



The Effect Of Childbirth Education On Primigravida Anxiety Levels

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ABSTRACT

Most of the third trimester primigravida mothers who will face the birth process experience various anxiety, this can be caused by several factors, including the lack of knowledge and information about the correct delivery process, the provision of education that must be done by health workers also greatly affects the level of anxiety of primigravida mothers in facing the labor process. The purpose of this study was to analyze primigravida anxiety levels in facing the labor process in terms of education at KIA room in Pratama Eka Medika Pungging Clinic – Mojosari . The research design used is Pre Experimental with a research design one group Pretest-Posttest. The population in this study was all primigravida mothers who came to check at Pratama Eka Medika Pungging Clinic - Mojosari. The sampling technique used was consecutive sampling and a total sample of 35 respondents was obtained. The free variable in this study is the education of the labor process. The variable bound to this study is the level of primigravida anxiety in the face of the labor process. Data analysis using Wilcoxon statistical test. The results showed that Wilcoxon Asymp statistical test results. Sig. (2-tailed) is worth $0.000 < 0.05$, then it can be concluded that "H_a is accepted". meaning that there is a difference in the level of anxiety before treatment and after being given treatment. Health workers should be able to pay attention to the importance of giving birth education starting at the beginning of the third trimester of pregnancy. Education can help provide mothers with knowledge and understanding of the physiological delivery process so that mothers can avoid excessive anxiety before facing the birth process.

Keywords: Primigravida anxiety level, Childbirth process education

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INTRODUCTION

Pregnancy, childbirth and motherhood are important events and experiences in the life cycle of all women in the world. Like other transitional stages in this phase of life, the event can also cause stress. For a primigravida mother, when facing the labor process tends to experience anxiety because the labor process is something new that she will experience.¹ Excessive levels of anxiety in primigravida at the time leading up to the delivery process will be able to adversely affect the delivery process, will be able to cause the occurrence of prolonged labor, asphyxia in the fetus, because a high level of anxiety can affect the psychological condition of the mother so that it can also have an effect on the condition of the fetus, which can be fatal to the occurrence of fetal distress ahead of the delivery process.²

The anxiety of primigravida mothers before the delivery process was found to be higher when compared to the anxiety of primigravida mothers in the face of the early stages of their pregnancy.³ Data from Mojokerto Regency, childbirth coverage in 2017 - 2021 decreased from 99.20% down to 98.09%.

While the data from Klinik Pratama Eka Medika Pungging - Mojosari visits to pregnant women K1 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 the face of the approaching labor process. From the results of preliminary studies conducted in Klinik Pratama Eka Medika, results were obtained, from a total of 15 primigravida mothers in the III trimester, 12 primigravida mothers were found who said they were anxious and afraid in the face of the delivery process, afraid if something untoward happened during the delivery, worried and anxious about the condition of their babies.

Childbirth is a process in which a woman gives birth to a baby that begins with regular uterine contractions and culminates at the time of the baby's discharge up to the removal of the placenta and membranes where the delivery process will last for 12 to 14 hours.⁴ The process of childbirth is a physiological thing that happens to all mothers who are about to give birth. The delivery process runs normally and is in line with the condition of the aterm gestational age and the fetus is ready to be born. The psychological condition of a mother when she is about to face the delivery process is often underestimated and ruled out, even though a good psychological condition will certainly have a great influence on the mother's confidence and mother's enthusiasm to give birth to her baby healthy and safe. The psychological condition of the mother that affects the level of anxiety of a mother in facing the delivery process can be caused by several things, including lack of knowledge and information about the correct delivery process, the provision of education that must be done by health workers is also very influential on the level of anxiety of primigravida mothers in facing the delivery process, because the provision of education plays an important role in increasing primigravida knowledge and insight about Labor Process.⁵ Social support such as husband and family support, as well as the support of health

workers (Midwives) can have a positive impact on maternal anxiety, so that poor support can affect the anxiety of pregnant women.⁶

Therefore, to avoid the occurrence of complications or complications during the delivery process of primigravida mothers who are neglected due to high levels of anxiety, the right solution is to provide education to mothers since the mother enters the third trimester of pregnancy, provide education about the meaning of childbirth, explain the physiological delivery process, safe and comfortable delivery with the principles of loving care for mothers and babies, involving husbands and families to play an active role in providing support to mothers that they are ready and able to go through the delivery process well and smoothly, able to give birth to their babies without having to have excessive anxiety.⁷

METHOD

The research design used is Pre Experimental with the research design One Group Pretest-Posttest. The population in this study was all primigravida mothers who came to check in the clinic Pratama Eka Medika. The sampling technique used was consecutive sampling and obtained a total sample of 35 respondents. The free variable in this study is education on the labor process. A variable tied to this study is the level of primigravida anxiety in the face of the labor process. Data analysis using Wilcoxon statistical tests.

