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## Article Title

### **Anxiety Levels among Primigravida Pregnant Women at the Menteng Public Health Center, Palangka Raya**

## Author(s)

**N. Nur'aini\***

RSUD Jaraga Sasameh Buntok, Indonesia // [ainynot31@gmail.com](mailto:ainynot31@gmail.com)

\*Corresponding Author

**Destinady K. Miden**

Poltekkes Kemenkes Palangkaraya, Indonesia // [destinady.kmiden@polkesraya.ac.id](mailto:destinady.kmiden@polkesraya.ac.id)

**Wahidah Sukriani**

Poltekkes Kemenkes Palangkaraya, Indonesia // [wahidahsukriani@polkesraya.ac.id](mailto:wahidahsukriani@polkesraya.ac.id)

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## **ABSTRACT**

*Anxiety among third-trimester primigravida is a significant public health issue that increases the risk of delivery complications, as well as maternal and infant morbidity and mortality. This study aimed to determine anxiety levels among primigravida based on age, education, occupation, income, and family support in the working area of the Menteng Primary Health Center (PHC) in Palangka Raya City. This quantitative study, with a descriptive cross-sectional design, involved 55 respondents selected through purposive sampling. Primary data were collected using the Perinatal Anxiety Screening Scale (PASS) questionnaire and a Likert-scale questionnaire for the family support variable, which were subsequently analyzed using univariate frequency distributions and percentages. The results showed that the majority of respondents experienced moderate anxiety (63.64%) and severe anxiety (18.18%). Moderate anxiety was predominantly experienced by the ideal reproductive age group of 20–35 years (62.50%), those with secondary education (63.89%), and the unemployed (housewives) (59.38%). Specifically regarding socio-economic indicators, moderate anxiety remained dominant among those with a husband's income below the Regional Minimum Wage (RMW) (64.10%). Notably, the group receiving good family support (73.80%) contributed the highest rate of moderate anxiety. These empirical facts demonstrate that age maturity, financial stability, and family support do not automatically eliminate maternal anxiety approaching the first childbirth. Therefore, it is recommended that the PHC integrate psychological screening instruments into routine Antenatal Care (ANC) service standards to reduce the risk of complications at an early stage.*

*Keywords:* Antenatal Care; Anxiety; Pregnant Women; Primigravida.

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## **INTRODUCTION**

Maternal and newborn health is a primary indicator of a country's public health status, reflected in the Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR). In Indonesia, maternal deaths remain alarming, increasing from 4,627 cases in 2020 to 7,389 cases in 2021 (Hardhana et al., 2021). Most of these deaths are caused by physical complications such as gestational hypertension, hemorrhage, and infection. However, these physical issues are often initiated or exacerbated by psychiatric disorders during pregnancy. Globally, maternal mental health is a major yet underrecognized issue; the World Health Organization (WHO) notes that approximately 13% of pregnant women worldwide experience anxiety and depression (Xian et al., 2019; Araji et al., 2020). Left untreated, anxiety can disrupt fetal blood flow and release harmful stress hormones, ultimately contributing to high maternal and infant mortality (Hanifah & Utami, 2019; Akinsulore et al., 2021).

Gestational anxiety is a form of psychological distress characterized by excessive worry regarding the fetal condition, the delivery process, and the transition to motherhood. This anxiety typically peaks during the third trimester, as hormonal changes and increasing physical burden combine with the fear of childbirth (Puspitasari & Wahyuntari, 2020; Asih et al., 2021). In developing countries like Indonesia, it is estimated that over 20% of pregnant women experience this anxiety. Furthermore, research indicates that 28.7% of pregnant women in Indonesia experience anxiety

during the third trimester (Siallagan & Lestari, 2018; Hanifah & Utami, 2019). The impacts of this anxiety are severe, as it is proven to increase the risk of premature birth, intrauterine growth restriction, and birth asphyxia (Xian et al., 2019; Tarafa et al., 2022). Therefore, psychological screening for pregnant women must be an integral, inseparable component of routine antenatal care.

