

Analysis Of The Level Of Primigravida Anxiety In Facing The Labor Process In Terms Of Education On The Labor Process In The Room Maternity Clinic Pratama Eka Medika, Mojosari – Mojokerto

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ABSTRACT

The psychological condition of the mother before giving birth is often underestimated and ignored, even though a good psychological condition is certainly very influential on the mother's confidence and the mother's enthusiasm to give birth to a healthy baby. and in a safe way. The mother's mental state that affects the mother's anxiety level during labor can be caused by several factors, including lack of knowledge and information about the correct labor process and the implementation of complete necessary training. Health workers also have a significant influence on the anxiety levels of first-time mothers. The purpose of this study was to analyze the level of primigravida anxiety in facing the labor process in terms of childbirth education in the delivery room of Fakfak Hospital West Papua. The research design used was Pre-Experimental with One Group Pretest-Posttest research design. The population in this study was all primigravida mothers who came to check at the Gynecology Poly of FakFak Hospital West Papua. The sampling technique used was consecutive sampling and obtained a sample of 35 respondents. The independent variable in this study was labor education. The variable tied to this study was the level of primigravida anxiety in the face of labor. Data analysis using Wilcoxon statistical test. The results showed primigravida anxiety levels before being given treatment were mostly moderate anxiety levels as many as 19 respondents (54.3%), mild anxiety 12 respondents (34.3%) and severe anxiety as many as 4 respondents (11.4%). While the level of primigravida anxiety after being given treatment or intervention in the form of education about the labor process, the results obtained were almost half the anxiety levels of respondents had mild anxiety levels as many as 17 respondents (48.6%), not anxious as 11 respondents (31.4%), and 7 respondents (20%) experienced moderate anxiety levels. Wilcoxon Asymp statistical test results. Sig. (2-tailed) is $0.000 < 0.05$, so it can be implied that "Ha is accepted". meaning there is a difference in the level of anxiety before treatment and after treatment.

Keywords: *Students' Perception, Online Learning, Covid-19 Pandemic*

INTRODUCTION

Pregnancy, childbirth, and motherhood are important events and experiences in the life cycle of all women in the world. Like other life transitions, these events can cause stress. Mothers who give birth for the first time tend to feel anxious when facing the labor

process because the labor process is a new thing to experience. Anxiety occurs in the mother in the third trimester (28-40 weeks) before delivery. In addition, the high risk in the third trimester of possible premature birth can cause great anxiety in primiparous (Prastika, 2017). Images and questions about pregnant women vary, such as How to give birth normally, how to strain, whether the baby will be born safely, and more and more in the minds of pregnant women in the third trimester. Pregnant women who are seven months pregnant are increasingly experiencing acute anxiety (Khoiriyah, 2020). Excessive anxiety during labor in primigravida negatively affects the labor process, can cause prolonged labor and fetal asphyxia, because intense anxiety can affect the psychological state of the mother, so it can also affect the condition of the fetus causing fetal distress. can cause death before childbirth (Maki et al., 2018).

Anxiety disorders in primigravida mothers in developed countries reach 10% while in developing countries it reaches 25%, and for Indonesia the anxiety rate in childbirth ranges from 28.7%. Primigravida mothers' anxiety before childbirth was found to be higher when compared to primigravida mothers' anxiety in facing the early days of their pregnancy (Dhiba, 2021). Data from Pratama Eka Medika Clinic, childbirth coverage in 2017 - 2021 decreased from 99.20% down to 98.09%. While data from visits of K1 pregnant women decreased from 2019 to 2020 from 98.17% to 16.691%, for K4 visits there was an increase of 0.50% from 2019 to 2020. The coverage of K4 visits increased due to the mother's anxiety in facing the approaching labor process. From the results of a preliminary study conducted at Pratama Eka Medika Mojosari Clinic, results were obtained, from a total of 15 third trimester primigravida mothers, 12 primigravida mothers were found who said they were anxious and afraid in facing the labor process, afraid if something unwanted happened during labor, worried and anxious about the condition of their babies.

