

THE RELATIONSHIP OF PREGNANT WOMEN CLASS ACTIVITIES TO PREGNANT MOTHERS' READINESS IN FACING LABOR AT THE PUSKESMAS BANGUN REJO VILLAGE, DELI REGENCY, SERDANG IN 2021

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ABSTRACT

Pregnant women class is a study group for pregnant women who get various health information and pregnancy exercises in preparing for childbirth. The number of pregnant women participating in the Maternity Class is 40 people. They do not prepare for childbirth because they feel that they do not need to be prepared in the face of childbirth. The purpose of the study was to determine the relationship between pregnancy exercise class activities and the preparation of pregnant women in preparation for childbirth. This type of research is analytical with a cross sectional approach. The population was 40 pregnant women who took part in the class of pregnant women and all of them were used as research samples. Data were analyzed bivariately using the chi square test at a significance level of 95%. The results showed that pregnant women carried out various activities in the class for pregnant women with the highest frequency in the less category 23 people (57.5%) and 25 people were not ready to give birth (62.5%). There is a relationship between pregnancy exercise class activities with the readiness of pregnant women in facing childbirth ($p\ 0.039 < 0.05$). It is hoped that the Puskesmas will optimize the implementation of classes for pregnant women through various innovative and interesting activities that can make pregnant women feel at home in participating in pregnancy exercise classes from start to finish.

Keywords : Activities, Maternity Preparedness, Maternity Class



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INTRODUCTION

Pregnancy is a physiological condition, but a normal pregnancy can also turn into a pathological pregnancy. Pathology in pregnancy is a complication or complication that accompanies the mother during pregnancy. The health

condition of the prospective mother in the early stages of pregnancy will affect the success rate of pregnancy as well as the health status of the prospective baby who is still in the womb or who has been born. Maternal health conditions that are at high risk in pregnancy can be found near the time of pregnancy, during early

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pregnancy, during mid-pregnancy, during labor and even after delivery.¹

Data worldwide in 2017 showed that around 295,000 women died during and after pregnancy and childbirth. Most of these deaths (94 percent) occurred in low-resource areas, and most were preventable. Sub-Saharan Africa alone accounts for about two-thirds (196,000) of maternal deaths, while South Asia accounts for nearly one-fifth (58,000). four other sub-regions roughly halve their MMR (Maternal Mortality Rate) during this period: Central Asia, East Asia, Europe and North Africa. Overall, the maternal mortality ratio (MMR) in developing countries has decreased to just under 50 percent.²

Despite many efforts made by the government of the Republic of Indonesia, the MMR has not decreased significantly. According to the Chair of the Scientific Committee International Conference on Indonesia Family Planning and Reproductive Health (ICIFPRH), until 2019, Indonesia's MMR is still high, at 305 per 100,000 live births. In fact, the target for Indonesia's MMR in 2015 is 102 per 100,000 live births.³

The high maternal mortality rate is partly due to the low level of knowledge of mothers about irregular Antenatal Care

(ANC) so that they do not get proper health information about pregnancy and childbirth. There are several factors that cause pregnant women to be less motivated to perform antenatal care, namely: busyness, low socioeconomic level, lack of husband support, lack of facilities for maternal services, poor medical care, lack of trained personnel.⁴⁻⁵

One of the government's programs to increase knowledge of pregnant women is the Maternity Class which is held in various health facilities such as maternity clinics, medical centers and health centers. Relaxation technique activities during pregnancy are needed to reduce anxiety for pregnant women. Pregnant Women Class is a means of learning together about health for pregnant women in the form of face-to-face in groups, which aims to increase the knowledge and skills of mothers regarding pregnancy, pregnancy care, childbirth, postpartum care, newborn care, myths, comorbidities. The problem that is often encountered is that many pregnant women do not know the importance of attending classes for pregnant women, mothers assume that classes for pregnant women are monotonous, causing pregnant women to be less motivated to take classes for pregnant women.⁴⁻⁵

Most pregnant women choose not to participate in pregnancy exercise activities and tend to reduce activities both housework and work. This is because they feel uncomfortable during pregnancy exercise, are afraid of harming the fetus, have a history of abortion or infertility, have low levels of education and income, taking care of children at home are problems that are often associated with decreased activity.⁶

The implementation of classes for pregnant women is useful for the readiness of pregnant women in facing childbirth because pregnant women get information on the health of mothers and children, exchange opinions and gain knowledge and skills about preparation for childbirth. Activities in the Pregnant Women Class, in addition to participating in breathing relaxation techniques, are also given various information about pregnancy, childbirth and the puerperium so that pregnant women are expected to be more prepared to undergo the process of pregnancy and childbirth and can reduce anxiety.⁴

