

The Effect of Health Education on Childbirth on Third Trimester Primigravida Anxiety in Public Health Center Matiti in Humbang Hasundutan District 2022

Retno Wahyuni¹, Udur Hotlan Maria Sianturi²

^{1,2}Bachelor Midwifery Study Program, STIKes Mitra Husada, Medan, Indonesia

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ABSTRACT

The first pregnancy for a mother (primigravida) is one of the crisis periods in her life. In the third trimester (28-40 weeks), anxiety before the birth of a primigravida mother will appear. Pregnant women who experience anxiety during pregnancy will increase the risk of maternal emotional imbalance after giving birth. Anxiety that occurs continuously in pregnant women has an impact on infants and pregnant women such as placental abruption, low birth weight, the risk of delayed fetal motor and mental development, colic in newborns and prematurity. This study aims to determine the effect of providing health education about childbirth to third trimester primigravida anxiety. This quasi-experimental study used a pre and post test without control method with purposive sampling technique which was conducted on 17 third trimester primigravida pregnant women at health centers Matiti, Humbang Hasundutan District. Anxiety was measured using the HARS (Hamilton Anxiety Rating Scale) questionnaire. The results showed a decrease in anxiety scores between before and after treatment ($p = 0.000$). So it can be concluded that the provision of health education about childbirth with the lecture method can reduce the anxiety of third trimester primigravida pregnant women in facing childbirth. the results of this study suggest that research related to other interventions that may have an effect on reducing anxiety in third trimester primigravida pregnant women should be conducted.

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Corresponding Author:

Retno Wahyuni
Bachelor Midwifery Study Program,
STIKes Mitra Husada Medan,
Jl Pintu Air IV Psr 8 Kelurahan Kwala Bekala, Medan, 20142, Indonesia,
Email: retnowahyuni@mitrahusada.ac.id

INTRODUCTION

Many pregnant women do not go to health workers because they think that facilities are a place transmission of the virus. Physical distancing policies result in changing social interactions and increasing anxiety. As we know that the first pregnancy for a mother (primigravida) is one of the crisis periods in her life. Health education is essentially an activity to convey health messages to the public, groups or individuals to gain knowledge about good health. The first pregnancy for a mother (primigravida) is one of the crisis periods in her life. Primigravida often have intrusive thoughts, as the development of an anxiety reaction to the stories they get.

This causes the emergence of fears in primigravida mothers who have not experienced childbirth. Pregnant women become irritable or irritable, restless, unable to focus, indecisive, and may even want to run away from the realities of life (Sulistiyorini, 2007).

Research in Indonesia in 2012 almost 76.8% of mothers experienced anxiety at the end of pregnancy, 80% of maternal anxiety was experienced by primigravida mothers, while 20% was experienced by multigravida mothers, either with a history of normal delivery or with a history of delivery by caesarean section. Based on the annual report in East Java Province in 2012, almost 73.5% of mothers experienced anxiety at the end of pregnancy. This is one of the psychological factors that affect the smooth process of childbirth (East Java Health Office, 2012 in Janah, 2019).

Effendy's research (2011) states that the increase in cases of prolonged labor due to anxiety/fear in the face of childbirth where mothers do not get enough information about childbirth so that their knowledge is lacking. The results of research conducted by Janah (2019), that pregnant women experience severe anxiety in facing childbirth where Of the 19 respondents before the counseling, almost half of the respondents had severe anxiety as many as 11 respondents (35.5%), on the contrary after counseling almost half of the respondents had mild anxiety as many as 14 respondents (45.2%), and none of the respondents experienced severe anxiety and very heavy.

The results of a preliminary study conducted at Health Primary Care Matiti in Humbang Hasundutan District. The relationship between 4 primigravida pregnant women in the third trimester who were interviewed was found to be experiencing anxiety as many as 3 people. Anxiety experienced by primigravida mothers, among others, is caused by being in labor for the first time, fear of not being able to give birth normally, fear of unwanted things happening to the baby, and fear of labor pain. The results of an interview with one of the health workers at the Health Primary Care Matiti in Humbang Hasundutan District that pregnant women who did on average expressed anxiety before delivery, especially primigravida pregnant women. Based on the data, the researcher wants to raise the title of the research *The Effect of Health Education on Childbirth on Anxiety in the Third Trimester Primigravida*.

RESEARCH METHOD

This research is a quantitative research, using a quasi-experimental method. Quasy experiment is a research method that aims to explain or clarify the occurrence of a relationship and explain a causal relationship so that it can be used as a basis for predicting a phenomenon (Suyanto, 2011). The research design used a pre and post test design without control (Dharma, 2011).

