Primigravida Readiness in Facing Childbirth

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ABSTRACT

Maternal readiness will affect labor especially in primigravida. Therefore midwives are required to provide antenatal care and provide information and knowledge about pregnancy, childbirth and postpartum in antenatal visits. The purpose of this study was to determine the readiness of primigravida in facing childbirth and its influencing factors. The research method is cross sectional with quantitative approach. The study sample was 108 primigravida, which was examined pregnancy at Jagakarsa public health center, South Jakarta. Data were collected by questionnaire. Data analysis consisted of univariate analysis, bivariate using chi-square, and multivariate using logistic regression. The results of the study showed that found primigravida mothers who are not ready in the face of childbirth. Anxiety, husband support, knowledge and education are the successive factors associated with the readiness of maternal primigravida in the face of labor. While age, occupation and cost have no significant relationship. The conclusion of this study is that education, knowledge, husband support and anxiety are factors related to primigravida readiness in facing childbirth in Jagakarsa public health center, South Jakarta.

Keywords: Readiness, Primigravida, Childbirth

INTRODUCTION

Background

In DKI Jakarta, the incidence of maternal deaths in 2013 was 93 people, and caused by bleeding was 31.18%[1]. In 2014 there is a decrease of mother mortality rate of 4.3%, but for the cause of bleeding rose to 3.59%[2].

Approximately 90% of maternal deaths occur in during childbirth. Antenatal care is one way to detect abnormalities that may arise at birth, including to find the readiness of maternal prigravida in the facing of birth. The maternal readiness can affect the childbirth, especially in primigravidas, because primigravidas has no experience of childbirth. Therefore midwife obliged provide antenatal care and provide information and knowledge about pregnancy, childbirth in antenatal visits so primigravidas can prepare for the childbirth. Towards the end of the third trimester, pregnant women will experience physiological and psychological changes, one of the psychological changes is a woman will feel impatient with delivery, if accompanied by a sense of joy, fear, or a mixture of both, a strong desire to see the end result of her pregnancy and to immediately finish makes women ready to enter the stage of labor. At this time also began to appear feelings of depression, helplessness when people are not prepared to face the threat. According to Taylor (1995) anxiety is a subjective experience of the disturbing mental tension as public reaction and inability to face their problems or discomfort[3].

Preparation of childbirth in primigravida includes ready to face a risk factor for both mother and fetus, changes in psychology and physiology, danger signs and how to respond it, feelings about childbirth and infant development, the signs of the time to give birth, in response to the birth, measures of comfort situation birth cesar and family-centered care[4]. According to Bobak, Lowdermilk (2004) there are four things that are prepared in the face of childbirth, namely: physical, psychological, financial and cultural[5].

Purpose

The purpose of this study is to determine the readiness of primigravida in facing childbirth and the factors that influence in Jagakarsa public health center, South Jakarta.

METHODS

The study was an analytic method with cross sectional study approach, to determine the relationship between the dependent and independent variables. The research location sites in Jagakarsa Public Health Center South Jakarta, with a total sample of 108 maternal primigravida. Sampling using the total population. The primary data is collected using a questionnaire measuring instrument. Before the data collection respondents were given an explanation of the intent and purpose of the study. Data retrieval is continued after the individuals agreed to participate in this study. The data were processed by univariate, bivariate and multivariate analysis.

For the measurement of anxiety used a questionnaire that was developed by Richard Driscoll (2001). In this measurement is used 5 scales to answer questions. Figures 5 means extremely (always) 4 = highly (usually) 3 = moderately (sometimes) 2 = slightly (seldom) and 1 = not at all (never)[6].

RESULTS

Table 1 shows that the majority of which 58.3% primigravida readiness for childbirth, while 41.7% were not ready.

