THE EFFECT OF SEXUAL RELATIONSHIP HEALTH EDUCATION DURING PREGNANCY ON THE ANXIETY OF PRIMIGRAVID MOTHERS IN THE NEW NORMAL PERIOD

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ABSTRACT

Sexual intercourse during pregnancy is still a taboo among the people around Ungaran City, Semarang Regency, giving rise to anxiety and concern about fulfilling sexual needs during pregnancy which generally occurs among primigravida mothers due to a lack of experience and knowledge regarding sexuality during pregnancy. The aim of the study was to determine the effect of health education on sexual intercourse during pregnancy on anxiety among primigravida mothers. Quantitative method by way of quasi experiment, nonequivalent control group design approach. The first group was given health education through animated video media and the other group was not given any treatment. Measuring tool with a questionnaire that is measured comparatively analytically in pairs. The research sampling technique used purposive sampling. The population in this study were 376 pregnant women and the research sample was 38 primigravida mothers who live in Ungaran City, Semarang Regency. Analysis used the Mann Whitney test with a value of $\alpha$ (0.05). Results: Statistical test results using the Mann Whitney test obtained $Z$ count ($-2.634$) > $Z$ table -1.96 and $p$-value (0.008) < $\alpha$ (0.05). Conclusion: There is an effect of health education about sexual intercourse during pregnancy on the anxiety level of primigravida mothers.

Keywords: sexual relationship; worry; primigravida

Kata kunci: hubungan seksual; kecemasan; primigravida
INTRODUCTION

Pregnancy is the result of the process of fertilization or conception when a male sperm cell (spermatozoon) penetrates a female egg (ovum) (Durham & Chapman, 2014). According to the international calendar, the gestation period lasts nine months (40 weeks) (Evayanti, 2015). A mother who is facing pregnancy will experience physiological and psychological changes, causing pregnant women to need an adaptation process to their conditions (Misri et al., 2010).

Physiological changes that occur during pregnancy, namely in the first trimester begin with not experiencing menstrual cycles which is a sign of pregnancy, breasts feeling sore and enlarged, nausea and vomiting, also fatigue easily caused by changes in hormone levels during pregnancy. Furthermore, in the second trimester, pregnant women can experience changes in hyperpigmentation of the skin and the color of the nipples becomes darker, and the body shape of pregnant women will also experience changes following the enlargement of the uterus (Rahmawati, 2017). Then physiological changes in the third trimester, some of which are constipation, varicose veins in the legs, low back pain, sleep disturbances, difficulty breathing, and the increased need to urinate (Fairbrother et al., 2016). In addition to physiological changes, mothers who go through pregnancy also experience psychological changes.

Psychological changes experienced by pregnant women caused by an increase in the production of the hormone progesterone which affects the psychological condition of pregnant women. In addition, psychological strength or vulnerability of one's personality causes psychological changes in pregnant women. One of the psychological changes in the mother during pregnancy is the change in sexuality life (Rahmawati, 2017).

Sexuality during pregnancy is affected by several factors, scilicet hormonal changes, such as increased levels of estrogen, progesterone, and prolactin, which can reduce sexual desire and motivation due to nausea, vomiting (morning sickness), breast tenderness, weight gain, anxiety, and fatigue (Liu et al., 2013). Every pregnant woman experiences different experiences and feelings in the process of adapting to changes in sexuality during pregnancy. Pregnancy is a necessary period in life that can affect the sexuality of married couples. This transition period caused by physical, emotional, and psychological changes, as well as sociocultural factors, and can affect the orientation and sexual life of married couples. (Isajeva et al., 2012).

Sexual activity during pregnancy is one of several worries and concerns that pregnant women often ask. Having sex during pregnancy is still taboo in society, even though sexual activity is a common need for married couples. Sexual intercourse during the first trimester of pregnancy is recommended not to be carried out because the prostaglandin hormone in sperm cells can cause contractions and harm the fetus (Nwadike, 2020). However, having sex during pregnancy in the second trimester (TM-II) and third trimester (TM-III) is permissible and safe (Goje, 2020). Having sex other than as a form of fulfilling sexual needs also has other benefits if done properly. In the second trimester, the pregnant woman's body has adapted enough, and the stomach is not too big. The hormone estrogen also increases blood flow and makes the intimate organs more sensitive to stimulation, and vaginal lubrication occurs, it makes penetration feels more pleasurable (Wilson, 2018). Hereafter, in the third trimester, it's recommended to have sex because it is beneficial to help encourage the opening of the baby's birth canal through the natural induction of labor (Bukhari, 2021).

