

The Influence of Health Education About Delivery on Primigravida Anxiety Trimester III During the Covid-19 Pandemic in Aek Haruaya Village

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ABSTRACT

The first delivery for a mother (primigravida) is one of the crisis in his life. On First childbirth often arises anxiety approaching labor mothers with primigravida. Mother pregnant which experience worry During pregnancy will increase risk imbalance mother's emotions after giving birth. Anxiety that occurs continuously in pregnant women have an impact on the baby and pregnant women such as placental abruption, weight low birth weight, the risk of delays in fetal motor and mental development, colic on baby new born and prematurity. Study this aim for determine the effect of providing health education about childbirth on third trimester primigravida anxiety. This quasi-experimental research uses pre and post test method *without control* with *purposive sampling* technique conducted on 17 mother pregnant primigravida trimester III in Aek Haruaya Village, Portibi District, North Padang Lawas Regency in 2022. Anxiety was measured using the HARS (*Hamilton Anxiety Rating Scale*) *questionnaire*. The results showed that there was a decrease in anxiety scores between before and after treatment ($p = 0.000$). So that could concluded that gift health education about childbirth with the lecture method can reduce Anxiety of third trimester primigravida pregnant women in the face of childbirth.

Keywords:

Influence, Health Education, Delivery, Primigravida Anxiety, Trimester III

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1. INTRODUCTION

Disease 2019 (*COVID-19*) was declared a global pandemic in February 2020. Cases exceeded 6.5 million cases and killed nearly 400,000 people worldwide within four months, with the total number of cases in America and Europe five times higher compared to Asia (WHO, 2020).

The disease is caused by the *SARS-COV2 virus* and can be potentially fatal, which is of great global public health concern at this time. Measures to reduce the transmission of *COVID-19* from one person to another have been taken to control the outbreak at this time. Special attention and efforts to protect or reduce transmission must be applied especially to the more vulnerable population, namely children, health workers, and the elderly (Rothan & Byraredy, 2020).

Pregnancy starts from conception until birth fetus. duration pregnant normal is 280 day (40 weeks or 9 months 7 days) calculated from the first day of the last menstruation (Saifuddin, 2008). Pregnancy itself is grouped into three (III) trimesters, namely: first trimester (0-12 weeks), second trimester (13-27 weeks), and third trimester (28-40 week) (Bahiyatun, 2010). Pregnancy is followed by fetal development in womb which accompanied with various mechanism so that cause change physiological and psychological (Janah, 2013).

Primigravida often having intrusive thoughts, as the development of an anxiety reaction to story which obtained. Thing that cause appear Fright- fear in primigravida mothers who have not experienced childbirth. Mother pregnant becomes irritable or irritable, restless, unable to concentrate attention, doubtful, even possibility want to run from reality life.

Based on data obtained from the Indonesian Health Profile (2020), delivery assistance assisted by health workers in 2020 in Indonesia was 89.8%. Meanwhile, 86% of pregnant women who underwent delivery assisted by health workers in health care facilities. It can be said that there are still 3.8% of deliveries that are assisted by health workers but are not carried out in health care facilities. This difference has increased compared to 2019 which was 2.2%. In that year, the achievement of deliveries assisted by health workers was 90.95% and the achievement of deliveries assisted by health workers at health facilities was 88.75% .

The indicator for deliveries assisted by health workers at health facilities in Indonesia in 2020 has not met the 2020 RENSTRA target, which is 86% against the 87% target. DKI Jakarta Province has the highest achievement of 99.6%, while Maluku has the lowest achievement of 31.4%. There are significant differences between the two provinces. Provinces with high achievement are generally located in the western region, while provinces with low achievement are mostly located in the eastern region (Indonesian Health Profile, 2020).

Results studies the introduction conducted in Aek Haruaya Village from 4 mother pregnant primigravida trimester III which interviewed found experience anxiety as many as 3 people. Anxiety experienced by primigravida mothers among them caused because first time will experience labor, afraid of not being able to give birth normally, afraid of something bad happening to you the baby, and was afraid of labor pains. The results of an interview with one health workers in Aek Haruaya Village stated that pregnant women who To do inspection average disclose feel worried approaching labor especially mother pregnant primigravida. So that researcher interested for conducted research on the effect of health education on childbirth on worry primigravida third trimester in Aek Haruaya Village.

2. METHOD

The approach used in this study is a quantitative research using a quasi-experimental study (*quasi -experiment*). where the test is done by *quasi-experiment* is the method study which aim for explain or clarify happening a connection and explain connection because consequence so that could used as a basis for predicting a phenomenon (Suyanto, 2011) . This research was conducted in Aek Haruaya Village in March – April 2022.

