

The effect education a childbirth preparation pocketbooks on the level anxiety of pregnant women in the third trimester

Mei Indriyani*, Farida Aryani, Isti Chana Zuliyati

Department of Midwifery, Faculty of Health Sciences, Universitas Alma Ata Yogyakarta
Jalan Brawijaya 99, Tamantirto Yogyakarta

*Corresponding author : Meiindriyani481@gmail.com

ABSTRAK

Background: Among the 373,000 pregnant women in Indonesia, 107,000 (28.7%) experience anxiety as they approach childbirth. On Java Island, approximately 35,387 (52.3%) pregnant women in their third trimester report similar anxiety. Lack of knowledge is one of the causing factors that lead a person to experience anxiety. Efforts to reduce maternal anxiety levels can be made through health education. Providing health education supported by media, such as pocketbooks, can help increase maternal awareness and thereby reduce mothers' antenatal anxiety levels as they prepare for childbirth.

Objectives: This study aims to figure out the effect of education using a childbirth preparation pocketbook on the level of antenatal anxiety of mothers in the third trimester of pregnancy at Public Health Centers in Bantul Regency.

Methods: The current research was quasi-experimental research carried out using pretest-posttest control group design. The study population consisted of third-trimester pregnant women attending ANC visits. There were 54 respondents in the experimental group and 54 respondents in the control group involved as samples, consisting of those from Kasihan I, Banguntapan I, and Piyungan Public Health Centers. This research employed Quota Sampling as the sampling technique and utilized a respondent characteristic data questionnaire along with the HARS (Hamilton Anxiety Rating Scale) questionnaire as the research instrument.

Results: The results of the Mann-Whitney test showed a p-value of 0.011 ($p < 0.05$), indicating that education using a pocketbook significantly affects antenatal anxiety levels in third-trimester pregnant women. The pre-test and post-test values for each group also demonstrated significant differences.

Conclusions: Education using pocketbooks has an effect on reducing antenatal anxiety in pregnant women preparing for labor.

KEYWORD : children preparation; education; anxiety; pregnancy

Article Info :

Article submitted on September 27, 2024

Article revised on October 20, 2024

Article received on December 23, 2024

INTRODUCTION

Pregnancy is one of the most important and unforgettable moments in a woman's life with a happy feeling waiting for her child to be born, but it can also be one of the most stressful events and can cause complications for the mother and newborn baby (1). During pregnancy and after childbirth, about 3% to 5% of women in developing countries and 1% of 10 developed countries experience health problems. One of the health problems that often occurs in pregnant women is anxiety (2). Anxiety is a common mental disorder with the highest prevalence. Pregnant women who experience anxiety will make them worry about themselves, the fetus and childbirth (3), so that it can increase adrenaline secretion causing excessive uterine contractions that result in fetal hypoxia and bradycardia and end in fetal death (4).

During pregnancy, the mother will experience psychological changes, namely emotional changes, sensitivity, a tendency to be lazy, and being easily jealous, stressed, and anxious. These psychological changes are supported by the mother's ignorance about physical and psychological changes in pregnant women. – (5). The public's view of pregnancy as experienced by pregnant women assumes that society tends to say that childbirth is a frightening and painful thing so that pregnant women feel anxious about their future childbirth, especially primigravida mothers (6).

In 2019, the World Health Organization (WHO) announced that around 12,230,142

pregnant women worldwide experienced problems in the third trimester, of which 30% experienced anxiety problems during pregnancy and childbirth. In the Southeast Asia region, one of which is Indonesia, there are 373,000 pregnant women; among those who experience anxiety in facing childbirth, 107,000 (28.7%) of 373 million pregnant women and around 35,387 (52.3%) pregnant women in the third trimester on the island of Java experience anxiety in facing childbirth (7).

According to Health Law No. 17 of 2023, the goal of improving maternal health is to give birth to healthy, intelligent, and quality children and reduce maternal mortality rates. Efforts by the central government and local governments are trying to achieve this goal by providing maternal health services that meet standards, are safe, quality, and affordable (8). The health services provided by the government require additional media for delivering education that aims to provide information so that the knowledge and attitudes of respondents are expected to be changed to improve their own health. Educational media that can be used are in the form of pocketbooks, posters, leaflets, audio visuals and so on (9).

