



Analysis Determinants Of Anxiety In Pregnancy

Ramadhana Alya Nuur Afifah¹, Darmayanti Wulandatika², Siti Fatimah³

^{1,2,3} Bachelor of Midwifery Programme, Faculty of Nursing and Health Sciences, Universitas Muhammadiyah Banjarmasin, Indonesia.

Email: Alyaa.nuorafifah11@gmail.com, Darmadatika@gmail.com, Fattimaharifin80@umbjm.ac.id.

ABSTRACT

Pregnancy is a natural process that is accompanied by physical and psychological changes. These changes can trigger mental disorders such as anxiety, especially if they are not properly managed. These conditions may affect both maternal and fetal health. The purpose of this study is to determine how common anxiety is among pregnant women in Banjarmasin and to examine how age, parity, education, income, and employment relate to anxiety during pregnancy. This research applies a quantitative method with a cross-sectional design. A total of 33 pregnant women were chosen using a purposive sampling method. Anxiety during pregnancy was measured using the Perinatal Anxiety Screening Scale (PASS). The relationships between the studied variables were analyzed using the Spearman Rank test. The study found that 11 respondents (33.3%) were asymptomatic, while 22 respondents (66.7%) experienced anxiety during pregnancy. Moreover, significant correlations were found between age, parity, education level, income, and employment status with the level of anxiety experienced. These findings emphasize the importance of integrating antenatal care (ANC) with routine anxiety screening and counseling programs, so that mental health problems can be detected and managed early during pregnancy.

Keywords: Prenatal Anxiety Screening Scale (PASS), Anxiety, Pregnancy

INTRODUCTION

Pregnancy is a normal and biological process experienced by women with a healthy reproductive system. This process starts from sexual intercourse that results in fertilization, followed by implantation of the embryo in the uterus, and lasts for approximately 280 days or 40 weeks (approximately 9 months and 7 days), until the appearance of signs of Labor (Fadillah, 2024). Although pregnancy is a normal occurrence, each phase in this process requires great attention and understanding in order to ensure maternal and fetal health. During pregnancy, the mother will undergo various physical and psychological changes, which are primarily influenced by elevated hormone levels, especially estrogen and progesterone (Anggraeni *et al.*, 2022). An increase in this hormone can cause various discomforts, such as nausea, fatigue, to emotional disorders, which in turn can trigger stress in pregnant women. Without proper treatment, this condition can trigger anxiety, sleep disorders, to antenatal depression (Hasanah *et al.*, 2024). Psychological disorders such as anxiety in pregnant women can have a major impact on various aspects, from pregnancy care, fetal development in the womb, to the delivery process and the puerperium (Adyani *et al.*, 2023). Mental health problems that are not treated optimally

during pregnancy can trigger various complications, both for the mother and the fetus. This situation may increase the likelihood of premature delivery, low infant weight, and impaired fetal development, pregnancy induced hypertension, preeclampsia, & postpartum complication (Halil & Puspitasari, 2023). Mental health promotion, although important, has not been implemented proactively. Currently, only responsive steps are taken, such as handling patients with real mental health complaints (Asih *et al.*, 2025).

World Health Organization (WHO) (2010) reported that anxiety is experienced by 8-10% of women during pregnancy, and increases to 13% towards childbirth. Based on reports from several developing countries, it was found that pregnant women and mothers after childbirth have a high risk of developing psychological disorders (Cahyani *et al.*, 2022). Meanwhile, in Indonesia, about 71.9% of pregnant women are known to experience anxiety symptoms during pregnancy (Astuti *et al.*, 2025).

Mental health problems in pregnant women can trigger stress or depression, and in severe conditions can increase the risk of death in both mother and baby. Anxiety during pregnancy has also been linked with obstetric complications such as

preeclampsia, prolonged labor, and preterm birth, which are recognized as contributing factors to the maternal mortality rate (MMR) (Ahmad *et al.*, 2024).

