

How to Cite:

Muldaniyah, M., Saleh, U. K. S., Rajia, R., & Susanti, N. Y. (2022). Knowledge relationship of pregnant women Primigravida and completeness of ANC visit with anxiety levels of mothers facing childbirth. *International Journal of Health Sciences*, 6(S1), 10184–10192.
<https://doi.org/10.53730/ijhs.v6nS1.7400>

Knowledge relationship of pregnant women Primigravida and completeness of ANC visit with anxiety levels of mothers facing childbirth

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Abstract--Routine pregnancy check-ups are very important so that problems experienced by pregnant women can be found as early as possible and can be overcome, before they develop into a danger to both the mother and the baby. The purpose of this study was to determine the relationship between knowledge of primigravida pregnant women and the completeness of ANC visits with the level of maternal anxiety facing childbirth. The type of research used is a cross sectional study. The sample in this study were pregnant women in the third trimester who experienced anxiety during the fasting month as many as 59 people with purposive sampling technique. Based on the results of the chi-square analysis, $p = 0.012$ is smaller than $= 0.05$, which means H_0 is rejected and H_a is accepted. Thus there is a relationship between knowledge and the level of maternal anxiety facing childbirth. Based on the results of the chi-square analysis, $p = 0.024$ is smaller than $= 0.05$, which means H_0 is rejected and H_a is accepted. Thus, there is a relationship between the completeness of ANC visits and the level of maternal anxiety facing childbirth. It is hoped that they can improve services and skills in dealing with anxiety facing childbirth and midwives can take prompt

and appropriate action in accordance with their standards and authority.

Keywords---Knowledge, Pregnant Women, Primigravida, ANC visit equipment.

Introduction

Indonesia's National Making Prenancy Safe (MPS) Strategy Plan mentioned in indonesia's health development technology plan is that pregnancy and childbirth in Indonesia are safe, and babies are born alive and healthy. The mission of MPS is to lower maternal and neonatal pain and death rates through activities that promote maternal and newborn health. Routine pre-natal examination or commonly called Antenatal care (ANC) visits is very important so that pregnant women can be found problems as early as possible and can be overcome, before developing into harm to the mother and the baby. Pregnant women should undergo health checks at least four times during pregnancy, namely once in the First Trimester of 0-14 weeks of pregnancy, once in the Second Trimester of gestational age before 28 weeks and twice in the THIRD Trimester of pregnancy 28-36 weeks and after 36 weeks. (Bobak, 2013).

Pregnancy is a dream that is highly anticipated and expected by married couples. In general, pregnancy develops normally and results in the birth of a healthy baby quite a month through the birth canal. However, not all results of pregnancy and childbirth will please a husband, mother and baby born healthy, but pregnant women face emergencies with mild to severe degrees that can provide the danger of discomfort, dissatisfaction, pain, disability and even death for pregnant women, high risk, and low who experience complications in childbirth (Salmah. Dkk. 2012).

Since the time of pregnancy, the mother has experienced anxiety and anxiety. Anxiety and anxiety during pregnancy are inevitable events and part of a process of reasonable adjustment to the physical and psychological changes that occur during pregnancy. This change occurs due to hormonal changes that will make it easier for the fetus to grow and develop until the time of birth (Leary, 2014).

Pregnancy itself is grouped into three trimesters, namely the first trimester (0-3 months), the second trimester (4-6 months), and the third trimester (7-9 months). In the first trimester, usually a mother easily depresses, which is caused by increased frequency of urination, morning sickness, fatigue, and fatigue. When the mother's gestational age enters the second trimester, it will stop, and will come back again when the mother enters the gestational age in the trimester III (Lestari, 2012).

