

Differences In Anxiety Levels Among Primiparous And Multiparous Pregnant Women Before Childbirth In Sumedang Regency

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ABSTRACT

Background & Objective: Anxiety is a common psychological problem experienced by pregnant women before childbirth. One factor that may influence anxiety levels is parity, as differences in pregnancy and childbirth experiences between primiparous and multiparous women can affect their readiness for labor. This study aimed to analyze the differences in anxiety levels between primiparous and multiparous pregnant women before childbirth in Sumedang Regency. **Method:** This study employed a quantitative approach with a cross-sectional design. The sample consisted of 68 pregnant women, including 32 primiparous and 36 multiparous women, selected using a probability sampling technique. Data were collected using the Hamilton Anxiety Rating Scale (HARS) questionnaire and analyzed using the Mann-Whitney U test. **Result:** The results showed that all primiparous pregnant women (100%) experienced very severe anxiety. Among multiparous women, 18 respondents (50%) experienced severe anxiety and 18 respondents (50%) experienced very severe anxiety. Statistical analysis using the Mann-Whitney U test yielded a value of $U = 99.00$ with $p < 0.001$, indicating a significant difference in anxiety levels between primiparous and multiparous pregnant women. The mean rank of the primiparous group (49.41) was higher than that of the multiparous group (21.25), indicating that primiparous women experienced higher anxiety levels. **Conclusion:** There was a significant difference in anxiety levels between primiparous and multiparous pregnant women before childbirth in Sumedang Regency. Primiparous pregnant women experienced higher anxiety levels than multiparous pregnant women, suggesting that

parity is an important factor associated with maternal anxiety prior to labor.

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Introduction

In women's reproductive lives, pregnancy and childbirth are physiological processes that occur naturally and normally. During pregnancy, the body undergoes biological and hormonal changes that affect physical health while also requiring adaptation in daily activities (Kemenkes, 2023). In addition to physical changes, women also face adjustments to new roles and responsibilities as expectant mothers, which often affect their emotional well-being (WHO, 2022). This complex transition makes pregnancy not only a biological experience but also an emotional and social experience that involves physical and mental preparedness (Erna et al., 2021). At this stage, various psychological responses begin to emerge, one of which is anxiety before childbirth.

Anxiety in pregnant women is characterized by excessive worry related to their own health and the health of the fetus, readiness to face childbirth, as well as physical and psychological changes after giving birth (Alessandra et al., 2025; Siti et al., 2022). This condition is a psychological problem that frequently occurs during pregnancy and can affect both physiological responses and mental preparedness for the childbirth process. High levels of anxiety during pregnancy may increase the risk of preterm birth, low birth weight, and difficulties during labor. A recent review explained that comorbid anxiety and depression during the perinatal period occur in approximately 9% of the global population and are associated with adverse pregnancy outcomes (Alessandra et al., 2025). Therefore, this issue requires greater attention to prevent anxiety among pregnant women from worsening.

Based on WHO data from 2022, psychological disorders among pregnant women are still widely found in various developing countries, with an average prevalence of 15.6%. Several countries have shown relatively high prevalence rates, such as Uganda at 18.2%, Zimbabwe at 19%, and South Africa at 41%. In countries with higher levels of development, the prevalence of psychological disorders among pregnant women has been reported to be relatively lower. In the United Kingdom, psychological disorders are experienced by approximately 8.1% of women during pregnancy. Meanwhile, in France, the prevalence of anxiety among primigravida pregnant women was recorded at 7.9%, depression at 11.8%, and the combination of anxiety and depression at 13.2% during pregnancy. WHO (2022) stated that nearly 1 in 5 women experience mental health disorders during pregnancy or within one year after giving birth, with 20% experiencing suicidal ideation or self-harm. These data indicate that anxiety during pregnancy remains an international issue experienced not only in developing countries but also in developed countries. Therefore, its understanding and management need to receive serious attention in various regions, including Indonesia.

