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## **Relationship of Participation Pregnant Women in the Pregnant Classes with Anxiety in the Working Area of Oelolok Health Service Centre, North Central Timor Regency**

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### **Abstract**

Anxiety during pregnancy is caused by fear. Fear of increased pain, fear of damage or deformity such as episiotomy, rupture, stitches or cesarean section, and mothers fear injuring their babies. The mother's knowledge factor in dealing with childbirth is a very important factor affecting the smoothness of the birth process. The purpose of this study was to determine whether there was a relationship between the participation of pregnant women in the pregnant class and the level of anxiety in facing childbirth among pregnant women in the working area of the Oelolok Puskesmas. The study design used in this study was a quasi-experimental model. There is a relationship between the participation of pregnant women in pregnancy classes and the level of anxiety in facing childbirth.

**Keywords:** pregnant women class; anxiety; childbirth.

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## **1. Introduction**

Pregnancy with high risk affects the psychological, social and emotional impact of mothers and partners. High-risk pregnancies can cause stress for mothers and families, because they cause changes, such as diet, sleep, childcare, sexuality, the role of mothers at home, and mother's career. [Benington in [1]]. Pregnant women often react to anxiety and feel like a failure as a normal woman. Mothers need time to prepare themselves for failure, because pregnant women are at high risk of experiencing complications during childbirth, this is what causes almost all pregnant women to experience anxiety [anxiety] during the pregnancy period. Reference [2] noted that the level of anxiety varies depending on the mother's perception of her pregnancy. Mothers have high levels of stress because mothers experience concerns about the condition of the fetus in the womb due to complications that accompany pregnancy. Therefore, mothers and partners need information about complications that may occur. This is so that mothers and their partners can improve their coping mechanisms and personal strategies to minimize risks. The increase in load can cause problems with the quality of the fetus being conceived and the complications that accompany the delivery of the mother [3]. Mothers with normal pregnancy experienced severe anxiety by 47.7%, while 16.9% experienced moderate anxiety and the remaining 35.4% experienced mild anxiety. This increases in high-risk pregnancies because of increased stressors [4]. Anxiety in pregnancy appears in the first trimester [0-12 weeks], because in this trimester the mother will experience weakness, fatigue, feel nauseous and make future mothers feel unwell and experience depression [5]. Nearly 80% of pregnant women experience disappointment, refusal, anxiety, anxiety, depression and gloom and 15% of mental disorders occur in primigravida mothers in the first trimester [6]. Anxiety and panic have a negative impact on women from pregnancy to delivery. Psychologically, an uneasy mother can pass the condition on to her baby so that the baby is prone to anxiety, which in turn has an impact on his health as he grows older [7]. To overcome this and prevent anxiety in dealing with childbirth, cooperation between patients and health workers must be instilled and information is provided to pregnant women during pregnancy. One of the efforts that pregnant women can do to make labor run smoothly is the pregnant women class program. Pregnant mothers class is a means of group learning about health for pregnant women, in the form of face-to-face, which aims to increase the knowledge and skills of mothers regarding pregnancy, childbirth, postpartum care and care for newborns, through practice using the MCH Handbook. [8]. Pregnant mother classes prepare parents emotionally and psychologically for pregnancy, childbirth, and also increase confidence in the mother. The purpose of this study was to determine the relationship between the participation of pregnant women in the class of pregnant women to anxiety of pregnant women.

## **2. Research Methods**

The study design used in this study was an experiment with a quasi-experimental model. In this study, observations were made 2 times, namely pre test / before treatment, post test / after treatment to determine the effect of classroom training interventions for pregnant women on changes in anxiety of pregnant women. Population is the whole individual or research object that has some of the same characteristics. The target population of this study were all pregnant women at Oelolok Health Center. The affordable population was 185 pregnant women at Oelolok Puskesmas, Insana District, TTU Regency as of February 2020. The sample in this

study will be selected using purposive sampling. The number of samples used was 130 pregnant women.

