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Analysis of Pregnant Women Class With Childbirth Preparation During the Pandemic Period at the Wajak Health Center Malang Regency

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ABSTRACT

Keywords:
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Childbirth preparation

Background: The low childbirth preparation of pregnant women during the Covid-19 pandemic is due to the many restrictions on almost all maternal and neonatal health services, including pregnant women class. Along with the COVID-19 pandemic, the government has implemented social distancing, physical distancing, and working from home as an effort to prevent the transmission of COVID-19, so that pregnant women classes are held on a limited basis through a virtual model. The purpose of this study was to know the relationship between the pregnant women class and childbirth preparation during the pandemic at the Puskesmas Wajak, Malang Regency.

Methods: The design of this study is a quantitative study analytic observational design with a cross-sectional approach. The population is third-trimester pregnant women with a sample of 30 respondents with a sampling technique using purposive sampling and data collection using a questionnaire. Data analysis used the statistical test of the contingency coefficient. The results showed that the implementation of the pregnant women class was mostly 19 people (63.3%) active. Most of the childbirth preparation was 16 people (53.3%) good.

Results: The results of the analysis showed that there was a relationship between the pregnant women class and childbirth preparation in the pandemic at the Health Center Wajak, Malang Regency (p-value <0.05). It shows that the more active pregnant women are in participating in the pregnant women class, the better the childbirth preparation.

Conclusions: Pregnant women class is a very important activity for every pregnant woman to increase knowledge and understanding of childbirth preparation so that they are better prepared to face childbirth and prevent complications. Pregnant women class can improve childbirth preparation because there is a delivery of knowledge about physical, mental, and financial readiness so that childbirth goes smoothly and safely. It is hoped that pregnant women should actively participate in the implementation of pregnant women classes so that they can know about childbirth preparation so that they can make efforts to prevent complications during pregnancy, maternity, and postpartum.

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1. INTRODUCTION

Currently, people in the world, including in Indonesia, are experiencing an outbreak of the COVID-19 pandemic which has an impact on health services, especially maternal and neonatal services. Under normal circumstances, maternal and neonatal mortality in Indonesia is still a big challenge, especially during the pandemic. For this reason, to prevent maternal and neonatal deaths, it is necessary to prepare good childbirth for every pregnant woman so that she is ready to face the childbirth period. Childbirth preparation is useful for preparing all the needs during pregnancy and childbirth. Childbirth preparation helps ensure that pregnant women can reach professional childbirth services when it begins and reduce delays when pregnant women experience obstetric complications. The unpreparedness of pregnant women in facing childbirth can affect the mother not being able to anticipate the risks that will occur at the time of childbirth so that it becomes one of the causes of the high maternal and infant mortality rate.

According to the 2016 Inter-Census Population Survey, the maternal mortality rate (MMR) is still high at 305/100 thousand live births, even though the 2015 MMR target is 102/100 thousand

live births, this figure ranks first in Southeast Asia. In East Java, the MMR tends to increase, in 2017 it reached 91.92/100 thousand live births, an increase compared to 2016 which was 91/100 thousand live births. In 2019 it was 89.81/100 thousand live births, this figure decreased compared to 2018 which reached 91.45/100 thousand live births, but the decline was not significant⁽⁷⁾. And about 80% of maternal deaths are caused by bleeding, toxemia gravidarum, infection, abortion, and prolonged parturition⁽⁸⁾. On the other hand, several studies have shown that the use of Antenatal Care (ANC) is still lacking, including in Indonesia. Although according to the 2018 Basic Health Research the coverage of ANC access (K1) is 96.1%, K2 is only 74.1%. Besides that, the implementation of pregnant women class in Indonesia is also still low, this is based on the 2016 National Health Indicators Survey which showed that most (81.8%) of mothers in Indonesia do not take part in the pregnant women class program implemented by the government. Of the mothers who participated in the pregnant women class, 6.8% participated in the complete program, and 9.0% incomplete the program⁽⁹⁾.

