

The Effect Of Pregnancy Class On Anxiety In Primigravid Mothers In The Second And Third Trimesters In The Working Area Of The Kota Wilayah Utara Community Health Center Kediri City

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ABSTRACT

Pregnancy is a condition where a woman has a fetus growing inside her body (generally in the womb) for a period of around 40 weeks or 9 months, calculated from the start of the last menstrual period until delivery. The aim of this research is to analyze the influence of pregnant women's classes on anxiety in primigravida mothers in the second and third trimesters in the Working Area of the City Health Center in the Northern Region of Kediri City. There were 13 respondents in this study. It is known in this study that there is a significant difference in the level of anxiety before and after the implementation of the class for pregnant women. These results were proven by the Wilcoxon test with a value of $p = 0.001 < \alpha = 0.05$ where H_0 was rejected and H_1 was accepted which stated "there is an influence of the class of pregnant women on anxiety in primigravida mothers in the second and third trimesters."

I. Introduction

Pregnancy is a condition in which a woman has a fetus growing in her body (usually in the uterus) for around 40 weeks or 9 months, calculated from the start of the last menstrual period until giving birth (Hawari, 2005).

Experience during the pregnancy process is not a process without risk. Therefore, this event usually causes anxiety in pregnant mothers, especially in primigravida mothers because it is the first experience, especially when entering the second trimester and III (Farrer, Helen. 2011).

Anxiety in pregnant women arises due to lack of knowledge about symptoms of pregnancy such as nausea, vomiting, fatigue and changes in body posture. This anxiety is also a form of mother's concern about the risks of pregnancy for both the mother and her baby (Farrer, Helen. 2011).

World Health Statistics 2014 data shows the maternal mortality ratio in 2014 was 600 per 100,000 live births (WHO, 2014). Based on the Indonesian Demographic and Health Survey (SDKI) in 2014, it is known that the MMR in Indonesia was 400/100,000 live births. This figure is still far from the MDGs target, namely the MMR in 2015 was 102/100,000 live births. East Java, MMR until 2014 was 105/100,000 live births.

The emergence of anxiety in pregnant women is caused by various factors. In an interpersonal perspective, anxiety arises because of feelings of fear (Stuart and Sundeen, 2011). The fear of pregnant women is the fear of the risks of pregnancy and childbirth. Pregnant women feel that there is a threat, namely the danger in childbirth, namely the fear that something fatal will happen. If at the beginning of life they are faced with excessive fear, anxiety will arise in the next stage. The impact of anxiety is increased blood pressure, heart palpitations, tension, restlessness, increased respiration rate, and increased heart rate in pregnant women which results in complications in their pregnancy (Hawari, 2005).

Given this, it is necessary to have assistance to change the psychological condition (anxiety) of primigravida pregnant women. Technically through pregnancy classes. Pregnancy classes are study



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groups for pregnant women with a gestational age of 20-32 weeks with a maximum number of 10 participants. Pregnancy classes are systematic explanations to pregnant women about pregnancy, pregnancy care, childbirth, nutrition so that they can reduce anxiety in pregnant women and increase knowledge about body changes and complaints during pregnancy, especially in primigravida women who are not yet experienced in dealing with this condition (Ministry of Health of the Republic of Indonesia. 2011).

Based on the description that has been put forward above, the researcher is interested in conducting research by formulating the research title: "The Effect of Pregnant Women's Classes on Anxiety in Primigravida Mothers in Trimester II and III at the North City Health Center in Kediri City".

II. Methods

Type study This is a pre-experimental study with a one group pretest posttest design approach. The population in this study were all primigravida pregnant women in the second and third trimesters at the North City Health Center with a total of 15 respondents. The sampling technique in this study was total sampling. In the implementation of the study, the number of samples that should have been 15 respondents, only 13 respondents were obtained.

In this study, the type of data used is primary data to determine the effect of prenatal classes on anxiety. The research instruments used for data collection are the attendance list sheet for prenatal classes and the HARS (Hamilton Anxiety Rating Scale) questionnaire.

Data processing is done by editing, namely by re-checking the observer data. Coding is done by giving codes to each characteristic. The next process is data analysis. Data analysis is done using the Wilcoxon analysis test $\alpha = 0.05$ and using a computer to assess differences in anxiety before and after the implementation of the pregnant mother class.