One of the efforts of health workers in providing health education to pregnant women who experience anxiety is by carrying out counseling activities to increase the knowledge of pregnant women, but there are still pregnant women who experience anxiety (10). In accordance with the research of

Widyastuti et.al (2018) that the use of the lecture method in delivering health education is less effective because it tends to be passive and if it is too long it will feel boring so that the acceptance of the material delivered is less than optimal.

The lecture method plus media support such as pocketbooks in the health education method tends to be able to increase the knowledge of pregnant women about anxiety levels(9). Pocket books are a suitable medium for educating pregnant women, because the use of pocket book media can not only improve the quality of learning, but also increase the motivation and attention of participants(11).

Pocketbooks are small in size, light-weight and can be stored and carried easily. With their small size, pocket books are filled with various information so they are interesting to read and study. Pocketbooks given to respondents can be read by the respondents themselves, making it easier for the respondents themselves to understand and absorb the information provided.

The pocketbook can be read repeatedly, in it there are pictures that are included according to the information provided so that the absorption of the material will be more optimal (9). Based on the description above, the author is interested in conducting a study entitled "The Effect of Education Using a Childbirth Preparation PocketBooks on the Level of Antenatal Anxiety of Mothers in The Third Trimester of Pregnancy At Public Health Centers in Bantul Regency."

MATERIALS AND METHODS

This study uses a quasy-experiment design with a pre-test-post-test with control group design. This study was conducted at Kasihan I Health Center, Banguntapan I Health Center and Piyungan Health Center, Bantul Regency with a population of 192 pregnant women in their third trimester. This sampling used non-probability sampling with the Quota Sampling technique, using the Wilcoxon normality test, Mann Whitney statistical test, and bivariate analysis. The inclusion criteria for this study included, gestational age 28-35 weeks, not taking anxiety medication, pregnant women in their third trimester who made ANC visits at the Bantul Health Center, pregnant women in their third trimester who were willing to be respondents, and mothers who could read and write. Meanwhile, the exclusion criteria for this study included mothers with pregnancy complications, pregnant women in their third trimester who lived outside the pregnancy examination area at Kasihan I, Banguntapan I, and Piyungan Health Centers.

The sample in this study was 54 respondents in the intervention group and 54 respondents in the control group, so the total was 108 respondents. The selection of respondents was done first in the control group and the remaining respondents were included in the intervention group. The instruments used in this study were demographic data questionnaires, pregnant women's anxiety questionnaires, The anxiety

questionnaire in this study used the HARS (Hamilton Anxiety Rating Scale) questionnaire consisting of 14 questions according to the group of anxiety symptoms. For the anxiety variable facing childbirth, the measuring instrument used was adopted from Intan Dwi Tamala. The questionnaire consists of 14 questions based on anxiety symptom groups. Each group of anxiety symptoms is given a score of 0 to 4 in the following categories: 0 = no symptoms at all, 1 = mild symptoms, there is one symptom of all the symptoms present, 2 = moderate symptoms, there are some symptoms of all the symptoms present, 3 = severe symptoms, there are more than half of the symptoms present, 4 = very severe symptoms, there are all the symptoms present. Then the 14 groups of symptoms will be added up and the degree of anxiety will be measured including, score < 14 = not experiencing anxiety, score 14-20 = mild anxiety, score 21-27 = moderate anxiety, score 28-41 = severe anxiety and score 42-56 = anxiety is very severe. For the variable of anxiety in facing childbirth, the measuring instrument used was adopted from Intan Dwi Tamala. Pocket books and posters on childbirth preparation that have been validated by competent reviewers in the field of pregnancy addressed to Mrs. Muafiqoh Dwiarini, S.ST., M.Sc, Ns-Mid and Mrs. Fatimah, S.SiT., M.Kes as undergraduate lecturers Alma Ata midwifery. Pocketbooks and posters on childbirth preparation that have been validated by competent reviewers in their fields.

