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- Isi :
1. Bahwa dalam rangka kegiatan 5th Padjajaran International Conference di Graha Sanusi Universitas Padjajaran, maka Saudari ditugaskan sebagai *Oral Presenter* pada acara tersebut yang akan dilaksanakan pada tanggal 16 Maret 2016.
 2. Agar tugas ini dilaksanakan dengan penuh rasa tanggung jawab.
 3. Segala biaya yang berhubungan dengan Surat Penugasan ini dibebankan kepada Anggaran Peserta.
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Bandung City - West Java, Indonesia

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is awarded to

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As workshop participant at the 5th Padjadjaran International Nursing Conference
“Improving Quality of Health Care through Transformative Nursing Education and Research
for Sustainable Health Development”

Grha Sanusi - Universitas Padjadjaran, 16-18 March 2016



Kusman Ibrahim, S.Kp., MNS., Ph.D
Dean of Faculty of Nursing, Universitas Padjadjaran



Dr. Yanti Hermayanti, S.Kp., MNM
Conference Chair of The 5th PINC

Credit Point : Participant 2 SKP, Speaker 5 SKP,
Moderator 3 SKP, Committee 3 SKP

Indonesia Nurses Association (INNA) Accreditation Padjadjaran Number : 260/DPPPPNI/SK/SKPK/S/III/2016



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The 5th Padjadjaran International Nursing Conference 2016

*“Improving Quality of Health Care through
Transformative Nursing Education and Research
for Sustainable Health Development”*

GRHA SANUSI - UNIVERSITAS PADJADJARAN
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The Effect Of Prenatal Class on Mother's Physiological Readiness in Taretta Community Health Center in Amali, Bone District.

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ABSTRACT

Mother who had a first time pregnancy, when she faced the giving birth and preparation to be a mother, she would feel anxiety, which was caused by mother's physiological unpreparedness. There are some things that affect the physiological readiness such as age, educational degree, last experience, knowledge, and support from husband. Prenatal class is intervention which is done by health care or pregnant mother group, therefore they can increase the knowledge, there are change habits when the mother positively checked their pregnancy, and give birth on health care, therefore there will be an increasing the giving birth on health care, preparation as the mother, and decrease the death of mother and child. With the health education that was given to the pregnant women through prenatal class program, it could increase the knowledge and preparation of mother in adaptation of physiological mother so that she can care of her role as a mother. Objective : This study aimed to know the effect of prenatal class to the psychological readiness as mother role in the working area Taretta healthcare centers, Amali district, Bone city. Method : The research design is *Quasi Experiment* method, with *Two Group Pre Test-Post Test Control Group Design*. Physiological readiness was valued after and before the intervention of prenatal class. Samples on this research is 42 pregnant women. Data analyze used *Dependen t-test* and *Independen t-test*. Result : The result is there is enhancement of physiological readiness as mother role after the prenatal class (intervention), with a significant value *p value* 0,000 and mean score before prenatal class to the intervention group showed score 9,71 and after the prenatal class mean score changed to 13,67. Conclusion and Suggestions : It concluded that prenatal class which had done to the pregnant women, it can increase the physiological readiness of mother in the role as mother. Therefore, hopefully prenatal class can be a reference for nursing education, and health service and the next research.

Keywords: prenatal class, psychological readiness.

Background

Pregnancy, childbirth and being a mother is an important event and important experience in a woman's life. However, similar to another transitional-life-

phase, the pregnancy event can also cause an anxiety (Reeder, Martin, & Korniak-Griffin, 2011). For a first-time mothers who deal with pregnancy, anxiety is experienced during child labor and during preparation to become mothers, which may resulted from the psychological unpreparedness of pregnant women (Janiwarty & Pieter, 2013).

Indonesia Demographic and Health Survey Results (IDHS) in 2012 has shown that the infant mortality rate (IMR) was 34 per 1,000 live births decreased to 32 per 1,000 live births. Moreover, Indicators of Under Five Mortality Rate (UFMR) in IDHS (2012) also decreased to 40 per 1,000 live births (BKKBN, 2013). When compared to the Indonesian target of achievement of the Millennium Development Goals (MDG'S) in 2015, the infant mortality rate (IMR) was 23 per 1,000 live births and the Under Five Mortality Rate was 32 per 1,000 live births, which if according to Millennium Development Goals (MDG's), are still far from the target (Bappenas, 2012).

Health Data of Bone District (2007) has shown that shown that the number of infant deaths in 2005 were 111, in 2006 as many as 73 infants, and in 2007 as many as 58 infants. According to that data, the infant mortality in Bone District has decreased, but it is still far from the target of MDG's, which is 23 per 1,000 births (Bone District Health profile, 2007).

