

EFFECT OF COUNSELING ANXIETY IN DEALING WITH LABOR PRIMIGRAVIDA IN THE COMMUNITY HEALTH CENTERS BUKET HAGU LHOKSUKON NORTH ACEH

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ABSTRACT

Anxiety is a psychological problems facing labor that is often experienced primigravida, research Salfariani (2012) showed that 59.1 % primigravida of 22 maternal choose sectio caesarea labor without medical indication for anxiety normal delivery. Mei and Huang (2006) showed that anxiety can lead to prolonged labor and cause Post Partum Haemorrhagic, Suririnah (2005) concluded that to overcome the anxiety necessary counseling / counseling regarding preparations for the birth mother to change perceptions about childbirth.

The purpose of this study was to determine the effect of counseling on anxiety facing labor in primigravida.

This type of research is pre experiment with the design of one group pretest - posttest design . A sample of 40 people is primigravida third trimester of gestation 28-32 weeks in Puskesmas bouquet Hagu. The independent variable in this study is the counseling, the dependent variable is anxiety facing labor. Data collected using a questionnaire. Data analysis using t - tests dependent test (paired t - test).

The results of bivariate analysis showed a significant effect of counseling on reducing anxiety facing labor in primigravida ($p = 0.00$).

The study concluded counseling can minimize anxiety primigravida face childbirth , so that counseling can be used as a model or an alternative treatment for overcoming and preventing anxiety facing labor.

Keywords : Counseling , anxiety , preparation for childbirth.

INTRODUCTION

Maternal mortality is still a big issue where around 800 women die every day throughout the world due to pregnancy or birth complications. In 2010, 287,000 women died during and after pregnancy and childbirth. The ratio of maternal mortality in developing countries is 240 per 100,000 births compared to 16 per 100,000 in developed countries (WHO, 2012).

Indonesia is a developing country. Demographic and Health Survey 2012 showed the maternal mortality rate increased sharply compared to a survey in 2007. The survey found that as many as 359 maternal deaths per 100,000 births increased from the 2007 survey where the maternal mortality rate is only 228 deaths per 100,000 live births (Sufa, 2013, 1).

The Indonesian government began in 2013 to implement the Gold Program or Expanding Maternal and Newborn Survival in cooperation with the United States government to reduce maternal mortality rate which is still high in Indonesia (Wardah, 2013, 9) in addition to realizing the Millennium Development Goals (MDGs) in 2015 for reducing the MMR to 102 / 100,000 live births (Ministry of Health Affairs, 2011a). Estimates of the Indonesian population health development program targets in 2014 from 252.124.458 of the total population, there are 5.290.235 of pregnant women and 5.049.770 of birth mothers (Health of Department RI , 2011).

Pregnancy is a challenge of the turning point of family life and is usually followed by stress and anxiety, whether expected or unexpected

pregnancy. For starters family, pregnancy is a period of transition from childhood to parenthood with the permanent characteristic and have a responsibility (Susanti, 2008, p.15). Bobak et al. (2005, p.125) describe the growth requires mastery of certain developmental tasks in receiving pregnancy, identifying the role of the mother, rearranging the relationship between mothers and daughters and between her and her partner, building a relationship with the unborn child, and preparing to face childbirth experience.

Many women, especially primigravida and nullipara, will actively prepare for childbirth (Bobak et al., 2005, hal.130). Experienced mothers have a tendency to tell their stories for new mothers, whether about its profit or risky, but the report always describes about pain (Perkins, 1980 in Mander, 2004, p.99).

Anxiety can arise due to fears of a safe delivery for herself and her child (Rubin, 1975 in Bobak et al., 2005, p.131). Dick-Read (1920-1950) taught his patients that if someone fear the childbirth, she will become tense and make her sense the pain more severe (Simkin, 2008, p.147).

Kurniawati and Wahyu's research (2007) of the 30 samples showed primigravida anxiety more higher than multigravida when facing labor which from 15 primigravida mother; 4 women experience mild anxiety; 3 people experience moderate anxiety, and 1 mother experience severe anxiety, while from 15 multigravida mother; only 1 woman experience severe anxiety and 1 mother had moderate anxiety.

Another study showed anxiety is very influential on labor. Mei and Huang's research (2006) showed the influence of anxiety and depression primigravida mother in facing the labor may lead to prolonged labor and caused postpartum hemorrhage. While Michel Odent's observation in Simkin and Ancheta (2005) showed anxiety in the mother is a response of 'fight or escape' during childbirth. It causes excessive catecholamine levels at one time which result in increasing length of time. .

