Article

RELATIONSHIP OF PREGNANT WOMEN CLASSROOM WITH LEVEL OF ANXIETY WITH LABOR TO PREGNANT WOMAN TRIMESTER III IN JOGONALAN II PUBLIC HEALTH CENTER AREA

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A B S T R A C T

Anxiety is an unclear worried and widespread related to uncertain and helpless feelings. Anxiety before birth was questioning and wondering whether she could giving birth normally, how to push, whether something could happen during childbirth, and pain during labor. Anxiety in the third trimester of pregnant women can have an impact inhibiting the labor. Antenatal class is one form of counseling as an effort to overcome anxiety to face labour for third trimester pregnant mother. The aims of this study is to determine the relation of class participation of pregnant mother with the anxiety to face labour among third trimester pregnant woman.

This was an observational analytic study with cross sectional design. The sample were the third trimester pregnant woman in Jogonalan II Klaten public health center area totalling 36 people using purposive sampling. The study instrument used was questionnaire of pregnant women's class participation and an anxiety rating scale (HARS) of the Hamilton Anxiety Rating Scale. Data analysis was performed using Spearman test.

The results of this study shown that most of respondent age was 20-35 years which is 91.7%, high school education accounted for 52.8%, unemployed accounted for 69.4% and multigravida accounted for 63.9%. Antenatal class participation rate was 52.8% and mother who did not experience anxiety accouted for 63,9%. The result of statistical test obtained $\rho = 0,001$. There was an association between antenatal class participation with anxiety level in facing childbirth in third trimester pregnant women.

Keywords: Antenatal class participation, anxiety of third trimester pregnant mother in facing childbirth

I. INTRODUCTION

Anxiety is an unclear and widespread concern with uncertain and helpless feelings (Stuart and Laraia, 2005). Anxiety before the birth of a question arises and whether the shadow can give birth to normal, how to push, whether to happen something during childbirth, whether the baby will be born safe, and pain during labor.

According to Kartono (2008), anxiety in pregnant women trimester three can have an effect inhibiting labor process, for example his irregular, the road is very stiff and difficult to open, or the position of baby never come down.

Debora VV Mandagi, in her research in Manado in 2013 found that anxiety in pregnant women was 16.7% in primigravida pregnant

women and 13.3% in multigravid pregnant women. Counseling and education during pregnancy and mature delivery planning were effective in reducing anxiety in pregnant mother. Counseling can be individual or classical. The class of pregnant women is one form of counseling that is classical as an effort to learn the mother, husband and family through learning activities together to prepare pregnant women in the face of safe and safe deliveries. By following the mother's class, it is hoped to make mothers better prepared and confident in facing childbirth so as to prevent confusion and chaos during labor and increase the likelihood that the mother will receive appropriate and timely care (MOH, 2009).

This research is aimed to find out the relationship of pregnant mother's class participation with anxiety level facing childbirth in third trimester pregnant women in Jogonalan II public health center.

II. METHODS

The type of this research is observational analytic with the research design used is cross sectional. This research was conducted in the Jogonalan II public health center area Klaten, starting from August 2017 until January 2018. The sample in this study was determined by using the formula of the sample of 36 respondents Purposive sampling with inclusion and exclusion criteria. The study instrument used a questionnaire of pregnant women's class participation and an anxiety rating scale (HARS) of the Hamilton Anxiety Rating Scale. Data analysis in this study using Spearman test. Testing is done with the help of computer program SPSS 16.0 for windows.

III. RESULT

1. Univariate Analysis

Table 4.1 Distribution Frequency Characteristics of Respondents in the Area of Jogonalan II public health center

No	Respondent's eristic Characteristics	n	%
1	Age		
	a. Not at Risk (20-35th)	33	91%
	b. At risk (<20 and> 35 years)	3	8.3%
	Total	36	100%

2	Education		
	- Primary	4	11.1%
	- Secondary	8	22.2%
	- High	19	52.8%
	- College	5	13.9%
	Total	36	100%
3	Work		
	a. Does not work	25	69.4%
	b. Work	11	30.4%
	Total	36	100%
4	Parity		
	a. Primigravida	13	36.1%
	b. Multigravida	23	63.9%
	Total	36	100%

Source: Primary Data of Jogonalan II public health center November 2017

Based on Table 4.1 shows that most respondents are in good age to undergo pregnancy and delivery (20-35 years) that is as many as 33 people (91.7%). Respondents' education is mostly upper middle class or high school education as many as 19 people (52.8%). Based on the work most of the respondents did not work as many as 25 people (69.4%), and based on parity most of the multigravida are as many as 23 people (63.9%). Overall the most respondent characteristics obtained results with a percentage of more than 50%, so it can be said that the characteristics of respondents in this study almost homogeneous.