In this case, it is necessary to understand the psychological factors that affect the readiness of mothers to hold their roles, such as an understanding of their responsibilities, the support of their husband and family. Psychological readiness is the main element for the mothers to get through the adaptation maternal psychological phase (Janiwarty & Pieter, 2013). However, the psychological adaptation may be hampered due to internal and external inhibiting factors. The internal Inhibiting factors may consist of lack of experience and knowledge, while external factors may related to lack of support from husband and family (Marmi & Margiyati, 2013).

In Taretta Community Health Centers, the number of pregnant women based on data from patient visits from January to June in Taretta Community Health Centers in 2014 has shown that there were 42 pregnant women which never taking a prenatal class. Moreover, Preliminary study conducted in Taretta Community Health Centers on May 29, 2015 by interviewing six pregnant women. The study shown that in the region, there has never been done prenatal classroom activities. Furthermore, a total of 3 respondents stated their unpreparedness becoming a mother because it is their first experience of having a child in their young age, while other 3 respondents stated they were ready and were able to perform their roles because it was their second experience in having children.

Unpreparedness experienced by pregnant women are caused by feelings of anxiety, worrying for experiencing and having a child for the first time, fear of child care, lack of knowledge of being a mother as well as a lack of support from their husband and family. In addition, having the children in the very young age may also the cause this unpreparedness. The transition of being a parent will be getting worse, if the needs and developmental task of adolescence are unmet (Bobak, Lowdermik & Jensen, 2005).

To overcome these problems, it is required new solutions, example by carrying out a prenatal class. Prenatal classes are study groups of pregnant women which gestational age from 20-32 weeks to improve their knowledge and skills in preparing pregnant women during labor and prepare their role as a mother. (MoH RI, 2011).

Results of previous studies conducted by Lontaan, A, et al (2014) in Manado indicated that prenatal training classes have an influence on the improvement of mothers' knowledge of childbirth and parenthood. In addition, the results of research conducted also by Pani, W et al (2013), has shown that after taking prenatal classes, the level of knowledge and attitude of pregnant women is increasing.

MATERIALS AND METHODS

The research design was a *Pre Test-Post Test Design* with a control group. The sample in this study were 42 pregnant women in Taretta Community Health Centers with 20 to 32 weeks of gestation age in Amali, Bone District. This research was conducted in October-November 2015. The data was collected using a psychological readiness questionnaire.

RESULTS

Table 2 Characteristics Distribution of Respondents by Age, Parity, Education, Occupation, and Gestational Age in Taretta Community Health Center in Amali, Bone District in October-November (n = 42)

Variable	Intervention Group		Control Group	
	n	%	n	%
1. Age				
Younger age < 20 years	2	9.5	4	19.0
Productive age 20-35 years	17	81.0	15	71.0
Older age > 35 years	2	9.5	2	9.5

Total	21	100	21	100
2. Parity				
First Pregnancy	17	81.0	15	71.4
Second pregnancy or more	4	19.0	6	28.6
Total	21	100	21	100
3. Education				
Higher education \geq Junior High School	8	38.1	10	47.6
Low < Junior High School	13	61.9	11	52.4
Total	21	100	21	100
4. Occupation				
Work	4	19.0	5	23.6
Not work	17	81.0	16	76.2
Total	21	100	21	100
5. Gestational Age				
20-24 weeks (Trimester II)	7	33.3	5	23.8
25-32 weeks (Trimester III)	14	66.7	16	76.2
Total	21	100	21	100

Source: Primary Data, 2015

Analysis results of Table 1 which is about characteristics distribution of respondents by age shows that the productive age of 20-35 years are the most dominant in the group which is as many as 17 women (81.0%) and women who were in the first pregnancy were also the majority in the group which was as many as 17 women (81.0 %). The majority of background level of education of the respondents was < junior high school amounted to 13

(61.9%). While, regarding the occupation, most of pregnant women in this study were do not work (housewife) as much as 17 women (81.0%). Moreover, gestational age of pregnant women were shown dominantly in 25-32 weeks of gestational age (third trimester) which is as many as 14 women (66.7%).

Psychological Readiness	n	Mean(\pm SD)	p value
Before	21	9,71(3,036)	
After	21	13,67(2,058)	0,000

Table 2 Mothers' Psychological Readiness in holding the role as mother before and after prenatal classes on Intervention Group in Taretta Community Health Centers In October-November (n = 42)* Analysis Test of *Dependent t-test* $\alpha = 0:05$

Based on Table 2, it shows that the psychological readiness prior to prenatal classes in the intervention group demonstrated the Mean Value (\pm SD) is 9.71 (3.036) whereas after prenatal classes Mean values (\pm SD) is 13.67 (2.058).