RESULTS

1. Characteristics of respondents based on age, education, occupation, parity

Table 1. Frequency distribution of respondents' characteristics by age, education, occupation, parity

AGE	F	%
Age < 20 years	3	8.6
Age 20-35 years	19	54.3
Age >35 years	13	37.1
EDUCATION		
Elementary School	13	37.1
Junior High School/Senior High School	18	51.4
College	4	11.4
OCCUPATION		
Housewife	15	42.9
Private Job	18	51.4
Civil Servant	2	5.7
PARITY		
1 times	23	65.7
2 times	12	34.3

From the table above, it can be seen that the characteristics of respondents based on age are mostly aged 20-35 years with a percentage of 54.3% (19 respondents). The characteristics of respondents based on education from the table above can be seen that most of them have junior high school education with a percentage of 51.4% (18 respondents). The job characteristics of most respondents worked as private employees, namely with a percentage of 51.4% (18 respondents). Characteristics of respondents based on parity, most respondents gave birth 1 time, namely with a percentage of 65.7% (23 respondents)

2. Frequency Distribution of Respondents' Anxiety Levels Before Treatment (Education)

Table 2. Frequency distribution of respondents' anxiety levels before treatment

Anxiety Levels	f	%
Mild Anxiety	12	34.3
Moderate Anxiety	19	54.3
Severe Anxiety	4	11.4
Total	35	100.0

From table 2 Above, it can be seen that the level of anxiety of respondents in facing the delivery process before being given treatment (providing education) obtained results that respondents' anxiety mostly experienced moderate anxiety levels with a percentage value of 54.3% (19 respondents).

3. Frequency Distribution of Respondents' Anxiety Levels After Treatment (Education)

Table 3 Frequency distribution of respondents' anxiety levels after treatment

Anxiety Levels	f	%
No Anxiety	11	31.4
Mild Anxiety	17	48.6
Moderate Anxiety	7	20.0
Total	35	100.0

From table 3 Above, it can be seen that the results of respondents' anxiety levels after being given treatment in the form of education about the delivery process, obtained better results, namely the respondents' anxiety level decreased, the respondents' anxiety level was almost half of respondents experienced mild anxiety levels with a percentage value of 48.6% (17 respondents).

4. Statistic Results

Table 4. Statistic Wilcoxon Test

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

Table 4 the above statistical test can be concluded that Asymp. Sig. (2-tailed) is worth $0.000 < 0.05$, then it can be concluded that "Ha is accepted". meaning that there is a difference in the level of anxiety before treatment and after treatment.

DISCUSSION

1. Respondent's Anxiety Level Before Being Given Treatment

From table 2, it can be seen that the level of anxiety of respondents in facing the delivery process before being given treatment (providing education) obtained results that respondents' anxiety mostly experienced moderate anxiety levels with a percentage value of 54.3% (19 respondents). Meanwhile, a small percentage of respondents experienced a level of severe anxiety with a percentage value of 11.4% (4 respondents).

The results of measuring the anxiety level of the respondents above are in line with Mukhoirotin's statement in his 2014 study entitled the effect of health education on primigravida anxiety in the face of childbirth with the results of anxiety scores before treatment were comparable between the two groups ($p > 0.05$). This score decreased significantly after treatment from 36.79-29.79 in the treatment group, and from 36.85-32.03 in the control group ($p < 0.05$). The results of Mukhoirotin's research in 2014 showed that the anxiety experienced by the control group (not given treatment) occurred because childbirth was the first experience, the mother hoped that the baby would be born soon and free from physical discomfort, afraid that at the time of delivery unwanted things would happen or problems both to the mother and her baby, fear of pain at the time of delivery, fear of her birth canal being torn and sutured, afraid of not straining strong, got a scary story from the neighbors that when giving birth was sick and afraid that the operation and delivery did not go smoothly.

Anxiety in the face of childbirth is a feeling of anxiety, worry and tension that hits mothers when they are pregnant or are preparing for delivery.⁸ Anxiety in the face of childbirth can be said to be a response that arises in the face of childbirth caused by changes experienced in pregnancy and is also a new experience in her life.⁹ Anxiety in mothers who are about to face the delivery process can arise due to concerns about a safe birth process for herself and her child.¹⁰ Many women are afraid of experiencing pain during the maternity process or mutilation (loss of

body parts) because they do not understand the anatomy and the process of childbirth. Women also expressed concern about appropriate behavior during the maternity process and how the individuals who care for them will accept their behavior. From the results of this study at the time of data collection, most of the mothers who experienced moderate anxiety levels were mothers who lacked information about the delivery process, this was also supported by general data on respondents' characteristics based on the level of education of respondents, most of whom had junior high school / high school education. In accordance with the theory expressed by Notoadmojo (2012) that a person's level of education also affects a person's knowledge, the higher a person's level of education, the level of knowledge is much better and broader than that of people with a low level of education. From this statement, researchers can conclude that the respondent's education level, which is mostly middle / high school, affects the respondent's knowledge of the delivery process so that it can have an impact on the respondent's level of anxiety in facing the delivery process because the respondent does not know about the actual mechanism of the labor process.

