

The Effect of Education on Self Efficacy and Anxiety levels Before Childbirth During the Covid-19 Pandemic in Third Trimester Pregnant

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ABSTRACT

Childbirth without direct assistance by the family and the condition of the clinic / hospital that is not conducive due to this pandemic will risk making the mother even more anxious and insecure, especially if the mother does not fully understand the current condition. Lack of understanding will make mothers feel anxious, especially just before childbirth. This can be prevented by providing clear and precise information and providing motivation so that the mother feels confident and confident that she will be able to get through this period well. This study aims to analyze the effect of providing education on self-efficacy and anxiety levels before childbirth during the Covid 19 pandemic in trimester III pregnant women.

This study used a quasi-experimental study with a pre-test-post-test group. The population is 48 respondents. Sampling using probability sampling method with simple random sampling. The independent variable is education about Covid online using video material and discussion media, while the dependent variable is Self-efficacy and the level of maternal anxiety before childbirth. The intervention was carried out 1 time. Data collection using a questionnaire, anxiety with DASS 42 (depression, anxiety, stress scale) and self-efficacy will be measured using the general self-efficacy scale (GSES). Data analysis used Pair T test with $\alpha = 0.05$.

The results showed that before being given education in the form of socialization about social distancing, most of the respondents had less self-efficacy and moderate and high degrees of anxiety. After being given education, almost all respondents have good self-efficacy and the degree of anxiety decreases to a mild level. The results of the paired T-test statistical test obtained pre post test analysis of education, the self-efficacy variable stated the value of $p = 0.02$ and the variable degree of anxiety the value of $p = 0.01$. This shows that there is a significant influence between providing education about guidelines for pregnant women, childbirth, postpartum and BBL during social distancing during the Covid 19 pandemic on maternal self-efficacy, as well as the degree of maternal anxiety in facing childbirth during the pandemic. It is hoped that health workers can optimize IEC as well as motivation for third trimester pregnant women to be more ready and confident before childbirth.

Keywords: Anxiety, Self Efficacy, Education, Childbirth

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BACKGROUND

In March - July 2020 Indonesia is experiencing a Covid-19 pandemic, this condition brings many changes, one of which is also felt by pregnant women. In a situation like this, of course, make many pregnant women feel worried and anxious, especially for those who are experiencing pregnancy for the first time. This is very important, especially if it is approaching the day of birth because there are many hospitals that prohibit visitors and families from accompanying someone who is giving birth to prevent the spread of covid-19. Without the problem of Covid 19 alone, in general, pregnant women in the final trimester have experienced anxiety before childbirth, especially if the mother is in a situation that allows the mother to give birth without a family accompanying her. Childbirth without direct assistance by the family and the condition of the clinic / hospital that is not conducive because of this pandemic will risk making you more anxious and not confident, especially if the mother does not fully understand the current condition. Basically, anxiety in pregnant women is a natural thing and is an aspect that generally occurs in the adaptation process (Leifer, 1980; Newton, 1955; Uddenberg, Fagerström, & Hakanson-Zaunders, 1976). However, anxiety that is too high, especially in the third trimester, can have a negative impact on the health of the mother, fetus, and childbirth. High anxiety will trigger the body to produce more stress hormones, such as cortisol, ACTH, norepinephrine, and epinephrine. This stress hormone, if the levels are too high, will cause placental hypoperfusion which has an impact on stunting fetal growth (Su et al, 2015). Therefore, pregnant women need to know how to protect properly during this pandemic. Lack of understanding will make mothers feel anxious, especially just before childbirth. This can be prevented by providing clear and precise information and providing motivation so that the mother feels confident and confident that she will be able to get through this period well. Childbirth without direct assistance by the family and the condition of the clinic / hospital that is not conducive due to this pandemic will risk making the mother even more anxious and insecure, especially if the mother does not fully understand the current condition. Lack of understanding will make mothers feel anxious, especially just before childbirth. This can be prevented by providing clear and precise information and providing motivation so that the mother feels confident and confident that she will be able to get through this period well. This study aims to analyze the effect of providing education on self-efficacy and anxiety levels before childbirth during the Covid 19 pandemic in trimester III pregnant women.