Table 3 Mothers' Psychological Readiness in holding the role as mother before and after prenatal classes on Control Group in Taretta Community Health Centers In October-November

Psychological Readiness	N	Mean(\pm SD)	p value
Before	21	10,76(2,844)	
After	21	9,05(1,910)	0,007

* Test Analysis of *Dependent t-test* $\alpha = 0,05$

	Mean	F	p value
Intercept	193.387	63.247	0,000
Pretest (Psychological Readiness)	38.370	12.549	0,001
Prenatal Class	250.787	82.019	0,000

Based on Table 3 above, it shows that psychological readiness of those who did not have prior prenatal classes in the control group showed the Mean Value (\pm SD) of 10.76 (2.844) and after prenatal class in control group is showed the Mean Value (\pm SD) of 9.05 (1.910).

Table 4 Mothers' Psychological Readiness Differences in holding the role as a mother before and after prenatal classes in Intervention Group and without prenatal class in Control Group in Taretta Community Health Centers, in Amall, Bone District In October-November

* Test Analysis of Independent t-test

Based on Table 4, it shows the results of independent t-test of the psychological readiness of mothers in the role as mothers between the intervention group and the control group, found that the p $0.005 < 0.05$, which means that there is a significant difference between the psychological readiness of the intervention group and the control group.

Table 6 Effect of Prenatal classes on Mothers' Psychological Readiness in holding the role as a mother in Taretta Community Health Centers

Group	Δ Mean Variabel psycho-logical readiness	SD	p val	95% CI (lower- ue upper)	n
Inter-ven-tion	4,05	2,493	0,005	0,752-3,915	21
Con-trol	1,71	2,630			21

*Test Analysis *Ancova* $\alpha = 0,05$

Based on Table 6, it shows that the significance number for psychological readiness is p $0.001 < 0.05$. Furthermore, the numbers indicate significance at prenatal classes which shows p $0.000 < 0.05$.

DISCUSSION

Prenatal classes was conducted for three times with different topics in each meetings, the measurement of maternal psychological readiness was conducted before (pre-test)

and after (post-test) prenatal classes. Based on the results of the pre-test, it was found that many of the pregnant women are not ready psychologically to hold and do their new role as a mother. This is in accordance with the statement of Nanda (2005) that pregnant women are not ready psychologically in their role because of the lack of information.

When pregnancies occur, a mother will undergo much of psychological changes, feelings of fear, anxiety and worry (Bobak, Lowdermilk & Jensen, 2005). It can cause psychological unpreparedness in carrying out their new roles. To that, prenatal classes conducted to provide education (information) to pregnant women so that they are psychologically ready in their roles. Education (information) provided is a good way to prepare women for childbirth and to prepare do the role as a mother (Stoppard, 2008).

Pregnant women with 20-32 weeks of gestation which were included in this study can be seen as those who were in 20-35 years of age which is as many as 17 people, while the smallest one is at age < 20 years and > 35 years is only 2 people. If we look at to the data, the most age in this study was in productive age of 20-35 years, which according Koblinsky (as cited in Linarsih, 2012) reproductive age is safe for women to become pregnant and given birth or ready to have children and become parents. In this age, it can also be said that it is enough to prepare for pregnant women in facing problems in psychological readiness to carry out roles as mothers. On the other hand, the age of <20 years or > 35 years are at risk of pregnancy which can increase the chance of the condition of premature birth and low birth weight. After the age of > 35 years, women's may also at risk for having a baby with chromosomal abnormalities, and the levels of maternal psychological unpreparedness will also increase.

This research results are in accordance with Indriati M.T (2006) which revealed that gestational age of 20-35 years is the most appropriate age for women to have children, and are considered to psychologically prepared to carry out their new role as a mother.

Pregnant women at 20-32 weeks gestation in this study who followed the prenatal classes were pregnant women who had a first time pregnancy. It was related to age, education, and work which affecting pregnant women to attend prenatal classes. While, at this time, pregnant woman need more attention due to their psychological changes. In this case, many pregnant women are not ready psychologically in their role because they have no experience in holding this new role (Bobak, Lowdermilk & Jensen, 2005).

Based on the data analysis, it shows that in this study, the proportion of pregnant women with a who are in their first time pregnancy is as many as 17 people, while the number of women with their second to three or more pregnancies is as many as four people. The results of this study is similar to research results conducted by Septiani (2013) which shown that that pregnant women who is taking the prenatal classes are those who are in their first-time pregnancy, this is because these pregnant women has no experience and do not have clear information about the prenatal class. The results of the study also found that the educational level of most pregnant women in this study were elementary school which is 13 women in the intervention group, whereas 11 women in the control group. Education is an important factor for people's lifestyle and life status of a person in a society. The level of

education have a strong influence on the behaviour of the family's health awareness and preparedness for educating their children regarding the importance of healthy lifestyle.