The sexual needs of husband and wife during pregnancy are often unfulfilled, usually occurring in primigravida mothers, videlicet mothers who are experiencing pregnancy for the first time, so they have difficulty recognizing various changes because they are experiencing it for the first time in their life. Anxiety, fear, worry, and happiness are generally experienced by many primigravida...
pregnant women or their first pregnancies because they have no experience and lack information (Mubasyiroh, 2013).

Lack of information, inappropriate understanding, and misunderstandings about physical and emotional changes during pregnancy are the biggest causes of sexual problems (Navidian et al., 2016). Whereas pregnant women and their partners need sufficient knowledge to deal with and adapt to various changes during pregnancy (Ramadani & Sudarmiati, 2013). The possible impacts of this are on the health of married couples in their household relationship to the point where it can interfere with and affect the growth of the fetus as well as feelings of anxiety about miscarriage or premature birth (Departemen Kesehatan Republik Indonesia, 2010). These problems can have a psychological impact on pregnant women, such as the emergence of anxiety.

Pregnancy anxiety is an emotional condition that is almost the same as other general anxiety but differs in that it only focuses on the worries experienced by pregnant women. The definition of anxiety in general is a negative feeling that arises from thoughts (perceptions) about the dangers of pregnancy related to the context of worry about health to the safety of pregnant women, babies, future births, medical experiences, childbirth, postpartum, to the role of a mother or parent (Dunkle et al., 2008).

The new normal is restarting limited economic, social, and public activities while still using health protocols related to COVID-19. After entering a new normal period, anxiety about sexual intercourse during pregnancy still exists among pregnant women, especially primigravida mothers.

One form of implementation of efforts to reduce anxiety experienced by primigravida mothers who still lack experience and knowledge about sexual intercourse during pregnancy is through health education. This is in line with the results of Susanti's research in 2021 using chi-square analysis, which obtained a p-value (0.003) <α (0.05) that there is a significant relationship between knowledge and anxiety of primigravida mothers regarding sexual relations during pregnancy.

This is in accordance with Mubasyiroh's research in 2013 which said that the results of the Kendal tau analysis obtained a p-value (0.05) < τ value (0.012) so that there is a meaningful relationship between knowledge and anxiety. Another study conducted by Meiranny, Rahmawati, Islam, and Agung in 2020 shows that there is a relationship between knowledge and anxiety levels about sexual relations during pregnancy. Nearly half of the respondents in this study experienced moderate levels of anxiety about sexual intercourse during pregnancy. As many as 53.7% of pregnant women had high knowledge during first-trimester primigravida pregnancies and as many as 78% of mothers experienced anxiety in first-trimester primigravida pregnancies. Anxiety about sexual relations during pregnancy can be threatened by providing health education.

Health education is an effort so that people know and are aware of how to maintain health, how to prevent and avoid things that can worsen their health also those around them, as well know where to get treatment when they are sick (Notoatmodjo, 2014). Behavior-based on knowledge and a positive attitude, one of the signs is that there is no anxiety found in someone will have a direct impact on the results, where the results obtained in the form of behavior that starts with cognitive, stimulus, and material and causes a response in the formation of attitudes that continues in action (Notoatmodjo, 2012). The decreased level of anxiety indicates a positive attitude direction after efforts to increase knowledge through education which can be provided in various ways to achieve optimal health including by using tools such as flipcharts, leaflets, and videos (Notoatmodjo, 2012).

Video is an information medium that aims to convey messages through promotional methods, prohibitions, and suggestions in the form of animated videos or others...
advantage of using video media is that it is more interesting, the information looks more realistic and can be watched again or terminated as needed. The use of video can also stimulate knowledge, train the ability to think logically, analytically, creatively, and effectively, entertain, and expand the imagination ability of the audience (Hardianti & Asri, 2017).

Based on a preliminary study conducted by interviewing 10 primigravida women in the Ungaran Health Center area regarding anxiety about sexuality during pregnancy, it discovered that there are 8 pregnant women said they had never received education about sexuality during pregnancy either from the environment around the mother or from health workers. Pregnant women also stated that they and their husbands were worried and anxious about engaging in sexual activity during pregnancy because they were afraid it could harm the fetus. They did not know about safe sexuality during pregnancy. Meanwhile, 2 other pregnant women stated that they were not worried about sexuality during pregnancy and had received information that having sexual intercourse during pregnancy was permissible if they were careful. This information was obtained by asking obstetricians and friends who works as nurses. However, they said they did not get detailed information such as safe sexuality, the frequency of sexual intercourse, and the impact of sexuality during pregnancy. The purpose of this study is to determine the effect of health education about sexual intercourse during pregnancy on anxiety among primigravida mothers.