The researcher's assumption that the lack of education or information obtained regarding the mechanism of the safe and comfortable delivery process, causes respondents to not understand and do not know what a safe and comfortable delivery process is like, this can affect respondents' perceptions, causing various kinds of concerns for mothers who will undergo the delivery process.

2. Respondents' Anxiety Levels After Treatment

From table 3, it can be seen that the results of respondents' anxiety levels after being given treatment in the form of education about the delivery process, better results were obtained, namely the respondents' anxiety level decreased, the respondents' anxiety level was almost half of respondents experienced a mild anxiety level with a percentage value of 48.6% (17 respondents) and a small percentage of respondents experienced a moderate anxiety level with a percentage value of 20.0% (7 respondents). Meanwhile, respondents who were not anxious were 31.4% (11 respondents).

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 delivery process helps to reduce maternal anxiety in the face of the labor process shows that there is a positive correlation between knowledge and decreased anxiety in the face of the labor process.¹¹ Educational material is one of the factors that influence the achievement of educational goals about the labor process. The educational materials provided to respondents in this study included the definition of childbirth, signs of the beginning of labor, signs of childbirth, signs of childbirth, mechanisms of the labor process, danger signs of childbirth, preparation for childbirth and efforts made to overcome labor pain. By being given educational material about the delivery

process, mothers say they understand and understand about the delivery process so that their anxiety is reduced.

This is in accordance with the opinion that the education that nurses or midwives provide can relieve anxiety and fear of a safe delivery process for herself and her baby and fear of experiencing pain during the delivery process because they do not understand the anatomy and the process of giving birth. This opinion is also supported by the results of research which states that factors that contribute to psychological trauma during childbirth include a history of birth canal trauma and social support, pain in the first phase of labor, feelings of helplessness, hope, medical intervention and interaction with health workers and from the results of the study it is advisable to conduct prenatal screening of post traumatic history, social support, and expectations about childbirth, as well as improving communication and pain management during childbirth so as to prevent psychological trauma during childbirth.⁷

In addition to the material, the method is also a determining factor in the achievement of the purpose of the education provided to the client or respondent. The methods used in this study were brainstorming, lectures, discussions and demonstrations.¹² Brainstorming is the best way to open up a problem and gather everyone's opinions. With this brainstorming, respondents can express their feelings so that researchers can provide new information according to what respondents want through lectures followed by discussions.

Discussion is a learning method by emphasizing two-way talks aimed at solving problems in the form of statements or in the form of questions. In this case, the researcher provides an opportunity for respondents to ask things that are not clear and the researcher gives questions orally about the material provided. At the end of the meeting researchers demonstrated the skills of efforts to manage labor pain. Give mothers and families the opportunity to re-demonstrate the skills that researchers have taught. By using these various methods, respondents will find it easier to understand and understand the information provided so that knowledge about the labor process increases and will influence respondents to behave and think positively so as to reduce anxiety.

3. Effect of Education on Primigravida Anxiety Levels

From table 4 Wilcoxon's statistical tests show that Asymp. Sig. (2-tailed) is worth $0.000 < 0.05$, then it can be concluded that "Ha is accepted". meaning that there is a difference in the level of anxiety before treatment and after treatment.

Education is a form of midwifery or independent nursing intervention to help clients, both individuals, families, groups and communities in overcoming health problems through learning activities, in which midwives or nurses act as midwives or nurse educators.¹³ Education is an activity or effort to help individuals, groups or communities in improving their abilities (behavior) to achieve optimal health including emotions – psychologically.¹⁴ As for the results of health

education, namely in the form of behaviors that benefit health both in the form of knowledge and understanding of health, which is followed by awareness is a positive attitude towards health, which is finally applied in actions that benefit health, in this case can control anxiety when facing childbirth.

Education about the delivery process can make mothers and couples learn more and become less worried about childbirth and birth and start to find ways to deal with stress in dealing with the labor process. After receiving education about the delivery process, respondents stated that they had knowledge and understanding of childbirth so that they could reduce feelings of anxiety, anxiety, and fear because respondents did not know about the delivery process before and gave birth became more aware. This is in accordance with the previous opinion which states that understanding something that is happening during childbirth can increase the feeling of controlling the mother's emotions and worries in the face of the labor process.

The researcher's assumption that respondents who were given treatment in the form of education about the delivery process using leaflets, experienced a reduction in anxiety levels, so the researchers concluded that providing education about the delivery process had a major effect on the level of maternal anxiety in facing the delivery process. The provision of education about the delivery process greatly affects the mother's knowledge and understanding of the delivery process, so that with the mother knowing the physiological, safe and comfortable delivery process for the mother and her baby, the mother will be calmer and less worried and anxious in the face of childbirth and birth.

CONCLUSION

1. A majority of 54.3% (19 respondents) experienced moderate levels of anxiety before being given treatment
2. Almost half of respondents who have been given treatment experienced a mild anxiety level of 48.6% (17 respondents)
3. Wilcoxon's statistical test results showed that Asymp. Sig. (2-tailed) is worth $0.000 < 0.05$, then it can be concluded that "Ha is accepted". meaning that there is a difference in the level of anxiety before treatment and after treatment.

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