

## THE EFFECT OF COUNSELING ON ANXIETY IN FACING LABOR TO PRIMIGRAVIDA MOTHERS

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### ABSTRAK : PENGARUH KONSELING TERHADAP KECEMASAN DALAM MENGHADAPI PERSALINAN PADA IBU PRIMIGRAVIDA DI BPM SALABIAH

Latar Belakang: Kehamilan yang sehat dan lancar merupakan dambaan setiap wanita, namun seringkali dalam prosesnya wanita mengalami gangguan-gangguan seperti rasa cemas dan takut akan kelahiran anak atau peran menjadi ibu. Kecemasan, ketakutan dan panik berdampak negatif pada ibu sejak masa kehamilan sampai persalinan. Kecemasan dan ketakutan akan menimbulkan stress. Salah satu cara yang dapat dilakukan untuk mengatasi kecemasan wanita dengan kehamilan pertama adalah dengan dilakukannya konseling.

Tujuan : untuk mengetahui pengaruh konseling terhadap kecemasan dalam menghadapi persalinan pada ibu primigravida.

Metode: Penelitian ini merupakan penelitian *quasi eksperiment* dengan desain one group pretest-posttest design. Sampel penelitian ini adalah ibu hamil primigravida trimester III sebanyak 24 orang, tehnik pengambilan sampel adalah total populasi. Pemberian konseling kepada ibu hamil primigravida. Instrumen penilaian yang digunakan pada penelitian ini adalah menggunakan skala kecemasan Hamilton anxiety rating scale (HARS)

Hasil: Hasil penelitian yang didapat yaitu terdapat 22 responden yang mengalami penurunan kecemasan dengan mean rank 11.50, setelah dilakukan uji Wilcoxon didapat nilai asym. Sig (2 Tailed) 0,000.

Kesimpulan : penelitian ini dapat disimpulkan bahwa pemberian konseling berpengaruh terhadap kecemasan dalam menghadapi persalinan pada ibu primigravida.

Saran: untuk tenaga kesehatan konseling dapat dijadikan salah satu intervensi pada ibu hamil guna menurunkan kecemasan ibu dalam menghadapi persalinan.

Kata Kunci : Konseling, Kecemasan, Ibu hamil primigravida

### ABSTRACT

Background: A healthy and smooth pregnancy is the dream of every woman, but often in the process women experience problems such as anxiety and fear of the birth of a child or the role of motherhood. Anxiety, fear and panic have a negative impact on mothers from pregnancy to delivery. Anxiety and fear will cause stress. One way that can be done to overcome the anxiety of women with their first pregnancy is through counseling.

Objective: This study aims to determine the effect of counseling on anxiety in dealing with childbirth in primigravida mothers.

Methods: This research is a quasi-experimental research with one group pretest-posttest design. The sample of this study were 24 pregnant primigravida third trimester pregnant women, the sampling technique was the total population. Providing counseling to primigravida pregnant women. The assessment instrument used in this study was the Hamilton Anxiety Rating Scale (HARS).

Results: The results of the study obtained that there were 22 respondents who experienced a decrease in anxiety with a mean rank of 11.50, after the Wilcoxon test the asym value was obtained. Sig (2 Tailed) 0.000.

Conclusion: This study can be concluded that the provision of counseling has an effect on anxiety in dealing with childbirth in primigravida mothers.

Suggestion: For health workers, counseling can be used as an intervention for pregnant women to reduce maternal anxiety in facing childbirth.

Kata Kunci : Counseling, Anxiety, Primigravida pregnant women

## INTRODUCTION

One of the government programs to prevent maternal mortality and infant mortality is to make efforts to improve pregnancy and childbirth care so that birth preparation can be handled properly and reduce anxiety levels in dealing with childbirth (I. D. Sari & Pakpahan, 2021).

A healthy and smooth pregnancy is the dream of every woman, but often in the process women experience disturbances such as anxiety and fear of the birth of a child or the role of motherhood (Arafah & Aizar, 2012). This is also driven by hormonal conditions that tend to create instability in the body and mind, so that women who are pregnant become more easily panicked, irritable, much more sensitive, easily influenced, quick to anger, become irrational, and so on (Novitasari, 2013).

In the third trimester of pregnancy, anxiety in primigravida mothers increased compared to the previous trimester, 80% experience anxiety before delivery. Many anxiety are experienced by mothers, especially the condition of the baby and himself. Psychological readiness is one of the efforts to reduce the level of anxiety facing childbirth in order to reduce complications for mothers and babies due to anxiety (Walangadi et al., 2018).

The level of anxiety that often occurs in the moderate and severe categories is around 47.2%, the risk of causing placental abruption ranges from 1.29% to mild anxiety, 1.63% to moderate anxiety and 2.30% to severe anxiety. Another consequence of the level of anxiety facing childbirth will affect the health of the mother and fetus. Data shows that 42.8% occur in primigravida and 29.5% in multigravida, resulting in experiencing pain levels and labor that takes a long time (Yuniarti et al., 2018).

