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Overview of the Level of Anxiety in Pregnant Women at Duren Sawit Hospital and its Survey According to Islamic Views

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KEYWORDS
Family Support; Anxiety; Pregnant Women; Pregnancy; Mental Health

ABSTRACT
Pregnancy is a period prone to anxiety due to physical, hormonal, and psychological changes that may affect maternal and fetal health. This research aims to determine the effect of family support on anxiety levels among pregnant women at Duren Sawit Hospital. This research employs a quantitative approach with a cross-sectional design. Data were collected using the Perinatal Anxiety Screening Scale (PASS) instrument from 53 pregnant women selected through purposive sampling at Duren Sawit Hospital. Data analysis was performed using descriptive statistics and Chi-Square test with SPSS version 30. The results showed that most respondents were at-risk age (<20 and >35 years), nulliparous, and in the second trimester of pregnancy. The majority experienced moderate anxiety, with some categorized as moderate to severe. Anxiety was found across all trimesters, with a tendency to increase in the third trimester before delivery. Most respondents had high family support, which was associated with lower anxiety levels, although no significant relationship was found between gestational age and anxiety. In conclusion, family support plays an important role in reducing anxiety among pregnant women, although it is not the only influencing factor. Therefore, increased mental health awareness, family involvement, and integrated antenatal care with psychological support are recommended.

INTRODUCTION

Mental health disorders can occur in anyone, including pregnant women. Pregnant women are one of the groups that are prone to experiencing mental disorders such as anxiety (Astarini, 2021). Anxiety is a manifestation of negative emotional states that cause concern about maternal changes during pregnancy, such as physical changes (weight gain and changes in body shape), hormonal changes, as well as psychological changes that involve mental readiness in facing the process of pregnancy and childbirth. These problems often have adverse effects on both mother and fetus with long-term effects on the growth and development of the child (Dwivedi et al., 2025). According to the World Health Organization (WHO) in 2021, around 10-12% experience anxiety during pregnancy. Data from the Ministry of Health of the Republic of Indonesia in 2021 shows that the prevalence of pregnant women who experience anxiety is around 45% and those who experience anxiety in facing childbirth is around 50% (Puspitasari et al, 2023; Kusmiran, 2017).

The incidence of anxiety in pregnant women in Indonesia reached 373,000. As many as 107,000 or 28.7% of them are anxiety occurring in pregnant women before the delivery process. The research conducted by primigravida mothers 22.5% experienced moderate anxiety. Meanwhile, a study conducted in Depok, West Java found that 36.7% of pregnant women in the third trimester experienced moderate anxiety. The incidence of anxiety among pregnant women in Indonesia who experience severe anxiety reaches 57.5% (Yuliani & Aini, 2020; Sulistyowati & Arifah, 2023).

Anxiety has a great effect on the comfort of pregnant women and the fetus in the womb. A low level of anxiety can reduce the occurrence of complications so that it can reduce the mortality rate of mother and baby, while if the level of anxiety can aggravate the complication of maternal and infant mortality rates (Montagnoli et al., 2020). Anxiety in pregnant women is a state of negative emotions that occur in worrying about oneself and the fetus to give birth, as well as problems of readiness to become a mother (Andi et al, 2022; Rahman, 2020).

The results of a preliminary study conducted by the Pahandut Health Center were measured using the PASS (Perinatal Anxiety Screening Scale) instrument based on the results of a study of 10 pregnant women who checked their pregnancy at the Pahandut Health Center. Of the 10 pregnant women, 5 of them experienced mild anxiety by 5%, 2 of them experienced severe anxiety by 2% and 3 of them did not experience anxiety by 3% (Lagadec et al., 2018).

The results of the study show that there are still many pregnant women who experience anxiety during their pregnancy so that pregnant women are often disturbed due to the anxiety experienced, of course this has been surveyed through a questionnaire that has been distributed (Keskin et al, 2022). Therefore, this study uses a holistic approach by integrating mental health measurements, especially anxiety of pregnant women using the Perinatal Anxiety Screening Scale (PASS) in the Duren Sawit Hospital area. The results of this study are expected to provide information for specific interventions, especially in the context of primary health services for pregnant women.