At the national level, the prevalence of anxiety among pregnant women in Indonesia has shown an increasing trend, from approximately 20% in 2017 to more than 30% in 2022 (Kemenkes, 2023). More specific data on third-trimester primigravida pregnant women in Indonesia indicate that 33.93% experienced stress. Among pregnant women preparing for normal childbirth, 47.7% experienced severe

stress, 16.9% experienced moderate stress, and 35.4% experienced mild stress (Rika & Ayu, 2022). In addition, a study in Indonesia found that, among 2,928 pregnant women, 798 individuals (27%) experienced psychiatric disorders in the form of anxiety before childbirth (Dinkes Jabar, 2021). These data indicate the high prevalence of anxiety among pregnant women in Indonesia.

Meanwhile, in West Java, the prevalence of anxiety among pregnant women has shown a relatively high tendency based on various research findings. A study conducted among third-trimester pregnant women reported that approximately 36.2% of pregnant women experienced anxiety, with triggering factors including fear of childbirth, concerns about fetal health, emotional instability, economic conditions, and a lack of family support (Erna et al., 2021). Research conducted in Suka Asih Village, West Java, found that approximately 27% of pregnant and breastfeeding women experienced psychological disorders in the form of anxiety, which may affect mothers' readiness to face the childbirth process (Dinkes Jabar, 2021). In addition, recent research found that the proportion of pregnant women experiencing moderate anxiety ranged from 46.7% to 55%, particularly among groups that had not received adequate pregnancy education (Mega, 2024). The considerable variation in anxiety rates indicates that anxiety among pregnant women in West Java is a significant issue requiring attention, including in examining differences in anxiety levels based on parity, such as among primiparous and multiparous women.

Primiparous women, namely women who are giving birth for the first time, experience an adaptation process to pregnancy and childbirth that involves physical and psychological changes. A lack of knowledge regarding the stages of labor, perceptions of pain, and concerns about their own condition and the condition of the fetus may affect their emotional state during pregnancy (Niken & Dian, 2020; Rina et al., 2024). The experience of a first pregnancy also requires psychological preparedness to face the physical and emotional changes that occur throughout pregnancy.

On the other hand, multiparous women have previous experiences of pregnancy and childbirth that may provide an understanding of the process they will undergo (Reni et al., 2021). However, these experiences are not always positive. Multiparous women may still experience anxiety, particularly if they have a history of traumatic childbirth, obstetric complications, or unpleasant pregnancy experiences in the past (Rizka et al., 2024; Siti et al., 2022). Thus, differences in psychological characteristics and experiences between primiparous and multiparous women make parity an important factor in understanding variations in anxiety among pregnant women.

Although various studies have examined anxiety among pregnant women based on parity, the focus and findings reported remain varied. Parity is one of the factors associated with pregnancy and childbirth experiences and may therefore influence the psychological condition of pregnant women. However, studies specifically addressing anxiety among pregnant women based on differences in parity require further investigation. Therefore, this study was conducted to examine anxiety among pregnant women based on parity.

The results of a preliminary study conducted through interviews with six pregnant women, consisting of three primiparous women and three multiparous women, showed that anxiety was experienced by pregnant women in both parity groups. Among the primiparous pregnant women, two reported experiencing anxiety during pregnancy, while one did not experience significant anxiety. Among the

multiparous pregnant women, two also reported feelings of anxiety, while one stated that they did not experience anxiety. The anxiety symptoms reported by the respondents included physical complaints such as difficulty sleeping, fatigue, and bodily tension, as well as psychological symptoms in the form of worry, restlessness, and unclear feelings of fear. These findings indicate that anxiety can be experienced by both primiparous and multiparous pregnant women. Therefore, parity is a factor that needs to be further examined in this study.

