Factors Associated with the Preparedness for Birth of Primigravida Pregnant Women at the Kamonji Health Center, Palu City

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ABSTRACT

Background: For a mother-to-be, the first pregnancy is a new journey marked by significant physical and psychological changes, causing anxiety in itself. This anxiety can arise because of the long period of waiting for birth and images of scary things during the birth process, even though they may not necessarily happen.
Objective: The objective of this research is to find out factors related to the readiness for delivery of primigravida women at the Kamonji Public Health Centre, Palu City
Methods: This research used a descriptive-analytical design using a Cross Sectional approach. The population of this research was 142 primigravida women in the working area of the Kamonji Public Health Centre, Palu City, and then used as the research sample a total of 59 respondents who were selected using Non-Probability Sampling by purposive sampling. Data were collected using questionnaires.
Results: The results of the bivariate analysis show that there is a relationship between the age and the childbirth readiness of primigravida women with a value of p = 0.042. There is a relationship between the education level and the readiness of primigravida women with a value of p = 0.033. There is a relationship between the husband's support and the childbirth readiness of primigravida women with a value of p = 0.036. There is a relationship between emotional maturity and the childbirth readiness of primigravida women with a value of p = 0.036.
Conclusion: Based on the results above, the research concludes that there is a relationship between age, education level, husband support, emotional maturity factors and the childbirth readiness for primigravida women at the Singgani Public Health Clinic.

Keywords: Primigravida, Childbirth Readiness.

INTRODUCTION

Pregnancy is a fertilization process that involves the union of a sperm cell and an ovum, which is followed by nidation or implantation. Normal pregnancy lasts 40 weeks or 9 months from fertilization to the birth of the baby. The stages of pregnancy are divided into three trimesters, the first 12 weeks are the first trimester, the second trimester is 15 weeks (13 to 27 weeks), and the third trimester is 13 weeks (28 to 40 weeks) (2).

Regarding pregnancy, primigravida itself is a term for a woman who is pregnant for the first time. For a mother-to-be, the first pregnancy is a new journey marked by significant physical and psychological changes, causing anxiety in itself. This anxiety can arise because of the long period of waiting for birth, and images of scary things during the birth process, even though they may not necessarily happen (3).

Preparation for childbirth is everything that is prepared to welcome the birth of a child by pregnant women. Labor readiness is one of the benchmarks for the success of the birth

process. Primigravidas who do not understand about childbirth often experience difficulties in preparing for childbirth (5).

The factors associated with childbirth readiness include: age, education level, parity, employment status, husband's support, and emotional maturity. One of the factors causing the high Maternal Mortality Rate (MMR) is the unpreparedness of pregnant women and their families in facing childbirth. In Indonesia, bleeding, eclampsia and infection are still the direct causes of maternal death. On the other hand, the indirect causes of maternal death are three delays: late in realizing danger signs of childbirth, late in making a decision so that it is too late to be referred, and too late to be treated by health workers at health facilities (5).

METHOD

This study used a descriptive analytic research design that studied the relationship between the independent variables (age, education level, husband's support, emotional maturity) and the dependent variable (readiness for childbirth. The design used was a cross-sectional approach, namely data collection was carried out simultaneously at one time between independent variable with dependent variable.

The population in this study were all primigravida pregnant women in the working area of the Singgani Public Health Center, Palu City, totaling 142 mothers. The sample in this study were primigravida pregnant women in the working area of the Singgani Health Center, Palu City. After calculating the sample size, the sample that the researcher will take is 59 people

The sampling technique used non-probability sampling, more specifically purposive sampling, which met the inclusion and exclusion criteria. This sampling technique is a sample selection that is carried out by selecting subjects based on certain characteristics that are considered to have a relationship with previously known population characteristics. The data collection tool used is a questionnaire that has been tested for validity and reliability.

Data analysis to determine the relationship between variables using the Chi-Square non-parametric statistical test. If the p value <0.05 then there is a significant relationship between the two variables tested.

RESULTS
Characteristics of Respondents

Table 1. Characteristics of Primigravida Pregnant Women at the Singgani Health Center, Palu City

Characteristics	f	%
Age		
At risk (<20 Years or >35 Years)	19	32,2
Not at Risk (20-35 Years)	40	67,8
Level of education		
Insufficient (elementary-junior high school)	18	30.5
Good (High School-College)	41	69.5
Work		
Employee	5	8,5
Student	2	3,4
Private	11	18,6
Government employees	7	11,9
Businessman	7	11,9
Housewife	22	37,3
Lecturer/Teacher	5	8,5
Gestational Age		
Trimester I (1-12 Weeks)	7	11,9
Trimester 2 (13-28 Weeks)	33	55,9
Trimester 3 (29-40 Weeks)	17	28,8
Husband Support		

Less Support	11	18,6
Good Support	48	81.4
Emotional maturity		
Not enough	11	18,6
Good	48	81.4
Labor Readiness		
Less Ready	12	20,3
Ready	47	79.7

(Source: Primary Data, 2022)

Table 1 shows that the majority of pregnant women at the Singgani Health Center are aged 20-35 years, totaling 40 people (67.8%), with educational levels ranging from high school to university, totaling 41 people (69.5%), as housewives. 22 people (37.3%), had a gestational age of 13-28 weeks totaling 33 people (55.9%), got good husband support totaling 48 people (81.4%), had good emotional maturity totaling 48 people (81.4%), and the majority were ready for delivery, totaling 47 people (79.7%).

