

The Influence Of Pregnant Women's Class On The Anxiety Of Primigravida Mothers In Kabanjahe Health Center, Kaban Jahe District, Karo District, 2023

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ABSTRACT

The Pregnant Women Class is a study group for pregnant women with a gestational age between 4 weeks to 36 weeks (before delivery) with a maximum number of participants of 10 people. The aim of this research is to determine the influence of the Pregnancy Class on Primigravida Mothers' Anxiety at the Kabanjahe Community Health Center in 2023. This research is quantitative research. This research uses correlational research. Population is the subject of research. The population in this study were all primigravida mothers with a gestational age of 8-37 weeks, namely 30 people. The research sample and the sampling technique used a total sampling technique, namely 30 people, so the entire population was used as the research sample. The time period required for this research is April to July 2023. The location of this research will be carried out at the Kabanjahe Community Health Center, Kabanjahe District, Karo Regency in 2023. This analysis was carried out to see the relationship between the independent variable (class of pregnant women) and the dependent variable (level of maternal anxiety primigravida). Does this variable have a significant relationship. In this analysis the statistical test used is the Chi Square test with a significant p-value (0.05). The results of the Spearman correlation analysis showed that there was a significant correlation between the class of pregnant women and primigravida anxiety with $P = 0.010$ with a strong correlation coefficient value between the class of pregnant women and the anxiety of primigravida mothers. If the class variable for pregnant women increased then the anxiety variable for primigravida mothers decreased and conversely, if the class variable for pregnant women decreases, the anxiety variable for primigravida mothers increases.

Keywords: Pregnant women's class, pregnancy, anxiety, primigravida



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INTRODUCTION

One of the health issues in the Sustainable Development Goals (SDGs) in point three is ensuring a healthy life and promoting prosperity for all people at all ages. There are 38 SDGs targets in the health sector that must be realized. There are many unresolved problems that must be addressed,

including efforts to reduce the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR), control of Human Immunodeficiency Virus/Acquired Immuno Deficiency Syndrome (HIV/AIDS), tuberculosis (TB), Malaria and increase access to reproductive health.¹

The Pregnancy Class is a means to learn about health for pregnant women, in the form of face-to-face in groups which aims to

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increase mothers' knowledge and skills regarding pregnancy, pregnancy care, childbirth, postpartum care, newborn care, myths, infectious diseases and birth certificate. The Pregnant Women Class is a study group for pregnant women with a gestational age between 4 weeks to 36 weeks (before delivery) with a maximum number of participants of 10 people. Several studies that have been conducted previously show that the implementation of classes for pregnant women has not gone well. The results of Adrestia's research (2017) showed that only 30 percent of classes for pregnant women had been implemented well, 20 percent had not been carried out well and 50 percent had not held classes for pregnant women. The results of the research show that the organizers or implementers of Pregnancy Class (KIH) activities stated that the standards and objectives of KIH were not clear (32%), resources were not adequate (36%), communication between organizations was not yet running well (60%), the characteristics of the implementing agency were not yet complete. good (72%) and not good disposition (32%). There is a mutual relationship between the implementor's disposition/attitude as well as policy standards and objectives and the

implementation of the pregnant mother class program.²

Every pregnant woman has a different intensity of anxiety. Anxiety is a feeling of fear that is unclear and not supported by the situation. Pregnancy can be a source of anxiety stressor, especially for a mother who is mentally unstable. Anxiety in pregnancy appears in the first trimester (0-12 weeks), because in this trimester the mother will experience weakness, fatigue, feel nauseous and make the expectant mother feel unwell and all experience depression. Anxiety occurs as a result of a threat to self-esteem or self-identity which is very basic to an individual's existence.³

These physical changes cause the psychological and emotional condition to become unstable, resulting in constant worry until the end of the pregnancy. According to Mansur (2016), almost 80% of pregnant women experience disappointment, rejection, restlessness, anxiety, depression and depression and 15% of mental disorders occur in primigravida mothers in the first trimester. Worry and anxiety in pregnant women if not handled seriously will have negative impacts and influences. Poor health and mental health during pregnancy can have a lasting impact on the mother's quality of life and her child's cognitive development.⁴

Emotional disturbances in pregnant mothers will affect health-maintaining behavior during pregnancy, such as being lazy about eating, lazy about bathing, sleep disturbances and fatigue. Factors that influence anxiety in pregnant women include lack of family support, financial adequacy, stress from the environment, high frequency of nausea and vomiting (physical health factors of pregnant women), attitudes towards pregnancy and ability to control pregnancy, good adjustment process to pregnancy. physically and psychosocially, as well as information about frightening birth experiences from the environment.¹

