AN OVERVIEW OF PREGNANT WOMEN'S ANXIETY LEVEL DURING COVID-19 PANDEMIC PERIOD AT BABAKAN SARI HEALTH CENTER, BANDUNG CITY

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Abstract, Background: Pregnancy is a sensitive time for women in their life cycle. Physical and psychological changes during pregnancy can be stressors that result in anxiety in pregnant women. The results of research on the level of anxiety of pregnant women during the pandemic showed different results, found an increased prevalence of anxiety in pregnant women when compared to the incidence of anxiety in pregnant women before the covid-19 pandemic. Anxiety in pregnant women has a serious impact if not handled properly. The impact of anxiety on pregnant women can result in BBLR, premature babies, and fetal growth disorders. This study aims to illustrate the anxiety level of pregnant women during the covid-19 pandemic at the Babakan Sari Health Center, Bandung City.

Method: This type of research uses quantitative descriptive research methods with a crosssectional approach. Sampling technique using purposive sampling with a sample of 54 pregnant women at the Babakan Sari Health Center, Bandung City. The instruments in the study used the Hamilton Anxiety Rating for Scale (HARS) questionnaire. Data analysis is done with univariate.

Results: The results showed 9.3% of pregnant women did not have anxiety levels, 40.8% showed mild anxiety levels, 38.9% showed moderate anxiety levels and 11.1% of pregnant women showed symptoms of severe anxiety levels.

Conclusion: Almost all (90.8%) pregnant women at the Babakan Sari Health Center, Bandung City experience anxiety, with most of the 79.7% experiencing moderate mild anxiety, it is expected that health workers can make effective interventions to deal with anxiety experienced by pregnant women.

Keywords: pregnant women, anxiety, pandemic covid-19

Introduction

Anxiety is a response to certain situations accompanied by developments, changes, and new experiences. According to Kajdy et al., (2020) anxiety arises because something is unclear or unknown so that feelings of restlessness, worry, or fear arise. Pregnant women are a group that is vulnerable to psychological disorders, including anxiety disorders [4]. According to Usman (2016), anxiety in pregnant women can appear, especially in the third trimester of pregnancy until delivery. Currently, pregnant women feel anxious about various things, such as the birth of a normal or abnormal baby, the pain that will be felt, let alone the added burden of thinking with the phenomenon of the COVID-19 pandemic. Based on research by Croll et al., (2020) it was stated that respondents experienced anxiety (83%) depression (38%), and stress (8.1%) during the covid-19 pandemic. Factors that cause anxiety in pregnancy include maternal age, gestational age, education level, occupation and economic status [23,11,29,12,22,3,13,19]. The impact

of anxiety on pregnancy during the COVID-19 pandemic is a risk to the health of the mother and fetus or baby, especially if this anxiety continues to occur in the mother, especially in the third trimester which will increase the risk of premature birth. and low birth weight [10]. Research related to the level of anxiety of pregnant women during the COVID-19 pandemic has been proven by several studies showing different results, which were found in research conducted at the Mapane Health Center in Palu City regarding the anxiety of pregnant women in the third trimester. In handling labor with a sample of 37 pregnant women using the total sampling technique, the frequency of respondents who were distributed based on the level of anxiety was 34 respondents (91.9%) did not experience anxiety, and 8.1% pregnant women experienced mild anxiety. In contrast to the research conducted at the Benowo Health Center Surabaya in third trimester pregnant women facing labor during the COVID-19 pandemic with a sample of 40 pregnant women using an analytical observational type of research, it was found that during the COVID-19 pandemic, pregnant women who experienced severe anxiety reached 57,5% and there is a relationship between maternal anxiety and the readiness of pregnant women in the third trimester to face childbirth during the Covid-19 pandemic. This shows that the anxiety of pregnant women, including during the COVID-19 pandemic, needs proper handling so as not to interfere with the health and fetus and affect readiness for childbirth. The author made the Babakan Sari Health Center Bandung as the research location because after getting data from the Bandung City Health Service, that in 2020 the Babakan Sari Health Center UPT the highest number of pregnant women was 1,626 pregnant women. While the number of LBW based on the Durankus & Aksu (2020) theory is the impact of the anxiety of pregnant women at the Babakan Sari Health Center UPT which increased in 2019, LBW returned to 33 and in 2020 it became 144 LBW. This means that LBW increased by 336%.

