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**The Relationship Between Parity and Anxiety Levels in Third Trimester Pregnant Women**

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**ABSTRACT**

**Background:** Anxiety is a state of feeling in which an individual feels weak and therefore is not brave or able to act and behave rationally as they should. Untreated anxiety disorders during pregnancy and the postpartum period can pose significant risks to the unborn fetus and impair the mother's ability to properly care for her newborn child. **Object:** To determine the relationship between parity and anxiety levels in pregnant women in the third trimester at TPMB Affa Fahmi Surabaya. **Method** This research is a quantitative study using an analytical research method with a cross-sectional study approach. The sample size of 30 pregnant women. The sampling technique used pnon-probability sampling with the type of total sampling. The research instrument used was a questionnaire on anxiety employing the Zung Self-Rating Anxiety Scale (ZSAS). The data analysis technique in this study was univariate and bivariate analysis using SPSS with the chi-square test. **Results:** Almost all (82.3%) third-trimester primigravida pregnant women experienced mild anxiety, and the majority (75%) of third-trimester multigravida pregnant women did not experience anxiety. The Chi-Square test result shows a P-value of 0.001, which is less than 0.005, so H<sub>0</sub> is rejected and H<sub>1</sub> is accepted, indicating that there is a relationship between parity and the level of anxiety in third-trimester pregnant women at TPMB Affa Fahmi. **Conclusion:** There is a Relationship Between Parity and Anxiety Levels in Third Trimester Pregnant Women at TPMB Affa Fahmi Surabaya.

**Keywords:** Parity, Anxiety, Third Trimester Pregnant

**BACKGROUND**

The pregnancy period is defined as the period of union between the sperm and the ovum, followed by nidation or implantation. A normal pregnancy will last for 40 weeks, or 10 lunar months, or 9 months according to the International calendar (1). Anxiety is a manifestation of negative emotional states that generate concern about maternal changes during pregnancy, fetal development, the upcoming birth process, issues in preparing the mother's psychological state, and much more. These problems often have adverse effects on both the mother and the fetus, with long-term impacts on the child's growth and development (2).

Untreated anxiety disorders during pregnancy and the postpartum period can pose significant risks to the unborn fetus and impair the mother's ability to properly care for her newborn. Anxiety disorder symptoms often resemble those found in pregnancy, so careful screening for anxiety disorders in pregnant women is very important (3).

According to the Indonesian Ministry of Health in Suhada (2019), the incidence of anxiety among pregnant women in Indonesia reached 373,000,000. Of these, 107,000,000 or 28.7% experienced anxiety during late pregnancy approaching the delivery process.

Psychological data of pregnant women by Regency/City in East Java in 2021 showed that 107,000,000 people (28.7%) experienced anxiety during pregnancy. The total population of pregnant women in East Java is 679,765, with 355,873 individuals (52.3%) experiencing anxiety about childbirth (5). Anxiety is a state of feeling in which an individual feels weak and thus is unable or unwilling to act and behave rationally as they should (6). There are two factors that influence anxiety in pregnant women: internal factors and external factors. Internal factors consist of beliefs about childbirth and feelings before childbirth. External factors include information and medical personnel as well as support from the husband (7).

According to Manuaba (2020), parity affecting the occurrence of anxiety can be linked to psychological aspects. This is more likely to occur in primiparous mothers who have no prior experience or notion of what will happen during labor. Furthermore, research conducted by Gary et al. (2020) found that there is a relationship between parity and the anxiety experienced by pregnant women in the third trimester as they approach the labor process. In the third trimester, most expectant mothers often daydream or have dreams about negative things happening to their baby during childbirth. These fantasies include mispositioning of the baby, an inability to give birth, or even the baby being born with a disability. Expectant mothers tend to feel very dependent on their partners.

The role of midwives is very important in addressing anxiety issues. The emotional support provided by a midwife becomes crucial for pregnant women to prepare themselves physically and mentally for the natural process of pregnancy and childbirth, thereby preventing excessive anxiety (11). Based on the theory described above, the researcher is interested in conducting a study entitled "The Relationship Between Parity and Anxiety Levels of Third-

Trimester Pregnant Women at TPMB Affa Fahmi Surabaya".

## **RESEARCH METHODS**

### **Description of Materials or Research Subjects**

This research is a quantitative study using an analytical research method with a cross-sectional study approach. The sample size of 30 pregnant women. The sampling technique used non-probability sampling with the type of total sampling. The data analysis technique in this study was univariate and bivariate analysis using SPSS with the chi-square test.

