Journal of Physical Activity and Health
Volumes : 2 | Number : 2 | Page. 105-112
Published : 08/31/2024
ISSN: 3032-6257

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Risk Factors for Anxiety in Pregnant Women in the Third Trimester at the Ainon Clinic, Siantar Martoba District, Pematangsiantar City, North Sumatra Province in 2024	**Friskynti Marpaung** e-mail:marpaungf326@gmail.com **Yasrida Nadeak** e-mail:yasrida.nadeak@gmail.com Mitra Husada Health College

Abstract.
Maternal Mortality Rate (MMR) is one of the indicators used to measure the health status of a country. The third target of the Sustainable Development Goals (SDGs) is to emphasize reducing MMR to below 70 per 100,000 live births (Bappenas, 2017). According to data from the World Health Organization (WHO) in 2017, the maternal mortality rate in the world is still quite high, namely 211 per 100,000 live births. This study aims to determine the Risk Factors for Anxiety in Pregnant Women in the Third Trimester at the Ainon Clinic, Siantar Martoba District in 2024. This study uses a cross-sectional research method, the population in this study are pregnant women in the third trimester who undergo ANC at the Ainon Clinic, Siantar Martoba District. The sample in this study was 35 respondents with a purposive sampling technique. The research instrument used a questionnaire. The conclusion of this study is that there are risk factors for anxiety in pregnant women in the third trimester seen from education which has an effect on anxiety, risk factors for anxiety based on the age of pregnant women in the third trimester do not have an effect on anxiety, occupation factors for pregnant women in the third trimester have an effect on anxiety, and pregnancy examination factors have an effect on anxiety in pregnant women.

Keywords: Risk Factors, Anxiety of Pregnant Women

I. INTRODUCTION

Maternal Mortality Rate (MMR) is one of the indicators used to measure the health status of a country. The third target of the Sustainable Development Goals (SDGs) is to emphasize reducing MMR to below 70 per 100,000 live births (Bappenas, 2017). According to data from the World Health Organization (WHO) in 2017, the maternal mortality rate in the world is still quite high, namely 211 per 100,000 live births. Sub-Saharan Africa and South Asia are the countries with the highest MMR rates reaching 86% or as much as

254,000 cases of estimated maternal deaths globally in 2017 (WHO, 2019).

In the Southeast Asia region, the maternal mortality rate in 2017 reached 152 per 100,000 live births, with Indonesia being the country with the third highest maternal mortality rate in the Southeast Asia region after Myanmar and Laos, reaching 177 per 100,000 live births (WHO, 2019). However, based on the 2019 Indonesian health profile, there was a decrease in maternal mortality during the period 1991-2015 from 390 to 305 per 100,000 live births. However, the decrease in maternal mortality did not achieve the 2015 MDGs target of 102 per 100,000 live births (Ministry of Health of the Republic of Indonesia, 2019). The maternal mortality rate occurs due to complications during pregnancy with cases reaching 810 pregnant women dying every day worldwide (WHO, 2017).

The 2020 Indonesian health profile data shows that there were 5,256,483 pregnant women registered in all health service facilities in Indonesia, including North Sumatra Province as the province with the 12th highest number of

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pregnant women coverage reaching 98,000 pregnant women, becoming the region with the largest number of pregnant women reaching 21,000 pregnant women (Ministry of Health of the Republic of Indonesia, 2019; Kepri, 2020).

Herawati, 2016). Psychological changes that often occur in pregnant women in the first trimester of pregnancy usually feel disappointment, rejection, anxiety, and sadness. While in pregnant women in the second trimester, the mother's psychological state will appear calmer and begin to be able to adapt to the conditions she has. While in pregnant women in the third trimester, the mother's psychological changes will be more complex than in the previous trimester due to the increasingly large pregnancy. As the gestational age increases, the most dominant psychological change felt by pregnant women is anxiety which will continue to be felt until the time of delivery (Elvina, ZA and Rosdiana, 2018).