According to data from the Indonesian Ministry of Health, the MMR in Indonesia in 2023 was 4,129 cases, with 84 cases reported in South Kalimantan in 2024. The problem of maternal mental health, including depression and anxiety, is also evident in urban areas. Life in urban settings with various socioeconomic challenges may burden pregnant women, thereby increasing their vulnerability to psychological distress (Sulistiyorini *et al.*, 2023). These conditions can potentially be found in the city of Banjarmasin. Based on 2023 data, Banjarmasin City had a population of 679,637 people, with 12,752 pregnant women recorded as receiving antenatal services that year. However, no precise data are available regarding the prevalence of anxiety among pregnant women in the city. For this reason, instruments capable of assessing anxiety while considering cultural aspects and demonstrating good validity and reliability are needed. One such tool is the Perinatal Anxiety Screening Scale (PASS), which has been widely used in various countries to detect anxiety symptoms in pregnant

and postpartum women (Suksesty & Budiono, 2025).

This research aims to determine the incidence of anxiety during pregnancy in the city of Banjarmasin and to analyze whether there is a correlation between sociodemographic factors—namely age, parity, education, income, and occupation—and the degree of anxiety experienced by pregnant women. The novelty of this study lies in the use of the Perinatal Anxiety Screening Scale (PASS), which, despite being a valid and reliable instrument internationally, has not yet been widely applied in maternal health research in Banjarmasin. The study was conducted at Puskesmas S. Parman, Banjarmasin, from April to June 2025, to provide locally relevant evidence that can strengthen antenatal care services through the integration of routine mental health screening

METHOD

This study applied a cross-sectional design using a quantitative method. The research was conducted in Banjarmasin City, South Kalimantan Province, specifically at Puskesmas S. Parman, from April to June 2025. The study population consisted of all pregnant women visiting Puskesmas S. Parman during the research period. A total of 33 pregnant women were recruited using a purposive sampling technique, in

accordance with the inclusion criteria. The inclusion criteria were: (1) pregnant women in the first, second, or third trimester, (2) willing to participate as respondents, and (3) able to read the questionnaire well. The exclusion criteria were pregnant women experiencing severe medical or psychiatric disorders that could affect the accuracy of questionnaire completion. The number of samples was limited to 33 respondents, which was determined based on the availability of pregnant women during the study period rather than using a formal sample size formula, and this is acknowledged as one of the study's limitations.

The instrument used was the Perinatal Anxiety Screening Scale (PASS), which consists of 31 items. A reliability test conducted in this study produced a Cronbach's alpha coefficient of 0.746, exceeding the r-table value of 0.316, indicating that all items were consistent and the instrument was reliable. Data analysis included univariate and bivariate techniques. Univariate analysis described the characteristics of each variable, both independent variables (age, parity, education, occupation, and income) and the dependent variable (anxiety in pregnant women). Results were presented in tables and figures. Bivariate analysis used the Spearman's rank correlation test

to examine relationships between independent and dependent variables, with a significance level of $\alpha = 0.05$. A p-value < 0.05 indicated a statistically significant association

RESULTS AND DISCUSSIONS

Result

Study findings revealed that the PASS identified anxiety in 22 pregnant women, representing 66.7% of participants. The demographic characteristics of respondents were analyzed based on age variables, number of children (parity), education level, income, and occupation.

According to Table 1, from a total of 33 respondents of pregnant women in the city of Banjarmasin, it is known that most are in the at-risk age group (<20 years or >35 years), which is as many as 18 people (54.4%). A total of 20 respondents (60.6%) had parity at risk (first child or more than three children). Related to income, the majority of respondents 22 people (66.7%) have income ranging from $< \text{Rp}1,500,000$ to $\text{Rp}3,500,000$. Based on education level, 14 people (42.2%) only attended elementary–junior high school, and 21 people (63.6%) did not have a job.