Based on a preliminary study conducted on 1-2 July 2021 on 10 pregnant women registered at the Wajak Health Center, Malang Regency by conducting online interviews via Whatsapp (WA) it was found that 6 people (60%) were in the poor category of childbirth preparation and 4 people (40%) was sufficient. Of the 6 people with insufficient childbirth preparation, all of them stated that they were less active in participating in pregnancy class, while out of 4 people with sufficient childbirth preparation, 3 people actively participated in the implementation of pregnant women class during this pandemic through the online method.

The low readiness for childbirth of pregnant women during the Covid-19 pandemic can be caused by the many restrictions on almost all services, including maternal and neonatal health services. For example, pregnant women are reluctant to go to the health center or other health service facilities for fear of being infected, there are recommendations for postponing pregnancy check-ups and pregnant women class. The implementation of pregnant women class is usually carried out routinely once a month, but along with the Covid-19 pandemic, the government has implemented social distancing, physical distancing, and working from home as an effort to prevent the transmission of COVID-19, so that activities for pregnant women class cannot be implemented. The impact of pregnant women if there is no childbirth preparation is the difficulty in determining the place of childbirth, the costs that must be prepared, the materials must be prepared for the baby, not knowing what will happen in the childbirth process, and not being able to anticipate the risks that will occur at the time of childbirth. In addition, the risks that can occur to pregnant women if there is no childbirth preparation are psychological disorders, after childbirth, the mother will experience several changes, both physical changes and psychological changes⁽¹⁰⁾.

The pregnant women class is a means to increase the knowledge and skills of mothers and families regarding pregnancy, childbirth, postpartum, postnatal family planning, prevention of complications, care for newborns, and exercise for pregnant women. During the COVID-19 pandemic, the implementation of the pregnant women class can be carried out through a virtual mode). Even during the pandemic, pregnant women can still consult online and carry out pregnancy checks following previous agreements while still paying attention to health protocols. Wahyungsih and Wintoto⁽¹⁰⁾ in their research suggested that there is a relationship between the participation of pregnant women in attending pregnant women class with childbirth preparation. So research by Lucia, Purwandari, and Pesak⁽¹⁰⁾ stated that there is an effect of implementing a pregnant women class on knowledge about childbirth preparation. Providing information in pregnant women class by the facilitator regularly and every week with different materials makes pregnant women regularly visiting and attending pregnant women class to stay healthy. By following the implementation of the class, pregnant women are expected to be able to anticipate the risks that will occur at the time of childbirth, so that it goes smoothly and safely.

The purpose of this study was to determine the relationship between the pregnant women class and childbirth preparation during the pandemic at the Wajak Health Center, Malang Regency. Based on these problems, pregnant women class is one of the factors related to childbirth preparation. By taking pregnant women class during an online pandemic, it is hoped that pregnant women will have good preparation in facing childbirth, so this is an important issue. If the research is carried out, it can provide benefits for both respondents and institutions. Therefore, researchers are interested in researching "Analysis of pregnant women class with childbirth preparation during

a pandemic at the Wajak Health Center, Malang Regency."

II. METHOD

The research method used in this study was a quantitative study with an analytic observational research design, where the research was to explore the causal relationship between variables to conclude a hypothesis. The population in this study were pregnant women in the third trimester in July at the Wajak Health Center, Malang Regency numbered 55 people. Then sampling through inclusion was carried out to obtain 30 people as respondents

III. RESULTS AND DISCUSSION

A. Characteristics of Respondents

1. Characteristics of Respondents Based on Age

Table 1. Characteristics of Respondents Based on Age at the Wajak Health Center, Malang Regency in July-August 2021

No	Age	Frequency (f)	Percentage (%)
1	< 20 Years	7	23,3
2	20-35 Years	20	66,7
3	> 35 Years	3	10
Total		30	100

Source: Research primary data in 2021

Table 1 can be interpreted that the age of respondents in the Wajak Health Center area of Malang Regency, 20 people (66.7%) were between 20-35 years.