A research study conducted by Rukmanah Fitriah (2018) at Tarakan Hospital showed that of the 64 people who were used as respondents, as many as 41 people with an ANC level of knowledge and completeness with anxiety before delivery. After being tested through the chi square test obtained nilai α 0.014 which means H_0 was rejected and H_a was accepted. As for the third trimester,

anxiety before delivery will appear. The question and shadow of whether it can give birth normally, how to strain, whether something will happen during childbirth, or whether the baby is born safely, will increasingly appear in the minds of pregnant women. Pain at the time of delivery has long been the subject of conversation for pregnant women. (Atkinson, 2011) other research shows there is a significant increase in the knowledge of pregnant women respondents after being given counseling (Artika Dewie, Anna Veronica Pont, 2021).

Anxiety is a brief period of nervousness or fear that a person experiences when faced with a difficult experience in life. Pregnancy can be a source of anxiety stressors, especially in a mother who is unstable in her soul. Therefore, many young mothers-to-be face the birth of their children with feelings of fear and anxiety. With the age of pregnancy, the attention and thoughts of pregnant women begin to be focused on something that is considered climax, so that the anxiety and fear experienced by pregnant women will intensify at the time of delivery. At the age of seven months and above, the level of anxiety of pregnant women is increasingly acute and intensive as the birth of the baby approaches. Fear before delivery topped the list of most commonly experienced mothers during pregnancy (Saifuddin, AB. 2012). the main component that is key in the development of performance management for midwives in midwifery care is Professional Standards (Laila, Ahmad, Syarif, & Ahmar, 2021).

Worries and anxiety in pregnant women if not treated seriously will have an impact and influence on the physical and psychic, both on the mother and fetus. Pregnant women who experience anxiety or stress then the heart rate will increase, and she will end the baby prematurely or smaller than other normal babies and even have a miscarriage. One of the most important health service efforts is to improve Maternal and Child Health, one of which concerns the services and maintenance of pregnant women, for example with the Sayang Ibu Movement Program (GSI). This GSI aims to improve the quality of life of women as human resources, especially during pregnancy by planning a healthy and well-planned pregnancy.

Research Method

This research is quantitative research. Researchers used a research design with a cross sectional study method, which aims at Knowledge of Pregnant Women Primigravida and Completeness of ANC Visits With Anxiety Levels of Mothers Facing Childbirth at the Liukang Tupabbiring Health Center Pangkep Regency. Populai in this study are all pregnant women who visited the antenatal room at the Liukang Tupabbiring Health Center Pangkep regency as many as 105 people and sample calculations as many as 59 people using the lameshow formula. The data collected is primary data that is spreading questionnaires /questionnaires. Data processing uses the Chi - Square Test at a 95% meaningful rate ($p < 0.05$) (Agus, 2014)

Research Result

The results of this Univariate analysis are presented in the form of tables and explanations as follows:

Knowledge

Table 1
Frequency Distribution Based on Knowledge of Pregnant Women Primigravida
Third Trimester

Knowledge	Frequency	Percents (%)
Good	32	54,2
Less	27	45,8
Total	59	100,0

Source: Data Primer

Based on table 5.1 showed that of the 59 respondents, the knowledgeable as many as 32 people (54.2%) and the knowledgeable less as many as 27 people (45.8%).

Completeness of ANC Visit

Table 2
Frequency Distribution Based on Completeness of ANC Visits

Completeness of ANC Visit	Frequency	Percents (%)
Yes	37	62,7
No	22	37,3
Total	59	100,0

Source: Primary Data

Based on table 5.2 shows that of the 59 respondents, who have complete ANC visits as many as 37 people (62.7%) and who do not have the completeness of ANC visits as many as 22 people (37.3%).

Anxiety

Table 3
Frequency Distribution about Maternal Anxiety Levels Facing Childbirth

Anxiety Level	Frequency	Percents (%)
Light	44	74,6
So Heavy	15	25,4
Total	59	100,0

Source: Primary Data

Table 5.3 showed that of the 59 responders, 44 had mild anxiety levels (74.5%) and severe anxiety of 15 (25.4%).

