



ANXIETY AND READINESS DIFFERENCES BETWEEN PRIMIGRAVIDA AND MULTIGRAVIDA MOTHERS TOWARDS CHILDBIRTH IN THE COVID-19 PANDEMIC

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Abstract

Background and Purpose : Corona Virus Disease 2019 (COVID-19) has now become a global pandemic, even in Indonesia. Pregnant women feel more and more anxious during the current COVID-19 pandemic, especially for 3rd trimester pregnant women who will give birth soon. Parity is one of the factors that can affect the level of anxiety of pregnant women in addition to the factors of the epidemic situation that can increase maternal anxiety. Childbirth readiness is one of the benchmarks for the success of the delivery process and this can indirectly contribute to the increase in MMR in Indonesia. **Objective:** Analyzing the differences in the level of anxiety and readiness towards childbirth in the COVID-19 pandemic between primigravida and multigravida mothers in their third trimester of pregnancy at the Duren Sawit District Health Center. **Methods :** This type of research is an observational study with a cross sectional design. Sampling was done by proportional random sampling method. The research instrument is a questionnaire. The method used in data analysis is the Mann-Whitney U test with the help of SPSS. **Result :** The sample of this study was 99 pregnant women in their third trimester of pregnancy. The level of anxiety in primigravida mothers is Severe level of anxiety (80.9%). Meanwhile, multigravida mothers have a Moderate level of anxiety (56.1%). The level of readiness of primigravida mothers is in the Inadequate category (57.1%). Meanwhile, multigravida mothers have a Good level of readiness (63.3%). The results of the Mann Whitney test showed that there was a significant difference between primigravida and multigravida mothers on the level of anxiety and readiness towards childbirth in the COVID-19 pandemic with a p value (0.000). **Conclusion :** There is a significant difference in the level of anxiety and readiness towards childbirth in the COVID-19 pandemic between primigravida and multigravida mothers in their third trimester of pregnancy at the Duren Sawit District Health Center.

Keywords : Anxiety, Readiness, Primigravida, Multigravida, COVID-19

INTRODUCTION

Corona Virus Disease 2019 (COVID-19) has now become a global pandemic, even in Indonesia. Pregnant women represent a vulnerable population in this infectious disease outbreak due to their altered physiology, susceptibility to infection, and compromised mechanical and immunological functions. Anxiety is an emotional response in which a person feels fear of an unclear and unidentified source of threat (Solehati, 2015). Pregnant women feel increasingly anxious during





the current COVID-19 pandemic, especially for third *trimester* pregnant women who will soon give birth. Pregnant women are worried that if they are infected with COVID-19 it will endanger themselves and their foetus (WHO, 2020). Readiness is a sufficient ability, both physical and mental (Dalyono, 2015). Anxiety experienced by pregnant women will greatly impact the mother's readiness to face childbirth. Readiness for labour becomes one of the benchmarks in the success of the delivery process and this can indirectly contribute to the increase in the Maternal Mortality Rate (MMR) in Indonesia (Mandagi, 2013; Manuaba, 2010). Data on MMR in the world, especially in Indonesia, shows that the rate is still quite high. Millennium Development Goals (MDG's) data in 2015, Indonesia ranked second highest MMR in Southeast Asia with a total of 350 per 100,000 live births where the unachieved target was 102 per 100,000 live births in the 2015 MDGs target (Sustainable Development Goals, 2019). Providing knowledge about childbirth and readiness to achieve safe and healthy delivery is important since the beginning of pregnancy as an effort to reduce MMR (Manuaba, 2007).

Parity is one of the factors that can affect the anxiety level of pregnant women in addition to the demonstrator situation factors that can increase maternal anxiety. Primigravida is a woman who is pregnant for the first time (Amalia, 2019). Multigravida is a mother who is pregnant more than 1 to 4 times (Manuaba, 2010). Primigravida tend to be more anxious about pregnancy and childbirth because they do not yet have a picture of pregnancy and childbirth, but it does not rule out the possibility of multigravida also having the same anxiety (Palupi, 2014; Bobak and Jensen, 2015; Iqbal, 2015; Susanti 2019). Several studies have mentioned the difference between parity status on anxiety levels and readiness for childbirth, but in different conditions at this time, namely the COVID-19 pandemic, there have not been many studies that reassess differences in anxiety and readiness to face childbirth between primigravida and multigravida. The purpose of this study is to analyse differences in anxiety levels and levels of readiness in facing childbirth during the COVID-19 pandemic between primigravida and multigravida trimester 3 at Kecamatan Duren Sawit Primary Health Care.