The sample at the time of the study was observed first before treatment, then after being given treatment the sample was observed again (Hidayat, 2011). This design was carried out to measure the effect of treatment (intervention) by comparing the results of changes before the intervention and after the intervention. This design is done by giving a pre test (initial observation before the intervention is given, after that the intervention is given, then a post test (final observation) is carried out (Santoso, 2010). This research had conducted in April-July 2022 starting from library research, proposal making, data collection, research report writing and research results trial. Population in this research is the whole object of research to be studied. In this study, the population taken were all existing pregnant women in Health Primary Care Matiti in Humbang Hasundutan District.

RESULTS AND DISCUSSIONS

The results of this research explain about Univariate Analysis, Based on data obtained from 30 respondents, namely 15 control groups and 15 intervention groups, after statistical processing, the distribution and sample frequency results are as follows :

Table 1. Average Anxiety of Respondents Before and After Giving Health Education Interventions about Childbirth

	N	Min-Max	Mean	SD	95% Confidence Interval for Mean	
					Lower	Upper
Before intervention	15	17-28	22,53	3,223	20,87	24,19
After Intervention	15	13-26	19,41	3,554	17,58	21,24

Based on the table 1, the average anxiety score before the intervention was 22.53 with a minimum score of 17 and a maximum score of 28. After the intervention, anxiety decreased to 19.41 with a minimum score of 13 and a maximum value of 26. intervention and after intervention is 3.12

Table 2. Results of Normality of Third Trimester Primigravida Anxiety Before and After Health Education

	Shapiro-Wilk		
	Statistic	Df	Sig.
Pretest	.935	17	.265
Posttest	.960	17	.639

Based on the table 2, This normality test uses the Shapiro-Wilk test because the sample in this study is less than 50 (Dahlan, 2011). The results of the normality test above obtained a significant value in the pretest, namely 0.265 ($p > 0.05$), and the posttest, namely 0.639 ($p > 0.05$). So it can be concluded that the data is normally distributed

Table 3. Analysis of Differences in Average Anxiety in Third Trimester Primigravida Before and After Health Education on Childbirth

	N	MeanSD	t	df	Sig. (2 tailed)	Eta- Squared
Pretest - Posttest	30	3,118 1,054	12,199	16	0,000	0,90

The analysis test in this study was a paired t-test with an alpha error rate of 0.05. The table above shows the mean value before and after being given health education about childbirth is 3.118 with a standard deviation of 1.054. The t value is used to see the level of significance, if t count > t table then the results of the study are meaningful. The value of t count is compared with t table in df (16) then it is obtained that t count > t table, this proves that the research is meaningful. The p value of the data above is 0.000, this means it is smaller than the value of 0.05 ($p < 0.05$), it can be concluded that there is a difference in anxiety before and after being given health education. Based on the formula for calculating the Eta Squared value which aims to determine how much effectiveness the health education has given, the Eta Squared value in this study is 0.90. The standard value of the Eta Squared calculation for the paired t-test is if the Eta Squared value is 0.01 = small effect, 0.06 = sufficient effect and 0.14 = large effect (Pallant, 2011). It can be concluded that the effectiveness of health education with the lecture method has a major effect in reducing the anxiety of primigravida pregnant women.

Discussion

All respondents in this study experienced anxiety because they had never experienced childbirth. The results of the research by Palupi (2014) at the Ngudi Maternity Home in Karanganyar in 2012 with 20 primigravida and 20 multigravida respondents revealed that the more labor experienced, the better the level of self-confidence and the level of anxiety tends to decrease with the result that the average value of anxiety in the primigravida group is greater. Anxiety of primigravida pregnant women before the intervention of health education about childbirth in this study showed the average result of anxiety was 22.53. Anxiety in pregnant women is due to the mother's inaccurate perception of the delivery process. Childbirth is perceived as a frightening process and causes excruciating pain. This makes pregnant women feel great anxiety before the birth of their baby (Ilmiasih & Susanti, 2010).

A mother-to-be with her first child is a new journey marked by various physical and psychological changes so that various psychological problems arise. Pregnancy with the first child is a stage of disequilibrium or imbalance in a woman's personality where a woman who is faced with new tasks and roles becomes a mother. Events that have never been experienced by a primigravida will cause anxiety, fear, anxiety, tension mixed with anxiety (Detiana, 2010).

To overcome or reduce the level of maternal anxiety in facing childbirth, it is necessary to provide information in the form of counseling carried out by health workers, especially about childbirth so that mothers are better prepared to face the labor period (Indasari et al, 2014). Research conducted by Rohmah (2013) on 30 respondents using a non-probability sampling method, namely total sampling, showed that there was a significant effect before and after the health education intervention was given. The p value of the value is $0.000 < 0.05$ with a significance of 0.000, so H_0 is rejected. This means that there is an effect of health education on the anxiety of third trimester primigravida pregnant women in childbirth readiness.

CONCLUSION

The conclusion were analyzed using statistical paired t-test, based on the results of this test, the value of t count $> t$ table. Based on this analysis, it can be concluded that there is an effect of providing health education on anxiety scores in third trimester primigravida mothers in the work area of the Matiti Health Center.

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