

Article

The Factors Affecting Anxiety Level Of Mother In Labor Stage I At Eka Stiwahyuni Klinik Medan Danai 2019

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A B S T R A C T

The psychological problem felt by the mother during labor is anxiety. Anxiety is a feeling disorder characterized by feelings of fear and deep concern. Pregnant women who experience labor anxiety have a high risk of labor complications, namely preeclampsia and prolonged labor. This study aims to determine the factors influencing the anxiety level of 1st time maternity at Eka Sriwahyuni Clinic Medan Denai 2019. This study is a descriptive correlation study with a cross sectional approach. The populations are all 1st time maternity mothers who come to Eka Sriwahyuni Clinic in March-May 2019. The sample size is 21 respondents who are determined using the accidental sampling method. This study uses primary data and then processed with IBM SPSS Statistics 20 for Windows computer programs and presented in the form of an open table. Of the 21 respondents, the majority of respondents have moderate anxiety levels. Based on the results of the study, it is found that out of the 4 variables studied, only the knowledge variable could prove a significant relationship with the level of anxiety of the first childbearing mother labor..

I. INTRODUCTION

Labor is the process of opening and cervix thinning and the fetus descending into the birth canal. Birth is a process in which the fetus and membranes are pushed out through the birth canal. (Prawirohardjo, 2016). The psychological problem felt by the mother during labor is anxiety. Anxiety is a natural disorder that is characterized by feelings of fear and anxiety that are deep and ongoing, not experiencing disturbances in assessing reality, personality is still intact, behavior can be disrupted but still within normal limits. (Hawari, 2013).

Anxiety is a mixture of some unpleasant emotions that are dominated by uncontrollable fear of threatening conditions that lead to things that will not necessarily happen. (Sobur, 2013). Furthermore, in other sources, it is mentioned that anxiety components are psychological and physiological (Maimunah, 2012).

Generally, anxiety is influenced by several symptoms that are similar to people who experience stress. The difference, stress is dominated by physical symptoms while anxiety is dominated by psychological symptoms, namely: motor tension / autonomic motion, autonomic nervous hyperactivity, excessive worry about things to come, and excessive vigilance. (Budiarti, 2014).

The data of WHO, (2008) showed the mental health problems such as depressions and worry is very common during pregnancy and after the pregnancy all over the world. One of three even one of five women in developing country, and one of ten women in developed country, has mental health significant problem during pregnancy and after pregnancy. (*World Health Organization*, 2008)

Jane Fisher et al. also mentions the same idea that almost one-third of women suffer from depression and anxiety during pregnancy and after pregnancy (*World Health Organization*, 2010). While Maramis explained the result of several studies conducted in 1990 stated, it is known that 75% of 118 of maternity mothers undergo very high anxiety on tense I active phase (Sariati, 2016).

Danuatmaja dan Meiliasari (2004), stated that anxiety and fear could cause intense pain and also could lower the contraction of uterus, that make the labor be longer. According to Qiu, et all, it causes not only longer labor but also mother anxiety also associated with the higher preeclampsia risk. Ruth, Wendy (2014) stated that stress, fear, anxiety: all these can raise blood pressure by stimulating sympathy nerve system; syndrome “*white coat*” refers to hypertension anxieties occurs after visiting health care location (Trisiani, 2016).

WHO data for 2012 shows that 80% of maternal deaths are classified as the direct cause of maternal death, which is caused by bleeding (25%), usually postpartum hemorrhage, hypertension in pregnant women (12%), parturition (8%), abortion (13%) and for other reasons (22%). (Trisiani, 2016).

Wahyuningsih stated that the incidence of long parturition is varies from i until 7 %. Long parturition averagely causes maternal mortality by 8 % in the world and by 9 % in Indonesia. (Difarissa, 2016).

WHO's data (2015), the maternal mortality rate around the world is 216 per 100.000 live births, of the maternal mortality rates above, most occur in Africa which is as many as 542 per 100.000 live births, this shows that mother mortality occur in many poor and developing country. (*World Health Organization*, 2016)

II. METHODS

This study is descriptive research correlation with cross sectional design. In this study, needed to be seen the relationship between the factors that influence (history of illness during pregnancy, knowledge, education, and history of antenatal care with the anxiety level of maternity mother at Eka Sriwahyuni Clinic Medan Denai 2019

The population in this study are all maternity mothers who came to Eka Sriwahyuni Clinic from March-May 2019, amounted 36 maternity mothers. The sampling technique used is non-probability sampling technique with accidental sampling method, which means the sample is taken from respondents in a certain place or situation. In this study, the writer took 21 respondents who were sampled from March to May 2019. The technique of collecting the data of this study is questionnaire. Validity and Reliability Tests on this questionnaire have been conducted where the writer used the study questionnaire from Prima Twin Putrianti Vision entitled "The Relationship of Knowledge and Attitude of Labor with the Readiness to Face the Labor". In this study, the data used analysis is bivariate test.