Methods

This research is a descriptive study using a cross sectional approach where data collection is carried out at one time. The time used by researchers for this research was carried out in August 2021. The place of this research is at UPT Puskesmas Babakan Sari, Bandung City. The population in this study was the population of third trimester pregnant women who visited the Babakan Sari Health Center in Bandung, totaling 145 people in June-July 2021. The samples in this study were all samples that met the inclusion criteria, totaling 54 people. respondents. The sampling technique in this study uses a non-probability sampling technique, namely a sampling technique that does not provide equal opportunities/opportunities for each element/member of the population to be selected as a sample, using a purposive sampling approach. In determining the sample size in this study based on inclusion and exclusion criteria.

1. Inclusion criteria
   a. Pregnant women who are willing to be research respondents.
   b. Third trimester pregnant women
   c. Pregnant women who live in the working area of UPT Babakan Sari, Bandung City
   d. Pregnant women who do not experience pregnancy complications
   e. Pregnant women who can read and write
   f. Pregnant women who can communicate/cooperative
2. Exclusion criteria
   a. Pregnant woman with mental health problems.

The research instrument used in this study was a questionnaire. The questionnaire used was the Hamilton Anxiety Rating Scale (HARS). Measurements were made on this instrument using a Likert scale. So the scoring value used in this study is 0 no symptoms at all, 1 mild symptom or one symptom, 2 moderate or half symptoms, 3 severe symptoms or more than half of the symptoms, and 4 very severe symptoms or all symptoms. As for the interpretation of scores <14 stating no anxiety, 14-20 stating mild anxiety, 21-27 stating moderate anxiety, 28-41 stating severe anxiety and 42-56 expressing severe anxiety (panic). In this study, the researcher did not test the validity because the HARS anxiety level questionnaire has been standardized internationally and has been published [20]. This validity test has been used by previous researchers, namely Pramana Kadek Devi et al., (2016) with a Product Moment

correlation with a validity value of 0.93 [14]. Researchers did not perform a reliability test because the HARS anxiety level questionnaire has international standards and has been published [20]. The reliability test has been used by previous researchers, namely Pramana Kadek Devi et al., (2016) using the Alpha Cronbach Arikunto formula, (2010) with a reliability value of 0.97 [14]. The data analysis technique used in this research is univariate analysis technique. Univariate analysis in this study is to describe the variables including age, educational status, occupation, economic status, and level of anxiety and produce frequency and percentage distributions with the formula P = F/N×100% and are interpreted using an accumulative scale. from 0% (no respondents) , 1% - 30% (a small number of respondents), 31% - 49% (almost half of respondents), 50% (Half of respondents), 51% - 80% (most respondents)), 81% - 99% (almost all respondents), and 100% (all respondents).

Characteristics of Respondents

Table 1. Characteristics of Respondents (n=54)

Characteristics of Respondents	Frequency (f)	Percentage (%)
Age		
<20 and >35 year	15	27,8%
20-35 year	39	72,2%
Total Respondents	**54**	**100%**
Educational status		
Low education	27	50,0%
Higher education	27	50,0%
Total Respondents	**54**	**100%**
Profession		
Does not work	44	81,5%
Work	10	18,5%
Total Respondents	**54**	**100%**
Economic status		
Income <UMR	43	79,6%
Income >UMR	11	20,4%
Total Respondents	**54**	**100%**

Based on the results of the analysis of table 1, data on the characteristics of the mother's age were obtained, that most (72.2%) 39 respondents were aged 20-35 years (the age was not dangerous). On the characteristics of education, low and high education have the same frequency (50.0%) 27 respondents. The job characteristics show that almost all (81.5%) 44 respondents do not work. On the characteristics of economic status, most (79.6%) 43 respondents have income <UMR.