III. Results and Discussion

1. Subject Characteristics

The characteristics of the subjects in this study include age, gestational age and education level. The description of the characteristics of the subjects is as in table 1.

Table 1. Characteristics of Research Subjects Based on Age Before Implementation of Pregnant Women's Classes

Before Pregnancy Class				
Respondent Age		Moderate anxiety	Very anxious	Total
19	Count	2	3	5
	% of total	15.4%	23.1%	38.5%
20	Count	1	2	3
	% of total	7.7%	15.4%	23.1%
21	Count	1	2	3
	% of total	7.7%	15.4%	23.1%
22	Count	1	1	2
	% of total	7.7%	7.7%	15.4%
Total	Count	5	8	13
	% of total	38.5%	61.5%	100.0%

Source: Data Analysis Results

Table 1 shows the characteristics of the research subjects based on age, in primigravida mothers before the implementation of the pregnancy class. Based on the table above, it can be seen that the majority of subjects aged 19 years (38.5%) experienced anxiety from a total of 13 respondents.

2. Univariate Analysis

After data collection, the data were coded, edited, tabulated, and analyzed. The effect of pregnancy classes on anxiety in primigravida mothers in the second and third trimesters. Universal analysis can be seen in Table 2.

Table 2. Average Anxiety Level in Primigravida Mothers in the Second and Third Trimesters Before and After Implementation of Pregnant Women's Classes

Before the Implementation of the Pregnant Women's Class		After the Implementation of the Pregnant Women's Class		Total
		No Worries	Mild Anxiety	
Moderate Anxiety	Count	5	0	5
	% of total	38.5%	.0%	38.5%
Severe Anxiety	Count	6	2	8
	% of total	46.2%	15.4%	61.5%
	Count	11	2	13
	% of total	84.6%	15.4%	100.0%

Source: Data Analysis Results

Based on table 4.10, it can be seen that before the implementation of the pregnancy class, 8 respondents (61.5%) experienced severe anxiety, whereas after the pregnancy class, 11 respondents (84.6%) did not experience any anxiety.

3. Bivariate Analysis

In this study there is one hypothesis, namely: "There is an influence of the class of pregnant women on anxiety in primigravida mothers in the second and third trimesters. This hypothesis is the original hypothesis or alternative hypothesis (H1), then the hypothesis is changed to the null hypothesis (H0), becoming: "There is no influence of the class of pregnant women on anxiety in primigravida mothers in the second and third trimesters.

To test this hypothesis, the Wilcoxon test technique between groups (independent samples West) is used. And the calculation results obtained include statistical tables and Wilcoxon test summaries. The summary results of the analysis are presented in Table 3.

Table 3. The summary results

	After Pregnancy Class_Before Pregnancy Class
Z	-3,272 ^a
Asymp. Significant. (2-tailed)	.001

Source: Data Analysis Results

Furthermore, it was calculated using the Wilcoxon test, from the results of the analysis using the computer, the p-value was obtained as $0.001 < \alpha = 0.05$, which means that H1 is accepted and H0 is rejected, which states that "there is an influence of the class of pregnant women on anxiety in primigravida mothers in the second and third trimesters.

Anxiety in primigravida mothers in the second and third trimesters had a very significant difference before the implementation of the pregnancy class, as many as 8 respondents (61.5%) experienced severe anxiety and 5 respondents (38.5%) experienced mild anxiety.

Kehamilan is a condition in which a woman has a fetus growing in her body (usually in the uterus) for around 40 weeks or 9 months, calculated from the start of the last menstrual period until giving birth (Hanifa, 2005).

Anxiety in the second trimester of pregnancy arises because there is a sense of worry that is fundamental in the mother, namely if the baby is born at any time. This condition causes increased alertness to the arrival of signs of labor. This is made worse by the worry that the baby she gives birth to is not normal (Sarwono, 2005).

The most prominent emotional changes in the second trimester are in the fifth month of pregnancy, because the baby starts to move a lot so that the mother starts to pay attention to the baby and thinks about whether the baby will be born healthy or disabled. This feeling of anxiety continues to increase as the gestational age increases. While in the third trimester of pregnancy, there is a feeling of discomfort and anxiety due to pregnancy in the third trimester and most mothers feel that their body shape is getting worse (Sarwono, 2005).