Childbirth is caused by several influencing factors, including pasase (birth canal), pasase (fetus and ari-ari), style (mother's strength), psike (mother's soul/fear and willingness to face the labor process), position (mother's position).), assistant. The birth process goes smoothly and without complications if everything related to birth goes well. The mother's psyche is one of the factors that can affect the smooth delivery process, when the mother's psyche is disturbed, for example when the mother is very afraid of the labor process. Of course, the anxious mental state of a mother affects her physical state. In general, mothers usually have an influence on increasing blood pressure, so this is an indication of the risk of childbirth complications (Sukma & Sari, 2020). The psychological condition of the mother before giving birth is often underestimated and ignored, even though a good psychological condition is certainly very influential on the mother's confidence and the mother's enthusiasm to give birth to a healthy baby. and in a safe way. The mother's mental state that affects the mother's anxiety level during labor can be caused by several factors, including lack of knowledge and information about the correct labor process and the implementation of training that needs to be done. Health workers also have a significant influence on the anxiety level of first-time mothers, because education plays an important role in increasing the knowledge and understanding of first-time mothers. Social support such as support from husbands and families and support from health workers

(midwives) can positively affect maternal anxiety, so that poor support can affect the anxiety of pregnant women (Mawaddah et al., 2018). In addition to educating about the safe and comfortable delivery process, it also has a strong impact on maternal anxiety during labor. Anxiety during pregnancy triggers changes in physical activity, diet and sleep, which affect changes in maternal mood and fetal development (Mawaddah et al., 2018). Anxiety increases the risk of miscarriage, fetal growth retardation, premature birth, low birth weight, low APGAR score at birth and prolonged labor. Anxiety disorders in new mothers hinder the smooth delivery process (Dewi Andhara, 2021).

Therefore, so that primigravida mothers do not experience complications during labor due to high anxiety, the right solution is to educate mothers because mothers are starting to enter the third trimester of pregnancy and educate about the importance of it. About childbirth, explanation of childbirth, physiological, safe and comfortable childbirth, based on the principle of caring for mother and child, bringing husband and family to support mother actively, so that mother is ready and able to handle the labor process. well and smoothly, able to deliver the baby without excessive anxiety (Bakoil et al., 2021).

METHOD

The research design was in the form of Pre Experimental One Group Pre Test-Post Test. The population is all primigravida mothers who come to check at Pratama Eka Medika Clinic. The sample was a third trimester primigravida mother who did the examination at Pratama Eka Medika Clinic. The sampling technique used in this study is Consecutive Sampling. The independent variable in this study is education about the labor process. The dependent variable in this study is the level of primigravida anxiety in the face of labor. This study used the Paired t test to assess the effect of providing education on the level of anxiety of primigravida mothers in facing the labor process. Statistical tests for data that are not normally distributed using the Wilcoxon test. The paired t test is used for normally distributed data, then to see the difference in anxiety levels of groups that have not been given treatment and have been given treatment using the Mann Whitney test.

FINDING AND DISCUSSION

Table 1 Frequency Distribution of Respondents' Characteristics Based on Age, Education, Occupation, Parity at Pratama Eka Medika Clinic

| Age | F | % |
|--------------------|----|------|
| Age < 20 tahun | 3 | 8.6 |
| Age 20-35 tahun | 19 | 54.3 |
| Age >35 tahun | 13 | 37.1 |
| Education | | |
| Elementary | 13 | 37.1 |
| High school | 18 | 51.4 |
| University | 4 | 11.4 |
| Work | | |
| Housewife | 15 | 42.9 |
| Entrepreneur | 18 | 51.4 |
| Civil servant | 2 | 5.7 |
| PARITAS | | |
| Childbirth 1 time | 23 | 65.7 |
| Childbirth 2 times | 12 | 34.3 |

Source : Research Questionnaire 2022

Table 2 Frequency distribution of respondents' anxiety levels before treatment

| Anxiety Level | f | % |
|------------------|----|-------|
| mild anxiety | 12 | 34.3 |
| moderate anxiety | 19 | 54.3 |
| severe anxiety | 4 | 11.4 |
| Total | 35 | 100.0 |

Source : Research Questionnaire 2022

Table 3 Frequency distribution of respondents' anxiety levels after treatment

| Anxiety Level | f | % |
|------------------|----|-------|
| not anxious | 11 | 31.4 |
| mild anxiety | 17 | 48.6 |
| moderate anxiety | 7 | 20.0 |
| Total | 35 | 100.0 |

Source : Research Questionnaire 2022

Table 4 Wilcoxon statistical test results

| | after treatment - before treatment |
|------------------------|------------------------------------|
| Z | -5.568 ^a |
| Asymp. Sig. (2-tailed) | .000 |

It can be seen from Table 2 that the level of anxiety of respondents before labor before treatment (education) shows that respondents' anxiety mostly experienced

moderate anxiety with a percentage of 54.3% (19 respondents). A small percentage of respondents experienced severe anxiety with a percentage of 11.4% (4 respondents). Fear of childbirth can be seen as a reaction that arises before the changes experienced during pregnancy and also new life experiences in the face of childbirth. A mother's anxiety about childbirth can be caused by fear that the labor process is safe for herself and her child. Many women fear pain during childbirth or mutilation (loss of body parts) because they do not understand the anatomy and process of childbirth. Women also raised concerns about appropriate behavior during childbirth and how their behavior would be perceived by caregivers. According to the results of this study, at the time of data collection, most mothers who experienced moderate anxiety were mothers who did not get information about the labor process. According to the theory put forward by Notoadmojo (2012), that a person's education level also affects knowledge, the higher the level of education, the better and wider the level of knowledge compared to people with low education. From these statements, researchers can conclude that the education level of respondents, most of whom are high school students, affects respondents' awareness of the birth process so that it can affect respondents' anxiety levels. Facing the delivery process because the respondent does not know the actual mechanism of the delivery process.

