

KNOWLEDGE OF TRIMESTER III PRIMIGRAVIDA PREGNANT WOMEN IN FACING CHILDBIRTH AT THE BATU AJI COMMUNITY HEALTH CENTER

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Abstract

Background : The low level of public awareness about the health of pregnant women is a determining factor in the mortality rate, although there are still many factors that must be considered in dealing with this problem. The issue of death that occurs is due to common indications, namely bleeding, pregnancy poisoning accompanied by convulsions, abortion, and infection (Depkes RI, 2015). The purpose of this study was to determine the knowledge of third trimester Primigravida pregnant women in dealing with childbirth at Batu Aji Health Center.

Method : The design of this study was descriptive. The research was carried out at Puskesmas Batu Aji. The population in this study were all trimester III primigravida pregnant women who visited and conducted ANC examinations at Batu Aji Health Center as many as 40 pregnant women. The sampling technique used in this study was total sampling. Univariate analysis aims to explain or describe the characteristics of each research variable. The form of univariate analysis depends on the type of data. For numerical data, mean or average, median and standard deviation is used.

Result : The results and conclusions of this study were the knowledge of third trimester primigravida pregnant women at Batu Aji Community Health Center was 35 (87.5%) mothers with good knowledge, 5 (12.5%) mothers experienced less knowledge.

Congclusions : Knowledge of third trimester primigravida pregnant women at Batu Aji Community Health Center is 35 (87.5%) mothers with good knowledge, 5 (12.5%) mothers experience less knowledge

Keywords: Knowledge, Pregnant Women, Childbirth

INTRODUCTION

WHO estimates that in Indonesia there are 126 maternal deaths per 100,000 live births with a total number of maternal deaths of 6400 in 2015. This figure has decreased from the 2012 IDHS, which is 359 per 100,000 live births (Yunin, 2015).

Maternal Mortality Rate (MMR) is an indicator used to measure maternal health status in an area. Maternal death is death during pregnancy or within a period of 42 days after pregnancy due to all causes related to or aggravated by pregnancy or its handling, but not

caused by accident or injury (Yunin, 2015). The Maternal Mortality Rate (MMR) in Indonesia has decreased from 4,999 in 2015 to 4912 in 2016 and in 2017 (first semester) as many as 1712 cases (Depkes RI, 2017).

The low level of public awareness about the health of pregnant women is a determining factor in the mortality rate, although there are still many factors that must be considered in dealing with this problem. The issue of death that occurs is due to common indications, namely bleeding, pregnancy poisoning

accompanied by convulsions, abortion, and infection (Depkes RI, 2015).

Normal delivery is a labor that takes place with the mother's own strength without the aid of tools and does not injure the mother and her fetus. Stage II labor begins when the cervix is fully dilated and ends when the fetus is born. The stages or stages of labor include stage I (when opening), stage II (time of expulsion), stage III (time of uri), stage IV (during observation or supervision). In stage II primigravidas labor usually lasts <1 hour, whereas in multigravidas it usually lasts <30 minutes. The factors that influence childbirth include the power or strength of the mother (power), the fetus (passanger), the birth canal (passage), the psyche (psyche) including anxiety. Anxiety in laboring mothers will affect the delivery process (Sagita, 2017).

Danuatmaja and Meiliasari stated that anxiety and fear can cause intense pain and can also lead to decreased uterine contractions, so that labor will take longer. Research shows that labor pain, especially when I first stage is more felt in primigravidas, amounting to 59.38%, while in multigravidas it is 40.62% (Difarissa, 2015)

Anxiety is normal for all humans, but anxiety becomes abnormal when a person responds to anxiety unrealistically / excessively and results in physical, psychological, and social disorders. Anxiety is an emotion that has long been associated with pregnancy, the relationship of which is unclear. Anxiety may be a positive emotion as a protection against stressors, which can become a problem if it is excessive (Pieter, et al, 2011).

Anxiety or anxiety is part of an emotional response, where anxiety is an unclear and pervasive worry related to feelings of uncertainty and helplessness. This emotional state has no specific object. Where anxiety is experienced interpersonal. An individual who experiences anxiety can directly express anxiety through physiological and behavioral responses (Stuart, 2006). This anxiety can be experienced by mothers during pregnancy, especially in the final trimester of pregnancy before delivery (Wahyuningsih, 2015). The concerns felt by pregnant women in the first, second, and third trimesters have their own characteristics

according to problems in their pregnancy (Sulistiowati, 2013).

Anxiety in childbirth is due to several factors, one of which is work. The work of pregnant women can affect maternal anxiety, that work is generally a time-consuming activity so that pregnant women who work experience less anxiety than those who do not work because work can divert feelings of anxiety from the mother (Notoatmodjo, 2010).