METHOD

Research design using observational analytics with cross sectional design. The population in this study were pregnant women in Trimester 3. The sample in this study were third trimester pregnant women (gestational age 28-40 weeks) who were visiting the MCH clinic of the Duren Sawit District Health Centre in June 2021 with a sample size of 99 respondents. Data collection using questionnaire instruments. The questionnaire used is an anxiety and readiness for childbirth questionnaire based on previous research which has been modified in accordance with the conditions of the COVID-19 pandemic, so that it can better describe the current situation and conditions. Data analysis using descriptive statistical analysis test and different test using Mann-Whitney U test with the help of SPSS with a significance level of 95%. this research has passed the ethical test at the Faculty of Medicine, Airlangga University.

RESULT AND DISCUSSION

Table 1 Respondent General Characteristics

	Group			
	Primigravida		multigravida	
	n	%	n	%
Age				
<20	3	7,14	0	
20-35	38	90,48	52	91,23
>35	1	2,38	5	8,77
Education				
Primary School – Junior High School	6	14,29	1	1,75
Senior High School	11	26,19	15	26,32
College	25	59,52	41	71,93
Employment				
Employed	24	57,14	32	56,14
Unemployed	18	42,86	25	43,86
Income				
>= 4,2 milion	27	64,29	41	71,93
< 4,2 milion	15	35,71	16	28,07
Obstetric History				
Good	42	100	57	100
Bad	0		0	
Birthplace Plan				
Hospital	20	47,62	20	35,09
Primary Health Care	22	52,38	37	64,91

Table 1 shows that almost all respondent groups primigravida (90.48%) and multigravida (91.23%) were 20-35 years old, most of them had the latest college education with primigravida (59.52%) and multigravida (71.93%), most of them

were employed with primigravida (57, 14%) and multigravida (56.14%), most had family income ≥ 4.2 million with primigravida (64.29%) and multigravida (71.93%), all had good obstetric history (100%), and most planned to deliver at Puskesmas/PMB with primigravida (52.38%) and multigravida (64.91%).

Table 2 Distribution and Frequency of Gravida Categories with Categories of Anxiety Level Facing Labour during the COVID-19 Pandemic

Gravida Status	Anxiety Level			total
	Low	Medium	Severe	
Primigravida	1 (2,4%)	7 (16,7%)	34 (80,9%)	42 (100%)
Multigravida	20 (35,1%)	32 (56,1%)	5 (8,8%)	57 (100%)
total	21 (21,2%)	39 (39,4%)	39 (39,4%)	99 (100%)

Table 2 shows that the level of anxiety in facing childbirth during the COVID-19 pandemic in primigravida mothers almost entirely has a severe anxiety level (80.9%). Meanwhile, most multigravida mothers have a moderate level of anxiety (56.1%).

Table 3 Distribution and Frequency of Gravida Categories with Levels of Readiness to Face Labour during the COVID-19 Pandemic

Gravida Status	Readiness level			total
	Baik	Cukup	Kurang	
Primigravida	10 (23,9%)	8 (19,0%)	24 (57,1%)	42 (100%)
Multigravida	36 (63,3%)	32 (32,2%)	5 (3,5%)	57 (100%)
total	46 (46,5%)	39 (27,3%)	39 (26,2%)	99 (100%)

Table 3 shows that the level of readiness to face childbirth during the COVID-19 pandemic in primigravida mothers mostly had a level of readiness in the poor category (57.1%). Meanwhile, most multigravida mothers have a good level of readiness (63.3%).

Tabel 4 Bivariate analysis of differences in anxiety levels facing childbirth during the COVID-19 pandemic between primigravida and multigravida in trimester 3 at Puskesmas Duren Sawit District

Gravida Status	N	Mean	p-value
Primigravida	42	2,79	0,000
Multigravida	57	1,74	
Total	99		

The results of the Mann Whitney test show that there is a significant difference between primigravida and multigravida mothers on the variable anxiety level facing childbirth during the COVID-19 pandemic, with a p value of 0.000 ($p < 0.05$).

Factors that can cause anxiety in primigravida women such as fear factors in their own thoughts or feelings of pregnant women feelings about pregnancy and themselves during pregnancy, personality type, environment and education (Sari, 2015). In this study, the general characteristics between primigravida and multigravida are not much different, so the most influential is the fear of the pregnant woman's own thoughts.