In this study, it was found that in the intervention group, the numbers of pregnant women who were at 25-32 weeks' gestation were 14 women, while respondents who were in 20-24 weeks of gestational age were 14 women. While in the control group, it was found that the numbers of women with gestational age of 25-32 weeks were 16 people, and women in gestational age of 20-24 week were 5 people. Janiwarty & Pieter (2013) shown that the psychological changes in the third trimester, the pregnant women may seem experiencing more complex conditions than the previous trimester. This is because the growing conditions of pregnancy. The condition is not uncommon and may raise problems such as discomfort during pregnancy and emotional changes. In addition, the third trimester pregnant women are more anxious, more worried in preparing themselves during labor and for being a mother.

Prior to prenatal classes for pregnant women, the researchers in this study must first conducted a pre-test to determine the level of psychological readiness of mothers in performing the role of mother, and the scores obtained in the intervention group were mean (\pm SD) 9.71 (3.036), whereas in the control group, the value score (\pm SD) 10.76 (2.844) which shows that the average value of psychological readiness of mothers in the control group was higher than the intervention group. Different results shows that mother's psychological readiness in carrying out their new role varies between each respondent and most pregnant women who are not psychologically prepared to carry out their new role are those who have lack of information and lack of support from both husband and family. This is consistent with the statement of Marmi & Margiyati (2013) who says that the psychological adaptation may be hampered due to the inhibiting internal and external factors. Internal inhibiting factors include lack of experience and knowledge, while external inhibiting factors include lack of support from husband and family.

After conducted the intervention of prenatal classes for 3 times, the post test was given to respondents to measure whether there was a changes in mother's psychological readiness in performing the role of mother. Psychological readiness mothers after prenatal classes in the intervention group and without prenatal classes in the control group shown that the average value of the respondents in the intervention group mean (\pm SD) 13.67 (2,058), while in the control group mean (\pm SD) of 9:05 (1.910). These data indicates that the average value of psychological readiness in the intervention group was higher than the control group. After conducting the dependent t-test to analyze the effect of prenatal classes on mothers psychological readiness to carry out roles as a mother, it was found that $p < 0,000 < 0.05$, then the results of these data shows that there was an influence of prenatal classes on psychological readiness of mothers in the role as mother.

It shows the benefits of prenatal classes to prepare mother psychologically as described by the MoH RI (2011) who stated that prenatal class is learning groups

of pregnant women in gestational age of 20-32 weeks in order to improve their knowledge and skills in preparing pregnant women during labor and prepare themselves to hold the role as mothers. When following this prenatal class session, expectant mothers will learn together, discuss, and share their experiences on the preparations role as a mother, so the mother's psychological readiness prior to prenatal classes will increase compared to the control group. Every little bit of information obtained by pregnant women at prenatal classes will be beneficial to the mother's psychological preparation as well as to reduce stress in pregnant mothers in undergoing the pregnancy, childbirth, postpartum and infant care or having the role as mothers (Linarsih, 2012).

Based on the results in this study, there are more psychologically prepared women in the intervention group, which is the group that taking prenatal classes compared to a control group that did not do or did not follow the prenatal classes. This is in accordance with the research results of Hastuti (as cited in Linarsih, 2012) who found that the prenatal classes is found effective to increase the knowledge of pregnant women about prenatal care, labor and postnatal, and newborn care. It is also supported by the research results of Lontaan (2014) who stated that there are differences in knowledge of pregnant women about childbirth and parenthood in the intervention group and the control group before and after prenatal classes. This is similar with the statement of Notoatmodjo (as cited in Linarsih, 2012) who emphasized that the presence of health education through prenatal classes is one way of changing knowledge and improving psychological preparedness of someone in reducing infant mortality and during pregnancy, childbirth, postpartum and infant care or role as a mother. Bobak, Lowdermilk & Jensen (2004) also revealed that there are many pregnant women who are psychologically prepared to carry out roles as a mother, this is because pregnant women are said to be psychologically prepared when pregnant women feel calm, relaxed, happy and confident and therefore emerge the desire of becoming a mother in carrying out his new role.

Psychological readiness is also associated with feelings of anxiety, stress and fear which is common problems faced by pregnant women in the third trimester in facing labor and became a mother in carrying out their new role. Based on this, to improve the readiness of pregnant women in carrying out his new role it is important to have regular prenatal classes as one of nursing interventions provided to pregnant women.

CONCLUSION

The results of this study is there are differences in psychological readiness of mother in having their roles before and after following the prenatal classes in the group receiving the intervention (p value = 0.000). Mother's psychological readiness after prenatal classes shows that more psycho-

logical prepared women compared to those who did not follow the prenatal classes.

SUGGESTION

It is expected that health care institution can provide prenatal classes program, because based on the research that has been conducted by the researchers in this study, it shows that prenatal classes have benefits for pregnant women.

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