2. Characteristics of Respondents Based on Education

Table 2. Characteristics of Respondents Based on Education at the Wajak Health Center, Malang Regency in July-August 2021

No	Education	Frequency (f)	Percentage (%)
1	Primary School	0	0
2	Junior High School	11	36,7
3	Senior High School	17	56,7
4	College	2	6,7
Total		30	100

Source: Research primary data in 2021

Table 2 can be interpreted that the majority of respondents' education in the Wajak Health Center area of Malang Regency, 17 people (56.7%) were from senior high school.

3. Characteristics of Respondents Based on Profession

Table 3. Characteristics of Respondents by profession at the Wajak Health Center, Malang Regency in July-August 2021

No	Profession	Frequency (f)	Percentage (%)
1	Civil Servant	2	6,7
2	Private	5	16,7
3	Entrepreneur	6	20
4	Does not work	17	56,7
Total		30	100

Source: Research primary data in 2021

Table 3 can be interpreted that the majority of respondents' profession in the Wajak Health

Center area, Malang Regency, 17 people (56,7%) did not work.

4. Characteristics of Respondents Based on Family Income

Table 4 Characteristics of Respondents Based on Family Income at the Wajak Health Center, Malang Regency in July-August 2021

No	Family Income	Frequency (f)	Percentage (%)
1	< Regency Minimum Wage	10	33,3
2	> Regency Minimum Wage	20	66,7
Total		30	100

Source: Research primary data in 2021

Table 4 can be interpreted that the family income of respondents in the Wajak Health Center area of Malang 20 people (66.7%), were above the Regency Minimum Wage.

B. Characteristics of Variables

1. Characteristics of Variables Based on Implementation of Pregnant Women Class

Table 5 Characteristics of Variables Based on Implementation of Pregnant Women Class at the Wajak Health Center, Malang Regency in July-August 2021

No	Implementation of Pregnant Women Class	Frequency (f)	Percentage (%)
1	Active	19	63,3
2	Inactive	11	36,7
Total		30	100

Source: Research primary data in 2021

Table 5 can be interpreted that the implementation of the pregnant women class of respondents in the Wajak Health Center area of Malang Regency, 19 people (63.3%) were active.

2. Characteristics of Variables Based on Childbirth Preparation

Table 6 Characteristics of Variables Based on Childbirth Preparation at the Wajak Health Center, Malang Regency in July-August 2021

No	Childbirth Preparation	Frequency (f)	Percentage (%)
1	Good	16	53,3
2	Enough	10	33,3
3	Less	4	13,3
Total		30	100

Source: Research primary data in 2021

Table 6 can be interpreted that the majority of respondents' childbirth preparation in the Wajak Health Center area, Malang Regency, 16 people (53.3%) were good.

C. Cross Tabulation between Variables

1. Cross Tabulation between Age and Implementation of Pregnant Women Class

Table 7 Cross Tabulation between Age and Implementation of Pregnant Women Class at the Wajak Health Center, Malang Regency in July-August 2021

Age	Implementation of Pregnant Women Class				Total	
	Active		inactive			
	f	%	f	%	f	%
<20 Years	3	10	4	13,2	7	23,3
20-35 Years	16	53,3	4	13,3	20	66,7
>35 Years	0	0	3	10	3	10
Total	19	63,3	11	36,7	30	100

Table 7 is interpreted that the implementation of the pregnant women class for respondents under the age of 20 years were at most 4 people (13.2%) being inactive, aged 20-35 years were at most 16 people (53.3%) being active and over 35 years were at most 3 people (10%) being inactive.

