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*The Effect Of Prenatal Class to the Physiological Readiness as  
Mother Role in Working Area Taretta Healthcare Centers, Amali  
District, Bone City.*

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**ABSTRACT**

A mother who had a first-time pregnancy, when she faced the giving birth and preparation to be a mother, she would feel anxiety, it was caused by physiological unpreparedness from the mother. Some things affect physiological readiness such as age, educational degree, last experience, knowledge, and support from the husband. Prenatal class is an intervention which is done by health care or pregnant mother group. Therefore, they can increase their knowledge. There are change habits when the mother positively checked their pregnancy and giving 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 pregnant women through the prenatal class program, it could increase the knowledge and preparation of mothers in the adaptation of the physiological mother so that she can care for her role as a mother.

**Objective:** This study aimed to know the effect of prenatal class on psychological readiness as a mother role in the working area Taretta healthcare centers, Amali district, Bone city.

**Method:** The research design is a *Quasi Experiment* method, with *Two Group Pre-Test-Post Test Control Group Design*. *Two Group Pre Test-Post Test Control Group Design*. Physiological readiness was valued after and before the intervention of the prenatal class. The sample of this research is 42 pregnant women. Data analysis used a *Dependent t-test* and *Independent t-test*.

**Result:** The result is there is an enhancement of physiological readiness as a 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 means 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 of a mother. Therefore, hopefully, the prenatal class can be a reference for nursing education and health service and the next research.

**Keywords:** prenatal class, psychological readiness

## INTRODUCTION

Pregnancy, childbirth, and being a mother are important events and experiences in a woman's life. However, as with other transition stages in the life phase, these events can also cause anxiety (Reeder, Martin, & Komiak-Griffin, 2011). For a mother who first faces pregnancy, when facing labor and preparing for becoming a mother tends to experience anxiety, this is due to the psychological unpreparedness of pregnant women (Janiwarty & Pieter, 2013).

The results of 2012 Indonesian Demographic and Health Survey (IDHS) showed that the Infant Mortality Rate (IMR) was 34 per 1,000 live births to 32 per 1,000 live births. The Indicator for Toddler Mortality (AKABA) in the IDHS (2012) decreased to 40 per 1,000 live births (BKKBN, 2013). When compared with the Millennium Development Goals (MDG'S) achievement target for Indonesia in 2015, the Infant Mortality Rate (IMR) of 23 per 1,000 live births and Toddler Mortality Rate (AKABA) of 32 per 1,000 live births, based on the data the achievement of Millennium Development Goals (MDG's) are still far from the current target (Bappenas, 2012).

Bone County Health Data (2007) shows that the number of infant deaths in 2005

was 111 people, in 2006 there were 73 people, and in 2007 there were 58 people, based on these data the case of infant deaths in Bone District has decreased, but this is still far of the MDG's target, which is 23 per 1,000 births (Bone District Health Profile, 2007).

In this case, psychological factors are needed that influence the readiness of the mother in carrying out her roles, such as understanding the task, husband, and family support. Psychological readiness is the principal capital of the mother to go through phases of maternal psychological adaptation (Janiwarty & Pieter, 2013). However, psychological adaptation can be constrained due to internal and external inhibiting factors. Internal inhibiting factors include lack of experience and knowledge, while external factors include lack of a husband and family support (Marmi & Margiyati, 2013).

In the Taretta community health service, the number of pregnant women was based on data from January-June patient visits at the Taretta Community health service in 2014 as many as 42 pregnant women and none had attended prenatal classes. A preliminary study conducted in the Work Area of the Taretta Health Center on May 29, 2015, by interviewing six pregnant women. In these areas, prenatal class activities have never been carried out. As many as three respondents who said they were not ready

because this was their first experience of having a child and age who were still teenagers. In comparison, three respondents said they were ready and able to carry out their roles because this was their second experience of having children.

Feelings of anxiety cause unpreparedness experienced by pregnant women, worry, which is the first experience of having children, fear of caring for children, lack of knowledge from mothers, and lack of a husband and family support—besides, the high birth rate of children of adolescent girls. The transition to parenthood will be difficult for parents who are in their teens. Coping on the task of parenthood will get worse if the needs and tasks of adolescent development have not been met (Bobak, Lowdermik & Jensen, 2005).