Thus, it is important to examine the level of anxiety in pregnant women not only from a medical aspect, but also through a spiritual approach in an Islamic perspective, so as to provide a more comprehensive picture in an effort to improve the welfare of the mother and fetus. Anxiety in pregnant women is an important aspect that can affect the health condition of the mother and fetus (Tantona, 2020), so this study was conducted to analyze and describe the level of anxiety in pregnant women who undergo examinations at Duren Sawit Hospital, with research questions that focus on how to describe the level of anxiety.

The purpose of this study in general is to determine the level of anxiety of pregnant women, while specifically to determine the distribution of anxiety levels based on measurements using the PASS scale and based on gestational age (trimester); The results of this study are expected to provide benefits in training students' analytical skills through critical and data-based thinking processes, increase students' insight into the importance of mental health during pregnancy, become a scientific reference for YARSI University, especially in the field of mental health, provide deeper experience and understanding for researchers related to anxiety in pregnant women, and become evaluation material for RSKD Duren Sawit in improving services health, especially in the early detection and handling of anxiety in pregnant women.

METHOD

Types of Research

This study was a quantitative research using a cross-sectional design. The purpose of this study is to find out the picture of the level of anxiety of pregnant women measured using the PASS scale at Duren Sawit Hospital. The research design used was a cross-sectional design. In this design, variable measurements are carried out at once at a certain time without any intervention or follow-up.

Population and Sample

The research population to be taken is pregnant women in the Duren Sawit RSKD area during the research implementation period who are undergoing examination and treatment at maternal health facilities. The research sample consisted of pregnant women who met the research inclusion criteria, namely:

1. Pregnant women in the I, II, and III trimester.
2. Willing to be a respondent and sign informed consent.
3. Have no severe mental history disorder
4. Able to follow the entire series of questionnaires independently or with the help of researchers.

How to Assign Samples

Sampling was carried out by purposive sampling technique. The sample was taken during the day of the study, which is when a questionnaire was submitted to respondents who met the research criteria. In this way, the researcher directly selects respondents who are available and appropriate at the time of data collection.

Data Type

This study uses primary data obtained directly by respondents through filling out questionnaires.

How Data Is Collected and Measured

Data is collected through a survey questionnaire that is shared with respondents after the required amount of data is met. Before filling out, respondents will be given information about the purpose of the research as well as instructions on how to fill out the questionnaire correctly. Respondents are expected to fill out the questionnaire honestly and on time. Data collection is planned to be carried out within a predetermined time with the target of pregnant women at Duren Sawit Hospital.

Data Collection Instruments

The instrument used in this study is a questionnaire with a closed answer format and a research scale. The questionnaires used in this study were:

1. Anxiety Levels of Pregnant Women

It was measured using the PASS (Perinatal Anxiety Screening Scale), which is a scale specifically designed to detect anxiety symptoms in pregnant women. The scale consists of 31 questions that reflect the different dimensions of perinatal anxiety.

a. Each statement has a score from 0 – 3.
b. The total score ranges from 0 – 93, obtained from the sum of all item scores.
c. The scores are then categorized into:
    1) 0 – 20 : No significant anxiety
    2) > 20 : Indicates clinical anxiety
d. The total score indicates the respondents' level of anxiety.

PASS is an internationally validated instrument that has been translated into various languages, including Bahasa Indonesia. PASS is widely used to detect anxiety symptoms in pregnant women. The PASS scale has good construct validity and reliability values (Cronbach's Alpha) range from 0.87 to 0.95.

Data Analysis

The data in this study was analyzed using Statistical Product and Service Solution (SPSS) version 30, which is statistical software used to manage and analyze data. SPSS allows users to perform various analyses, such as descriptive analysis, hypothesis tests, and differential tests, making it easier to manage and interpret research data. This analysis is performed with the Chi-Square Test to find out if there is a significant difference between the variables under natural or observational conditions.

