

# THE EFFECT OF TRIMESTER III PRIMIGRAVIDA PREGNANT WOMEN'S EDUCATIONAL VIDEOS ON CHILDBIRTH PREPAREDNESS

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**Abstract.** Childbirth is when the cervix dilates, thins and the fetus descends into the birth canal. This delivery usually occurs when the pregnancy is complete between the 37th and 42nd weeks. Improving preparation for childbirth is an action plan by mothers, families and health workers to improve the health and safety of mothers and unborn babies. Readiness in facing childbirth can be a benchmark for the success of the childbirth process. Several factors that influence childbirth readiness include maternal characteristics, which include age, education, economics and support. Primigravida mothers often have disturbing thoughts when facing childbirth and experience difficulties preparing for childbirth because they have not had previous birth experience. This study aims to analyze the characteristics of third-trimester primigravida pregnant women on childbirth readiness. The research method used is a quantitative study with a pre-test – post-test control group design with a sampling technique, namely total side effects in third-trimester primigravida pregnant women with 43 samples of mothers in third-trimester primigravid pregnancy. The instrument in this research is a questionnaire. The data obtained in this study used a questionnaire through educational videos for third-trimester primigravida pregnant women on childbirth readiness. The characteristics of the respondents were mainly <25 years old (69.8%), the majority had high school education (20%), and the majority of jobs, namely not working or homemakers (60.5%). This research is expected to be a reference for midwives, nurses and further researchers to increase mothers' knowledge and readiness for childbirth.

**Keywords:** Educational Video, Childbirth Preparation

## 1 INTRODUCTION

Childbirth is the cervix's opening and effacement and the fetus's descent into the birth canal. Many things must be prepared when giving birth. According to (Harumawati, 2013), there are four things he needs to prepare to create physical, psychological, financial and cultural preparation. Readiness factors can influence several factors, such as age, peers, education, knowledge, economy, employment, social support and pregnancy planning.

Readiness for delivery is a measure of the smoothness of the workflow. Newly pregnant mothers often have negative thoughts when approaching childbirth and, due to their lack of experience, experience tremendous fear when preparing for labour. This is an example of a psychological disorder - fear of birth (Handayani, R., & Yulaikah, S, 2020). A primiparous mother about to give birth experiences feelings of fear, worry and anxiety: anxiety can cause pain and muscle tension, the mother gets tired more efficiently, and ultimately disrupts the birthing process (Purwoastuti, 2016).

Health education is a form of public relations usually carried out using lecture methods and presentation media. Especially in youth groups, this is felt to be less effective (Mousavi, S. R at al., 2022). Therefore, visual and audio-visual media can attract the target audience's interest and attention and increase the target audience's effectiveness (Chifdillah, 2021). (Letrud, K., & Hernes, 2018) found that the effectiveness of audio-visual media reaches 50%, compared to visual media, which is only 20%, but the manufacturing process is simple and can be read and used at any time. This has the apparent advantage of being capable. The choice and use of media influence the effectiveness of health education (Mousavi, S. R et al., 2022) (Kiani, Z et al., 2023).

(Sadiman, 2014), Animated video media can be a communication medium and a documentary medium. Animated videos contain more media elements and require more planning to convey something. The study presented audio-visual media in video form and featured lively and colourful characters (Hatamleh, R et al., 2019). By providing more exciting videos, it is hoped that pregnant adolescents will be more interested, pay more attention to, and understand the health education content presented in the media

According to the 2017 Riskesdas results, midwives (68.6%), doctors (18.5%), and non-medical personnel (11.8%) are obstetricians with the highest qualifications in Indonesia. It was recorded that 305 mothers died per 100,000 live births. With a maternal mortality rate of 305 per 100,000, this means that yearly, around 15,250 mothers die in Indonesia due to pregnancy or childbirth. In 2017, East Java medical personnel were secured in Lamongan, Lumajang, Bangkalan, Terengarek, Bojonegoro, Sampan and Madiun City. The hospitalization rate for health workers in East Java was 89.14% in 2017. This value was below 94% of the target value found. (East Java Health Service, 2016).

