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Knowledge about Labor Influence on Primigravide Readiness for Labor

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ABSTRACT
Background: The high maternal mortality rate in Indonesia is caused by the unpreparedness of mothers in facing childbirth. Many things affect the readiness of mothers in facing childbirth. The factors that affect the readiness of the mother are knowledge, education, socio-culture and economy.
Purpose: Knowledge influences primigravida readiness to face childbirth.
Methods: This type of research is analytical research with an observational approach. Sampling was taken by purposive sampling with the criteria primigravida with a minimum gestational age of 28 weeks. Data analysis used chi square statistical analysis.
Results: The sample in this study was 53 primigravidas with the third trimester of gestation. The results of statistical tests show that the p value is 0.00 <0.05. These results suggest that the hypothesis is accepted, namely that knowledge affects primigravida readiness for labor.
Conclusion: The better the primigravida knowledge, the better prepared it will be to face childbirth.

Keywords: knowledge, primigravida, readiness for childbirth

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BACKGROUND

Primigravida is a woman who is experiencing pregnancy for the first time. Primigravida who do not yet understand about childbirth and pregnancy will often have difficulties in preparing for labor. Midwives have a fairly important role in pregnancy, especially for primigravida in providing knowledge about childbirth. In accordance with the opinion of Geniofam (2010) that the lack of readiness for childbirth is influenced by low knowledge and education, socioeconomic and socio-cultural.

According to Ristica (2017) that the high maternal mortality rate (MMR) in Indonesia is caused by the unpreparedness of mothers in facing childbirth. Indonesian Population Demographic Survey (SDKI) in 2017 that the Maternal Mortality Rate in Indonesia was 309/100,0000 live births. 90% of maternal mortality occurs at the time of delivery and 95% of the causes of maternal death are obstetric complications that are often not foreseen in advance, so the health department's policy to accelerate the reduction of MMR is to strive for every delivery to be helped or at least accompanied by a midwife and obstetric services as close as possible to all pregnant women (Saefuddin in Ristica 2017). The mother's unpreparedness in dealing with childbirthit causes a delay in the discovery of obstetric complications and the mother does not understand the preparation needed before delivery, so the mother does not get appropriate and timely services. This has caused three delays in referrals, namely firstly delays in making decisions to refer, second is delays in reaching health facilities, third is delays in obtaining assistance at health facilities.

Three lates are late in making referral decisions due to ignorance of where to seek help, cultural factors, decisions depending on the husband, fear of the costs that need to be paid for transportation and hospitalization, as well as distrust of the quality of health services, the second is the delay in reaching health facilities, influenced by distance, availability and efficiency of means of transportation, as well as costs, the third is the delay in obtaining assistance in health facilities, influenced by the number and skills of health workers, the availability of tools, drugs, blood transfusions and consumables, management and condition of health facilities. The optimal role of midwives can support efforts to accelerate MMR with the implementation of a comprehensive Ante Natal Care (ANC). ANC services are the second pillar of the Safe Motherhood effort which is a way of preparing mothers for childbirth.

Based on data from the health profile of the special region of Yogyakarta, it was found that the MMR in 2017 was 34 deaths with the most cases being primigravida, which was 41. 18 %. The most common causes of death in Yogyakarta are bleeding, heart disease and eclampsia. The cause of death according to the delay was found to be 29. 41% of deaths are caused by late referrals caused by the inability of the mother or family members to recognize red flags, cultural factors and ignorance of where to seek help. Based on these data, researchers are interested in conducting a study "Knowledge of childbirth and its effect on primigravida readiness in the face of childbirth".

METHODS

The research was conducted in the Prambanan Health Center area, Yogyakarta. This type of research is analytical research with an observational approach. The inner population is all third trimester pregnant women in the prambanan health center area with a total of 125 people. There were 53 respondents with the *purposive sampling* method, namely primigravida pregnant women with a minimum gestational age of 28 weeks. The method of collecting data by means of respondents filling out a questionnaire of knowledge and

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readiness for childbirth. After the data is collected, data analysis is carried out using *Chi square.*

RESULTS

Characteristics of Respondents

Table 1. Characteristics of Respondents

Characteristic	Category	Sum	%
Education	Tall	13	24.5
	Intermediate	38	71.7
	Basis	2	3.8
Readiness	Ready	44	83.01
	Not Ready	9	16.99
Knowledge	Good	48	90.6
	Enough	5	9.4
	Less	0	0

Table 1 shows that a total of 38 respondents (71.7%) were middle-educated. Judging from the knowledge, 48 respondents (90.6%) had good knowledge about childbirth. For childbirth readiness a total of 44 respondents (83.01%) were ready to face childbirth and a number. The data obtained were then analyzed using *Chi Square* and the results of the analysis were obtained in table 2.

