



Self-Efficacy and Anxiety Level of Third-Trimester Primigravida

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Abstract

Childbirth anxiety causes changes in a woman's mind during the third trimester. Prolonged worry can make it difficult for pregnant women to focus and cause them to lose confidence. **Purpose:** This study determines the relationship between self-efficacy and anxiety levels of third-trimester primigravida pregnant women. **Methods:** This study used cross-sectional data and correlation analysis. The purposive sampling method selected 82 third-trimester pregnant women as the study population. The study sample included 57 third-trimester pregnant women per the inclusion criteria. This study used two questionnaires: the self-confidence scale and the Revised Pregnancy-Related Anxiety Questionnaire (PRAQ-R2). The research results on self-efficacy obtained 63.2% with moderate self-efficacy, while anxiety levels obtained the majority with moderate anxiety at 49.1%. Data analysis using the Spearman Rank correlation test formula obtained a correlation coefficient of 0.645 with a significance of 0.000 ($p < 0, 05$). **Conclusion:** There is a significant relationship in the self-efficacy of third-trimester primigravida pregnant women with anxiety levels with a strong correlation coefficient.

Keywords: Self-Efficacy, Primigravida, Third-Trimester, Anxiety

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1. Introduction

Anxiety is a response that pregnant women have in response to pregnancy situations that are perceived as dangerous and is followed by symptoms that may be physiological, emotional, psychological, or cognitive[1]. Anxiety and depression during pregnancy are significant complications reported to affect 20 - 40% of pregnant women [2]. Common causes of pregnancy-related worry can range from fetal well-being, maternal illness, social and financial support, and mortality [3].

Stress and worry during pregnancy anxiety can lead to reduced uterine contractions, making labor last longer. It can also lead to increased uterine atony, bleeding lacerations, infection, maternal fatigue, and shock. Finally, anxiety can increase the baby's risk of premature birth and low birth weight. On the other hand, there are times when pregnant women also feel moody because they are exhausted from the pregnancy process or because they are worried about many things [4]. Pregnancy-Related Anxiety In addition to increasing the likelihood of preterm birth and low birth weight in newborns, anxiety has been associated with decreased uterine contractions, prolonged duration of labor, and increased risk of uterine atony, bleeding lacerations, infection, maternal fatigue, and shock [5].

The level of maternal confidence can affect the smoothness of the labor process, the fetus's health, and maternal health during pregnancy. During childbirth, a woman's ability to exercise good self-control can lessen the intensity of the pain she experiences. Additionally, pregnant women who have a high level of self-efficacy report a higher level of satisfaction with the process of carrying. Additionally, these women experience less anxiety during childbirth. Women who can exert adequate self-control throughout the labor process are better able to manage the discomfort and anxiety they experience [6].

Self-efficacy is one of the psychological elements that help predict behavior and increase a woman's confidence and capacity while pregnant. This factor is found in women who are pregnant. Self-efficacy can be influenced by four main layers of information: performance achievements, such as having previously carried a child; experiences from





other pregnant women; verbal support from others; and physiological responses, such as feelings of fatigue, stress, anxiety, and sleep disturbances [7].

Many factors can influence an individual's ability to manage anxiety. Self-efficacy is one such factor. The relationship between self-efficacy and pregnancy-related anxiety is that individuals who feel unable to solve problems will become worried when thinking about how they will deal with these problems [8]. Peter defines self-efficacy as a belief in one's talents that enable individuals to act without excessive anxiety [9]. With this background, examining the relationship between self-efficacy and anxiety levels of third-trimester pregnant women is essential.

2. Research Method

This study used correlation analytics with a Cross-Sectional design conducted over three months. Eighty-two pregnant women in the third trimester were included in this study population, using the Slovin formula to determine the total number of respondents. Sample calculation resulted in 57 results obtained through the use of purposive sampling. Primigravida status, willingness to participate as a respondent, and absence of pregnancy-related problems were the inclusion criteria used to select the sample. The self-confidence scale questionnaire and PRAQ-R2 (Pregnancy-Related Anxiety Questionnaire-Revised) were used to obtain the necessary data for the study.