On the first day of filling out the pre-test pregnant women's anxiety questionnaire, it was done directly, then the respondents in the control group were given education about preparing for childbirth using posters, while the intervention group was given education about preparing for childbirth using a pocketbook. The second day and the following respondents will be given independent study time. On the fourteenth day, respondents will be given a post-test questionnaire via google form.

This study has obtained approval and research eligibility from the ethics committee of Alma Ata University on June 10, 2024, number: KE/AAVI/10111733/EC/2024. This study uses informed consent in requesting respondents' willingness to participate as research respondents.

RESULTS AND DISCUSSION

RESULTS

Characteristics Respondent

Respondents in this study were pregnant women in their third trimester who underwent ANC at Kasihan I, Banguntapan I, and Piyungan Health Centers. The subjects of this study were 108 pregnant women. The samples in the Experimental group and Control group of the study each amounted to 54 respondents.

Based on **Table 1** shows the characteristics of the respondents' age that the majority of the intervention group and the control group are aged 20-35 years with a total of 91 respondents, each totaling 46 respondents

(85.2%) from the intervention group and 45 respondents (83.3%) from the control group. The characteristics of the respondents' education are mostly graduates of High School/Vocational School (SMA/SMK) totaling 67 respondents with 30 respondents (55.6%) from the intervention group and 37 respondents (68.5%) from the control group. The characteristics of parity or number of births of the majority of respondents from the intervention group and the control group are primigravida with a total of 71 respondents, each totaling 34 respondents (63.0%) from

the intervention group and 37 respondents (68.5%) from the control group. The characteristics of the respondents' work are mostly unemployed totaling 65 respondents, with 32 respondents (59.3%) from the intervention group and 33 respondents (61.1%) from the control group.

Anxiety of pregnant women facing childbirth in the third trimester of pregnancy before and after being given Health Education

Based on **Table 2**, it can be seen that

Table 1. Frequency distribution of characteristics of pregnant women in the third trimester at Health Centers in Bantul

Characteristics Respondent	Group			
	Intervention		Control	
	Frekuensi	percentage (%)	Frekuensi	percentage (%)
Age				
<20 Year	2	3.7	2	3.7
20-35 Year	46	85.2	45	83.3
>35 Year	6	11.1	7	13
Total	54	100	54	100
Education				
Junior High School	6	11.1	3	5.6
Senior High School	30	55.6	37	68.5
Bachelor	18	33.3	14	25.9
Total	54	100	54	100
Parity				
Primipara	34	63	37	68.5
Multipara	20	37	17	31.5
Total	54	100	54	100
Work				
Working	22	40.7	21	38.9
Not working	32	59.3	33	61.1
Total	54	100	54	100

Source : Primary Data 2024

the anxiety of pregnant women in the third trimester before being given health education using the childbirth preparation pocket book in the intervention group, there were 5 respondents (9.3%) with mild anxiety, 12 respondents (22.2%) with moderate anxiety and 37 respondents (68.5%) with severe anxiety. After being given health education

using the childbirth preparation pocket book in the intervention group, there were 27 respondents (50.0%) with mild anxiety, 25 respondents (46.3%) with moderate anxiety and 2 respondents (3.7%) with severe anxiety.

Furthermore, for the control group before being given health education using the

Table 2. Characteristics of anxiety facing childbirth in pregnant women in the third trimester at the Health Center in Bantul Regency

Anxiety	Intervention				Control			
	Pre-test		Post-test		Pre-test		Post-test	
	N	(%)	N	(%)	N	(%)	N	(%)
Mild Anxiety	5	9.3	27	50	8	14.8	20	37
Moderate Anxiety	12	22.2	25	46.3	19	35.2	23	42.6
Severe Anxiety	37	68.5	2	3.7	27	50	11	20.4
Total	54	100	54	100	54	100	54	100

Source : Primary Data 2024

Table 3. Normality test of pre-test and post-test data on anxiety of respondents in the intervention group and control group

