

THE RELATED FACTORS OF ANXIETY OF FIRST STAGE CHILDBIRTH AT GRIYA HUSADA CLINIC

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ABSTRACT

According to Riskesdas data in 2018, the incidence of anxiety in pregnant women in Indonesia reached 373 million. As many as 61.3% of them experienced high anxiety pregnant women before delivery. Mothers who suffer from anxiety during the first stage of labor will experience an increase in the release of stress hormones, causing disruption of blood flow in the uterus and resulting in weak uterine muscle contractions. This incident causes the length of the labor process (long parturition), the risk of sectio caesaria, and delivery with tools. Risk to the baby can cause fetal distress (*fetal distress*) . Purpose: To know factors related to the anxiety of the first stage of labor in mothers who will give birth at the Griya Husada Clinic. This research is a quantitative analytic with a *cross sectional design* . The sample in this study mothers who will give birth at the Griya Husada Clinic amounted to 40 respondents with the technique of *purposive sampling* .

The research instrument uses questionnaire has tested validity and reliability. Data primary analyzed using test *squares* . Of the 40 respondents ' mothers, 23.5% experienced high anxiety 56.1%, good disease history 26.8 % , good ANC history 46.3 % , high support from husband as much as 22.05%, parity with multipara as much as 26.8%, age with low risk as much as 35, 0%, mothers with higher education as much as 43.9%, good knowledge as much as 31.7%, high economics as much as 35.0%, moderate labor pain as much as 31.7%. There was a significant relationship between disease history ($p = 0.002$), history of ANC ($p = 0.000$), husband's support ($p = 0.001$), parity ($p = 0.002$), maternal age ($p = 0.001$), last education ($p = 0.000$) , knowledge ($p = 0.002$) , economy ($p = 0.001$) , labor pain ($p = 0.002$) with anxiety in mothers who will give birth. Disease history . history of ANC , husband 's support , parity , maternal age, education, knowledge, economy, labor pain associated with anxiety in mothers who will give birth. It is expected that midwives can provide health education as an effort to promote health, it should be given when mothers make contact with health workers good through counseling

Keywords: Factors, maternity, anxiety

INTRODUCTION

According to WHO (2020) about 10% of pregnant women experience anxiety in pregnant women and an increase in the time of delivery by around 13%. Monoarfa (2021) in his research explains that the occurrence of anxiety in pregnant women in

developed countries is around 7-20%, while in developing countries it reaches 15.6% during pregnancy and 19.8% after giving birth. Prevalence of anxiety during pregnancy in several countries according to Puspitasari & Wahyuntari (2020), including in Bangladesh 18%, China 20.6% and Pakistan 18%, while in Indonesia According to Riskesdas data in 2018, the incidence of anxiety in pregnant women in Indonesia reached 373,000,000 (Wahyu, 2020), 61.3 % of them experience high anxiety that occurs in pregnant women before the delivery process (Safitri, 2022). Meanwhile, based on the results of research conducted by Rahmasanti & Windayanti (2021) in the Bekasi City area, it was found that 65% of mothers experienced anxiety during the first stage of labor.

Mothers who suffer from anxiety during the first stage of labor will experience an increase in the release of stress hormones, causing disruption of blood flow in the uterus and resulting in weak uterine muscle contractions. This incident causes the length of the labor process (long parturition), the risk of sectio caesaria, and delivery with tools. The risk for the baby can cause premature birth, giving birth to babies with low birth weight (LBW), emergency (*fetal distress*). The long-term effects of mental health disorders into untreated depression will also affect self and fetal health care during pregnancy so a strategy is needed to promote prevention and treatment as early as possible (Cameron *et al.*, 2020).

One of the efforts to reduce anxiety is to instill confidence in the mother through the health information/education that the mother gets. The attention and good care that the mother gets during pregnancy will enable the mother to face the problems experienced by the mother. Mothers will quickly get care according to their needs such as handling complications or complications in pregnancy, so that when the delivery period arrives, the mother's general condition is expected to be in optimal condition both physically and psychologically (Budi, 2020).

Several factors for the occurrence of anxiety in maternity mothers include anxiety as a result of labor pain, maternal physical condition, pregnancy history, history of antenatal care (*ANC history*), support from husband, parity, age, education, knowledge and economic status (Wagiyo & Putrono, 2003). 2019). The results of previous research conducted by Royentina & Naudur (2020) showed that there was an influence of pain factors, physical condition, pregnancy history, history of ANC and husband's support on maternal anxiety. The results of another study conducted by Rahmita (2017) stated that young people have higher levels of anxiety than old age, low levels of education are more severe than higher education levels, low economic status has lighter anxiety levels and respondents who live with husbands have lighter anxiety levels. This indicates that there is a relationship between age, education, economic status and family support.

