



THE EFFECT OF IMPLEMENTATION OF ONE STUDENT ONE CLIENT (OSOC) ASSISTANCE MATERNITY SERVICE MODEL TOWARD ANXIETY AMONG PRIMIPAROUS MOTHER IN THE POST PARTUM PERIOD

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ABSTRACT	Keywords
<p>Introduction: the “OSOC” method, namely assistance starting from pregnancy, childbirth, and postpartum newborns. until the selection of family planning methods so that the health of mothers and babies improves. Purpose: to determine the effect of the application of the maternity service model of OSOC assistance on anxiety in primiparous mothers during the postpartum period at the Kendal District Health Center.</p> <p>Method: Quantitative data analysis was used to assess the anxiety of postpartum primiparous mothers with the intervention group and the control group, a type of Quasi Experiment research with a non-equivalent control group design. The subjects of this research was divided into two groups, they were intervention groups and control groups. In the intervention group, it was given in the form of providing OSOC assistance in the postpartum period, while the control group was given conventional puerperal care. The sample in this study was 75 primiparous postpartum mothers. To test the hypothesis that there is a significant difference in the anxiety of postpartum mothers with and without OSOC assistance, an independent t test or the Mann Whitney test was used for data that were not normally distributed. If the p-value <0.05 then H0 is rejected or H1 is accepted, whereas if the p-value is > 0.05 then H0 is accepted or H1 is rejected.</p> <p>Results: There was a significant difference between anxiety in primiparous postpartum mothers with OSOC conventional assistance, and the magnitude of the effect of mentoring pregnant women with OSOC on anxiety by 7.804.</p> <p>Conclusions: There was a significant difference between anxiety in primiparous postpartum mothers with OSOC and conventional assistance.</p>	<p>Anxiety, Primipara, Postpartum, Osoc</p>

INTRODUCTION

Postpartum (puerperium) is the period that begins after the placenta comes out and the end when uterine utilities return to normal as before. This puerperium occurs in the first weeks after birth (between 4 to 6 weeks)(Ministry of Health Republic Indonesia, 2015). Childbirth and being a

mother are important moment and experiences in a woman's life. However, as with other transition stages in the life phase, the event can also cause stress, so that the response that occurs can be in the form of happiness or vice versa. This can also cause anxiety (Pusdiknakes, 2003).

Postpartum anxiety or postpartum mental disorders is often ignored and not treated properly. The incidence of postpartum blues and post-partum anxiety levels in the number of cases is 500-800 cases out of 1,000 births or around 50-80% in various countries (Agustina et al., 2014). The incidence of postpartum anxiety based on (WHO, 2009) report estimated that women who gave birth and experienced mild anxiety ranged in live birth from 10 per 100 and moderate or severe postpartum anxiety ranged from 30 to 200 per 1000 live births (E. Lestari, 2017). In Indonesia in the years 2012-2013, it was found that there were 373,000,000 post-partum mothers who experienced lactation process disorders due to anxiety as many as 107,000,000 people (28.7%). A Primiparous mothers with severe anxiety of 83.4%, and moderate anxiety of 16.6%, while multipara mothers, there was severe anxiety level of 7%, moderate anxiety of 71.5%, and mild anxiety of 21.5% (Depkes RI, 2016). The prevalence of anxiety levels for post-partum primiparous mothers in Portugal (18, 2%), Bangladesh (29%), Hong Kong (54%), and Pakistan (70%). Some factors that influence anxiety are knowledge, psychology, economics, experience, and family support (L. Lestari, 2016).

At the time after post-partum, a mother really needs support and motivation to support all her new activities and roles. Thus, postpartum mothers need more attention from the family, people around especially by her husband. At this time a mother needs more specific attention, understanding and affection, otherwise there will be a coping failure in the postpartum mother which results in anxiety during the post-partum period.

Central Java Province has paid extra attention to reduce MMR (Maternal Mortality Rate) and IMR (Infant Mortality Rate). Therefore, one of solution is launched

the OSOC (One Student One Client) program, which is a method used by midwife students to register and accompany the pregnant women during pregnancy, childbirth, postpartum, newborn baby until the family plan to the increase health of mothers and babies.