Normalitas Test	Shapiro-Wilk	Information
Pre-test knowledge group intervention	0.004	Abnormal
Post-test knowledge group intervention	0.05	Abnormal
Pre-test knowledge group control	0.02	Abnormal
Post-test knowledge group control	0.012	Abnormal

Source : Primary Data 2024

Table 4. statistical analysis of anxiety of pregnant women in the third trimester before and after being given interventions regarding childbirth preparation at the Health Center in Bantul Regency

	Intervention		Control	
	Pre-Test	Post-test	Pre-test	Post-test
Anxiety				
Mean	30.24	20.52	27.56	22.91
Std.Deviation	5.956	4.316	5.388	5.141
Minimum	19	14	18	15
Maximum	39	30	37	32

Source : Primary Data 2024

childbirth preparation poster, there were 8 respondents (14.8%) with mild anxiety, 19 respondents (35.2%) with moderate anxiety and 27 respondents (50.0%) with severe anxiety. After being given health education using the childbirth preparation poster in the control group, there were 20 respondents (37.0%) with mild anxiety, 23 respondents (42.6%) with moderate anxiety and 11 respondents (20.4%) with severe anxiety.

Based on **Table 3** shows that the data normality test uses the Shapiro-Wilk test because the number of respondents is <100 respondents. Data in the normality test is said to be normal data if the sig value is > 0.05.

The results of the normality test show that the Pre-test and post-test data in the intervention group and the control group obtained data results that were not normally distributed because the sig value was <0.05. The results showed that the data was not normally distributed, so the researcher used the Wilcoxon test to see the effect of providing pre-test and post-test interventions on the

intervention group and the control group.

Anxiety of third trimester pregnant women before and after intervention

The following is a table of the results of the statistical description of anxiety of pregnant women in the third trimester before and after being given intervention on childbirth preparation at the Bantul District Health Center.

Based on **Table 4**, it shows that before being given health education using a childbirth preparation pocket book in the intervention group, the average respondent score was 30.24 with a minimum score of 19 and a maximum score of 39. In the control group, the average respondent score before being given education using a childbirth preparation poster was 27.56 with a minimum score of 18 and a maximum score of 37.

After being given education using a childbirth preparation pocket book in the intervention group and a childbirth preparation poster in the control group, the

Table 5. Anxiety of pregnant women in the third trimester of the intervention group and control group before and after being given health education at the Health Center in Bantul Regency

Group		Frekuensi (N)	Mean	Asymp.Sig (2-Tailed)
Intervention	Negative Ranks	54	27.5	0.001
	Positive Ranks	0	0.00	
	Tiens	0		
	Total	54		
Control	Negative Ranks	54	27.5	0.001
	Positive Ranks	0	0.00	
	Tiens	0		
	Total	54		

Source : Primary Data 2024

results obtained showed that the average respondent's anxiety score decreased. In the intervention group, the average respondent score was 20.52 with a minimum score of 14 and a maximum score of 30. In the control group, the average respondent score was 22.91 with a minimum score of 15 and a maximum score of 32.

Based on **Table 5**, it can be seen that the Negative Ranks difference (Negative) between the level of anxiety of respondents for the pre-test and post-test in the intervention group and the control group is 54 at the N value, with an average value in each intervention group and control group of 27.50. The results obtained in the intervention group and the control group were tested using the Wilcoxon test with a p value = 0.001 a <0.05. This shows that there is an effect of providing health education on the anxiety of pregnant women in the third trimester before and after

being given health education in the intervention group and the control group.

Based on **Table 6**, shows that the mean value in the intervention group is 62.13 and the control group is 46.87. Based on the output test statistic, the Sign value is 0.011 (<0.05) which means that the hypothesis is accepted because there is a significant difference between the intervention group given the pocket book and the control group given the poster.

Based on **Table 7** shows that the mean value in the intervention group is 47.07 and the control group is 61.93. Based on the output test statistic, the Sign value is 0.014 (<0.05) which means that the hypothesis is accepted because there is a significant difference between the intervention group given the pocket book and the control group given the poster.