METHOD
The research design uses quantitative with quasi-experiments or quasi-experiments. The approach used was a nonequivalent control group design consisting of two groups, namely the control group received no treatment while the intervention group received treatment (Sugiyono, 2017).

The tool used was an anxiety questionnaire sheet for primigravida women in sexual behavior which consisted of 17 questions regarding the signs or symptoms of the respondent related to anxiety about having sexual intercourse during pregnancy. The measuring scale in this study is pairwise comparative analysis. The sampling technique used was purposive sampling. The population of this study was 376 pregnant women and 38 primigravida mothers living in Ungaran City, Kab. Semarang. The data analysis used was univariate and bivariate analysis with the Mann-Whitney test.

RESULTS
Anxiety Before Being Given Health Education Related to Primigravida Mother’s Sexual Relations During Pregnancy

Table 1. Anxiety Score Before Being Given Health Education Related to Primigravida Mother’s Sexual Relations During Pregnancy

<table>
<thead>
<tr>
<th>Anxiety Pre-Test</th>
<th>n</th>
<th>Mo. Score Min</th>
<th>Score Max</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>19</td>
<td>13</td>
<td>6</td>
<td>13</td>
</tr>
<tr>
<td>Intervention</td>
<td>19</td>
<td>14</td>
<td>7</td>
<td>15</td>
</tr>
</tbody>
</table>

The total score of anxiety before being given health education related to sexuality during pregnancy in the control group is the value that often appears (modus) 13, the maximum value is 13, the minimum value is 6 and the Standard Deviation is 1.99, while the total score of anxiety before being given health education related to sexuality during pregnancy in the intervention group, namely the value that often occurs (mode) is 14, the minimum value is 7, the maximum value is 15, and the SD is 2.27.

Table 2. Category of Anxiety Before Being Given Health Education Regarding Sexual Relations of Primigravida Mothers During Pregnancy

<table>
<thead>
<tr>
<th>Anxiety Level</th>
<th>n</th>
<th>Mild (f) (%)</th>
<th>Moderate (f) (%)</th>
<th>Severe (f) (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>19</td>
<td>19 (100)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Intervention</td>
<td>19</td>
<td>0</td>
<td>19 (52.6)</td>
<td>9 (47.4)</td>
</tr>
<tr>
<td>Total (n)</td>
<td>0</td>
<td>29 (76.3)</td>
<td>9 (23.7)</td>
<td></td>
</tr>
</tbody>
</table>
Based on the table above, shows the level of anxiety before being given health education related to sexual relations in primigravida mothers, the control group was all in the moderate anxiety category, videlicet 19 respondents (100%), while in the intervention group the majority were in the moderate anxiety category, videlicet 10 respondents (52.6%).

Anxiety After Being Given Health Education Related to Primigravida Mother's Sexual Relations During Pregnancy

Table 3. Anxiety Score After Being Given Health Education Related to Primigravida Mother's Sexual Relations During Pregnancy

<table>
<thead>
<tr>
<th>Anxiety Level</th>
<th>n</th>
<th>Mo. Score</th>
<th>Score Min</th>
<th>Score Max</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>19</td>
<td>13</td>
<td>5</td>
<td>13</td>
<td>2.17</td>
</tr>
<tr>
<td>Intervention</td>
<td>19</td>
<td>3</td>
<td>2</td>
<td>9</td>
<td>2.29</td>
</tr>
</tbody>
</table>

Table 3 shows the anxiety score after being given health education related to sexuality during pregnancy in the control group, namely the value that often appears (mode) is 13, the smallest value is 5, the largest value is 13 and the Standard Deviation is 2.17, while the anxiety score after being given health education related to sexuality during pregnancy in the intervention group, namely the value that often occurs (mode) is 3, the minimum value is 2, the maximum value is 9, and the Standart Deviation is 2.29.

Differences in Anxiety Levels Before and After Obtaining Health Education Related to Sexual Relations in Primigravida Mothers Control Group During Pregnancy

Table 5. Differences in Anxiety Levels Before and After Obtaining Health Education Related to Sexual Relations in Primigravida Mothers Control Group During Pregnancy

<table>
<thead>
<tr>
<th>Anxiety Level</th>
<th>Mo. Score</th>
<th>Score Min</th>
<th>Score Maks</th>
<th>SD</th>
<th>Z</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Test</td>
<td>13</td>
<td>6</td>
<td>13</td>
<td>1,985</td>
<td>-1.414</td>
<td>0.157</td>
</tr>
<tr>
<td>Post-Test</td>
<td>13</td>
<td>5</td>
<td>13</td>
<td>2.172</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Based on the data above, the results of the Wilcoxon analysis is p-value (0.157) > α (0.05), so the "hypothesis is rejected". It means that there is no difference between the level of anxiety before and after receiving health education related to sexual relations in the control group of primigravida mothers during pregnancy.