The population in this study were all pregnant women who did *antenatal care* at Health Facilities in March – April 2022. Visit *antenatal care* in Public health center Ciputat each less month over 85 person. Sampling by *purposive* is a sampling technique by selecting a sample among the population according to desired by the researcher (objective/problem in study), so that sample the could represent characteristics population which has known previously (Nursalam, 2014). Sample which taken by 17 pregnant women in the working area of Aek Haruaya Village in March until April 2022 .

Data processing

a. Editing

After the data is collected, the researcher will check the completeness of the data according to their respective characteristics.

b. coding

The data that has been collected is coded according to the respondents' answers.

c. Tabulation

To facilitate data analysis, the data grouped into the work table.

Data analysis

a. Bivariate Analysis

Done to get a general idea by describing each of the variables used in the study.

b. Bivariate Analysis

At this stage an analysis of the relationship between the dependent variable and the independent variable is carried out. Analysis of the data used is an independent *chi square* . Analysis of the data used is *chi square*

3. RESULTS AND DISCUSSION

3.1. Results

1. Univariate Analysis

Table 1. Frequency Distribution of Respondents' Age

Age	Amount	Percentage (%)
< 20 years	2	11.8
20-35 year	15	88.2
>35 year	0	0
Total	17	100

Table 1 shows that the age of the most respondents is in the category 20-35 year as much 15 person (88.2%) whereas the rest enter category <20 year that is 2 person (11.8%) .

Table 2 Distribution Frequency Education Respondent

Education	Amount	Percentage (%)
SD	0	0
JUNIOR HIGH SCHOOL	3	17.6
SENIOR HIGH SCHOOL	14	82.4
PT	0	0
Total	17	100

Table 2 shows that the education level of the most respondents is high school level with a total of 14 people (82.4%), while the education level least ie junior high school as much as 3 people (17.6%).

Table 3. Distribution Frequency Age Pregnancy Respondent

Age Pregnancy	Amount	Percentage (%)
28	2	11.8
29	3	17.6
30	1	5.9
32	2	11.8
33	1	5.9
34	1	5.9
36	3	17.6
37	3	17.6
38	1	5.9
Total	17	100

From the data above, it is known that the lowest gestational age is 28 weeks as much 2 person (11.8%) and age pregnancy highest that is 38 weekas much 1 person (5.9%).

2. Anxiety

Table 3. Overview of Respondents' Average Anxiety Before and After Given Intervention health education About Labor

	N	Min-Max	95% Confidence interval for mean			
			mean	SD	Lower	Upper
Before Intervention	17	17-28	22.53	3,223	20.87	24,19
After Intervention	17	13-26	19.41	3,554	17.58	21.24

Based on table in on flat flat score worry before given intervention was 22.53 with a minimum score of 17 and a maximum score of 28. After being given the intervention, anxiety decreased to 19.41 with the minimum score is 13 and the maximum value is 26. The average difference in anxiety scores before intervention and after intervention ie 3.12 .

3. Bivariate Analysis

Table 4 Analysis of Differences in Average Anxiety in Third Trimester Primigravida Before and After Education Health about Labor

	N	mean	SD	t	df	Sig. (2 tailed)	Eta- Squared
<i>Pretest - Posttest</i>	17	3.118	1.054	12,199	16	0.000	0.90

Test analysis on research this is *paired t-test* with level α error 0.05. The table above shows the mean value before and after given education health about labor is 3.118 with standard deviation 1.054. Score t used for see level of significance, if t count > t table then the research results are meaningful. Score t count compared with t table on df (16) so got t count > t table, this proves that the research is meaningful. p value from the data above it is obtained 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.

3.2. Discussion

1. Characteristics of Respondents

Results study show part big respondent aged 20-35 years as much as 88.2%. Average anxiety of primigravida pregnant women during the first trimester III on age <20 that is 26.50 and on age 20-35 that is 22.00, Thing this show that worry highest that is on age <20. Age optimal reproduction for a pregnant woman is 20-35 years because on age the womb already ready accept pregnancy, mental already mature, and able to take care of themselves (Draper, 2001 in Hidayat & Sumarni, 2013) . Age mother determine status physiological and psychological mother During pregnancy until before giving birth. On age ideal (20-35 years) maturity occurs subjective which take effect to status health mother.

