



Relationship Between Pregnant Women's Participation in Pregnant Women's Class With Ready to Face Delivery in Practice of Nurmala Midwives, Talawi District, Batu Bara Regency 2020

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ABSTRACT

Maternal and fetal deaths often result not from technical incompetence or negligence, but also from a lack of maternal health education about childbirth. The limited knowledge of primigravida mothers about childbirth affects mothers in facing childbirth. This research is an analytic survey research with a cross sectional design approach. The study was conducted in the practice of midwife Nurmala, Talawi sub-district, Batubara district in 2020. The research population was 78 people, with a total sample of 44 respondents. The sampling technique used was non-probability sampling with purposive sampling. Data analysis used univariate analysis, bivariate analysis with chi-square. The results of statistical tests using the chi square test, obtained the calculation results of p value = $0.000 < 0.05$, then H_a is accepted. In conclusion, there is a relationship between the participation of pregnant women in the class of pregnant women and readiness to face childbirth in the practice of midwives, Nurmala, Talawi sub-district, Batubara district in 2020. It is recommended that health workers improve health services, especially for pregnant women to participate in mother class activities by activating maternal class services by midwives. village and cooperation with cadres, village officials, improve the quality of the implementation of maternal classes with the addition of mother classes in the village and can be used as one of the information materials in the context of preparing planning for handling anxiety for pregnant women, in particular in preparation for childbirth.

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Kata kunci:

Keikutsertaan
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ABSTRAK

Kematian ibu dan janin sering tidak diakibatkan oleh ketidakmampuan tehnik atau kelalaian, tetapi juga karena kurangnya pendidikan kesehatan ibu tentang persalinan. Pengetahuan yang terbatas pada ibu primigravida tentang persalinan mempengaruhi ibu dalam menghadapi persalinan. Penelitian ini adalah penelitian survei analitik dengan pendekatan desain cross sectional (potong lintang). Penelitian dilakukan dipraktek bidan nurmala kecamatan talawi kabupaten batu bara 2020. Populasi penelitian sebanyak 78 orang, dengan jumlah sampel 44 responden. Teknik pengambilan besar sampel menggunakan teknik nonprobability sampling dengan purposive sampling. Analisis data menggunakan analisis univariat, analisis bivariat dengan chi-square. Hasil uji statistik dengan menggunakan uji chi square, diperoleh hasil perhitungan p value = $0.000 < 0.05$, maka H_a diterima. Kesimpulannya Ada hubungan keikutsertaan ibu hamil dalam kelas ibu hamil dengan kesiapan menghadapi persalinan dipraktek bidan nurmala kecamatan talawi kabupaten batu bara tahun 2020. Disarankan petugas kesehatan meningkatkan pelayanan kesehatan terutama bagi ibu

hamil untuk ikut serta pada kegiatan kelas ibu dengan cara mengaktifkan pelayanan kelas ibu oleh bidan desa dan kerjasama dengan kader, aparat desa, meningkatkan kualitas pelaksanaan kelas ibu dengan penambahan kelas ibu di desa dan dapat digunakan sebagai salah satu bahan informasi dalam rangka penyusunan perencanaan penanganan kecemasan ibu hamil, dalam persiapan persalinan khususnya.



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INTRODUCTION

Pregnancy is a natural and physiological process. Every woman who has healthy reproductive organs, who has experienced menstruation, and has sexual relations with a man whose reproductive organs are healthy, is very likely to experience pregnancy (Mandriwati 2008). During the growth and development of pregnancy from month to month required the ability of a pregnant woman to adapt to the changes that occur in the physical and mental. (Mandriwati, 2008).

Anxiety in primigravida women according to Rubin (1975) can arise due to concerns about a safe birth process for themselves and their children (Bobak et al., 2005). Anxiety and panic have a negative impact on women from pregnancy to delivery. Psychologically, a mother who is not calm can pass this condition on to her baby so that the baby easily feels restless, which ultimately has an impact on his health as he grows up (Andriana, 2011).