Anxiety in pregnant women is a picture of feelings or emotional states experienced by a pregnant woman when facing reality or events in her life as a prospective or a mother. This anxiety can mean an unpleasant emotional reaction marked by fear, prospective or a mother. This anxiety can mean an unpleasant emotional reaction marked by fear, Anxiety felt by a mother during pregnancy until delivery is related to anxiety in herself and the fetus in her womb which is influenced by various factors (Mardhiyah, 2020). According to Kaplan and Sadock, factors that influence anxiety are divided into two, including internal factors (gender, age, education level, and experience in care) and external (medical conditions/health status, access to information/knowledge, therapeutic communication, environment, health facilities) (Sadock and Sadock, 2015). Meanwhile, in a study conducted by Mardhiyah (2020), factors that can influence anxiety in pregnant women in facing childbirth come from age, physical condition, socio-culture, level of education, level of knowledge, past experiences, and irrational thoughts can also be factors that can influence anxiety. Other determinants that influence anxiety in mothers in labor are anxiety as a result of labor pain, the mother's physical condition, history of pregnancy examinations (ANC history), lack of knowledge about the labor process, support from the social environment (husband/family and friends) and other psychosocial and economic backgrounds of the pregnant woman concerned (Ria, Sidabukke and Siregar, 2020)

II. LITERATURE REVIEW

Anxiety

Definition of Anxiety

Anxiety in English is known as anxiety which comes from Latin, namely angustus which means stiff, and ango, anci which means to strangle. According to Steven Schwartz, anxiety means something similar to fear which is marked by concerns about unexpected dangers in the future but without a less specific focus, while fear comes from a response to a direct threat (Annisa and Ifdil, 2016).

Anxiety is a response to the occurrence of certain conditions that can be threatening and include something normal that can occur accompanied by development or change, new experiences, and in finding self-identity (Sadock and Sadock, 2015). Anxiety becomes a signal that warns or makes someone aware of the danger that can threaten and allows someone to take action to overcome the threat (Harlina and Aiyub, 2018).

Anxiety is characterized by feelings of fear, such as fear of facing uncertainty in the future, feelings of worry, emotional attitudes in the form of feelings of restlessness, restlessness, excessive movements, feelings of psychological restlessness, and unbalanced conditions due to psychological pressure such as demands for immediate gratification which physiologically is a stress reaction or changes that occur in a person as a result of the influence of stress (Esthini, 2016).

Epidemiology

The results of the Institute for Health Metrics and Evaluation (IHME) calculation in 2017 regarding the burden of disease in Indonesia showed that there are several types of

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mental disorders that are estimated to be experienced by the majority of the Indonesian population, namely depression, anxiety disorders and panic disorders, schizophrenia, bipolar, behavioral disorders, autism, eating disorders, and intellectual disabilities (IHME, 2017). Meanwhile, according to the results of the 2018 Riskesdas report, depression and anxiety disorders can occur in all age groups, especially those aged 15-24 years with a prevalence reaching 6.2% and increasing with age (Ministry of Health of the Republic of Indonesia, 2018)

Anxiety disorders are one of the most common psychiatric disorders or mental disorders. The results of the National Comorbidity Study report show that one in four people meet the diagnostic criteria for one anxiety disorder. In addition, this anxiety disorder is often found in women (30.5%) than men (19.2%) (Sadock and Sadock, 2015). Anxiety and depression disorders are most often found in developing countries with a percentage of more than 20% than in developed countries with a percentage of around 7-20% (Biaggi et al., 2016).

III. RESEARCH METHODS

Types and Design of Research

This research is a quantitative research with an observational analytical research design through a cross-sectional approach, namely research that emphasizes the time of measurement or observation of dependent and independent variables at a certain time.

Location and Time of Research

Research Location

This research was conducted at the Ainon Clinic, Siantar Martoba District. The reason for choosing this location was because cases of anxiety were found in pregnant women.

Research Time

This research was conducted in April-June 2024.

Population and Sample

Population

Population is a generalization area consisting of objects and subjects that have certain quantities and characteristics determined by researchers to be studied and then conclusions drawn. The population in this study were pregnant women in the third trimester who underwent ANC at the Ainon Clinic, Siantar Martoba District in January-March 2024, totaling 35 people.

Sample

A sample is a portion or representative of the population being studied. The sample in this study was the entire population used as a sample (total sampling) totaling 35 people.

Method of collecting data

The data to be collected in this research consists of 2 (two) types, namely primary data and secondary data.