Eliminating feelings of anxiety must involve cooperation between pregnant women and health workers and providing information to pregnant women. Information about pregnancy can be provided through counseling, but counseling has several weaknesses, including the knowledge gained is only limited to the health problems experienced during the consultation. Therefore, a learning method for pregnant women's classes was developed to be able to provide information and exchange experiences in groups of pregnant women called pregnant women's classes.⁵

In general, class coverage for pregnant women in Indonesia has reached the target,

namely 94%, except for West Papua, Maluku and Papua. The level of West Sumatra Province is 98% and the level of Pesisir Selatan Regency is 90%, however there are still several Community Health Centers, especially in the Ranah Ampek Hulu Tapan Community Health Center, which have only reached 72% while the target that must be achieved is 87% and the implementation of the Pregnancy Class (KIH) itself. At the Kabanjahe Community Health Center it has been carried out for a long time now, but there has never been a comprehensive evaluation regarding the increase in knowledge and attitudes of pregnant women who take classes, usually classes are held 3-4 times every month.⁴

Classes for pregnant women are facilitated by midwives or health workers using a class package for pregnant women, namely the KIA book, flip charts (flip sheets), guidelines for implementing pregnant women's classes and guidelines for class facilitators for pregnant women. The learning material presented in the implementation of classes for pregnant women is the health of pregnant women, childbirth, postpartum as well as care for newborns and physical activity of pregnant women.⁵

The Kabanjahe Community Health Center consists of 3 assisted sub-districts with a

target of 47 pregnant women in 3 years, while only 80 people or 50% took part in the pregnant women's class (Kabanjahe Health Center Profile 2019). Based on KIA data from the Kabanjahe Community Health Center up to April 2023, it was found that the number of pregnant women was 47 people and 31 people had attended classes for pregnant women (56.3%). Of the number of pregnant women who had not taken the pregnancy class, there were 13 primigravida mothers with a gestational age of 8-36 weeks. Based on the background above, researchers will conduct research with the title "The Influence of Pregnancy Classes on Anxiety of Primigravida Mothers at the Kabanjahe Community Health Center in 2023.

MATERIAL AND METHOD

This was a quantitative research. This research used correlational research.⁶ Population is the subject of research. The population in this study were all primigravida mothers with a gestational age of 8-37 weeks at the Kabanjahe Community Health Center, namely 30 people. The research sample was primigravida mothers in the working area of

the Kabanjahe Community Health Center with a gestational age of 8-37 weeks who attended classes for pregnant women, with a sampling technique using a total sampling technique of 30 people, so the entire population was used as the research sample.⁷ The time period required for this research is April to July 2023. The location of this research will be carried out at the Kabanjahe Community Health Center, Kabanjahe District, Karo Regency in 2023. This analysis was carried out to see the relationship between the independent variable (class of pregnant women) and the dependent variable (level of maternal anxiety primigravida). Does this variable have a significant relationship. In this analysis the statistical test used is the Chi Square test with a significant p-value (0.05). If the chi square p-value < 0.05 then the calculation results are meaningful or significant and if the p-value > 0.05 then the calculation results are not meaningful.

RESULT

Respondent Characteristics

Based on the characteristics of the respondents in this study, it can be seen that:

Table.1 Distribution of Respondent Characteristics at Kabanjahe Community Health Center

Respondent Characteristics	Frequency	Percentage%
Age		
<20 year	1	3,3

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20-35 year	29	96,7
>35 year	0	
Total	30	100
Education		
Sarjana	4	13,3
Diploma	2	6,6
SMA	13	43,3
SMP	11	36,6
SD	0	0
Total	30	100

Based on the table above, it is known that the characteristics of respondents based on age, the majority of respondents aged 20-35 years were 29 (96.6%) respondents, while the minority aged > 20 years was 1 (3.3%). Based on educational characteristics, the majority of respondents had a high school education of 13 (43.3%) respondents, a junior high school education of 11 (36.6%)

respondents, a bachelor's degree education of 4 (13.3%) respondents, while a minority of respondents had a diploma education of 2 (6.6%) respondents. This research was conducted at the Kabanjahe Community Health Center, Kabanjahe District, Karo Regency in 2023. The results of the research are presented in the following table:

Table.2 Frequency Distribution of Respondents Based on Pregnancy Class Participation at the Kabanjahe Community Health Center

Participation in classes for pregnant women	Frequency	Percentage%
Follow	17	56,7
Not Participate	13	43.3
Total	30	100

Based on the table above, it is known that 17 (56.7%) respondents participated in pregnant

women's classes and 13 (43.3%) respondents did not attend pregnant women's classes.