Table 6. test of differences in anxiety of pregnant women in the third trimester before being given health education in the intervention group and control group at the Health Center in Bantul Regency

Variabel	Group	Frekuensi (N)	Mean	Mann-Whitney Sign.(2-tailed)
Anxiety	Intervention <i>Pre-test</i>	54	62.13	0.011
	Control <i>Pre-test</i>	54	46.87	

Source : Primary Data 2024

Table 7. Test of differences in anxiety of pregnant women in the third trimester after being given health education in the intervention group and control group at the Bantul Regency Health Center

Variabel	Group	Frekuensi (N)	Mean	Mann-Whitney Sign.(2-tailed)
Anxiety	Intervention <i>Post-test</i>	54	47.07	0.014
	Control <i>Post-test</i>	54	61.93	

Source : Primary Data 2024

DISCUSSION

Characteristics Respondent

The results of this study show that the majority of pregnant women are 20-35 years old. This shows that pregnant women aged 20-35 years have healthy reproduction so that the risk factor for complications is very low. The results of this study are in accordance with the research of Siregar et.al (2021) that pregnant women aged <20 years have a reproductive system that is not 100% ready, mentally and emotionally unstable(12), and the results of the study on the level of anxiety of pregnant women aged >35 years experience severe anxiety. This is in line with the research of Sianipar (2018) that pregnant women aged >35 years are at higher risk because their physical condition is no longer optimal. Therefore, age is a supporting factor in the level of physical and psychological readiness of pregnant women to face childbirth(13).

The characteristics of the education of pregnant women are mostly high school graduates with pregnant women experiencing moderate anxiety. The results of this study are in accordance with research conducted by Sianipar (2018), that the higher the mother's education, the more it will be one of the processes of changing the mother's attitude and behavior to become better so that they are able to instill positive thoughts that can change the respondent's concept and improve health both physiologically and psychologically(13). Education can encourage healthy behavior (health

behavior) which then improves the mother's physiological and psychological health(14). Maternal health will ensure the mother's consistent adaptive response to maternal anxiety (15).

The majority of parity characteristics in pregnant women are primigravida with pregnant women experiencing severe anxiety. The results of this study are in accordance with the research of Fajrin's Research (2018) in Parengan Village, Maduran District, Lamongan Regency, which showed that primigravida pregnant women experienced moderate anxiety (47.05%) and severe anxiety (52.95%) (16). According to Alvionita et.al (2018), mothers who have less experience in giving birth, such as primigravida mothers, have higher levels of anxiety or stress than multigravida mothers(17). The results of this previous study provide an overview of the high percentage of primigravida pregnant women who experience severe anxiety. Handling is needed to minimize and overcome anxiety experienced by pregnant women, including providing good and comprehensive antenatal services by health workers, counseling or providing information related to the health of pregnant women and the delivery process for pregnant women and their families(18). The anxiety experienced by pregnant women can also be caused by a lack of preparation for childbirth, a lack of knowledge about the childbirth process, negative thoughts about the childbirth process that may not occur, the low level of education of the mother so that

she cannot properly understand the explanations from health workers, and a lack of pregnancy checks or Antenatal Care(19).

The results of this study indicate that the majority of pregnant women do not work with a moderate level of anxiety. According to Puspitasari et.al (2020), pregnant women who do not work spend almost every day at home so that they are limited to looking for information about their pregnancy and cause them to think more about things that have a negative impact on their pregnancy(20). This study is in line with the study of Sari et.al (2016) that pregnant women who do not have jobs have more anxiety than those who have jobs. Working can divert feelings of anxiety experienced by pregnant women because of time-consuming activities so that pregnant women focus on their work (21).

