MEASUREMENT OF ANXIETY LEVEL USING THE DEPRESSION ANXIETY SCALE (DASS) ANXIETY MEASUREMENT ON PREGNANT WOMEN IN DEALING WITH DELIVERY IN REMOTE WATER AREA AND FACTORS THAT INFLUENCE IT IN DABONG VILLAGE, BA DISTRICT, KUBUTAN, 2022.

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Abstract. Excessive anxiety can affect pregnancy and fetal growth. Irrational anxiety makes pregnant women uneasy and triggers stress. Babies born to stressed mothers tend to be hyperactive children and have difficulty controlling emotions(Maulana, 2016).
To determine the level of anxiety of pregnant women and the factors that influence it in dealing with childbirth anxiety in the remote waters of Dabong Village, Kubu District, Kubu Raya Regency, West Kalimantan. The research methodology uses this research method using an analytical research method with a Cross Sectional approach. The sample in this study were 31 pregnant women respondents. Data analysis using univariate and bivariate data analysis. The sampling technique used was total sampling. The research instrument consisted of a DASS (Depression Anxiety Stress Scale) questionnaire for anxiety levels. Data were analyzed using Chi-square statistical test to determine the relationship between two independent variables and the dependent variable, namely the level of anxiety and the factors that influence it (age, education, occupation, parity, level of knowledge).
The results of the univariate data analysis showed that the anxiety level of many pregnant women experienced anxiety with a mild level of 12 pregnant women, 7 pregnant women, 6 pregnant women heavy. Bivariate data analysis with statistical test results obtained p value = 0.018 for age, statistical test results obtained p value = 0.043 for education, statistical test results obtained value for work p = 0.035, statistical test results obtained p value = 0.024 for parity and test results statistically obtained p value = 0.029 for the level of knowledge, on the anxiety of pregnant women, it can be concluded that there is an effect of the level of anxiety of pregnant women on anxiety in facing childbirth and the factors that influence it,
The conclusion of the study is that pregnant women experience anxiety with levels of anxiety from mild to severe and there is an influence on the level of anxiety of pregnant women on anxiety in facing childbirth. There is a need for health education related to pregnancy and focusing on the psychology of pregnant women as well as family support, husbands (active roles) and the environment for pregnant women. Anxiety assessments for pregnant women are also carried out.

Keywords: Pregnant Women, Anxiety, Anxiety Levels, pregnancy factors

1. Introduction

Pregnancy is one of the exciting processes and a critical period that involves emotional and brings new experiences in a woman's life (Mortazavi, 2021). WHO in 2019 stated that in 2017 every day, 830 mothers in the world died from diseases/complications related to pregnancy and during childbirth. Based on the results of SUPAS in 2015 the AKI in Indonesia was 305 per 100,000 live births. Indonesia is ranked as the second highest AKI after Laos. The main causes of maternal death are bleeding, infection, high blood pressure

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and prolonged labor (WHO, 2018). Complications at the time of delivery are closely related to maternal factors and birth attendants. Where the maternal factor is in the form of anxiety before delivery which can trigger changes in blood vessels and an increase in uterine artery resistance which can increase blood pressure which, if continued, will result in hypertension and high blood pressure ASEAN Secretariat, 2017 (Evareny et al., 2022).

The Indonesian Ministry of Health (2008) stated that in Indonesia in 2008 there were 373 million pregnant women, and 107 million people experienced anxiety in the face of childbirth (28.7%). This is also reinforced by the results of research by Ardyanti (2012) that in general pregnant women experience anxiety, namely from 31 mothers studied, 28 (90.31%) mothers experienced mild to severe anxiety levels.

Anxiety appears as intense fear or panic. If left unchecked, it can continue to trigger several complications such as prolonged 1st stage, the mother loses power (power) and even obstructed labor (Amiri et al, 2019). According to research conducted by Pevi in (Evareny et al., 2022) there are 373,000,000 pregnant women, and 107,000,000 pregnant women (28.7%) who experience anxiety in dealing with childbirth. Research by (Koelewijn et al., 2017) in the Netherlands also stated that the prevalence of anxiety during pregnancy was 1.45 or 95% of all selected respondents. Anxiety is caused by several factors that influence it according to (Jannah, 2016) that affect the mother's anxiety in dealing with childbirth which is included, namely age, education, occupation, parity and level of knowledge. Excessive anxiety can affect pregnancy and fetal growth later. Anxiety about irrational things makes pregnant women uneasy and triggers stress. Babies born to stressed mothers tend to be hyperactive children and have difficulty controlling emotions (Maulana, 2017).

