

# Overview of the Study of Philosophy in Overcoming Anxiety in Pregnant Women at the Time of Delivery at the RSUD dr. Chasan Boesoerie Ternate City

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## **Abstract**

*Anxiety is a normal condition that may be felt by every pregnant woman if there is a soul that experiences pressure or feelings of anxiety that are so deep that it can cause psychiatric problems. Anxiety often develops in the long term and largely depends on one's entire life experience. Methods: This study is an observational analytical study with a cross-sectional study to describe the anxiety of pregnant women and to assess several features of philosophical studies in dealing with pregnant women. at the time of delivery. The population in this study were all pregnant women who were recorded in the register book and the MCH visit book for pregnant women at the RSUD Dr. Chasan Basoeri during 2020. The sampling technique was carried out using the total sample method. The research was conducted from November to December 2020. The results obtained in the variables: Age of pregnant women was 71.2%, education level was 59.3%, mother's knowledge was 67.8%, feeling of undergoing labor was 63.4 %, information from health workers was 67.8%, husband's support was 54.2% and mother's anxiety level was 67.8%. Conclusion: it is necessary from the Hospital dr. Chasan Boesoerie always provides information and counseling about pregnant women, and always provides information to husbands about health information for pregnant women and can visit or check pregnancy in K4, so as to avoid the level of anxiety of pregnant women during childbirth, especially in hospitals and health centers in Ternate City.*

**Keywords:** *Pregnancy Anxiety Level*

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## **I. INTRODUCTION**

Pregnancy and childbirth are natural and painful processes. However, many women feel the pain is more severe than it should be because many are influenced by panic and stress. This is called the fear-tension-pain concept, where fear creates tension and panic that causes muscles to stiffen and eventually causes pain.[1] The issue of justice has long been the subject of philosophical study, both among philosophers and among clergy, politicians and thinkers or legal experts. In the philosophy of science, a discipline can be expressed as knowledge. Philosophy of science developed from two main branches covering natural philosophy and moral philosophy. Natural philosophy is a group of natural sciences (natural sciences) while moral philosophy is a family of social sciences (social sciences). Furthermore, the group of natural sciences has the main branches of natural sciences (physical sciences) and life sciences (biological sciences). The branches of natural sciences that show medical and health sciences are in the line of life sciences, especially in the study of anxiety in pregnant women at the time of delivery [2]In general, a mother who is pregnant for the first time and will be happy with her first pregnancy. So great is their curiosity about the changes in themselves and the development of the fetus in the womb. But at the same time, anxiety also grows in the expectant mother. Even for mothers who are pregnant for the second, third and so on, they still feel anxious when facing childbirth [3]Anxiety is a normal condition that may be felt by every pregnant woman if there is a soul that experiences pressure or feelings of anxiety that are so deep that it can cause psychiatric problems.

Anxiety often develops over a long period of time and is largely dependent on a person's entire life experience. Special events can accelerate the emergence of anxiety attacks, but only after a basic pattern is

formed that shows an anxious reaction to one's life experiences at the time of delivery [4] The World Health Organization (WHO) estimates that every year there are 210 million pregnancies worldwide. Of this number 20 million women experience pain as a result of pregnancy. Around 8 million experienced life-threatening complications, and more than 500,000 died in 1995. As many as 210,000 of this number, almost 50% occurred in South and Southeast Asian countries, including Indonesia [5]. Anxiety, according to Dini, (2003), is a physical, mental, chemical reaction of a pregnant woman's body to a frightening situation during childbirth, surprising and confusing, endangering, and worrying a person. This reaction occurs in so many individuals. According to Bergner (2011), the prevalence of anxiety disorders in pregnant women reaches 21%-43% [6] According to Blackburn (Fidianty & Noviasuti, 2010), in the context of philosophical studies, the anxiety of pregnant women is excessive and not proportional to the situation, it will turn into a clinical problem. Anxiety of pregnant women before delivery felt by pregnant women will have an impact on the fetus they are carrying [7]. According to Stanley and Oberta (Lestariningsih, 2005), pregnant women who often feel worried and even have high stress have a tendency to give birth to premature babies. This happens because stress and anxiety trigger the production of Corticotropin Releasing Hormone (CRH). This hormone also has a function as a sign when labor will arrive [8] Anxiety is part of the emotional response, where anxiety is a vague and diffuse worry, which is related to feelings of uncertainty and helplessness. This emotional state has no specific object. Where anxiety is experienced subjectively and communicated interpersonally.