Anxiety is not only felt by primigravida. Although some literature states that multigravida are more prepared because they have experienced it before, several other reasons can be a factor in the anxiety experienced by multigravida. Anxiety experienced by multigravida mothers is related to past pregnancy experiences. Many pregnant women have unpleasant dreams about their babies that are so disturbing, they seem real (Lily, 2015; Toohill et al., 2015). Images of previous labour are a major factor in multigravida anxiety.

One of the important and distinct events present in this study was the COVID-19 pandemic, which could be one of the main causes of the high levels of stress and anxiety in this study. Prevalence of anxiety before and during the COVID-19 pandemic: 7.8% and 64.5% (Kahyaoglu Sut & Kucukkaya, 2021). A similar study also said that 40% of Gynaecological Obstetricians had been contacted by more than ten pregnant women, due to anxiety related to COVID-19 (Nanjundaswamy et al., 2020). Research by Durankuş & Aksu (2020) mentioned that there was a significant relationship between the effects of the COVID-19 pandemic and their anxiety and depression scores (Durankuş & Aksu, 2020). Thus, the prevalence of anxiety and depression in pregnant women increased significantly after the spread of COVID-19 around the world.

Table 5 Bivariate analysis of differences in the level of readiness to face childbirth during the COVID-19 pandemic between primigravida and multigravida in trimester 3 at Puskesmas Duren Sawit District

Gravida Status	N	Mean	p-value
Primigravida	42	2,33	0,000
Multigravida	57	1,40	
Total	99		

The results of the Mann Whitney test show that there is a significant difference between primigravida and multigravida mothers on the variable level of



readiness to face childbirth during the COVID-19 pandemic, with a p value of 0.000 ($p < 0.05$).

The current condition of maternal health services is also affected by the COVID-19 pandemic. Pregnant women's health services currently have restrictions, namely the recommendation to postpone pregnancy checks and pregnant women's classes and there are guidelines for implementing Antenatal Care (ANC) service protocols, as well as protocols in the delivery process during the COVID-19 pandemic. This can cause concern in pregnant women so that it has an impact on readiness to face childbirth during the COVID-19 pandemic.

One of the factors associated with the level of readiness of mothers in facing childbirth is the parity factor. Parity affects mothers in preparing for childbirth. Mothers who have had childbirth experience will know and understand more about other preparations needed in childbirth. In multigravida mothers, the experience of childbirth has been obtained before. However, there are different conditions between childbirth during the COVID-19 pandemic and before the pandemic. There are various rules related to childbirth during the COVID-19 pandemic. This can also trigger new experiences felt by multigravida mothers when facing childbirth during the COVID-19 pandemic. On the other hand, primigravida mothers have never experienced childbirth, both before the COVID-19 pandemic and during the pandemic. The difference in experience in facing childbirth in multigravida and primigravida mothers has a significant impact on maternal readiness.

Women's empowerment has a significant contribution to the preparation for childbirth in both multigravida and primigravida mothers. Based on research by Niewenhuijze (2019), Berlington et al (2020) examined the exploration of fear of childbirth and preparation for childbirth in primigravida of gestational age ranging from 36 to 40 weeks. The findings showed that the fear of childbirth in primigravida women came from personal, family, ineffective counselling and inadequate antenatal care. Birth companions as psychosocial support contribute to readiness for childbirth in primigravida. According to the results of Gitanurani's research (2017), the most influential factor on labour readiness is social support. Pregnant women with social support are 3.998 times more ready to face labour. Involving

husbands starting when planning pregnancy, preparing for childbirth, participating in pregnancy classes can provide social support to mothers.

Many sources link the quality of ANC with maternal readiness for labour. According to Butler et al. (2015), antenatal education can be improved by providing education on childbirth, breastfeeding, depression and emotional well-being, and infant care. In addition, in antenatal care, it is necessary to provide services for childbirth preparation so that the mother knows more about the mechanism of labour, management during contractions, and is better prepared for her labour. This is especially important to inform primigravida mothers because of their lack of childbirth experience.

CONCLUSION, SUGGESTION AND ACKNOWLEDGEMENT

Based on the results of the study, the conclusion is obtained; there is a significant difference in the level of anxiety and the level of readiness to face childbirth during the COVID-19 pandemic between primigravida and multigravida in trimester 3 at Puskesmas Duren Sawit District.

Future researchers are expected to consider conducting separate research on the COVID-29 pandemic factor on anxiety levels and readiness levels in facing childbirth to avoid bias from other precipitating factors. For health service providers, it is hoped that they can refer to the results of this study and the impact that can occur on pregnant women, service providers, especially midwives as providers of promotive and preventive services in order to carry out comprehensive and comprehensive examinations in the sense that they do not focus on physical, but also psychological pregnant women.

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