The results of the study mentioned above shows the anxiety is one of the factors that can

affect a person in facing the labor which can not be ignored. Crowe and Von Bayer (1989) in Mander (2004, p.102) survive to teach the reality of childbirth can be done which research shows that women who taught in realistic anxiety about childbirth experience less labor pain.

Suririnah (2005,3) suggested that the mother who will face delivery, have different experiences, depending on who and how the mother responded, the best suggestion is every mothers prepare themselves with knowledge and mental readiness that childbirth is a natural process. This can be overcome by doing a counseling or counseling. Issues that need to be addressed are aspects of the physiology of pregnancy, birth, emotional changes that occur during pregnancy and family planning in the future.

Hastuti's research on November 2007 until August 2009 regarding counseling of reducing anxiety and achievement of primiparous maternal coping mechanisms on the study of the levels of cortisol, uterine contractions, and long maternity on 218 pregnant mothers sampled research at Puskesmas Tegalrejo and Mergangsang, Yogyakarta clarify that counseling can minimize maternal anxiety at first childbirth (primiparous).

Salfariani's research (2012) at The Bunda Thamrin Hospital Medan on 22 maternal also showed 59.1 % primigravida and do not have experienced in previous maternity choose sectio caesarea labor without medical indication for normal delivery anxiety, so that researchers in the study concluded the need for counseling and counseling before the labor is to determine the choice carefully in taking a childbirth action.

Estimates of the population of Aceh by targeted health development program in 2014 there were 4,731,705, which consists of 111,991 pregnant women and 106,901 birth mothers (Health of Department RI, 2011b). Observations from the study site was observed from Pemantauan Wilayah Setempat-Kesehatan Ibu dan Anak (PWS-KIA) at The Community Health Centers Buket Hagu Lhoksukon North Aceh recorded in 2013 there were 443 pregnant women targeted. Recording up to December 2013 show from 35 villages in

the region of the health centers, there are 58 third trimester pregnant women, where 40 people are primigravida.

Preliminary observations which researchers observe when visiting the integrated services posts held at Dayah village end of December 2013 there are three primigravida of five third trimester pregnant women tell her anxiety about childbirth to the village midwife. The primigravida anxiety at the thought of childbirth process later, because of inexperienced as well as they generally have the same understanding that delivery was a daunting process, creepy, and painful, and the fear of not being a good mother to baby.

On the basis of various theories regarding the effectiveness of counseling and the results of previous studies showing the effect of counseling can reduce anxiety when facing the labor, researchers interested in applying counseling on reducing anxiety in primigravida at Puskesmas bouquet Hagu to determine the extent of the effect of counseling can reduce anxiety in facing the labor on primigravida mothers, as an appropriate counseling needs to be done on every obstetric services.

Formulation Of The Problem

Based on the description of the background issues above, the problem can be formulated as follows : whether there was an effect of counseling on anxiety facing labor in primigravida ?

Research Purposes

1. To determine the effect of counseling on anxiety facing the labor in primigravida.
2. To know the anxieties facing the labor before given counseling on primigravida.
3. To know the anxieties facing the labor after given counseling on primigravida.
4. To determine the effect of counseling on anxiety facing the labor in primigravida.

Benefits Of Research

1. Can contribute to policy-makers in designing a program of counseling to reduce anxiety in pregnant women in facing the labor.
2. Can provide information and inspiration for medical workers to implement counseling in

health centers, hospitals and birth centers as preventive measures to reduce the level of primigravida anxiety in facing the labor.

RESEARCH METHODS

This type of research is pre-experimental research design with one group pretest - posttest means to determine causation by involving a group of subjects. The group of subjects was observed prior to the intervention, and then observed again after intervention (Nursalam, 2003).

Population

The population is all primigravida In The Community Health Centers Buket Hagu Lhoksukon North Aceh and meet the inclusion and exclusion criteria .

a. Inclusion criteria :

- 1) Mother primigravida.
- 2) Pregnant women 28-32 weeks.
- 3) Willing to participate in the study.
- 4) Residing in Puskesmas bouquet Hagu.

b. Exclusion criteria, namely mothers with a history of adverse pregnancy :

- 1) The presence of diseases that accompany pregnancy is a disease that affects the mother before pregnancy, such as heart disease, kidney.
- 2) The presence of complications in pregnancy are abnormalities that arise during pregnancy, such as bleeding.