Among all pregnant women, primigravida represent the most vulnerable group to psychological distress. The lack of previous childbirth experience leaves them without clear expectations of the delivery process, significantly increasing the risk of moderate to severe anxiety (Akinsulore et al., 2021; Kara et al., 2023). First-time mothers often struggle to adapt, as they must accept drastic physical changes while mentally preparing for motherhood (Tarafa et al., 2022). Mental unpreparedness in this group requires targeted interventions. Unfortunately, current standard screening tools at Primary Health Centers (PHCs) or clinics remain overly focused on physical measurements and medical complaints, while maternal psychological conditions are frequently neglected.

This deficiency in maternal healthcare services is evident in the working area of Menteng PHC, Palangka Raya City. Based on 2021 data from the Central Kalimantan Provincial Health Service, the rate of first antenatal care visits (K1) in this city was excellent, reaching 101.52%. However, the fourth antenatal visit (K4) approaching delivery declined and remained below the 95% standard target (Dinkes Kalteng, 2021). This decline indicates underlying issues that discourage pregnant women from returning for check-ups, which are highly likely caused by unmanaged anxiety or psychological discomfort. Furthermore, preliminary interviews with 120 pregnant women at Menteng PHC between September 2022 and January 2023 revealed that half of them (50%) lacked any understanding of the dangers and management of gestational anxiety. This highlights a critical gap between the high risk of anxiety-induced complications in primigravida and the weak psychological early detection system at the PHC.

Previous studies have attempted to identify the causes of psychological disorders in pregnant women; however, most differ in perspective from the current study. Many previous studies merely examined general maternal mental readiness without quantifying specific anxiety levels (Evareny et al., 2022). Additionally, prior research discussing family support factors frequently produced contradictory conclusions. Several studies concluded that family support effectively reduces maternal anxiety (Sinambela & Tane, 2020; Akbar et al., 2021; Putri & Hastutik, 2022). Conversely, a study by Kartika et al. (2021) demonstrated that the extent of family support had no significant association with reduced anxiety. Furthermore, external educational interventions were reported to not always successfully eliminate this anxiety

(Hassanzadeh et al., 2020). These discrepancies prove that anxiety cannot be assessed based on a single factor but requires examining a combination of various maternal background characteristics.

Based on these issues and conflicting results, the novelty of this study lies in its concurrent assessment of five factors—maternal age, education level, occupation, family income, and family support—specifically among third-trimester primigravida. Examining these five factors simultaneously was highly recommended by previous studies to obtain more accurate results (Situmorang et al., 2020; Nurhasanah et al., 2022). Moreover, this study uses a highly accurate, pregnancy-specific questionnaire, the Perinatal Anxiety Screening Scale (PASS), in the urban population of Palangka Raya, which has distinct socio-economic characteristics. This approach ensures that the measured anxiety is genuinely attributed to the pregnancy process, rather than resulting from overly generalized or misdirected instruments.

Scientifically and practically, this study provides a crucial contribution to improving maternal healthcare services in Indonesia. The quantitative findings of this study are expected to shift healthcare workers' practices from solely examining physical complaints to conducting comprehensive assessments encompassing maternal physical, mental, and social environments. For local governments or policymakers at the Health Service level, these anxiety prevalence data, broken down by age, education, and economic groups, will serve as empirical evidence for designing more targeted counseling programs. Consequently, PHCs can allocate resources and provide psychological guidance services that are more efficient and appropriately targeted.

Therefore, this study generally aims to determine the anxiety levels of primigravida at Menteng PHC, Palangka Raya City. Specifically, this research is designed to quantitatively assess the prevalence of these anxiety levels based on maternal age, education, occupation, family income, and received family support. The anticipated benefits of these findings are to expand scientific knowledge within midwifery education and provide reliable data for local PHCs to improve the quality of their Antenatal Care services. Furthermore, this study is expected to enhance public understanding, particularly among families, enabling them to provide appropriate support to prevent complications and reduce maternal and infant mortality during childbirth.

