

Descriptive Analysis Of Maternal Anxiety Before Sectio Caesaria Surgery

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ABSTRACT

Operations such as a sectio caesarean are very risky for the safety of one's life and can make patients and families anxious. The patient feels things to do before surgery and even irregularities occur. This can cause delays in planning the delivery process or postnatal recovery. This research aims to find out the picture of maternal anxiety before sectio caesarean at Muhammadiyah Pekajangan Islamic Hospital Pekalongan. This research is a quantitative descriptive study using a cross sectional approach. The population in this study was mothers who gave birth in pre-caesarean sections at The Islamic Hospital Muhammadiyah Pekajangan Pekalongan. Sampling technique using quota sampling type, which is 30 respondents who meet inclusion criteria and do not drop out. Data collection using the T-MAS questionnaire (Taylor Anxiety Scale) method of data collection with interviews. The results found that 100% of respondents experienced anxiety and Most (70%) have severe anxiety before SC surgery. It is hoped that health workers especially midwives can provide information and provide positive support that can reduce the anxiety of clients before surgery sectio caesaria.

Keywords: Anxiety, Surgery Sectio Caesaria, Physiological

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BACKGROUND

Childbirth is a physiological process experienced by a woman, There are 90% of childbirths in the normal category or without the complications of childbirth. In the event of complications, the treatment is always on the priority of the safety of the mother and baby. Sectio caesaria surgery is a last resort after considering the ways childbirth is not feasible to perform (Mulyawati, 2011).

Surgery is a very important step to take if the surgery is the only way out for the patient (effendi, 2012) the evidence of the qur'an and sunnah stipulates the permissible medical surgery on its terms, and that there is no sin on a Muslim doing so in order to obtain healing from the disease that God tested him with the permission of Allah in surah al maidah paragraph 32 (Apipudin , et al 2017).

Sectio caesarea (SC) is a surgical procedure to deliver a fetus through an insisi in the abdominal wall and uterine wall (O'Neill et al., 2013; Schuller & Surbek, 2014). explained that SC action is a quick and easy action, but sc action also has some danger of complications, such as wound infection, thrombophlebitis, bleeding and postoperative pain (Ahsan, 2017).

The incidence rate of saesaria sectional events according to the WHO, setting the average standard of Sectio childbirth in a country is about 5-15% of all births (Subekti, 2014). In Indonesia, the incidence of sectio caesaria surgery continues to increase both in government hospitals and in private hospitals. According to data of the Indonesian Demographic and Health Survey (SDKI) shows a trend of increased sc operations from 1991 to 2007 which is 1.3- 6.8 percent. Childbirth with SC surgery is much higher than in the village which is 11 percent versus 3.9 percent. Riskesdas' 2013 results showed sectcaesarean births made up 9.8 percent of the total 49,603 births between 2010 and 2013. In general, the pattern of delivery through sesar surgery according to characteristics shows the highest proportion in the top quartile of the ownership index (18.9%) urban living (13.8%), employment as an employee (20.9%) higher education/graduating PT (25.1%) (Sihombing, Saptarini,& Putri. 2017).

Surgery such as sectio caesaria is a form of planned medical intervention that usually lasts a long time and requires respiratory control, so it is very risky to the safety of one's life and can make patients and families anxious (Ghofur and Purwoku 2009).

Anxiety or often known to worry is a subjective experience of unsettling mental tension as a general reaction and inability to deal with problems or the absence of a sense of security. These unpleasant feelings generally cause symptoms – physiological symptoms (shaking, sweating, increased heart rate) and psychological symptoms (panic, strain, confusion, in a unable to concentrate) (Sandjaja et al, 2017).

Anxiety can be translated as a fear of something caused by anticipation of danger and is a signal that helps individuals to prepare to take action to deal with threats. The guidance of competition, as well as disasters that occur in life can have an impact on physical health and psychology. One of the effects of psychology is ansietas or anxiety (Sutejo, 2017).

In anxious situations the ability of a person to prepare for stimulus derived from the individual will experience narrowing even irregularities in the anxiety level panic. The things that the patient must do before surgery is perceived badly by the patient even occur irregularities. This can result in a delay in the planned delivery process or postoperative recovery of childbirth (Ghofur and Purwoku, 2009).

The level of anxiety in the lead-up to childbirth with surgery is higher than that of pervaginam delivery (Heryanti. 2009). This is because surgery can cause extensive physical trauma, and the risk of death is very serious, for example total abdominal

hysterectomy, colon reactions, etc. This high risk has a psychological impact or effect on pre-operative patients (Ahsan, 2017).