Postpartum maternal assistance through the OSOC program based on continuity of care can help increase knowledge, awareness, and welfare of mothers and babies. The continuity of care (CoC) for mothers and babies is a way to ensure that mothers and babies receive the best care from nurses on an ongoing basis from pre, intra, and post-natal (ICM, 2012). The results of the study found that continuity of midwifery care can reduce the use of obstetric medical interventions during labor and reduce the MCH rate (Iravani et al., 2015). The use of the nursing conceptual continuity of care model in community-based care decision making can ensure meaningful and more sustainable clinical outcomes (Warren et al., 2017).

Based on the description, the researcher is interested to furthermore research about the Effect of the Implementation of the One Student One Client (OSOC) Maternity Services Model on the anxiety level of primiparous mothers in the postpartum period at Kendal District Community Health Center.

MATERIAL AND METHODS

Quantitative data analysis was used to assess the anxiety of postpartum primiparous mothers with the intervention group and the control group, a type of Quasi Experiment research with a non-equivalent control group design. The subjects of this research were divided into two groups, they were intervention groups and control groups. In the intervention group, it was given in the form of providing OSOC assistance in the postpartum period, while the control group

was given conventional puerperal care. The research site was conducted at Kendal District Community Health Center in May-October 2019. The sample criteria in this study were primiparous postpartum mothers at Limbangan Public Health Center, Kendal district. The sample in this study was 75 primiparous postpartum mothers. To test the hypothesis that there is a significant difference in the anxiety of postpartum mothers with and without OSOC assistance, an independent t test or the Mann Whitney test was used for data that were not normally distributed. If the p-value <0.05 then H0 is rejected or H1 is accepted, whereas if the p-value is > 0.05 then H0 is accepted or H1 is rejected.

RESULTS

Characteristics of Research Subjects

The distribution of characteristics of postpartum mother by age, income, and education can be seen in the following table

Based on the table, the results show that the analysis of different characteristics of age, income, and education in the two study groups did not show any significant difference ($p > 0.05$), so the data was worth comparing.

Results of anxiety measurements in the two study groups

To analyze the different test variables of anxiety can be seen in the following table:

Table 2: Comparison of anxiety in the two study groups

Characteristic	Group		Total	OR (CI 95%)	P value
	Intervention (n=65)	Control (n=65)			
Anxiety					
mild	57 (60,6%)	37 (39,4%)	94 (100%)	7,804 (2,707-21,914)	0,000*
severe	8 (16,7%)	28 (83,3%)	30 (100%)		

From table 2, the results of statistic test show that anxiety in two study groups showed a significant difference ($p < 0.05$), and the magnitude of the effect of assistance postpartum mothers with OSOC on anxiety was 7.804, meaning that postpartum mothers accompanied by OSOC had a 7.804 times to possibility not to feel the anxious compared with postpartum mothers not accompanied.

Characteristic	Group		value p
	Intervence (n=65)	control (n=65)	
Age			0,618*
<20 tahun	11 (6,5%)	14 (8,9%)	
20-35 tahun	54 (43,5%)	51 (41,1%)	
Income			0,258*
< UMR	40 (46,0%)	47 (54,0%)	
≥ UMR	25 (59,5%)	18 (40,5%)	
Education			0,729*
Elementary	32 (52,7%)	29 (47,3%)	
Senior high school	33 (47,8%)	36 (52,2%)	

DISCUSSION

Subjects Characteristics of the research subjects used in this study include maternal age, income, and education before being given an intervention.

Based on the age of the mothers of 107 respondents aged 20-35 years, 54 of them

were postpartum primiparous mothers in the intervention group and 53 of them were postpartum primiparous mothers in the control group. This means that more than half of the respondents from each group were aged 20-35 years. Age affects a person's psychology, the older the better the level of emotional maturity and the ability to deal with various problems. Safe delivery is 20-35 years old, at a healthy reproductive age.