3. Results And Discussions

a. Result

Table 1
Characteristics of Respondents by Age, and Frequency Distribution

Age	f	%
< 20	8	14
20 – 35	37	64.9
>35	12	21.1
Total	57	100%

Data Presented as frequency (%)





Based on the description of Table 1 above, of the 57 respondents, most respondents were aged 20 to 35 years with 37 respondents (64.9%).

Table 2
Distribution of Respondent Characteristics Based on Education Level and Frequency

Education	f	%
Junior High	11	19.3
High School	31	54.4
Bachelor	15	26.3
Total	57	100%

Data Presented as frequency (%)

Based on the description of Table 2 above, out of 57 respondents, the majority of respondents had a high school education with 31 respondents (54.4%).

Table 3
Characteristics of Respondents Based on Occupation and Frequency Distribution

Work	f	%
Yes	19	33.3
No	38	66.4
Total	57	100%

Data Presented as frequency (%)

Based on the results of the description in Table 3 above, it was found that most respondents worked less than 38 respondents (66.4%).

Table 4
Respondents' Characteristics and Frequency Distribution, According to Self-Efficacy Levels

Self-Efficacy	f	%
Currently	36	63.2
High	21	36.8
Total	57	100%

Data Presented as frequency (%)





According to the information provided in Table 4, it was discovered that the majority of the respondents who placed themselves in the moderate self-efficacy category were 36 people (63, 2%).

Table 5
Distribution of Respondent Characteristics
Based on Anxiety Level

Anxiety	f	%
Light	17	29.8
Moderate	28	49.1
Heavy	12	21.1
Total	57	100%

Data Presented as frequency (%)

Based on the description of Table 5 above, it was found that most of the respondents were in a moderate level of anxiety, with 28 respondents (49, 1%).

Table 6
Cross Table Analysis of the Relationship Between Self-Efficacy of Third Trimester
Primigravida, Pregnant Women with Anxiety Levels

Self-Efficacy	Anxiety						Total	
	Light		Moderate		Heavy		f	%
	f	%	f	%	f	%		
Currently	24	61,6	13	33,3	0	0	39	100
High	11	61,1	7	38,9	2	5,1	18	100
Total	35	61,4%	20	35,1%	2	3,5%	57	100

Data Presented as frequency (%) cross table

Based on the description of Table 6 above, it can be seen that mild anxiety in high self-efficacy is 61%. At the same time, severe anxiety in high self-efficacy is 5.1% compared to moderate self-efficacy at 0%.

b. Discussion

Based on Table 1 with the age category, most mothers are aged between 20 to 35 years, with a percentage of 64.9, and are at a productive age. Her age influences the anxiety





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a woman feels in anticipation of childbirth during pregnancy. A married woman is considered productive age after she reaches the age she plans to become pregnant [10]. Pregnant women of mature age will be more willing to accept their pregnancy. They will prepare for the arrival of their child with tremendous enthusiasm so that the mother's thoughts and sentiments become more positive towards the arrival of her child.

In Nuriah research (2022) women are in optimal physical condition between the ages of 20 and 35. Because the uterus can provide protection, the mother's mind is ready to care for and maintain her pregnancy correctly [11]. As a result, the mother is emotionally ready to take care of herself and the unborn child. Brunton et al (2020) research also confirmed that compared to women aged between 20 and 30, those who are 35 years or older and pregnant report significantly higher levels of anxiety. Although women at this age are emotionally ready to welcome a child and fulfill their responsibilities as a mother, the experience of becoming pregnant after the age of 35 can still cause feelings of anxiety [12].

Based on the table based on educational status, almost half of the respondents had a high school education senior high school %, followed by a bachelor's education 26.3% and the rest had a junior high school education junior high school 19.3% The higher the education a person has, the greater his understanding and knowledge, which allows him to respond positively to the stimuli provided, especially in terms of meeting his health demands [13]. When a person has higher education, they better understand the issues at hand, especially for their health [14]. There is a strong correlation between education and knowledge; therefore, it is reasonable to anticipate that a person with a higher level of education will also be more informed. However, in addition, factors that influence behavior stem not only from a person's level of education but also from that person's attitudes, perceptions, or beliefs toward the challenges faced [15]. Low awareness can be caused by what a person thinks about their health [16].

