



ANALYSIS OF ANXIETY FACTORS OF PREGNANT WOMEN ON SEXUAL RELATIONS IN TAMBELANG HEALTH CENTER, BEKASI DISTRICT, 2023

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Abstract

Background: Sexual intercourse is a primary need for married couples and can be carried out during pregnancy as long as no problems are found. However, some couples feel anxious about sexual relations during pregnancy. Anxiety during pregnancy is also related to emotional problems, hyperactivity disorders and impaired cognitive development in children. **Research purposes:** This research was conducted to determine the factors that cause anxiety among pregnant women regarding sexual relations at the Tambelang Community Health Center, Bekasi Regency in 2023. **Research methods:** This research is a quantitative study with a cross sectional design. This research was conducted at the Tambelang Community Health Center in December 2023-January 2024. The sample size was 130 pregnant women taken using accidental sampling technique. The factors that cause anxiety among pregnant women regarding sexual relations studied are age, gestational age, parity, experience of abortion, education, employment, and the mother's knowledge of sexual relations during pregnancy. Mother's knowledge was measured using a questionnaire and anxiety levels were measured using Hamilton Anxiety Rating Scale (HARS). Data analysis used the Chi Square test. **Research results:** Maternal age ($p=0.012$), gestational age ($p=0.000$), abortion experience ($p=0.001$), and knowledge ($p=0.000$) have significance values below 0.005, which means there is significant relationship between these factors and pregnant women's anxiety about sexual relations. Meanwhile, parity ($p=0.386$), last education ($p=0.386$) and employment ($p=0.367$) have significance values above 0.005, which means there is no significant relationship between these factors and pregnant women's anxiety about sexual relations. **Conclusions and recommendations:** Age, gestational age, abortion experience, and maternal knowledge have an influence on the level of anxiety of pregnant women regarding sexual relations at the Tambelang Community Health Center, Bekasi Regency in 2023. Meanwhile, parity, recent education, and employment have no influence on the level of anxiety of pregnant women. pregnant during sexual intercourse at the Tambelang Community Health Center, Bekasi Regency in 2023. The need to provide education to pregnant women regarding the impact of anxiety on sexual relations during pregnancy and how to prevent it.

Keywords: Anxiety, Pregnant Women, Sexual Relations.

Introduction

Pregnancy is a physiological process that every woman experiences. During the pregnancy process, physical and psychological changes occur, especially if pregnancy is your first experience, this can be a factor that causes anxiety. Women experiencing pregnancy will feel physiological changes in their bodies such as nausea, urinating more frequently and breast enlargement, apart from that, women will experience psychological changes such as emotional feelings with the emergence of anxiety and worry. Other changes during pregnancy include sexual activity, because the increase in the hormone

estrogen during pregnancy causes sexual feelings during pregnancy to increase or decrease, these changes during pregnancy can also increase or decrease, these changes during pregnancy can also affect the bond with the husband (Putu, 2023).

Anxiety in pregnant women will have an impact on the birthing process and the child's growth and development. Anxiety that occurs in the third trimester can result in decreased birth weight and increased activity of the Hypothalamus Pituitary Adrenal (HPA) which causes changes in steroid hormone production, damage to social behavior and fertility rates in adulthood. Anxiety during pregnancy is also related to emotional problems, hyperactivity disorders and impaired cognitive development in children (Nelsi et al, 2019).

Based on research by Afriyanti (2019), there are 30–50% of married couples who feel anxious and afraid of sexual activity that will harm their fetus. Pregnant women consider that during pregnancy it is important to avoid sexual relations and pregnancy is a period free from sexual relations. Pregnant women feel insecure, unattractive and unwanted by their husbands, because pregnancy is felt as a heavy burden and can cause problems with sexual relations. Fulfillment of sexual needs decreases due to anxiety which can disrupt the health status of the mother and fetus. Pregnant women who have less knowledge because they do not understand the limits of permitted sexual relations during pregnancy. Knowledge is closely related to education, where education is a learning process for individuals to become more mature and mature in thinking.