Samples

The sample in this study were taken overall primigravida Trimester III In The Community Health Centers Buket Hagu Lhoksukon North Aceh using saturated sample method or the so-called total population, where the entire population in this study were sampled, with a population of 40 people.

Place Research

Place this study is The Community Health Centers Buket Hagu Lhoksukon North Aceh. The working area is a rural health center transmigration. Researchers used two villages to facilitate this research; Meucat village and Ulee Tanoh village.

Time Research

This study was conducted from October 2013 to June 2014.

Data processing

Processing of the data in this study performed quantitatively. Data processing was performed with computerized and then analyzed. According Hastono (2007, p.6) there are four stages in the processing of data that must be passed, namely :

a. Editing is an activity to check the content of form or questionnaire to know its answer is complete, clear, relevant , and consistent. Respondents' answer in the questionnaire of this study are in accordance with the purpose of research.

b. Coding is an activity to change data shaped letters into data numbers. Encoding performed on the data characteristics of the respondents, while variable coding research is not done because it is a numeric data.

c. Processing is an activity to process the entry data so that it can be analyzed, the entry is done by clicking on the data from the questionnaires into a computer program package.

d. Cleaning is an activity rechecking data that already have been re-entry so that there are no errors. After checking, there are no errors in the data research.

Data Analysis

After processing data is done, then performing data analysis using a computerized. According Notoatmodjo (2005, p.188) phases of data analysis are as follows :

a. univariate analysis

Univariate analysis performed on each variable of the results of research and this analysis produces distribution and percentage of each variable. In this study, univariate analysis was conducted to determine the distribution of respondents' characteristics and anxiety before and after given counseling.

b . bivariate analysis

Bivariate analysis conducted on two variables are allegedly associated or correlated. In this research, bivariate analysis was conducted to determine the effect of anxiety in facing the labor in primigravida with a statistical test t -

tests dependent (paired t - test). This statistical test comparing the average respondents anxiety before and after given counseling, see the standard deviation, and hypothesis testing (p-value). The value of p is to see statistical significance, when the value of $p < 0.05$ considered as there are significant influence between these variables. If the opposite where the value of $p > 0.05$, it can be said that there is no influence of these variables.

Research Result

1. Univariate Analysis

Univariate analysis was used to describe the characteristics of the respondents, the average respondents anxiety before and after given counseling, as well as the respondents' answers. Respondents characteristic distributed by age, education, and work. The number of respondents consisted of 40 people primigravida third trimester with gestation around 28-32 weeks which measured anxiety in facing the labor before and after the given counseling, then also calculated the frequency distribution of respondents' answers to questionnaire about their anxiety.

Table 1 Distribusi Frequency Characteristics Of Respondents

In The Community Health Centers Buket Hagu Lhoksukon North Aceh Tahun 2014
(n=40)

Characteristics of respondents	f	%
Ages		
17 years	1	2,5
18 years	2	5
20 years	4	10
21 years	6	15
22 years	3	7,5
23 years	6	15
24 years	9	22,5
25 years	5	12,5
26 years	2	5
27 years	1	2,5
28 years	1	2,5
Education		
Colledge	11	27,5
Senior High School	14	35
Junior High School	10	25
Elementary School	5	12,5
Work		
Government Employees	3	7,5
Private	6	15
Merchant	4	10
Does Not Work	27	67,5

Analysis of the results showed that most of the respondents were in the age group 24 years as much as 22.5%. The majority of respondents 35% of high school graduates.

A total of 27 respondents (67.5%) did not work.

Table 2 Distribution of Respondents by Anxiety Before And After Given Counselling In The Community Health Centers Buket Hagu Lhoksukon North Aceh Tahun 2014 (n = 40)

variables Research			Mean Median	SD	Min-Max	95% CI
Anxiety Before Counseling	Given		23,8 24	4,1	17-34	22,5-25,1
Anxiety After Given Counseling			21,4 21,5	3,5	16-30	20,6-22,5

The analysis showed an average score of anxiety primigravida before counseled 23.8 (95% CI=22.5 to 25.1), the median score of 24 with a standard deviation of 4.1. Low anxiety scores of 17 and 34. The highest interval estimation results can be concluded that 95% believed the average score of anxiety primigravida before counseled between 22.5 to 25.1. The higher anxiety scores are more higher than after counseled where the average score of anxiety primigravida after counseled 21.4 (95% CI=20.6 to 22.5), the median score of 21.5 with a standard deviation of 3.5. Low anxiety scores of 16 and 30. The highest interval estimation results can be concluded that 95% believed the average score of anxiety primigravida before counseled between 20.6 to 22.5.