The results of this bivariate analysis are presented in the form of tables and explanations as follows:

Bivariate analysis is used to get an idea of whether there is a relationship between independent variables and dependent variables. Testing this research hypothesis

using the Chi-Square test, if it is not eligible for the Chi-Square alternative test. Testing research data using the help of the SPSS program version 16.00 for Windows obtained the following analysis results:

Knowledge Relationship of Pregnant Women Primigravida with Anxiety Levels

Table 4.
Knowledge Relationship of Pregnant Women Primigravida with Anxiety Levels of Pregnant Women Facing Childbirth

Knowledge	Maternal Anxiety Levels Facing Childbirth		Total	P Value
	Light	Heavy		
Good				0.002
Less			26,5	
Total			100,0	

Source: Primary Data

Table 5.4 showed that of the 59 people sampled, who were well-informed as many as 32 people, there were 29 people (49.2%) who experienced mild anxiety and severe anxiety as many as 3 people (5.1%). While the knowledgeable was less than 27 people, there were 15 people (25.4%) who experienced mild anxiety and who experienced severe anxiety as many as 12 people (20.3%).

Based on the results of the chi-square analysis obtained $p = 0.002$ smaller than $\alpha = 0.05$, this means H_0 rejected and H_a accepted. Thus there is a relationship between knowledge and the level of anxiety of mothers facing childbirth.

Relationship of ANC Visit Completeness with Maternal Anxiety Levels

Table 5.
Relationship of ANC Visit Completeness With Anxiety Levels Mother Faces Childbirth

Completeness of ANC Visit	Maternal Anxiety Levels Facing Childbirth		Total	Nilai p
	Light	Heavy		
Complete	55,9			0.001
Incomplete	18,6	18,6	22 37,3	
Total	74,6	25,4	59 100,0	

Source: Primary Data

Table 5.5 showed that of the 59 people sampled, who had completed an ANC visit of 37 people, there were 33 people (55.9%) who experienced mild anxiety, and who experienced severe anxiety as many as 4 people (6.8%). While those who did not have complete an ANC visit as many as 22 people, there were 11 people (18.6%)

who experienced mild anxiety and who experienced severe anxiety as many as 11 people (18.6%).

Based on the results of the chi-square analysis obtained $p = 0.001$ smaller than $\alpha = 0.05$, this means H_0 rejected and H_a accepted. Thus there is a relationship between the completeness of an ANC visit and the level of anxiety of the mother facing childbirth.

Discussion

Knowledge Relationship of Pregnant Women Primigravida Trimester III With Anxiety Levels

Knowledge will determine and influence a person's attitude in the face of childbirth. Knowledge of childbirth has an important role with the relationship of preparing pregnant women in the face of childbirth later. The unpreparedness of pregnant women due to an unknown or lack of information about pregnancy and childbirth, especially for primigravida mothers, can increase anxiety (Astuti. SR, 2011).

The period of pregnancy starts from conception until the birth of the fetus, where the duration of normal pregnancy is 280 days or 40 weeks or 9 months 7 days calculated from the first day of the last menstruation. In pregnant women in the third trimester of psychological changes in the mother seem more kompleks and increased again than the previous trimester and none other than the condition of pregnancy that is getting bigger. If pregnant women do not have good knowledge and good childbirth preparations, the mother will easily experience anxiety (Sarwono, 2012).

