



## Effectiveness of Giving Health Education to Anxiety Levels for Primigravida Women Trimester III in Facing Labor as a Meeting of the Right to Inform

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### ABSTRACT

*Background: Most maternal deaths occur in labor and childbirth. This can be avoided through good antenatal services. The mother has the right to receive all information related to her condition. One of the competencies of midwives is providing education to mothers. IEC is an activity where there is a process of communication and education with the dissemination of information. This study aims to reduce the anxiety level of primigravida TW III mothers in facing labor. Method: This study is a pre-experimental study of one group pre-test post-test design with a prospective approach. Independent variables, namely IEC in pregnancy and the dependent variable, were decreased anxiety levels of third trimester primigravida mothers and fulfillment of the right to information. The population is all third trimester primigravida mothers who visit PMB or Buleleng Community Health Center work area 3. The total sample is 36 people, and the data collection technique uses an anxiety measure namely HARS sheet. Results: The results of the study showed that the statistical mean parametric t-test in the one-party test showed that  $t$  count = 9.88 was greater than  $t$  table = 1.684 so  $H_0$  was rejected and  $H_a$  was accepted which means IEC in pregnancy was effective in reducing the anxiety level of primigravida mothers trimester III and the right to obtain information is fulfilled. Conclusion: Giving IEC as one of the competencies of midwives that is effective in decreasing the anxiety level of pregnant women facing labor. The advice given to health workers at the Puskesmas must strive to improve the provision of counseling and especially IEC giving information that can reduce anxiety in primigravida pregnant women TW III.*

**Key words:** IEC, Anxiety, Pregnancy, Right.

### INTRODUCTION

Maternal Mortality Rate in Indonesia reaching 305 per 100,000 live births based on the results of the 2015 Intercensal Population Survey (SUPAS) (Indonesian Ministry of Health, 2016). Most maternal deaths occur in

labor and childbirth. Pregnancy and childbirth are normal events, not a disease that must be avoided, causing fear. A mother needs optimal preparation during pregnancy to deal with labor.

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Normal childbirth or in the medical world is referred to as normal labor, a natural process experienced by every woman who is quite a month with a normal pregnancy[10]. In order for a healthy delivery and can run smoothly various preparations are needed during pregnancy so that the mother and fetus are always in good health. Various preparations are usually done before delivery, especially during the third quarter (TW III) of pregnancy, starting from the selection of rescuers, the risk of labor that might be faced, the selection of the place of delivery, to preparation of baby equipment<sup>5</sup>.

Childbirth preparation is very important for labor. The number of impacts that will be caused by the lack of optimal knowledge of the mother before delivery will of course harm the mother and baby later. The impact that can be caused due to the lack of knowledge of mothers before labor, one of which is seen mentally, is anxiety that mothers experience before labor[5]. The anxiety that mothers feel due to mental unpreparedness can spread to long labor, irregular uterine contractions that interfere with the progress of labor such as the occurrence of primary and secondary uterine inertia which is certainly endangering the fetus in the womb[10], with its irregular will cause the kasep particle which has the potential for a large birth canal tear which will later become one of the complicating factors during the puerperium. In addition, there is a lack of information about relaxation techniques, good techniques and daily baby care techniques, companions during labor, vehicles and blood donors during complications[5].

Mothers have the right to obtain information related to this matter. Pregnancy care is carried out by taking into account the rights of pregnant women to be able to participate and obtain information and experiences related to their pregnancy, especially when they are facing childbirth. Mothers must be empowered to be able to make decisions related to their health through communication, information and education (IEC) conducted by midwives as midwives are

friends of pregnant women. Kusnawati[8]. The decision making is a shared responsibility, where this is part of the ethics and moral side of the midwife along with clients and families of clients<sup>6</sup>. Midwives as the frontline in reducing maternal mortality have an obligation to help mothers get safe pregnancies and deliveries. Based on the Decree of the Minister of Health of the Republic of Indonesia Number No. 369 / MENKES / SK / III / 2007, midwives have nine competencies. One of the competencies of midwives is the provision of health education namely KIE or Information Communication and Education. Judging from the benefits of providing information on pregnancy and childbirth properly, it can have an effect on the calmness of pregnant women and women so that they can pass these stages comfortably and avoid excessive anxiety<sup>10</sup>. But is it true that IEC given by midwives is effective in reducing the anxiety level of pregnant women in their deliveries? Considering if the anxiety of pregnant women who will face childbirth is very reasonable and a lot happens. Although on the other hand mothers also have the right to fulfill information about pregnancy and childbirth later.