Overview of Pregnant Women's Anxiety Level during Covid-19 Pandemic at Babakan Sari Health Center, Bandung City

Table 2. Overview of Pregnant Women's Anxiety Level during Covid-19 Pandemic at Babakan Sari Health Center, Bandung City (n=54)

Anxiety Category	Frequency (f)	Percentage (%)
No anxiety	5	9,3
Mild anxiety	22	40,7
Moderate anxiety	21	38,9
Severe anxiety	6	11,1
Very heavy anxiety (panic)	0	0
Total Respondents	**54**	**100%**

Based on table 2. the results of the analysis on 54 respondents regarding the anxiety of pregnant women during the COVID-19 pandemic at the UPT Puskesmas Babakan Sari, Bandung City, it was found that most (79.6%) respondents showed that pregnant women experienced anxiety during the COVID-19 pandemic with a large number experiencing light-medium.

An Overview of Pregnant Women's Anxiety Levels on the Characteristics of Respondents

Table 3. An Overview of Pregnant Women's Anxiety Levels on the Characteristics of Respondents (n=54)

	No anxiety	Mild anxiety	Moderate anxiety	Severe anxiety	Total
	f %	f %	f %	f %	f %
Mother's age					
High risk <20 years and >35 year	0 0	5 9,3	5 9,3	5 9,3	15 27,8
No risk 20-35 year	5 9,3	17 31,5	16 29,6	1 1,8	39 72,2
Total Respondents	**5 9,3**	**22 40,8**	**21 38,9**	**6 11,1**	**54 100**
Educational status					
Low education	0 0	12 22,3	11 20,3	4 7,4	27 50,0
Higher education	5 9,3	10 18,5	10 18,5	2 3,7	27 50,0
Total Respondents	**5 9,3**	**22 40,8**	**21 38,9**	**6 11,1**	**54 100**
Profession					
Does not work	**5 9,3**	**20 37,1**	**13 24,0**	**6 11,1**	**44 81,4**
Work	**0 0**	**2 3,7**	**8 14,9**	**0 0**	**10 18,6**
Total Respondents	5 9,3	22 40,8	21 38,9	6 11,1	54 100
Economic status					
Income <UMR	**2 3,8**	**20 37,1**	**15 27,8**	**6 11,1**	**43 79,7**
Income >UMR	**3 5,5**	**2 3,7**	**6 11,1**	**0 0**	**11 20,3**
Total Respondents	5 9,3	22 40,8	21 38,9	6 11,1	54 100

Based on table 3 the results of the analysis on 54 respondents regarding the level of anxiety of pregnant women during the covid-19 pandemic at the Babakan Sari Health Center, Bandung City, it was found that almost half of the respondents who came of age were not at risk of experiencing mild anxiety levels were 17 respondents (31.5%), small proportion respondents who came with low education experienced mild anxiety levels 12 respondents (22.3%), almost half of respondents who came with not working experienced mild anxiety levels 20 respondents (37.1%) and almost half of respondents who came with income <UMR experienced mild anxiety level 20 respondents (37.1%).

The incidence of anxiety levels of pregnant women during the covid-19 pandemic at the Babakan Sari Health Center, Bandung City

The results of this study indicate that pregnant women at the Babakan Sari Health Center Bandung City, out of 54 (100%) respondents studied, almost all (90.8%) respondents indicated that pregnant women experienced anxiety during the COVID-19 pandemic with the majority being experienced mild-moderate anxiety (79.7%). This study is in line with research conducted by (Corbett et al., 2020) which showed that (50.7%) pregnant women were worried about the health of their pregnancy during the COVID-19 pandemic, so it is necessary to pay attention because anxious conditions can endanger the health of mothers and children. fetus or infant. At UPT Puskesmas Babakan Sari, Bandung, almost all (90.8%) experienced anxiety. According to (Citra et al., 2021; Sari, 2017; Handayani, 2015; Videbeck, 2008; Heriani, 2016; Rozikhan, 2021; Aslinda Hafid, 2021; Iqbal, 2012; Moyer et al., 2020) the factors that influence The occurrence of anxiety in pregnant women includes: maternal age, education level, occupation and economic status. It can be seen based on the characteristics of the respondents that the majority of the pregnant women recorded during the study (72.2%) were 39 respondents aged 20-35 years.