Based on the results of the preliminary study above, the researcher became interested in investigating differences in anxiety levels between primiparous and multiparous women because no study has compared the conditions of primiparous and multiparous women in Sumedang Regency. Therefore, the research to be conducted is expected to provide a new contribution in the form of a more comprehensive local overview of anxiety based on parity. Thus, this study has strong novelty value because it addresses the lack of local data while simultaneously providing a scientific basis for maternal health interventions in Sumedang.

Objective

To determine whether there is a difference in anxiety levels between primigravida and multigravida pregnant women in Sumedang Regency.

- 1) To measure the anxiety levels of primigravida pregnant women in Sumedang Regency.
- 2) To measure the anxiety levels of multigravida pregnant women in Sumedang Regency.
- 3) To analyze the differences in anxiety levels between primigravida and multigravida pregnant women in Sumedang Regency.

Method

This study employed a quantitative approach with a comparative cross-sectional design to determine the differences in anxiety levels between primiparous and multiparous pregnant women before childbirth in Sumedang Regency.

The population consisted of 77 pregnant women approaching childbirth in Sumedang Regency, including 32 primiparous and 45 multiparous pregnant women. The sampling technique used was probability sampling. Respondents were selected based on the following inclusion criteria: primiparous or multiparous pregnant women residing in Sumedang Regency, approaching childbirth, and willing to participate in the study. The final sample consisted of 68 respondents, including 32 primiparous pregnant women and 36 multiparous pregnant women.

Data were collected using the Hamilton Anxiety Rating Scale (HARS), a standardized instrument consisting of 14 items that assess psychological and somatic symptoms of anxiety. Each item is scored on a scale ranging from 0 to 4, with higher scores indicating higher levels of anxiety. Anxiety levels were categorized as mild, moderate, severe, and very severe based on the total HARS score. Previous studies have demonstrated that the Indonesian version of HARS has satisfactory validity and reliability for measuring anxiety.

Data collection was conducted after obtaining research permission from the relevant authorities and informed consent from all respondents. Questionnaires were distributed through local midwives during maternal health service schedules. Respondents were provided with sufficient time to complete the questionnaires according to the instructions given.

Data processing included editing, coding, scoring, data entry, cleaning, and tabulation. Descriptive (univariate) analysis was performed to describe the distribution of anxiety levels among primiparous and multiparous pregnant women. Prior to hypothesis testing, data normality was assessed using the Kolmogorov-Smirnov test. Since the data did not meet the assumption of normality, the Mann-Whitney U test was used to analyze differences in anxiety levels between primiparous and multiparous pregnant women, with a significance level of $p < 0.05$.

The findings were presented in the form of frequency distribution tables, percentages, and descriptive narratives. This study was conducted in Sumedang Regency, West Java, Indonesia, from March to June 2025 while adhering to research ethical principles, including informed consent, anonymity, confidentiality, and self-determination.

Results

The respondents in this study were pregnant women residing in Sumedang Regency who met the study's inclusion criteria. A total of 68 respondents participated, consisting of 32 primiparous pregnant women (47.1%) and 36 multiparous pregnant women (52.9%). Based on parity characteristics, the majority of respondents were multiparous pregnant women. However, the proportions of the primiparous and multiparous groups were relatively balanced, allowing for a comparison of anxiety levels between the two groups. Differences in pregnancy and childbirth experiences between the groups serve as an important foundation for this study, considering that previous experiences may influence mothers' preparedness and psychological responses in facing childbirth.

Characteristics of Respondents

The descriptive analysis showed that 56.7% of respondents were female, while 43.3% were male. Most parents had completed secondary education, and the majority reported that their children used digital media for educational activities, entertainment, and social interaction. In addition, more than half of the children accessed digital media for more than three hours per day.