According to Ramona T. Mercer, the theory emphasizes antepartum stress (stress before giving birth) and the achievement of the mother's role. Both are closely related to the health condition of pregnant women. Meanwhile, the health condition of pregnant women is strongly influenced by patterns of interpersonal relationships, the role and support of family members, antepartum stress, social support, self-confidence and mastery of fear, doubt and depression (Roshant, 2014).

Anxiety is part of the emotional response to subjective judgments of individuals whose circumstances are influenced by the subconscious. During the pregnancy period, most pregnant women often experience anxiety (Fatmaningsih et al., 2019). Every pregnant woman has a different level of anxiety and depends on the extent to which the

mother perceives her pregnancy (Janiwarty & Pieter, 2013).

Anxiety, fear and panic have a negative impact on mothers from pregnancy to delivery. Anxiety and fear will cause stress (Nurfaizah, 2017). Continuous stress during pregnancy will affect the physiological and psychological development of the fetus. Extreme stress can cause premature birth, low birth weight, hyperactivity, and irritability (Rahmadani et al., 2019).

One way that can be done to overcome the anxiety of women with their first pregnancy is by conducting pre-natal group counseling. Then pre-natal counseling is an effort to provide problem solving assistance to clients (pregnant women) through counseling interviews conducted in the third trimester (Eriani, 2019).

According to the American Counseling Association, counseling helps people make the changes they need, such as the way they think, feel and behave. Some of the goals of counseling according to Corey are as a reliever of anxiety, healing emotional disorders, achieving happiness and satisfaction, self-actualization, and eliminating maladaptive behavior by learning adaptive behavior patterns (Husen et al., 2017).

Counseling is an appropriate medium in creating family collaboration with health workers. Counseling is needed as an intermediary who can help solve various kinds of life problems as a whole. The need for counseling basically arises from within and outside the individual, raising questions regarding what individuals should do (Sari & Afifah, 2022). The purpose of counseling is that families can solve as many problems as possible that interfere with their thoughts and behavior, so that families are able to solve their own problems (Lubis, 2017).

In accordance with the explanation, the researchers wanted to examine the effect of counseling on anxiety in dealing with childbirth in primigravida mothers at BPM Salabiah.

## RESEARCH METHODS

This research is a quasi-experimental research with one group pretest-posttest design. In this study, the test was carried out twice, namely before and after being given treatment (Firdaus & Zamzam, 2018).

The population in this study were pregnant women in the third trimester at BPM Salabiah. The sample of this research is the third trimester pregnant women as many as 24 people, the sampling technique is the total population.

The assessment instrument used in this study was the Hamilton Anxiety Rating Scale (HARS), which is a rating scale to measure the severity of anxiety, which consists of 14 standardized statements. In addition, a set of prenatal counseling modules for prenatal counseling is also used in the group. Counseling is carried out in four stages, namely stage I (establishment), stage II (transition), stage III (activity), and stage IV (termination). To analyze the data using the Wilcoxon test.

## RESEARCH RESULT

### Univariate Analysis

**Table 1**  
**Frequency Distribution of Respondents' Characteristics Based on Age, Education and Occupation**

| Karakteristik      | f  | %    |
|--------------------|----|------|
| Age                |    |      |
| <20 Years          | 3  | 12.5 |
| 20-35 Years        | 18 | 75   |
| >35 Years          | 3  | 12.5 |
| Education          |    |      |
| Senior High School | 15 | 62.5 |
| College            | 9  | 37.5 |
| Occupation         |    |      |
| Working            | 15 | 62.5 |
| Doesn't work       | 9  | 37.5 |

### Bivariate Analysis

**Table 4**  
**Wilcoxon Test**

| Anxiety Preetest-Posttest | N  | Meank Rank | Sum Ranks | Asymp.Sig (2-tailed) |
|---------------------------|----|------------|-----------|----------------------|
| Negative Ranks            | 22 | 11.50      | 253.00    |                      |
| Positive Ranks            | 0  | 0.00       |           | 0.000                |
| Ties                      | 2  |            |           |                      |

From the table above, it is known that in the negative ranks, 22 respondents experienced a decrease in anxiety with a mean rank of 11.50 and in the ties column there were 2 respondents, which means that there were 2 respondents with the same level of anxiety before and after the intervention. After the Wilcoxon test, the asymp sig value was obtained. (2-tailed) of 0.000, it can be concluded that there is an effect of counseling on anxiety in dealing with labor in primigravida mothers.

## DISCUSSION

The results showed that counseling can reduce the level of maternal anxiety in dealing with

From the table above, it is known that 75% of the respondents' characteristics are mothers aged 20-30 years, most of the mothers have high school education at 62.5% and most of the mothers are working as much as 62.5%.