Differences in Anxiety Levels Before and After Obtaining Health Education Related to Sexual Relationships in Primigravida Mothers Intervention Group During Pregnancy

Table 6. Differences in Anxiety Levels Before and After Obtaining Health Education Related to Sexual Relationships in Primigravida Mothers Intervention Group During Pregnancy

<table>
<thead>
<tr>
<th>Anxiety Level</th>
<th>Mo. Score</th>
<th>Score Min</th>
<th>Score Maks</th>
<th>SD</th>
<th>Z</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Test</td>
<td>14</td>
<td>7</td>
<td>15</td>
<td>2,699</td>
<td>-3.841</td>
<td>0.000</td>
</tr>
<tr>
<td>Post-Test</td>
<td>3</td>
<td>2</td>
<td>9</td>
<td>2.286</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Based on the Wilcoxon test, it is known that the results of the p-value (0.000) < \alpha (0.05), so that there are differences in the level of anxiety before and after being given health education related to sexual relations in primigravida mothers in the intervention group during pregnancy.

The Influence of Health Education on the Anxiety Level of Primigravida Mothers in the Working Area of the Kab. Semarang

Table 5. The Effect of Health Education on the Anxiety Level of Primigravida Mothers in the Work Area of the Kab. Semarang

<table>
<thead>
<tr>
<th>Anxiety Level</th>
<th>n</th>
<th>Mean Rank</th>
<th>Sum of Ranks</th>
<th>Z</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>19</td>
<td>22.50</td>
<td>427.50</td>
<td>-2.634</td>
<td>0.008</td>
</tr>
<tr>
<td>Intervention</td>
<td>19</td>
<td>16.50</td>
<td>313.50</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The table above presents the results of the Mann-Whitney test obtained by the mean rank anxiety score of the post-test control is higher than the anxiety score of the intervention post-test. The table above also shows the calculated Z value (-2.634) > Z table (-1.96) and the p-value (0.008) < \alpha (0.05), so "the hypothesis is accepted". Thus, it can be concluded that there is an influence of health education related to sexual relations during pregnancy on the anxiety level of primigravida mothers during the new normal period.

DISCUSSION
Anxiety Before Being Given Health Education Related to Primigravida Mother’s Sexual Relations During Pregnancy

The results showed that the level of anxiety before being given health education about sexual relations during pregnancy in primigravida mothers was in the moderate anxiety category for 29 people (76.3%) and severe anxiety for 9 people (23.7%) with a mode value of 13 in the group control and mode value of 14 in the intervention group. The control group’s anxiety levels were all in the moderate anxiety category, scilicet 19 people (100%), while in the intervention group, most were in the moderate anxiety category, scilicet 10 people (52.6%).

It shows that there was no significant difference between the intervention group and the control group before being given health education about sexual relations during pregnancy. All respondents in this study experienced anxiety in the moderate to severe category due to various factors during pregnancy including the physiological and psychological changes that occur in pregnant women.

Physiological changes due to the influence of the hormones, estrogens, and progesterones, such as breast pain, low back pain, nausea, vomiting, fatigue, difficulty sleeping, and difficulty breathing is a factor that can trigger feelings of discomfort and anxiety in sexual intercourse during pregnancy. (Fairbrother et al., 2016)

The psychological changes experienced by pregnant women are due to the increased production of the hormone progesterone, but this is not always the basis for causing psychological changes. The vulnerability of a person’s psychological ability, as known as personality, can also be a causative factor of psychological changes during pregnancy.

Anxiety, fear, worry, and happiness are experienced by most pregnant women who are having their first pregnancy (primigravida) for the first time because they have no experience and lack information (Mubasyiroh, 2013).

Anxiety After Being Given Health Education Related to Primigravida Mother’s Sexual Relations During Pregnancy

The results showed that the level of anxiety after being given health education about sexual relations during pregnancy in primigravida mothers was in the category of moderate anxiety for 32 people (84.2%) and mild anxiety for 6 people (15.8%) with a mode value of 13 in the group control and mode 3 values in the intervention group. The control group’s anxiety levels were all still in the moderate anxiety category, namely 19 people (100%), while in the intervention group, most were in the moderate anxiety category, namely
13 people (68.4%). This shows that there was a significant difference between the intervention group and the control group after being given health education about sexual relations during pregnancy.