Widyastuti *et al.* (2019) in his research there is a relationship between the level of knowledge and the level of anxiety of pregnant women in dealing with the first stage of labor, this happens because through knowledge the mother can prepare physically and mentally well. Meanwhile, the results of Dorsinta & Lestari's research (2018) health status, parity and age are related to the level of anxiety in maternity so that there is a need for health education regarding the right age for reproduction and the efforts made during pregnancy in order to prepare for childbirth. Based on the foregoing, the authors feel it is important to conduct a research entitled "Factors Associated with First Stage Labor Anxiety in Mothers who are about to Give Birth at Griya Husada Clinic. Bekasi city".

RESEARCH METHODOLOGY

The design in this study is quantitative analytic with a cross sectional design. The sample in this study mothers who will give birth at the Griya Husada Clinic amounted to 40 respondents with purposive sampling technique. The research instrument using a questionnaire has been tested for validity and reliability. Primary data were analyzed using the square test.

RESEARCH RESULT**Univariate Analysis Results**

Table 1. Frequency Distribution of First Stage of Childbirth Anxiety in Mothers who will give birth at the Griya Husada Clinic Kota Bekasi

To anxiety	Frequency (f)	Percent age (%)
Low Anxiety	17	41.5
High Anxiety	23	56.1
Amount	40	100

Based on table 4.1 above, it was found that from 40 mothers 23 (56.1%) experienced high anxiety and 17 mothers (41.5%) experienced low anxiety.

Table 2. Frequency Distribution of Research Variables

Variable	Frequency (f)	Percentage (%)
Illness History		
Well	11	26.8
Not good	29	70.7
ANC History		
Well	19	46.3
Not good	21	51.2
Husband Support		
High Support	9	22.0
Low Support	31	75.6
parity		
Multipara	11	26.8
Primipara	29	70.7
Age		
Low Risk	14	35.0
High risk	26	65.0
Education		
Tall	18	43.9
Low	22	53.7

Knowledge		
Well	13	31.7
Not enough	27	65.9
Economy		
Tall	14	35.0
Low	26	65.0
Painful		
Moderate Pain	13	31.7
Severe Pain	27	65.9
Amount	40	100

Based on table 2, it can be seen from 40 mothers who will give birth have a good history of illness, namely as many as 11 mothers (26.8 %), a history of good ANC as many as 19 mothers (46.3 %), high support from husbands as many as 9 mothers (22.05 %), age of mothers with low risk as many as 14 mothers. (35.0%) parity with multipara were 11 mothers (26.8 %), mothers with higher education were 18 mothers (43.9%), good knowledge were 13 mothers (31.7%), high economy was 14 mothers (35.0%), moderate labor pain as many as 13 mothers (31.7%)

Bivariate Analysis Results

Variable	P Value	OR
Illness History	0.002	11,813
ANC History	0.000	0.105
Husband Support	0.001	19.556
parity	0.002	11,813
Mother's Age	0.001	12.222
last education	0.000	50,000
Knowledge	0.002	9,524
Economy	0.001	11,913
Painful	0.002	9,525

Based on table 3 above, it can be seen that

1. There is a significant relationship between a history of illness and anxiety because the *p value* of 0.002 means $p < (0.05)$
2. There is a significant relationship between ANC history and anxiety because the *p value* of 0.000 means that $p < (0.05)$
3. There is a significant relationship between husband's support and anxiety because the *p value* is 0.001 meaning $p < (0.05)$
4. There is a significant relationship between parity and anxiety because the *p value* of 0.002 means $p < (0.05)$
5. There is a significant relationship between maternal age and anxiety because the *p value* of 0.001 means $p < (0.05)$
6. There is a significant relationship between the last education and anxiety because the *p value* of 0.000 means that $p < (0.05)$
7. There is a significant relationship between knowledge and anxiety because the *p value* of 0.002 means $p < (0.05)$

8. There is a significant relationship between the economy and anxiety because the *p value* of 0.001 means $p < (0.05)$
9. There is a significant relationship between pain and anxiety because the *p value* of 0.002 means $p < (0.05)$

Discussion

1. *The Relationship Between Medical History and Anxiety*

From the results of the study, it was found that from 29 mothers with a history of bad disease there were 21 mothers (94.0%) with the results of the chi-square test = 0.05, the results were $p = 0.002$ with an OR of 11.813, it can be concluded that there is a relationship between the history of the disease with Anxiety in maternity at Griya Husada Clinic