According to Nikumb in Dewi (2015) The anxiety of pregnant women before surgery has an effect on increased intraoperative anastesi consumption, increased need for postoperative analgesics, changes in the immune system and the development of infection.

METHODS

This research is a quantitative Descriptive research that is a research method with the main purpose of making an overview or description of an object (Notoatmodjo, 2010) using the Cross Sectional approach, in this study the retrieval of variable data is carried out simultaneously based on the status of the current state (data collection). The population in this study was a pre sectio caesaria maternity mother at Muhammadiyah Pekajangan Islamic Hospital Pekalongan from March to December 2019.

The sampling technique used is quota sampling which is the method of sampling by setting a number of set how many samples are required or setting the quatum (ration). Then the number or quatum is the basis for taking the necessary sample units. (Notoatmodjo, 2010). The sample in this study was pre-SC maternity mothers. The sample was determined by 30 respondents at Muhammadiyah Pekajangan Pekalongan Islamic Hospital from March to December 2019.

Data collection using the T-MAS Questionnaire (Taylor Anxiety Scale) consists of 50 items with a form of question form that describes the tendency to experience anxiety. The height or low anxiety is determined by the high total value it obtains. The higher the value obtained then the higher the anxiety also the higher. This questionnaire was given to respondents using interview methods.

RESULT

The results of the study on 30 respondents of SC preoperative maternity mothers conducted in March -December 2019 obtained the following results:

Table 1. Characteristics of Respondents

Variable	Frequency	%
Age		
<20 years	1	3,4
20-35 years	25	83,3
>35 years	4	13,3
Education		
Elementary school	3	10
Junior High School	2	6,7
High School	20	66,7
college	5	16,7

Based on the characteristics of the respondents in table 1. most respondents (83.3%) 20-35 years old which is a reproductive age group. While the Education Level of respondents 20 (66.7%) high school educated and 5 (16.7%) highly educated

Table 2. Frequency Distribution of Respondents based on pre-SC maternal anxiety

No	Category	Frequency	%
1	Lightweight	0	0
2	Medium	9	30
3	Weight	21	70
	Total	30	100

Table 2. indicates that the whole (100%) respondents stated that anxiety, worry even up to the fear of facing childbirth with sectio caesaria. And Most (70%) respondents experienced severe anxiety

DISCUSSION

Based on the characteristics of the respondents in table 1. most respondents (83.3%) 20-35 years old which is a reproductive age group. At the age of 20-35 women are in good physical condition and have good mental readiness in their pregnancy and childbirth so the risk for anxiety is lower (Dewi 2015). According to Zamriati (2013) there is a meaningful relationship between age and anxiety levels where the range of 20-35 year olds has lower levels of anxiety than those under 20 years old and over 35 years old. This is supported by Hurlock's theory of development which explains anxiety will be controllable and control of emotions and feelings well if a person gets older. But at the age of 30 years it is necessary to be vigilant, because at this age including the age of prone to pregnancy and fall into the category of high risk pregnancy. Maternal and fetal pain and death rates at this age are at higher risk than pregnancies aged 20-30 (Pawwate, Pali and Opod, 2013).

A person's age is closely related to the source of anxiety and anxiety levels as well as the ability to co-ed such anxiety. At a fairly mature age in terms of physique, one is expected to have optimal health status. In terms of immature age psychology it will be difficult to accept and realize the condition that must be treated properly and properly, especially the age of < 20 years is a high risk for pregnant and maternity mothers (Astuti, Hartinah, and Permana, 2019).

Long's opinion, suggesting that the older someone is, the more constructive it is to use the coffee against the problems at hand. This will indirectly affect a person's anxiety levels (Long, 2005 in Astuti, Hartinah, and Permana, 2019). Then within the high risk limit for mothers to get pregnant and maternity is the age of 20 years and ≥ 35 years, if it has been obtained this information then the mother of childbirth can experience anxiety (Rochyati, 2003 in Astuti, Hartinah, and Permana, 2019).

Based on table 1. Education Level of respondents 20 (66.7%) high school educated and 5 (16.7%) highly educated. The level of anxiety is very related to the level of education, the higher the level of education a person will try to find information or get good information in order to be able to know the current circumstances and the causes that make him perform section saecaria surgery, so that with him know it will further reduce anxiety about his condition (Wahyudi, 2017).