From the above background, researchers are interested in conducting research on the measurement of anxiety levels using the DASS measuring instrument for pregnant women in dealing with childbirth in remote water areas and the factors that influence it in Dabong Village, Kubu District, Kubu Raya Regency.

2.   Methods

The research methodology uses this research method using an analytical research method with a Cross Sectional approach. The sample in this study were 31 pregnant women respondents. Data analysis using univariate and bivariate data analysis. The sampling technique used was total sampling. The research instrument consisted of a DASS (Depression Anxiety Stress Scale) questionnaire for anxiety levels. Data were analyzed using Chi- square statistical test to determine the relationship between two independent variables and the dependent variable, namely the level of anxiety and the factors that influence it (age, education, occupation, parity, level of knowledge).

3.   Results and Discussion

Table 1. Frequency distribution of the age of pregnant women

Age V334	Amount	Percentage
<20	15	48.4%
20-35	12	38.7%
>35	4	12.9%
Total	31	100,0%

Based on table 1. It is known that the age of pregnant women in Dabong Village is mostly <20 years old as many as 15 people (48.4%) and the lowest is age>35 as many as 4 people (12.9%).

Table 2. Distribution of the frequency of education for pregnant women

Education	Amount	Percentage
Low(SD)	12	38.7%
Medium(SMP-SMA)	15	48.4%
Height(PT)	4	12.9%
Total	31	100,0%

Based on table 2. it is known that the education of pregnant women in general is SMP-SMA as many as 15 people 48.4%, and the lowest is tertiary education as many as 4 people (12.9%).

Table 3. Distribution of the frequency of work of pregnant women

Job	Number	Percentage
Civil Servants	2	6.5%
Private Employee	2	6.5%
Labor	2	6.5%
Trade	2	6.5%
Self-employed	8	25.8%
Fisherman	2	6.5%
Housewife	13	41.9%
Total	31	100,0%

Based on table 3. It is known that pregnant women based on work in Dabong Village are generally housewives of 13 people (41.9%) and other pregnant women are in a balanced value, namely as civil servants, private employees, laborers, tradesmen and fishermen, each of which is equal to 2 people (6.5%).

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Table 4. Frequency distribution of pregnant women parity

Parity	Amount	Percentage
PrimiGravida	10	32.3
GrandeMultigravida	21	67.7
Total	31	100.0

Based on table 4. it is known that the frequency of pregnant women who dominate is at parity grande multigravida, which is 21 people (67.7%).

Table 5. Frequency distribution of knowledge level of pregnant women

Knowledge Level	Amount	Percentage
Good	1	3.2
Enough	15	48.4
Less	15	48.4
Total	31	100.0

Based on table 5. it is known that the frequency of pregnant women who have good knowledge is 1 (3.2%) and the other pregnant women are at a balanced value, which is 15 people (48.4%) for the level of sufficient and less knowledge.

Table 6. Frequency Distribution of Pregnancy Anxiety Levels

Tingkat Kecemasan	Jumlah	Persentase
Normal	6	19.4
Light	12	38.7
Medium	7	22.6
Weight	6	19.4
Total	31	100.0

Based on table 6. It is known that there are 6 pregnant women who experience severe anxiety in Dabong Village (19.4%).

Table 7. The Relationship between Anxiety Levels and Influencing Factors

	Z	*OR (95 % CI*	*P value*
Age		14.79	0,018
Education		13.55	0,043
Occupation		29.51	0,035
Parity		12.78	0,024
Knowledge Level		17.09	0,029

Testing with the Chi Square Test if the Asymp Sig value < 0.05 then the hypothesis is accepted, if the Asymp Sig value > 0.05 then the Hypothesis is rejected. From the table above, the Asymp Sig value for the age factor is 0.018, education is 0.043, occupation is 0.035, parity is 0.024, knowledge level is 0.029 or less than 0.05 then the hypothesis is accepted.