Table 1. Univariate Analysis Related to Age, Parity, Income, Education, Occupation, To Anxiety During Pregnancy

Variables	Category	f	%
Age	<20, >35 years old	18	54,5
	20-35 years old	15	45,5
Parity	Number Of Children 1, > 3	20	60,6
	Number Of Children 2-3	13	39,4
Education	Low education	14	66,7
	High education	19	33,3
Income	<Rp.1.500.000,-Rp.3.500.000,	22	42,4
	>Rp.3.500.000,	11	57,6
Occupation	No Occupation	21	63,6
	Occupation	12	36,4
Anxiety	Asymptomatic	11	33,3
	Anxiety	22	66,7
Total		33	100

Source: Primary Data, 2025

Table 2. Bivariate Analysis Related to Age, Parity, Income, Education, Occupation, To Anxiety During Pregnancy

Variables	Category	Anxiety Levels During Pregnancy				Total		P Value	OR CI (95%)
		Not Anxious		Anxious					
		f	%	f	%	f	%		
Age	<20, >35 years old	3	16,7	15	83,3	18	100	0,026	0,175 (0,035-0,868)
	20-35 years old	8	53,3	7	46,7	15	100		
	Total	11	33,3	22	66,7	33	100		
Parity	1, > 3	1	5,0	19	95,0	20	100	0,001	0,016 (0,001-0,172)
	2-3	10	76,9	3	23,1	13	100		
	Total	11	33,3	22	66,7	33	100		
Education	Low education	2	14,3	12	85,7	14	100	0,048	0,185 (0,032-1,062)
	High education	9	47,4	10	52,6	19	100		
	Total	11	33,3	22	66,7	33	100		
Income	<Rp.1.500.000,- Rp.3.500.000,	1	4,5	21	95,5	22	100	0,001	0,005 (0,000-0,084)
	>Rp.3.500.000,	10	90,9	1	9,1	11	100		
	Total	11	33,3	22	66,7	33	100		
Occupation	No Occupation	1	4,8	20	95,2	21	100	0,001	0,010 (0,001-0,124)
	Occupation	10	83,3	2	16,7	12	100		
	Total	11	33,3	22	66,7	33	100		

Source: Primary Data, 2025

According to Table 2, of the 33 pregnant women studied, 18 were classified as being in the high-risk age group, of whom 15 (83.3%) experienced pregnancy anxiety. Meanwhile, among the 15 pregnant women aged 20–35 years, 7 (46.7%) reported experiencing anxiety. The value of the odds ratio (OR) of 0.175 indicates that pregnant women aged <20 years or >35 years have a 0.175 times

greater chance of experiencing anxiety than mothers aged 20-35 years.

For the parity factor, 19 out of 20 expectant mothers (95.0%) who had either 1 child or more than 3 children were found to experience anxiety. While out of 13 pregnant women with 2-3 children, only 3 people (23.1%) experienced anxiety. The Spearman Rho analysis generated a p-

value of 0.001 ($p < 0.05$), signifying a statistically significant link relating parity to anxiety during gestation, with an Odds Ratio (OR) of 0.016, indicating that women with one child or more than three children had a 0.016-fold likelihood of developing anxiety compared to those with 2-3 children.

Related to the level of education, 12 of 14 expectant women (85.7%) whose formal schooling ended at primary or lower-secondary level reported anxiety. Meanwhile, among the 19 pregnant women with education ranging from senior high school to a bachelor's degree, 10 (52.6%) experienced anxiety. The results of the Spearman Rho test showed a value of $p = 0.048$ ($p < 0.05$), which indicates a significant relationship between the level of education and anxiety during pregnancy. The OR value of 0.185 indicates that pregnant women with elementary-junior high school education have a 0.185 times greater chance of experiencing anxiety than mothers with higher education.

In variable income, from 22 pregnant women with income $< \text{Rp}1,500,000\text{--Rp}3,500,000$, as many as 21 people (95.5%) experienced anxiety during pregnancy. Meanwhile, out of 11 pregnant women who had an income $> \text{Rp}3,500,000$, only 1 person (9.1%) experienced anxiety.

Spearman Rho test showed a value of $p = 0.001$ ($p < 0.05$), which indicates a significant relationship between income to anxiety. An OR value of 0.005 indicates that mothers with low incomes are 0.005 times more likely to experience anxiety than mothers with high incomes.

In the aspect of employment status, of the 21 pregnant women who did not work, as many as 20 people (95.2%) experienced anxiety. Meanwhile, out of 12 pregnant women who had a job, only 2 people (16.7%) experienced anxiety. Spearman Rho test results showed a value of $p = 0.001$ ($p < 0.05$), which indicates a significant relationship between employment status and anxiety during pregnancy. An OR value of 0.010 indicates that non-working mothers are 0.010 times more likely to experience anxiety than working mothers.