RESULT AND DISCUSSION

Results

This quantitative study with a cross-sectional design aims to determine the picture of anxiety levels in pregnant women at Duren Sawit Hospital which was measured using the Perinatal Anxiety Screening Scale (PASS) questionnaire in 53 respondents. The data used are primary data obtained through filling out the PASS questionnaire by pregnant women who meet the inclusion criteria at the Duren Sawit RSKD obstetric polyclinic, after previously being given an explanation and approval as a research respondent. The PASS instrument consisted of 31 question items with four answer choices (score 0-3) which were then summed and classified into unanxious, mild anxiety, moderate anxiety, and severe anxiety.

Characteristics of pregnant women respondents who conducted examinations at Duren Sawit Hospital

Table 1 Characteristics of pregnant women respondents who conducted examinations at Duren Sawit Hospital

Characteristics of Research Samples	Quantity (n)	Frequency (%)
Mother's Age		
Age at risk (<20 and >35 years)	47	88,7
Age not at risk (20-35 years)	6	11,3
Parity		
Nuliparous	30	56,6
Primipara	16	30,2
Multipara	7	13,2
Pregnancy Age (Trimester)		
Trimester 1	18	34,0
Trimester 2	20	37,7
Trimester 3	15	28,3

Source: Primary data processed from PASS questionnaire at Duren Sawit Hospital, 2026

Based on Table 1 Characteristics of pregnant women respondents who conducted examinations at Duren Sawit Hospital. Of the 53 respondents, the majority were in the at-risk age group (<20 and >35 years) as many as 47 respondents (88.7%) and the minority in the non-at-risk age group (20-35 years) only 6 respondents (11.3%). In terms of parity, most of the respondents were nulipara as many as 30 respondents (56.6%) and a small number of respondents were multipara, as many as 7 respondents (13.2%) Judging from the gestational age, the distribution of the most respondents was in the 2nd trimester with 20 respondents (37.7%), then in th

e 1st trimester as many as 18 people (34.0%), and at least in the 3rd trimester which was 15 people (28.3%), So in general, the characteristics of the sample are dominated by pregnant women with risk ages, first pregnancy, and 2nd trimester gestational age.

Level distribution

Table 2 Distribution of anxiety levels of pregnant women who undergo examinations at Duren Sawit Hospital based on the results of measurements with the PASS scale

Anxiety Levels of Pregnant Women	Quantity (n)	Frequency (%)
Not anxious (0-20)	12	22,6
Mild anxiety (21-26)	4	7,5
Moderate anxiety (27-40)	21	39,6
Severe anxiety (41-92)	16	30,2
Total	**53**	**100**

Source: Primary data processed from PASS questionnaire at Duren Sawit Hospital, 2026

The results of measuring anxiety levels using the PASS scale on 53 pregnant women at Duren Sawit Hospital presented in table 2 showed that most of the respondents were in the category of moderate anxiety as many as 21 respondents (39.6%), followed by severe anxiety as many as 16 respondents (30.2%). Respondents who did not experience anxiety amounted to 12 respondents (22.6%), while those who experienced mild anxiety were the least group of 4 respondents (7.5%). These findings illustrate that the majority of pregnant women in the study sample experienced moderate to severe levels of anxiety, reflecting the need for more attention to the mental health aspects of pregnant women at Duren Sawit Hospital.

Distribution of anxiety levels of pregnant women based on gestational age (trimester) at Duren Sawit Hospital

Table 3 Distribution of anxiety levels of pregnant women based on gestational age (trimester) at Duren Sawit Hospital

Variable (N=53)		Pregnancy Age (Trimester)					
		Trimester 1		Trimester 2		Trimester 3	
		f	%	f	%	f	%
Anxiety Levels of Pregnant Women	Not anxious (0-20)	5	9,4	3	5,7	4	7,5
	Mild anxiety (21-26)	0	0,0	2	3,8	2	3,8
	Moderate anxiety (27-40)	10	18,9	9	17,0	2	3,8
	Severe anxiety (41-92)	3	5,7	6	11,3	7	13,2
Total		**18**	**34**	**20**	**37,8**	**15**	**28,3**

Source: Primary data processed from PASS questionnaire at Duren Sawit Hospital, 2026

Based on Table 3, the distribution of anxiety levels of pregnant women by gestational age shows variations in each trimester. In the first trimester, out of 18 respondents (34%), most pregnant women experienced moderate anxiety, namely 10 people (18.9%), followed by pregnant women who did not experience anxiety as many as 5 people (9.4%) and severe anxiety as many as 3 people (5.7%). There were no respondents with mild anxiety in the first trimester.