2. Cross Tabulation between Education and Implementation of Pregnant Women Class

Table 8 Cross Tabulation between Education and Implementation of Pregnant Women Class at the Wajak Health Center, Malang Regency, July-August 2021

Education	Implementation of Pregnant Women Class					
	Active		inactive		Total	
	f	%	f	%	f	%
Junior High School	2	6,7	9	30	11	36,7
Senior High School	15	50	2	6,7	17	56,7
College	2	6,7	0	0	2	6,7
Total	19	63,3	11	36,7	30	100

Table 8 is interpreted that the implementation of pregnant women class in respondents with junior high school education was at most 9 people (30%) being inactive, senior high school was at most 15 people (50%) being active and college was at most 2 people (6.7%) being active.

3. Cross Tabulation between Profession and Pregnant Women Class

Table 9 Cross Tabulation between Profession and Pregnant Women Class at the Wajak Health Center, Malang Regency, July-August 2021

Profession	Implementation of Pregnant Women Class					
	Active		inactive		Total	
	f	%	f	%	f	%
Civil Servant	2	6,7	0	0	2	6,7
Private	4	13,3	1	3,3	5	16,7
Entrepreneur	3	10	3	10	6	20
Does not work	10	33,3	7	23,3	17	56,7
Total	19	63,3	11	36,7	30	100

Table 9 is interpreted that the implementation of the pregnant women class in respondents with the profession as a civil servant was at most 2 people (6.7%) being active, the private sector was at most 4 people (13.3%) being active, the entrepreneur was at most 3 people (10%) being active and inactive, while not working were at most 10 people (33.3%) being active.

4. Cross Tabulation between Family Income and Implementation of Pregnant Women Class

Table 10 Cross Tabulation between Family Income and Implementation of Pregnant Women Class at the Wajak Health Center, Malang Regency, July-August 2021

Income	Implementation of Pregnant Women Class					
	Active		inactive		Total	
	f	%	f	%	f	%
< Regency Minimum Wage	4	13,3	6	20	10	33,3
> Regency Minimum Wage	15	50	5	16,7	20	66,7
Total	19	63,3	11	36,7	30	100

Table 10 is interpreted that the implementation of pregnant women class in respondents with income below the regency minimum wage was at most 6 people (20%) being inactive, while the income above the regency minimum wage was at most 15 people (50%) being active.

5. Cross Tabulation between Age and Childbirth Preparation

Table 11 Cross Tabulation between Age and Childbirth Preparation at the Wajak Health Center, Malang Regency, July-August 2021

Age	Childbirth Preparation							
	Good		Enough		Less		Total	
	f	%	f	%	f	%	f	%
<20 Years	1	3,3	4	13,3	2	6,7	7	23,3
20-35 Years	15	50	4	13,3	1	3,3	20	66,7
>35 Years	0	0	2	6,7	1	3,3	3	10
Total	16	53,3	10	33,3	4	13,3	30	100

Table 11 is interpreted that the childbirth preparation in respondents under the age of 20 years was at most 4 people (13.2%) being enough, aged 20-35 years was at most 15 people (50%) being good and over 35 years was at most 2 people (6.7%) being less.

6. Cross Tabulation between Education and Childbirth Preparation

Table 12 Cross Tabulation between Education and Childbirth Preparation at the Wajak Health Center, Malang Regency, July-August 2021

Education	Childbirth Preparation							
	Good		Enough		Less		Total	
	f	%	f	%	f	%	f	%
Junior High School	1	3,3	7	23,3	3	10	11	36,7
Senior High School	13	43,3	3	10	1	3,3	17	56,7
College	2	6,7	0	0	0	0	2	6,7
Total	16	53,3	10	33,3	4	13,3	30	100

Table 12 is interpreted that the childbirth preparation in respondents with junior high school education, was at most 7 people (23.3%) being enough, senior high school was at most 13 people (43.3%) being sufficient and college was at most 2 people (6.7%) being good.

