

Psychoeducation to Reduces Anxiety in Primigravida Mothers at the Rumah Tumbuh Harapan Foundation

Hilda Soedjito*, Evany Victoriana, F. Anindya Dwi Puspa Ningrum
Faculty of Psychology, Universitas Kristen Maranatha, Bandung, 40164, Indonesia

*Correspondence should be addressed to Hilda Soedjito; hilda_2902@yahoo.com

(Received August 14, 2023; Revised August 30, 2023; Accepted August 30, 2023)

Abstract

Pregnancy can cause discomfort for the changes experienced by a mother, namely physical changes, changes in social functioning, and psychological changes. The first pregnancy for a mother is a new journey where one of the influential psychological aspects is anxiety. Anxiety during pregnancy is also experienced by primigravida pregnant women who become pregnant outside of marriage. The anxiety that is felt is due to the mother's concern for the child's health, the mother's ability to take care of the child, how to carry out the role as a mother, how the environment views her, economic conditions, and family conditions. This has an impact not only on the psychological condition of pregnant women so that they experience high and moderate levels of anxiety, but also on the condition of the exposed fetus. The Foundation's management said that this anxious mother gave rise to behavioral reactions such as irritability and crying easily. The method used to overcome this problem is psychoeducation to reduce anxiety. The results and conclusions of the psychoeducation carried out are that psychoeducation can increase knowledge and understanding of anxiety and ways to overcome it so that it can effectively reduce anxiety.

Keywords: *anxiety, community engagement, pregnancy, psychoeducation*

How to Cite:

Soedjito, H., Victoriana, E., & Ningrum, F. A. D. P. (2023). Psychoeducation to Reduces Anxiety in Primigravida Mothers at the Rumah Tumbuh Harapan Foundation. *Journal of Innovation and Community Engagement*, 4(3), 208-218.

<https://doi.org/10.28932/ice.v4i3.7245>

© 2023 The Authors. This work is licensed under a Creative Commons Attribution-Non-commercial 4.0 International License.



Introduction

Pregnancy is a process of growth and development of the fetus in the womb. During the process, pregnancy can be a pleasant and enjoyable condition, but it can also cause discomfort, so it's no wonder that pregnancy is a complex period for a mother. The discomfort that is felt is generally related to the changes that are experienced. Physical changes can be seen from changes in the body shape of pregnant women who are fatter, enlarged breasts and widened hips. In terms of social function, the condition of pregnancy also makes changes to pregnant women, where there are limits to friendships, different concerns, such as paying attention to diet and daily activities. In addition to changes in physical condition and social functioning, pregnant women also experience psychological changes such as changes in mood, emotional disturbances, to increased anxiety and depressive conditions (Bjelica, 2018). Based on several studies conducted by Bjelica (2018), Gibbon (2004), and Rahmawati and Ningsih (2017) it was found that psychological changes can be a strong stressor during pregnancy so this needs to be a concern), because a pregnancy that is lived happily, relaxed, and open-minded will bring a mother to a psychologically healthy pregnancy.

Pregnancy for the first time for a prospective mother is a new journey, where one of the psychological aspects that influences pregnancy is anxiety (Wahyuni, 2009). Research conducted by Utami and Widia Lestari (2011) revealed that there are differences in anxiety in women who are pregnant for the first time (primigravida) and in women who are pregnant more than once (multigravida), namely primigravida pregnant women are found to feel more anxious than multigravida pregnant women. This is also supported by the results of research from Chandra et al. (2019) which revealed that primigravida pregnant women experience high anxiety because they think about many things such as anxiety about changes that occur physically, worry about the delivery process, economic conditions, lack of acceptance from the environment, and trust with myths. Aisyah (2019) also revealed that the absence of previous pregnancy experience, level of education, age, knowledge, and support from people around them also determine the anxiety level of primigravida pregnant women. The higher the education level of primigravida pregnant women, the more able they are to understand what has been explained by health workers (Aisyah, 2019) so that they do not easily believe the myths circulating in society.