In the second trimester, the number of respondents was 20 people (37.8%). The most common level of anxiety was moderate anxiety (17.0%), followed by severe anxiety as many

as 6 people (11.3%). In addition, there were 3 pregnant women (5.7%) who did not experience anxiety and 2 people (3.8%) who experienced mild anxiety.

Meanwhile, in the third trimester with 15 respondents (28.3%), the most dominant level of anxiety was severe anxiety which was 7 people (13.2%). Pregnant women who did not experience anxiety amounted to 4 people (7.5%), while mild anxiety and moderate anxiety were experienced by 2 people (3.8%) respectively.

Distribution of Pregnant Women Respondents Who Conducted Examinations at Duren Sawit Hospital Based on Measurement Results with PASS Scale

1. Mother's Age

In this study, it was found that the majority of pregnant women who underwent Antenatal Care (ANC) examinations at Duren Sawit Hospital were in the risk age group (<20 and >35 years). This shows that most of the respondents have age characteristics that are medically and psychologically more susceptible to various problems during pregnancy.

These findings are in line with the research of Jalal et al. (2024) which examined the level of anxiety in pregnant women, where the majority of respondents were in the at-risk age group (≥35 years). The study showed that the higher the mother's age, the greater the psychological burden felt due to concerns about obstetric complications, greater family and work responsibilities, and previous pregnancy experiences that may be fraught with risks. This combination of medical and social factors makes the age group of ≥35 years old classified as at high risk of experiencing mental health problems so that it is in line with the findings of the majority of at-risk ages in this study.

In addition, a study by Xu et al. (2025) analyzed 42,013 first-trimester pregnant women and found that young age was found to dominate the results of the study. The authors explain that pregnancies in adolescence and early adulthood are often unplanned, related to lower socioeconomic status, limited knowledge of pregnancy, and less stable family support, thus triggering concerns about fetal health, childbirth, and parenting readiness (Stepowicz et al., 2020; Giarratano et al., 2019). This pattern corroborates the conclusion that the <20-year-old age group as part of the at-risk age tends to account for a large proportion of pregnant women with anxiety in this study.

2. Parity

In this study, the majority of respondents were 30 people (56.6%). This condition shows that most of the pregnant women who are respondents are undergoing their first pregnancy.

The findings of this study show that the majority of pregnant women in this study were in the nulipara group with a total of 30 people or 56.6%. These findings are in line with the results of the study of Divedi et al. (2025) which stated that the majority of respondents were nulipara, where out of 346 pregnant women, as many as 200 people or 57.8% were nulipara, and this group was also found to consistently show poorer sleep quality, higher stress levels, and heavier anxiety scores than multipara. Nulipara with poor sleep accounted for 113 pregnancies or 60.75% of all cases of poor sleep, and this group had an average stress score of 21.03 as well as an average anxiety score of 12.31, much higher than multipara, which explains why anxiety easily increases when the experience of pregnancy is still in its first and the coping mechanism has not yet been firmly established.

Another similar study conducted by Kurashina & Suzuki (2022) also supports the findings of this study which states that the majority of respondents are nulipara, namely 195 out of 311 pregnant women in 2019 (63%) and 168 out of 248 pregnant women in 2020 (68%). The study also explained that anxiety in pregnant women was repeatedly reported to be higher in those who had not experienced childbirth or pain during childbirth. Anxiety symptoms in the study appeared mainly due to concern for self and the baby, and it was specifically reported that nulipara was one of the factors often associated with pregnancy anxiety, although in the context of the pandemic this association could appear to vary as anxiety could increase at all parities (Sari & Maulida, 202; Halid et al., 2025).

3. Gestational Age

In this study, the majority of respondents were in the 2nd trimester of pregnancy supported by the results of Rachma et al.'s (2024) research which showed that the majority of respondents were in the second trimester of pregnancy with a proportion of 41% of the total 100 pregnant women, while the first trimester amounted to 30% and the third trimester 29%. The dominance of the second trimester illustrates that many mothers come to check themselves and are netted as respondents in the relatively more stable phase of pregnancy physically and psychologically, when initial complaints such as nausea and vomiting begin to decrease and mothers feel more comfortable with their body changes. This condition can be interpreted as that mothers tend to be more mentally prepared and more active in seeking health services in the second trimester, so that the recruitment of respondents occurs the most in this phase and describes the balance point between physical adaptation and psychological readiness to face the continuation of pregnancy.