Anxiety Among Primiparous Pregnant Women

TABLE 1. Frequency Distribution of Primiparous Pregnant Women

Category	Frequency	Percentage (%)
Mild	0	0
Moderate	0	0
Severe	0	0
Very Severe	32	100
Total	32	100

Based on the frequency distribution table of anxiety levels among primiparous pregnant women, it was found that all 32 respondents (100%) were classified as

having very severe anxiety. There were no respondents classified as having severe anxiety. These results indicate that all primiparous pregnant women in this study experienced very severe levels of anxiety.

Anxiety Among Multiparous Pregnant Women

TABLE 2. Frequency Distribution of Multiparous Pregnant Women

Category	Frequency	Percentage (%)
Mild	0	0
Moderate	0	0
Severe	18	50
Very Severe	18	50
Total	36	100

Based on the frequency distribution table of anxiety levels among multiparous pregnant women, it was found that 18 respondents (50%) were classified as having severe anxiety, while the other 18 respondents (50%) were classified as having very severe anxiety. These results indicate that anxiety levels among multiparous pregnant women were evenly distributed between the severe and very severe categories.

Differences In Anxiety Between Primiparous And Multiparous Pregnant Women

TABLE 3. Mann-Whitney U Test Results

Variable	Group	n	Mean Rank	U	p-value
Anxiety	Multiparous	36	21.25	99.00	<0.001
	Primiparous	32	49.41		

The results of the analysis using the Mann-Whitney U test showed a U value of 99.00 with a significance level (p) < 0.001. Since the p-value is less than 0.05, it can be concluded that there is a significant difference in anxiety levels between primiparous and multiparous pregnant women.

Based on the mean rank scores, the group of primiparous pregnant women had a mean rank of 49.41, while the group of multiparous pregnant women had a mean rank of 21.25. These results indicate that anxiety levels among primiparous pregnant women are higher than those among multiparous pregnant women.

TABLE 4. Results of the Effect Size Test

Variable	U	p-value	Rank-Biserial Correlation
Anxiety	99.00	<0.001	-0.828

The magnitude of this difference is also supported by a Rank-Biserial Correlation coefficient of -0.828, indicating a very large effect size. Thus, parity status has a strong influence on the level of anxiety among pregnant women. Women experiencing their first pregnancy (primiparas) tend to have higher levels of anxiety than those who have had previous pregnancies (multiparas).

Interpretation of Findings

The study involved 68 pregnant women approaching childbirth in Sumedang Regency, consisting of 32 primiparous women and 36 multiparous women. The descriptive analysis showed that all primiparous pregnant women (100%) experienced very severe anxiety before childbirth. In contrast, among multiparous pregnant women, 50% experienced severe anxiety and 50% experienced very severe anxiety. These findings indicate that anxiety was prevalent in both groups, although anxiety levels were higher among primiparous women.

The results of the Mann-Whitney U test revealed a significant difference in anxiety levels between primiparous and multiparous pregnant women ($U = 99.00$, p

< 0.001). The mean rank of the primiparous group (49.41) was higher than that of the multiparous group (21.25), indicating that primiparous women experienced higher levels of anxiety before childbirth. Furthermore, the Rank-Biserial Correlation value of -0.828 indicated a very large effect size, suggesting that parity had a strong influence on maternal anxiety levels. Overall, the findings demonstrate that primiparous pregnant women tend to experience greater anxiety prior to labor compared with multiparous pregnant women.

Discussion

Overview of Anxiety in Primiparous Pregnant Women

Based on the research results, it was found that all 32 primiparous pregnant women (100%) were in the very severe anxiety category. There were no respondents who fell into the mild, moderate, or severe anxiety categories. These results indicate that all primiparous pregnant women in the study experienced very high levels of anxiety approaching childbirth.

In primiparous women, childbirth is a new experience that has never been encountered before and is therefore often perceived as a situation filled with uncertainty and potential threats to the safety of both the mother and the baby (Alizadeh-Dibazari et al., 2025; Ibrahim et al., 2023). During the primary appraisal process, primiparous women tend to perceive childbirth as a frightening experience because they do not yet have a real understanding of the process they will face (Zhang et al., 2024). Subsequently, during the secondary appraisal stage, limited experience results in relatively fewer coping resources compared to multiparous women, leading to a lower ability to manage stress and anxiety before childbirth (Alizadeh-Dibazari et al., 2025).