7. Cross Tabulation between Profession with Childbirth Preparation

Table 13 Cross Tabulation between Profession with Childbirth Preparation at the Wajak Health Center, Malang Regency, July-August 2021

Profession	Childbirth Preparation							
	Good		Enough		Less		Total	
	f	%	f	%	f	%	f	%
Civil Servant	2	6,7	0	0	0	0	2	6,7
Private	4	13,3	0	0	1	3,3	5	16,7
Entrepreneur	2	6,7	1	3,3	1	10	6	20
Does not work	8	26,7	9	30	0	0	17	56,7
Total	16	53,3	10	33,3	4	13,3	30	100

Table 13 is interpreted that childbirth preparation in respondents with civil servant profession was at most 2 people (6.7%) being good, the private sector was at most 4 people (13.3%) being good, the entrepreneur was at most 3 people (10%) less and not working were at most 9 people (30%) being enough.

8. Cross Tabulation between Family Income and Childbirth Preparation

Table 14 Cross Tabulation between Family Income and Childbirth Preparation at the Wajak Health Center, Malang Regency, July-August 2021

Family Income	Childbirth Preparation							
	Good		Enough		Less		Total	
	f	%	f	%	f	%	f	%
<Regency Minimum Wage	5	16,7	5	10	2	6,7	10	33,3
>Regency Minimum Wage	11	36,7	7	23,3	2	6,7	20	66,7
Total	16	53,3	10	33,3	4	13,3	30	100

Table 14 is interpreted that the childbirth preparation in respondents with income below the regency minimum wage was at most 5 people (16.7%) being good, as well as those above the regency minimum wage were at most 11 people (36.7%) being good.

D. Statistical Test Results

The results of the statistical test analysis of the relationship between the implementation of pregnant women class and childbirth preparation during the pandemic using the contingency coefficient test with a significance level (α) of 5% (0.05) obtained the following results:

Table 15 Contingency Coefficient Test Results Relationship between Implementation of Pregnant Women Class with Childbirth Preparation During a Pandemic

Pregnant Women Class	Childbirth Preparation						Contingency Coefficient Test		
	Good		Enough		Less		Total	C	p-value
	f	%	f	%	f	%			
Active	15	50	4	13.3	0	0	19	63.3	0.585 0.000
Inactive	1	3.3	6	20	4	13.3	11	36.7	
Jumlah	16	53.3	10	33.3	4	13.3	30	100	

Table 15 is interpreted that the respondent's childbirth preparation by actively participating in the pregnant women class were at most 15 people (50%) in good category and none in the less category, while the respondents who were inactive at most 6 people (20%) enough, 4 people (13.3%) in the less category and only 1 person (3.3%) in the good category. The results of the statistical test of the Contingency Coefficient obtained a p-value (sig.) of 0.000 (α) 0.05, the decision to accept H_1 . This meant that there was a relationship between the implementation of pregnant women class and childbirth preparation during the pandemic at the Wajak Health Center, Malang Regency. It showed that the more active pregnant women were in participating in the class, the better the childbirth preparation. The contingency coefficient value of 0.585 indicates that pregnant women who were actively participating in the pregnant women class had an effect of 58.5 times better in childbirth preparation than those who were not actively participating in the pregnant women class.

Most of the active pregnant women took part in the pregnant women class, but there were still some who were not active, namely 36.7%. This could be due to the fact that some were still under 20 years old, where at that age they were immature and tend to be unstable, mentally immature, resulting in less attention to the implementation of pregnant women class. Likewise, with junior high school education, their mindset was also still in the poor category so they were reluctant to take pregnant women class even though it was very important to support smoothness in undergoing pregnancy, childbirth, and postpartum. In addition, the presence of pregnant women who were not actively participating in pregnant women class could be due to limited facilities and infrastructure, considering that the implementation of pregnant women online classes might have cellphones and internet packages, so pregnant women who were not actively participating in pregnant women class were most likely because there was no internet package during the pregnant women online class.