An individual who experiences anxiety can directly express his anxiety through physiological responses and unstable behavior of pregnant women, and can indirectly develop it through body defense mechanisms in pregnant women against anxiety during childbirth. overcome anxiety during childbirth. Based on the classification, this coping is divided into two, adaptive, namely mechanisms that support function, and maladaptive, namely mechanisms that inhibit function [9] Pregnant women who are not prepared to give birth will be more anxious and show fear in a silent behavior to the point of crying. Even though the birth event during labor is a normal physiological phenomenon, in reality the birth process has an impact on bleeding, excruciating pain and can cause fear and even death for both mother and baby [10] Based on the IDHS (2007), the maternal mortality rate (MMR) associated with pregnancy, childbirth, and the postpartum period is 228 per 100,000 live births. Even WHO, UNICEF, UNFP A, and the World Bank estimate the maternal mortality rate is higher at 420 per 100,000 live births [11] According to Stalke (2008) in accordance with the 5th MDGs goal, namely, improving maternal health, the targets to be achieved are none other than, first, reducing maternal mortality by three quarters between 1990-2015 with indicators of maternal mortality (per 100,000) and births assisted by trained personnel [12]. The second target is to provide access to reproductive health for all by 2015 with indicators of married women aged 15-49 years using family planning devices, the birth rate at a young age, (per 1000 women aged 15-19 years), visiting health facilities. and unmet family planning needs [13].

To eliminate anxiety in pregnant women, cooperation between patients and health workers must be instilled and information given to pregnant women during pregnancy [14] The North Maluku Provincial Health Office Work Plan 2020. The problems that affect the high maternal mortality in North Maluku Province are: not all pregnant women give birth at health facilities (Faskes), the limited competence of midwives in carrying out quality services, the number of trained personnel experiencing transfer to a new place of work so that the new workforce has limited human resources. Not all midwives are responsive in making decisions on handling maternal neonatal emergencies in North Maluku. Based on the data at the RSUD Dr. Chasan Basoeri, Ternate City, in 2019 there were 130 pregnant women, and in 2020 there were 103 pregnant women and in 2021 there were 59 pregnant women before delivery. Based on the problems above, that there is a phenomenon of high anxiety in pregnant women when facing childbirth, thus the research question arises whether the problem can overcome the anxiety of pregnant women during childbirth. So that researchers hope to be given information about health, especially pregnant women who must check their pregnancy or visit K4 at the health agency or hospital and determine interventions and policies regarding their health, especially for the health program for pregnant women in Ternate City. So from that title, researchers are interested in exploring further with pregnancy checks for mothers who are still lacking

K4 visits during pregnancy until before delivery. at the time of delivery in the study of philosophy at the RSUD dr. Chasan Boesoerie City of Ternate.

## II. METHODS

This research is an analytical observational study with a cross-sectional study to describe the anxiety of pregnant women and to assess some features of philosophical studies in dealing with pregnant women at the time of delivery. The population in this study were all pregnant women who were recorded in the register book and the MCH visit book for pregnant women at the RSUD Dr. Chasan Basoeri during 2020. The sampling technique was carried out using the total sample method. The research was conducted from November to December 2020. The data used are primary data and secondary data. Primary data were obtained from questionnaires compiled systematically to measure the age of pregnant women with the level of anxiety of pregnant women in dealing with childbirth, education level and level of anxiety at the time of delivery, knowledge of the level of anxiety of pregnant women at the time of delivery, feelings of undergoing labor on the level of anxiety. pregnant women, information on health workers with anxiety levels of pregnant women during childbirth, husband's support with anxiety levels during childbirth. Secondary data in the form of data on patient names and residential addresses obtained at RSUD dr. Chasan Boesoerie City of Ternate.

## III. RESULT AND DISCUSSION

In accordance with the research subjects studied, the distribution of research subjects was obtained based on the age of pregnant women, level of education, knowledge, feelings of undergoing childbirth, information from health workers, husband's support and anxiety levels of pregnant women.

**Table 1.** Characteristics and Frequency Distribution of Respondents

Variabel	Frequency	%
<b>Age</b>		
Risk 18 and 35 Years	42	71,2
No Risk 19-34	17	28,2
<b>Mother's Education Level</b>		
Low	35	59,3
Tall	24	40,7
<b>Knowledge</b>		
Low	40	67,8
Tall	19	32,2
<b>Feelings of Childbirth</b>		
Believe	38	64,4
Don't believe	21	35,6
<b>Information from Health Workers</b>		
Well	40	67,8
Not enough	19	32,2
<b>Husband Support</b>		
Support	32	54,2
Does not support	27	45,8
<b>Pregnancy Anxiety Level</b>		
Light	40	67,8
Currently	19	32,2

Data analysis is in the form of univariate analysis to see the description of each variable on the average data of each variable using frequency analysis. To find out the magnitude of the overview of the study of philosophy and risk factors that cause pregnant women at the time of delivery. Based on table 1. It shows that the age of pregnant women at the time of delivery is as much as natural (71.2%), low level of education in pregnant women is (59.3%), low knowledge is (67.8%), feeling of undergoing labor pregnant women and feel confident about (64.4%), information from health workers is (67.8%), husband's support is supportive (54.2%) and the anxiety level of pregnant women is (67.8%) in at the time of delivery. A sample of 59 pregnant women was obtained based on data from the RSUD dr. Chasan Boesoerie City of Ternate. Based on the results of the study, the age of pregnant women at risk 18 and 35 years was (71.2%) at risk in overcoming anxiety in pregnant women at the time of delivery. Where the results of the research according to Hidayat, 2020 according to cognitive and affective maturity are two perfect combinations and create coping or vary to cope with stressors. Ideally, mothers aged 19-34 years easily cope with stressors because of their natural potential (effective coping) to overcome anxiety during pregnancy. Age < 20 and > 35 years allows the conflict of two personality elements as a stressor in pregnant women. The situation that describes the actual condition of the mother (full of risk) is very different from what is expected by pregnant women. The gap between reality and fear of realizing expectations easily triggers anxiety in pregnant women [15]