III. RESULT

Tabel 1. The Anxiety Level of Mother In Labor Based on Illness History During Pregnancy at Eka Sriwahyuni Medan Denai 2019

No.	Riwayat Penyakit Selama Hamil	Tingkat Kecemasan						Persentase (%)		p value
		Normal		Cemas Ringan		Cemas Sedang				
		f	%	f	%	f	%	f	%	
1.	Ada riwayat	0	-	0	-	1	100	1	100	0.294
2.	Tidak ada riwayat	1	5	9	45	10	50	20	100	
Total		1	4.8	9	42.8	11	52.4	21	100	

The analysis result of the relationship between the history of illness during pregnancy with the level of anxiety in table 1. It is found that 1 respondent (100%) who had that a history of illness during pregnancy had a moderate level of anxiety. From 20 respondents with no history of illness during pregnancy found 10 people (50%) who had moderate anxiety.

Statistical test results obtained p value = 0.294, when compared with α of 0.05 then $p > \alpha$ so it can be concluded that there is no correlation between the presence or absence of history of illness during pregnancy.

1. Tabel 2. The anxiety Level of mother in Labor Stage 1 Based on Knowledge at Eka Sriwahyuni Medan Denai 2019

No.	Pengetahuan	Tingkat Kecemasan						Persentase (%)	p value	
		Normal		Cemas Ringan		Cemas Sedang				
		f	%	f	%	f	%			
1.	Baik	1	7.1	8	57.1	5	35.8	14	100	0.009
2.	Cukup	0	-	1	14.3	6	85.7	7	100	
3.	Kurang	0	-	0	-	0	-	0	-	
Total		1	4.8	9	42.8	11	52.4	21	100	

The analisis result of the relationship between knowledge and anxiety levels is in table 2 and it is seen that of the 14 respondents who were well-informed and only 5 people (35.8%) had moderate anxiety. From 7 respondents with enough knowledge it was found 6 people (85.7%) had a moderate level of anxiety.

Statistical test results obtained p value = 0.009, when compared with α of 0.05 then $p < \alpha$ so it can be concluded that there is a relationship between the level of anxiety in respondents who are well-informed and enough-informed.

Tabel 3. Anxiety Level of Mother in Labor stage1 Based on Education at Eka Sriwahyuni Clinic Medan Denai 2019

No.	Pendidikan	Tingkat Kecemasan						Persentase (%)		p value
		Normal		Cemas Ringan		Cemas Sedang				
		f	%	f	%	f	%	f	%	
1.	SD	0	-	0	-	0	-	0	-	1.000
2.	SMP/SMA	1	7.7	5	38.5	7	53.8	13	100	
3.	Perguruan Tinggi	0	-	4	50	4	50	8	100	
	Total	1	4.8	9	42.8	11	52.4	21	100	

The results of the analysis of the relationship between education and anxiety levels in table 3 it is found that of the 13 respondents with secondary or junior high school education, it was found that most had moderate anxiety levels or a number of 7 people (53.8%). From 8 respondents with high education found 4 people (50%) who have a moderate level of anxiety.

Statistical test results obtained p value = 1,000, when compared with α of 0.05 then $p > \alpha$ so, it can be concluded there is no relationship between the level of anxiety in respondents between secondary and higher education levels.

2. Tabel 4. The Anxiety of Mother in Labor Stage 1 Based on Pregnancy Examination History at Eka Srywahyuni Medan Denai 2019

No.	Riwayat Pemeriksaan Kehamilan	Tingkat Kecemasan						Persentase (%)	p value	
		Normal		Cemas Ringan		Cemas Sedang				
		f	%	f	%	f	%	f		%
1.	Baik	1	5.9	6	35.3	10	58.8	17	100	0.269
2.	Tidak Baik	0	-	3	75	1	25	4	100	
Total		1	4.8	9	42.8	11	52.4	21	100	

The results of the analysis of the relationship between the history of antenatal care with the anxiety level in table 4, it is found that of the 17 respondents who had a good antenatal care history, it was found that most had moderate anxiety levels or a number of 10 people (58.8%). From 4 respondents who had a history of antenatal care it was found that only 1 person (25%) had a moderate level of anxiety.