Maturity cognitive and affective Becomes two combination perfect create coping or varying to cope with the stressor. ideally, mother which aged 20-35 year easy resolve stressor because potency natural (effective coping) to overcome anxiety. Age <20 and >35 years old allow occur conflict two element personality as a stressors. state which describes the condition actual mother (full risk) different far with which expected mother..

Therefore, for primigravida pregnant women, there are fears in the first pregnant women who have not had childbirth experience. Age here is also an internal factor that affects the level of anxiety of pregnant women. The younger the age, the less experience and level of knowledge they get about pregnancy and childbirth, so it can be said that young people are more likely to experience anxiety . In accordance with the results of research conducted by Ernawaty, N, et al (2015). Where at that age is the period between late adolescence and young or early adulthood who do not have much experience and knowledge about pregnancy and childbirth. This is also supported by the experience of information about childbirth obtained by primigravida mothers in the previous third trimester.

2. Respondents' Anxiety Before Health Education Interventions were given about Labor

Pregnancy and labor is wrong one part from cycle human life that must be lived from birth to death. And every changes which occur is *stressor* on life (Detiana, 2010). The older the gestational age, the more attention and thoughts of the mother pregnant start focused on on something which considered climax, so that Anxiety and fear experienced by pregnant women will intensify when approaching childbirth (Resmaniasih, 2014).

Results study this obtained that all respondent that is mother Third trimester primigravida experience anxiety. Prior anxiety score intervention highest that is 28 and Lowest that is 17. Thing which The same was conveyed by Wulandary (2014) in his research at the Sibela Community Health Center Mojosongo in 2014 in 44 third trimester pregnant women only 3 pregnant women who no experience worry in face labor, 11 mother pregnant experienced moderate anxiety and 9 pregnant women experienced severe anxiety. This shows that almost every third trimester primigravida pregnant woman occur anxiety while waiting for childbirth.

All respondent on study this experience worry because not yet once get experience labor. Results Palupi's research (2014) at Ngudi Maternity Home, Karanganyar in 2012 with respondent 20 primigravida and 20 multigravida disclose that the more experienced labor, the level of self-confidence will get better and the level of anxiety tends to decrease with the results the average value of anxiety in the primigravida group is greater, namely 250 and multigravida 176.

3. Anxiety Respondent After given Education Health about Labor

This study found that there are differences in the anxiety of pregnant women primigravida trimester III before

and after given intervention health education about childbirth. Average results of anxiety for pregnant women third trimester primigravida after health education intervention about childbirth, namely 19.41. The average result of the respondent's anxiety decreased after the health education intervention. in accordance with results study basics et al (2014) in region work Mongoloto Public Health Center, Gorontalo Regency by taking a sample of 13 primigravida pregnant women in the third trimester, namely after being given education health, worry mother primigravida experience decline. Decrease the anxiety of the primigravida mother where from 8 people with severe anxiety and 5 moderately anxious. Out of 8 people are seriously worried after being given education health Becomes 3 person worried currently, 1 person no worried and 4 mild anxiety. Then 5 moderately anxious people became mildly anxious, and worried weight 0.

When a mother has get information or knowing what will happen to him, tend to reduce flavor worried which experienced. Thing this also put forward by Musbikin (2006) that to prepare themselves with various information about things which concerning labor is wrong one method best to face childbirth. Therefore, it is very important to provide health education on childbirth preparation to mothers who are about to give birth, especially the delivery of their first child. To reduce the anxiety that may occur in childbirth mothers.

In line with the results of research conducted by Kristianti (2020) showed that there was an effect of health education on third trimester primigravida mothers regarding childbirth with video media on anxiety facing childbirth in the work area of the Blabak Kediri Health Center. Educational media about childbirth can be varied so that it will increase the level of understanding and affect the anxiety of third trimester pregnant women who will go through the delivery process

4. CONCLUSION

1. Mother pregnant primigravida trimester III in Aek Haruaya Village which Becomes the sample generally experiences anxiety before being given education health about labor.
2. Average worry mother primigravida trimester III highest is on age <20 that is 26.50 whereas on age 20-35 more small that is 22.00.
3. Score worry mother pregnant primiravida trimester III before given intervention education health about highest delivery that is 28 andLowest 17.
4. Score worry mother pregnant primigravida trimester III after given intervention education health about labor highest that is 26 andLowest 13.
5. The results of this study are that there are differences in anxiety scores in pregnant women primigravida after given intervention education health about labor. Giving intervention education health about labor could lower score anxiety on mother pregnant primigravida trimester III.

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