A new solution is needed to overcome these problems, namely, by implementing prenatal classes. Prenatal class is a study group of pregnant women whose gestational age is 20-32 weeks increase the knowledge and skills of pregnant women in preparing themselves before delivery and preparing to carry out the role of motherhood. This activity was carried out in addition to being attended by pregnant women, also attended by husband or family. The material provided is how the mother's preparation for carrying out her new role. In this prenatal class, pregnant women will learn together, discuss, and exchange experiences regarding preparation for carrying out the role of mother (Ministry

of Health Republic of Indonesia, 2011).

The results of a previous study conducted by Lontaan, A et al. (2014) in Manado showed that prenatal class training influenced increasing maternal knowledge about childbirth and parenthood. Besides, the results of a study conducted by Pani, W et al. (2013) in North Palu, North Sulawesi, showed that after attending prenatal classes, the level of knowledge and attitudes of pregnant women increased.

## 19 MATERIALS AND METHODS

This research is a quantitative study that uses the Quasi Experiment research method with the technique used is Two Group Pre-Test-Post Test Control Group Design. The population in this study were all pregnant women whose gestational age was 20-32 weeks based on patient visit data of 42 pregnant women in the Work Area of the Taretta Health Center, Amali Subdistrict, Bone District. The sampling method used is Total Sampling.

This research was conducted in October-November 2015. Data collection in this study was carried out using a psychological readiness questionnaire.

This questionnaire was tested for validity and reliability before it was used in the study. The value of r questionnaire and observation sheet each reached above 0.514, and the value of the

Cronbach alpha on the psychological preparedness questionnaire was 0.961.

## RESULTS

**Table 1 Distribution of Respondent Characteristics by Age, Parity, Education, Occupation, and Age of Pregnancy in the Work Area of the Taretta Community Health Service, Amali Subdistrict, Bone Regency October-November (n = 42)**

Variable	Intervention Group		Control Group	
	n	%	n	%
<b>1. Age</b>				
Young age, < 20 years	2	9.5	4	19.0
Productive age, 20-35 years	17	81.0	5	71.0
Older age, > 35 years	2	9.5	2	9.5
Total	21	100	21	100
<b>2. Parity</b>				
First Pregnancy	17	81.0	5	71.0
Second Pregnancy and more	4	19.0	6	28.0
Total	21	100	21	100
<b>3. Education</b>				
High, ≥ Middle School	8	38.1	1	47.6
Low, < Middle School	13	61.9	1	52.4
Total	21	100	21	100
<b>4. Occupation</b>				
Working	4	19.0	5	23.6
Not Working	17	81.0	6	76.2

Total	21	100	21	100
<b>5. Gestational Age</b>				
20-24 weeks (Trimester II)	7	33.3	5	23.8
25-32 weeks (Trimester III)	14	66.7	6	76.2
Total	21	100	21	100

Source: Primary Data, 2015

The results of table 1 analysis of the distribution of respondents' characteristics based on age showed that the productive age, namely 20-35 years old was the most dominant as many as 17 people (81.0%) and the majority of respondents were pregnant women who had the number of first pregnancies of 17 people (81.0%) with the highest level of education is <SMP numbering 13 people (61.9%), and the pregnant women working status in the group not working (IRT) totaling 17 people (81.0%), and gestational age at the most dominant pregnant women are at the age of 25-32 weeks (trimester III) of 14 people (66.7%).

**Table 2: Psychological Readiness of Mothers in Performing Role as Mothers Before and After Prenatal Classes in the Treatment Group in the Work Area of the Taretta Health Center, Amali Subdistrict, Bone District, October-November (n = 42)**

Psychological Readiness	n	Mean(±SD)	P-value
Before	21	9,71(3,036)	
After	21	13,67(2,058)	0,000

\* Analisis Uji *Dependent t-test*  $\alpha = 0,05$

Based on table 2 above shows the psychological readiness before the prenatal class in the treatment group shows the Mean value ( $\pm$  SD) is 9.71 (3.036) while after the prenatal class, the Mean value ( $\pm$  SD) is 13.67 (2.058). Based on these results, it shows that the average value of the psychological readiness of the mother has increased psychological readiness after the prenatal class.

**Table 3: Psychological Readiness of Mothers in Performing Roles as Mothers Before and After Prenatal Classes in the Control Group in the Work Area of the Taretta Health Center, Amali Subdistrict, Bone District October-November (n = 42)**

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

\*Dependen t-test  $\alpha = 0,05$

Based on table 3 above shows the psychological readiness that is not done prenatal classes before and after the control group showed a mean value ( $\pm$  SD) of 10.76 (2.844) and a mean value ( $\pm$  SD) of 9.05 (1.910). This data shows that the mean value of the psychological readiness in the control group is lower than the treatment group.