Based on the initial data collection conducted in November 2018 at PMB Putu Putri A. Md. Keb, there were visits of pregnant women, 29 people, 12 of them were primigravidas and 17 were multigravidas, of the 5 primigravidas interviewed there were 2 mothers who said they were afraid sick in the process of labor later, 2 other mothers said they were worried whether they would be able to give birth normally or not, especially about the condition of the baby being healthy or not and 1 mother was ready to face childbirth. The purpose of this study was to determine the effectiveness of midwives' competency in giving IEC to the anxiety level of primigravid mothers in facing labor as an effort to fulfill the right to information for pregnant women.

## MATERIALS AND METHODS

This study uses a type of comparative research, pre-experimental research design

type one group pre-test - post test design. The implementation begins with the first observation (pretest) that allows researchers to test what happened after the experiment (posttest)<sup>1</sup>. In this design measurements were made twice, namely before the experiment and after the experiment. Measurements made before the experiment (O1) are called pre-tests, and post-experimental measurements (O2) are called post-tests<sup>1</sup>. This research was conducted on primigravida pregnant women with a sampling technique that is a non probability sampling technique that is total sampling. The research locations used as sampling sites were in the Buleleng 3 Health Center work area, because there are still many

primigravida pregnant women who experience anxiety in facing labor.

The research was conducted in December 2018. The population of this study was all primigravida pregnant women who performed ANC examinations in the working area of Buleleng Health Center 3. The inclusion criteria were: 1) Primigravida pregnant women; 2) Willing to be a respondent. In this study the sample was determined using purposive sampling technique. This technique is a technique of determining and selecting samples by setting subjects that meet certain criteria<sup>12</sup>. So before sampling, the inclusion and exclusion criteria need to be determined.

## RESULTS

**Table 1: Frequency Distribution of Characteristics of Respondents in Buleleng Health Center Work Area 3**

Characteristics		F	%
Age	<20 tahun	9	25
	20-35 tahun	26	72,22
	>35 tahun	1	2,78
Education	Junior High School	6	16,67
	Senior High School	17	47,22
	College	13	36,11
Work	Housewife	15	41,67
	Farmer	5	13,89
	entrepreneur	12	33,33
	PNS	4	11,11

Based on Table 1 above, it can be seen that the majority of respondents aged 20-35 years were 26 people (40.4%), most of the respondents had high school education as many as 42

people (80.8%), most of the respondents had high school education, 17 people (47 , 22%), and most of the respondents as housewives as many as 15 people (41.67%).

**Table 2: Anxiety level of primigravida trimester III before being given Health Education**

Anxiety Level	F	Percentage (%)
There is no anxiety	1	2,78
Mild anxiety	4	11,11
Moderate anxiety	17	47,22
Severe Anxiety	12	33,33
Very Heavy Anxiety	2	5,56
<b>Jumlah</b>	<b>36</b>	<b>100</b>

Based on Table 2 above, it shows that most primigravida TW III women before IEC were

given were in the moderate category as many as 17 people (47.22%).

**Table 3: Age Outcomes Against Anxiety Levels of Primigravida Mother TW III After Getting Health Education**

Characteristics	Pretest				Total F(%)	
	No Worry	Light	Moderately	Heavy		
	F(%)	F(%)	F(%)	F(%)		
Age	<20	-	0	2	7	9
	20-35	3	3	11	9	26
	>35	-	-	1	-	1
Education	Junior High School	0	0	1	5	6
	Senior High School	0	1	7	8	16
	College	3	2	6	3	14
Work	Housewife	0	1	4	9	14
	Farmer	0	0	2	3	5
	entrepreneur	1	1	7	4	13
	PNS	2	1	1	0	4

Based on Table 3 above, it can be seen in the pre test results that most 20-35 year olds have moderate anxiety levels of 11 people, most of

them have high anxiety levels of 8 people, and most of them work as IRTs with 9 anxiety levels.