Anxiety in early pregnancy is a risk factor for preeclampsia (Kurki et al., 2000). If anxiety continues until the end of pregnancy and childbirth it will have an impact not only on the mother but also on the baby. This happens because anxiety can cause an increase in adrenaline secretion. Increased adrenaline secretion can cause excessive uterine contractions resulting in vasoconstriction resulting in decreased uteroplacental blood flow, resulting in fetal hypoxia and bradycardia which will eventually lead to fetal death, and can inhibit contractions, thereby slowing labor (Chapman, 2006). In addition, pregnant women who are accompanied by anxiety are at risk for premature labor.

Maternal and fetal deaths often result not from technical incompetence or negligence, but also from a lack of maternal health education about childbirth. The limited knowledge of primigravida mothers about childbirth increases anxiety (Gayathri et al., 2010). To overcome this and prevent primigravida anxiety in the face of childbirth, one of the efforts that can be done by health workers is to provide health education about preparation for labor and childbirth (Bobak et al., 2005) and pain management during childbirth so that maternal anxiety is reduced and better prepared for childbirth. This can be obtained by pregnant women through the class program for pregnant women.

The class program for pregnant women is one form of prenatal education that can increase knowledge of pregnant women, positive behavior changes occur so that mothers check their pregnancy and give birth to health workers, thereby increasing deliveries to health workers and reducing maternal and child mortality. In Indonesia, maternal mortality is still a big problem. The Maternal Mortality Rate (MMR) according to the Indonesian Demographic and Health Survey (IDHS) in 2007 was 228/100,000 live births, and in 2012 the MMR increased to 359/100,000 live births (Kemenkes RI, 2013). MMR in Southeast Sulawesi in 2014

was recorded at 65 deaths, in 2015 it increased to 67 deaths (Dinkes Sultra, 2016).

One of the health program tools that is expected to play a role in reducing morbidity and mortality due to pregnancy, childbirth and the postpartum period is the Maternal and Child Health book (KIA book). The MCH handbook is a book that contains records of maternal and child health as well as information on how to maintain health and deal with sick children. However, not all mothers want/can read MCH books. The reasons are various, there are mothers who do not have time to read MCH books, or are lazy to read MCH books, have difficulty understanding the contents of MCH books, there are also mothers who cannot read. Therefore, pregnant women need to be taught about the contents of the MCH handbook and how to use the MCH handbook. One solution is through the holding of Maternity Classes for pregnant women (Ministry of Health, 2009).

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 (Kemenkes, 2011).

The initial survey conducted in the practice of midwives Nurmala, the implementation of the class for pregnant women has been carried out since 2014, but the participation of pregnant women in participating in the class program for pregnant women is still lacking. The percentage of participation in 2020 was 75% of the 100% expected target. Data on the number of pregnant women K1 from January to May 2020 was 53 people, with the total number of pregnant women until May 2020 as many as 106 people. The existence of a class program for pregnant women is expected to be better prepared for childbirth. In the practice of midwives, Nurmala, for mother's readiness to face childbirth, it can be seen from the fact that there are still deliveries assisted by traditional birth attendants and there are still mothers who are late in coming to health facilities to get delivery assistance, resulting in difficulties or complications in childbirth. Based on the description above, the authors are interested in conducting research with the title "The Relationship of Participation of Pregnant Women in Classes of Pregnant Women with Readiness to Facing Childbirth in the Practice of Midwives Nurmala, Talawi District, Batu Bara Regency in 2020"

METHOD

Research Design and Design

The type of research used in this study is analytical research with a cross sectional design, namely research to study the dynamics, correlation between risk factors and effects, by approaching, observing data collection at the same time (Notoatmodjo, 2012).