Table 2. Cross-table of knowledge of readiness for childbirth

Knowledge	Readiness for childbirth				P Value
	Ready	%	Not Ready	%	
Good	43	81.1	5	9.43	0.000
Enough	1	1.88	4	7.54	
Less	0	0	0	0	

The results of the chi square analysis obtained a sig value of 0.00<0.05 so that the hypothesis was accepted, namely that knowledge has an influence on primigravida's readiness to face childbirth. The results of the study are in accordance with the opinion of Muthoharah (2018) who stated that Knowledge affects the readiness of primgravida in the face of childbirth.

DISCUSSION

Knowledge

Judging from Table 1 that most respondents have good knowledge about childbirth. This good knowledge is influenced by many factors, namely education. It is known that 51 respondents (96.2%) had a secondary education and above. According to Nursalam's opinion in Muthoharoh (2018) that the higher a person's level of education, the easier it will be to receive new information. New information received can increase the mother's knowledge of childbirth.

Primigravida is the first woman to become pregnant. With less experience, primigravida needs help from various elements to have a good knowledge of childbirth. The Ministry of Health of the Republic of Indonesia (2012) states that a person's parity is a

predisposing factor for antenatal services. The higher the parietas, the higher the experience and reduced anxiety of the mother in the face of childbirth.

The results in this study are different from the statement of the Ministry of Health of the Republic of Indonesia (2012) caused by other factors that affect knowledge. Among these factors is the role of midwives in providing midwifery care during the implementation of the ANC. Midwives as leading health workers in improving the health of mothers and children play an important role in providing information about pregnancy and childbirth to all pregnant women, especially primigravida. Other sources of information about childbirth can be accessed directly by pregnant women through information media such as newspapers, magazines, blogs or online information media.

Readiness to Face Childbirth

The tabulation results from table 1 found that as many as 44 respondents (83.01%) were ready to face childbirth. According to Prawirohardjo in Muthoharoh (2018) that childbirth readiness plays an important role in reducing MMR caused by three lates. The three delays are late decisions in providing assistance to mothers, late in bringing to health care and late medical personnel providing assistance.

Materson in Agustina (2017) that the preparation for childbirth aims to prepare all the necessary needs during childbirth. Such readiness includes physical readiness, psychological readiness, social readiness and cultural readiness. Childbirth readiness helps mothers to be able to achieve standardized delivery services and reduce delays when mothers have to receive emergency services.

The readiness of respondents in facing childbirth is inseparable from the role of midwives as leading health workers. Midwives as female partners are in charge of providing support, IEC and care during pregnancy, childbirth and puerperium. This care includes prevention efforts, promotion of normal childbirth, detection of complications in mother and child, and access to medical assistance or other appropriate assistance, as well as carrying out emergency measures.

Of all respondents, there were also 9 respondents who were not ready to face childbirth. This makes input and evaluation for midwives in providing services and care to primigravida so that they can prepare for childbirth and avoid the occurrence of three lates so as to help reduce maternal mortality.

The Effect of Knowledge on childbirth readiness

The sign value in table 2 is 0.00<0.05 which means that the hypothesis is accepted that knowledge has an influence in childbirth readiness. The results of this study are in accordance with research conducted by Oktalia (2016) that maternal knowledge has an influence on childbirth readiness. Mothers who have good knowledge of childbirth will make good preparations for childbirth compared to mothers who lack knowledge of childbirth. This research is also in line with the results of research from Muthoharoh (2018) which states that primigravida knowledge affects readiness to face childbirth.

The subjects in this study were primigravida with gestational age starting in the III trimester. Primigravida is a woman who is pregnant for the first time where the woman has no experience of pregnancy or childbirth. To gain knowledge about pregnancy and childbirth, primigravida must get information from health workers, especially midwives, experienced people and also information from social media. Information from social media today varies, especially pregnant women can access it online via the internet, so that pregnant women can more easily get information other than the information provided by the midwife.

Childbirth readiness is a way to assess the success of the labor process. A mother who does not yet have the readiness to face childbirth is feared to have various difficulties in

childbirth. Good childbirth readiness will reduce various risks both physical and psychological. This lack of influential knowledge in childbirth will lead to 3 Late i.e.; late decision-making, late in bringing health duties and being slow to get help. The incident of 3 Late is currently still the cause of the high maternal mortality rate in Indonesia. Therefore, the role of midwives is very necessary to increase maternal knowledge, especially primigravida in childbirth so as to increase maternal readiness in facing childbirth.

The knowledge of pregnant women in the III trimester primigravida about their delivery is also influenced by other factors. According to Mubarak in Muthoharoh (2018)[5] the factors that can influence a person's knowledge are education, occupation, age, interests, experience, environmental factors, information on economic status and social relations.

CONCLUSION

There is an influence of knowledge on childbirth readiness indicated by a sig value of 0.00 < which means that the better the primigravida knowledge in childbirth, the more prepared it is to face childbirth.

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