METHODS

This study used a quasi-experimental study with a pre-test-post-test group. The population is 48 respondents. Sampling using probability sampling method with simple random sampling. The independent variable is education about Covid online using video material and discussion media, while the dependent variable is Self-efficacy and the level of maternal anxiety before childbirth. The intervention was carried out 1 time. Data collection using a questionnaire, anxiety with DASS 42 (depression, anxiety, stress scale) and self efficacy will be measured using the general self-efficacy scale (GSES). Data analysis used Pair T test with $\alpha = 0.05$.

RESULTS

The subjects in this study were 40 pregnant women with gestational age above 28 weeks. There were 40 pregnant women who were given treatment to read leaflet and video about Socialization on Guidelines for Pregnant Women, Maternity, Postpartum and BBL

During Social Distancing During the Covid 19 Pandemic. The following are the results of the data obtained from research respondents

Table 1. Characteristics of respondents based on age, parity and history of labor

Characteristics	Frequency (f)	Percentage (%)
Mother's Age		
<20 years	2	5
20 - 35 years	33	82,5
> 35 years	5	12,5
Paritas		
Primigravida (1st pregnant)	17	42,5
Multigravida (2nd - 4th pregnant)	21	52,5
Grandemultigravida (> 4 pregnancy)	2	5
Labor History		
Not yet available (Nulipara)	17	42,5
Physiological (without complication)	14	57,5
Pathological (With complication)	4	10
Current KSPR score		
2 (KRR)	31	77,5
6-10 (KRT)	6	15
More than 10 (KRST)	3	7,5

From table 1. it is known that almost all (82.5%) of the respondents are at the reproductive age of 20 - 35 years, most of them 52.5% are multigravidas (2-4 pregnancy) and 57.5% of respondents have a history of physiological labor without complications in previous deliveries. Based on current pregnancy conditions, almost all respondents (77.5%) were low risk pregnancies (KSPR score 2).2.

Table 2. Frequency distribution of self-efficacy and degrees of anxiety before and after education is obtained as follows

Intervensi	<i>Self Efficacy</i>		<i>Anxiety level (DASS)</i>			
	Criteria	Number	Percentage	Criteria	Number	Percentage
Before education	Good	12	0	Normal	0	0
	Less	28	40	Lightly	8	20
				Moderate	26	65
				Weight	6	15
After education	Good	34	0	Normal	3	7,5
	Less	6	40	Lightly	28	70
				Moderate	9	22,5
				Weight	0	0

The results showed that before being given education in the form of socialization about social distancing, most of the respondents had less self-efficacy and moderate and high degrees of anxiety. After being given education, almost all respondents have good self-efficacy and the degree of anxiety decreases to a mild level. The results of the paired T-test statistical test obtained pre-post test analysis of education, the self-efficacy variable stated the value of $p = 0.02$ and the variable degree of anxiety the value of $p = 0.01$. This shows that there is a significant influence between providing education about guidelines for pregnant women, childbirth, postpartum and BBL during social distancing during the Covid 19 pandemic on maternal self-efficacy, as well as the degree of maternal anxiety facing childbirth during the pandemic.

DISCUSSION

The effect of providing education about social distancing on self-efficacy in third trimester pregnant women in dealing with childbirth