Anxiety in preparation for delivery in pregnant women in the thirty trimester

Based on **Table 1** and **Table 2** on the distribution of anxiety in facing childbirth in pregnant women in the third trimester before and after being given health education, the results of this study showed that providing health education using this childbirth preparation pocket book cannot eliminate anxiety but can be one of the efforts to reduce anxiety levels in pregnant women in the third trimester at the Bantul Regency Health Center. The results of this study are in accordance with research conducted by Murni et.al (2022) that pocket books are a suitable means to educate pregnant women,

because the use of pocket book media can not only improve the quality of learning, but also increase the motivation and attention of participants(11). According to Deny et.al (2018) that the lecture method plus media support such as pocket books in the health education method tends to increase pregnant women's knowledge about anxiety levels(9). According to Talina (2016) printed media such as pocket books, leaflets, posters, etc. are more effective in providing information because the printed media consists of several words and pictures, has virtual messages, and is static media (22).

This statement is in line with research conducted by Murni et.al (2022) which states that there is an influence of pocket book education on motivation and compliance and pregnant women doing pregnancy exercises with differences in the level of motivation and compliance before and after being given pocket book intervention in the Ubung Health Center work area, Central Lombok Regency, West Nusa Tenggara Province (NTB)(11). This study uses pocket books as an educational medium that is packaged with interesting writing and pictures so that it can attract and be understood by readers. The information in the pocket book is packaged with clear writing and interesting pictures that can explain to readers so that it makes it easier for readers to understand quickly.

CONCLUSION AND RECOMMENDATION

Based on the research that has been conducted, it can be concluded that there is

an influence of education in the pocket book of childbirth preparation on anxiety in facing childbirth in pregnant women in the third trimester at Kasihan I, Banguntapan I, and Piyungan Health Centers. Suggestions for further researchers are expected when using the same research method, the provision of interventions can be included through health center activities such as pregnancy classes, integrated health posts, scheduled pregnancy gymnastics at the Health Center and it is hoped that further research can conduct research related to other factors related to anxiety in facing childbirth in pregnant women in the third trimester.

REFERENCES

1. Aisyah S. Gambaran tingkat kecemasan ibu hamil primigravida dan multigravida dalam menghadapi persalinan. *Journal kebidanan Universtas Islam lamongan*. 2019;11(1):1–23.
2. Wahyuni LL, Putri S, Lestari P, Putere M, Budiapsari PI. Pengaruh Senam Hamil Terhadap Tingkat Kecemasan Ibu Hamil di Rumah Bersalin Bunda Setia. *AMJ (Aesculapius Medical Journal)*. 2022;2(1):20–6.
3. Alhogbi BG, Arbogast M, Labrecque MF, Pulcini E, Santos M, Gurgel H, et al. pengaruh senam hamil terhadap pengaruh ibu hamil di trimester III pada puskesmas. *Gender Development*. 2018;120(1):0–22.
4. Istiananingsih Y, Suhaid DN, Mansyur S. Menghadapi Persalinan Di Rs Pupuk Kaltim Bontang Tahun 2021. *Jurnal Ilmiah Kesehatan BPI*. 2021;5(2).
5. Aryani F. Senam Hamil Berpengaruh Terhadap Tingkat Kecemasan pada Primigravida Trimester III di RSIA Sakina Idaman Sleman, D. I Yogyakarta. *Jurnal Ners dan Kebidanan Indonesia*. 2017;4(3):129.10.21927/jnki.2016.4(3).129-134
6. Santi M, Dewi CNT, Purnamaningrum YE. Dukungan Sosial dan Tingkat Kecemasan Ibu Hamil pada Masa Pandemi COVID-19. *Jurnal Kesehatan*. 2023;6(4):365–77. 10.33096/woh.vi.228
7. Suryani I, Seutiya Wati L. Hubungan Tingkat Kecemasan Ibu Hamil Trimester III dengan Kesiapan Menghadapi Persalinan pada masa Pandemi Covid-19 di Praktik Mandiri Bidan (PMB). *Jurnal Sehat Masada*. 2022;16(1):40–7. 10.38037/jsm.v16i1.262
8. Dewan Perwakilan Rakyat RI. Undang-Undang Republik Indonesia Nomor 17 Tahun 2023 Tentang Kesehatan. *Undang-Undang*. 2023;(187315):1–300.
9. Deny Eka Widyastuti EH. Perbandingan Pendidikan Kesehatan Menggunakan Buku Saku Dengan Metode Ceramah Terhadap Tingkat Pengetahuan Ibu Hamil Tentang Tanda Bahaya Kehamilan. *Profesi (Profesional Islam)*. 2018;16(1):84–8.
10. Nekoe T, Zarei M. Evaluation the Anxiety Status of Pregnant Women in the Third Trimester of Pregnancy and Fear of Childbirth and Related Factors. *Br Jurnal*