Anxiety of pregnant women is a psychological condition or unpleasant feelings that threaten individuals during the womb of 7-9 months, where the object of anxiety is not clear, due to physiological changes such as changes in body shape or the uterus that is getting bigger and the stomach decreases and pressures felt in the stomach that cause instability psychological conditions, such as feeling afraid, Worried, anxious and ignorant of what will happen and what she should do after her child is born (Tarwono, et al., 2014)

Knowledge is the result of a person sensing a certain object. If primigravida mothers do not get information about the condition of their pregnancy this will make primigravida mothers experience anxiety. The results showed that of the 59 people who were used as a sample, who were well-informed as many as 32 people, there were 29 people (49.2%) who experienced mild anxiety and severe anxiety as many as 3 people (5.1%). While the knowledgeable was less than 27 people, there were 15 people (25.4%) who experienced mild anxiety and who experienced severe anxiety as many as 12 people (20.3%). Based on the results of the chi-square analysis obtained $p = 0.002$ smaller than $\alpha = 0.05$, this means H_0 rejected and H_a accepted. Thus there is a relationship between knowledge and the level of anxiety of mothers facing childbirth.

Relationship of ANC Visit Completeness with Maternal Anxiety Levels

Antenatal Care (ANC) ANC is an antenatal service provided to pregnant women. Services are carried out to prepare for childbirth and birth in order to prevent problems that arise during pregnancy. For this reason, the government makes antenatal care service policies visited at least 4 times during pregnancy. Compliance of pregnant women in conducting ANC visits can affect the anxiety level of primigravida mothers in dealing with the labor process (Depkes RI, 2014)

The results showed that of the 59 people who were used as a sample, who had complete ANC visits as many as 37 people, there were 33 people (55.9%) who experienced mild anxiety, and who experienced severe anxiety as many as 4 people (6.8%). While those who did not have complete an ANC visit as many as 22 people, there were 11 people (18.6%) who experienced mild anxiety and who experienced severe anxiety as many as 11 people (18.6%). Based on the results of the chi-square analysis obtained $p = 0.001$ smaller than $\alpha = 0.05$, this means H_0 rejected and H_a accepted. Thus there is a relationship between the completeness of an ANC visit and the level of anxiety of the mother facing childbirth.

Based on research conducted by Tina Ariesta (2014) at the Palangkaraya Health Center, dominant has complete ANC visits but experiences anxiety facing childbirth where obtained a value of $\alpha = 0.017$ which means H_0 was rejected and H_a accepted.

Researchers concluded that at the time of antenatal care (ANC) midwife's visit should be able to build a trusting relationship with pregnant women, midwives must be able to detect problems and deal with them, midwives must be able to take preventive measures such as tetanus nenatorum, iron deficiency anemia, and midwives must explain all preparations for the birth of the baby and readiness to face complications, as well as encourage the mother for nutritional fulfillment, cleanliness and adequate rest. Briefing can be given in the second trimester before entering the third trimester because the mother already feels healthy. The mother's body has become accustomed to her pregnancy and the mother has accepted her pregnancy and began to be able to use her energy and thoughts more constructively so as to reduce anxiety in the face of the process of marriage.

Conclusion

After the author conducts the study, the conclusion can be drawn as follows:

- 1) Based on the results of the chi-square analysis obtained $p = 0.002$ smaller than $\alpha = 0.05$, this means H_0 rejected and H_a accepted. Thus there is a relationship between knowledge and the level of anxiety of mothers facing childbirth.
- 2) Based on the results of the chi-square analysis obtained $p = 0.001$ smaller than $\alpha = 0.05$, this means H_0 rejected and H_a accepted. Thus there is a relationship between the completeness of an ANC visit and the level of anxiety of the mother facing childbirth.

Suggestion

After conducting research and obtaining conclusions, researchers give some suggestions as follows:

- 1) It is expected to improve services and skills in dealing with anxiety in the face of childbirth and midwives can take swift and appropriate action in accordance with their standards and authorities.
- 2) Mothers are expected to go immediately to the midwife or to the health service if there are complaints or signs of danger in pregnancy or signs of childbirth.
- 3) Expected in future research to examine other variables and use other research methods.

Acknowledgments

Our deepest gratitude goes to all those who have contributed both materially and morally in the process of preparing this research, as well as deep gratitude to the almighty God who has given the research team the opportunity in terms of time, cost and compactness that is quite solid in the process of completion.

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