Discussion

The results of hypothesis testing using the Chi-Square test at a 95% confidence level (0.05), showed that there was a relationship between age and anxiety for pregnant women in Dabong Village, where the value of = 0.018, smaller than = 0.05. According to Badudu (2019), women aged 20-35 years are physically ready to get pregnant because their reproductive organs are fully formed, compared to women who are <20 years old, their reproductive organs are still in the development stage, so the level of anxiety is more severe (panic), while women whose age is less than 20 years old. >35 partly classified in pregnancies with high risk of congenital abnormalities and complications in childbirth.

The results of hypothesis testing using the Chi-Square test at a 95% confidence level (0.05), showed that there was a relationship between the level of education and the anxiety of pregnant women in Dabong Village, where the value of = 0.043, smaller than = 0.05. The results of this study are in line with research (Yonne Astria, Irma Nurbaeti, 2009) which states that there is a significant relationship between the level of education and the anxiety of pregnant women. The level of education of pregnant women is very influential on the level of anxiety of the mother. Education can help pregnant women and their families control the source of anxiety, especially in the first pregnancy (primigravida) (Yonne Astria, Irma Nurbaeti, 2009). Anxiety in pregnant women is influenced by the knowledge factor of pregnant women about their pregnancy. The higher the education of pregnant women, the higher the level of knowledge. Pregnant women

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who are highly educated have more knowledge about pregnancy which allows them to anticipate themselves in dealing with anxiety. Meanwhile, low education causes anxiety due to lack of information (Said, 2015).

The results of hypothesis testing using the Chi-Square test at a 95% confidence level (0.05), showed that there was a relationship between work and anxiety for pregnant women in Dabong Village, where the value of = 0.035, smaller than = 0.05. The results of this study are in line with research conducted by Said (2015), it was found that out of 9 respondents, pregnant primigravida women who worked more did not experience anxiety, as many as 6 people (66.7%), while out of 31 respondents, primigravida pregnant women who did not work. , more experienced anxiety, namely as many as 16 people (51.6%). Pregnant women who have jobs can interact with the community so that they can increase knowledge about their pregnancy, and can increase family income to meet needs during and after childbirth (Said, 2015).

The results of hypothesis testing using the Chi-Square test at a 95% confidence level (0.05), showed that there was a relationship between the level of education and the anxiety of pregnant women in Dabong Village, where the value of = 0.024, smaller than = 0.05. obtained in this study in accordance with the results obtained by (Harahap et al., 2018) which showed that as many as 61.8% of pregnant women respondents were dominated by multigravida. According to Larasti, (2009) the anxiety of a pregnant woman can be influenced by the experience of pregnant women directly and information directly from posters, print media; includes: magazines, bulletins, newspapers, as well as electronic media, for example: radio, computer and television. High anxiety in pregnant women is associated with previous abnormal events, for example: abortion, past birth experiences. Interactions between emotionality and worry have been noted in women with distress. Managed anxiety is often associated with better postnatal adjustment and anxiety in pregnancy is consistently unrelated to complications in delivery. The need for counseling given by health workers starting from pre-marriage to pregnant women about preparing for childbirth is to mentally prepare pregnant women so as to minimize the occurrence of anxiety.

The results of hypothesis testing using the Chi-Square test at a 95% confidence level (0.05), indicate that there is a relationship between knowledge and anxiety of pregnant women in Dabong village, where the value of = 0.029, smaller than = 0.05. This is influenced by because of low education and an unsupportive environment so that the mother's knowledge is very less about her pregnancy. Lack of knowledge causes less information so that it triggers stress, fear which eventually becomes anxiety which is very influential in childbirth. Kusumawati explained that the better the knowledge of pregnant women, the lower the level of anxiety in dealing with childbirth, conversely the lower the level of knowledge of pregnant women, the higher the level of anxiety (Nurlailiyah et al., 2016). The level of knowledge is influenced by several elements as described in The research includes the level of respondents who are generally junior high schools, most of the respondents is a housewife. Likewise, there are other elements that affect the degree of knowledge in this study, more specifically the state of the research area is one of the causes of the respondents' lack of knowledge because some of the research areas are located in rural areas far from urban areas, the distance between houses and other houses is far apart. , some internet networks are not yet connected, electricity, transportation is inadequate so that access to information is very limited and difficult to reach, both information from health workers, as well as information from print media and even electronic media (Nurlailiyah et al., 2016).

4.   Conclusions

Pregnant women in Dabong Village experience anxiety from mild to severe levels. so that it can be said that there is a relationship between the level of anxiety and the factors that influence it.

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