- Med Med Research. 2015;9(12):1–8. 10.21927/jnki.2014.2(1).17-20
11. Murni NNAM, Wahyuni IGAPSW, Anggraeni NPDA. Pengaruh Pemberian Buku Saku terhadap Motivasi dan Kepatuhan Ibu Melakukan Senam Hamil. *Jurnal Bidan Cerdas*. 2022; 4(3):152–62. 10.33860/jbc.v4i3.1164
 12. Nilda Yulita Siregar, Cici Fitrayanti Kias, Nurfatimah, Fransisca Noya, Lisda Widiarti Longgupa, Christina Entoh KR. Tingkat Kecemasan Ibu Hamil Trimester III dalam Menghadapi Persalinan. *Jurnal Bidan Cerdas*. 2021;3(1):18–24.
 13. Sianipar. Faktor-faktor yang memengaruhi tingkat kecemasan ibu hamil dalam menghadapi proses persalinan primigravida di Bidan Praktek Mandiri Kecamatan Bosar Maligas Kabupaten Simalungun. *Heal Reprod*. 2018;3(1): 10–21.
 14. A. Misali SAC, Wahyuningsih W, Rahman T. Attitude and pregnancy planning of the women reproductive of age not associated. *JNKI (Jurnal Ners dan Kebidanan Indonesia (Indonesian J Nurse Midwifery))*. 2021;9(3):224. 10.21927/jnki.2021.9(3).224-232
 15. Hidayat S. Kecemasan ibu hamil dalam menghadapi proses persalinan. *Wira raja Medika*. 2020;3(2):67–72.
 16. FI F. Hubungan paritas dengan tingkat kecemasan ibu hamil trimester III Dalam Menghadapi Persalinan. *Jurnal kebidanan*. 2018;9(1):10
 17. Prastiwi ARF, Pratiwi AM, Mulyaningsih S. Hubungan Karakteristik Ibu Hamil dengan pengetahuan tentang Penularan HIV-AID di Puskesmas Sleman Yogyakarta. *JNKI (Jurnal Ners dan Kebidanan Indonesia)*. 2017;1–12.
 18. Sari NLPMR, Parwati NWM, Indriana NPRK. Hubungan Antara Tingkat Pengetahuan Ibu Dan Dukungan Suami Dengan Tingkat Kecemasan Ibu Hamil Trimester III Dalam Menghadapi Persalinan. *Jurnal Riset Kesehatan Nasional*. 2023;7(1):35–44.
 19. Aryani F. Factors Affecting The Primi gravida Anxiety During The 3rd Trimester of Pregnancy Regarding The Upcoming Labor. *Jurnal Ners dan Kebidanan Indonesia*. 2019;6(1):72. 10.21927/jnki.2016.4(3).129-134
 20. Puspitasari I, Wahyundari E. Gambaran Kecemasan Ibu Hamil Trimester III. *Proceeding 11th University Research Colloq 2020 Bid MIPA dan Kesehatan*. 2020;1(3):116–20.
 21. Sari DK, Lestari P, Sulistyawati N. Perbedaan Pemberian ASI Eksklusif Antara Ibu Rumah Tangga dengan Ibu yang Bekerja di Luar Rumah di BPS Umu Hani Bantul. *Jurnal Ners dan Kebidanan Indonesia*. 2016;2(1):17. 10.21927/jnki.2014.2(1).17-20
 22. Bertalina. Pengaruh Promosi Kesehatan Terhadap Peningkatan Pengetahuan Tentang Gizi Seimbang Pada Siswa Sekolah Dasar Negeri Di Kecamatan Rajabasa Kota Bandar Lampung. *keehatan*. 2016;6(2):8.