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**Factors Controlling Anxiety in Primigravida Mothers Working in Perak Timur  
Surabaya**

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**ABSTRACT**

**Background:** The first pregnancy (primigravida) is a phase full of psychological challenges, especially for working mothers. Anxiety that is not managed correctly can have an impact on the condition of the mother and fetus. An appropriate anxiety control strategy is needed, both pharmacologically and non-pharmacologically. **Object:** This study aims to find out the factors that affect anxiety control in primigravida mothers who work in the East Perak Health Center area of Surabaya. **Method:** This study uses a quantitative descriptive design with a cross-sectional approach. The population of this study consisted of all working primigravida mothers, with a total sample size of 28 individuals. Using the variables of anxiety control factors of primigravida mothers. Data collection was conducted through questionnaires distributed to primigravida mothers working in the East Perak Health Center area in Surabaya. **Results:** The results showed that the anxiety control factor with pharmacological methods was 1 (3.57%). Anxiety control used nonpharmacological methods as many as 27 (96.43%), with reasonable control as many as 15 (50.00%), and poor control as many as 13 (46.43%). Anxiety management strategies are more focused on nonpharmacological approaches. Social support from family and work environments has been shown to make a significant contribution to lowering anxiety levels. **Conclusion:** Continuous education and health promotion are needed regarding anxiety control techniques that are easy to apply in the work and home environment, so that pregnant women can be more aware of the importance of mental health during pregnancy.

**Keywords:** Anxiety, Working Pregnant Women, Primigravida Nonpharmaco Logical, Social Support

**BACKGROUND**

Pregnant women who work are generally more anxious compared to those who do not work. They feel anxious because they have to maintain a balance between work demands and their role as expectant mothers. The first anxiety arises from first-time pregnancy (primigravida). First pregnancies trigger various changes during pregnancy, both physically and psychologically. Physiological changes, such as changes in body posture and other alterations, affect the psychosocial condition of the mother. Conflicting

feelings, mood instability, emotional disturbances, and anxiety arise as a response to adjusting to physiological changes. Psychosocial issues such as anxiety, stress, and depression are common problems experienced by mothers during pregnancy and after childbirth (Bjelica, 2018). The second anxiety is related to uncertainty about the impact of pregnancy on career continuity (Dwijayanti, 2001).

A study in France revealed that 7.9% of primigravida mothers experienced

anxiety, 11.8% experienced depression, and 13.2% experienced both anxiety and depression during pregnancy (Hasim, 2019). In Indonesia, the prevalence of anxiety among primigravida mothers showed that 33.3% experienced mild anxiety and 6.7% moderate anxiety. Among multigravida mothers, the prevalence of mild anxiety reached 26.7%, with no cases of moderate anxiety found (Mandagi et al., 2013). Another study found that anxiety among pregnant women consisted of 43.3% mild, 43.3% moderate, and 13.4% severe levels (Trisiani & Hikmawati, 2016). In East Java, research by Dorsinta Siallagan (2018) showed that 87% of primigravida mothers experienced mild anxiety, and 13% experienced moderate anxiety. A study conducted at Mojo Public Health Center, Surabaya, revealed that among 29 primigravida mothers, 36.9% experienced mild anxiety, 32.3% moderate anxiety, and 30.8% severe anxiety (Lorenzha et al., 2022).

Maternal anxiety can be harmful to both the mother and the fetus if not addressed promptly. For mothers, it can trigger uterine activity that may lead to miscarriage and depression. Anxiety also increases blood pressure, which can lead to preeclampsia (Puspitasari & Wahyuntari, 2020). The purpose of this study was to

determine the anxiety control factors used by primigravida mothers, which include pharmacological methods (use of safe medications during pregnancy) and non-pharmacological methods.

## RESEARCH METHODS

This study employed a quantitative descriptive design with a cross-sectional approach. The study population consisted of all primigravida mothers who work in the working area of the East Perak Public Health Center, Surabaya, with a total of 28 respondents who met the inclusion criteria—mothers experiencing their first pregnancy and actively employed. The sampling technique used was purposive sampling. The research variable was the anxiety control factors among working primigravida mothers.

Data were collected using a questionnaire consisting of 10 questions, with a scoring system of 1 point for correct answers and 0 points for incorrect answers. The collected data were processed through the stages of editing, coding, scoring, and tabulating. The ethical aspects of this study included informed consent, anonymity, and confidentiality.

## RESULT AND DISCUSSION

**Table 1.**

Frequency Distribution of Anxiety Control Factors Through Pharmacological and Non-Pharmacological Methods in Perak Timur Surabaya, February 2025.

No	Anxiety control factors	Good Control 50-100%		Poor Control 0-40%		Total	
		Frequency	Percentage (%)	Frequency	Percentage (%)	Frequency	Percentage (%)
1	Pharmacological Method	1	3,57	0	0	1	3,57
2	Non Pharmacological Method	14	50,00	13	46,43	27	96,43

Based on Table 1 the results of this study show the anxiety control among

working primigravida mothers. The use of pharmacological methods was recorded in

1 respondent (3.57%) with good control. Meanwhile, the use of non-pharmacological methods was found in 27 respondents (96.43%).