### 3. Results and Discussion

The level of anxiety referred to in this study is the feeling of anxiety, worry, fear felt by pregnant women in facing their pregnancy and childbirth at the time of the study. The level of anxiety of pregnant women before and after attending classes for pregnant women can be seen in the table below

**Table 4.1:** The level of anxiety of pregnant women before and after attending the pregnant women class

Anxiety Level	Pre test		Post test	
	n	%	n	%
Low [<40]	-	-	21	16.2
Medium [40-60]	130	100	109	83.8
Height [> 60]	-	-	-	-

Based on the table above, it shows that respondents in the class group of pregnant women who have done the pre-test, obtained the most results at the moderate level of anxiety, namely 130 [100%] which means that the level of anxiety is moderate. Whereas in that group after doing the post-test, the highest results were obtained at low anxiety level 21 [16.2%] and the most in the moderate anxiety group 109 [83.8%]. To prove whether the hypothesis in this study is acceptable or not, the researcher conducted a statistical analysis using the Wilcoxon Ranks Test on the class data of pregnant women as follows.

**Table 4.2:** The results of different tests on the level of anxiety of pregnant women before and after the class of pregnant women

Group	P value	Information
Anxiety Pre test Post test	0.000	There is a difference

Based on table 4.2. It can be seen that the p value is  $0.000 < \alpha$  [ $\alpha = 0.05$ ], it can be concluded that there is a significant difference between the pretest and posttest scores on the anxiety level of pregnant women who join the class of pregnant women. The results of this study indicate that there is a significant difference in the level of anxiety of pregnant women in undergoing pregnancy as evidenced by the results of a comparison test between anxiety before and after participating in the class of pregnant women in both groups showing a p-value of 0.000. Symptoms of anxiety experienced by pregnant women are caused by the mother's inaccurate perception of her pregnancy and childbirth. Childbirth is perceived as a process that frightens and causes excruciating pain or causes fear in pregnant women who have never experienced labor. This thought will cause an increase in the work of the sympathetic nervous system, in this condition the endocrine system consisting of the adrenal, thyroid, and pituitary glands releases hormones into the bloodstream to prepare the body for an emergency situation, namely the presence of a stressor [7]. Anxiety before childbirth is common among mothers. Even though the presence of a baby is expected, pregnancy is still a time full of emotions. Such as

anxiety, women who have problems during pregnancy tend to be anxious about whether they are able to get through the pregnancy well [9]. The implementation of maternal classes is beneficial in terms of preparing both physically and psychologically for mothers in facing childbirth. In terms of psychologically, the mother's activities can increase self-confidence in dealing with childbirth. This was mainly due to the fact that during the pregnancy class the participants were given counseling on childbirth, postnatal care and care for newborns. So that through class activities, pregnant women participants can be more prepared and reduce anxiety in the face of childbirth [10]. The participation or participation of pregnant women in maternal class activities is an effort to increase knowledge about pregnancy, childbirth, childbirth and newborns [2]. The benefits of pregnant women classes can affect the behavior and attitudes of mothers in facing childbirth, with mothers participating in pregnancy classes they will gain knowledge and skills to prepare for childbirth so that they are better prepared to face labor calmly, safely and smoothly. Classroom activities for pregnant women focus on the health of pregnant women which aim to create behavior for pregnant women to realize and know how to maintain their health [2]. In the first trimester, women must adapt to changes in their body habitus. The enlarged uterus puts pressure on the bladder and rectum, which can cause frequent urination and constipation. Increased levels of estrogen can cause decreased libido in some pregnant women, nausea and vomiting occur in response to increased levels of Human Chorionic Gonadotropin. At this time pregnant women feel afraid of experiencing failure in pregnancy [10] In the second trimester the condition of pregnant women gets better, returns to energy, nausea and vomiting begins to disappear, fetal movements begin to be felt. According to cultural beliefs, it links the type of fetal movement to the sex of the baby it is carrying. This belief or culture can cause anxiety and depression in some pregnant women if these beliefs are different from expectations. Pregnant women also often feel worried about the health of the fetus they are carrying with birth defects [10]. In the third trimester, most pregnant women experience physical discomfort. All cardiovascular, renal, pulmonary, gastrointestinal, endocrine systems undergo obvious changes which can cause shortness of breath on exertion and a burning sensation. Pregnant women will show increased anxiety as the due date approaches [10]. Other factors that influence anxiety are age, education, marital status, income, so the ability to capture information affects a person's anxiety level [11]. The more information received, the less anxiety. Anxiety disorders can occur at all stages of age development. Age affects a person's psychology, the older the person the better the level of emotional maturity and ability to deal with various problems. Safe pregnancy and childbirth is the age of 20-30 years, that is, at the age of healthy reproduction. A woman who is less than 20 years old may be sexually mature, but not emotionally and socially immature. Age also determines the level of anxiety, namely anxiety often occurs in young people. The age of pregnant women under 20 years or over 35 years is a high risk of pregnancy because there can be abnormalities or disorders in the fetus, which can cause anxiety in the pregnant woman. Education for everyone has different meanings. Education is generally useful in changing thought patterns, behavior patterns, and decision-making patterns. A sufficient level of education will make it easier to identify stressors within themselves and from outside themselves. The level of education also affects awareness and understanding of the stimulus. The level of one's education is influential in responding to something that comes both from within and from outside. People who have higher education will give a more rational response than those with less education or those who are not educated. Pregnancy can be a source of stressor anxiety, especially in an unstable mother. Anxiety and anxiety during pregnancy are unavoidable events and almost always accompany pregnancy. During pregnancy, pregnant women experience