Syaifuddin (2018) explained that mothers suffering/experiencing a disease/complications during pregnancy or childbirth will further increase the risk of morbidity and mortality for mothers and babies such as anemia, hypertension, diabetes mellitus, narrow pelvis, circulatory and respiratory disorders. Anemia, for example, will result in impaired development of pregnancy such as birth, bleeding, and growth retardation. High blood pressure can cause complications during labor. Diabetes mellitus is at risk for macrosomia (big babies) which can cause problems/difficulties in the birthing process. Thus, if the mother suffers/experiences a disease/complications during pregnancy or childbirth, it will further increase the risk of morbidity and mortality for both mother and baby, which include anemia, hypertension, diabetes mellitus, narrow pelvis, circulatory and respiratory disorders. Anemia, for example, will result in impaired development of pregnancy such as birth, bleeding, and growth retardation. Or diabetes mellitus which is at risk for macrosomia (big babies) which causes disturbances/difficulties in the birthing process.

The results of this study are in line with Dorsinta and Lestari (2018), it was found that 4.9% of the health status of pregnant women was abnormal and 95.1% of the health status of normal pregnant women. The results of the Chi-Square test obtained p value = 0.000, where the p value < 0.05 which means there is a significant relationship between health status and anxiety in facing childbirth.

According to the researcher's opinion, based on a history of poor maternal illness, there is a tendency to be higher in anxiety during childbirth. Someone who suffers from an illness will be more prone to anxiety than people who are not suffering from illness. A mother who is pregnant with a disease that accompanies her pregnancy, the mother will be even more anxious because pregnancy and childbirth even though they are considered physiological, but are still at risk for pathological things.

2. *The Relationship Between ANC History and Anxiety in Mothers Who Will Give Birth*

From the results of the study, it was found that from 40 respondents there were 21 mothers (100%) with a history of poor ANC with = 0.05, the results were $p = 0.000$ with an OR of 0.105. It can be concluded that there is a relationship between ANC history and anxiety in maternity mothers at the nursing home clinic. husada Antenatal Care (ANC) visits or antenatal care is one that can affect anxiety during childbirth because it can help mothers obtain information related to their pregnancy, so that pregnant women can control the anxiety that arises during pregnancy. (Purwanto, 2018).

The results of this study are in accordance with Amelia & Nurlaela (2019) showing that of 41 respondents who experienced anxiety 46.3%, respondents who did not comply with antenatal care visits 48.8%. Based on statistical analysis using the chi square test, a p value of 0.008 ($p < 0.05$) was obtained, then H_0 was rejected and H_a was accepted. This means that there is a relationship between the anxiety of primigravida pregnant women and antenatal care compliance in the work area of the Wiradesa Public Health Center, Pekalongan Regency. In the opinion of researchers, pregnancy checks are mandatory, this helps prevent mothers from experiencing pregnancy complications. Pregnant women are very susceptible to complications, such as hypertension and gestational diabetes. Pregnancy check-ups can find out how much risk pregnant women can experience these complications. The diagnosis of these complications can also be emphasized earlier through prenatal care, so that early treatment can be carried out to prevent more serious complications and monitor the health of the fetus in the womb, not only monitoring the health of the mother, pregnancy examinations also monitor the growth and development of the fetus in the womb.

3. The Relationship Between Husband's Support and Anxiety in Mothers Who Will Give Birth

From the results of the study, it was found that from 40 respondents there were 22 mothers (71.0%) with low husband support. The value of $\chi^2 = 0.05$, $p = 0.001$ with an OR of 19.556, it can be concluded that there is a relationship between husband's support and anxiety in maternity mothers at the Griya Husada clinic.

According to Marmi (2019), the presence of the husband will bring calm and keep the mother away from anxiety that can complicate the birth and delivery process, have a positive psychological impact, and have a positive impact on the mother's physical readiness. Husband's support can be in the form of encouragement, motivation for his wife both morally and materially as well as physical, psychological, emotional, information, assessment and financial support.

The results of this study are in line with Safitri's (2022) research that most of them get support from their husbands (86.5%), with the results of the Chi-Square test showing a p-value of 0.002. Anxiety that occurs in mothers is anxiety about a very strong pain sensation before childbirth, with pain and the shadow of the birth process can cause anxiety in the mother.