**Table 4: Differences in Psychological Readiness of Mothers in Performing Role as Mothers Before and After Prenatal Classes in the Treatment Group and Prenatal Classes in the Control Group in**

**the Work Area of the Taretta Health Center, Amali Subdistrict Bone District October-November (n = 42)**

Group	$\Delta$ Mean Variable Psychological Readiness	SD	P-value	95% CI (lower - upper)	n
Intervention	4,05	2,493	0,005	0,752-3,915	21
Control	1,71	2,630			21

\* Independent t-test

Based on table 4 shows the results of the Independent t-test on the psychological readiness of the mother in carrying out the role as a mother between the treatment group and the control group can be known  $p 0.005 < 0.05$  which means that there are significant differences in psychological readiness between the treatment group and the control group. These results indicate that there is an influence of the prenatal class on the psychological readiness of the mother in carrying out the role of motherhood.

**Table 5 Effect of Prenatal Classes on Psychological Readiness of Mothers in Carrying Out the Role as Mothers in the Work Area of the Taretta Community Health Service Amali Subdistrict Bone District**

\*ANCOVA Test  $\alpha = 0,05$

Based on table 6 shows that the significance value for psychological readiness is  $p 0.001 < 0.05$ . Furthermore, the significance value in the prenatal class

	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

shows  $p < 0,000 < 0.05$ .

## DISCUSSION

Prenatal classes are held for three meetings with different topics, measurement of psychological readiness of the mother is carried out before (pre-test), and after (post-test) prenatal class is done. Based on the pre-test results, it is known that many pregnant women are not ready psychologically to carry out their new roles as mothers. This finding is consistent with the statement of Nanda (2005) pregnant women become psychologically unprepared in carrying out their roles related to lack of information.

During pregnancy, the mother will experience many psychological changes, feelings of fear, anxiety, and worry (Bobak, Lowdermilk & Jensen, 2005). This condition can lead to psychological unpreparedness in carrying out his new role. For this reason, prenatal classes are conducted to provide education (information) to pregnant women so that they are psychologically prepared to carry out their role. Education (information) provided is an excellent way to prepare for delivery and prepare to carry out the role of motherhood (Stoppard, 2008).

In pregnant women, 20-32 weeks gestational age contained in this study can be seen that the highest frequency is found in the age of 20-35 years as many as 17 people, while the smallest frequency is found at age  $< 20$  years and  $> 35$  years as many as two people. When viewed from the most age in these data, it can be

concluded that the age of 20-35 years, according to Koblinsky (quoted in Linarsih, 2012), says that productive age is safe for women to get pregnant and give birth or are ready to have children and become parents. Sufficient age can help pregnant women in maturity to face problems in psychological readiness in carrying out the role of motherhood. Age  $< 20$  years or  $> 35$  years have a risk of pregnancy, babies born prematurely and LBW can occur, after the age of  $> 35$  years, the risk of women having babies with chromosomal abnormalities is high, and the level of maternal psychological unpreparedness will increase.

<sup>3</sup> The results of this study are in line with the theory of Indriati M.T (2006) revealing that pregnancies aged 20-35 years are the most appropriate age for women to have children, they are also more psychologically prepared to carry out their new roles.

In pregnant women whose gestational age is 20-32 weeks, more people who take prenatal classes are pregnant women who have a first pregnancy. This finding is related to age, education, and occupation that influence pregnant women to attend prenatal classes. During this time, pregnant women need more attention due to psychological changes. In this case, many pregnant women are not psychologically prepared to carry out their roles because they do not yet have experience in carrying out their new roles (Bobak, Lowdermilk & Jensen, 2005).

Based on the results of data analysis

shows the proportion of pregnant women with the number of first pregnancies of 17 people, while the number of second pregnancies or more as many as four people. The results of the study are in line with the results of a study conducted by Septiani (2013) revealing that pregnant women who take prenatal classes are more numerous in the number of first pregnancies, this is because pregnant women whose number of first pregnancies have no experience and do not get clear and correct information about classes prenatal so that it is still affected by the habits or behavior of parents and the surrounding environment who also do not know about the purpose and benefits of the prenatal class, while pregnant women who are second or older have pregnancy experience and educate children so that pregnant women do not feel the need to attend prenatal classes.