2. bivariate analysis

Bivariate analysis is used to observe the effect of independent variables (counseling) with the dependent variable (anxiety in the face of labor). Statistical analysis showed a significant effect of counseling on reducing anxiety in the third trimester primigravida in facing the labor because it has a value of $p < 0.05$, which means primigravida anxiety can be minimized by providing counseling. The results in detail can be seen in Table 3 below.

Table 3 Effect of Counseling Against Facing Anxiety Childbirth in primigravida In The Community Health Centers Buket Hagu Lhoksukon North Aceh 2014 (n = 40)

Variabel	Mean	SD	Beda Mean	SD	p
Anxiety before given counseling	23,8	4,1			
Anxiety after being given counseling	21,4	3,5	2,4	2,3	0,00

Statistical analysis showed a decrease in anxiety in primigravida before and after the given counseling, where the average of anxiety before counseled 23.8 with SD 4.1 after counseled the average of anxiety primigravida 21.4 with SD 3.5. The average difference of the anxiety primigravida before and after counseled 2.4 with SD 2.3. The p-value = 0.00 indicates a statistically significant effect of counseling on reducing anxiety in the face of labor in primigravida.

Discussion

a. Anxiety facing labor in primigravida before given counseling

The results of this study at the beginning of the questionnaire distributed obtained an average score of primigravida anxiety when facing labor 23.8. Lowest score obtained by respondents from scale measuring anxiety item 17 while the highest score 34. Generally anxiety experienced primigravida looks from sleep disorders, which in this study almost all respondents (85 %) experienced insomnia, often woke up in the middle night, even nightmares in medium scale. Even in small amounts there is also primigravida who experience tension, fear, and heavy physical symptoms (2.5%) due to anxiety.

This shows that anxiety does exist and can not be removed, which can be done only by minimizing it. Anxiety is a natural response of the body indicated when thinking about a matter that can be life-threatening. Anyone can experience anxiety no exception primigravida. The first pregnancy is something that is awaited by every newly married woman, but the process of pregnancy with various changes which sometimes unsettling of girlhood and the state of labor is already envisioned as a

painful process makes young mothers feel anxiety and fear when approached interpretation of birth date.

Anxiety is already being felt by pregnant women from the beginning of pregnancy, but the mother's physical condition who gradually stable and robust to ensure the threat of abortion does not exist, then the anxiety disappears by itself. But upon entering the three trimesters of pregnancy that grew big accompanied by physical discomfort, the anxiety is emerged and peaked. It is often feared by mother who pregnant for first time usually feel labor pain.

This fact is consistent with the theory expressed by Janiwarty and Pieter (2013, p.263) psychological conditions that often accompany the mother before the birth of a baby is a sense of fear and anxiety. Susanti (2008) added at the end of three trimesters, the mother worried about things in which the health and safety of childbirth. In more detail Laderman (1984) in Susanti (2008, p.38) explains that primigravida is worry about painful childbirth or cutting of the perineum.

These results are also consistent with research Azizah et al. (2013) which shows, from 31 respondents, 11 primigravida (35.5%) had severe anxiety before being given treatment. Research Kurniawati and Wahyu (2007) even clarify primigravida anxiety when compared with mothers who have given birth which 15 sample of primigravida appear 4 women experience mild anxiety, 3 people experience moderate anxiety, and 1 mother experiences severe anxiety. It is much higher than the 15 multigravida which only 1 mother experiences severe anxiety and 1 mother experiences moderate anxiety.

b . Anxiety face of labor in primigravida after given counseling

The results of further research is the result from post-test which is done by distributing the same questionnaires in interval of one month later, which is expected in the time interval. Results of lasting interventions still leave a trace in primigravida long-term memory. Respondents' anxiety after being given counseling obtained a score of 21.4. Lowest anxiety scores obtained from

primigravida is 16 while the highest score is 30.