**Table 2**  
**Distribution of Anxiety Frequency Before Intervention in Pregnant Women**

| Anxiety          | f  | %  |
|------------------|----|----|
| Mild Anxiety     | 12 | 50 |
| Moderate Anxiety | 12 | 50 |

From the table above, it is known that the mother's anxiety is mostly in mild and moderate anxiety by 50%.

**Table 3**  
**Distribution of Anxiety Frequency After Intervention in Pregnant Women**

| Anxiety      | f  | %  |
|--------------|----|----|
| Not Anxiety  | 12 | 50 |
| Mild Anxiety | 12 | 50 |

From the table above, it is known that the mother's anxiety is mostly in mild anxiety and not anxiety at 50%.

childbirth in primigravida mothers with an average value of 11.50.

Counseling encourages changes that are expected to occur in the client's overall personality constellation. The changes that are expected to occur will be permanent, so they will change or replace the part of the personality that is not good (pathological) into something new that is good and can be accepted by the person and the environment (Novitasari, 2013).

Psychological factors in dealing with childbirth are factors that greatly affect the smoothness of the birth process. Calmness and psychological readiness in primigravida will help facilitate the delivery process. Meanwhile, when

pregnant women experience anxiety and stress, the brain will indirectly work and secrete Corticotrophin-Releasing Hormone (CHR) (Khadijah, 2021). CHR is a master stress hormone that will trigger the release of glucocorticoid stress hormones by being stimulated by glucocorticoids and other stress hormones, such as adrenaline, the brain and body will experience tension and crisis. The normal pattern of the CHR hormone during pregnancy is that starting in the second trimester of pregnancy, the CHR level increases (Rahmawati & Susanto, 2018). Then in the last three months of pregnancy, or the third trimester, CHR levels rise higher, this will stimulate excess glucocorticoid production from the mother, and the result will be muscle tension and stiffness in the body (Kartika et al., 2021).

This study is in line with research conducted by Novitasari (2013), the results of his research show that prenatal group counseling is effective in reducing primigravida anxiety in dealing with childbirth.

This study is also in line with the results of research by I. W. Sari & Afifah (2022), with the results of the study that there were differences in the average value of anxiety before and after family counseling treatment with sig. 0.000 which means that the purchase of family counseling affects the anxiety of pregnant women in the third trimester.

Worries and anxiety in third trimester pregnant women if not treated seriously will have an impact in the form of complications and adverse effects on the physical and psychological, both of which are interrelated and influence each other (Horhoruw, 2016). If the physical condition is not good, then the thought processes, moods, actions concerned in daily life will be negatively affected (AL-Atik, 2012).

The bad impact of anxiety in pregnant women is that it triggers the stimulation of uterine contractions. As a result, it can cause blood pressure to rise, triggering preeclampsia and miscarriage (Handayani, 2015).

This study is in line with research conducted by Rahmadani et al., (2019), the results of the study show that there is an effect of counseling on the level of anxiety of primigravida mothers in facing childbirth.

Counseling has an effect on maternal anxiety because individual counseling is more focused on mothers, mothers are more open to the anxiety that mothers experience and can be dealt with immediately on the factors that cause anxiety to occur.

## CONCLUSION

Counseling has an effect on anxiety in dealing with childbirth in primigravida mothers.

## SUGGESTION

The results of this study can be used as evidence based in performing obstetric care during pregnancy. Counseling can be used as an intervention for pregnant women to reduce maternal anxiety in facing childbirth.

## REFERENCES

- AL-Atik. (2012). *Synopsis Psikiatri*. Bina Aksara.
- Arafah, C., & Aizar, E. (2012). Kecemasan Ibu Primigravida Dalam Menghadapi Persalinan Di Klinik Hj.Hadijah Medan Setelah Menonton Video Proses Persalinan Normal. *Jurnal Keperawatan Klin*, 3(1).
- Eriani, R. (2019). *Peran Bimbingan Konseling Dalam Mengurangi Kecemasan Bagi Ibu Hamil Menghadapi Persalinan Di RSUD Dr. H. BOB BAZAR, SKM ....* <http://repository.radenintan.ac.id/8868/1/PUSAT12.pdf>
- Fatmaningsih, S. U., Aniroh, U., & Liyanovitasari. (2019). Faktor-Faktor Yang Berhubungan Dengan Kecemasan Ibu Hamil Trimester Iii Dalam Menghadapi Persalinan Di RSUD Ungaran. *Universitas Ngudi Waluyo*, 011, 1–12.
- Firdaus, & Zamzam, F. (2018). *Aplikasi Metodologi Penelitian*. Group Penerbitan CV BUDI UTAMA.
- Handayani, R. (2015). Faktor-Faktor Yang Berhubungan Dengan Tingkat Kecemasan Menjelang Persalinan Pada Ibu Primigravida Trimester III di Wilayah Kerja Puskesmas Lubuk Buaya Padang Tahun 2012. *Ners Jurnal Keperawatan*, 11(1), 62–71.
- Horhoruw, C. P. (2016). Hubungan Paritas Dengan Tingkat Kecemasan Ibu Dalam Menghadapi Persalinan Pada Ibu Hamil Trimester III Di Puskesmas Jetis Kota Yogyakarta. *Skripsi Fakultas Ilmu Kesehatan Universitas Aisyiyah Yogyakarta*.
- Husen, K., Wardani, N. D., Puspitasari, V. D., & Dewi Wardani, N. (2017). *Pengaruh Pemberian Konseling Individu Sebelum Melahirkan Terhadap Tingkat Kecemasan Pada Ibu Postpartum*. 6(2), 682–691.
- Janiwarty, B., & Pieter, H. Z. (2013). *Pendidikan Psikologis untuk Bidan*. ANDI.
- Kartika, I., Suryani, I., Claudya, T. P., Bandung, K., Kecemasan, T., Hamil, I., & Persalinan, P. (2021). Hubungan Dukungan Keluarga