## **METHOD**

This study employed a quantitative descriptive design with a cross-sectional approach (Notoatmodjo, 2018). This design was selected because it precisely mapped

and quantified anxiety levels among primigravida, along with their demographic factors (age, education, occupation, income, and family support), simultaneously at a single point in time. This approach effectively addressed the research objectives by directly yielding measurable, concrete, and objective percentage data without any researcher intervention.

The research was conducted in the working area of Menteng Primary Health Center (PHC), Palangka Raya City, in May 2023. The study population comprised all primigravida attending Antenatal Care (ANC) visits between September 2022 and January 2023, totaling 120 individuals. The sample size was determined using the Slovin formula with a 10% margin of error, resulting in a final sample of 55 respondents. Sampling was implemented using a purposive sampling technique based on the inclusion criterion of primigravida without medical complications. Conversely, the exclusion criterion was defined strictly as pregnant women who refused to provide informed consent to participate in the study.

This study relied entirely on primary data directly collected through structured questionnaires (Sugiyono, 2019). The anxiety level variable was measured using the Perinatal Anxiety Screening Scale (PASS), which has demonstrated validity and reliability. This instrument contains 31 items scored from zero to three, which were subsequently classified into four empirical categories: no anxiety, mild anxiety, moderate anxiety, and severe anxiety. Meanwhile, the family support variable was measured using a 12-item Likert-scale questionnaire, with three categories: poor support, sufficient support, and good support.

The collected primary data were subsequently processed through a series of quantitative steps, including editing, coding, data entry, and data cleaning. Following validation, the data were analyzed using univariate analysis. This analysis described each variable individually by calculating frequency distributions and percentage proportions (Dahlan, 2020). The use of this method was highly appropriate and efficient for formulating clear quantitative conclusions, thereby comprehensively addressing the research problem of anxiety levels among primigravida.

## **RESULTS**

This study aimed to identify the anxiety levels of primigravida at Menteng PHC, Palangka Raya City. Based on questionnaire data from 55 respondents, the general frequency distribution and percentages of anxiety levels were obtained, along with cross-tabulations by demographic characteristics, including age, education level, employment status, income, and family support.

**Table 1. Frequency Distribution of Anxiety Characteristics among Primigravida**

Anxiety Level	Frequency (n)	Percentage (%)
No Anxiety	6	10.91
Mild Anxiety	4	7.27
Moderate Anxiety	35	63.64
Severe Anxiety	10	18.18
<b>Total</b>	<b>55</b>	<b>100.00</b>

Source: Primary Data, 2023.

As presented in Table 1, the univariate analysis revealed that out of 55 primigravida, the majority experienced moderate anxiety, accounting for 35 respondents (63.64%). The second-highest proportion was severe anxiety, experienced by 10 respondents (18.18%), followed by no anxiety with 6 respondents (10.91%). Conversely, the lowest percentage was observed in the mild anxiety category, experienced by only 4 respondents (7.27%).

**Table 2. Analysis of Anxiety Levels in Primigravida Pregnant Women Based on Respondent Characteristics**

Characteristic of Respondent	Anxiety Level									
	No Anxiety		Mild Anxiety		Moderate Anxiety		Severe Anxiety		Total	
	n	%	n	%	n	%	n	%	n	%
<b>Age</b>										
< 20 Years	0	0.00	0	0.00	5	71.43	2	28.57	7	100.00
20 – 35 Years	6	12.50	4	8.33	30	62.50	8	16.67	48	100.00
<b>Education Level</b>										
Primary Education	0	0.00	0	0.00	4	80.00	1	20.00	5	100.00
Secondary Education	3	8.33	2	5.56	23	63.89	8	22.22	36	100.00
Higher Education	3	21.43	2	14.29	8	57.14	1	7.14	14	100.00
<b>Occupational</b>										
Employed	2	8.70	3	13.04	16	69.57	2	8.70	23	100.00
Unemployed	4	12.50	1	3.13	19	59.38	8	25.00	32	100.00
<b>Husband's Income</b>										
< RMW	3	7.69	3	7.69	25	64.10	8	20.51	39	100.00
> RMW	3	18.75	1	6.25	10	62.50	2	12.50	16	100.00
<b>Wife's Income</b>										
Unemployed	4	12.50	1	3.13	19	59.38	8	25.00	32	100.00
< RMW	1	5.26	3	15.79	13	68.42	2	10.53	19	100.00
> RMW	1	25.00	0	0.00	3	75.00	0	0.00	4	100.00