Table 3. Frequency Distribution of Respondents Based on Anxiety of Primigravida Mothers at Kabanjahe Community Health Center

Anxiety level	Frequency	Percentage%
Mild anxiety	19	63,3
Moderate anxiety	10	33,3
Severe anxiety	1	3,3
Total	30	100

Based on the table above, the anxiety level of primigravida mothers was mild at 19 (63.3%) respondents, moderate at 10 (33.3%) respondents, while severe at 1 (3.3%) respondent.

Based on the research results, it can be seen that 14 (82.4%) respondents took part in the pregnant women's class, 3 (17.6%) respondents had a moderate level of anxiety and there were no severe levels of anxiety. Meanwhile, there were 5 (38.5%) respondents who did not take classes for pregnant women with mild anxiety, 7 (53.8%) respondents with moderate anxiety and 1 (7.7%) respondent with severe anxiety.

The results of the Spearman correlation analysis showed that there was a significant correlation between the class of pregnant women and primigravida anxiety with $P = 0.010$ with a strong correlation coefficient value between the class of pregnant women and the anxiety of primigravida mothers. If the class variable for pregnant women increased then the anxiety variable for primigravida mothers decreased and conversely, if the class variable for pregnant women decreases, the anxiety variable for primigravida mothers increases.

Table 4. Relationship between Primigravida Mother's Anxiety Level and Mother's Class Participation at Kabanjahe Community Health Center

Participation in classes for pregnant women	Anxiety level						Amount	p-Value
	Light		Medium		Heavy			
	n	%	n	%	n	%		
Follow	14	82,4	3	17,6	0	0	17	
Not Participate	5	38,5	7	53,8	1	7,7	13	0,01
Total	19	63,3	10	33,3	1	3,3	30	

DISCUSSION

From the research, it was found that most of the respondents who took part in the pregnant women's class experienced mild anxiety, while the respondents who did not take part in the pregnant women's class experienced moderate anxiety. The more often pregnant women attend classes for pregnant women, the lower the anxiety level of primigravida mothers and vice versa, if mothers do not take part in classes, anxiety for pregnant women will increase. In the classes for pregnant women, there is an exchange of experiences, discussions and pregnancy exercises which contain relaxation techniques which can reduce the anxiety of primigravida mothers. When individuals experience tension and anxiety, the sympathetic nervous system works, while when relaxed, the sympathetic nervous system works. If the sympathetic nervous system increases stimulation or stimulates body organs, increases heart rate and breathing, and causes narrowing of peripheral or peripheral blood vessels and enlargement of central blood vessels.⁸⁻⁹

Data obtained from the research results show that the number of

respondents who took the pregnant women's class was higher. From the results of research interviews with respondents, this was due to the education and employment status of the respondents. The results of the research showed that the education level of respondents who took the pregnant women's class was higher than respondents who did not take classes for pregnant women. In accordance with the theory that the highest education makes it possible to have high knowledge and tends to get easier information about health, especially about classes for pregnant women and their benefits, so that pregnant women are more quickly motivated to take part in pregnancy exercise.¹⁰

Based on Spearman's rho calculation with $\alpha = 0.05$, a p value of 0.010 is obtained because the p value $< \alpha$ means that the test results are statistically significant, or reject H_0 , so it can be concluded that there is a relationship between the class of pregnant women and primigravida anxiety at the Kabanjahe Health Center, Kabanjahe District, Karo Regency. 2023. This illustrates that pregnant women take part in prenatal classes

CONCLUSION

Based on Spearman's rho calculation with $\alpha = 0.05$, a p value of 0.010 is obtained because the p value $< \alpha$ means that the test results are statistically significant, or reject H_0 , so it can be concluded that there is a relationship between the class of pregnant women and primigravida anxiety at the Kabanjahe Health Center, Kabanjahe District, Karo Regency. 2023. This illustrates that pregnant women who take part in pregnancy classes have a mild level of anxiety. It is hoped that it can contribute to midwifery science regarding theories about the class of pregnant women and anxiety during primigravida pregnancy. It is hoped that it can provide information about the implementation of classes for pregnant women for primigravida mothers in reducing anxiety about facing pregnancy. It is hoped that it can be a means of increasing knowledge and skills in approaching or educating pregnant women so that they are effective and intensive in attending classes for pregnant women. It is hoped that it can serve as a reference and reference source in improving the variables in this research.

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