The Correlation of Age With Anxiety During Pregnancy

This study found that maternal age was associated with anxiety during pregnancy. These results are comparable to the research of Safitri *et al.* (2024), where Chi-Square analysis revealed a p-value of 0.009, confirming a relationship between age and anxiety in 3rd trimester pregnant women at RSIA Ananda Makassar (2021). In that study, women under 20 or over 35

years of age were found to have about 2.3 times the risk of experiencing anxiety compared to women aged 20–35 years (OR = 2.283, 95% CI 0.862–6.046). Based on the assumptions of researchers, age is estimated to can be considered as one of the factors influencing anxiety levels. in pregnant women. The results of the study support this assumption, where out of 20 pregnant women who are in the age category at risk (<20 years and >35 years), as many as 15 people (83.3%) experience anxiety. These findings corroborate that age at risk is related to the psychological condition of the mother during pregnancy. This statement is reinforced by Lestaluhu (2023), who explained that pregnant women aged 20-35 years generally have physical readiness because their reproductive organs have developed optimally, in contrast, women under 20 years old have reproductive organs that are still developing, which may increase anxiety related to childbirth. On the other hand, pregnancies over the age of 35 are categorized as high-risk because they are more prone to congenital abnormalities and complications during childbirth, which can also trigger anxiety. In line with this, Herlina *et al.* (2023) states that at the ideal age of 20-35 years, subjective maturity occurs which has an effect on maternal health. The combination of cognitive and

affective maturity at this age supports coping skills in the face of stressors.

The Correlation of Parity With Anxiety During Pregnancy

This study confirmed that parity was significantly associated with maternal anxiety. According to Fadillah (2024) statistical analysis revealed a significant association between parity and anxiety levels among women in their 3rd trimester at PMB Rita, Bukittinggi City. The findings indicated a p-value of 0.009, which is below the 0.05 threshold, leading to the rejection of the null hypothesis and the acceptance of the alternative hypothesis. That is, parity is significantly related to the level of anxiety. Similarly, Suryaningsih & Horhoruw (2024) reported a significant correlation of parity with maternal anxiety about childbirth among 3rd trimester pregnant women. With a p-value of 0.009, indicating that the relationship is statistically significant. In line with the results of research Anggraeni *et al.* (2022), suggested that anxiety in primigravid mothers is generally caused by shadows or negative perceptions of the labor process that have never been experienced before. Mothers who undergo a first pregnancy often feel anxious and worried about things that are not yet known or the risks that may occur during pregnancy until delivery. Meanwhile, in

multigravid mothers, anxiety is more common due to unpleasant previous experiences, both during pregnancy and childbirth, causing fears that similar experiences may repeat themselves. Reinforced by Yanti & Hasrida (2024), explained that women who have given birth more than three times are at higher risk for both their own health and that of their babies. Frequent childbirth can cause damage to the uterine blood vessels, impairing fetal nutrient supply, which may hinder proper growth and development of the fetus.

The Correlation of Education Level With Anxiety During Pregnancy

This study found that education level was related to maternal anxiety. These findings are consistent with Wahyuni & Hardin (2022), which found that out of 29 respondents with a higher level of education, about 20.7% of participants experienced moderate anxiety. Among the 44 respondents who had only primary education, 47.7% reported moderate anxiety. The analysis yielded a p-value of 0.036, indicating a significant relationship between the level of education of pregnant women with anxiety in Windari *et al.* (2025), suggests that individuals with higher levels of education tend to have greater access to information, including about health, life planning, and stress

management. This allows them to respond more calmly and rationally to various situations. Higher education is also associated with better analytical skills, so that the individual is better prepared to face problems and less likely to experience excessive anxiety. Reinforced by Fadillah (2024), education plays an important role in determining anxiety levels during pregnancy. Individuals with higher education tend to have better access to information and a clearer understanding of issues related to their pregnancy. This can motivate the mother to recognize the cause of anxiety as well as find solutions to overcome it independently. Conversely, pregnant women with a low level of education tend to be more easily affected by information from their surrounding environment, which can trigger or worsen the anxiety condition experienced.