The results of this study are supported by several previous studies indicating that multiparous women may still experience anxiety before childbirth. Li et al. (2026) explained that previous pregnancy and childbirth experiences may increase a mother's readiness to face childbirth; however, unpleasant or traumatic experiences may cause anxiety in subsequent pregnancies. The study by Zhang et al. (2024) also showed that multiparous women often experience psychological pressure due to the dual roles of caring for children, managing the family, and undergoing the current pregnancy, which may increase stress and anxiety. Furthermore, Sandström et al. (2026) stated that social and psychological support remains necessary for multiparous women because family demands and household responsibilities may affect their emotional condition during pregnancy. These findings reinforce the results of this study, indicating that even though multiparous women have previous childbirth experience, they may still experience severe to very severe anxiety before childbirth.

Based on the analysis of the results, theory, and previous research, it can be concluded that primiparous pregnant women are a group that is highly vulnerable to experiencing anxiety before childbirth. Lack of experience, uncertainty regarding the childbirth process, and concerns about the safety of the mother and baby are factors that contribute to the high level of anxiety in this group.

Overview of Anxiety in Multiparous Pregnant Women

Based on the research results, it was found that among 36 multiparous pregnant women, 18 respondents (50%) experienced severe anxiety and 18 respondents (50%) experienced very severe anxiety. These results indicate that all multiparous pregnant

women in this study continued to experience high levels of anxiety before childbirth, despite having previous pregnancy and childbirth experiences.

Based on the research results, it was found that among 36 multiparous pregnant women, 18 respondents (50%) experienced severe anxiety and 18 respondents (50%) experienced very severe anxiety. These results indicate that all multiparous pregnant women in this study continued to experience high levels of anxiety before childbirth, despite having previous pregnancy and childbirth experiences.

In multiparous women, previous childbirth experiences may serve as part of their coping resources in facing subsequent pregnancies; however, these experiences are not always positive (Lazarus & Folkman, 1984). During the primary appraisal process, women may perceive the upcoming childbirth as a threatening situation if they have previously experienced difficult childbirth, pregnancy complications, or traumatic experiences during previous pregnancies (Li et al., 2026; Sandström et al., 2026). Subsequently, during the secondary appraisal stage, a woman's ability to manage anxiety is influenced by the resources she possesses, such as previous experience, family support, and mental readiness to face childbirth (Alizadeh-Dibazari et al., 2025).

The results of this study are consistent with several previous studies indicating that primiparous women tend to experience higher levels of anxiety compared to other groups. Ibrahim et al. (2023) stated that primiparous women are more vulnerable to anxiety because they have no previous experience of pregnancy and childbirth. Fear of the childbirth process, the baby's condition, and the transition to the role of a mother are the main factors that increase anxiety among primiparous women (Chen et al., 2026).

Furthermore, Ibrahim et al. (2023) explained that a lack of knowledge and preparedness for childbirth may increase anxiety, making health education during pregnancy essential. This finding is also supported by Alizadeh-Dibazari et al. (2025), who stated that social support, particularly from husbands and families, plays an important role in reducing anxiety and increasing the self-confidence of primiparous women before childbirth. Thus, the results of this study are consistent with previous research showing that primiparous women are the group most vulnerable to experiencing high levels of anxiety during pregnancy.

Based on the analysis of the results, theory, and previous research, it can be concluded that multiparous pregnant women remain at risk of experiencing severe to very severe anxiety before childbirth. Previous pregnancy experiences may help improve maternal preparedness; however, negative experiences, family responsibilities, and concerns about the childbirth process may still lead to high levels of anxiety.