Based on the results of the study, analysis of the pre and post test self-efficacy variables in the provision of education stated that the value of $p = 0.02$, meaning that there was a significant influence between providing education about the Guidelines for Pregnant Women, Maternity, Postpartum and LBW During Social Distancing during the Covid Pandemic. 19 on maternal self-efficacy. One of the psychological changes that occur in pregnant women in the third trimester is due to anxiety before childbirth. Prolonged feelings of anxiety can make pregnant women unable to concentrate properly and lose self-confidence. Especially during the Covid 19 period, anxiety in pregnant women will increase due to the pandemic. Self-efficacy in pregnant women is a psychological factor and a valuable framework that predicts maternal behavior and increases self-confidence and abilities during pregnancy (Ashtarian, 2016). According to Ghufron (2010), self efficacy is influenced by several factors, including self-concept, self-esteem, experience, education, and work. Self-confidence can affect the smooth process of childbirth, affect the health of the fetus, and the health of pregnant women themselves. Self-confidence has an influence on the mental strength of pregnant women to face the labor process. Pregnant women who are able to maintain good self-control can reduce the impact of pain during childbirth, and pregnant women who have high self-efficacy show a better level of satisfaction in undergoing the pregnancy process for themselves, as well as for nurses, midwives and doctors and reduce levels of anxiety experienced (Christiaens and Bracke, 2010). If pregnant women have low self-confidence, they will experience stress, easily give up and do not believe in their abilities. Conversely, if pregnant women have high self-efficacy with strong beliefs about their abilities, they will be more confident so they can withstand stress and anxiety reactions. In the pandemic phase, pregnant women are a group that requires the implementation of social distancing. The hope is that with an understanding of social distancing it will build self-efficacy in third trimester pregnant women during the pandemic. A good understanding will create the confidence of pregnant women in the third trimester, both during pregnancy and during childbirth where delivery during the pandemic is carried out without direct assistance by the family and the condition of the clinic / hospital is not conducive, so that mothers who really understand social distancing will have high self-confidence and able to go through it well.

The effect of providing education about social distancing with anxiety in third trimester pregnant women in dealing with childbirth

Based on the results of the study, the analysis of the degree of anxiety variable stated that the value of $\rho = 0.01$, meaning that there was a significant influence between the provision of education about the Guidelines for Pregnant Women, Maternity, Postpartum and LBW During Social Distancing During the Covid 19 Pandemic Period on the degree of maternal anxiety before labor.

COVID-19 can cause various manifestations, especially in risk groups, including pregnant women. Pregnancy during a pandemic like this may be a risk factor for anxiety disorders in pregnant women. This is especially so in the third trimester of pregnant women who are approaching the estimated day of delivery. Anxiety is a subjective feeling of nervous mental tension as a common reaction to an inability to solve a problem or a lack of security. These erratic feelings are generally unpleasant which in turn lead to or are accompanied by physiological and psychological changes. (Kholil Lur Rochman, 2010: 104). The existence of instructions or government policies on maintaining physical distance and contact, as well as the mass media that are becoming more frequent in informing about COVID-19 also have a role in major changes in the behavior of pregnant women so that feeling under pressure can have indirect adverse effects on physical health and health. psychological (Corbett et al., 2020). The uncertainty of the 2019 coronavirus disease (COVID-19) pandemic makes people vulnerable to severe anxiety, especially in the group of pregnant women, where this anxiety can also be influenced by the mental history of parents, experiences of childhood, or previous pregnancies (Kajdy et al. , 2020). Maternal anxiety, in this case, is closely related to social support and risk perception of the COVID-19 pandemic. In addition to the role of the family, health workers must also strive to strengthen the social support of pregnant women and reduce their risk perception so as to reduce anxiety (Yue et al., 2020). This suggests that special attention needs to be paid to vulnerable populations, especially pregnant women, because in this case they are forced to face situations that cause more anxiety than usual (Taubman et al., 2020). In a pandemic, social distancing measures have proven effective in reducing disease transmission. This also applies to pregnant women, so as to limit themselves from being exposed to the outside environment, let alone traveling to pandemic areas. One of the risks of pregnant women contracting COVID-19 is during a pregnancy check-up visit at a midwifery clinic or hospital. So that pregnant women must increase their awareness by continuing to be disciplined in using PPE. Pregnant women can limit visits to a midwifery clinic or hospital by conducting online consultations, actively checking for signs and dangers during pregnancy, and only making visits when things are found to be worrying. This social distancing socialization needs to be given to pregnant women to reduce anxiety experienced, because pregnant women easily experience feelings of worry about something that will happen to them and their children so that it can interfere with mental health in this case anxiety disorders. With sufficient understanding regarding social distancing, it is hoped that the anxiety experienced by third trimester pregnant women can be resolved properly.

CONCLUSION

There is a significant influence between providing education about the Guidelines for Pregnant Women, Maternity, Post-partum and LBW during Social Distancing during the Covid 19 Pandemic on maternal self-efficacy, as well as the degree of maternal anxiety in facing childbirth during the pandemic.

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