The results of the study on the low level of education in pregnant women were 59.3% compared to higher education at 40.7%. The results of the study according to Hidayat, 2020 showed that the majority of respondents with the last education level of SMA/MA were 56.5%. Basically, the educational effort is a change in attitudes and behavior in humans towards a positive direction by reducing negative behavioral and socio-cultural factors. The low level of knowledge of pregnant women by 67.8% compared to the high level of knowledge of pregnant women by 32.3% can pose a risk of occurrence when the mother is in labor. The results of the study According to Cahyani, 2020 showed that most pregnant women at RSIA Bahagia Semarang had sufficient knowledge about the first stage of labor as many as 26 respondents (48.1%) and a small proportion had less knowledge about the first stage of labor as many as 6 respondents (16.7%). Anxiety in pregnant women at RSIA Bahagia Semarang in dealing with the first stage of labor with a mild level of anxiety as many as 27 respondents (50%) and a small proportion of pregnant women having severe anxiety in facing the first stage of labor as many as 2 respondents (3.7%) [16] The results of the study on the feeling of having a pregnant woman with a sense of trust were 64%, compared to the feeling of a mother who did not believe in giving birth, which was lower by 35%. According to Cahyani, in 2020 before giving birth, many worrying things arise in the minds of pregnant women, such as being afraid of having a baby with disabilities, being afraid of having surgery, being afraid of a long delivery, and so on. The peak of concern for pregnant women appears at the same time as the signs of giving birth. Contractions that gradually increase add to the burden of pregnant women, so that worries increase. In this condition the feeling of worry, if not handled properly, can damage the concentration of pregnant women when facing childbirth [16]

The results of the study on the information variable from good health workers were 67.8% getting good information, compared to information from health workers who were less at 32.2%. The results of the study according to Lesesne, 2018 regarding information from health workers is a very important external factor for pregnant women, which found that 32 respondents (100%) were well informed. The role of health workers is needed to reduce the risk of adverse pregnancy in pregnant women. Thus, health workers as educators play a role in carrying out guidance in reducing anxiety levels in pregnant women or counseling especially those related to reproductive health, including overcoming anxiety in pregnancy. [17] The results of the study on the husband's support variable that supports it is 54.2%, compared to the husband's support who does not support it at 45.8%, the better the husband's support, the lower the risk of pregnant women's anxiety about undergoing childbirth, with husband's support being an external factor that affects the level of respondent's anxiety in facing childbirth. The results of this study are not in line with research by Mu'minah, 2021 which found a relationship between husband's social support and maternal anxiety levels. In this study, it was found that support from the husband did not affect the anxiety level of pregnant women. This may be due to the husband's work factor who is unable to accompany his wife at the time of delivery [18]. The results of the study on the variable level of mild anxiety in pregnant women was 67.8%, compared to moderate

anxiety levels in pregnant women of 32.2%. According to Stuart and Sundeen 2019, there are four levels of anxiety, namely mild anxiety, moderate anxiety, severe anxiety, and very severe anxiety. Based on the results of this study, it was found that the third trimester primigravida pregnant women experienced the most moderate anxiety compared to mild anxiety levels [19]

#### IV. CONCLUSION

Based on the results of this study, it can be concluded that the age of pregnant women who are at risk is 71.2% at risk for anxiety levels in pregnant women who undergo childbirth, compared to a low level of education of 59.3% poses a risk of 6 times the risk during childbirth. compared to the low knowledge variable of 67.8% at risk of 7 times the rate of delivery during labor, the feeling of undergoing childbirth and getting information from good health workers to avoid and can cause anxiety levels in pregnant women during childbirth, the husband's support variable that supports get 54.2% compared to mothers with mild anxiety levels of 67.8% times who are at risk during childbirth to pregnant women.

#### V. ACKNOWLEDGMENTS

the results of the research above, it is recommended to the RSUD dr. Chasan Boesoerie, for infrastructure and services and health workers in particular providing counseling to pregnant women in order to prevent the occurrence of maternal and fetal mortality, as well as reduce anxiety levels at the level of pregnant women during childbirth, researchers can see a long-term perspective on General Hospitals in the study of philosophy applied in philosophy books and medical and health sciences. The author is grateful to the director of the Hospital, dr. Chasan Boesoerie, doctors, medical personnel, midwifery, and staff in the hospital environment located in the Tanah Tinggi village, Central Ternate City.

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