- dengan Tingkat Kecemasan Ibu Hamil Menghadapi Proses The Relationship Of Family Support With Anxiety Level Of Pregnant Mothers Facing The Delivery. *Journal of Midwifery and Public Health*, 3(2).
- Khadijah, S. (2021). Hubungan Dukungan Keluarga Terhadap Kecemasan Ibu Hamil Primigravida Trimester III Dalam Menghadapi Persalinan Di Wilayah Kerja Klinik Rafifa Desa Cempedak Lobang Fakultas Psikologi Universitas Medan Area. *Skripsi Fakultas Psikologi Universitas Medan Area*.
- Lubis, N. L. (2017). *Depresi: Tinjauan Psikologis* (P. Media (ed.)).
- Novitasari, T. (2013). Keefektifan konseling kelompok pra-persalinan untuk menurunkan tingkat kecemasan primigravida menghadapi persalinan. *Developmental and Clinical Psychology*, 2(2), 62–70. <https://journal.unnes.ac.id/sju/index.php/dcp/article/view/2578>
- Nurfaizah, A. (2017). Faktor-Faktor yang Mempengaruhi Kecemasan Ibu Hamil Trimester III. *Universitas 'Aisyiyah Yogyakarta*, 13(1).
- Rahmadani, L. N., Anggarini, S., & Mulyani, S. (2019). Pengaruh konseling terhadap tingkat kecemasan ibu primigravida dalam menghadapi persalinan di bpm hj. Sri lumintu. *Placentum: Jurnal Ilmiah Kesehatan Dan Aplikasinya*, 7(1), 19. <https://doi.org/10.20961/placentum.v7i1.25688>
- Rahmawati, P. M., & Susanto, T. (2018). Kecemasan ibu primigravida dalam menghadapi persalinan. *Konas Jiwa XVI Lampung*, 65–72.
- Roshant, A. (2014). Konseling Terhadap Kecemasan Pasien Pra Melahirkan. *Tesis/Skripsi Sekolah Tinggi Agama Islam Negeri Purwokerto*, 1–3. <http://repository.iainpurwokerto.ac.id/1025/2/Cover%2C%20Bab%20I%2C%20Bab%20V%2C%20Daftar%20Pustaka.pdf>
- Sari, I. D., & Pakpahan, S. (2021). Pengaruh Video Persalinan Normal terhadap Kecemasan Ibu Hamil Menghadapi Persalinan di Wilayah Kerja Puskesmas Pangaribuan Kecamatan Pangaribuan Kabupaten Tapanuli Utara. *Jurnal Ilmiah Universitas Batanghari Jambi*, 21(3), 1357. <https://doi.org/10.33087/jjubj.v21i3.1559>
- Sari, I. W., & Afifah, V. A. (2022). PENGARUH KONSELING KELUARGA TERHADAP KECEMASAN IBU HAMIL TRIMESTER III SAAT PANDEMI COVID-19. *Jurnal Keperawatan*, 63–70.
- Walangadi, N. N., Kundre, R., & Silolonga, W. (2018). Hubungan Pengetahuan Ibu Hamil Primigravida Trimester III Dengan Tingkat Kecemasan Ibu Menghadapi Persalinan Poli Kia Puskesmas Tuminting. *Jurnal Keperawatan*, 6(11), 1–8.
- Yuniarti, Y., Lagora, R., & Dewi, R. (2018). Pengaruh Video Proses Persalinan Normal Terhadap Kecemasan Ibu Hamil Menghadapi Persalinan. *Jurnal Media Kesehatan*, 7(1), 69–73. <https://doi.org/10.33088/jmk.v7i1.226>