Age is an indicator of personal maturation, organic, psychological and intellectual functions that vary during the life cycle of human development. In the context of health behavior, chronological age with one's ability to manage oneself in an environment, which involves a variety of understandings, exemplary, and assessment. So it is hoped that, with increasing age a person, the assessment of something will be more mature (Agustina, 2014).

Age affects a person's psychology, the older the person the better the level of emotional maturity and ability to deal with various problems. Safe delivery is the age of 20-35 years, that is, at the age of healthy reproduction. A woman who is less than 20 years old may be sexually mature, but not emotionally and socially immature.

Based on income characteristics, from 33 respondents, among 25 people are primiparous mothers in the intervention group and 18 people postpartum primiparous mothers in the control group had income \geq MWP, 40 people postpartum primiparous mothers in the intervention group and 47 people in the control group who had income $<$ MWP.

Economic status indicators can be seen from husband and wife income. Income is

related to economic factors that play an important role in influencing the level of health, the choice of types and places of health services. If the economy is sufficient,

then access to health services is easier. Mothers who work in the formal sector have good access to health information so they can receive good and clear information about health. According to research by (Wulandari, 2014) states the level of anxiety a person is also influenced by economic factors. Respondents who experience a low economic level are confused to think of everything that is necessary for themselves and their babies. This is what causes anxiety levels in them to increase. Whereas respondents who experienced a good economy were not too worried about the cost of childbirth and living costs for the baby.

Based on table 4.1, the results are obtained that of 55 people with basic education level, divided into 32 people in the intervention group, and 29 people in the control group, and respondents with an intermediate level of education, 33 people in the intervention group, and 36 people in the control group. And there are no respondents who have a high level of education.

With this high level of education, respondents are considered to have sufficient knowledge about pregnancy so that they can prepare themselves as well as possible in the face of childbirth, especially psychological aspects so as to minimize the anxiety that occurs (Utami, 2012). The increasing level of education and skills of women in Indonesia, the knowledge will also increase. Increasingly open employment opportunities for women in various fields. The level of education is also influenced by self motivation factors. Someone who has the desire to learn and know the benefits of education will immediately have self-motivation to improve education.

1. Difference in Anxiety in Postpartum Mother with OSOC and Conventional Assistance Husband and family assistance can provide physical and moral

encouragement to pregnant women, so that mothers feel more at ease. In accordance with research conducted by Yuni and Titin (2017), that midwives must play a role in providing services to pregnant women, preventing depression during or after childbirth. Anxiety in primiparous mothers during the puerperium is an unpleasant emotional state, characterized by fear and stressful and unwanted physical symptoms experienced by postpartum mothers in the first week to week 6.

Postpartum women often feel anxious because they have to make a lot of adjustments, including, increased responsibilities, the presence of new family members to take care of, chaotic sleep schedules, so burden the mother both physically and psychologically. Factors that affect postpartum anxiety include not knowing how to care for a newborn, especially for mothers who are pregnant for the first time and giving birth, not knowing how to care for the umbilical cord, being unable to bathe, change diapers, and not being able to carry the baby.

Postnatal anxiety is considered a risk factor for maternal mental health problems, such as increasing the likelihood of postpartum depression. Furthermore, longitudinal studies have shown that babies born to pregnant women with high anxiety have a greater risk of experiencing behavioral problems during neonates and toddlers.

The decrease in anxiety results from several interventions including the presence of a companion during the postpartum period. This is in accordance with table 4.2 which shows that there is a difference in postpartum maternal anxiety between the presence of OSOC assistance and the conventional one, namely the absence of assistance. The presence of OSOC assistance has a significant role in anxiety for postpartum mothers ($p < 0.05$), which is

7.804, meaning that post partum mothers who are accompanied by OSOC have 7.804 times the possibility of not feeling anxiety compared to postpartum mothers who are not accompanied.

CONCLUSION

There is a significant difference between anxiety in primipara post partum mothers with OSOC and conventional assistance.

Postpartum primiparous mothers who were accompanied by OSOC were 7.804 times less likely to feel anxiety compared to postpartum primiparous mothers who were not accompanied.

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