**Table 4: Fulfillment of the right to information to mothers before being given health education**

Information category	Information fulfillment				
	Yes	%	No	%	Total (%)
Get information about the condition of pregnancy	36	100	36	100	100
information related to labor preparation (normal and pathological)	18	50,00	18	50,00	100
Getting information related to handling labor (normal and pathological)	5	13,89	31	86,11	100

Based on Table 4 above shows that the majority of TW III primigravida mothers (86.11%) did not get information related to labor delivery, half of the respondents (50%)

had information related to labor preparation (normal and pathological) but all respondents had information related to the condition of her pregnancy.

**Table 5: The anxiety level of primigravida trimester III after being given health education**

Anxiety Level	F	Percentage(%)
There is no anxiety	2	5,55
Mild anxiety	24	66,67
Moderate anxiety	10	27,78
Severe Anxiety	-	-
Very Heavy Anxiety	-	-
<b>Jumlah</b>	<b>36</b>	<b>100</b>

Based on Table 5 above shows that most primigravida TW III mothers are in the

category of mild anxiety as many as 24 people (66.67%)

**Table 6: Cross Results Characteristics of Anxiety Levels of Primigravida Mother TW III After Getting Health Education**

Characteristics	Post test				Total	
	No Worry	Light	Moderately	Heavy		
	F(%)	F(%)	F(%)	F(%)	F(%)	
Age	<20	1	5	3	-	9
	20-35	9	14	3	-	26
	>35	1	-	-	-	1
Education	Junior High School	0	3	3	6	0
	Senior High School	3	10	3	16	3
	College	8	6	0	14	8
Work	Housewife	2	9	3	14	2
	Farmer	2	2	1	5	2
	entrepreneur	4	7	2	13	4
	PNS	3	1	0	4	3

Based on Table 6 above, it can be seen in the post test results that most of the age of 20-35 years have a mild anxiety level of 14 people,

most of them have high levels of anxiety with as many as 16 people, and most of them work as IRTs with 14 anxiety levels.

**Table 7: Fulfillment of the right to information to mothers after being given health education**

Information category	Information fulfillment				
	Yes	%	No	%	TOT (%)
Get information about the condition of pregnancy	36	100	-	-	100
information related to labor preparation (normal and pathological)	36	100	-	-	100
Getting information related to handling labor (normal and pathological)	36	100	-	-	100

Based on the table above, it can be seen that after being given IEC all respondents (100%) received information related to the condition

of pregnancy, labor preparation and delivery of labor either normal or pathological.

**Table 8: Results of Anxiety Level Central Tendency primigravida third trimester before and after being given health education**

Tendency / Value	Pre Test	Post Test
Number of Respondents	36	36
Mean	29,72	19,17
Median	29,52	19,07
Modus	28,89	19,06
Varians	60	18,75
Standard deviation	7,72	4,33

Based on Table 6 above shows that from 36 respondents both from the results of the pre test and post test obtained the mean, with the results of the mean post test smaller than the mean pre test, which means the average

anxiety level of third trimester primigravida mothers experienced a decrease after being given health education. Data Analysis Results to examine the correctness of a predetermined

hypothesis, a hypothesis test is needed by using an analysis such as the following:

After the parametric statistical calculation of the different t-test mean obtained  $t\text{-count} = 9.88$  then compared with  $t\text{-table}$  to test one side with  $\alpha = 0.05$  and  $dk (36 - 1) = dk 35$  obtained  $t\text{-table} 1.684$  where  $t$  count is greater than  $t\text{-table}$  so  $H_0$  is rejected. So, statistically, IEC is effective in decreasing anxiety levels in third trimester primigravida mothers in facing labor. Likewise in terms of fulfilling information.