According to the researcher's opinion, husband accompanying his wife in giving birth is an important thing to do. In addition to making the wife calmer, the presence of the husband can make the wife more prepared for childbirth. Thus, the process becomes smoother and the baby can be born healthy. Emotional support from the husband can also relieve the wife's pain during childbirth. From an emotional point of view, the wife will certainly be helped by the presence and support of her husband, such as being given motivation and words of encouragement. With this support, the wife will feel cared for and more enthusiastic about fighting the pain.

4. The Relationship Between Anxiety And Parity

From the results of the study, it was found that from 40 respondents there were 21 mothers (72.4%) with primiparas. The value of $\chi^2 = 0.05$, the results are $p = 0.002$

with an OR of 11.813, it can be concluded that there is a relationship between parity and anxiety in maternity mothers at the Griya Husada clinic.

According to Varney (2017), primigravida pregnant women are the first time they experience pregnancy, so stepping on the third trimester will feel anxious because they are getting closer to the delivery process. Mothers with first-time parity usually still have difficulty adapting to their pregnancy. In addition, they have less knowledge and experience about pregnancy compared to high parity women.

The results of this study are in line with research conducted by Dorsinta and Rahayu (2019) which showed that 31.2% of primigravida respondents experienced moderate anxiety. The results of the Chi-Square test obtained p value = 0.001, where the p value < 0.05 which means there is a significant relationship between gravida and anxiety in facing childbirth.

According to researchers, the first pregnancy is a happy moment for every pregnant woman. However, it is not uncommon for pregnant women to feel anxious and worried because they think about the health of the fetus or childbirth. This is normal and usually goes away on its own. However, some pregnant women may experience ongoing anxiety. This can increase the risk of high delivery.

5. The Relationship Between Anxiety And Age

From the results of the study, it was found that from 40 respondents there were 20 mothers (76.9%) with high risk age. The value of $\chi^2 = 0.05$, $p = 0.001$ with an OR of 12.222, it can be concluded that there is a relationship between parity and anxiety in maternity mothers at the Griya Husada clinic.

According to Afroh, et al. (2019) as a person gets older and more mature in thinking and working. In terms of trust in patients who suffer from chronic diseases, someone who is more mature will be more confident than people who are not yet mature. The results of this study are in line with Yasin et al. (2020) the results of statistical tests using Spearman showed that there was a significant relationship between maternal age and the anxiety of pregnant women in the Masaran Polindes, Bluto District with a P value = 0.01.

According to researchers, cognitive and affective maturity are the two perfect combinations to create coping or vary to cope with stressors. Ideally, mothers aged 20-35 years easily cope with stressors because of their natural potential (effective coping) to overcome anxiety. The age of 35 years allows the conflict of two personality elements as a stressor. The situation that describes the actual condition of the mother (full of risk) is very different from what the mother expects. The gap between reality and fear of the reality of expectations easily triggers anxiety in pregnant women.

6. The Relationship Between Anxiety And Education

From the results of the study, it was found that out of 40 respondents there were 20 mothers (90.9%) with low recent education. The value of $\chi^2 = 0.05$, the results are $p = 0.000$ with an OR of 50,000, it can be concluded that there is a relationship between parity and anxiety in maternity mothers at the Griya Husada clinic. Notoatmodjo (2018) explains that education is a learning process, which means that in education there is a process of development or change for the better from individuals, groups and the wider community. Education affects the learning process, the higher a person's education, the easier it is for that person to receive

information both from other people and from the mass media.

This study is in line with Suryani (2020) where the results show that there is a relationship between the level of education and the anxiety of pregnant women in the third trimester with a P value of 0.002. This is because the higher a person's education, the knowledge will also be better at something, so that the mother will be less anxious.

According to the researcher's opinion, someone who has a higher education will give a more rational response than those who are not educated and are not able to face a challenge rationally. A person's education also determines whether or not it is easy to absorb and understand the knowledge about the birth process that they get, thus the increasing gestational age approaching the birth process, the mother can prepare mature psychology so that it can reduce the burden on the mother's mind. The higher a person's education, the higher the quality of his knowledge and the more mature intellectually.

7. The Relationship Between Anxiety And Knowledge

From the results of the study, it was found that from 40 respondents there were 20 mothers (74.1%) with less knowledge. The value of $\alpha = 0.05$, the results $p = 0.002$ with an OR of 9.524, it can be concluded that there is a relationship between knowledge and anxiety in maternity mothers at the Griya Husada clinic.