Differences in Anxiety Levels Between Primiparous and Multiparous Pregnant Women

Based on the results of the Mann-Whitney U test, a U value of 99.00 was obtained, with a p-value of < 0.001 . These results indicate that there was a significant difference in anxiety levels between primiparous and multiparous pregnant women before childbirth in Sumedang Regency. Furthermore, the mean rank for the primiparous group was 49.41, which was higher than that of the multiparous group at 21.25. These findings indicate that the anxiety level of primiparous pregnant women was higher than that of multiparous pregnant women. The magnitude of this difference was

further supported by a Rank-Biserial Correlation value of -0.828, indicating a very large effect size, suggesting that parity had a strong influence on the anxiety levels of pregnant women.

Anxiety responses are influenced by how individuals assess a situation (appraisal) and the resources they possess to cope with it (coping resources). Primiparous women who have never experienced childbirth tend to have a higher perception of threat due to limited experience in facing the childbirth process. This condition may lead to concerns about labor pain, the safety of the mother and baby, and uncertainty regarding the childbirth process they will undergo (Chen et al., 2026; Ibrahim et al., 2023). In contrast, multiparous women have previous pregnancy and childbirth experiences that may serve as sources of information and coping strategies, thereby reducing their perception of threat toward the upcoming childbirth process (Sandström et al., 2026). Nevertheless, unpleasant or traumatic childbirth experiences may also increase anxiety in subsequent pregnancies (Li et al., 2026; Zhang et al., 2024).

The results of this study are supported by several previous studies showing differences in anxiety levels based on parity. Ibrahim et al. (2023) reported that primiparous women had higher anxiety levels than multiparous women because they had no previous experience of the childbirth process. The study by Chen et al. (2026) also found that lack of experience was a factor that increased fear of labor pain, the baby's safety, and the ability to fulfill the role of a mother among primiparous women.

Furthermore, Sandström et al. (2026) stated that previous childbirth experiences among multiparous women may serve as a source of learning that helps improve psychological preparedness for subsequent childbirth. In addition, Alizadeh-Dibazari et al. (2025) explained that positive experiences and social support can increase a mother's self-confidence, resulting in a tendency toward lower anxiety levels. These findings are consistent with the results of this study, which showed that primiparous pregnant women had higher anxiety levels than multiparous pregnant women before childbirth.

Based on the analysis of the results, theory, and previous research, it can be concluded that there was a significant difference in anxiety levels between primiparous and multiparous pregnant women. Primiparous pregnant women had higher anxiety levels than multiparous pregnant women because they had no previous childbirth experience, making them more vulnerable to fear and uncertainty when facing childbirth.

Conclusion

Based on the findings of this study on the differences in anxiety levels between primiparous and multiparous pregnant women before childbirth in Sumedang Regency, it can be concluded that primiparous pregnant women experienced higher levels of anxiety than multiparous pregnant women. All primiparous respondents (100%) were categorized as having very severe anxiety, indicating that first-time mothers experienced extremely high anxiety prior to childbirth. Among multiparous pregnant women, 18 respondents (50%) experienced severe anxiety and 18 respondents (50%) experienced very severe anxiety, suggesting that although anxiety was also prevalent in this group, its level was generally lower than that of primiparous women. Statistical analysis using the Mann-Whitney U test demonstrated a significant difference in anxiety levels between the two groups ($p < 0.001$), leading to the acceptance of the alternative hypothesis (H_a) and rejection of the null hypothesis

(H0). This finding was further supported by the mean rank values, which were higher among primiparous women (49.41) than multiparous women (21.25), as well as the Rank-Biserial Correlation value of -0.828, indicating a very large effect size. Future researchers are encouraged to explore additional factors that may influence anxiety levels during pregnancy, such as age, educational level, occupation, husband and family support, knowledge level, and previous childbirth experience. Studies involving larger sample sizes and broader geographic coverage are also recommended to obtain more representative findings.

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