

HUBUNGAN PENGETAHUAN DENGAN TINGKAT KECEMASAN IBU HAMIL TRIMESTER 3 MENJELANG PERSALINAN DI PMB BD. NURAINUN SIREGAR

THE RELATIONSHIP BETWEEN KNOWLEDGE AND ANXIETY LEVELS OF PREGNANT WOMEN IN THE 3RD TRIMESTER APPROACHING DELIVERY IN THE PMB BD. NURAINUN SIREGAR

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Abstrak

Latar Belakang : Persalinan adalah proses pengeluaran janin yang terjadi pada kehamilan cukup bulan (37-42 minggu) lahir spontan dengan presentasi belakang kepala tanpa komplikasi pada ibu dan janin. Ibu bersalin yang mengalami kecemasan yang tinggi atau stres dapat mengakibatkan persalinan lama kontraksi yang tidak adekuat. Hal ini berkaitan dengan gejala kognitif atau pengetahuan ibu hamil. Pengetahuan atau kognitif merupakan domain yang sangat penting dalam membentuk tindakan seseorang (*overtbehaviour*). Dengan adanya pengetahuan yang dimiliki oleh ibu hamil trimester 3 maka mereka dapat memahami apa yang terjadi dalam proses persalinan dan cenderung lebih siap secara mental untuk menghadapi persalinan. Tujuan dari penelitian adalah untuk mengetahui hubungan pengetahuan dengan tingkat kecemasan ibu hamil trimester III. Penelitian ini adalah penelitian kuantitatif dengan pendekatan deskriptif korelasional yang bertujuan untuk mengetahui hubungan pengetahuan dan tingkat kecemasan ibu hamil trimester 3 menjelang persalinan di PMB Bd. Nurainun Siregar. Jumlah sampel penelitian adalah 44 orang ibu hamil trimester III. Berdasarkan hasil uji *chi square*, didapatkan nilai signifikansi adalah 0,000 (sig < 0.005) sehingga dalam hal ini H_0 ditolak dan H_a diterima dan dapat disimpulkan bahwa terdapat hubungan yang signifikan antara pengetahuan dengan tingkat kecemasan ibu hamil trimester III menjelang persalinan di PMB Bd. Nurainun Siregar.

Kata Kunci : Pengetahuan, Ibu Hamil trimester III, Kecemasan

Abstract

Background: Childbirth is the process of fetal delivery occurring at full term (37–42 weeks) via spontaneous birth with a vertex presentation, free of maternal or fetal complications. High levels of anxiety or stress in women in labor can lead to prolonged labor and inadequate contractions. This is linked to cognitive factors or the pregnant woman's knowledge. Knowledge—a cognitive element—is a crucial domain in shaping an individual's actions (*overt behavior*). Possessing knowledge allows women in their third trimester to understand the childbirth process and generally makes them more mentally prepared for delivery.

The objective of this study was to determine the relationship between knowledge and anxiety levels among pregnant women in their third trimester. This quantitative study employed a descriptive-correlational approach to examine the relationship between knowledge and anxiety levels in third-trimester pregnant women approaching delivery at the clinic of PMB BD. NURAINUN SIREGAR. The study sample consisted of 44 pregnant women in their third trimester.

Based on the Chi-square test results, the significance value was 0.000 (sig < 0.05); consequently, the null hypothesis (H_0) was rejected and the alternative hypothesis (H_a) was accepted. It is concluded that there is a significant relationship between knowledge and anxiety levels among third-trimester pregnant women approaching delivery at the clinic of PMB Bd. Nurainun Siregar

Keywords: Knowledge, Third-trimester pregnant women, Anxiety

Introduction

Childbirth is the process of fetal expulsion that occurs at term (37–42 weeks) through spontaneous birth with a vertex presentation and without complications for the mother and fetus (Setyorini, 2013). Childbirth is a normal physiological event. The birth of a baby is a social event anticipated by the mother and family for nine months (Rilyani et al., 2017). During labor, mothers experience pain that may interfere with comfort during contractions and may affect psychological conditions and cause complications during the childbirth process (Rahayu et al., 2018).

The childbirth process is influenced by three factors: passage (the birth canal), passenger (the fetus), and power (the strength of uterine contractions). Childbirth can proceed normally (eutocia) when these three factors are adequately fulfilled. Other factors that influence childbirth are psychological factors and the birth attendant (Rohani et al., 2011). Women experiencing childbirth for the first time may feel fear, anxiety, and worry, which can increase pain during labor and interfere with the progress of childbirth (Wijaya et al., 2014).

Women in labor who experience high levels of anxiety or stress may have prolonged labor and inadequate contractions. Hormones such as adrenaline interact with receptors in the uterine muscles and inhibit contractions, thereby slowing the childbirth process. This is an involuntary response when the mother feels unsafe and uncomfortable (Dadang Hawari, 2010).