Lack of knowledge of pregnant women about the delivery process is one of the causes of anxiety that occurs in pregnant women, so that the knowledge of pregnant women about the delivery process is very important to be studied in preparing pregnant women to face childbirth (Hanifah, 2019). Low knowledge of pregnant women causes a person to easily experience stress. Ignorance of something is considered a pressure that can lead to crisis and can cause anxiety. Anxiety can occur in individuals with low levels of knowledge, due to the lack of information obtained (Angesti, 2020).

The results of this study are in line with Widyaastuti et al. (2019) most of the pregnant women at RSIA Bahagia Semarang have sufficient knowledge about the first stage of labor as much as 48.1% and the level of mild anxiety in facing the first stage of labor is 50%.

According to researchers, knowledge is an important factor in determining a person's behavior because knowledge can cause changes in people's perceptions and habits. Information about health affects a person in terms of efforts to overcome anxiety in dealing with first stage labor caused by not or lack of strong information. The consequences that can occur if the mother cannot know the first stage of labor then the mother will feel anxious and restless, if the mother already has knowledge about this, usually the mother will be more confident in dealing with it.

8. The Relationship Between Anxiety and the Economy

From the results of the study, it was found that from 40 respondents there were 20 mothers (76.9%) with low economics. The value of $\alpha = 0.05$, $p = 0.001$ with an OR of 12.222, it can be concluded that there is a relationship between economy and anxiety in maternity mothers at the Griya Husada clinic. Soekanto (2017) explains that the socio-economic status of the community can also be seen from several influencing factors, namely work, education, income, number of

dependents of parents, ownership, type of residence. Arief (2017) states that economic status can affect anxiety in pregnant women. Good socio-economic conditions can guarantee the physical and psychological health of pregnant women which can prevent anxiety in dealing with pregnancy due to emotional maturity.

The results of this study are in line with those conducted by Vellyana, et al (2017) based on the results of the analysis of the relationship between economic status and anxiety levels, indicated by the p-value of $0.016 < 0.05$, which means that there is a significant relationship between economic status and the level of anxiety of respondents. According to the researcher's opinion, low economic status causes poor people to be unable to pay for health care properly. Even the poor do not believe and do not want to use medical service facilities even though it is available to them.

9. *The Relationship Between Anxiety And Labor Pain*

From the results of the study, it was found that from 40 respondents there were 20 mothers (74.1%) with high labor pain. The value of $\alpha = 0.05$, $p = 0.002$ with an OR of 9.524, it can be concluded that there is a relationship between pain and anxiety in maternity mothers at the Griya Husada clinic.

According to Syaifuddin (2018) anxiety often accompanies pain. Mothers giving birth in a state of pain believe that they have control or control over their pain has reduced their level of anxiety and fear, which can reduce pain perception. Meanwhile, the perception of reduced pain control or helplessness tends to increase the perception of pain. Maternal mothers who are able to express their pain to active listeners and participate in pain management decisions can reduce pain perception. Things that affect the mother's anxiety and fear include the mother thinking about illness, stress and anxiety, the mother is afraid of the unknown and the mother is not ready to face childbirth.

The results of this study are in line with Royentina & Naudur (2020) in their research, which found the majority of moderate pain as much as 60.3% and the majority of moderate anxiety as much as 55.6%. The occurrence of this pain can be influenced because the mother feels anxious and tired when facing childbirth, the mother feels afraid and does not believe that the delivery process can go smoothly or not. Based on the results of the chi-square test, obtained p value = 0.000 which means that there is an influence of pain factors on anxiety in maternity mothers. If the mother is too afraid, anxious, and tired when facing labor, it will affect the birthing mother to experience pain.

According to the researcher's opinion, the results of this study are in accordance with Sariati (2016). The pattern of the relationship between anxiety and pain is patterned like a spiral that ends in enlargement, with the progress of the labor process, the mother's feelings will be more anxious and this anxiety causes more intense pain, as well as on the contrary. Maternity mothers who experience high anxiety or stress may experience prolonged labor, inadequate contractions. Psychological stress has a strong physical effect at the time of delivery. Hormones, such as adrenaline, interact with beta receptors in the uterine muscle and inhibit contractions and delay labor.

CONCLUSIONS AND SUGGESTIONS

Of the 40 respondents who gave birth there were 56.1 % experienced high anxiety and 41.5% experienced low anxiety, history of illness . history of ANC , husband 's support , parity , maternal age, education, knowledge, economy, labor pain associated with anxiety in mothers who will give birth. For pregnant women to check their pregnancy regularly to health workers to get good prenatal care and mothers will get health information/education about preparation for childbirth both physically and psychologically, as well as information about the delivery process that will be faced later. Thus, mothers are expected to be more prepared and more confident in facing the labor process.

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