## DISCUSSION

Based on table 1 the characteristics studied in this study were age, education, and employment. Based on the age before getting IEC obtained the results of the majority of the age of 20-35 years have moderate anxiety levels of 11 people and after getting health education found most of the age of 20-35 years have a mild anxiety level of 14 people. According to Elisabeth quoted by Nursalam<sup>12</sup>, age is the age of an individual starting from birth to birthday. According to researchers, the more the age, the level of maturity and strength of a person will be more mature in thinking and working.

Based on education before getting health education obtained the results of most high school education had severe anxiety levels as many as 8 people, and after getting health education most of the high school education had a severe anxiety level of 16 people. Education is the process of changing the attitude of a person or group of people in an effort to mature people through teaching and training efforts (Big Dictionary of Indonesian Language, 2008). Education is the process of changing one's attitudes and behavior in an effort to mature people through teaching and training efforts, processes, methods and actions. Education can be interpreted as a process or activity to develop the personality and abilities of individuals or society. This means that education is a character formation that is an attitude accompanied by abilities in the form of intelligence, knowledge and skills (Ministry of National Education, 2006).

Based on the work before getting the health education obtained the results of the majority of working as housewives have a severe level of anxiety as many as 9 people and after obtaining health education found that most of them work as housewives have a severe anxiety level of 14 people. Work is generally defined as an active activity carried out by humans. In a narrow sense, the term work is used for a task or work that produces a work worth the reward in the form of money for someone.

Anxiety Levels of Mother Primigravida Trimester III Before Given health education.

Based on Table 2, the results of the research that have been conducted show that out of 36 respondents, the anxiety level of third trimester primigravida women before health education was given was mostly in the medium anxiety category, 17 people (47.22%). In pregnancy there will be physical, emotional and mental changes that can make a woman feel stressed out just because she no longer holds control of her body, feels worried and scared because she doesn't know what will happen to her. Mood changes generally occur in pregnancy, as a result of the ups and downs of hormone levels and their effects on the emotional and physical condition of the mother. Anxiety will get worse with the mother always thinking about things that will happen to the fetus and herself. Anxiety can cause physical tension and add to other discomforts during pregnancy, whereas medical conditions that arise during pregnancy will improve the mother's mind which will later cause anxiety[15].

The anxiety level of third trimester primigravida mothers besides being influenced by these factors was also influenced by the background of the respondents who were mostly housewives, so that the acquisition of information about pregnancy and childbirth was very limited. Housewives usually have more time to care for children and their families so that the opportunity to interact and exchange experiences with others is limited. This is in accordance with what was stated by

Notoatmodjo<sup>11</sup> that someone who works his knowledge will be broader than someone who does not work, because by working someone will have information and knowledge. In this study mothers who tended to experience higher levels of anxiety, namely housewives or not working. Therefore health workers are expected to be able to provide health education to reduce the anxiety level of third trimester primigravida. Anxiety Level of Primigravida Trimester III After I was given health education.

Based on table 4, the anxiety level of third trimester primigravida mothers after being given health education mostly experienced mild anxiety (66.67%). This shows that IEC is effective in reducing anxiety levels in third trimester primigravida. For pregnant women, health education is very useful to reduce the level of anxiety in facing labor because counseling can be used as an alternative to relieve anxiety. Pre-natal counseling is counseling in the third trimester and focuses on interventions given to the client including the condition of the fetus in the womb, fetal position, explanation of normal labor and high risk, normal and abnormal preparation for labor, delivery information according to normal circumstances pathological.

Effectiveness of health education Giving Against the Anxiety Level of Primigravida Trimester III in Confronting Childbirth as a Fulfillment of Right to Information. After analyzing the data using different mean t-test, it was obtained t count 9.88 with t table ( $dk = 35, \alpha = 0.05$ ) = 1.684 which means  $t \text{ count} > t \text{ table}$ . So  $H_0$  is rejected and  $H_a$  is accepted. This proves that health education is effective in reducing the anxiety level of third trimester primigravida. In addition, through the provision of health education, the client will automatically get information related to their delivery. This is shown from the research data in which all respondents said if he got information related to the condition of the pregnancy, their childbirth preparation and the handling of labor. This will have a better psychological

impact because they get more information related to their condition. The right to this information is regulated in the Health Law Number 36 of 2009 Article 7.