Time and Place of Research

This research was carried out at the Midwifery Practice of Nurmala, Talawi District, Batu Bara Regency 2020. The reason for choosing the location was because there were still many pregnant women who did not want to take part in pregnancy exercise. Time This research was conducted in 2020. Data collection was carried out from March to July 2020

Data Collection Method

1. Primary data is data taken through direct interviews using a questionnaire sheet. Data obtained directly from pregnant women for the period of January, February and March 2020 at the Midwifery Practice of Nurmala, Talawi District, Batu Bara Regency 2020.
2. Secondary Data
Secondary data is data obtained from a second party, namely from the Midwife Practices of Nurmala, Talawi District, Batu Bara Regency 2020.

Variables and Operational Definitions

Variables are measures or characteristics possessed by members of a group who are with those of other groups (Notoadmodjo, 2012).

- a. Independent variable, cause, influence or Independent variable or risk variable. The independent variable in this study was the participation of pregnant women in the class of pregnant women.
- b. Dependent variable, dependent, effect, affected or Dependent variable or affected variable. The dependent variable in this study is Readiness for Childbirth.

Data Processing Techniques

The collected data is processed by the following steps (Notoatmodjo, 2012):

1. Editing, checking the completeness of the data that has been collected if there are errors and deficiencies in data collection, will be corrected by checking and re-collecting the data.
2. Coding, after editing, then assigning a certain code to each data so as to facilitate data analysis.
3. Scoring Questions answered are given a score or value according to what has been set in operational services.
4. Tabulating, at this stage the results of the same data collection sheets are grouped carefully and regularly, then calculated and added up and then presented in the form of tables.

Data Analysis Method

3.7.1. Univariate Analysis

Univariate analysis is intended to describe (describe) each independent variable and dependent variable using a frequency distribution table (Notoatmodjo, 2012).

3.7.2. Bivariate Analysis

Bivariate analysis is intended to see the relationship between the two variables, namely the relationship between the independent variable and the dependent variable using Chi square, with a 95% confidence level. if the p value (p-value) is smaller than a 0.05, then Ho is rejected and Ha is accepted in other words there is a relationship between the participation of pregnant women in the class of pregnant women with readiness to face childbirth.

RESULTS AND DISCUSSION

Based on table 1, before being given honey carrot juice, the majority of respondents experienced pain on a scale of 5 as many as 12 people (37.5%).

After conducting research on the relationship between the participation of pregnant women in the class of pregnant women with readiness to face childbirth in the practice of the midwife Nurmala, Talawi sub-district, Batubara district in 2020, the data obtained are as follows:

Table 4.1.
Frequency Distribution Based on Participation of Pregnant Women in Classes of Pregnant Women (N= 44)

No	Keikutsertaan	Jumlah	
		F	%
1.	Tidak Aktif	20	45.5
2.	Aktif	24	54.5

Based on Table 4.1. It can be seen that the distribution of the frequency of participation of pregnant women in the class of pregnant women from 44 respondents (100%), the

majority active amounted to 24 respondents (54.5%), and the minority was not active amounted to 20 respondents (45.5%).

Table 4.2.
Frequency Distribution Based on Preparedness for Childbirth (N= 44)

No	Kesiapan	Jumlah	
		F	%
1.	Kurang Siap	12	27.3
2.	Siap	9	20.5
3.	Sangat Siap	23	52.2

Based on Table 4.2. It can be seen that the distribution of the frequency of readiness to face childbirth from 44 respondents (100%), the majority were very prepared,

amounted to 23 respondents (52.2%), and the minority was ready to amount to 9 respondents (20.5%).

Table 4.3.
The Relationship between Participation of Pregnant Women in Classes for Pregnant Women and Readiness for Childbirth (N= 44)

No	Keikutsertaan	Kesiapan Dalam Persalinan						Jumlah	<i>p-Value</i>	
		Kurang Siap		Siap		Sangat Siap				
		F	%	F	%	F	%			
1	Tidak Aktif	11	55	9	45	0	0	20	45.5	<i>0.000</i>
2	Aktif	1	4.2	0	0	23	95.8	24	54.5	
Total		12	27.3	9	20.5	23	52.2	44	100	