Table 1. Distribution of Primigravida Readiness

Variabels	Frequency	Percentage
Not ready	45	41.7
Ready	63	58.3
Total	108	100.00

Table 2. Relationship Analysis Results

Variables	Readiness Childbirth				x^2	P value	OR	95% CI
	Not ready		Ready					
	Frequency	Percentage	Frequency	Percentage				
Maternal age								
≤ 20 years	8	47.1	9	52.9	0.24	0.62	1.15	0.65-2.03
>20 years	37	40.7	54	59.3				
Maternal education								
Low	16	61.5	10	38.8	5.56	0.01	1.74	1.14-2.65
High	29	35.4	53	64.6				
Maternal occupation								
Not working	30	41.1	43	58.9	0.03	0.86	0.95	0.59-1.53
Working	15	42.9	20	57.1				
Maternal Knowledge								
Less	27	57.4	20	42.6	8.52	0.00	1.95	1.22-3.08
Good	18	29.5	43	70.5				
Anxiety								
Weight	11	52.4	10	47.6	6.62	0.02	2.31	1.07-5.00
Average	27	48.2	29	51.8		0.01	2.13	1.05-4.32
Slightly	7	22.6	24	77.4	7			
Husband support								
Less support	12	70.6	5	29.4	6.94	0.00	1.94	1.29-2.93
Supports	33	36.3	58	61.7				
Labor costs								
Less	10	35.7	18	64.3	0.55	0.45	0.81	0.46-1.42
Enough	35	43.7	45	56.3				

Table 2, it appears that the age of primigravida more in the age group > 20 years is 84.3%, a highly educated mother as much as 75.9%, most mothers did not work, namely 67.6%, a mother with a good knowledge of as many as 56.5%. At the level of anxiety was found that 19,4% of women experience severe anxiety level, 51.9%

had moderate levels of anxiety and 28.7% had slightly levels of anxiety. While based preparation costs have mostly been set up, namely 74.1%, and nearly all mothers get the support of a husband, namely 84.3%.

Table 3. Multivariate Analysis Results

Variables	Model 1	Model 4
	95% CI	95% CI
	P value	P value
Maternal age		
≤ 20 years	0.84	
	0.22-3.19	
	0.80	
>20 years	1	
Maternal education		
Low	4.24	3.90
	0.16-13.22	1.31-11.62
	0.01	0.01
High	1	1
Maternal occupation		
Not working	1.18	
	0.39-3.48	
	0.76	
Working	1	
Maternal Knowledge		
Less	7.53	6.62
	2.41-23.47	2.34-18.71
	0.00	0.00
Good	1	1
Husband support		
Less support	6.99	7.50
	1.48-32.88	1.63-34.55
	0.01	0.01
Support	1	1
Anxiety		
Weight	8.12	7.84
	1.73-3.12	1.76-34.80
	0.00	0.00
Average	8.87	8.28
	2.30-34.20	2.25-30.45
	0.00	0.00
Slightly	1	1
Labor costs		
Less	0.58	
	0.19-1.77	
	0.34	
Enough	1	
R^2	24	23
Deviance	110.80	111.85
N	108	108

Table 3, model 1 was built to see the relationship between dependent and independent variables by involving all its variables. The results of the analysis show that there is a statistically significant relationship between education, knowledge, husband support and anxiety with primigravid readiness in the face of labor. This model contributes 24% of the mother's readiness in the face of labor.

DISCUSSION

Table 1 shows that the majority of which 58.3% primigravida readiness for childbirth, while 41.7% are not ready. This finding can caused by improper planning made by the mother, family members or midwife. The Planning is meant readiness necessary to ensure that mother and baby are healthy and survive childbirth. Preparation of childbirth in primigravida includes ready to face a risk factor for both mother and fetus, changes in psychology and physiology, danger signs and how to respond, feelings about childbirth and infant development, the signs of the time to give birth, in response to the birth, measures of comfort situation birth cesar and family-centered care.

Table 2, it appears that the age of primigravida more in the age group > 20 years is 84.3%, a highly educated mother as much as 75.9%, most mothers did not work, namely 67.6%, a mother with a good knowledge of as many as 56.5%. At the level of anxiety was found that 19,4% of women experience severe anxiety level, 51.9% had moderate levels of anxiety and 28.7% had slightly levels of anxiety. While based preparation costs have mostly been set up, namely 74.1%, and nearly all mothers get the support of a husband, namely 84.3%.