Anxiety during pregnancy is also experienced by primigravida pregnant women who become pregnant outside of marriage (Saputra, 2011). Based on the results of interviews conducted with the foundation's management, it was found that the problem that is often found in pregnant women, especially primigravidas, is anxiety. This is due to the mother's concern for the child's health, the mother's ability to take care of the child, how to carry out her role as a mother, and how other people view her. Apart from worrying about herself and her child, the mother is also worried about economic conditions, environmental conditions, and the condition of families who have family members who experience pregnancies outside of marriage. This has an impact not only on the psychological condition of pregnant women who become anxious with high and moderate degrees, but also on the condition of the fetus which is exposed to anxiety. The foundation's management said that if pregnant women are anxious with moderate and high degrees, it will cause behavioral reactions such as irritability and crying easily. Related to these matters, the Rumah Tumbuh Harapan Foundation feels the need for handling related to anxiety in primigravida pregnant women with moderate and high degrees so that both mothers and prospective children become healthy individuals both physically and mentally. This foundation focus on woman who got pregnant outside marriage, so they specifically have vision and mission for woman who got pregnant outside marriage to prevent abortion.

The feeling of anxiety felt by primigravida pregnant women is largely due to an increase in the hormones oestrogen and progesterone which can cause mothers to feel uncomfortable during pregnancy and trigger stress (Rahmawati and Ningsih, 2017). Woman who got pregnant outside of marriage have different from the anxiety caused by they tend to have higher level of anxiety, low self esteem, and depression (Triningtyas and Ninik, 2017). Beck (1985) revealed that the signs of individuals who feel anxious are feeling tense, anxious, afraid, palpitations, blood pressure rises, and so on.

Based on research conducted by Rados (2018), Prycilia (2018), and Araj (2020) it was found that there is a relationship between the anxiety of pregnant women and postpartum disorders, so that if anxiety is not treated it will increase the tendency of pregnant women to experience postpartum disorder or commonly known as with baby blues. One of the anxiety treatments that can be given to primigravida pregnant women is psychoeducation to reduce anxiety (Rachmaniah, 2012; Suryani, 2016; Donker 2009; and Rummer-Kluge, 2008). Psychoeducation has been proven to be effective in reducing anxiety because during

psychoeducation the participants are provided with provisions to reduce the degree of anxiety they have (Rachmaniah, 2012).

Methods

Measuring tool to measure anxiety is to use the Beck Inventory Anxiety Test which has been designed by Aaron T. Beck (Clark, David T. and Aaron T. Beck. (2010)). The initial intake was carried out to obtain data related to the need for intervention by means of observation and interviews with pregnant women in May 2023. After that, the researchers conducted a pre-test by giving the BAI test to measure the degree of anxiety. The need for intervention was also known based on the results of interviews with the administrators of the Rumah Tumbuh Harapan (Rumah Ruth).

The assessment method used to obtain data related to the effectiveness of psychoeducation is to use a questionnaire to capture reaction levels and learning levels; forms related to practice changing negative thinking and relaxation techniques to capture levels of behaviour; and BAI questionnaire to determine the degree of anxiety.

The level learning questionnaire used in this psychoeducation contains anxiety material designed by the presenters based on Beck's theory (Clark, David T. and Aaron T. Beck. (2010)). This questionnaire was used to collect data regarding the level of understanding of primigravida pregnant women regarding anxiety material given before and after psychoeducation was given.

The level reaction questionnaire used in psychoeducation consists of a questionnaire with a Likert scale with levels from strongly agree to strongly disagree regarding psychoeducational techniques or activities such as timeliness, the way the facilitator delivers the material, question and answer time, and so on.

At the behavior level, participants will be asked to apply relaxation techniques design by Barbara Fredrickson (2009) at home and change their negative thoughts, then write them down into a form. After that, a follow-up will be carried out at the next meeting within 2 days out of 2 meetings to find out how it was implemented, whether there were difficulties or not and

whether there was a change in the anxiety felt. This follow-up will also be carried out for midwives and doctors to see if there are visible changes for midwives and doctors.

The level result questionnaire used in this psychoeducation uses BAI. The results obtained will be compared with the BAI results by comparing the total score given previously so that it can be seen whether there is a change in the degree of anxiety of primigravida pregnant women.