In this study, the education level of pregnant women was the most dominant, namely <SMP numbering 13 people in the treatment group, while in the control group, there were 11 people. This finding relates to the level of higher education with the level of one's knowledge. Education is a determining factor in one's lifestyle and one's life status in society. The level of education completed has a strong influence on behavior towards awareness of family health and readiness to educate children.

Notoatmodjo (2007) revealed that the level of education also determines the ability of a person to understand the knowledge obtained, i.e., the higher the level of education, the easier it is for someone to

receive information. Education is a basic human need that is very much needed for self-development and can increase one's intellectual imbalance. This intellectual maturity affects the insight and way of thinking of a person, both in action and in the way decisions are made and policymakers. Thus, mothers are expected to have a higher education so they can be psychologically prepared to carry out their new roles.

Work status reflects the regular routines carried out by individuals concerning achieving economic status. Type of respondent's work is the type of work that the majority does not work (IRT) in the treatment group amounted to 17 people while in the control group numbered 16 people. Bobak, Lowdermilk & Jensen (2005) revealed that pregnant women do not feel happy when the gestational age has entered the third trimester, this is due to excessive fatigue and a determining factor for pregnant women to stop working, while according to Amy (2009) revealed that mothers pregnant plans to work after the birth of her baby and has been able to care for her child properly. However, they did not report any psychological problems they experienced, but some pregnant women had a history of depression or anxiety.

It is predicted that mothers who do not work have the time and opportunity to prepare themselves to carry out their role as mothers by attending prenatal classes, and to seek and learn about preparation to become a mother is undergoing her new role more than mothers who are still

actively working. With the existence of pregnant women who are still actively working, both for their interests and for the family, whose opinion is in line with the Ministry of Health of the Republic of Indonesia (2009) stating that working factors alone cannot play a role as a problem in preparing to become a mother is undergoing her new role. The working conditions stand out as factors that influence preparation in carrying out the role of motherhood because of the time lost for that. For pregnant women who work outside the home, they have made preparations for themselves in carrying out their new roles even though this is sometimes not finished.

Fourteen pregnant women were 25-32 weeks of gestation, while respondents who were 20-24 weeks gestational were 7 in the treatment group, and in the control group, 25-32 weeks were 16, and 20-24 week amounts to 5 people. Janiwarty & Pieter (2013) revealed that psychological changes in third-trimester pregnant women seem to be more complex and more improved than the previous trimester. This finding is because the condition of pregnancy is getting bigger. The condition is not uncommon to raise problems such as discomfort in pregnancy and emotional changes. Besides, third-trimester pregnant women are more anxious, worried about preparing themselves before delivery, and

preparing themselves in carrying out their role as mothers.

Before conducting prenatal classes for pregnant women, researchers first conducted a pre-test to determine the level of psychological readiness of the mother in carrying out her role as a mother, and obtained in the treatment group the mean value ( $\pm$  SD) was 9.71 (3.036) while in the group control mean ( $\pm$  SD) of 10.76 (2.844) shows that the average value of maternal psychological readiness in the control group is higher than the treatment group. Different assessment results indicate that the psychological readiness of the mother in carrying out her new role varies between each respondent and most pregnant women. They feel psychologically unprepared to carry out their new role due to lack of information and lack of support from both husband and family.

This finding is following the statement of Marmi & Margiyati (2013) that psychological adaptation can be constrained due to internal and external inhibiting factors. Internal inhibiting factors include lack of experience and knowledge, while external factors include lack of a husband and family support.

After the pre-test, the results of the psychological readiness of the mother in carrying out her new role were not ready as many as 13 respondents in the treatment group and 13 respondents in the control group. Respondents in the treatment group were given prenatal class interventions. At each prenatal class, meeting material was given about

pregnancy, childbirth, and baby care. Intervention implementation always involves pregnant women to discuss and ask participants' opinions about what is felt by pregnant women, for example, complaints when taking care of babies later and how to care for them so that there is an exchange of knowledge between participants and facilitators as the aligning party if it is not following the truth. In prenatal classroom interventions, each meeting lasts for about 120 minutes.