This is in line with research conducted by Astarini Anak Agung (2020) showing that maternal age affects the incidence of anxiety levels with a percentage (94.9%) of 75 respondents aged 20-35 years. The similarity of the research conducted by Astarini Anak Agung (2020) can be seen from the characteristics of respondents whose maternal age was almost entirely (94.9%) aged 20-35 years compared to those aged <20 and >35 years (5.1%), The incidence of anxiety levels is almost the same, namely almost all (83.5%) experience anxiety with the majority of anxiety being mild to moderate. Another similarity can be seen from

the same sampling technique, namely using purposive sampling using univariate analysis. In contrast to the results of research conducted by Dewi et al., (2020) stated that age affects individual personality maturity. Mature individuals are those who have personality maturity so that it will be more difficult to experience anxiety disorders, because mature individuals have great adaptability to emerging stressors. The COVID-19 pandemic can be a stressor for pregnant women so the age maturity factor has no effect at this time. Every expectant mother must adapt to the pandemic situation to avoid anxiety during her pregnancy.

Based on the characteristics of educational status, it is known that pregnant women with low educational status and higher education have the same percentage, half (50.0%) pregnant women experience mild-moderate anxiety levels. This is in accordance with the results of research conducted by Ni'mah (2018) that third trimester pregnant women with low or high education have the same opportunity to experience anxiety in dealing with childbirth, because the anxiety that occurs does not only depend on the education they have but also depending on knowledge, interpersonal relationships, and family. Based on the characteristics of the work, it shows that almost all (81.4%) as many as 44 respondents do not work. This is in line with research conducted by Hayati Sania Sofi, (2020) which showed that most (79%) of the respondents did not work. It is suspected that working mothers have higher knowledge and faster access to information than mothers who do not work.

The similarity of the research conducted by Hayati Sania Sofi, (2020) seen from the characteristics of the respondents, most (79%) of respondents did not work compared to those who worked (20.9%). Another equation seen from the research design used is the same as using descriptive. In contrast to the research conducted by Pane Parlindungan Jagentar et al., (2021) stated that most (57.6%) of the respondents worked compared to those who did not work (42.4%). The difference in this study can be seen from the sampling technique that uses total sampling and another difference from the questionnaire used, namely the perinatal screening scale (PASS). Based on the characteristics of economic status, it shows that the majority (79.7%) as many as 43 respondents have income <UMR. This is in line with research conducted by Astarini Anak Agung (2021) which states that economic status affects the incidence of anxiety with a percentage (39.2%) of 34 respondents having income <UMR. Likewise, M. Chasson's opinion in 2020 (in Nurhasanah, 2020), said that economic status was one of the factors that influenced anxiety in pregnant women. Inadequate economic status in the family affects the nutrition consumed by pregnant women and fetal growth. The similarity of the research conducted by Astarini Anak Agung (2021) can be seen from the characteristics of the respondents that there are similarities regarding economic status, almost half (43.0%) earning <UMR than those with income >UMR (27.9%) and the characteristics of respondents having low-income levels. There are similarities in anxiety, namely half (50.6%) pregnant women have mild-moderate anxiety levels. Another similarity can be seen from the research method, which is the same using cross sectional and the sampling technique is the same as using purposive sampling.

Conclusions

The results of the research describing the level of anxiety of pregnant women during the COVID-19 pandemic at the UPT Puskesmas Babakan Sari, Bandung City, from 54 (100%) respondents studied the results showed that 5 respondents (9.3%) did not show symptoms of anxiety, 22 respondents (40, 8%) pregnant women had mild anxiety levels, 21 respondents (38.9%) pregnant women showed moderate anxiety levels and 6 respondents (11.1%) experienced severe anxiety levels. From these results, almost all (90.8%) respondents showed that pregnant women experienced anxiety during the COVID-19 pandemic with the majority experiencing mild-moderate anxiety (79.7%).

Suggestion

Based on the results of the research conclusions above, the following suggestions can be given:
1. For UPT Puskesmas Babakan Sari Kota Bandung
a) To further socialize the existing counseling and assistance programs for pregnant women, both through online classes for pregnant women and Whatsapp groups that have been carried out at the Puskesmas.
b) More often schedule relaxation programs for pregnant women such as yoga or hypnosis

in pregnant women classes or open psychology classes in online pregnant women classes that can be done by the Puskesmas.

c) Cooperate with related parties (psychologists) to overcome anxiety in pregnant women.

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