With the pregnant women class program promoted by the government so far, it had recommended all pregnant women to take part in these activities for free, so that by pregnant women class, they could add insight and knowledge about childbirth preparation, both low and high-income families, so that indirectly direct childbirth preparation for every pregnant woman was good. Although in general, most of the childbirth preparations were good and sufficient, there was a small proportion who still had relatively poor childbirth preparation, namely 4 people (13.3%). This could be due to the fact that there were people who were still under 20 years old, where at that age they were not yet mentally mature, so they were less active in attending pregnant women class. In addition, some respondents had a junior high school education level, namely 36.7%, with this level of education their understanding of childbirth preparation was very lacking so that of course it could result in less childbirth preparation. Likewise, there was the possibility of pregnant women who were less active in attending pregnant women class because of limited facilities and infrastructure, such as not having internet packages during the implementation of pregnant women class, so that it had an impact on knowledge so that childbirth preparation was lacking.

The results of this study indicated that the implementation of the pregnant women class was beneficial for the readiness of pregnant women in facing childbirth because pregnant women got information on maternal and child health, exchanged opinions, and gained knowledge and skills about childbirth preparation. Overall, the pregnant women class would have a positive impact on pregnant women in the process of preparing for childbirth. Because by taking pregnant women class, pregnant women could increase their knowledge, skills, and motivation related to awareness to improve the health of mothers and babies obtained during learning in pregnancy class, so that they could increase the mental readiness of pregnant women in facing childbirth and would cause conditions that safe, comfortable, relaxed in the face of childbirth. Good childbirth preparation could minimize the occurrence of complications that might occur that could result in death for both mother and baby. Although in general there was a relationship between the pregnant women class and childbirth preparation, in this study there was 1 person (3.3%) with a pregnant women class who were not active but had good childbirth preparation, this could be because there were 2 respondents who had a high level of education, college (Bachelor), with this education they had a better mindset and insight, so they tried to find their information about childbirth preparation, for example, reading health books or MCH books that have been given, accessing the internet, and so on.

The pregnant women class in this study was carried out online due to restrictions on face-to-face activities during the COVID-19 pandemic, so the process of class activities for pregnant women experienced problems due to several factors. Obstacles in implementing pregnant women online classes included unstable signal conditions in some areas and the lack of ability of some pregnant women to use information and communication technology in accessing online meeting applications which were still considered a new experience. Pregnant women classes that were held online were still relatively ineffective due to several existing obstacles.

IV. CONCLUSION

Based on the results of the research and discussion, it can be concluded that the majority of respondents at the Wajak Health Center area of Malang Regency were 19 people (63.3%) active. Most of the respondents in the Wajak Health Center area of Malang Regency, namely 16 people (53.3%) were good at giving birth. There is a relationship between the implementation of pregnant women class and childbirth preparation during the pandemic at the Wajak Health Center, Malang Regency (p-value (sig.) 0.000 < 0.05). It shows that the more active pregnant women are in participating in the class, the better the childbirth preparation.