There are several factors that influence anxiety about sexual relations during pregnancy, namely maternal age, gestational age, parity, experience of abortion, education, employment, knowledge. Sexual intercourse should be carried out after 16 weeks of pregnancy and 6 weeks before and after delivery (JM, 2019)

Based on the results of a preliminary study by conducting interviews with 10 pregnant women in the working area of the Tambelang Community Health Center, it was found that 6 pregnant women always felt worried and anxious about having sexual relations and lacked knowledge about sexual relations during pregnancy. Based on the information obtained, the researcher is interested in conducting research on "Analysis of Factors that Influence Pregnant Women's Anxiety regarding Sexual Relations During Pregnancy at the Tambelang Community Health Center, Bekasi Regency in 2023".

Method

This research is a quantitative study with a cross sectional design. This research was conducted at the Tambelang Community Health Center in December 2023-January 2024. The sample size was 130 pregnant women taken using accidental sampling technique. The factors that cause anxiety among pregnant women regarding sexual relations studied are age, gestational age, parity, experience of abortion, education, employment, and the mother's knowledge of sexual relations during pregnancy. Mother's knowledge was measured using a questionnaire and anxiety levels were measured using Anxiety Rating Scale (HARS). Data analysis used the Chi Square test.

Results

Table 1 Distribution of Respondents Based on Mother's Level of Anxiety Regarding Sexual Relations During Pregnancy

Variable	Frequency	Percentage
Worry		
Not Anxious	6	4.6
Mild Anxiety	92	70.8
Severe Anxiety	32	24.6

Based on the presentation in table 1, it shows that the majority of respondents had a mild level of anxiety, amounting to 92 respondents (70.8%), severe anxiety, amounting to 32 respondents (24.6%), not worrying, totaling 6 respondents (4.6%).

Table 2 Distribution of Factor Analysis of Maternal Anxiety in Sexual Relations During Pregnancy

Variable	Pregnancy Worry						Σ	P Value
	Not Anxious		Mild Anxiety		Severe Anxiety			
	n	%	n	%	n	%		
Mother's Age								
20-35 years	3	2,3	74	56.9	26	20.0	103	0.012
>35 years	3	2,3	18	13.8	6	4.6 %	27	
Gestational Age (Gravida)								
Trimester I	0	0.0	20	15.4	0	0.0	20	0,000
Trimester II	0	0.0	16	12.3	29	22.3	45	
Third trimester	6	4.6	56	43.1	3	16.0	65	
Number of Births (Parity)								
Primigravida	1	0.8	38	29.2	15	11.5	54	0.386
Multigravida	5	3.8	54	41.5	17	13.1	76	
Abortion Experience								
There isn't any	6	4.6	65	50.0	32	24.6	103	0.001
There is	0	0.0	27	20.8	0	0.0	27	
Level of education								
Low	6	4.6	55	42.3	22	16.9	83	0.111
Tall	0	0.0	37	28.5	10	11.6	47	
Work								
Doesn't work	6	4.6	80	61.5	29	22.3	115	0,567
Work	0	0.0	12	9.2	3	2,3	15	
Knowledge								

Good	0	0.0	50	38.	32	24.6	82	0,000
				5				
Not enough	6	4.6	42	32.	0	0.0	48	
				3				

Table 2 shows an analysis of the relationship between maternal age and anxiety about sexual relations during pregnancy. Data shows that the majority of 103 mothers aged 20-35 years, 74 mothers experienced mild anxiety (56.9%), 26 mothers experienced severe anxiety (20%) and there were 3 mothers who did not experience anxiety (2.3%). The statistical test results obtained a p value = 0.012, so it can be concluded that there is a significant relationship between maternal age and anxiety about sexual relations during pregnancy.

The results of the analysis of the relationship between gestational age and anxiety about sexual relations during pregnancy showed that the majority of 65 mothers in the third trimester of pregnancy (gestational age 27-40 weeks), 56 mothers experienced mild anxiety (43.1%), there were 3 mothers who experienced severe anxiety (16.0%) and there were 6 mothers who did not experience anxiety (4.6%). The statistical test results obtained a p value = 0.000, so it can be concluded that there is a significant relationship between gestational age and anxiety about sexual relations during pregnancy.