Results of analysis of these studies showed there is change of anxiety in facing the labor on primigravida. There is an average decline in respondents' anxiety, with an average difference of 2.4. Judging from anxiety scores obtained from primigravida there is also appears a decrease in respondents' anxiety. The things which worried by the respondents are not much different with anxiety before given counseling. The majority of respondents (85%) still having trouble sleeping in the medium scale, while there is a change anxiety in the weight once scale, it appears there is no longer fear experienced by primigravida.

Decreased anxiety occurs because the respondents gained knowledge from counseling. Counseling provides information to primigravida which can change the perception of new mothers who become pregnant the first time about delivery. The high initial anxiety about delivery can be minimized. This is in line with the theory put forward Simkin et al. (2008) many predisposing factors can reduce or increase the anxiety felt by a woman, including one of knowledge about delivery. In this study, respondents' knowledge gained from counseling can reduce primigravida anxiety, according to the statement Pieter (2012) one of the counseling function is the function of development, namely increasing client's knowledge which is able to change the wrong perception about herself.

The results of this study are also consistent with research Azizah et al. (2013) of 31 respondents, 11 respondents (35.5%) had severe anxiety before being given counseling which showed that almost half primigravida experience anxiety when they will face the labor, compared to after being given counseling 14 respondent (45.2%) had mild anxiety.

c. Influence of counseling to anxiety facing labor in primigravida

Analysis of the results obtained by value $p=0.00$ which means that the value is smaller than 0.05. The final result of these studies we can conclude there is the influence of

counseling to anxiety facing labor in primigravida, the given counseling in this study can minimize anxiety in primigravida. Anxiety primigravidas before being given counseling seem higher than after being given counseling could have been affected by the respondent's own characteristics.

Respondents were generally aged 24 years, which according to Santrock (2003, p.26) that age is early adulthood which may become a factor in influencing higher baseline anxiety. Mappiare Becker (1983) in Zulkaida (2010) reveals one of the characteristics that stand out in this period are the presence of emotional tension.

Purwanto (1999, p.72) adds emotion experienced by adults will be different with the emotional events experienced by children, it is because adults are more influenced by various experiences in their emotions as a result of interaction with the social environment so that these emotions can be useful for health and can also interfere with physical and behavior health, which one is anxiety (Purwanto, 1999, p.74).

Primigravida's education in this study were an average of high school graduates (27.5%) could be increase the anxiety by affecting the experience gained by early adult women from the social environment as expressed Purwanto (1999). Primigravidas that do not have their own experience of childbirth will learn about the labor from mothers who have been through the labor. The reality in the field, from the story of multigravida who already captured by respondent is delivery is a long and painful process. This is in line with the theory put forward Perkins (1980) in Mander (2004, p.99) experienced mothers have a tendency to tell their stories for new mothers, whether about its profit or risky, but the report always describes about pain.

Young mothers who mostly just graduated from high school, where, according to Papalia et al., 2011 (hal.675) currently high school graduates alone can not be categorized as students. Mothers who just graduated to high school will just adopt the experience in herself, that she was also going through a painful labor and this is certainly inverse ratio with educated early adulthood, as explained

Papalia et al. 2011 (hal.675) they will use printed and written information to be active in society and to develop their knowledge. Surely the experience gained from the environment will be compared with academic information and then find a solution.

The location of this research which is the rural resettlement, where they still adopts a common concept. The young mothers innocently receive any information obtained from mothers who had experienced labor at the village, especially if that person is trustworthy or influential in the environment, it is a true story and should be trusted. It is also showed evident in the antenatal classes which formed once a week by midwife, was forced to rescheduled twice a week, by combining several nearby villages are also still appears empty, or sometimes just some mother who attend.

Other possibilities that make anxiety of young mothers in this study seem high before being given the counseling were the majority of respondents who also not working (67.5%) where their chance of finding a right solution from the problems solving, such as a visit to a health facility is very limited because it depends on their husband financial, also affect anxiety. Their habits in reaching the health facilities only when they feel pain or physical discomfort, whereas many physical discomfort arises due to maternal anxiety which is getting closer to labor.

The analysis above is disclosed in accordance with the theory of David A. Tomb (1993) in Riyadi and Purwanto (2009, p.43) anxiety is a unpleasant sensation of fear and can not be justified which often accompanied by physiological symptoms and when combined with the understanding of anxiety in existential-humanistic approach in which anxiety is a basic of human characteristic (Corey, 2010, p.76), then those two theories can be deduced as anxiety is human characteristic that has a form of tension against anything that threatens which accompanied by the physiological changes.