The relationship between education and anxiety is that higher education will be better able to cope with and use constructive and effective co-olving than the lowly educated. Nursalam (2003 in Astuti, Hartinah, and Permana, 2019) suggests that a person's level of education will influence in receiving information so that knowledge is gained more widely. This will affect the patient's anxiety level. In accordance with the results of Ganda Sigalingling research (2014 in Astuti, Hartinah, and Permana, 2019). That stated that respondents with higher education are more optimistic in the face of childbirth and childcare than respondents who have a secondary or even low education.

Based on the results of Astria research (2009) the higher a person's education, the more likely it is to seek treatment to the health service otherwise, a person's low level of education will lead to a lack of information about his health so as to cause anxiety. The level of anxiety is very much related to the level of education of a person where the person who has a higher education will try to find information or get well informed to know the circumstances he or she is experiencing now and what causes him or her to perform the act

of sectio caesarea surgery because the higher the level of education the higher his knowledge (Wahyudi, 2017).

Based on table 2 shows 100% of respondents experience anxiety and most (70%) have severe anxiety before SC surgery. The results of this study are in line with Setiawan and Tanjung (2005) that 100% of respondents experienced anxiety in the face of surgery. This suggests that sectio caesaria surgery can cause anxiety in patients.

The results of this study are also In accordance with (Pawwate, Pali & Opod, 2013) that sc surgery with various complications can cause anxiety. According to Ibrahim's research (2012) also conveyed that the mother who will perform the surgery sectio caesaria in general will cause a problem one of them is experiencing ansietas (anxiety) that varies from mild to severe levels).

Mothers who are going into labor have excessive emotions that can cause anxiety. People's anxiety levels vary despite facing the same problems (Mar'at and Kartono, 2006 in Pawatte, Pali, and Opod, 2013). In times of anxiety, a patient's ability to interpret stimulus from within themselves will narrow down even when a person experiences a level of panic anxiety. The event of severe anxiety and panic, the things that the patient must do before surgery will be perceived by the patient badly will even occur irregularities. This will result in a delay in the delivery plan and may even interfere with the post-operative recovery process of Sectio Caesarea (Pawwate, Pali and Opod, 2013).

Surgery such as section caesarean is a form of planned medical intervention that usually lasts a long time, and requires respiratory control, so it is very risky to the safety of one's life and makes patients and families anxious (Ghofur and Porwoku, 2009). The post-operation period of SC is a period of increased anxiety for the client and his family, this is because the client generally does not understand why the surgery should be performed and requires further explanation that can also be carried out by the nurse (Scaffier, 2006 in Astuti, Hartinah, and Permana, 2019). With clear, correct and understandable information it will ultimately lower the anxiety of clients undergoing surgery. Clients who receive information correctly during surgery and their side effects are more able to perform self-care (Keliat, 2002 and Astuti, Hartinah, and Permana, 2019).

The psychological influence of surgery can vary, but there is always a general sense of fear and anxiety including fear of anastesinya (not waking up again), fear of pain from surgery wounds, fear of physical changes becoming bad or not functioning normally, fear of surgery failing, fear of death and others (Ahsan, 2017). Emotional psychology states that the way to deal with a problem in one individual is not the same, some view the problem from a positive to optimistic angle to be able to deal with it and some view it from a negative angle so that it constantly feels pessimistic and has a high sense of concern (Anthony, 2009 in Astuti, Hartinah, and Permana, 2019).

The success of a client's surgical action stems from the successful preparation performed during the preparation stage. Mistakes made at the time of preoperative action of any kind can have an impact at a later stage, therefore good cooperation is required between each component for the patient's perfect recovery (Rothrock, 2012) Nursing activities that can be performed in accordance with the role of perioperative nurses include identifying factors that affect the risk of surgery, assessing physical and psychological needs as well as facilitating physical and psychological preparations during preoperative period (Taylor , 2011).

Pre-surgery is a condition that begins when decisions for surgical intervention are made and ends When a patient is sent to the operating room, the hospital treatment process often ignores the psychological aspects, thereby causing various psychological problems

for the patient namely anxiety. The anxiety experienced by patients is usually related to foreign procedures as well as threats to life safety due to all sorts of surgical procedures and anesthesian acts (Kuraesin, 2009).