### **Research Design**

This study uses an analytical research method with a cross-sectional study approach, which is a study that examines the dynamics of correlations between risk factors and effects, through observation or data collection at a single point in time (point time approach) (26). The design of this research is a type of study with a quantitative approach, as this study will examine the relationship between parity and the anxiety level of pregnant mothers in the third trimester.

### **Research Procedure**

Editing The results of interviews or questionnaires obtained or collected through questionnaires need to be edited first. If it turns out there is still incomplete data or information and it is impossible to conduct a follow-up interview, then the questionnaire should be discarded. b. Coding sheet (creating a code sheet or code card). A code sheet or code card is an instrument in the form of columns used to manually record data. The sheet or card contains respondent numbers and question numbers. c. Data entry Entering data, which means filling in the columns or boxes of the code sheet or card according to the answers for each question. d. Tabulation Tabulation means creating data tables in accordance with the research

objectives or as desired by the researcher (Notoatmodjo, 2014).

### Instruments and Equipment

The research instrument used was a questionnaire on anxiety employing the Zung Self-Rating Anxiety Scale (ZSAS). The Zung Self-Rating Anxiety Scale (ZSAS) is used to measure anxiety in adult patients and was designed by William WK Zung. It was developed based on anxiety symptoms in the DSM-II (Diagnostic and Statistical Manual of Mental Disorders). The Zung Self-Rating Anxiety Scale (ZSAS) consists of 20 statements characterized by anxiety, including 5 favorable statements and 15 unfavorable statements.

### Data Collection Methods

1. Data collection begins by determining the sample using the Total Sampling technique, so it must meet the inclusion criteria established by the researcher. There are 30 respondents in total.
2. Potential respondents are contacted and asked if they are willing to participate, and the purpose, objectives, and procedure of the study are explained to them.
3. Respondents who agree are then asked to sign the informed consent form.
4. The researcher also creates a list of respondent numbers.
5. The researcher measures anxiety factors in third-trimester pregnant women and parity according to the

questionnaire that has been printed on paper by asking the respondents and marking according to their answers.

6. The responses from all respondents, once collected according to the sample size, are reviewed by the researcher and then processed using SPSS.

### Data Analysis

Univariate analysis aims to explain or describe the characteristics of each research variable. Generally, this analysis results in the frequency distribution and percentage of each variable.

Bivariate analysis in this study uses SPSS with the Chi-square test, because both the independent and dependent variables are categorical variables. The significance threshold used is 0.05. Statistical decision-making is carried out by comparing the p-value (p) with the  $\alpha$  value (0.05).

### Research Ethics

In conducting research, researchers need to obtain recommendations from institutions by applying for permission from the relevant agencies or organizations where the research will take place. Once approval is obtained, the research activities begin, with an emphasis on ethical issues.

### RESULT AND DISCUSSION

In general research data, it was found that most pregnant women in the third trimester (92%) were aged 20-35 years, and the majority (68%) had a higher education level.

**Table 1.**

Frequency Distribution and Parity Percentage

| Parity       | Frequency (n) | Presentase (%) |
|--------------|---------------|----------------|
| Primigravida | 22            | 68.0           |
| Multigravida | 8             | 32.0           |
| <b>Total</b> | <b>30</b>     | <b>100.0</b>   |

That table shows the frequency distribution and parity percentage (first pregnancy and multiple pregnancies) among pregnant women in the third trimester at TPMB Affa Fahmi, it was

found that the majority (68%) of third-trimester pregnant women at TPMB Affa Fahmi are primigravida.

**Table 2.**

Frequency Distribution of Anxiety Levels Among Third-Trimester Pregnant Women at TPMB Affa Fahmi

| Anxiety Level  | Frequency (n) | Presentase (%) |
|----------------|---------------|----------------|
| Normal         | 7             | 28.0           |
| Low anxiety    | 2             | 64.0           |
| Middle anxiety | 1             | 8.0            |
| <b>Total</b>   | <b>3</b>      | <b>100</b>     |

The table displaying the frequency distribution of anxiety levels among third-trimester pregnant women at TPMB Affa Fahmi, it was found that the majority

(64%) of third-trimester pregnant women at TPMB Affa Fahmi experienced mild anxiety.