The emergence of anxiety in pregnant women is caused by various factors. In interpersonal view anxiety arises from feelings of fear (Stuart and Sundeen, 2011). The fear of pregnant women is the fear of the risks of pregnancy and childbirth. Pregnant women feel that there is a threat, namely danger in childbirth, namely the fear that something fatal will happen (Prasetyono, 2007). If at the beginning of life faced with excessive fear, anxiety will arise in the next stage. The impact of anxiety is increased blood pressure, heart palpitations, tension, restlessness, increased respiration rate, and increased heart rate in pregnant women which results in complications in their pregnancy (Hawari, 2005).

The results of the study after the implementation of the pregnant women's class were that 11 respondents (84.6%) did not experience anxiety and 2 respondents (15.4%) only experienced mild anxiety.

The dimension of worry is a cognitive aspect of anxiety experienced, in the form of negative thoughts about oneself and one's environment and negative feelings about the possibility of failure that will be faced and its consequences. Worry is a picture of an anticipatory cognitive process that can be triggered by thoughts related to realistic or unrealistic events, in the form of negative thoughts about oneself and one's environment and negative feelings about the possibility of failure.

Anxiety is a concept that consists of two main dimensions, namely worry and emotionality. The emotional dimension refers to the physiological reactions of the autonomic nervous system that arise due to unpleasant stimuli or feelings and emotional reactions to bad things that individuals feel when facing unpleasant situations (Hawari, 2005).

The dimension of worry is a cognitive aspect of anxiety experienced, in the form of negative thoughts about oneself and one's environment and negative feelings about the possibility of failure that will be faced and its consequences. Worry is a picture of an anticipatory cognitive process that can be triggered by thoughts related to realistic or unrealistic events, in the form of negative thoughts about oneself and one's environment and negative feelings about the possibility of failure.

Problems that often occur in the second and third trimester of pregnancy include unpleasant emotional conditions characterized by feelings of tension, fear and worry and also characterized by the activation of the central nervous system. This occurs because feelings of anxiety trigger the production of Corticotrophin Releasing Hormone (CRH), a hormone that makes the mother's heart beat faster (Megawati et.al, 2014).

Anxiety management is generally intended to achieve comfort and reduce anxiety from normal limits. The management is by providing counseling. However, on the other hand, management by providing counseling is less effective because it is only held once and is not accompanied by special training. Therefore, the implementation of pregnancy classes is considered very effective because in addition to being held a maximum of 3 meetings during pregnancy. Mother's class pregnant facilitated by midwives or health workers using the pregnant mother class package and the KIA book as a learning resource. The KIA book is: A family book that is kept at home and brought every time the mother or child visits a government or private health service facility wherever they are to obtain maternal and child health services. The general objective of implementing pregnancy classes is to increase knowledge, change attitudes and behavior of mothers so that they understand about pregnancy, body changes and complaints during pregnancy, pregnancy care, childbirth, postpartum care, postpartum family planning, newborn care, local myths/beliefs/customs, infectious diseases and birth certificates. The implementation of pregnant women's classes has an impact on anxiety in primigravida mothers in the second and third trimester because in this class mothers receive adequate information about pregnancy, signs and dangers that appear during pregnancy, the labor process, the importance of exclusive breastfeeding, infectious diseases, and the importance of birth certificates, thereby increasing mothers' knowledge and reducing anxiety in primigravida mothers (Ministry of Health of the Republic of Indonesia, 2011).

The formation of anxiety is influenced by several factors, one of which is the predisposition factor which includes knowledge. Knowledge is the first stage of change in anxiety experienced by individuals. If the knowledge is good, it is expected that anxiety will not occur in the future.. This study shows the effect of reducing anxiety with the implementation of prenatal classes. This proves that the effectiveness of implementing prenatal classes greatly influences the increase in knowledge and decrease in anxiety in primigravida mothers in the second and third trimesters (Notoatmodjo, 2003).

IV. Conclusion

There is a significant difference in the level of anxiety before and after the implementation of the prenatal class. The results are proven by the test Wilcoxon with $p \text{ value} = 0.001 < \alpha = 0.05$ where H_0 is rejected and H_1 is accepted, which states "there is an influence of the class of pregnant women on anxiety in primigravida mothers in the second and third trimesters.

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