Characteristic of Respondent	Anxiety Level									
	No Anxiety		Mild Anxiety		Moderate Anxiety		Severe Anxiety		Total	
	n	%	n	%	n	%	n	%	n	%
Family Support										
Poor	0	0.00	0	0.00	0	0.00	8	100.00	8	100.00
Sufficient	3	14.29	2	9.52	16	76.19	0	0.00	21	100.00
Good	3	11.54	2	7.69	19	73.08	2	7.69	26	100.00

Source: Primary Data, 2023.

Regarding age characteristics, the majority of respondents (48 respondents) were within the healthy reproductive age range of 20–35 years. Within this age group, anxiety levels were dominated by the moderate anxiety category with 30 respondents (62.50%), while severe anxiety reached 8 respondents (16.67%). In the high-risk age group (< 20 years), all respondents experienced anxiety, specifically 5 respondents (71.43%) with moderate anxiety and 2 respondents (28.57%) with severe anxiety.

Based on education level, the data showed that the majority (36 respondents) had a secondary education background (senior high school). This secondary education group recorded the highest moderate anxiety rate, comprising 23 respondents (63.89%), followed by severe anxiety with 8 respondents (22.22%). In the higher education group, moderate anxiety also dominated with 8 respondents (57.14%), followed by the no anxiety category with 3 respondents (21.43%). Meanwhile, the primary education group was divided solely into moderate and severe anxiety categories, comprising 4 respondents (80.00%) and 1 respondent (20.00%), respectively.

Occupational data indicated that most respondents were unemployed (housewives), totaling 32 individuals. Within this unemployed group, anxiety predominantly fell into the moderate category with 19 respondents (59.38%). Severe anxiety in this group reached 8 respondents (25.00%), followed by no anxiety with 4 respondents (12.50%), and mild anxiety with 1 respondent (3.13%). Conversely, the employed group consisted of 23 respondents. In this group, moderate anxiety was also the majority with 16 respondents (69.57%). A total of 3 respondents (13.04%) experienced mild anxiety, while the severe anxiety and no anxiety categories yielded identical results of 2 respondents each (8.70%).

Family income was divided into the husband's and the wife's. The husband's income was evaluated based on two categories related to the Regional Minimum Wage (RMW) threshold. The < RMW category accounted for the largest share of the husband's income. In this group, moderate anxiety remained dominant with a proportion of 25 respondents (64.10%). Furthermore, severe anxiety in this group was experienced by 8 respondents (20.51%). For incomes > RMW, out of 16 respondents, moderate anxiety

was experienced by 10 respondents (62.50%). The wife's income was categorized into three groups: unemployed, < RMW, and > RMW. Of the 55 respondents, 32 were unemployed. In this group, 19 respondents (59.38%) experienced moderate anxiety. In the < RMW category, 13 respondents (68.42%) experienced moderate anxiety. In the > RMW category, which comprised only 4 respondents, 3 respondents (75.00%) experienced moderate anxiety, and 1 respondent (25.00%) experienced no anxiety.

The data distribution for the family support variable demonstrated that the majority of respondents (21 individuals) received good support. Notably, this group with good family support contributed the highest rate of moderate anxiety, reaching 19 respondents (73.08%). In the group with poor family support, no respondents were found in the mild, moderate, or no anxiety categories; rather, all 8 respondents (100%) in this group experienced severe anxiety. In contrast, 16 respondents (76.19%) reported receiving sufficient family support. Within this group, 3 respondents (14.29%) experienced no anxiety and 2 respondents (9.52%) experienced mild anxiety.

