The Relationship of Mother's Knowledge and Attitude toward Primigravida Anxiety in Facing Maternity

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Abstract

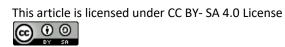
The purpose of this study was to determine the relationship of knowledge and attitude with Anxiety Levels In Mother's first pregnancy. In the first pregnancy Facing Mother Maternity say anxious to pregnancy experienced. Anxiety include anxiety about the state of the self and circumstances fetus. This type research is analytic survey. There is correlation between knowledge, attitude and level of anxiety (P.Value < 0,05). To be a mother searching for rushing in their spare time. So the negative thoughts about labour and childbirth face the anxiety can be transferred to activities that have been more helpful.

Keywords

Knowledge; attitude; anxiety Levels

Introduction

According to (Saifudin, 2009) in the world each year there are about 160 million pregnant women. Most of these pregnancies take place safely. Severe complications occurred around 15%, with one third of those mothers life-threatening complications. These complications resulted in the deaths of more than half a million mothers every year. Complications estimated 10% in developing countries, while in developed countries the risk is less than 1 in 6,000.Indonesia Demographic Health Survey (IDHS) in 2007, the maternal mortality rate (MMR) Indonesia amounting to 228 / 10,000 live births, while the targets to be achieved by 2015 is to reduce the risk of three quarters the maternal mortality is 102 / 100,000 live births. The maternal mortality rate (MMR) for the province of Aceh in 2012 was 91 262 live births (Depkes, 2008).



Pregnancy is a process experienced by all women in the world. In the past the process of pregnancy a woman should get the correct management, as this maternal morbidity and mortality, it is evident from the maternal mortality rate is still high at 307 per 100,000 live births (Demographic and Health Survey Indonesia, 2002/2003) with the condition spur us to provide the correct management during pregnancy (Saifuddin, 2009). The gestation period begins from conception to the birth of the fetus, normal pregnancy duration is 280 days and 40 weeks or 9 months 7 days counted from the first day of the last menstrual period. Pregnancy is divided into three quarter is the first quarter starting from conception to three months, starting from the second quarter from 4 months to 6 months, the third quarter of the month 7 to 9 months (Syafrudin and Hamidah, 2009). Explanations on the mother's first pregnancy, the womb tool change is very important and necessary because there are still many women pregnancy know about a change to themselves, either tool compounds that are inside or the outside.

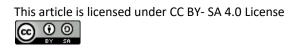
Anxiety is a normal reaction to environmental changes that bring feelings of pleasure or discomfort caused by allegations of danger or frustration that is threatening, endangering safety, balance or the life of an individual or biosocial group. Knowledge is a very important factor for the formation of a person's behavior. Knowledge of mothers about pregnancy will underlie anxiety in the face of the first trimester of pregnancy. Anxiety in the mother's first pregnancy ignorance in dealing with anxiety in the face of the first trimester of pregnancy. Parity, age, ANC and economic level low causing a lack of knowledge of the new first pregnancy to deal with anxiety in the first trimester of pregnancy (Notoatmodio, 2010). Midwifery care given to pregnant women should involve not only pregnant women but also their families, and it is very important for pregnant women because the family becomes an integral part or parcel of pregnant women. Attitudes, behaviors, and habits of pregnant women are affected by family. The mother has the right to choose and decide to whom and in which he will obtain obstetric care (Sunarsih, 2010) The data of maternal mortality in Aceh Province reported number is 163 people from the calculation of MMR in 2011 was 158 / 100,000 LH. While AKI in Aceh, when compared to 2010 decreased from 193 hundred thousandths LH to 158 / 100,000 in 2011 LH (Aceh Health Profile, 2011).

On the 2012-2013 in West Aceh K1 coverage amounted to 87.42% of the number of pregnant women at 22.403 and K4 coverage of 12.53% with a target of 95% coverage (health office in Aceh Barat, 2013). Based on preliminary data from the Meureubo 2015 Number of pregnant women as many as 710 people and Number mother first pregnancy from June to November 2015 as many as 125 people (Meureubo, 2015).

In interviews with the mother's first pregnancy, some mothers say anxious first pregnancy with pregnancies experienced. Anxiety include anxiety about the state of the self and the state of the fetus.

Method

This research is an analytic survey with cross-sectional design, by means of its undertaking which takes data directly to the respondents using a questionnaire as an instrument. The study was conducted in the Work Area Meureubo West Aceh district, the time the study was conducted on December 18, 2015 until January 12, 2016. According Notoatmodjo (2010), the population is the whole object under study. The population in this research is the number of mothers first to Adadi Pregnancy Work Area Meureubo as many as 125 people. Samples are



partly or representative of the population studied (Arikunto, 2006). Samples taken in this study is as much as 56 samples.

Result

UPTD Meureubo established in 1992 which is managed by the Government of Nanggroe Aceh Darussalam which is located Jalan Datuk Janggoet Meuh Gampong Meureubo Meureubo District of West Aceh district. Geographically UPTD Meureubo working area is divided into two regions, namely: the coastal region consists of 16 Gampong and mountainous regions as much as 11 Gampong.