According to Nurdin (2018), the distribution of class activities for pregnant women, the most respondents were categorized as good activities, namely 24 pregnant women (60.0%) and the most

who answered prepared to face childbirth were 27 pregnant women (67.5%). Statistically, there is a relationship between class activity of pregnant women and the readiness of pregnant women with a value of $p = 0.009$ ($p > = 0.05$) in pregnant women at the Pangkajene Health Center, Sidrap Regency.⁷

Based on the results of an initial survey at the Bangun Rejo Village Health Center, it is known that the number of residents obtained data on the number of pregnant women from January to March 2021 as many as 178 people with an average of 68 people per month. The number of pregnant women participating in the Pregnant Women Class is 38 people, consisting of 2 Pregnant Women Classes. Most of the pregnant women did not attend the Maternity Class due to the lack of family support, especially their husbands. In fact, the activity of pregnant women is very useful for obtaining various information about pregnancy, childbirth and the baby so that they can prepare properly for a safe and normal delivery.

MATERIAL AND METHOD

The population in this study were all pregnant women who took part in the

class of pregnant women at the Bangun Rejo Health Center, Deli Serdang Regency 2021, totaling 40 people. The sampling technique used for this research is purposive sampling, which is a non-random sampling technique, where the researcher determines the sampling by setting specific characteristics that are in accordance with the research objectives so that it is expected to be able to answer research problems. Researchers by waiting for pregnant women who visit the Puskesmas Bangun Rejo Village. If the pregnant woman did not visit, the researcher visited the house of the pregnant woman with an existing address and identity at the puskesmas to ask for availability as a respondent. This type of research is analytical with a cross sectional approach.

The population was 40 pregnant women who took part in the class of pregnant women and all of them were used as research samples. Data were analyzed bivariately using the chi square test at a significance level of 95%. The results showed that pregnant women carried out various activities in the class for pregnant women with the highest frequency in the less category 23 people

(57.5%) and 25 people were not ready to give birth (62.5%). There is a relationship between pregnancy exercise class activities with the readiness of pregnant women in facing childbirth ($p = 0.039 < 0.05$).

RESULT

Table I The results showed that the characteristics of the respondents according to age were mostly at risk of reproductive age of 20-35 years as many as 267 people (67.5%), the rest at risk of reproductive age <20 years >35 years as many as 13 people (32.5%). The results also show that the characteristics of the respondents according to the formal education background who graduated the most are high school (SMA) as many as 29 people (72.5%) and at least 2 elementary school graduates (5%), while junior high school as many as 6 people (15%) and Strata 1 as many as 3 people (7.5%). Most respondents do not have a job or are housewives as many as 27 people (67.5%), the rest work as entrepreneurs as many as 9 people (22.5%) and as many as 4 people (10%).

Table 2. Distribution Frequency of Respondentt's Characteristic

No.	Respondentt's Characteristic	Frequency	Peercentage
1.	Age		
	Reproduction is less risky 20-35 years	27	67,5
	Reproductive risk <20 years >35 years	13	32,5
	Total	40	100,0
2.	Education		
	Elementary School	2	5,0
	Junior High School	6	15,0
	Senior High School	29	72,5
	Bachelor	3	7,5
	Total	40	100,0
3.	Work		
	Employee	4	10,0
	Self-employed	9	22,5
	Housewife	27	67,5
	Total	40	100,0

Table 2 The results showed that the respondents' statements in participating in all class activities for pregnant women with the highest frequency were in the

less category, namely 23 people (57.5%) and the lowest was the good category, namely 17 people (42.5%).

Table 2. Maternity Class Activity Total

No.	Maternity Class Activity	Frequency	Peercentage
1.	Less	23	57,5
2.	Good	17	42,5
	Total	40	100,0

Table 3. Frequency Distribution of Respondents on Preparedness for Childbirth

No.	Preparedness for Childbirth	Frequency	Peercentage
1.	Unprepared	25	62,5
2.	Prepared	15	37,5
	Total	40	100,0

Table 3 The results showed that the respondents' statements about readiness to face childbirth with the highest frequency

were in the unprepared category, namely 25 people (62.5%) and the lowest was the

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ready category, namely 15 people (37.5%).

Table 4 show t is known that 23 respondents stated that the activity of participating in classes for pregnant women was lacking, 78.3% of respondents were not ready to face childbirth and 21.7% said they were ready. Of the 17 respondents stated that

the activity of attending classes for pregnant women was good, 58.8% of respondents were ready to face childbirth and 41.2% said they were not ready. The results of the chi-square test obtained p value = 0.039 <0.005. This means that there is a significant relationship between class activities for pregnant women and readiness to face childbirth.