Primary Data

Primary data in this study consisted of: age, gravida, age, number of children, education, history of pregnancy examinations, previous pregnancy complications, which were obtained through interviews using questionnaires.

Secondary Data

Secondary data collection was carried out by taking data from documents or records obtained from the Ainon Clinic which carried out ANC.

IV. RESEARCH RESULTS AND DISCUSSION

Univariate Analysis

Table 4.1 Frequency Distribution of Respondent Characteristics Based on Third Trimester Pregnant Women at the Ainon Clinic, Siantar Martoba District in 2024

No	Characteristics	Frequency	Percentage
1	**Age**		
	<20 years or >35 years	4	11.4
	20-35 years.	31	88.6
	Total	35	100
2	**Pregnancy**		
	Primigravida	16	45.7

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	Multigravida	19	54.3
	Total	35	100
3	**Education**		
	High School/Vocational School	26	74.3
	Diploma/S1	9	25.7
	Total	35	100
4	**Work**		
	Mother Doesn't Work	30	85.7
	Working Mother	5	14.3
	Total	35	100
5	**Pregnancy Checkup**		
	1-3 times	24	68.8
	4-6 times	11	31.4
	Total	35	100
6	**Anxiety Level**		
	High anxiety	28	80
	Low anxiety	7	20
	Total	35	100

The results of the study conducted on 35 respondents obtained the characteristics of pregnant women in the third trimester who experienced anxiety, namely the age of the most is 20-35 years as many as 35 respondents (88.6%), the most gravida is multigravida as many as 19 respondents (54.3%), the most education of pregnant women in the third trimester is high school as many as 26 people (74.3%), the most occupation is mothers who do not work as many as 30 respondents (85.7%), pregnant women in the third trimester who check their pregnancy the most 1-3 times as many as 24 respondents (68.8%) and pregnant women in the third trimester who experience high anxiety the most as many as 28 respondents (80%).

Risk factors for anxiety based on statistical tests using SPSS showed that the age of pregnant women in their third trimester did not affect anxiety, as evidenced by the p-value = 0.288, which is greater than 0.05.

Risk factors for anxiety in pregnant women in the third trimester seen from education have an effect on anxiety, as evidenced by the results of statistical tests obtained a P-value = 0.002, which is smaller than 0.05.

In terms of the work factor of pregnant women in the third trimester, it has an effect on anxiety. This is proven by the results of statistical tests which obtained a p-value of 0.016, where this value is less than 0.05.

The gravida factor of pregnant women in the third trimester has an effect on anxiety. This is proven by the results of statistical tests which obtained a p-value of 0.007, which is smaller than 0.05.

In terms of pregnancy examination factors that influence anxiety, this is proven by the statistical test p-value = 0.011 where this value is smaller than 0.05.

Discussion

Anxiety of Pregnant Women in TM III Based on Age Factor at Ainon Clinic, Siantar Martoba District in 2024

Maternal age is one of the factors of anxiety levels in pregnant women. Table 4.2 shows that pregnant women in the third trimester at the Ainon Clinic, Siantar Martoba District in 2024 with a low-risk age experienced at the age of 20-35 years are more dominant in experiencing low levels of anxiety as many as 24 respondents (77.4%). The results of the Chi-Square test obtained a p value = 0.288 where the p value> 0.05 which means there is no significant relationship between age and anxiety of pregnant women in the third trimester at the Ainon Clinic, Siantar Martoba District.

However, the results of this study are not in line with the study conducted by Rahmita (2017) namely in the young age group (age less than 20 years), respondents who had severe anxiety levels were 5 respondents (13.5%), and moderate anxiety levels were 2 responses (5.4%). In the middle age group (age 20-35 years), respondents who had mild anxiety levels were 11 respondents (29.7%), moderate anxiety levels were 9 respondents (24.3%) and no anxiety were 9 respondents (24.3%).