The level of education of the mother can also affect the anxiety experienced by pregnant women, because the higher the level of individual education, the higher the level of knowledge obtained so that it is easier to receive information, especially in matters relating to health and this will affect the individual's behavior. Third trimester pregnant women with low or high education have the same opportunity to experience anxiety in the face of childbirth, because the anxiety that occurs does not only depend on their education but also depends on knowledge, interpersonal relationships, and family (Notoatmodjo, 2010).

The final trimester of pregnancy or the third trimester is often called the period of vigilance. Anxiety and fear of childbirth and childbirth increases so that it must be explained clearly about the labor and birth process so that the mother's confidence that she can go through the labor process should be clear. Anxiety in mothers arises from a lack of knowledge and unclear problems (Wahyuningsih, 2015).

Fear before childbirth is often experienced by mothers during pregnancy. This anxiety can be experienced by both primigravid and multiparous mothers. A primigravida mother is a woman who gives birth to a baby for the first time, while a multiparous woman is a woman who has given birth to a baby several times (Mochtar, 1988, in Susilowati 2012).

The first pregnancy is a very important one for women compared to the second, third, or so on. The first pregnancy is usually a lot of worry, fear, mixed anxiety and happiness. Pregnant women are worried about their pregnancy, when they are born, and how tired they are. Also happy when neighbors and friends give congratulations and prayers for her pregnancy (Al-Atiq, 2007).

From the research conducted by Handayani (2012), on "Factors Related to Anxiety Levels Toward Delivery in Third Trimester Primigravida Mothers in the Work Area of Puskesmas Lubuk Buaya Padang in 2012" it was found that the relationship between age, husband's support, and support family is very influential on the anxiety of primigravida third trimester pregnant women in dealing with their care.

One of the factors' ability to respond to anxiety is age. Age maturity in the thought process of adults who are more likely to use good coping mechanisms than younger individuals. The husband's support that is received by the mother can reduce the level of anxiety in the mother, on the other hand, if the husband's support is lacking, it will cause anxiety in the mother. The moral and material support that will be provided by family members to realize a plan is something that can provide emotional benefits or influence a person's behavior. Having good family support, pregnant women can maintain their psychological condition and are more receptive to physical changes and control the emotional turmoil that arises.

Research conducted by Sagita (2017) on the relationship between anxiety levels and stage II delivery of mothers at the Hospital Anugerah Medical Center, Metro City found that the anxiety level of mothers who gave birth mostly experienced moderate levels of anxiety, as many as 17 out of 50 pregnant women (34%) with the abnormal duration of the second stage of labor as many as 22 mothers (44%). There is a relationship between the level of anxiety and the second stage of labor in mothers who give birth.

Research conducted by Litsmanasari and Warsiti (2013) on differences in the level of anxiety facing childbirth in the third trimester of primigravida and multigravida mothers at Saden Bantul Health Center in 2013 found that of 30 primigravida pregnant women and multigravida pregnant women. Of the 15 (50%) primigravida pregnant women 10 (33.3%) mothers experienced moderate anxiety, 3 (10%) mothers experienced severe anxiety and, 2 (6.7%) mothers experienced mild anxiety. From 15 (50%) multigravida mothers, it was found that 8 (26.7%) mothers experienced mild anxiety, 6

(20%) mothers experienced moderate anxiety and 1 (3.3%) mothers experienced severe anxiety. There is a significant difference between the anxiety of primigravida and multigravida mothers. This is because the experiences experienced by multigravida and primigravida mothers are different where multigravida mothers already have experience in the delivery process while primigravida mothers have no experience in the delivery process.

Suyati et al (2011) conducted a study on the relationship between knowledge of pregnant women about the delivery process and the level of anxiety in facing childbirth. It was found that out of 48 pregnant women, 13 pregnant women (27.1%) had sufficient knowledge and experienced severe anxiety. This is because the understanding of a pregnant woman to know the process of childbirth is very important because pregnant women often have disturbing thoughts, as a development of an anxiety reaction to the stories they get. A number of fears arise in the third trimester. Pregnant women will feel anxious about the life of the baby and his own life, such as: whether the baby will be born normally.

Research conducted by Rosa (2015) on the relationship between characteristics and the level of anxiety of third trimester mothers in dealing with childbirth at the maternity house in Palembang, it was found that 37 pregnant women with high risk age experienced moderate anxiety, amounting to 31 (83.8%) mothers. Meanwhile, there were 13 mothers with no risk of experiencing moderate anxiety (54.2%). The results of the statistical test showed that the p -value = 0.026 was smaller than $\alpha = 0.05$. This shows that there is a significant relationship between age and the level of anxiety of third trimester pregnant women in facing childbirth at the Citra Maternity Hospital, Palembang in 2015.

According to data from the Batam City Health Office in 2017, the highest number of K4 visits coverage was at Batu Aji Health Center with a total of 4073 pregnant women. (Batam City Health Profile, 2017). The purpose of this study was to determine the Knowledge of

Primigravida Trimester III Pregnant Women in Facing Childbirth at Batu Aji Health Center.

