowledge tended to have mild anxiety in facing childbirth. This shows a trend in the knowledge of third-trimester pregnant women of labor preparation with stress. After being analyzed, there is a negative correlation between the level of knowledge and anxiety. The lower understanding of preparing for labor, the higher the anxiety level. This research is not in line with Utami (2011), who states there was a correlation between the respondents' knowledge about preparation for childbirth and the level of

anxiety in facing labor, with a value of -0.697 at a significant level of 0.000. Anxiety interferes with mental tension as a general reaction to dealing with problems or a sense of security (Utami, 2011).

CONCLUSIONS AND SUGGESTIONS

There is no significant relationship between the knowledge and attitudes of third-trimester pregnant women towards labor anxiety facing delivery at the Abiansemal I Health Center, and this is due to the few variables studied, therefore to obtain more significant results, it is recommended to conduct another research of factors related to labor anxiety, such as family income, the mother's labor readiness, and the mother's psychological state.

REFERENCES

- Badung, D.K.K. (2019) *Profil Kesehatan Kabupaten Badung*. Badung.
- Danuatmaja, B. and Meiliasari, M. (2008) *Persalinan Normal Tanpa Rasa Sakit*. Jakarta: Puspa Swara.
- Durand and Barlow (2009) *Psikologi Abnormal*. Jilid 2. Yogyakarta: Pustaka Pelajar.
- Erawati and Dewi, A. (2011) *Buku Ajar Asuhan Kebidanan Persalinan Normal*. Jakarta: EGC.
- Farid, H. (2014) *Asuhan Kehamilan Berbasis Bukti*. Jakarta: Sagung Seto.
- Fifi dkk (2012) *Hubungan Antara Status Sosial Ekonomi dengan Anemia*

- pada Ibu Hamil di Desa Sapa Kecamatan Tenga Kabupaten Minahasa Selatan. Minahasa Tengah.*
- Iriani, D.D. (2014) *Hubungan Keteraturan Kunjungan ANC Dengan Kecemasan Dalam Menghadapi Kala I Persalinan Di Wilayah Kerja Puskesmas Dlanggu Mojokerto. Pasuruan.*
- Janiwarty *et al.* (2013) *Pendidikan Psikologi untuk Bidan. Yogyakarta: Rapha Publishing.*
- Jenny, S. (2013) *Buku Asuhan Kebidanan Persalinan dan Bayi Baru Lahir. Malang: Erlangga.*
- Nuraini, S. and Kurniawan, A. (2015) 'Dinamika Pemilihan Pemeriksaan Kehamilan dan Persalinan di Puskesmas Kassi-Kassi, Kota Makasar, Sulawesi Selatan', *Buletin Penelitian Sistem Kesehatan*, 18(2), pp. 131–139.
- Pasaribu (2014) *Hubungan Paritas dan Usia Dengan Tingkat Kecemasan Ibu Hamil Trimester III Dalam Menghadapi Persalinan Di Puskesmas Sipea-Pea Kecamatan Sorkam Barat, Jurnal Penelitian. Sumatra Utara.*
- Putranti, V.P.T. (2014) *Hubungan Pengetahuan dan Sikap Tentang Persalinan Dengan Kesiapan Primigravida Menghadapi Persalinan. Universitas Sebelas Maret.*
- Sidabukke, E.C. (2016) *Pengaruh Sisa Lebih Pembiayaan Anggaran (SILPA), Dana Perimbangan, dan Luas Wilayah terhadap Belanja Langsung pada Pemerintah Provinsi di Indonesia Periode 2012 - 2014. Universitas Sumatera Utara.*
- Subiyanto and Puspita, V. (2012) *Cara Sehat dan Aman Menghadapi Kehamilan Diatas Usia 35 Tahun. Klaten: Cable Book.*
- Sucipto and Yenly, S. (2010) 'Hubungan antara Usia Ibu Hamil dengan Kesiapan Mental Menghadapi Persalinan', *Jurnal Kebidanan Panti Wilasa*, 1(1), pp. 1–6.
- Sulistiyawati (2012) *Asuhan Kebidanan pada Masa Kehamilan. Jakarta: Salemba Medika.*
- Syafrudin (2011) *Penyuluhan Kesehatan Pada Remaja, Keluarga, Lansia dan Masyarakat. Jakarta: Trans Info Media.*
- Usman *et al.* (2016) 'Perbedaan Tingkat Kecemasan Ibu Hamil Menghadapi Persalinan dengan Kepatuhan ANC', *E-journal Keperawatan*, 4(1), pp. 1–7.
- Utami, S. (2011) *Hubungan Tingkat Pengetahuan Ibu Hamil Trimester III Tentang Persiapan Persalinan dengan Kecemasan Menghadapi Persalinan di Polindes Kharisma Depok Sleman Tahun 2011. Yogyakarta.*
- Walyani and Elisabeth (2015) *Asuhan Kebidanan Pada Kehamilan. Yogyakarta: Pustaka Baru Press.*