**Table 3.**

relationship between parity and the level of anxiety in third-trimester pregnant women at TPMB Affa Fahmi

| Parity       | Anxiety Level |           |             |           |                |          | Total     | p-Value    |       |
|--------------|---------------|-----------|-------------|-----------|----------------|----------|-----------|------------|-------|
|              | Normal        |           | Low anxiety |           | Middle anxiety |          |           |            |       |
|              | F             | %         | F           | %         | F              | %        |           |            |       |
| Primigravida | 1             | 5.8       | 19          | 82.3      | 2              | 11.7     | 22        | 100        | 0.001 |
| Multigravida | 6             | 75        | 2           | 25        | 0              | 0        | 8         | 100        |       |
| <b>Total</b> | <b>7</b>      | <b>28</b> | <b>21</b>   | <b>64</b> | <b>2</b>       | <b>8</b> | <b>30</b> | <b>100</b> |       |

It was found that almost all (82.3%) third-trimester primigravida pregnant women experienced mild anxiety, and most (75%) third-trimester multigravida pregnant women did not experience anxiety. The Chi-Square test result showed a P-value of 0.001, which is less than 0.005, so H0 is rejected and H1 is accepted, indicating a relationship between parity and the level of anxiety in third-trimester pregnant women at TPMB Affa Fahmi.

## Discussion

### Third Trimester Maternal Parity

The research findings revealed that the majority (68%) of pregnant women in their third trimester at TPMB Affa Fahmi were primigravida. Parity refers to a woman's condition concerning the number of children she has given birth to. Second and third parity children are considered the safest in terms of maternal mortality. High parity, more than 3, is associated with a

higher maternal mortality rate. Therefore, first-time mothers and those with more than three children should have frequent prenatal check-ups to reduce the risk of maternal mortality. This research is in line with the study by Rinata & Andayani (2018), which showed that the majority of pregnant women were multigravida, while the rest were primigravida. A woman's parity can affect her psychological health during pregnancy, especially for those in the third trimester who are preparing for the childbirth process. According to researchers, parity has a very significant effect on a person's acceptance; the more experience a mother has, the easier it will be to accept knowledge. What someone experiences will add to the knowledge they acquire. Experience as a source of knowledge becomes a way to obtain true knowledge by revisiting the knowledge gained to solve problems faced in the past.

### **Anxiety Level In Woman Third Trimester Maternal**

The results of the research conducted indicate that the majority (64%) of pregnant women in their third trimester at TPMB Affa Fahmi experienced mild anxiety. Anxiety is a vague feeling of unease caused by discomfort or fear, accompanied by a response (with a cause that is not specific or unknown to the individual). Mild anxiety is characterized by slight tension, heightened perception, and readiness to act (Azizah, et al., 2016). Mild anxiety is related to daily life tension; this anxiety makes individuals more alert and enhances their perceptual field (34).

According to the researcher's assumption, pregnant women in the third trimester are more likely to experience anxiety even if they have different levels of anxiety. This is because the risks of childbirth include labor being longer and more painful, or even stopping, the baby being born prematurely, and maternal mortality. Additionally, there is a possibility of miscarriage at a young gestational age.

### **The Relationship Between Parity and Anxiety in Third Trimester Pregnant Women**

Research results show that almost all (82.3%) pregnant women in the third trimester who are primigravida experience mild anxiety, and the majority (75%) of third-trimester multigravida pregnant women do not experience anxiety. Anxiety in the third trimester arises due to the upcoming childbirth process, which represents the actualization of a skeptical attitude toward the desired health condition and is not based on sufficient understanding. Childbirth can be considered a real threat in the form of fear of danger coming from both inside and outside the mother. Excessive fear of pain, death, and destructive responsibility toward the family is something that always occurs in mothers when facing childbirth.

In Heriani's research (2016), it was shown that there is a significant relationship between maternal parity and the level of anxiety in facing the pre-labor period. Anxiety can occur because a woman's first pregnancy is one of the crisis periods in her life. One of the anxieties mothers face regarding childbirth is the fear of pain, especially for prospective mothers who have never given birth before. For first-time deliveries, the emergence of this anxiety is very normal because everything is a new experience. According to researchers, anxiety levels are related to third-trimester pregnancy parity, because respondents experiencing mild anxiety are more likely to be multigravida mothers, while respondents experiencing severe anxiety are more likely to be primigravida mothers. Therefore, the higher the mother's parity, the lower the risk of experiencing anxiety.

Anxiety in pregnant women often arises before labor, but previous birth experiences can provide education, making mothers feel less anxious about faced with childbirth. For primigravida respondents, they will experience higher anxiety because they consider the

upcoming labor as their first experience, making them feel restless and fearful about giving birth.

## CONCLUSION

Most (68%) of third-trimester pregnant women at TPMB Affa Fahmi are primigravida. Most (64%) of third-trimester pregnant women at TPMB Affa Fahmi experience mild anxiety. There is a relationship between parity and the anxiety level of third-trimester pregnant women at TPMB Affa Fahmi Surabaya.

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