Factors Associated with Labor Readiness

Table 2. Factors Associated with Delivery Preparedness at the Singgani Health Center, Palu City

Characteristics	f	%	p-value*
Age			
At risk (<20 Years or >35 Years)	19	32,2	**0.042**
Not at Risk (20-35 Years)	40	67,8	
Level of education			
Insufficient (elementary-junior high school)	18	30.5	**0.033**
Good (High School-College	41	69.5	
Husband Support			
Lack of support	11	18,6	**0.036**
Good support	48	81.4	
Emotional maturity			
Not enough	11	18,6	**0.036**
Good	48	81.4	

(Source: Primary Data, 2022)
*Chi Square Test

Table 2 shows that the results of the Chi-Square statistical test showed that there was a relationship between age (p-value = 0.042), level of education (p-value = 0.033), husband's support (p-value = 0.036), and emotional maturity (p-value = 0.036) with the readiness for delivery of primigravida pregnant women at the Singgani Health Center, Palu City.

DISCUSSION
The Relationship between Age and Birth Preparedness for Primigravida Pregnant Women
The safe age for production or healthy reproductive age is the age of 20-35 years, this is because at this age the female reproductive organs have reached maturity so they are ready for pregnancy, childbirth and childbirth. The reproductive system at a younger age is immature so there will be a risk of disturbances during pregnancy. This of course will have an impact on minimal preparation for childbirth (6).
The results of this study are in line with Rahmadani's opinion in (2017) that age is not at risk is a factor that supports pregnant women to have good delivery readiness. This is because at the age of 20-35 years, pregnant women have maturity in thinking, so that pregnant women will be more mature in preparing everything for childbirth (7). Mothers who know that they are pregnant at an age that is not at risk will be better prepared for childbirth because they are at a

mature productive age so that the possibility of complications from childbirth is minimal and the anxiety of pregnant women will be reduced.

Correlation between Level of Education and Preparedness for Birth of Primigravida Pregnant Women

The level of education is one of the factors that influence a person's perception of being more receptive to new technological ideas (8). The level of one's education will affect the acceptance of health information provided. The higher a person's knowledge, the easier it is to receive information so that a lot of information is owned. Conversely, low education will cause a person to experience stress, where the stress and anxiety that occurs is due to the lack of information that person gets (9).

There is a concept from Stuart and Laraia (2007) that the level of individual education affects the ability to think. The higher the level of education, the easier it is for individuals to think rationally and capture new information, so that the higher one's education, the higher one's knowledge (10). There are a few other opinions that education is not absolutely related to childbirth readiness because knowledge about pregnancy and childbirth is not only obtained through education but from health workers, the work environment, society, and others. Therefore, mothers can understand the preparation for childbirth even though they have low education (11).

The results of this study indicate that respondents who are categorized as ready for childbirth have a good level of education, namely the high school-university range. According to researchers, the level of education is related to the readiness for childbirth, but it is necessary to test how significant the relationship between the two is, considering that there are other opinions which state that the level of education does not specifically affect the readiness for childbirth because knowledge about pregnancy is not only obtained through education but also through the environment.

The Relationship between Emotional Maturities with Delivery Preparedness for Primigravida Pregnant Women

Husband is the most important person for a pregnant woman. More and more evidence shows that women who are cared for and loved by their partners and families will show good emotional and physical symptoms, have fewer complications in childbirth and are better prepared for childbirth, this is in accordance with research results which state that husband's support has a significant relationship in readiness for delivery in primigravida pregnant women (12).

Husband's support is needed by mothers in preparing for childbirth, this refers to the husband's role in providing support which can be in the form of motivating to check pregnancies, assisting during antenatal visits, providing attention and affection, providing information about pregnancy and childbirth as well as providing good transportation facilities. as well as the cost of conducting antenatal checks (13).

The results of this study indicate that there is a relationship between husband's support and readiness for childbirth, with the result that the majority of respondents who are ready for childbirth receive good support from their husbands. In the opinion of the researchers, the husband's support referred to in this case is psychological support which includes mentoring, encouragement and motivation, as well as giving more affection to pregnant women which will have an impact on the readiness of pregnant women in terms of feelings and will likely help reduce anxiety levels. Pregnant women in labor.

The Relationship between Emotional Maturity and Birth Preparedness for Primigravida Pregnant Women

Hurlock (2001) explains that emotional maturity is a state when individuals assess situations critically first before reacting emotionally, no longer reacting without thinking beforehand like children or immature people (14).