The data processing technique to find out the problems needed is to analyze the results of interviews that have been conducted with the foundation's management, as well as with 5 pregnant outside of marriage women. The final data processing technique was carried out by looking at the percentage of reaction level questionnaires and learning levels before and after psychoeducation. The data processing technique used in this psychoeducation is also to use the Wilcoxon Rank to see the significance of the psychoeducation being carried out. Equipped with changes in the degree of anxiety based on the BAI questionnaire before and after psychoeducation; and interviews after conducting psychoeducation regarding changes in perceived behavior. The observation and interviews data is being used for explanation and finding the psychological meaning of the result.



Fig. 1. Photo taken after psychoeducation finish



Fig. 2. Photo taken with one of board member of the foundation



Fig. 3. Photo taken while giving lecture to the subjects.

Results and Discussions

Results

Table 1. Result of BAI score

Category	Total Person	Percentage
Increase	1	33%
Still	0	0%
Decrease	2	67%
Total	3	100%

According to Table 1 result of BAI Score says that 1 persons (33%) increasing the score and the other 2 (67%) decrease score of anxiety.

Table 2. Result of Wilcoxon rank

Variable	Z	P-Value	Information
Pretest-Posttest BAI Anxiety	-1.069	0.285	Not significant, H0 accepted

According to Table 2 result of Wilcoxon rank says that there is no significant differences between pretest score and posttest score of anxiety.

Based on the assessment that has been carried out based on statistical results, the results of this psychoeducation show that there is no significant decrease in anxiety. Psychoeducation about anxiety in primigravid pregnant women can increase the knowledge of primigravid pregnant women about anxiety. Based on the evaluation at the learning level, as many as three people (100%) of the participants experienced an increase in knowledge about the material from before the psychoeducation took place. This shows that participants have better knowledge about anxiety after participating in this psychoeducation than before they attended this psychoeducation. Through increasing knowledge at this level it shows that the psychoeducational material that has been given to participants can be understood and remembered by participants. This is in line with the level reaction evaluation where 2 participants (67%) agreed that they fully understood the material presented and 1 person (33%) said they strongly agreed that they fully understood the material presented. As many as 3 people (100%) participants said they strongly agreed that they wanted to apply the material provided in their daily lives. Based on this, it can be concluded that there was an increase in knowledge and understanding of all participants (100%) after participating in psychoeducation.

Based on the results of observations as well, it can be said that participants who have high attention to the presentation of the material and the course of activities such as A and VL have decreased anxiety and increased understanding of the material. This is also in line with the explanation conveyed by Multitalent Psychology that attention can help individuals to control and plan future actions. Individuals can also do it based on information obtained from past memory associations and present achievements. This can also be captured by doing the assignments given and giving positive comments from the trainer.

Discussion

Subsequent psychoeducational activities need to pay attention to suitability and comfort between the subject and the existing room layout. Subsequent psychoeducational activities

need to pay attention to the gestational age of the mothers participating so they don't stop in the middle of the training.

Beck (Clark and Beck, 2010) revealed that when a person has clearer knowledge or cognitive abilities, he will be more adaptive in dealing with the anxiety he has. In this psychoeducation, participants are given material and quizzes about anxiety which aim to increase their knowledge of anxiety and how to deal with it. The knowledge that the participants have gained is then strengthened by the assignments given which are self-report in nature. These tasks aim to make participants aware of the symptoms, thoughts, and behaviors that arise when feeling anxious. According to Beck (Clark and Beck, 2012) in his theory of anxiety and Wenzel (2016) in Clark and Beck, 2012 regarding how to restructure cognitively, tasks like this are proven to reduce anxious behavior. This is in line with the results of the BAI score which shows that as many as 2 people (67%) show a decrease in anxiety. In addition, the decrease in the degree of participant anxiety was also due to activities in psychoeducation to change beliefs. Beck Clark and Beck (Clark and Beck, 2010) revealed that if beliefs change, a person's ability to process anxiety cognitively is also more adaptive.

This is in line with the theory put forward by Beck (Clark and Beck, 2010) that when a person has clearer knowledge or cognitive abilities, he will be more adaptive in overcoming his anxiety. This can also be caused because the tasks given are self-reporting tasks with the aim that participants can be aware of both the symptoms, behaviour, and thoughts that are in them when they are feeling anxious. These tasks are proven to reduce anxious behaviour based on anxiety theory from Beck and ways of cognitive restructuring from Wenzel (2016) in Clark and Beck, 2012.