The Correlation of Income With Anxiety During Pregnancy

This study showed that family income was associated with maternal anxiety. In line with Syabin (2023) study, which showed that severe anxiety was found in 22 pregnant women (55%), and of these, 15 people (68%) had incomes below UMR. The chi-square analysis revealed a significant association between relationship between family income level and anxiety in 3rd trimester of pregnancy,

with a value of $p = 0.02$ ($\alpha = 0,05$). The OR value of 5.57 indicates that pregnant women with income of $\leq$ UMR have a 5.5 times greater risk of experiencing anxiety than those whose income is above UMR. With a p value of $< \alpha$, this indicates a significant link between income and the level of anxiety experienced during pregnancy in primigravid mothers. Research by Wulandari & Purwaningrum (2023) also reported a notable correlation of economic conditions with the level of anxiety of pregnant women in 3rd trimester before childbirth. The test results showed a value of $p = 0.049$ (< 0.05), which means there is a meaningful correlation between the two variables. According to Sutriningsih *et al.* (2024) pregnant women who do not have a fixed income or come from low-income families tend to experience severe anxiety more often than mothers whose income is sufficient. A stable family income makes mothers more mentally and financially prepared for pregnancy, this may be because working mothers have better resources and financial stability to support themselves and their babies after childbirth. On the contrary, low economic conditions can affect the psychological state of the mother, so her anxiety level increases. This is reinforced by the findings of Alifah *et al.* (2024), which states that sufficient family income can

help reduce the anxiety of pregnant women towards various needs during and after pregnancy, such as the cost of pregnancy examination (ANC), fulfillment of nutrition for mothers and fetuses, maternity clothing, and childbirth costs.

The Correlation of Occupation With Anxiety During Pregnancy

This study indicated that employment status was significantly associated with anxiety during pregnancy. These findings are consistent with the research conducted by Jannah *et al.* (2025), which used the PASS instrument and Chi-Square test analysis, which revealed a notable connection between a mother's employment status and her anxiety levels during pregnancy ($p = 0.018$), with an OR value of 4.129. This indicates that non-working pregnant women are 4,129 times more likely to experience anxiety compared to working pregnant women. In addition, the results of this study are also reinforced by the findings of Meirany *et al.* (2024) which states that women who actively work outside the home tend to be more exposed to various experiences and information from the environment and colleagues, so they have a better ability to respond and manage stress and anxiety. Conversely, mothers who spend more time at home tend to have limited access to information, making them more prone to

experiencing anxiety due to lack of experience or references in dealing with situations during pregnancy. Accordingly, Nurlatifah *et al.* (2024) stated that housewives who spend more time at home tend to have limited access to information and less often discuss directly with health workers about the anxiety or worry they experience during pregnancy.

Every research must have its advantages and disadvantages. Likewise with this study, this study has advantages because it is able to show that mental health checks, especially anxiety in pregnant women, have not been part of routine services in health services. The findings are expected to encourage routine anxiety screening during pregnancy. In addition, it is also important that health workers not only do the screening, but also understand the results and be able to provide appropriate accompaniment or assistance to reduce maternal anxiety. The disadvantage of this study is the limited number of samples and only conducted in one location, so the results have not been able to represent other areas thoroughly.

CONCLUSION

The study found that 66.7% of pregnant women experienced anxiety. Furthermore, the analysis revealed that age, parity, education level, family income, and

employment status were significantly associated with anxiety levels during pregnancy. Based on these findings, further researchers are advised to involve a larger number of respondents and reach more diverse areas, so that the results can better describe the anxiety condition of pregnant women as a whole. In addition, it will be better if the next study not only uses questionnaires, but also adds methods such as interviews or group discussions, so that the data obtained are deeper and more varied. In practical terms, it is recommended that antenatal care services incorporate routine anxiety screening and counseling, so that pregnant women receive early detection and timely psychological support. Health workers are encouraged to provide not only physical health examinations but also comprehensive mental health assistance during ANC visits.

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