Discussion

The results of the chi square analysis showed a relationship between maternal age and anxiety about sexual relations during pregnancy. Data showed that the majority of 103 mothers aged 20-35 years, 74 mothers experienced mild anxiety (56.9%), 26 mothers experienced severe anxiety (20 %) and there were 3 mothers who did not experience anxiety (2.3%). The statistical test results obtained a p value = 0.012, so it can be concluded that there is a significant relationship between maternal age and anxiety about sexual relations during pregnancy. This is in line with research by Yuliana et al (2019), that there is an influence of age on pregnant women's anxiety about sexual relations

Several factors that influence pregnant women's anxiety during sexual relations include the mother's age, where the mother experiences changes in the development of the body's organs, especially the reproductive organs, and changes in a mother's emotions. This can affect pregnancy which indirectly affects the mother's sexual anxiety during pregnancy. Where the good reproductive age for a pregnant woman is 20 - 35 years. At a young age, the reproductive organs and emotions are not yet mature enough, this is due to general deterioration of the reproductive organs. Meanwhile, mothers over 35 years old tend to experience complications during childbirth and hormonal changes occur, causing a decrease in sexual desire and increased anxiety in pregnant women (Khidri, 2018).

Age affects a person's psychology, the higher the age, the better the person's level of emotional maturity and ability to deal with various problems. Women aged 20 - 35 years are physically ready to get pregnant because their reproductive organs are fully formed. Pregnant women who are old enough also have the mental readiness to look after their pregnancy carefully. Pregnant women aged less than 20 years have feelings of anxiety and fear because their physical condition is not yet ready, while pregnant women aged more than 35 years are at higher risk of experiencing obstetric complications and perinatal morbidity and mortality (Kusumawati, 2021).

The mild anxiety experienced by young pregnant women (<20 years) can affect the field of perception so that a person tends to focus on something that has specific indications, and is unable to think about anything else. Meanwhile, pregnant women who are old enough often do not experience anxiety which is related to tension in daily life and causes an increase in perception. The results of this research are in accordance with the results of research which states that the respondents' scores were greater in answering questions about feeling anxious and afraid to have sexual relations with their

partner. The level of anxiety is influenced by internal factors, one of which is age. Someone who is younger is more likely to experience anxiety disorders than someone who is older (Setyaningrum, 2019).

In the researcher's opinion, the older you get, the better the percentage of knowledge because access to information, insight and mobility is still low. But being old enough does not guarantee that someone will have good knowledge or vice versa. This can happen because it is easier to access information from both electronic and print media, high reading initiative, and a person's increasing curiosity. Pregnant women aged 20-35 years have less knowledge, possibly because many respondents find it difficult to answer statements regarding the right time to have sex with husband and wife during pregnancy.

Having sex for a legally married couple is a form of expression of affection, togetherness and close feelings in the husband and wife relationship. However, when the wife is pregnant, there is a lot of confusion and doubt about having sex during pregnancy. Pregnancy causes changes in women, both psychological and physiological. These psychological changes in pregnancy have an impact on the emergence of anxiety during sexual activity, especially during the first trimester. There is a decrease due to hormonal changes in pregnant women with complaints of nausea, vomiting, heartburn and fatigue which results in a feeling of discomfort and is one of the factors that causes causes of problems in sexual intercourse. Anxiety in pregnant women is an emotional disorder that does not have a specific object, in the form of unclear and diffuse worries related to feelings of uncertainty and helplessness. Anxiety in pregnant women is often undiagnosed and not treated properly, so it can have an impact on the health of the mother and the fetus (Nurul, 2022).

Sexual intercourse during pregnancy is permitted. However, in the first three months of pregnancy, the frequency of sexual intercourse should not be as frequent as usual. If sexual intercourse is forced during the first three months of pregnancy, it is feared that spontaneous miscarriage could occur. Things that need to be considered when having sexual intercourse are the position of sexual intercourse during pregnancy, and whether or not it is permissible to have sexual intercourse during pregnancy. One way to reduce the risks that may arise is to reduce the frequency of sexual intercourse. It is necessary for pregnant women to consult with relevant health workers. From this consultation, a pregnant mother will receive counseling about how her pregnancy will progress when having sex. Sexual intercourse during pregnancy is not just a normal activity but is useful as preparation for the pelvic muscles to face the birth process. During the pregnancy process, there is no need to worry about having sexual relations, if there is no history of complications such as a history of repeated miscarriages, weakness of the cervix that opens easily, placenta previa, pregnancy with extensive vaginal varicose veins and the husband suffers from a disease that can be transmitted through sexual intercourse. (Turnady, 2018).

In the opinion of researchers, primigravida mothers experience higher anxiety than multigravida mothers in facing sexual relations during pregnancy because they have not had previous experience of sexual relations during pregnancy. Sexual intercourse is one of the primary needs for married couples, but many couples are worried about sex during pregnancy. Anxiety in sexual relations during pregnancy is caused by fear of having a negative impact on the growth and development of the fetus, especially in first-time mothers.