People who have the introvert characteristics (closed), they will be harbored insecurities, while the anxiety felt by primigravid will give impact on the fetus, this situation eventually

causes anxiety and are often not expressed to midwife, so the midwife only diagnose it only as a physical disorders, without paying attention to pregnant women's psychological. This is in line with the theory put forward Aprilia and Ritchmond (2011) which shows the anxiety has a major influence pain on the mother in late pregnancy, where anxiety and stress indirectly makes the brain work and secrete Corticotrophin-Releasing Hormone (CHR) which is the master of stress hormones that will trigger the release of stress hormones glucocorticoids. Stimulation of the excess production of glucocorticoid from the mothers would cause muscle tension and stiffness.

Laderman (1984) in Susanti (2008, p.38) clarify the fact that he thinks primigravida anxiety sometimes is not stated, but the midwife must know its gesture / sign. The fact in the field nowadays, the midwife generally has been able to understand the sign and to reduce primigravida anxiety in facing the labor, most midwives had been advised mothers and taught the right preparation of labor, which can be said in counseling. Generally, performed counseling is curative, midwives give the counseling after the anxiety has an impact on physical disturbance.

In this research to reduce the anxiety of respondents counseling is done with group dynamics approach is preventive. 40 young mothers stimulated to tell their anxiety about childbirth. Results of the discussions showed their anxiety arise when they imagine labor pain and fear can not have a normal delivery. It is concluded and made the discussed topic. To support the results of the discussion, the researcher displays video of labor, researchers showed a picture of labor pain that would be felt by the mother. Some mothers seem to wince at the expression on the face of the mother in video that shows tremendous pain during straining, but the mothers will grinned when the baby borns, feel as happy as the mother in the video. This fact that according to the theory put forward Laderman (1984) in Susanti (2010, p.38) mothers should be given education / counseling about appropriate behavior during childbirth. The best preparation for childbirth is to realize a healthy reality of pain, balance the risk with a sense of happy and desire for the ultimate prize in the form of a baby.

Further analysis of the results in this study are consistent with research Hastuti on November 2007 until August 2009 regarding counseling in reducing anxiety and achieving the primiparity maternal coping mechanisms on the study of the levels of cortisol, uterine contractions, and long maternity on 218 pregnant women who become research samples in PHC Tegalrejo and Mergangsang, Yogyakarta which indicates counseling can minimize maternal anxiety at first childbirth (primiparous).

Other studies that show the positive effect of counseling performed by Crowe and Von Bayer (1989) in Mander (2004, p.102) who consistent to teach the reality of labor can be done which it shows that women who taught in realistic about labor anxiety through counseling experienced less delivery pain. Ridgeway and Matthews (1981) and Wallace (1984) in Susanti (2008, p.21) concludes that the intervention on anxiety has a beneficial effect, namely through one of preparation to face the anxiety include anticipation, education / counseling, knowledge and strategy.

Conclusion

Based on the results of research and discussion can be concluded as follows :

1. Primigravidas anxiety before counseled obtained an average score of anxiety 23.8 (95% CI = 22.5 to 25.1), the median score of 24 and a standard deviation of 4.1.
2. Primigravidas anxiety after counseled obtained an average anxiety score of 21.4 (95% CI = 20.6 to 22.5), the median score of 21.5 and a standard deviation of 3.5.
3. There was a significant effect of counseling on the decreased anxiety in facing the labor in primigravida ($p = 0.00$).

Suggestion

Based on the conclusions that have been suggested, then the suggestion that can be given as an act of anticipative and corrective as follows :

1. For Health Policy Makers

The results could be used as a consideration for the local health department to make a concrete policy regarding counseling as an

obligation activity which health care institutions must done in order to reduce the risk of death from childbirth in addition to the service of clinical skills, such as required midwives to have counselor certificate.

2. For Health Care Agencies

The process and the results of this study can serve as a model or an alternative treatment to overcome and prevent the occurrence of anxiety in facing the childbirth, which can be applied in health centers Hagu bouquet, more health centers, hospitals, and other maternity clinic.

3. For the next Researcher

This study should be followed by next researcher using individual counseling so that they can be compared with the results of this study which uses group counseling methods, thus it can be concluded that the counseling methods can reduce effectively the primigravida anxiety.

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