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VI. REFERENCES

- [1] Arifinika, S. (2014) *Prosedur Penelitian Suatu Pendekatan Praktik*. Jakarta: Rineka Cipta.
- [2] Bobak, L. (2014) *Buku Ajar Keperawatan Maternitas*. Jakarta: EGC.
- [3] *Dinkes Jatim* (2019) *Rencana Strategis Dinas Kesehatan Jawa Timur 2019-2024*. Surabaya: Dinas Kesehatan Jawa Timur.
- [4] Gitamirani, Y. (2017) *Faktor-Faktor Yang Berhubungan Dengan Kesiapan Persalinan di Puskesmas Jetis I Bantul Yogyakarta*. Naskah Publikasi, Universitas Aisyiyah.
- [5] Gustina (2020) "Penyuluhan Kesehatan Pada Ibu Hamil Tentang Mempersiapkan Kehamilan Dan Persalinan Di Tengah Pandemi Covid-19," *Jurnal Pengabdian Masyarakat Bakti Parahita*. p-ISSN 2747-2094. Universitas Bluswar. Jakarta, hal. 45-54.
- [6] Hmidayati, N., Azhar, K. dan Dhurmayim, I. (2019) "Penjajaman Strategi Pelaksanaan Kelas Ibu Hamil dalam Upaya Meningkatkan Pemanfaatan Pelayanan Kesehatan Maternal." *Badan Litbangkes Kementerian Kesehatan Republik Indonesia* November 2019. Jakarta: Kementerian Kesehatan RI. hal. 5-8.
- [7] *Kemendes RI* (2011) *Pedoman Pelaksanaan Kelas Ibu Hamil*. Jakarta: Kementerian Kesehatan RI. doi: 10.5056/jum74-109.
- [8] *Kemendes RI* (2019) *Profil Kesehatan Indonesia 2018*. Jakarta: Kementerian Kesehatan RI.
- [9] Kusri dan Muthoharoh, H. (2019) *Faktor-Faktor Yang Mempengaruhi Pelaksanaan Kelas Ibu*

- Hamil Di Puskesmas Turi Kabupaten Lamongan," *Prosiding SNasPPM Universitas Islam Lamongan*, hal. 107-114.
- [10] Lucia, S., Purwandari, A. dan Pesak, E. (2015) "Pengaruh Pelaksanaan Kelas Ibu Hamil Terhadap Pengerahan Tentang Persiapan Persalinan," *Jurnal Ilmiah Bidan*, IVolume 3 Nomor 1: Januari – Juni 2015, Poltekkes Kemenkes Manado, 3(1), hal. 91-96.
- [11] Maronita (2016) *Ilmu Kebidanan, Penyakit Kandungan, dan KB*, 2 ed. Jakarta: EGC.
- [12] Nurdin, S., Kenre, I. dan Suhartina (2018) "Hubungan Aktivitas Kelas Ibu Hamil Dengan Kesiapan Ibu Hamil dalam Menghadapi Persalinan di Puskesmas Pangkajene Kabupaten Sidrap," *Jurnal Kesehatan Lettera Acitya Vol.5 No. 2 Desember 2018*, Akademi Keperawatan Fatma pure-Pare, 5(2).
- [13] Nuralam (2017) *Konsep dan Penerapan Metodologi Ilmu Keperawatan*, Jakarta: Salemba Medika.
- [14] Sugiyono (2018) *Statistik untuk Penelitian*, Bandung: Alfabeta.
- [15] Syaifri, R. (2020) "Faktor-Faktor yang Berhubungan dengan Keikutsertaan Pelaksanaan Kelas Ibu Hamil," *Jurnal Ilmiah Kebidanan Indonesia Vol. 10 No. 1 Maret 2020*, Institut Kesehatan Helvyita Medan, Indonesia.
- [16] Wahyaningsih, A. dan Wintoro, P. D. (2019) "Hubungan Keikutsertaan Ibu Hamil dengan Persiapan Menghadapi Persalinan di Wilayah Kerja Puskesmas Karangtengah Kliten," *Jurnal Involusi Kebidanan Vol. 9, No.2, 2019*, Pendidikan Profesi Ners STIKes Muhammadiyah Kliten, 53(9), hal. 1689-1699.
- [17] Wilrijasastro, H. (2016) *Ilmu Kebidanan*, 4 ed. Jakarta: PT. Bina Pustaka Sarwono Prawirohardjo.
- [18] Yanti, Lala, W. dan Mardiana, T. H. (2020) "Hubungan Keikutsertaan Ibu Hamil Dalam Kelas Ibu Hamil Dengan Kesiapan Menghadapi Persalinan Di Wilayah Desa Hlilanowo Kecamatan Tejak Dalam Kabupaten Nias Selatan Tahun 2020," *Journal Of Midwifery Senior, Volume 3 Nomor 1: Agustus 2020*, STIKes Senior Medan, 3, hal. 114-120.

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