A study shows the results of the relationship between the emotional maturity of the mother and anxiety in facing childbirth, the higher the emotional maturity of the mother, the lower the anxiety. Emotional maturity is an individual's ability to bring up appropriate behavior according to age, with good emotional control. The essence of emotional maturity involves emotional control which can be interpreted to dampen feelings, emotions, and the desire for revenge in anxiety, other people and situations cannot affect their emotions (13).

The results of this study prove that most of the respondents who are ready for childbirth have good emotional maturity. The researcher agrees with the results of the study that emotional maturity is closely related to childbirth readiness because the emotional maturity and stability of pregnant women will facilitate delivery and minimize the occurrence of anxiety and even panic which can be fatal, namely delivery complications.

CONCLUSION

Based on the results of the study, it can be concluded that the characteristics of primigravida pregnant women who were the respondents were mostly of an age that was not at risk (67.8%), a good level of education (69.5%), good husband support (81.4%), and good emotional maturity (79.7%).

Based on the results of the bivariate analysis test, it was found that there was a relationship between age, education level, husband's support, and emotional maturity with the readiness for delivery of primigravida pregnant women at the Kamonji Health Center, Palu City.

BIBLIOGRAPHY

1. Dinas Kesehatan Kota Palu. *Profil Kesehatan 2020*. Pemerintah Kota Palu.2020.
2. World Health Organization. *WHO recommendations on antenatal care for a positive pregnancy experience. Geneva*: World Health Organization.2016.
3. Yusnidar Y, Suriati I.*Pengaruh kelas ibu hamil pada ibu primigravida terhadap pengetahuan tentang perawatan kehamilan*. Jurnal JKFT, 2021;*6*(1): 1–6
4. Suarayasa K, Syafar M, Jafar N. *Implementation of Antenatal Care Standard in Coastal Area of Palu City*. International Journal of Sciences : Basic and AppliedResearch.2017;*34*(2):287–298. Availablefrom: http://gssrr.org/index.php?journal=JournalOfBasicAndApplied
5. Slamet WN, Aprilina HD. *Hubungan Kematangan Emosional dan Peran Suami dengan Kesiapan Primigravida Menghadapi Persalinan*. Jurnal Smart Keperawatan.2019; *6*(2):86.Available from : https://doi.org/10.34310/jskp.v6i2.266
6. Rahayu DY, Mintarsih S, Sulastri. *Hubungan Kehamilan Usia Dini Dengan Kesiapan Dalam Menghadapi Persalinan di Puskesmas Banyuanyar Surakarta.* ITS PKU Muhammadiyah Surakarta.2019.
7. Rahmadani R. *Faktor-Faktor yang Berhubungan dengan Kesiapan Persalinan di Puskesmas Banguntapan II Bantul Yogyakarta*. Naskah Publikasi.2017;1(1):1–13.
8. Sukaedah E, Fadilah L. *Hubungan Tingkat Pendidikan Dan Dukungan Suami Dengan Tingkat Kecemasan Ibu Primigravida Trimester III*. Jurnal Medikes.2016;3(1):56-62.
9. Naha MK.*Hubungan Pengetahuan Ibu Hamil Tentang Persalinan dengan Kesiapan Menghadapi Persalinan PadaTrimester III di Puskesmas Umbulharjo 1*.2013.
10. Riniasih W, Hapsari DW, Nipriyanti. *Hubungan Tingkat Pendidikan Dengan Kecemasan Dalam Menghadapi Proses Persalinan Ibu Primigravida Trimester Iii Di Wilayah Kerja Puskesmas Wirosari 1*. Journal of TSCD3Kep.2020;*5*(2). Available from : http://ejournal.annurpurwodadi.ac.id/index.php/TSCD3Kep
11. Montung V, Adam S, Manueke I. *Hubungan Pengetahuan Dengan Perilaku Ibu Hamil Trimester III Dalam Persiapan Persalinan.* Jurnal Ilmiah Bidan.2016;*4*(1): 91667.
12. Khasanah YU. *Hubungan Usia dan Kesiapan Ibu Hamil Trimester III dalam Persiapan Persalinan di Puskesmas Srandakan Bantul, Yogyakarta*. 2022;*8*(2):13–16.
13. Lestari D, Nuryanti L.*Kecemasan selama Kehamilan: Menguji Kontribusi Dukungan

*Suami dan Kematangan Emosi Anxiety during Pregnancy: The Role of Husband's Support and Emotional Maturity.*ANALITIKA : Jurnal Magister Psikologi UMA.2022;*14*(1):2502–4590. Available from : https://doi.org/10.31289/analitika.v14i1.6361

14. Yuliasari H, Wahyuningsih H.*Kematangan Emosi Dan Kecemasan Menghadapi Persalinan Pertama Pada Ibu Hamil.* Jurnal Psikologi Jambi.2017;2(1). Available from : https://online-journal.unja.ac.id/jpj/article/view/4080