Statistical test results bivariate showed that the variables of education, knowledge, support and anxiety husband obtained value $p < 0.05$, it can be concluded that there is a significant relationship between education, knowledge, husband support and anxiety with primigravida readiness in the face of labor. Statistical test results on the variable age, occupation and cost obtained p value > 0.05, that can be concluded there is no significant relationship between age, occupation and cost with primigravida readiness in facing childbirth.

Age, according to (Hurlock, 1999) that the development of knowledge and skills in line with the person's age and education, age also describes the experience of a mother in a previous pregnancy[7]. No significant correlation between age and readiness of labor in this study might be due to all the mothers are primigravida who has no experience childbirth although most maternal age > 20 years is 84.3%.

Education, according to McCarthy and Maine (1992) that the mother's education is one group of contextual determinants of maternal mortality[8]. Women with higher education tend to be more concerned with the health of himself and his family. A person with higher education tend to open themselves to receive any information making it possible to improve the knowledge of a thing[9]. Therefore, a highly educated mother will have better knowledge in particular regarding the preparation for labor.

Wirawan (2001) stated that women who work have better access to health information[10]. The absence of a significant association in primigravida work on this study may be due to lack of time factor for primigravida to prepare for childbirth because of busy work, though most mothers do not work ie 67.6%.

Knowledge, the level of knowledge is one of the factors that determine health status[11]. If the mother's education level is low, will affect the rate of receipt of the information, making it possible lack of knowledge of mothers about preparedness in the face of the delivery process.

Husband support, according to Friedman's theory (1998) that the husband's support is a boost to the mother both morally and materially, which greatly affects the mother's husband support in the face of labor. Financially, the husband would provide funds for the purposes of labor costs. Emotionally, the husband remind or advise the mother to always be attentive and maintain the condition of the fetus[12].
Anxiety, according to Taylor (1995) anxiety is a subjective experience of the disturbing mental tension as public reaction and inability to face their problems or discomfort in pregnant women[3].

Costs, maternal should have budgeted costs for labor, families are encouraged to save money so that funds will be available for care during pregnancy and childbirth, especially in case of emergencies. Adequate planning for the cost of labor includes determining the exact birth place considering the distance, quality of service, availability of relief workers, facilities, and funding ability. There is no significant relationship between the cost of the readiness primigravida in this regard may be because almost all mothers get the support of her husband, including the financial readiness is 84.3%. And although there is no relation but a tendency that most mothers have set up cost is 74.1%.
Table 3, model 1 was built to see the relationship between dependent and independent variables by involving all its variables. The results of the analysis show that there is a statistically significant relationship between education, knowledge, husband support and anxiety with primigravid readiness in the face of labor. This model contributes 24% of the mother's readiness in the face of labor.

Model 4 is the final model that was built after models 2 and 3, by issued variables age, occupation and costs having p > 0.05. The results of the analysis of this model shows that primigravida who have lower education have alikelihood 3.90 times greater to experience unpreparedness in the face of the delivery process. Primigravida who have low knowledge has alikelihood 6.62 times greater to experience unpreparedness in the face of the delivery process. Primigravida less support from husband had likelihood 7.50 times greater to experience unpreparedness in the face of the delivery process. Primigravida who experience anxiety had likelihood 8.28 times greater to experience unpreparedness in the face of the delivery process. This model contributes 23% to primigravida readiness in dealing with labor, meaning that the effect of education, knowledge, husband support

and anxiety in facing childbirth is 23%, while 77% is another factor not examined in this study may affect primigravida readiness in the face of labor.

CONCLUSION

The results of this study founded that maternal primigravidas who are not ready in the face of childbirth. Education, knowledge, husband support and anxiety are factors related to the readiness of maternal primigravida in facing childbirth at Jagakarsa Public Health Center, South Jakarta. Recommendation, for Jagakarsa Public Health Center and midwives, in order to continuously improve counseling and provide communication, information and education to mother and husband of preparation for childbirth.

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