## DISCUSSION

Based on the analysis of 55 primigravida, the primary findings of this study indicated that the majority of respondents experienced moderate anxiety (63.60%), while a smaller proportion experienced severe anxiety (18.18%). These percentages are notably higher than the global estimate by the World Health Organization (WHO), which notes that the average rate of anxiety disorders among pregnant women worldwide is 13% (Araji et al., 2020). The high prevalence of anxiety in the working area of Menteng PHC, Palangka Raya City, aligns with conditions in various other developing countries, where psychological distress levels during the third trimester of pregnancy frequently exceed (28.7%) (Hanifah & Utami, 2019; Xian et al., 2019). This demonstrates that pre-labor anxiety is a highly prevalent and high-risk health condition among pregnant women.

The high rates of moderate and severe anxiety are closely related to the primigravida status of all respondents. First-time mothers lack prior childbirth experience; thus, they are more prone to worry about an unfamiliar delivery process (Maki et al., 2018). This unfamiliarity with the childbirth process is a major cause of the high anxiety scores measured by the PASS instrument. These findings support previous studies stating that a first pregnancy has a high probability of triggering moderate to severe anxiety, where primigravida are proven to have significantly higher anxiety levels compared to multiparous women (Puspitasari & Wahyuntari, 2020; Akinsulore et al., 2021).

Regarding age groups, the study found that the majority of respondents (87.27%) fell within the healthy, ideal reproductive age range of 20 to 35 years. However, this

ideal age group contributed the highest percentage of moderate anxiety at 62.50%. These figures indicate that physical age maturity does not automatically guarantee pregnant women are free from psychological anxiety. Quantitatively, this result reinforces conclusions from prior research finding that the ideal age range still carries a high risk of anxiety due to the significant burden of social expectations and the major role transition to motherhood at that age (Siallagan & Lestari, 2018; Nurhasanah et al., 2022). Therefore, the age of 20 – 35 years cannot serve as a guarantee against maternal anxiety.

Furthermore, in the high-risk age group (under 20 years), which comprised 12.72% of the sample, all respondents experienced either moderate (71.43%) or severe anxiety (28.57%). No adolescent respondents fell into the “no anxiety” category (0.00%). The absence of anxiety-free individuals in this adolescent group demonstrates a strong correlation between cognitive immaturity and the inability to manage gestational stress. These data align with previous research stating that pregnant women at a very young age face anxiety risks far above normal limits due to a lack of mental readiness (Situmorang et al., 2020).

Regarding education levels, the data percentages presented an interesting condition, where mothers with a secondary education (senior high school) dominated the moderate anxiety group at 63.89%. Even in the higher education group (university), the rate of moderate anxiety remained substantial at 57.14%. This percentage distribution provides empirical evidence that high formal education does not always correlate with low anxiety levels. This finding supports literature explaining that pregnant women with secondary and higher education tend to actively seek and read information regarding delivery risks or complications, wherein exposure to such negative information can paradoxically increase their worry and anxiety scores (Asih et al., 2021).

Data analysis based on employment status confirmed that unemployed mothers (housewives) were the largest contributors to moderate anxiety 59.38%. The lack of external work activities provides pregnant women with more free time, causing their attention to be more focused on their physical pregnancy complaints. Similarly, in the employed respondent group, the “moderate anxiety” rate was also the highest 69.57%. These calculated data contrast with public health studies projecting that work routines can distract mothers from anxiety while providing a social environment that acts as a buffer against stress accumulation (Hanifah & Utami, 2019; Tarafa et al., 2022).

Regarding family income, the data breakdown showed that although the majority of respondents had incomes below the Regional Minimum Wage (< RMW) for both the husband's 64.10% and the wife's 68.42% income, moderate anxiety remained the

most prevalent in this group. This figure is inconsistent with studies by [Xian et al. \(2019\)](#) and [Akinsulore et al. \(2021\)](#), which demonstrated that financial stability, as indicated by income > RMW, cannot eliminate anxiety to its lowest level. Although all “no anxiety” mothers indeed originated from the high-income group, the high rate of moderate anxiety confirms that pre-labor fear has broader causes than mere financial issues. Financial adequacy is only effective in reducing anxiety related to delivery costs but cannot suppress the fear of life-threatening risks during childbirth.