During the third trimester and approaching delivery, half of the primigravida mothers do not know where they will give birth and will give birth at a dukun beranak. This is due to a lack of preparation for childbirth and limited costs, knowledge, and preparation in dealing with childbirth (Deotale, I et al., 2022). This can be seen from the delay in making a decision when the mother experiences complications that can be fatal to both the mother and the baby. In addition, primigravida mothers do not have plans regarding their delivery, including plans for delivery places, helpers, blood donors, those who accompany them during delivery or if there are complications and must be

referred, and the vehicle that will be used when delivery arrives (Mousavi, S. R et al., 2021).

For this reason, researchers are interested in providing audio-visual health education about childbirth preparation to mothers who are giving birth for the first time so that they can further broaden their knowledge and develop attitudes about childbirth preparation through audio-visual education (Suji, D., & Nesa Mahiba, S, 2023). We have. With today's technological advances, the use of video as a health education tool is increasing. Health education through video media has the advantage of being more accessible and more enjoyable in absorbing knowledge because of better visualization. Video is an audio-visual media because it requires hearing and sight. This audio-visual media leads to more effective understanding, such as remembering, recognizing, recalling, and connecting facts and concepts (Barimani, M et al., 2018). Preparation for childbirth is a pattern of preparation, maintenance, and improvement of the process of pregnancy, childbirth and neonatal care (Proctor et al., 2018). With this background, researchers were interested in investigating the impact of educational videos on third-trimester primiparous women in preparation for delivery at the health centre during PKK. This study aimed to analyze the effect of educational videos on the desire to give birth in pregnant women. (Proctor et al., 2018).

## 2 METHOD

This research uses quantitative methods with a quasi-experimental pre and post-test control group design. This study compared the pre- and post-readiness scores of primigravida pregnant women in Trimester III regarding childbirth readiness. The sampling technique was 43 samples of third-trimester primigravida pregnant women. The instrument in this research is a questionnaire.

## 3 RESULTS

The results of this research consist of the following:

### 3.1 Before giving an educational video

**Table 1.** Frequency distribution of preparedness for third-trimester primigravid mothers giving birth before being given educational videos in the PMB K area

Readiness	N	%
Ready	2	4,7
Not ready	41	95,3
total	43	100

  

	n	Min	Max	Mean	Std. Deviation
Pre Readiness	43	15	28	20,26	2,517

Based on Table 1, it can be seen that the number of respondents was 43, it was found that 95.3% of mothers were not ready, and 4.7% of mothers were ready to face childbirth before being given intervention with a mean or average of 20.26, the standard deviation was 2,517 which means the distribution of the data normal research with a minimum value of 15 and a maximum value of 28. The minimum value means that the smallest value or the smallest number of respondents fill in the questionnaire items. In contrast, the max value means the most significant or extensive number of respondents fill in the questionnaire items.

### 3.2 After being given an educational video

**Table 2.** Frequency distribution of readiness for third-trimester primigravid mothers' childbirth after being given educational videos in the PMB K area

Readiness	N	%
Ready	37	86,0
Not ready	6	14,0
total	43	100

  

	n	Min	Max	Mean	Std. Deviation
Post Readiness	43	23	35	28,09	2,635

**Table 3.** Frequency distribution of readiness for third-trimester primigravid mothers' childbirth after being given educational videos in the PMB K area

Pre Test			Post-test		
Knowledge level	Frequency	Valid Percent	Knowledge level	Frequency	Valid Percent
Not enough	30	100,0	Not enough	9	30,0
Enough	0	00,0	Enough	13	43,3
Good	0	00,0	Good	8	26,7
Total		100,0		30	100,0

Based on Table 2 and Table 3, it can be seen that the number of respondents was 43, 14.0% of mothers were not ready, and 86.0% of mothers were ready for childbirth after being given an intervention with a mean data or average readiness of 28.09, a standard deviation of 2.635, which means the distribution normal research data, with a minimum value of 23 and a maximum value of 35. The minimum value means that the smallest value or the smallest number of respondents fill out the questionnaire items. In contrast,

the max value means the most significant or highest number fills out the questionnaire items.