Statistical test results obtained p value = 0.296, when compared with α of 0.05 then $p > \alpha$ so, it can be concluded there is no relationship between the level of anxiety in the respondent good or not a history of antenatal care is.

IV. DISCUSSION

From the results of research on the Factors Affecting the Anxiety Level of Maternity Women stage 1 at Eka Sriwahyuni Clinic Medan Denai in 2019, the discussion can be made as follows:

1. The anxiety Level of Mother in Labor Stage 1 Based on Illness History of during Pregnancy

Statistical test results obtained p value = 0.294, when compared with α of 0.05 then $p > \alpha$ so, it can be concluded there is no correlation between the level of anxiety in the respondent between the presence and absence of a history of illness during pregnancy. This is in line with the results of Rina Sembiring's research (2009) concerning The Factors Affecting Anxiety in Primigravida Maternity Mother Stage I In General Hospital of Dr. Pirngadi Medan in 2009 with multivariate regression test results where the value of $\beta = -0,349$ and $p = 0,755$ which means that physical condition has no effect on increasing anxiety.

This is inversely proportional to the research results of Dorsinta Siallagan and Lestari D. (2018) which states that there is a significant relationship between health status and anxiety in facing labor with the Chi-Square test results obtained p value = 0,000.

This is also inversely proportional to Carpenito's (2001) theory which states that the illness that accompanies a mother in pregnancy is one of the factors that cause anxiety. Someone who suffers from a disease will be more easily experience anxiety than people who are not suffering from illness.

Health status can affect this anxiety according to the theory which states that a mother who experiences health problems will experience more anxiety (Arikanto, 2006). For a mother who experiences health problems during pregnancy one of them is blood pressure, of course, will

experience anxiety, it's just that the anxiety of mothers who experience health problems can be influenced by several other factors namely age, gravidity, past delivery history, husband / family support, etc

According to the researchers' assumptions, the history of the disease did not affect the level of maternal anxiety, especially during stage 1, because according to field surveys mothers who did not have a history of illness during pregnancy or mothers who had a history of illness during pregnancy have the same level of anxiety, which is a moderate level of anxiety. And mothers who have a history of illness during pregnancy usually have more physical, mental and spiritual preparation to deal with the labor process. Not only that, the level of anxiety at the time of delivery can be caused by another factor, namely gravidity.

2. The Anxiety Level of Mother in Labor Stage 1 Based on Knowledge

Statistical test results obtained p value = 0.009, when compared with α of 0.05 then $p < \alpha$ so, it can be concluded there is a relationship between the level of anxiety in respondents who are well-informed and enough-informed.

This is also in line with what was conveyed by Cahyani Widyastuti regarding the relationship of maternal knowledge about stage 1 of labor with anxiety on the stage 1 of labor for mothers, from the analysis of the majority of pregnant women in RSIA Bahagia Semarang have sufficient knowledge about stage 1 of labor as many as 26 respondents (48.1%) and mild anxiety level in dealing with stage 1 of labor were 27 respondents (50%). So it was concluded that there was a significant relationship between the level of knowledge of pregnant women about stage 1 of labor with the level of anxiety of pregnant women in facing the stage 1 of labor in RSIA Bahagia, Semarang. Spearman Rank Correlation value of $r = 0.424$ with p value of 0.001.

This is also the same as the results of research by Risa Wahyuningsih (2015) which states that the relationship between knowledge about labor and the level of anxiety facing labor has a p value = 0.018 (< 0.05) which means that there is a significant relationship between knowledge and the level of anxiety faced labor. The correlation coefficient = -0.376 which shows that the closeness of the relationship is weak. Negative signs indicate that the higher the knowledge, anxiety to labor will decrease.

This is also in line with Hawari's theory (2013) that states that information about health affects a person in terms of efforts to overcome anxiety in the face of the stage 1 of labor caused by not or lack of strong information. The consequences that can occur if the mother cannot know about the first stage of labor, the mother will feel anxious and anxious, if you already have knowledge about this, usually mothers will be more confident to face it.

Special health information about the delivery process is important information that should have been received by the mother since pregnancy. Because of the lack of knowledge of behaviors related to reproductive health as well as the lack of information obtained during pregnancy will cause its own anxiety in maternity (Aisyah, 2009).

According to the researchers' assumptions, it can be concluded that maternal anxiety to face labor is normal; it's just that anxiety will increase if the mother does not have knowledge about the labor process. Because if the mother's knowledge about the labor process is good, the better the mother's readiness in facing labor and the level of anxiety experienced by the mother will decrease.

3. The Anxiety Level of Mother in Labor Stage 1 Based on Education

Statistical test results obtained p value = 1,000, when compared with α of 0.05 then $p > \alpha$ so, it can be concluded there is no level relationship anxiety among respondents between secondary and higher education levels.