Based on the psychoeducation that has been done, another problem that can be helped to overcome is the self-confidence of women who are pregnant outside of marriage, because low self-confidence in mothers can affect the anxiety they feel so there is a need for training to increase the confidence of women who are pregnant outside of marriage.

Conclusion

Psychoeducation can increase the knowledge and understanding of Primigravida pregnant women about anxiety and ways to deal with anxiety. Psychoeducational activities regarding

anxiety can be effective in reducing the anxiety of primigravida pregnant women at the Harapan House Foundation, Bandung. All participants felt that knowledge about anxiety was useful and participants were interested in applying the material presented in their daily lives.

Acknowledgements

Praise be to the presence of the Lord Jesus Christ, for His blessing and guidance so that the researcher can complete the assignment to fulfill the Professional Psychology Work Practice course. This report was prepared to fulfill one of the course assignments, namely Professional Psychology Work Practice at the Faculty of Psychology, Master of Adult Clinical Profession, Maranatha Christian University.

During compiling this research, researchers encountered many difficulties, both in preparation, arrangement, and completion. Thanks to the help from various parties, finally these difficulties can be overcome by the author. Therefore, on this occasion with respect the author would like to thank: Dr. Yuspendi, M.Si, M.Pd, psychologist as the dean of the psychology faculty at Maranatha Christian University who has given the opportunity to researchers to take this course; Dr. Evany Victoriana, M.Psi., psychologist, as the Head of the Psychology Masters Study Program and case supervisor who has provided many directions and suggestions for researchers; F. Anindya Dwi Puspa Ningrum, as assistant lecturer and third supervisor who has provided direction, input, and support for researchers; The management of the Rumah Grow Harapan Foundation who gave permission, time, space, and openness to researchers; Mr. Djie Tjhin Siu and Mrs. Lenawati Lihardja as parents of researchers who always support and try to understand this difficulty: Alm. Hendi Lihardja as the grandfather of the researcher who always gave advice and advice during his life, and encouraged researchers; Frida Soedjito and Edwin Jusuf as the older brothers of the researchers who always provide support in all aspects; Randy Dylen Widjaja as the researcher's fiancé who is always patient and always encourages researchers; Yvoine V. Kentjana and Nadia Gracia as close friends who always provide encouragement, support, assistance, and always accompany researchers; All my friends and colleagues who always support, encourage, and entertain that cannot be mentioned one by one.

The researcher realizes that this research proposal is still far from perfect and there are still many shortcomings. All forms of constructive criticism and suggestions will be accepted by

researchers with an open heart as material for improvement and to add insight to researchers in the future. Finally, the researcher hopes that this journal can be useful for readers and other parties who need it.