### 3.3 The influence of educational videos

**Table 3.** The effect of providing health education through educational video media on readiness in facing childbirth in third-trimester primigravida mothers in the PMB K Region

	n	Mean	Std. deviation	t	sig
Pre-Readiness	43	- 7,837	0,898	-57,237	<i>p=0,000</i>
Post Readiness					

Based on Table 4.7, the results of the paired t-test found that before and after the provision of health education through video media, a p-value of 0.000 (<0.05) was found, with this value, the t-test was positive, which meant that there was an increase in readiness for delivery in primigravida pregnant women in the first trimester. III before and after giving health education through animated video media.

### 3.4 Hypothesis Testing

**Table 4.** The effect of providing health education through educational video media on readiness for childbirth in third-trimester primigravida mothers in the PMB K Region.

	n	Mean	Std. deviation	t	sig
Pre-Readiness	43	- 7,837	0,898	-57,237	<i>p=0,000</i>
Post Readiness					

The bivariate analysis in this research uses the t-test to determine if the data obtained has a normal distribution. However, if the data obtained is not normally distributed, the statistical analysis used is the kurtosis skewness test. If the statistical analysis results have a p-value <  $\alpha$  (0.05), then  $H_a$  is accepted, and  $H_o$  is rejected, which means that providing health education through animated videos affects readiness for childbirth. Meanwhile, if the p-value >  $\alpha$  (0.05), then  $H_a$  is rejected, and  $H_o$  is accepted, which means there is no effect of providing health education through animated videos on readiness for childbirth.

## 4 DISCUSSION

### 4.1 Readiness in dealing with third-trimester primigravida mothers before giving educational videos in the PMB K area

The study's results showed that the majority of primigravida mothers were not ready to face childbirth by 95.3%. This is in line with research conducted by (Siti Suhartinah,

2021), which found that around 90.3% of primigravida mothers did not understand preparation for childbirth.

Primigravida is the condition of a woman experiencing pregnancy for the first time. Primigravida mothers generally do not have an idea about the things that will be experienced during childbirth. Preparedness in facing childbirth is one of the benchmarks for the success of the birth process. Primigravid mothers often have disturbing thoughts when facing childbirth and have difficulty preparing for childbirth because they have not had previous experience of giving birth. One of the things that disturbs their thoughts is anxiety about facing childbirth (Mulani, M. A. I., & Salunkhe, J. A, 2022).. Every mother about to enter childbirth will experience fear, worry, or anxiety, especially primigravida/primipara mothers. Feelings of anxiety can increase pain, the muscles become tense, and the mother becomes tired quickly, ultimately hindering the birth process (Purwoastuti, 2016). Culture and environment influence mothers' mindsets, thereby impacting the behaviour of pregnant women in preparing for childbirth; this is supported by health services that are not yet optimal, such as a lack of counselling at posyandu. The researchers conclude that the research results are based on the theory and research. Readiness in dealing with third-trimester primigravida mothers after being given educational videos in the PMB K Region

#### **4.2 Readiness in dealing with third-trimester primigravida mothers after being given an educational video in the PMB K area**

The results showed that most primigravida mothers were 86.0% ready for delivery. This shows an increase in the readiness of primigravida mothers in facing childbirth experienced by respondents. The results of this study align with the theory of (Tsauri, 2015) that according to W.J.S. Paulwadar Minta explains in Mahmoud's book that education means the process of changing the attitudes and behaviour of a group of people to mature them through education and training efforts. In addition, Ahmad Munib and Dariant stated that education is education systematically, consciously, by those whose job is to influence students to show traits and characteristics that are by educational ideals. It claims to be an extraordinary endeavour.