The decision to undergo surgery or surgery is very individual in nature. But the family has a close emotional connection to the patient who will undergo the surgery. Support from the family will make the individual or patient of the pre section caesarea have a comfortable, confident, optimistic and caring feeling and loved by the family so that the patient can deal with the problem well, in which case the anxiety experienced will be reduced. Research conducted by Leli and Ari (2013) shows that there is a link between family support and anxiety of pre section caesaria patients. The form of family support is able to build the patient's self-esteem that will be performed surgery and support competency in the form of empathy, care and care from the family in the patient concerned.

Anxiety is influenced by many factors, including age, education level, socioeconomic status and previous experience (Zamriati, Hutagol & wowling, 2013). Education and knowledge can also affect anxiety in clients who will undergo elective major surgery (Kuresin, 2009).

Based on the results of his research Hasanah N (2017) 75% stated less know about what actions and procedures will be carried out and 25% of respondents do not know about what the doctor will do. According to Ahsan, et al (2017) the lack of knowledge that respondents have will have an impact on the pattern of coffee that individuals have in overcoming their anxiety.

The study conducted by Ningsih and Maryati (2020) found that mothers who experienced severe anxiety as many as 24 respondents (57.1%) of the 42 respondents, of the 24 respondents had insufficient knowledge and 92% only 8% had good knowledge of SC childbirth. This lack of knowledge is felt by the patient about things that bother his mind such as not being able to wake up after SC surgery, fear of scars, and fear because it is the experience of surgery that he first experienced.

Another possible factor that may be the cause of anxiety in the mother prior to caesarean section is previous surgical experience. According to Kuresin (2009) respondents who experienced previous surgery experience risked experiencing mild anxiety 1,429 times those who had no experience of surgery. Innate factors contribute to a certain amount of anxiety. Anxiety is one emotion that does not detach with the influence around. When anxiety stimulus is slow, the individual's response period to it is very fast. When anxiety stimulus goes fast, the individual response to it is generally very slow (Taufiq, 2015 in Astuti, Hartinah, and Permana, 2019).

Past experience of diseases both positive and negative can affect the development of skills using coffee. Past successes can help individuals to develop skills using coffee, instead failure or emotional reactions cause a person to use a coffee that is maladaptive to a particular stressor. Ningsih and Maryati's research (2020) also explains that anxiety during caesarean section experienced by lower patients experienced by mothers who have had section caesarea surgery before because the mother has a good knowledge of childbirth before.

Other research also explains that the experience of mothers who have given birth will have an effect on the low anxiety that mothers experience during childbirth section caesaria. This was demonstrated by research conducted by Jaya and syokumawena (2019) that 66.7% of primipara mothers experienced severe anxiety and indicated with a p value of 0.001 that there was a relationship between parity status and maternal anxiety pre

caesarean section. Anxiety often felt by first-time mothers who have caesarean sections include: fear of feeling the pain of childbirth, fear of scalpels, fear of violence, fear of facing the operating room, fear of failure during surgery.

Increased anxiety that occurs in mothers pre-surgery SC correlated with the increase in the duration of the postoperative recovery process SC sehingga will increase the hospital stay, increase in postoperative pain, analgesic need, and correlated with the onset of post partum depression (Pawatte, Pali & opod, 2013) instead the decrease in preoperative anxiety shows a significant association with increased satisfaction and increased maternal recovery period post SC surgery so it is necessary to be given pharmacological and non pharmacological interventions to lower anxiety before surgery in order to improving clinical outcomes after surgery (Hobson, 2006).

The anxiety felt by the mother who will undergo SC surgery if not given proper treatment to reduce her anxiety will have repercussions such as increased postoperative healing time and related to the onset of postnatal depression. Kuo, Chen and Tzeng (2014) stated that there is a link between preoperative caesaria surgery anxiety and the incidence of postpartum depression (Rahmawati, Widjanjanto, & Astari 2017).

Anxiety is one of the factors that affects pain. The relationship of pain and anxiety is complex, so its existence is inseparable. Anxiety often improves pain perception, but pain can also cause a feeling of anxiety. If the anxiety does not get attention, then the anxiety will cause a serious pain management problem (Apriansyah, Romadoni, and Andrianovita, 2015).

Efforts that can be made by mothers to be able to reduce anxiety can be done by seeking information about caesarea section surgery either obtained from print media, social media or getting information from health workers (Jaya and syokumawena, 2019).

CONCLUSION

100% of respondents experienced anxiety and Most (70%) have severe anxiety before SC surgery. It is hoped that health workers especially midwives can provide information and provide positive support that can reduce the anxiety of clients before surgery section caesaria

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