Table 3 shows that the results of respondents' anxiety levels after treatment in childbirth education achieved better results i.e. respondents' anxiety levels decreased, respondents' anxiety levels were less anxious in almost half of respondents, remembering 48.6% (17 respondents) and a small percentage of respondents felt moderate anxiety by 20.0% (7 respondents). Respondents who are not worried amounted to 31.4% (11 respondents). Table 4.4 shows that Wilcoxon's statistical test shows that Asymp. Sig. (2-line) is 0.000 < 0.05 indicates "Ha accepted", meaning that there is a difference in anxiety levels before and after therapy. Education about childbirth can make mothers and couples learn more and become less worried about labor and birth and begin to find ways to deal with the stress of labor. After getting education about the labor process, respondents stated that they had knowledge and understanding of childbirth so that it could reduce feelings of anxiety, anxiety, and fear because respondents previously did not know about the process of labor and childbirth became more informed. This is in accordance with previous opinions that state that by understanding something that is happening during labor can increase the feeling of controlling emotions and worries of the mother in the face of labor. The results of this study are in accordance with previous research conducted by Mukhoirotin (2014) which showed that the program of providing education about the planned labor process helps to reduce maternal anxiety in facing the labor process showing that there is a positive correlation between knowledge and decreased anxiety in facing the labor process. Educational materials are one of the factors that influence the achievement of educational goals about the labor process. In addition to the material, the method is a determining factor in achieving the objectives of the training offered to the client or respondent. The methods used in this study are brainstorming, lectures, discussions and demonstrations. Brainstorming is a great way to open up problems and get everyone's opinion. In this brainstorming, respondents can express their feelings so that researchers can provide new

information according to respondents' wishes through presentations followed by discussions. This is in accordance with the statement conveyed by WHO that effective communication or health education is rarely achieved with the use of one method alone, the success of health education depends on the ability to combine various methods both direct and indirect methods to achieve health education goals.

Statistical analysis using the Wilcoxon test showed that there was a significant difference in respondents' anxiety levels before and after treatment. The researchers' assumption that respondents who were given treatment in the form of education about the labor process using leaflets, experienced a decrease in anxiety levels, so the researchers concluded that providing education about the labor process had a major effect on the mother's anxiety level in facing the labor process. Providing education about the labor process greatly affects the mother's knowledge and understanding of the labor process, so that with the mother knowing the physiological, safe and comfortable labor process for the mother and her baby, the mother will be calmer and not worried and anxious in the face of the contact and birth of her baby.

CONCLUSION

The level of anxiety of respondents in facing the process of childbirth before being given treatment (providing education) obtained the results that respondents' anxiety mostly experienced moderate levels of anxiety with a percentage value of 54.3% (19 respondents). While a small number of respondents experienced severe anxiety with a percentage value of 11.4% (4 respondents). The level of anxiety of respondents that occurred was caused by several factors, namely the lack of knowledge of primigravida mothers about the physiological process of childbirth, trauma due to hearing stories from other people about childbirth is sick, anxiety about the birth of her baby who might experience complications or complications, even fears of the failure of her baby who is not healthy and perfect.

The level of anxiety of respondents after being given treatment in the form of education about the labor process, better results were obtained, namely the level of respondents' anxiety decreased, the anxiety level of respondents almost half of respondents experienced mild anxiety levels with a percentage value of 48.6% (17 respondents) and a small number of respondents experienced moderate anxiety levels with a percentage value of 20.0% (7 respondents). Providing education about the labor process to respondents greatly affects the level of anxiety of respondents. By providing education, the benefits obtained can increase respondents' knowledge and understanding of the labor process so as to reduce anxiety that occurs in primigravida mothers in facing the labor process.

Statistical test results using the Wilcoxon test show Asymp results. Sig. (2-tailed) is $0.000 < 0.05$, so it can be implied that "Ha is accepted". meaning there is a difference in the level of anxiety before treatment and after treatment. Respondents who were given treatment in the form of education about the labor process using leaflets, experienced a decrease in

anxiety levels, so researchers concluded that providing education about the labor process had a major effect on the level of maternal anxiety in facing the labor process.

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