Based on table 4.3. it can be seen that from 44 respondents (100%) who are inactive as many as 20 respondents (45.5%), respondents who stated that they were not ready 11 respondents (55%), 9 respondents (45%), and those who stated very ready 0 respondents (0 %), while active participation was 24 respondents (54.5%), respondents who stated less ready 1 respondent (4.2%), ready 0 respondents (0%), and those who stated very ready 23 respondents (95.8%)

The results of statistical tests using the chi square test, obtained the calculation results of p value = $0.000 < 0.05$, then H_a is accepted. In conclusion, there is a relationship between the participation of pregnant women in the class of pregnant women with readiness to face childbirth in the practice of the midwife Nurmala, Talawi sub-district, Batubara district in 2020.

DISCUSSION

Participation of Pregnant Women in Maternity Classes Practiced by Midwife Nurmala, Talawi District, Batu Bara Regency 2020

Participation of pregnant women in the class of pregnant women from 44 respondents (100%), the majority of active respondents amounted to 24 respondents (54.5%), and the minority of Inactive consisted of 20 respondents (45.5%).

According to the researcher, the participation of pregnant women in Branti Raya Village, respondents were not active in mothers' class activities. The participation or participation of pregnant women in maternal class activities is an effort to increase knowledge about pregnancy, childbirth, postpartum and newborns. Based on observations during the mother's class, the researcher also believes that the lack of quality in the mother's class activities can be caused by the lack of available facilities, this is due to several things, namely the information obtained by pregnant women is less, pregnant women are busy with other activities so that pregnant women are present in large numbers. a little. with the characteristics of an active job following the mother's class, namely housewives with a total of 20 respondents (45.5%), an active self-employed job 2 respondents with 10 respondents, a private employee occupation of 7 respondents who are active only 2 respondents and civil servants from 6 respondents are not actively participating in maternal classes, health workers should evaluate the course of maternal class activities by evaluating the presence of pregnant women once a month, pregnant women are also given knowledge about health information outside of the MCH book material so that pregnant women have good

insight about health and motivate pregnant women who present to invite other pregnant women who are not present to take part in the mother's class activities.

The benefits of classes for pregnant women can affect the behavior and attitudes of mothers in dealing with childbirth, with mothers participating in pregnancy classes will gain knowledge and skills to prepare for childbirth so that mothers are better prepared to face childbirth calmly, safely and smoothly. The class activity for pregnant women focuses on the health of pregnant women, which aims to create the behavior of pregnant women so that they are aware of and know how to maintain their health.

Preparedness for Childbirth Practiced by Midwife Nurmala, Talawi District, Batu Bara Regency 2020

Readiness to face childbirth from 44 respondents (100%), the majority were very prepared, amounted to 23 respondents (52.2%), and the minority was ready, amounted to 9 respondents (20.5%).

According to researchers, the readiness of pregnant women in the third trimester revolves around the delivery process, including whether they can give birth normally, whether the delivery process is very painful, and the fear of not being able to endure pain during childbirth. Readiness felt by pregnant women can cause their activities to be disrupted. The stress of thinking about the baby's condition also causes stomach pains and sometimes waking at night from dreams about the baby. So with the pregnancy class activities in the village, it is hoped that it can reduce the anxiety of pregnant women in facing childbirth.

5.3 Relationship between Participation of Pregnant Women in Classes of Pregnant Women and Readiness for Childbirth Practiced by Midwife Nurmala, Talawi District, Batu Bara Regency in 2020

The results of statistical tests using the chi square test, obtained the calculation results of p value = $0.000 < 0.05$, then H_a is accepted. In conclusion, there is a relationship between the participation of pregnant women in the class of pregnant women with readiness to face childbirth in the practice of the midwife Nurmala, Talawi sub-district, Batubara district in 2020.