physical and psychological changes that can cause discomfort especially in the third trimester such as dyspnea, insomnia, gingivitis and epulis, frequent urination, pressure and discomfort in the perineum, back pain, constipation, varicose veins, fatigue, Braxtonhicks contractions, leg cramps, ankle edema [non-pitting] and mood swings and increased anxiety [12], which if not regulated can lead to complications in the mother and neonatal. This study shows a decrease in the level of anxiety after participating in the class of pregnant women. A study conducted by Kristianingsih and his colleagues [2] showed that there was a relationship between participation in a class of pregnant women and the level of anxiety, women who took part in a class of pregnant women tended to be calmer. Another study conducted by Naharani and his colleagues [5] shows that there is a strong relationship between participation in the class of pregnant women and the level of anxiety in primigravida pregnant women, if participation in the class of pregnant women increases, anxiety will also decrease. Research conducted by [13] shows prenatal training reduces anxiety levels. Reference [16] in his research in Iran showed that the class of pregnant women can reduce fear, anxiety and depression. Reference [14] said that the management of stress, anxiety, and depression at the preventive and therapeutic stages requires a holistic approach, which includes physical, psychological, psychosocial, and psychoreligious approaches. Activities of physical activity / pregnancy exercise in the class of pregnant women can indirectly be a part of psychological and psychosocial therapy, this process which also helps reduce anxiety. The class of pregnant women can affect the degree of anxiety which shows a decrease in anxiety. The decrease in anxiety is because mothers have an increased ability to adapt to their pregnancy conditions after they get the information. The increase in the ability of mothers to adapt occurs because of the addition of information to mothers through pregnant women class activities, so that the class of pregnant women is one form of efforts that can be made by mothers to reduce or manage the anxiety they experience [8]. Eugenie's research [14], has also proven that in class activities pregnant women have a positive effect on the anxiety level of primigravida mothers in facing childbirth so that the level of anxiety of primigravida mothers who participated in the class of pregnant women lower / lighter than primigravida mothers who only used regular ANC. Maternal anxiety is influenced by the activeness of the mother in attending classes for pregnant women. This can be explained by the theory and activities regarding the class of pregnant women. That the class for pregnant women is a means to learn together about health for pregnant women in the form of face-to-face groups with the aim of increasing the knowledge and skills of mothers regarding pregnancy, childbirth, postpartum, postpartum family planning, prevention of complications, care for newborns and activities. physical / exercise for pregnant women. The class for pregnant women is a study group for pregnant women with a maximum number of participants of 10 people. In this class, pregnant women will learn together, discuss, and share experiences about maternal and child health [KIA] thoroughly and systematically and can be carried out in a scheduled and continuous manner. This study shows that the training provided in pregnant women classes can increase self-confidence regarding the mother's ability to face childbirth, pain so that it can reduce medical interventions during childbirth, reduce medical costs and improve the health of mothers and children.

#### **4. Conclusion**

The results of this study indicate that classes of pregnant women can reduce the level of anxiety of pregnant women in facing childbirth. Pregnant women classes can increase the understanding of mothers about pregnancy and childbirth which can reduce anxiety of pregnant women, so participation in pregnant women

classes as a standard component in prenatal care.

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