This is also in line with Zamriati's research (2013) that states there is no relationship between the level of education and anxiety of pregnant women before delivery in the working area of Tuminting Health Center in Tuminting, Manado, with a value of $p = 0.742$ and $OR = 1.652$.

This is inversely proportional to the results of research which states that there is a significant relationship between the level of education of primigravida mothers with anxiety in the face of childbirth with $p = 0.001$ and $OR =$

-0.317 which means the higher level of education will be related or influential with the lower level of anxiety or vice versa the lower level of education will increase anxiety even though its contribution is only 10%.

This result is also the same as Priyono's theory, 2006, which states that a high level of education will broaden the outlook and scope of association, so the level of higher education will make it easier for respondents to receive information about health so that it will reduce the level of anxiety. (Priyono in Makmuri, 2006)

The level of education is also one of the factors that influence one's perception to more easily accept new technological ideas. The higher is a person's education, the more quality his knowledge and intellectual maturity is. They tend to pay more attention to the health of themselves and their families (MOH, 1999).

According to the researchers' assumptions, the level of education does not always affect the level of maternal anxiety. Because there are several other factors that can more influence the level of maternal anxiety at the time of delivery such as gravidity. Because according to data in the field, mothers who have a high level of education are primigravida mothers. This is because the majority of mothers in the first pregnancy (primigravida) do not know various ways to cope with pregnancy until the delivery process smoothly and easily.

4. The Anxiety Level of Mother in Labor Stage 1 Based on Pregnancy Examination

Statistical test results obtained p value = 0.296, when compared with α of 0.05 then $p > \alpha$ so, it can be concluded there is no relationship between the level of anxiety in the respondent whether or not a history of antenatal care.

This is also in line with what was conveyed by Farrah Usman regarding differences in the level of anxiety of pregnant women facing labor with compliance Antenatal Care (ANC), from the results of the analysis using the Mann Whitney test at a 95% significance level, the value $p = 0.441$ or probability above 0, 05. Thus H_0 fails to reject, namely there is no difference in the level of anxiety of pregnant women facing labor with antenatal care (ANC) compliance at Manado City Health Center. From these results it can be seen that respondents who are compliant and not compliant in implementing ANC have anxiety.

This is inversely proportional to the research results of Rina Sembiring (2009) which states that the history of antenatal care affects the increase in anxiety with the results of multivariate regression tests where $\beta = -7,126$ and $p = 0.020$.

This is also the same as Kusumawati's theory (2011) which states that Antenatal Care (ANC) visit or pregnancy examination is one of the factors that can influence anxiety at the time of

labor because it can help mothers obtain information related to pregnancy, so that pregnant women can control the anxiety that arises during pregnancy (Kusumawati, 2011).

CONCLUSION

3. This study is about the factors that Effecting the Anxiety Level of mothers in labor scale 1 at Eka Srywahyuni Clinic Medan Denai 2019 conducted on March until May 2019 with 21 total samples of respondents. From this study it can be taken a conclusions as follows:
 - a. Based on the results of the research that has been done, it is obtained that the anxiety level of the stage 1 of maternity mothers at the Sriwahyuni Eka Clinic Medan in 2019 was concluded moderate (52.4%) or a total of 11 people from 21 respondents.
 - b. Based on the results of the study showed that maternal anxiety levels based on the history of the disease during pregnancy most of the do not have history (95.2%) or a total of 20 people from 21 respondents. With Kendall's statistical test results, it was found that the value of $p = 0.294$ ($p > \alpha$) so that it can be concluded that there is no relationship between the history of illness during pregnancy with the anxiety level of the stage 1 of maternity at Eka Sriwahyuni Clinic, Medan Denai in 2019.
 - c. Based on the results of the study showed that the level of maternal anxiety based on the knowledge of most knowledgeable (66.7%) or a number of 14 people from 21 respondents. With Kendall's statistical test results, it was found that the value of $p = 0.009$ ($p < \alpha$) so that it can be concluded that there is a significant relationship between knowledge and anxiety level of the stage 1 of maternity at Eka Sriwahyuni Clinic Medan Denai in 2019.
 - d. Based on the results of the study, it was found that the anxiety level of the first stage of maternity based on education was mostly of high school education or 13 people (61.9%). With Kendall's statistical test results, it was found that the value of $p = 1,000$ ($p > \alpha$) so that it can be concluded that there is no relationship between education with the anxiety level of the stage 1 of maternity at Eka Sriwahyuni Clinic Medan Denai in 2019.

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