Age is one of the risk factors for anxiety because it can affect a person's psychology, the higher the age, the better the level of emotional

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maturity and the ability to deal with various problems. Most women aged 20-35 years are physically ready to undergo pregnancy because their reproductive organs have been fully formed. Pregnant women who are old enough also have a mentality that is ready to maintain their pregnancy carefully. Meanwhile, pregnant women who are under 20 years old have feelings of anxiety and fear because their physical condition is not ready, while pregnant women who are over 35 years old are at higher risk of experiencing obstetric complications and morbidity, as well as perinatal mortality (Rahmita, 2017). According to Hidayat (2018) at the ideal age (20-35 years) there is subjective maturity that affects the health status of the mother. Cognitive and affective maturity become two perfect combinations to create coping or vary to overcome stressors. Ideally, mothers aged 20-35 years can easily cope with stressors because of their natural potential (effective coping)

Anxiety of Pregnant Women in TM III Based on Education Factors at Ainon Clinic, Siantar Martoba District in 2024

In table 4.2, it can be seen that the level of anxiety based on the last education of pregnant women in the third trimester at the Ainon Clinic consists of high-risk groups (SD/MI equivalent, SMP/MTs equivalent, and SMA/SMK/MA equivalent) who are more dominant in experiencing high levels of anxiety as many as 31 respondents (27.9%). However, the results of the Chi-Square test obtained a p value = 0.002, where the p value <0.05, which means that there is a significant relationship between the last education and anxiety of pregnant women in the third trimester at the Ainon Clinic.

Ainon, Siantar Martoba District.

This study is not in line with the study of Zamriati et al., (2018) related to the relationship between education level and anxiety of pregnant women based on the results of the 95% Chi-Square test (α 0.05) which showed no relationship between education level and anxiety of pregnant women. Education is a basic human need that is very much needed for self-development and increasing one's intellectual maturity. The higher a person's education, the better their knowledge and the more mature their intellectuality. They tend to pay more attention to their health and that of their family. The higher a person's education, the greater the opportunity to seek treatment from the best health services. This can have an impact on the stress and anxiety experienced by pregnant women in thinking about it.

According to Saskia (2021), knowledge is not absolutely obtained in formal education, but can also be obtained in non-formal education. A person's higher education can be obtained through information from other people or the mass media. The more information that comes in, the more knowledge is obtained about health.

However, this study is in line with Rahmita's (2017) study which showed that pregnant women in the third trimester who had completed elementary school/equivalent education had moderate to severe anxiety levels of 5.4%, while those with completed high school/equivalent education had more mild anxiety levels of 24.3%, and in primigravida pregnant women in the third trimester who had completed a bachelor's degree/more, most did not have anxiety at 24.3%.

In addition, this study is related to research conducted by Maki et al., (2018) namely almost all respondents had a high school education with a total of 23 people (71%) There were 10 people (31.3%) with moderate anxiety and 5 people (15.6%) with severe anxiety. Education can also affect the perception of pregnant women, the way of thinking in managing information and making decisions. Anxiety in pregnant women is influenced by the knowledge factor of pregnant women about their pregnancy. The higher the education of pregnant women, the higher the level of knowledge. Pregnant women who are highly educated have more knowledge about pregnancy, allowing them to anticipate themselves in dealing with anxiety. Meanwhile,

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low education causes anxiety due to lack of information (Rahmita, 2017).

V. CONCLUSIONS AND RECOMMENDATIONS

Conclusion

After conducting a study on the Risk Factors for Anxiety in Pregnant Women in the Third Trimester at the Ainon Clinic, Siantar Martoba District, 2024, the following conclusions can be drawn:

1. Risk factors for anxiety based on the age of pregnant women in the third trimester do not affect anxiety, as evidenced by the p-value = 0.288.
2. Risk factors for anxiety in pregnant women in the third trimester seen from education have an effect on anxiety, as evidenced by the results of statistical tests obtained a P-value = 0.002.
3. The occupational factor of pregnant women in the third trimester has an effect on anxiety. This is proven by the results of statistical tests which obtained a p-value of 0.016.
4. The gravida factor of pregnant women in the third trimester has an effect on anxiety. This is proven by the results of statistical tests which obtained a p-value of 0.007.
5. Pregnancy examination factors influence anxiety, this is proven by the statistical test p-value = 0.011.

Suggestion

1. It is necessary to provide education through counseling about anxiety in pregnant women, the impact of anxiety and how to prevent it.
2. It is recommended that pregnant women continue to make prenatal visits and follow the instructions given by health workers.

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