Education

Table 1. Respondents in the Work Area Education Meureubo West Aceh

No	Education	F	%
1.	Basic	13	23,21
2.	Moderate	33	58,92
3.	High	10	17,85
	Total	56	100

Sources: Primary data processed in 2016

From the Table 1. Shows that education basic 13 (23,21 %), whereas education moderate shows that 33 (58,98%), and education high shows that is 10 (17,85%).

Knowledge

Tabel 2. Respondents in the Work Area Knowledge Meureubo West Aceh

No Knowledge		F	%
1.	Good	42	75
2.	Not Good	14	25
	Total	56	100

Sources: Primary data processed in 2016

From the Table 2. Shows that knowledge is good 42 (75%), whereas knowledge not good shows that 14 (25%).

Attitude

Table 3. Attitudes of Respondents in the Work Area Meureubo West Aceh District

No A	Attitude	\mathbf{F}	%
1. l	Positive	40	71,4
2. 1	Negative	16	28,6
- -	Total	56	100

Sources: Primary data processed in 2016

From the Table 3. Shows that attitude positif is 40 (71, 4%), whereas attitude negative shows that 16 (28, 6%).

Anxiety level

Tabel 4. Anxiety level Respondents in the Work Area Meureubo West Aceh

No	Anxiety level	\mathbf{F}	%
1.	Light	36	64,3
2.	Weight	20	35,7
	Total	56	100

Sources: Primary data processed in 2016

From the Table 4. Shows that anxiety level is light 36 (64,3%), whereas anxiety level weight shows that 20 (35,7%).

The Relationship Knowledge with Anxiety Levels

Tabel 5. The Relationship Knowledge with Anxiety Levels in Pregnant Mothers

No	Knowledge	Anxiety Levels			Tota	1	Pvalue	OR	
		Light	Weight		_				
	_	F	%	f	%	f	%	_	
1	Positive	31	73,8	11	26,2	42	100	0,024	5,07
2	Negative	5	35,7	9	64,3	14	100		
					,				

Sources: Primary data processed in 2016

Attitudes relationship with Anxiety Levels

Tabel 6. Attitudes relationship with Level A	Anxiety in Pregnancy
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No	Attitude	An	Anxiety Levels Light Weight			Total		Pvalue	OR	
	_	Light			_					
	_	F	%	f	%	F	%	_		
1	Positive	30	75	10	25	40	100	0,019	5,0	
2	Negative	6	37,5	10	62,5	16	100			

Sources: Primary data processed in 2011

Discussion

The Relationship Knowledge with Anxiety Levels

Based on field observations researchers learned that the mother's first pregnancy who have a good knowledge and experience mild anxiety for mothers know that pregnancy is a boon and a mother knows that if mothers do regular checks during pregnancy, the pregnancy the mother will always be healthy and avoid complications. While the mother's first pregnancy who have a good knowledge and experience severe anxiety as the real mother learned that by

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routine screening it will be good for the pregnancy the mother, but the mother remains worrying because never see family or friends experiencing problems during pregnancy or childbirth.

Furthermore, the mother's first pregnancy who have poor knowledge and experience mild anxiety because even if the mother does not know that the ANC is in need, but the mother still did it and do not carry any thoughts and views during pregnancy. While the mother's first pregnancy who have poor knowledge and experience severe anxiety because the mother was very worried during pregnancy and the mother did not know anything about the pregnancy because of some mother's first pregnancy does not have parents anymore, while some of them are away from their parents.

From the above explanation investigators believe that knowledge has an important role to be the level of anxiety, in this case, knowledge is information that has been combined with an understanding and acting on the potential for mind is then attached. In general, knowledge has predictive ability against something as a result of recognition of a pattern. When information and data than capable to inform or even cause confusion then knowledge capable to drive action. In another sense, knowledge is a variety of symptoms encountered and human obtained through observation is reasonable, (Irmayanti et al, 2007).

From the results of research conducted by estri Kusumawati (2010), Relationship of Knowledge in a first pregnancy About Pregnancy Dealing With Anxiety In Pregnancy Trimester 1 In Bps Fathonah Wn, it is known there is a relationship between knowledge of the pregnancy first pregnancy with anxiety in the face of first trimester of pregnancy.

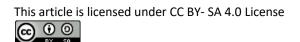
The Relationship Attitudes with Anxiety Levels

Based on field observations researchers learned that the mother in pregnancy who have a positive attitude and experiencing mild anxiety during their pregnancy because the mother always eat nutritious foods so that the mother felt her pregnancy will avoid complications.

Furthermore, the mother during her first pregnancy who have a negative attitude and experiencing mild anxiety for mothers rarely antenatal and mother also did not like to eat fruit and drink the milk of pregnancy, will not feel anything so that mothers face it with ease. While the mother during her first pregnancy who have a negative attitude and suffered severe anxiety for mothers rarely antenatal and mother also did not like to eat fruit and drink the milk of pregnancy, so that mothers often nauseated and began experiencing excessive anxiety.