Anxiety is a mood characterized by negative feelings and tension. The negative effects of high anxiety can interfere with effective physical functioning, increase heart rate, and cause muscle tension, often appearing as a panic reaction (Nurhalimah, 2018). Anxiety during pregnancy and childbirth that cannot be managed may cause tension, prevent bodily relaxation, lead to fatigue, and even affect the condition of the fetus in the womb.

The main reasons pregnant women experience anxiety when facing childbirth include possible events during labor, such as pain, whether delivery will be normal or by cesarean section, whether the baby and mother will survive, and the costs after childbirth. These concerns are related to cognitive symptoms or the

mother's knowledge about childbirth and anxiety.

Knowledge or cognition is a very important domain in shaping a person's actions (overt behavior). Knowledge is the result of curiosity obtained through sensory processes, especially through the eyes and ears, regarding certain objects. Knowledge is an important domain in the formation of open behavior (Donsu, 2017). With adequate knowledge, third-trimester pregnant women can understand what will happen during the childbirth process. When pregnant women have sufficient knowledge, they tend to be more mentally prepared to face childbirth.

According to Riskesdas (2020), 107,000,000 pregnant women in Indonesia (28.7%) experienced anxiety before childbirth. At the provincial level on the island of Sumatra, 355,873 of 679,765 pregnant women (52.3%) experienced anxiety when facing childbirth (Suhada, 2019).

The study by Nunung Jannah et al. (2022), entitled “The Relationship Between Knowledge and Anxiety Among Third-Trimester Pregnant Women Facing Childbirth,” found that most respondents had sufficient knowledge about third-trimester pregnancy (54.5%), most experienced mild anxiety (66.7%), and there was a weak relationship between knowledge and anxiety among third-trimester pregnant women facing childbirth.

The study by Merlis Simon et al. (2023), entitled “The Relationship Between Pregnant Women's Knowledge of the Childbirth Process and Anxiety Levels in the Delivery Room of Sele Be Solu Regional Hospital, Sorong City,” found a Chi-square p-value of 0.004, concluding that there was a relationship between pregnant women's knowledge of the childbirth process and anxiety levels.

A preliminary survey was conducted on May 20, 2024, at PMB Bd. Nurainun Siregar. Based on clinic data, from January to February, 37 third-trimester pregnant women experienced anxiety. An increase occurred during the following two months, from March to early May, when 55 third-trimester pregnant women experienced anxiety. Based on these data, the researcher was interested in conducting a study

entitled “The Relationship Between

Knowledge and Anxiety Levels Among Third-Trimester Pregnant Women Approaching Childbirth at PMB Bd. Nurainun Siregar.”

Research Methods

This study used a quantitative design with a descriptive-correlational approach to determine the relationship between knowledge and anxiety levels among third-trimester pregnant women approaching childbirth at PMB Bd. Nurainun Siregar. The study was conducted at the clinical practice of PMB Bd. Nurainun Siregar in June 2024.

Population is a generalization area consisting of objects or subjects with certain quantities and characteristics determined by researchers to be studied and from which conclusions are drawn (Sugiyono, 2017). The population of this study consisted of all third-trimester pregnant women approaching childbirth.

The sampling technique used in this study was accidental sampling. According to Sugiyono (2016), incidental or accidental sampling is a data collection technique in which samples are selected based on chance; anyone encountered may be used as a sample if considered suitable as a source of the required data. Using this technique, anyone meeting the inclusion and exclusion criteria could be included as a sample.

The one-group pretest–posttest design does not involve a control or comparison group. Therefore, all analyses focus on changes in scores occurring within one group after receiving an intervention. By comparing the initial and final measurements, it can be determined to what extent health promotion regarding nutrition affects improvements in pregnant women's knowledge (Burns & Grove, 2015).

Results and Discussion

In this study, respondents' demographic data included identity, education level, and pregnancy data. There were 44 respondents aged 24–35 years (inclusion sample). The data are summarized in the following table.

Frequency Distribution of Respondents' Age

Age	Frequency	Percentase
24	11	25.0
25	8	18.2
26	6	13.6
27	3	6.8
28	3	6.8
29	2	4.5
30	2	4.5
31	5	11.4
32	2	4.5
33	1	2.3
34	1	2.3
Total	44	100.0

Based on the table above, most pregnant women were 24 years old. The knowledge questionnaire consisted of 21 statements with seven types of statements or questions. The following table presents the distribution of pregnancy knowledge among the 44 respondents.

Frequency Distribution of Pregnant Women's Knowledge Levels

Knowledge	Frequency	Percentase
Poor	1	2,3%
Sufficient	27	61,4%
Good	16	36,3%
Total	44	100,%

The table shows that among 44 respondents, only one had a poor level of pregnancy knowledge, 27 had sufficient knowledge, and 16 had good knowledge.