In a study conducted by Mohammed et al. (2025), the majority of respondents were also in the second trimester of pregnancy with a proportion of 47.7%, followed by the third trimester 40.9% and only 11.4% were in the first trimester, so the dominating picture is mid-pregnancy pregnant women who have begun to routinely control and are more aware of the physical and psychological changes they experience. This largest proportion of second trimester shows that the moment of antenatal visits is most frequent when the pregnancy is more stable, the early complaints of the first trimester begin to subside, and the mother feels safe enough to come to the health facility regularly. The second trimester is a golden window for early detection of pregnancy anxiety and psychosocial intervention, because in this phase the mother is relatively more physically comfortable but begins to think a lot about childbirth preparation, fetal health and the role of parents so that they are more open to dialogue about their emotional condition.

Distribution of Anxiety Level of Pregnant Women Who Are Examined at Duren Sawit Hospital Based on Measurement Results with PASS Scale

The majority of respondents in this study were in the category of moderate anxiety with a PASS score of 27–40 experienced by 21 pregnant women (39.6%), so the general picture shows the dominance of anxiety at moderate to severe levels in pregnant women who checked themselves at Duren Sawit Hospital. These findings are supported by research conducted by Mardianingsih et al. (2024) who conducted a descriptive study on 30 pregnant women with a history of high-risk pregnancy in Batu Kute, Narmada, finding that most of the respondents experienced mild–moderate scale anxiety with a percentage of 70%, with the most dominant domains being excessive worry and specific fear at 57% and anxiety and active adjustment at

23.3%, Therefore, the findings of high moderate and severe anxiety in this study are very likely related to clinical risk factors and pregnancy experiences that cause strong concern for the condition of the self and the fetus.

Another similar study conducted by Nabwire et al. (2024) in Uganda reported that out of 501 pregnant women, as many as 13% were diagnosed with anxiety disorders, with 83.1% of them in the mild–moderate anxiety category and only 16.9% experiencing severe anxiety. This higher proportion of mild-moderate anxiety was related to supporting factors such as 85% of participants earning ≤200,000 shillings, 25% reporting relationships with bad partners, 82% having experienced violence, and a history of hypertension in previous pregnancies that increased the chances of anxiety, so economic stress, disharmonious relationships, and worries about medical complications encouraged the emergence of anxiety without always progressing to a disorder heavy.

The researcher assessed that the dominance of moderate and severe anxiety in pregnant women in this study reflects the real need for routine psychological screening using PASS in antenatal services, mothers who are in the range of moderate to severe anxiety indicate that educational, counseling, and social-emotional support interventions need to be prioritized so that anxiety does not develop into a disorder that interferes with maternal and fetal health as well as the delivery process.

Although most respondents reported high levels of family support, a proportion of pregnant women were still found to experience moderate to severe anxiety. This finding indicates that family support, although important, is not the only factor influencing anxiety during pregnancy. From a psychological perspective, anxiety may arise from internal factors such as personality traits, previous traumatic experiences, fear of childbirth, and negative perceptions about pregnancy and delivery (Dewi, 2020). Pregnant women, especially those who are nulliparous, often experience fear of the unknown, which cannot always be fully alleviated by external support (Franks et al., 2017). In some cases, even when family support is perceived as high, mothers may still experience severe anxiety due to maladaptive coping mechanisms, excessive worry (rumination), or heightened sensitivity to stress, which are influenced by individual psychological resilience (Husaeri, 2023).

From a physical and physiological perspective, hormonal changes during pregnancy, particularly fluctuations in estrogen and progesterone, can significantly affect emotional stability and increase vulnerability to anxiety. Pregnant women who experience severe physical symptoms such as hyperemesis gravidarum, chronic fatigue, sleep disturbances, or pregnancy complications may continue to feel anxious despite receiving strong family support. This is because physical discomfort and perceived health risks to the fetus can trigger persistent worry that is difficult to control (Husnah & Ramayanti, 2023; Alder, 2019).