The government's efforts to accelerate the reduction of maternal and infant mortality through increasing knowledge and changing the behavior of mothers and families. With this increase in knowledge and behavioral changes, it is hoped that awareness of the importance of health during pregnancy will increase. The program organized by the Ministry of Health to support this step is a class for pregnant women, a class for pregnant women using learning methods, one of which is the discussion of the MCH Handbook material. The use of the MCH Handbook is expected to improve the quality

of maternal and child health and nutrition services so that one of the national development goals, namely the reduction of the MMR and IMR, can be achieved (Depkes RI, 2019).

Classes for pregnant women are a means to learn about health for pregnant women, in the form of face-to-face in groups that aim to increase knowledge and skills of mothers regarding pregnancy, pregnancy care, childbirth, ifas care, newborn care, myths, infectious diseases and birth certificate. Pregnant women class is a study group for pregnant women with a gestational age of 4 weeks to 36 weeks (before delivery).

Several research results related to class participation of pregnant women with mother's readiness in facing childbirth show that there is a very significant relationship. Several studies that have been conducted previously show that the implementation of classes for pregnant women has not been going well. The results of the study in Medan City showed that only 30 percent of pregnant women classes had been carried out properly, 20 percent were not well and 50 percent had not held classes for pregnant women. The results of this study are in line with Wijayanti's research (2016) on the relationship between the participation of pregnant women in the pregnant class with the level of anxiety in dealing with childbirth in TM III pregnant women in Karang Mangu Village which showed that from 33 respondents it was known that 21 third trimester pregnant women did not attend pregnancy classes. (63.6%) people, namely most of them experienced moderate anxiety as many as 15 people (45.5%).

The results of the Spearman correlation analysis showed that there was a significant correlation between class participation of pregnant women and primigravida anxiety in dealing with childbirth, with $p = 0.010$ with a Spearman correlation coefficient value of -0.461 meaning that there was a strong correlation between class participation of pregnant women and primigravida anxiety, if the variable participation in pregnancy exercise increases, the anxiety variable in primigravida decreases and anxiety in primigravida decreases and vice versa if participation in pregnancy exercise decreases, the anxiety variable in primigravida increases (Naharani, 2018).

Overall, the implementation of classes for pregnant women will have a positive effect on pregnant women in the birth preparation process. Through maternal class participation, pregnant women have the knowledge, skills and motivation related to awareness to improve the health of mothers and babies gained during lessons in pregnancy class activities. This results in a factor in the mental readiness of pregnant women in facing childbirth so that a calm, relaxed, relaxed and comfortable situation will be created in dealing with childbirth (Depkes, 2019).

According to researchers, the participation of pregnant women in pregnancy classes will affect the mother's mental readiness in facing childbirth. From the results of the study, most pregnant women who did not take pregnancy classes experienced a greater level of anxiety than pregnant women who took pregnancy classes would feel calmer in the face of childbirth. The existence of classes for pregnant women will have an influence on pregnant women in the process of preparing for childbirth. Because by taking pregnancy classes can increase knowledge, skills and motivation related to awareness to improve the health status of mothers and babies. This results in the mental readiness factor of pregnant women in facing childbirth.

In this study, the mother's class proved to have a positive impact on the psychology of the mother in dealing with childbirth. The provision of learning about all aspects related

to maternal and infant health by health workers in the pregnant class can increase the mother's confidence in facing childbirth and be able to recognize the problems that occur in the mother and baby.

CONCLUSION

Based on the results of the research and discussion, the researcher can draw conclusions, namely the participation of pregnant women in the class of pregnant women from 44 respondents (100%), the majority active amounting to 24 respondents (54.5%), and the Inactive minority totaling 20 respondents (45.5%).

Readiness to face childbirth from 44 respondents (100%), the majority were very prepared, amounted to 23 respondents (52.2%), and the minority was prepared for 9 respondents (20.5%).

The results of statistical tests using the chi square test, obtained the calculation results of p value = $0.000 < 0.05$, then H_0 is accepted. In conclusion, there is a relationship between the participation of pregnant women in the class of pregnant women with readiness to face childbirth in the practice of the midwife Nurmala, Talawi sub-district, Batubara district in 2020.

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