After being given intervention for three meetings, given a post-test, there was an increase in maternal psychological readiness in carrying out the role of mother to the respondent. Maternal psychological readiness after the prenatal class in the treatment group and not the prenatal class in the control group showed that the average value of respondents in the mean ( $\pm$ SD) treatment group was 13.67 (2,058). In contrast, in the mean control group ( $\pm$ SD), it was 9.05 ( 1,910). These data indicate that the average value of psychological readiness in the treatment group is higher than the control group. After a dependent and independent test was performed to analyze the effect of the prenatal class on the psychological readiness of the mother in carrying out the role of the mother, it was found that  $p < 0,000 < 0.05$ , the results of the data indicate the influence of the prenatal class on the psychological readiness of the mother in carrying out the role of mother.

The Republic of Indonesia

Ministry of Health (2011) revealed that the prenatal class is a study group of pregnant women whose gestational age is 20-32 weeks to increase the knowledge and skills of pregnant women in preparing for delivery and preparing to carry out their role as mothers. In this prenatal class meeting, pregnant women will learn together, discuss, and exchange experiences regarding preparation to carry out the role of motherhood so that the psychological readiness of the mother before the prenatal class is reduced than the control group. Any little information obtained by pregnant women in prenatal classes will be useful for psychological preparation and reduce stress on pregnant women during pregnancy, childbirth, and baby care or play a role as a mother (Linarsih, 2012).

Based on the results of this study, some more pregnant women are psychologically prepared in the treatment group, namely the group who took the prenatal class compared to the control group who did not do the prenatal class. This finding is in line with the results of Hastuti's research (cited in Linarsih, 2012) that the prenatal class is effective in increasing the knowledge of pregnant women regarding pregnancy care, childbirth and childbirth, newborn care. In line with the results of Lontaan's (2014) research, there are differences in the knowledge of pregnant women about childbirth preparation and parenthood in the treatment and control groups before and after taking prenatal classes. This finding is in line with Notoatmodjo's statement (quoted in Linarsih, 2012)

emphasizing that the existence of health education through prenatal classes is one way to change one's knowledge and psychological readiness in reducing infant mortality and undergoing pregnancy, childbirth, and baby care or playing the role of mother.

Prenatal classes that are routinely followed and programmed during pregnancy can provide many benefits for pregnant women, where prenatal classes lead pregnant women to prepare themselves psychologically to become a mother. Readiness is a result of the preparation process. In this case, the preparation to become a mother is undergoing her new role is done in prenatal classes with education or information provision. A pregnant woman who is psychologically prepared can help the mother in carrying out her role as a mother later. Thus, prenatal classes can meet the psychological needs of pregnant women so that it affects the psychological readiness of the mother.

The difference in the level of preparedness of pregnant women before and after attending prenatal classes can be caused by several factors, including the characteristics of pregnant women, including age, parity, education, occupation, and gestational age, as for other factors, namely the process factors in taking prenatal classes.

Psychological readiness related to feelings of anxiety, stress, and fear is a problem that is often faced by pregnant women trimester III in dealing with

childbirth and become a mother who is undergoing her new role. Based on this, then to increase the readiness of pregnant women in carrying out their new roles through regular and programmed prenatal class activities as one of the nursing interventions in health services provided to pregnant women.

Bobak, Lowdermilk & Jensen (2004) revealed that not many pregnant women are psychologically prepared to carry out their role as mothers, this is because pregnant women are said to be psychologically prepared when pregnant women feel calm, relaxed, happy and confident so that desires can arise who is keen to be ready to be a mother in her new role.

## **1 CONCLUSION**

**Based on the results of this study:**

- a. Psychological readiness of the mother in carrying out the role as a mother after the prenatal class shows psychological readiness that is ready in the group that gets the intervention that is all pregnant women **1** have psychological readiness **in the treatment group, and** vice versa **in the control group** that is not done prenatal class shows lower psychological readiness.
- b. There is a difference in the psychological readiness of the mother in carrying out the role of a mother before and after the prenatal class in the intervention group (p value = 0,000).

- c. c. There is the influence of prenatal classes on the psychological readiness of the mother in carrying out her role as a mother at Amali Subdistrict, Bone District, after ANCOVA test analysis  $p < 0,000 < 0.05$ .

### RECOMMENDATION

#### a. For Nursing Education

It is hoped that prenatal classes can be used as learning and reference sources in developing nursing or related research.

#### b. For Health Services

It is expected that health services (institutions) provide prenatal class programs, because based on the results of research conducted by researchers that prenatal classes have benefits for pregnant women.

#### c. For Future Research

It is expected that further researchers will be able to know the prenatal class on the psychological readiness of the mother in carrying out her role as a mother in greater depth with larger sample size and different research designs.

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