Furthermore, external stressors such as economic concerns, work-related pressures, and exposure to negative information about pregnancy and childbirth may also play a role. In addition, the form of family support itself may not always align with the mother's emotional needs; for example, support that is more instrumental than emotional may not fully address feelings of fear and uncertainty (Istiqomah et al., 2021). Therefore, even though family support serves as a protective factor, it may not be sufficient to prevent severe anxiety in all cases. Comprehensive interventions that address psychological, physical, and social aspects are still necessary to effectively reduce anxiety among pregnant women (Niko, 2024).

Distribution of Anxiety Levels of Pregnant Women Based on Gestational Age (Trimester) at Duren Sawit Hospital

The distribution of anxiety levels of pregnant women based on gestational age (trimester) at Duren Sawit Hospital shows that the majority of pregnant women at Duren Sawit Hospital are in the category of moderate anxiety and severe anxiety, especially in the third trimester, while the proportion of pregnant women who are not anxious is actually more in the first trimester and decreases in the next trimester. This pattern illustrates that as the pregnancy ages, anxiety does not decrease, but rather is concentrated on moderate-severe anxiety. These findings are supported by research conducted by Rachma et al. (2024) at the Gading Health Center in Surabaya found significant differences in anxiety levels between trimesters, where most mothers in the first trimester (56.7%) and II (70.7%) did not show symptoms of anxiety, while in the third trimester more than half of the respondents (51.7%) experienced mild-moderate anxiety. The finding that anxiety is actually more prominent in the last trimester is in line with the picture at Duren Sawit Hospital, because in this period the mother begins to enter a phase where the mother is required to wait vigilantly, thinking a lot about pain during childbirth, possible complications, and the baby's condition so that previously vague worries in the first trimester strengthen into real anxiety.

Another similar study by Redondo et al. (2025) also showed that pregnancy-specific anxiety appeared most in the first trimester, but perceived stress continued to increase and peaked in the third trimester. This pattern explains why in this study mothers who may not initially have appeared to be very anxious in the first trimester then showed an increase in moderate-severe anxiety in the later trimester, due to prolonged exposure to stress such as physical changes, pregnancy complaints, and concerns about labor outcomes, which ultimately triggered more pronounced anxiety disorders.

The majority of moderate-severe anxiety in the next trimester is found to be a combination of a mountain of psychological burdens, increasingly uncomfortable bodily experiences, and perceptions of childbirth risks that are often shaped by negative environmental stories and limited comforting information. This study interprets this pattern as a strong signal that antenatal services need to provide structured emotional counseling space from the beginning of pregnancy and intensively before delivery, so that reasonable anxiety can be mitigated before it develops into severe anxiety that has the potential to interfere with the child's labor and growth and development (Rachma et al., 2024; Yulizawati, 2021; Suwito, 2020).

CONCLUSION

Based on the results of a study on pregnant women who conducted an examination at Duren Sawit Hospital, the characteristics of the respondents were dominated by mothers with at-risk ages (<20 years and >35 years), the majority were nulipara who had no previous pregnancy or delivery experience, and most were in the second trimester of pregnancy, so they still required physical and psychological adaptation during pregnancy; The results of the measurement of anxiety levels using the PASS instrument showed that most pregnant women were in the category of moderate to severe anxiety, which indicates that anxiety is a fairly dominant problem and needs attention in antenatal services, especially in the aspect of mental health; In addition, anxiety is found throughout the trimester with a tendency to increase in the

third trimester before delivery, which is related to concerns about the delivery process, the condition of the fetus, as well as the physical and psychological readiness of the mother; Based on these findings, it is recommended that pregnant women increase awareness of mental health and actively consult with health workers, families provide optimal support both emotionally and mentoring, health workers increase mental health screening and education regularly, health service institutions develop antenatal services that are integrated with psychological aspects, researchers then conduct research with a wider sample and design, and pregnant women are also encouraged to maintain physical and spiritual balance through religious practices such as dhikr, prayer, and reading the Qur'an to help reduce anxiety during pregnancy.

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