Sexual activity during pregnancy is generally permitted as long as it is done carefully and the pregnancy is normal. Pregnant women who experience bleeding during the first trimester of pregnancy should postpone having sex until the bleeding can be stopped (Sholiha, 2017). As long as the pregnancy is fine, it doesn't matter how many times it takes. The most important thing is to consider the body fitness of pregnant women. Don't let the frequency of sexual intercourse cause fatigue and other illnesses because a tired body is susceptible to viruses. The frequency of safe sexual intercourse for women who are not pregnant is between 2-4x/week, while for women who are pregnant it is between 1-2x/week. The woman on top or sideways position is a comfortable position for pregnant women and an unsafe position

is putting pressure on the mother's stomach. Before carrying out deep penetration, what must be prioritized is the comfort and freedom of the pregnant woman. The use of foreign objects around the vagina or sexual aids should be avoided as much as possible. A sense of understanding, empathy, creativity and humor are aspects that should be present when having sexual relations during pregnancy. Pregnancy (Manuaba, 2018).

The level of education influences awareness of the importance of health both in oneself and in one's environment which can encourage the need for health services, including the importance of information regarding sexual relations during pregnancy. Information obtained from formal and informal education can have a short-term impact (immediate impact) that can increase knowledge. Current knowledge is not only influenced by formal education, but also informal education, even the ease of accessing the internet and reading sources makes it easier for someone to increase their knowledge about sexual relations during pregnancy. Therefore, all pregnant women with any educational background have the same opportunity to gain knowledge about pregnancy, especially about sexual relations during pregnancy (Yuni, 2017).

The anxiety of people who work and who don't work is certainly different. Individuals who do not work tend to have a lighter mental load than those who work so that the workload which is one of the anxiety factors in these individuals is not felt, but the anxiety they feel tends to be caused by other factors. This is different for people who work, anxiety tends to be caused by the burden of work and the burden of household affairs. People who work tend to experience stress due to the workload they have. This is in line with research conducted by Mayasari (2018) which states that one of the factors of anxiety is work. The workload that a person has, such as feeling that he is incompetent in the world of work, or feeling that he is unable to provide maximum work results, will trigger anxiety in the individual.

The knowledge process is awareness, interest, evaluation, trial, adaptation. Meanwhile, the levels of knowledge are know, comprehension, application, analysis, synthesis and evaluation. The factors that influence knowledge are: intrinsic factors (personality traits, innate talents, intelligence) and extrinsic factors (environment, education, religion, culture). Pregnant women's knowledge about sex is an important factor to study in pregnancy because the level of knowledge will influence pregnant women's anxiety. Where excessive production of the hormone cortisol will increase blood pressure and become emotionally unstable. Sexual function is influenced by age, knowledge, chronic diseases, hormones, pregnancy and childbirth. Impaired sexual function can affect a woman's quality of life and have a negative effect on her self-confidence. In the general population, 40-50% of women can experience sexual dysfunction during their lifetime (Pangkahila, 2018).

In the opinion of researchers, it is not certain that highly knowledgeable mothers can control sexual disorders caused by hormones due to nausea, vomiting or mood changes they experience. Mothers whose knowledge is high but whose experience in sexual matters is taboo can be the cause of the sexual dysfunction experienced by the mother or vice versa. Mothers who are less open and communicate less about sexuality with their husbands can also be the cause of the sexual dysfunction they experience. Meanwhile, mothers with low knowledge experience sexual dysfunction because they do not know the best sexual intercourse positions during pregnancy. Maternal ignorance is caused by the mother's lack of awareness in seeking information and incorrect information.

Conclusion

Maternal age ($p=0.012$), gestational age ($p=0.000$), abortion experience ($p=0.001$), and knowledge ($p=0.000$) have an influence on the level of anxiety of pregnant women regarding sexual relations at the Tambelang Community Health Center, Bekasi Regency in 2023. Meanwhile, parity ($p=0.386$), latest education ($p=0.386$) and employment ($p=0.367$) have no influence on the level of anxiety of pregnant women regarding sexual relations at the Tambelang Community Health Center, Bekasi Regency in 2023. The need to provide education to mothers pregnant regarding the impact of anxiety on sexual relations during pregnancy and how to prevent it.

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