These results are consistent with the theory L.Green in Notoatmodjo (2007), that the attitude of the individual or group in doing something, attitude is a reaction or response which was still closed from a person to an object. Attitude clearly demonstrates the connotation of compatibility between reactions to certain stimuli in everyday life is an emotional reaction to the social level. With this positive attitude can give positive results as well. In this case the level of anxiety.

From the above explanation can be concluded that the attitude of an action or activity, but predisposes the action of a behavior. Unfavorable experience may cause a person's attitude away from the object, and vice versa. So it determines the level of anxiety experienced by the mother during her first pregnancy in Puskesmas Meureubo West Aceh district.



Conclusion

There was a significant relationship between knowledge and attitude of mothers with anxiety during her first pregnancy.

Author Contribution and Competing Interest

The first author is lead investigator and is responsible for the entire process of the research. The second and third author helped the first author in collecting and analyzing the data. The second author is also the corresponding author in preparing this manuscript. There was no competing interest of the authors in this study.

References

- Abdullah, (2005). Factors Related To The Incidence Of Hypertension On Elderly Arikunto, 2006 Prosedur Penelitian Suatu Pendekatan Praktik Edisi Revisi VI, Rineka Cipta, Jakarta
- Asrinah. (2010). Asuhan Kebidanan Masa Persalinan. Yogyakarta: Graha Ilmu.
- Budiarto. (2004). Metodologi Penelitian Kedokteran, EGC. Jakarta
- Bustaman. (2001). Integrasi Psikologi dengan Islam: menuju Psikologi Islami. Yogyakarta: Pustaka Pelajar
- Daradjat. (2001). Kesehatan Mental. Jakarta: Gunung Agung
- Depkes. (2005). *Materi Ajar Upaya Penurunan Kematian Ibu Dan Bayi Baru Lahir*. Kerjasama Depkes-FKMU
- Depkes. (2008). Standar Pelayanan Kebidanan. Jakarta: Depkes
- Dinas Kesehatan Provinsi. (2011). Profil Kesehatan Aceh. Banda Aceh
- Dinkes Aceh Barat. (2013). Profil Dinkes Aceh Barat 2013
- Kusumawati, E. (2010). Hubungan Pengetahuan Kehamilan pertama Tentang Kehamilan Dengan Kecemasan Dalam Menghadapi Kehamilan Trimester 1 Di Bps Fathonah Wn 2010. Universitas Sebelas Maret Surakarta
- Fauziah. (2005). Psikologi Abnormal Klinis Dewasa. Jakarta: UI Press.
- Hawari. (2001). Manajemen Stress, Cemas dan Depresi. Jakarta: FK UI
- Musbikin. (2006). Persiapan Menghadapi Persalinan Dari Perencanaan Kehamilan Sampai Mendidik Anak. Yogyakarta: Mitra Pustaka.
- Nursalam. (2003). Konsep dan Penerapan Metodologi Penelitan Ilmu Keperawatan. Jakarta: Selemba Medika.
- Notoatmodjo. (2003). Pendidikan dan Perilaku Kesehatan. Jakarta: Rineka Cipta.
- , (2007). Promosi Kesehatan dan Ilmu Perilaku. Jakarta: Rineka Cipta.
- , (2010). Pendidikan Dan Perilaku Kesehatan, Jakarta: Rineka Cipta.
- Prasetyono. (2007). Metode Mengatasi Cemas Dan Depresi, ORYZA: Yogyakarta
- Puskesmas Meureubo. (2014). Profil Puskesmas Meurebo Tahun 2014
- Rachmat. (2009). Kecemasan Pada Mahasiswa Saat MenghadapiUjian Skripsi Ditinjau Dari Kepercayaan Diri,: FakultasPsikologi Universitas Katolik Soegijapranata: Semarang
- Saifudin. (2009). Buku Acuan Pelayanan Kesehatan Maternal & Neonatal. Jakarta: Yayasan Bina Pustaka.
- Sarwono. (2007). *Ilmu Kebidanan*. Jakarta: Yayasan Bina Pustaka Sarwono Prawirohardjo. Suliswati. (2005). *Konsep Dasar Keperewatan Kesehatan Jiwa*. Jakarta: EGC.

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Sunarsih. (2010). Asuhan kehamilan untuk kebidanan. Jakarta: Salemba Medika.

- Syafrudin dan Hamidah. (2009). Kebidanan Komunitas. Jakarta: EGC
- Ulfah. (2009). Kecemasan Kehamilan pertama Menghadapi Proses Persalinan. Jakarta: PT kompas Media Nusantara
- Wawan dan Dewi. (2010). Teori dan Pengukuran Pengetahuan, Sikap dan Perilaku Manusia. Yogyakarta: Mutia Medika.
- Yanti. (2010). Buku Ajar Asuhan Kebidanan Persalinan. Yogyakarta: Pustaka Rehima