Supported by Karl's research (2022), the health belief model can be used to predict non-adherence. A person's personality and beliefs about health affect how they respond to health advice [17]. A positive correlation exists between a person's level of education and





the likelihood that they will seek care from health services. Conversely, having a low level of education will cause a person to experience tension and anxiety due to the lack of information they obtain [14].

Based on the data table, the employment status of most prospective mothers needs to be fixed (66.4%). This is also one of the elements that affect self-efficacy. Working mothers have a deeper understanding of their health than stay-at-home mothers because they are more likely to be in contact with others and, thus, learn more about what she is experiencing. In contrast, non-working mothers are more introverted, stay at home, and share limited information with their peers, resulting in a lack of knowledge.

The study results of 57 respondents in the third-trimester primigravida showed that the majority of respondents with moderate self-efficacy category 63, 2%, and close to half of the respondents with high self-efficacy 36, 8%. Self-efficacy in pregnant women is one of the valuable psychological variables and frameworks that predict maternal behavior and increase self-efficacy and ability during pregnancy. This is because self-efficacy in pregnant women is one of the valuable psychological factors experienced by pregnant women [18]. Self-efficacy can be influenced by various things, such as one's self-concept and level of self-esteem, as well as one's experience, education, and field of work [19].

Based on the description of Table 5 above, it is found that most respondents are in a moderate level of anxiety, with a total of 28 respondents (%). Primigravida mothers will have higher anxiety than those who are not primigravida. This is because the mother has never experienced pregnancy and is worried about her delivery later. If this right is not balanced with high self-efficacy, then the mother's anxiety level will be higher, possibly impacting depression.

The cross table results show moderate anxiety is more significant in moderate self-efficacy (61, 6%) than high self-efficacy (61.1%). At the same time, severe anxiety is more significant in those with high self-efficacy (12.50%) than with moderate self-efficacy (0%). Pregnant women who feel anxious for a long time may find it difficult to focus well and feel





less confident[20]. The effect of maternal anxiety that she feels during childbirth will cause the mother to feel an abnormal amount of pain [21].

The level of confidence of pregnant women can affect the smoothness of the labor process, the health of the fetus, and the health of the pregnant woman [6]. Their self-confidence influences pregnant women's mental resilience in the labor process. Pregnant women who lack confidence are more likely to worry, be anxious, give up quickly, and doubt their abilities. When pregnant women have a high level of self-efficacy and a strong belief in their skills, they can better cope with stress and anxiety. Moderate anxiety occurs in pregnant women who have moderate levels of self-efficacy. The more pregnant women believe in their abilities, the less anxious they are about giving birth.

Based on Table 6 above there are 61.6% of mothers with moderate self-efficacy with mild anxiety levels, 33.3% with moderate anxiety, and 0% have severe anxiety levels. At the same time, mothers who have high self-efficacy have mild anxiety levels of 61.1%, moderate anxiety at 38.9%, and severe anxiety at 5.1%. It is based on the results of data analysis using the Spearman rank correlation test with $\alpha = 0,05$ obtained ρ value = 0.000 so that ρ value $< \alpha$ ($0.000 < 0,05$). So it can be concluded that H_0 is rejected, meaning there is a relationship between the self-efficacy of third-trimester primigravida pregnant women and anxiety levels.

4. Conclusion

It is based on the results of data analysis using the Spearman rank correlation test with $\alpha = 0,05$ obtained ρ value = 0.000 so that ρ value $< \alpha$ ($0.000 < 0,05$). So it can be concluded that H_0 is rejected, meaning there is a relationship between the self-efficacy of third-trimester primigravida pregnant women and anxiety levels. From these results, the conclusions of this study are there is a correlation between self-efficacy and the anxiety level of third-trimester primigravida pregnant women.

5. Compliance with ethical standards

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Disclosure of conflict of interest

On behalf of all contributing authors, I certify that there is no actual or potential conflict of interest in relation to this article.

Statement of informed consent

Every action we take as authors is a mutual agreement or consent.

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