References

- Aisyah, S. (2019). Gambaran tingkat kecemasan ibu hamil primigravida dan multigravida dalam menghadapi persalinan. *Jurnal Kebidanan Universitas Islam Lamongan*, 11(1).
- Araji, S., Griffin, A., Dixon, L., Shauna-Kay, S., Peavie, C., & Wallace, K. (2020). An overview of maternal anxiety during pregnancy and the post-partum period. United States: University of Mississippi Medical Center. *Journal of Mental Health & Clinical Psychology*, 4(4), 47-56.
- Beck, A. T., & Emery, G. (1985). *Anxiety disorders and phobias: A cognitive perspective*. United States of America: Library of Congress Cataloging in Publication Data.
- Bjelica, A., Cetkovic, N., Trninic-Pjevic, A., & Mladenovic-Sagedi, L. (2018). The Phenomenon of Pregnancy – A Psychological View. *Ginekologia Polska*, 89(2), 102–106. DOI: 10.5603/GP.a2018.0017.
- Candra, F., Junita, D., & Fatmawati, T. Y. (2019). Tingkat Pendidikan dan Pengetahuan Ibu Hamil dengan Status Anemia. *Jurnal Ilmiah Ilmu Keperawatan Indonesia*, 9(04), 653–659. <https://doi.org/10.33221/jiiki.v9i04.398>.
- Clark, D. T., & Beck, A. T. (2010). *Cognitive Therapy and Anxiety Disorder*. The Guilford Press
- Clark, D. T., & Beck, A. T. (2012). *The Anxiety and Worry Workbook*. The Guilford Press.
- Donker, T., Griffiths, K. M., Cuijipers, P., & Christensen, H. (2009). Psychoeducation for depression, anxiety and psychological distress: A meta-analysis. *BMC Medicine*, 7(79). DOI:10.1186/1741-7015-7-79.
- Fredrickson, B. (2009). *Positivity: Groundbreaking research reveals how to embrace the hidden strength of positive emotions, overcome negativity, and thrive*. Random House, Inc.
- Gany, A. (2015). Pengaruh learning approach prestasi belajar pada mahasiswa fakultas teknik perguruan tinggi swasta di Bandung. *Jurnal Ilmiah Universitas Kristen Maranatha*, 4(1), 45–52.
- Gibbon, K. (2004). Developments in perinatal mental health assessments. *British Journal Of Midwifery*, 12(12).
- Hardiansyah, F. *Kesehatan ibu hamil dari perspektif social culture/budaya*. Universitas Islam Negeri Alauddin Makasar.
- Luban-Plozza, B., & Poldinger, W. (1985). *Psychosomatic disorders in general practice* (2nd ed.), Roche.
- Prycilia, M., & Rahmah, H. (2018). *Hubungan cemas pada kehamilan dengan terjadinya postpartum blues*. Fakultas Ilmu Keperawatan Universitas Indonesia. Retrieved Februari 28, 2023, from <https://lib.ui.ac.id/detail?id=20474352&lokasi=lokal>

- Rahmawati, L., & Ningsih, M. P. (2017). Gambaran pengetahuan ibu hamil tentang perubahan psikologis kehamilan di wilayah kerja Puskesmas Pariaman. *Bidan Prada*, 8(1), 1-9.
- Rados, S. N., Tadinac, M., & Herman, R. (2018). Anxiety during pregnancy and postpartum: Course, predictors and comorbidity with postpartum depression. *Acta Clin Croat*, 57(1), 39-51. DOI:10.20471/acc.2018.57.01.05.
- Rachmaniah, D. (2012). *Pengaruh psikoedukasi terhadap kecemasan dan koping orang tua dalam merawat anak dengan Thalasemia Mayor di RSUD Kabupaten Tangerang Banten*. Fakultas Kedokteran Universitas Indonesia Jakarta.
- Rummel-Kugel, C., Pitschel-Walz, G., & Kissling, W. (2009). Psychoeducation in anxiety disorders: Results of a survey of all psychiatric institutions in Germany, Austria and Switzerland. *Psichiatry Research*, 169(2), 180-182.
- Saputra, N. W. (2011). *Kecemasan pada remaja hamil di luar nikah*. Universitas Muhammadiyah Surakarta.
- Suryani, Widiyanti, E., Hernawati, T., & Sriati, A. (2016). Psikoedukasi menurunkan tingkat depresi, stres dan kecemasan pada pasien tuberkulosis paru. *Jurnal Ners*, 11(1), 128-133.
- Schultz, D. (1986). *Psychoanalytic approach: Sigmund Freud in theories of personality* (3rd ed.). Brooks/Cole Publishing Company.
- Triningtyas, I., & Yunitri, N. (2017). *Gambaran kecemasan, harga diri dan depresi pada remaja yang hamil di luar nikah di Kecamatan Pademangan Jakarta Utara*. Fakultas Ilmu Keperawatan Universitas Muhammadiyah Jakarta.
- Utami, A., & Lestari, W. (2011). Perbedaan tingkat kecemasan primigravida dengan multigravida dalam menghadapi kehamilan. *Jurnal Ners Indonesia*, 1(2), 86-94. <https://doi.org/10.31258/jni.1.2.86-94>
- Wahyuni, A. D., Maimunah, S., & Amalia, S. (2009). Pengaruh dukungan suami terhadap tingkat kecemasan ibu hamil trimester III dalam menghadapi persalinan. *Insight*, 17(1), 112-130. <https://doi.org/10.32528/ins.v17i1.2262>