Table 4.2 Frequency Distribution of Respondents by Level of Participation Pregnant Women's Class and Level of Anxiety in Jogonalan II public health center

N o	Classification	n	%
1	Pregnant Class Participation Rate		
	a. Less	5	13.9%
	b. Enough	12	33.3%
	c. Good	19	52.8%
	Total	36	100%
2	Anxiety Level		
	a. Not Worried	23	63.9%
	b. Worried Mild	13	36.1%
	Total	36	100%

Source: Primary Data of Jogonalan II public health center November 2017

Based on table 4.2 shows that most of pregnant women's class participation level is as much as 19 people (52,8%) and most mother do not experience anxiety that is as much 23 people (63,9%)

2. Bivariate Analysis

Table 4.3 Distribution of Relationship Between Participation Classroom Pregnant Women with Level of Anxiety Facing Delivery in Pregnant Women Trimester III in Jogonalan II public health center area

To follow participation	Worry				Total	
	Not Worried		Light			
	n	%	n	%	n	
Less Enough Good	1 5 17	20% 41.7% 89.5%	4 7 2	80% 8.3% 10.5%	5 12 19	13.8% 33.3% 52.7%
Total	23	63.9%	13	36.1%	36	100%

From table 4.3 shows that pregnant women with less participation rate mostly experience mild anxiety that is 4 people (80%). Pregnant women with a moderate level of participation mostly experienced mild anxiety of 7 people (58.3%). While pregnant women with good participation rates are mostly not anxious that is 17 people (89.5%).

Table 4.4 Spearman Test Analysis Result Relationship Between Participation Classroom Pregnant Women with Level of Anxiety Facing Delivery in Pregnant Women Trimester III in Jogonalan II public health center area

Information	Value
r	-580 **
P	0 .000
n	36

Based on statistical test of spearman correlation obtained by significance value (ρ) = 0,00 (ρ <0,05) hence Ho refused, meaning that there is relation of participation of pregnant mother class with level of anxiety faced labor in pregnant mother trimeste r III . *Correlation Coefficient* between the relationship of pregnancy class participation with anxiety level facing childbirth in third trimester pregnant women obtained number -0,580 with interpretation of better level of participation of pregnant mothers class of pregnant woman anxiety level. Because it is in the range of 0.40-0,599 it can be concluded the relationship of participation class of pregnant women with anxiety levels facing childbirth in the third trimester pregnant women is strong enough.

IV. DISCUSSION

The results showed that there was a correlation between maternal class participation with anxiety level facing delivery in third trimester pregnant women in Jogonalan II Public Health Center area with significance value ρ = 0,000. The results are supported by sufficient number of respondents, appropriate sample criteria, and data retrieval time conducted in the same month of November 2017.

Pregnant women with a good participation rate in the class of pregnant women as many as 19 people, experiencing mild anxiety that is 2 people (10.5%) and not worry as much as 17 people (89.5%) while at the level of enough and less participation in the class of pregnant women found more anxious mothers. Pregnant women with enough participation rate as many as 12 people experiencing mild anxiety that is 7 people (58.3%) and not anxious that 5 people (41.7%) and participation rate less as much as 5 people experiencing mild anxiety that is 4 people (80%) and not anxious that 1 person (20%) .The better the level of maternal participation in the class of pregnant women the less the mother is found anxious.

This is consistent with the results of a study conducted by Theresia (2013), that anxiety levels of primigravid mothers following pregnant women's classes were milder than primi gravida mothers who only did the usual ANC. Other relevant research results were conducted by Novitasari (2013) , mentioned that effective prenatal counseling to reduce *primigravid* anxiety levels in the face of labor.

Anxiety in pregnant women can occur related to low knowledge level about delivery process and lack of preparedness of pregnant mother. Ignorance of a person is regarded as a stress that can lead to a crisis and can cause anxiety. Pregnant women who have no preparation for childbirth will be more anxious and show fear and confusion in a silent behavior to tears (Fatimah, 2015, Hawari, 2006).

The class of pregnant women is one form of counseling that is classical as an effort to learn the mother, husband and family through learning activities together to prepare pregnant women in the face of safe and safe childbirth.

With the material given during the pregnant mother's class will give the mother a picture of the process that will be experienced so that the mother is better prepared and confident

to face labor and can prevent confusion and chaos during childbirth.

By following the class of pregnant women will also form a network of information exchange between fellow pregnant women and health workers. Supporting factors that also affect the anxiety is the support of family, peers, groups, and behavior of health workers (Mulyadi, 2003). Through the class of pregnant women it is seen that there is positive support from group peer group, so mother do not feel alone and assisted together in planning and preparing for her delivery.

In some studies indicate that the characteristics of respondents such as age, education, occupation, and parity affect the occurrence of anxiety (Astuti, 2012, Wa Ode 2013). In addition to the participation of respondents in the class of pregnant women, the characteristics of respondents in this study is very supportive of the involvement of the class of pregnant women with anxiety facing childbirth in the third trimester pregnant women.

V. CONCLUSION

There is a relationship of pregnant class maternal participation with anxiety level facing childbirth in third trimester pregnant woman in Jogonalan II Public Health Center with ($\rho < 0,05$) .

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