Midwives have the competence and authority for that. So, as a midwife to increase professionalism we are required to always provide health education to clients. Midwives are female and family friends. Providing IEC by midwives is one way to maintain professional midwives in maintaining relationships with clients. The client's anxiety worsens and the delivery process that he will face will not experience interference. Then it can be concluded that health education is the process of providing assistance through objective and complete counseling to help provide feedback and learning experience and aims to help pregnant women recognize their current conditions, problems that are being faced and determine the way out or efforts to overcome maternal anxiety.

## CONCLUSION

From the results of the study it can be concluded that:

- 1) The anxiety level of third trimester primigravida women before health education was given was mostly at the level of moderate anxiety and most respondents did not get information related to the delivery of labor (normal or pathological)
- 2) The anxiety level of third trimester primigravida mothers after being given health education, on average is at the level of mild anxiety and all respondents have obtained information related to the condition of pregnancy, delivery preparation (normal and pathological), and labor delivery (normal and pathological)
- 3) Health education is effective in reducing anxiety levels in third trimester primigravida mothers in facing labor.
- 4) Health education can be used as an effort to fulfill the right to information for mothers

## Suggestion

It is expected that health workers will continue to provide Health education to pregnant women especially in primigravida mothers in

order to reduce maternal anxiety levels in facing labor and to fulfill the mother's right to health information which directly carries out the obligations of midwives in providing pregnancy services.

#### REFERENCES

1. Arikunto, S. (2010). *Prosedur Suatu penelitian: Pendekatan Praktek*. Jakarta: Rineka Cia
2. K.K.B.N. (2007). *Keluarga Berencana dan Kontrasepsi*. Jakarta: Pustaka Sinar Harapan
3. Depkes, R. I. (2009). *Sistem Kesehatan Nasional*. Jakarta: Depkes RI
4. Hawari, D. (2008). *Stres, Depresi dan Cemas*. Jakarta: EGC
5. Judi, Januadi. (2005). *Mempersiapkan Persalihan Sehat*. Jakarta: Puspa Suara
6. Janiwarty, Bethsaida & Herry, Z. P. (2013). *Pendiidkan Psikologi Untuk Bidan Suatu Teori dan Terapannya*. Yogyakarta: Publishing
7. Kurniawan, (2014). *Transformasi Pelayanan Publik*. Yogyakarta: Pembaharuan (2011).
8. Kuswanti, I., *Asuhan Kehamilan*. Yogyakarta: Pustaka Belajar
9. Lubis, Lumongga, N. (2007). *Depresi: Tinjauan Kecemasan*. Jakarta: Kencana
10. Manuaba, (2005). *Ida Bagus Gede. Sinopsis Obstetri*. Jakarta: EGC
11. Notoatmodjo, (2005). *Soekidjo Metode Penelitian Kesehatan*. Jakarta: Rineka Cipta
12. Nursalam, (2008). *Konsep dan Penerapan Metodologi Penelitian Ilmu Keperawatan: Pedoman Skripsi, Tesis, dan Instrumen Penelitian Keperawatan*. Jakarta: Salemba Medika
13. Riyanto, Agus. (2013). *Satistik Deskriptif (untuk kesehatan)*. Yogyakarta: Nuha Medika
14. Siagian, S. P. (2005). *Kerangka Dasar Ilmu Administrasi*. Jakarta: Pustaka Sinar Harapan
15. Tiran, (2007). *Denise Mengatasi mual-muntah dan gangguan lain selama kehamilan*. Jakarta: diglossia
16. Videbeck, Sheila, L. (2008). *Buku Ajar Keperawatan Jiwa*. Jakarta: EGC