Based on the family support variable, a crucial finding emerged: the group of mothers with “sufficient” family support 76.19% mostly experienced “moderate” anxiety. Even more surprisingly, in the group of mothers who received “good” family support, a moderate anxiety level was still observed at a rate of 73.08%. These figures provide strong mathematical evidence that family attention and assistance do not automatically reduce anxiety to zero. Although most general studies state that family support is highly effective in reducing maternal anxiety ([Sinambela & Tane, 2020](#); [Akbar et al., 2021](#); [Putri & Hastutik, 2022](#)), the data in this study clearly indicate that external support still has limited benefits.

The persistence of anxiety in the group receiving good family support differs from general health perspectives; however, this result actually corroborates the findings of a study by [Kartika et al. \(2021\)](#), which diverged from other studies. That study quantitatively proved that there is no significant relationship between the extent of family support and the reduction in maternal anxiety levels. The data analysis in this manuscript demonstrably strengthens that argument, indicating that pre-labor anxiety is predominantly driven by internal physical and mental fears of the mother herself, which cannot be eliminated solely by soothing words or support from family members.

The inability of ideal factors (such as mature age, high income, and good family support) to completely eradicate anxiety rates is also supported by literature on childbirth readiness. Based on a clinical study by [Hassanzadeh et al. \(2020\)](#), it was proven that even providing education through childbirth preparation classes cannot absolutely eliminate the anxiety rates of primigravida. This aligns with the condition of the sample at Menteng PHC, as the adaptation process to motherhood requires varying amounts of time and mental readiness for each individual ([Evareny et al., 2022](#); [Kara et al., 2023](#)). Furthermore, a mother’s readiness for childbirth is not solely determined by family support but also by how well she processes information about the pregnancy ([Elvina et al., 2018](#)).

## **CONCLUSIONS AND SUGGESTIONS**

This study concludes that the majority of third-trimester primigravida at Menteng PHC, Palangka Raya City, experienced moderate anxiety (35 respondents; 63.64%) and severe anxiety (10 respondents; 18.18%). These quantitative findings directly address the research objectives while demonstrating the high risk of psychological distress approaching the first childbirth. This high prevalence necessitates immediate clinical intervention to prevent pregnancy and delivery complications.

Based on the five demographic indicators, moderate anxiety was predominantly experienced by the healthy reproductive age group of 20 – 35 years (30 respondents; 62.50%), those with secondary education (23 respondents; 63.89%), and the unemployed (housewives) (19 respondents; 59.38%). Specifically concerning socio-economic indicators, moderate anxiety remained dominant among the group with a husband's income below the Regional Minimum Wage (25 respondents; 64.10%) and the group receiving good family support (19 respondents; 73.80%). This data distribution clearly shows that ideal age, financial stability, and external support do not eliminate the intrinsic anxiety of primigravida.

Based on these findings, the Palangka Raya City Health Service and the management of the Menteng PHC are advised to update their Antenatal Care (ANC) service guidelines promptly. The PHC should mandate the integration of psychological screening instruments, such as the Perinatal Anxiety Screening Scale (PASS), into routine examinations, particularly during the fourth antenatal visit. Additionally, it is recommended that the PHC establish psychological counseling services and childbirth preparation classes specifically tailored for primigravida, ensuring that anxiety symptoms are professionally managed by healthcare providers.

Academically, these findings enrich the public health and midwifery databases regarding antenatal anxiety patterns. For future researchers, the evidence demonstrating the limited effectiveness of family support and income should serve as a foundation for further studies. Subsequent research is recommended to utilize experimental analytical designs, such as evaluating the effectiveness of relaxation therapy, prenatal exercises, or cognitive behavioral interventions—to formulate the most effective evidence-based solutions for reducing anxiety rates among primigravida, thereby ultimately lowering the Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR).

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