Solikhah and Ernawati (2019) stated that one way to reduce anxiety is to provide information needed by mothers about things that will be experienced during childbirth. This was also stated by Husna & Sundari (2015) that one of the best ways to deal with childbirth is to find out various information about childbirth.

Health education is a form of socialization generally carried out using the lecture method and media presentations. This is considered less effective in providing health education. Video is a form of learning media that can attract interest in learning. Therefore, using visual and audio-visual media will attract target interest and focus to increase effectiveness in targeting (Chifdillah, 2021).

The use of video can also be called audio-visual. Audio-visual media can improve learning abilities through various senses, namely the eyes and ears, so that more and more information is received (Nurdin et al., 2018). Video media can also be reproduced, repeating the video if it is not clear so that it can increase knowledge, attitudes and behaviour, which can increase the mother's readiness to face childbirth (Elvina, ZA and Rosdiana, 2018)

Using videos in classes for pregnant women can help mothers understand more about the material being presented, both regarding pregnancy and childbirth. Pregnant

women use more senses than those who only use the MCH book (Sari, 2019). Researchers concluded that providing health counselling or education through animated videos can increase the readiness of primigravida mothers to face childbirth. This is because using video will make respondents more interested in the presented material. The effect of providing health education through animated video media on readiness for childbirth in third-trimester primigravida mothers at PMB

#### **4.3 The effect of providing health education through educational video media on readiness in facing childbirth in third-trimester primigravida mothers at PMB K**

Based on the test results using a paired T-Test, it was found that there was a significance of  $p = 0.000$ , which means that health education through animated videos affected the readiness of third-trimester primigravida mothers in facing labour. The t-test results were positive, indicating that pregnant women's readiness had increased after treatment using animated videos.

The increase in the average value of the readiness assessment of primigravida mothers before and after being given health education through animated videos can also be seen from the acquisition of scores where the average before is 20.26, whereas after being given health education in the form of counselling using animated videos about things that need to be prepared when before delivery the average value increased to 28.09.

Health education is the application of education in the health sector. Operationally, health education is all activities to provide and improve knowledge, attitudes, and practices both individuals, groups or communities in maintaining and improving their health (Notoadmodjo, 2014).

Several studies have proven that providing health education using audio-visual media is faster for participants to understand the material provided. Submission of material with Audio-visual Media is provided through digital media using spoken words in the form of illustrations, photos, animations or videos (Clark & Mayer, 2016). Lenzowski stated that conveying educational material using audio-visual media is preferable because it is equipped with pictures or photos that seem real, making it easier for respondents to understand (Puspitasari et al., 2019).

Based on the theory of Stimulus Organism Response (SOR), which researchers use as a basis for this study, it states that to change a person's behaviour, the new stimulus must exceed the old stimulus so that there is a change in the organism. Judging from the results of the post-test, it is known that the new stimulus, which is the lecture method with video playback, can provide a more significant stimulus than the organism's old stimulus (the level of the mother's initial knowledge based on the results of the pre-test and post-test). These results are consistent with the SOR theory, which states that a person's behaviour changes when a stimulus is acceptable and a new stimulus is needed that exceeds the original stimulus to influence a person's behaviour (knowledge level).

The results of research that has been carried out by Susanti (2015) explain the comparison of the use of video media and lecture methods on the impact of premarital sexual behaviour on the knowledge and attitudes of adolescents in Rejang Lebong Regency, showing that adolescents who are given audio-visual media have a high level of knowledge and attitudes, which is better than that given by the lecture method ( $p$

<0.05). Video media provides an opportunity to increase knowledge by 1.52 times and increase attitude by 1.57 times compared to the lecture method.

Presentation of health education through animated videos about childbirth preparation can influence the readiness of primigravida mothers in preparing for their delivery. This is because animated video media is more effective in providing health education.

## 5 CONCLUSION

The results of the paired t-test found that before and after the provision of health education through video media obtained a p-value of 0.000 (<0.05), with this value a positive t-test, which means that there is an increase in readiness in dealing with childbirth in primigravid third trimester pregnant women before and after providing health education through animated video media.

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