Table 4. Tabulation of Maternity Class Activities with Preparedness for Childbirth

No	Maternity Class Activity	Preparedness for Childbirth		Peercentage		<i>p</i>	
		Unprepared	Prepared				
		n	%	n	%	n	%
1.	Less	18	78,3	5	21,7	23	100
2.	Good	7	41,2	10	58,8	17	100

DISCUSSION

Based on the results of the study, it was found that the various activities held in the class for pregnant women tended not to be followed (57.5%). In contrast, Nurdin's research (2018) states that the distribution of respondents based on class activities of pregnant women, the most who answered with good activities were 24 pregnant women (60.0%) at the Pangkajene Health Center, Sidrap Regency.

The implementation of classes for pregnant women is useful for the readiness of pregnant women in facing

childbirth because pregnant women get information on the health of mothers and children, exchange opinions and gain knowledge and skills about preparation for childbirth. Activities in the Pregnant Women Class, in addition to participating in breathing relaxation techniques, are also given various information about pregnancy, childbirth and the puerperium so that pregnant women are expected to be more prepared to undergo the process of pregnancy and childbirth and can reduce anxiety.⁴⁻⁵

In this study, although pregnant women participate in pregnancy exercise, everything about the understanding conveyed depends on the pregnant women

whether they want to accept and carry out the various recommendations conveyed through counseling whether or not they can be applied during pregnancy. According to Notoatmodjo (2017), although theoretically support can emphasize interpersonal exchanges between individuals, each individual must ensure whether they really receive support from the people around them.⁸

According to the author's assumption that mothers have participated in pregnancy exercise activities but they rarely follow various counseling delivered by health workers. This situation can be caused by delays in attending the event. This is related to the work status of pregnant women more as housewives who have activities to take care of the household, especially taking care of children at home which can cause delays in attending pregnancy classes. Pregnant women are more focused on participating in pregnancy exercises than following various counseling delivered by health workers. health.

Based on the results of the study, it is known that the readiness of pregnant women in facing labor tends to be unprepared (62.5%). In contrast to the study of Qurniasih (2014) which explains that from 40 pregnant women

participating in pregnancy exercise, 28 people (70%) are ready to face childbirth at the Gedongtengen Health Center, Yogyakarta.⁹

According to the author's assumption that pregnant women are not ready to face childbirth due to the occurrence of childbirth is not a new thing in their lives. Various experiences have been obtained from past births, where every time you go through pregnancy and childbirth you don't have to prepare everything. Families can afford to pay for childbirth for those who can afford it. Meanwhile, families who cannot afford only expect health insurance services such as the Healthy Indonesia Card (KIS). While the preparation of other birth equipment for mothers and babies can still use daily clothes and use the clothes of babies born earlier. In addition, there are plenty of health facilities that are easily accessible so that preparation for childbirth does not have to be done, but all of this can be done when the date of birth is approaching.

Based on the results of the study, it was found that there was a relationship between pregnancy exercise class activities and the readiness of pregnant women in facing childbirth ($p = 0.039 < 0.05$). Relevant research by Nurdin

(2018) concluded that there was a relationship between class activities for pregnant women and the readiness of pregnant women with $p \text{ value} = 0.009$ ($p > = 0.05$) for pregnant women at Pangkajene Health Center, Sidrap Regency. Another study, Rante (2018), stated that there was a relationship between the participation of primigravida mothers in the class of pregnant women with readiness to face childbirth at the Toari Health Center, Toari District, Kolaka Regency in 2018 ($p 0.001 < 0.05$).

Based on the results of the study, overall the implementation of the class for pregnant women will have a positive effect on pregnant women in the birth preparation process. Because by taking a mother's class, pregnant women have the knowledge, skills and motivation related to awareness to improve the health of mothers and babies that are obtained during lessons in pregnancy class activities. This results in the mental readiness factor of pregnant women in facing childbirth so that a calm, relaxed, relaxed and comfortable situation will be created in dealing with childbirth.

Educational background is closely related to the intellectual level in understanding various aspects of health, in this case is the schedule for

participating in pregnancy exercise activities. While the work of pregnant women can affect the activity of mothers in participating in classes for pregnant women from the beginning to the end of the activity.

CONCLUSION

Based on the results of research and discussion, the authors conclude Pregnant women perform various activities in the class for pregnant women with the highest frequency in the less category 23 people (57.5%) and the lowest in the good category 17 people (42.5%), Pregnant women facing labor are not ready at most 25 people (62.5%), the rest are ready 15 people (37.5%) and There is a relationship between pregnancy exercise class activities and the readiness of pregnant women to face childbirth ($p 0.039 < 0.05$).

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