RESEARCH METHODS

This research design is descriptive. The research was carried out at Puskesmas Batu Aji. The population in this study were all trimester III primigravida pregnant women who visited and conducted ANC examinations at Batu Aji Health Center as many as 40 pregnant women. The sampling technique used in this study was total sampling. Univariate analysis aims to explain or describe the characteristics of each research variable. The form of univariate analysis depends on the type of data, for numerical data used mean or average, median and standard deviation.

RESEARCH RESULT

Knowledge of Timester III Primigravida Pregnant Women Facing Childbirth at Puskesmas Batu Aji, Batam City

It is known that in 40 trimester III primigravida pregnant women at Batu Aji Health Center, 35 (87.5%) pregnant women have good knowledge, and 5 (12.5%) pregnant women have less anxiety.

DISCUSSION

From the research conducted on 40 respondents, it was found that 35 (87.5%) mothers had good knowledge. This shows that the majority of third trimester primigravida mothers at Batu Aji Community Health Center have good knowledge about childbirth.

According to Notoadmodjo (2003), age, education, and sources of information are factors that affect knowledge. The older a person gets, the more his desire and knowledge about health will increase.

According to Notoadmodjo (2010), knowledge basically consists of a number of facts and theories that allow a person to solve the problems they face. This knowledge can be obtained from direct experience or from the experiences of other people and the media.

Meanwhile, according to Budiman and Riyanto (2013) Knowledge can be obtained from the experiences of others and oneself so that the experience that has been obtained can increase

one's knowledge. A person's experience of a problem will make that person know how to solve the problem from previous experiences that have been experienced so that the experience gained can be used as knowledge when having the same problem.

The knowledge possessed by mothers can help mothers control their emotions and increase adaptive coping abilities compared to mothers who have low knowledge (Sarwinanti, 2011). The theory above is in line with the research conducted by Jahidin (2012) regarding "Knowledge of Pregnant Women About the Delivery Process" of 89 pregnant women, 52 (58.4%) of them had good knowledge. This is because knowledge can improve emotional control, increase maternal independence, increase self-esteem, increase endurance, and can help mothers adapt to what they suffer and ultimately improve the quality of life of their own mothers.

Another study was also conducted by Nurlailiyah et al (2015) regarding "Knowledge Levels of Risk Factors for Childbirth Facing Childbirth in Third Trimester Pregnant Women at Puskesmas Sleman Yogyakarta." The results obtained from 42 respondents 32 (76.2%) mothers experienced good knowledge, this is due to these media factors that provide counseling or education for pregnant women about pregnancy and childbirth. Media information obtained from counseling conducted by health workers when mothers do antenatal care, counseling or information about pregnancy and childbirth so that the mother's knowledge increases.

Based on the results of the study, the conclusions of the researchers regarding the knowledge of primiparous third trimester pregnant women about childbirth were good. Some said that they obtained knowledge from their closest people, someone's experience and some said it from various media, as well as from health workers who provided information or counseling that mothers got when they made ANC re-visits or class activities for pregnant women.

This is in line with research conducted by Nindya et al in 2014 concerning "Knowledge Relationship between Trimester III Primigravida Pregnant Women and Anxiety Levels of Mother

in Facing Childbirth at Kia Poli Kia Puskesmas Tuminting" obtained hypothesis test results using the Chi-Square test at a confidence level of 95% ($\alpha = 0,05$), shows that there is a correlation between the knowledge of pregnant women in the third trimester of primigravida and the level of anxiety of the mother facing childbirth at the KIA Poli Puskesmas Tuminting in the Tuminting area of Manado city, where the value of $\rho = 0.000$, $< \alpha = 0.05$. This is because knowledge will determine and influence a person's attitude in dealing with childbirth. Knowledge about childbirth has an important role in the relationship between the preparation of pregnant women in facing labor later, so that the mother does not feel anxious and can enjoy the labor process.

Another study was also conducted by Azizah et al (2011) on "The Relationship between Knowledge of Pregnant Women about the Delivery Process and Anxiety Levels in Facing Childbirth". The results of 48 pregnant women showed that 60.4% of pregnant women had a good level of knowledge about childbirth and 60.4. % of pregnant women have mild anxiety. The results of statistical tests show a significance of $0.013 < 0.05$, so it can be concluded that there is a relationship between the knowledge of pregnant women and the level of anxiety in facing childbirth. This is because the information that pregnant women get during pregnancy is good, so that pregnant women pay more attention to their pregnancy and can reduce anxiety that may be experienced by these mothers

CONCLUSION

Knowledge of third trimester primigravida pregnant women at Batu Aji Community Health Center is 35 (87.5%) mothers with good knowledge, 5 (12.5%) mothers experience less knowledge

SUGGESTION

It is hoped that the puskesmas will further improve service programs for pregnant women and encourage other health workers such as local midwives to improve the quality of services provided to pregnant women.

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