The anxiety questionnaire consisted of 20 statements using a Likert scale. The results of anxiety level measurements are presented below.

Frequency Distribution of Pregnant Women's Anxiety Levels

Anxiety Level	Frequency	Persentase
No symptoms	4	9.1
Mild symptoms	10	22.7
Moderate symptoms	24	54.5
Severe symptoms	6	13.6
Very severe symptoms	0	0.0
Total	44	100

Based on the table above, the most common anxiety level before childbirth was moderate anxiety, experienced by 24 pregnant women (54.5%), and it occurred most frequently among women in their second pregnancy. Very severe anxiety symptoms were not found among the 44 respondents.

Bivariate analysis was conducted to determine the relationship between two variables, namely the independent and dependent variables (Notoatmodjo, 2019). The analysis examined whether there was a relationship between knowledge and anxiety levels among third-trimester pregnant women approaching childbirth. Based on the frequency table, 27 of 44 respondents had sufficient knowledge about pregnancy. Pregnant women with sufficient knowledge demonstrated a basic understanding of pregnancy, childbirth, and postpartum care.

The results showed that most pregnant women were in this category. They knew general information such as signs of a healthy pregnancy, the importance of nutrition, and some possible risks and complications. However, sufficient knowledge was sometimes not enough to significantly reduce anxiety. Anxiety could remain because of limitations in the information they possessed, especially regarding more complex or uncommon medical situations.

Sixteen pregnant women had a good level of knowledge. Pregnant women with good knowledge generally had better access to information sources, including books, the internet, health professionals, or antenatal classes. They not only knew basic information but also had a deeper understanding of pregnancy and childbirth, possible complications, and ways to manage them. The findings showed that pregnant women with good knowledge tended to have lower anxiety levels because broader and deeper knowledge can provide confidence and readiness to face various possibilities during pregnancy. They are more prepared for unexpected situations and know better when to seek medical assistance.

Only one respondent had poor knowledge, consisting of a pregnant woman with a limited understanding of pregnancy. Her knowledge may have been limited to basic information or even less. Factors such as low education, limited access to information, and min-

imal social or family support may contribute to low knowledge levels. The findings indicated that pregnant women with poor knowledge tended to experience higher anxiety levels. Lack of information can increase uncertainty and fear of things that are unknown or not understood. They may not know what to expect during pregnancy or childbirth, which can worsen anxiety and stress.

The findings of this study emphasize the importance of health education in increasing pregnant women's awareness. Increased knowledge is expected to help them adopt healthier and more balanced behaviors and support maternal health. Based on the distributed questionnaires, respondents' answers were scored and grouped according to their scores. Among the 44 respondents, none experienced very severe anxiety symptoms. However, the highest proportion was in the moderate anxiety category, with 24 respondents (54.5%), representing more than half of the sample.

Moderate anxiety indicates a higher and more disruptive level of anxiety. Pregnant women in this category may experience sleep disturbances, changes in appetite, or difficulty concentrating. The findings showed that moderate anxiety was often found among pregnant women with limited knowledge. They may feel less certain about what to expect during pregnancy or worry about complications they do not fully understand. Limited emotional support from family or partners may also worsen this condition. Pregnant women in this group may often feel isolated and lack sufficient support, which can intensify their anxiety.

Conclusions and Recommendations

Conclusion

Based on the study entitled "The Relationship Between Knowledge and Anxiety Levels Among Third-Trimester Pregnant Women Approaching Childbirth at PMB Bd. Nurainun Siregar," several conclusions can be drawn.

Of the 44 respondents, 27 third-trimester pregnant women had a sufficient level of knowledge about matters related to approaching childbirth. Among the 44 respondents, none experienced very severe anxiety symptoms; however, the most common anxiety category was moderate anxiety, experienced by 24 women (54.5%), representing more than half

of the respondents.

Based on hypothesis testing, the Pearson Chi-square significance value was 0.000 ($0.00 < 0.05$); therefore, H_0 was rejected and H_a was accepted. Thus, there was a significant relationship between knowledge and anxiety levels among third-trimester pregnant women approaching childbirth at PMB Bd. Nurainun Siregar.

Recommendations

1. For the Target Group The results of this study can be used as a reference for providing education or knowledge to pregnant women in managing anxiety before childbirth. Health services and health professionals should provide health education to third-trimester pregnant women approaching childbirth regarding the knowledge they need before delivery and ways to manage anxiety when facing childbirth. For future researchers, this study is expected to serve as a reference for consideration and the development of further research on the relationship between knowledge and anxiety levels among third-trimester pregnant women approaching childbirth.

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