**Table 2.**

Frequency Distribution of Anxiety Control Factors Through Non-Pharmacological Methods in in Perak Timur Surabaya

No	Anxiety control factors	Good Control		Poor Control		Total
		50-100%		0-40%		
Non Pharmacological Method		Frequency	Percentage (%)	Frequency	Percentage (%)	Frequency
1	Relaxation	10	76,92	3	23,08	13
2	Distraction	12	70,59	5	29,41	17
3	Mental Activity	11	84,62	2	15,38	13
4	Self-Appreciation	9	64,29	5	35,71	14
5	Hypnobirthing	10	100	0	0	10
6	Others (Family and Workplace Support)	14	60,87	9	39,13	23

Based on Table 2, the results of this study show that the non-pharmacological methods consisted of several techniques. The use of relaxation techniques showed good control in 10 respondents (76.92%) and poor control in 3 respondents (23.08%). The distraction technique showed good control in 12 respondents (70.59%) and poor control in 5 respondents (29.41%). The mental activity technique showed good control in 11 respondents (84.62%) and poor control in 2 respondents (15.38%). The self-appreciation technique showed good control in 9 respondents (64.29%) and poor control in 5 respondents (35.71%). The hypnobirthing technique showed good control in 10 respondents (100%) with no respondents showing poor control. Other factors, such as family and workplace support, involved the highest number of respondents

(n=23), with 14 respondents (60.87%) showing good control and 9 respondents (39.13%) showing poor control.

### Discussion

The study revealed that anxiety control among working primigravida women was achieved through both pharmacological and non-pharmacological methods. Pharmacological methods were used the least, with only one respondent (100%) demonstrating good anxiety control. The limited use of this method is related to concerns about potential side effects of medications on the fetus. Consequently, non-pharmacological approaches such as counseling, relaxation, and cognitive behavioral therapy are more commonly chosen, as they are safer, more acceptable, and effective—especially for mild to moderate anxiety (Yonkers et al., 2009).

Non-pharmacological methods were used by 96.43% of respondents. Among these, the relaxation technique

showed good anxiety control in 76.92% of respondents. Although simple and easy to apply, its effectiveness may be limited as certain forms of relaxation are already part of daily routines. Nevertheless, relaxation has been shown to reduce cortisol levels in pregnant women, improving sleep quality and mental readiness for childbirth. It is cost-effective, can be performed independently, and may be guided by healthcare professionals (Septianingrum, 2015).

The distraction technique demonstrated good control in 70.59% of respondents. This method involves diverting focus from sources of anxiety toward pleasant or calming activities, such as listening to music, watching movies, reading, drawing, or casual conversations. For working pregnant women, distraction provides a practical, short-term relief from anxiety without interfering with primary work activities. It effectively reduces negative thoughts and allows the body and mind to relax (Amini, 2018).

Mental activities showed good anxiety control in 84.62% of respondents. This method includes reading, light exercise, and maintaining a healthy diet to redirect attention from excessive worry and promote calmness. These activities can be performed at home or at work, making them suitable for women with limited time. Positive mental stimulation helps balance emotions, enhance self-control, and prepare psychologically for pregnancy. Light physical activities such as yoga, swimming, or walking stimulate serotonin and endorphin production, which improve mood and reduce anxiety (Alodokter, 2024).

Self-appreciation demonstrated good control in 64.29% of respondents. This strategy, though often overlooked by working pregnant women, is essential for mental well-being. It includes taking time to rest, enjoy leisure, or engage in pleasurable activities such as hobbies or vacations. Self-appreciation is positively correlated with self-acceptance, life

satisfaction, happiness, and optimism, serving as an effective coping strategy to reduce anxiety—particularly among women with dual roles and work-related stress (Neff et al., 2005). Educational interventions are needed to raise awareness of the importance of self-appreciation for maternal mental health.

The hypnobirthing technique showed good anxiety control among all respondents (100%). Despite its effectiveness, this technique is rarely practiced by working mothers due to time constraints, limited access to information, and perceptions that special training is required. Hypnobirthing is a natural method that instills positive suggestions into the subconscious mind through affirmations, shifting brain waves from beta to alpha states to induce relaxation. This condition triggers the release of beta-endorphins, which act as natural analgesics, improving mood, enhancing pain tolerance, and reducing anxiety before and during labor (Mongan, 2007; Nursalam et al., 2017).

Family and workplace support yielded the highest response rate with 23 participants, consisting of 14 (60.87%) demonstrating good control and 9 (39.13%) with poor control. This finding underscores the critical role of social support in maintaining the emotional stability of pregnant women. Family support provides security, boosts confidence, and enhances readiness for childbirth, while a supportive work environment helps alleviate stress and workload. Lack of such support increases anxiety risk. Social support—informational, emotional, and appraisal-based—has been proven effective in reducing anxiety during pregnancy (Dinopawe et al., 2021; Maharani, 2014).

## CONCLUSION

Based on the results of this study on anxiety control factors among working primigravida mothers in the working area of Perak Timur Public Health Center,

Surabaya, it can be concluded that anxiety control using pharmacological methods showed good results but was minimally applied, with only one respondent using this approach. Non-pharmacological methods, particularly family and workplace support, were found to have a significant influence in helping pregnant mothers cope with emotional pressure during pregnancy

### CONFLICT OF INTEREST

In research, conflicts of interest can arise financially, personally/professionally, or institutionally. Financial conflicts occur if the researcher receives support from a party with specific interests, such as a health consultancy company or clinic seeking to influence the results. Personal/professional conflicts occur if the researcher has a personal relationship with the respondents, for example friends or family, which may bias the data or findings. Institutional conflicts occur if the public health center or the researcher's workplace exerts pressure to obtain certain results.

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