One of the factors causing anxiety in primigravida mothers is low knowledge (Mansur & Budiarti, 2014). The knowledge learned during health education will be stored in the brain's memory system which is then processed and given importance. Furthermore, this information will be used by the mother when she needed. Health education is very influential in increasing the knowledge and confidence of pregnant women so that it can reduce the anxiety they experience (Metgud & Gayathri, 2010).

The results showed that there was a decrease in the level of anxiety after being given health education about sexual relations during pregnancy in the intervention group of primigravid women, while the level of anxiety in the control group of primigravid women did not decrease. The level of sexual anxiety in primigravida mothers after being given health education can be seen clearly in table 3, namely the minimum anxiety score in the control group is 5, while the minimum anxiety score after being given health education about sexual relations during pregnancy in the intervention group is 2. In addition, the total maximum anxiety score after the study in the control group was 13 and the maximum anxiety score after the intervention in the intervention group was 9.

**Differences in Anxiety Levels Before and After Obtaining Health Education Related to Sexual Relations in Primigravida Mothers Control Group During Pregnancy**

Based on table 5 above presents the results of Wilcoxon's analysis, scilicet the p-value (0.157) > α (0.05), then the "hypothesis is rejected". It means there is no difference between the level of anxiety before and after receiving health education related to sexual relations in primigravida mothers in the control group during pregnancy.

The above statement is supported by data in table 2 and table 4 which show the anxiety level of the primigravida mothers in the control group before the study were all in the moderate anxiety category, scilicet 19 people (100%), and after the study, all of them were still in the moderate anxiety category, scilicet 19 people (100%).

The above results are in accordance with the research conducted by Widyawati and Mawardika in 2022 with the acquisition of a t-test value (1.804) < t table (2.101) and a p-value of 0.088 > α (0.05), that is, there is no significant difference between the levels anxiety before and after research on pregnant women at the Winong Health Center 2 control group.

Primigravida mothers in the control group showed no significant change in anxiety scores and categories if they do not receive treatments or efforts to increase knowledge. Whereas pregnant women and their partners need sufficient knowledge to deal with and adapt to various changes during pregnancy (Ramadani & Sudarmiati, 2013). If this is not addressed, it can have an impact on the health of the married couple's life and interfere with an effect the growth of the fetus and trigger feelings of anxiety about miscarriage or premature birth (Departemen Kesehatan Republik Indonesia, 2010).

According to Pangkahila (Wiknjosastro et al., 2009) anxiety disorders related to sexual relations during pregnancy can cause various problems such as dyspareunia, vaginismus, not feeling pleasure or satisfaction during sex, decreased sexual desire, sexual dysfunction, dissatisfaction, disappointment, anxiety, guilt, psychosomatic symptoms (easy anger, dizziness, and sleep disturbances), Sexually Transmitted Diseases (the impact of biological needs during pregnancy that are not meet due to sexual dysfunction causing the desire to try sexual relations with other people (unhealthy sexual behavior), disharmony in the household to divorce.
Differences in Anxiety Levels Before and After Obtaining Health Education Related to Sexual Relationships in Primigravida Mothers Intervention Group During Pregnancy

Based on the Wilcoxon test, the calculated Z value \((-3.841) > Z\) table (\(-1.96\)) and the p-value (0.000) < \(\alpha\) value (0.05), so the conclusion is “the hypothesis is accepted” there is a difference in the level of anxiety before and after being given health education about sexual intercourse during pregnancy to primigravida women in the intervention group.

The results of the analysis are in accordance with the research that has been carried out by Kristianti et al. in 2020 with the results of the Wilcoxon Match Pairs Test analysis obtained Z table (1.645) < Z test (3.295). So it can be interpreted that there is an influence of health education with videos on primigravida TM-III pregnant women about childbirth on anxiety in facing childbirth in the working area of the Blabak Kediri Health Center.

Health education about sexual intercourse during pregnancy provided through video media can make primigravida mothers in the intervention group more relaxed in dealing with sexual activity during pregnancy and reduce anxiety about sexual intercourse during pregnancy as found in the results of research conducted by researchers, namely there is a decrease in anxiety which is significant compared to the level of anxiety before the respondents received the intervention.

The decrease in anxiety levels in primigravida mothers in the intervention group was due to health education provided through animated video media which can add information and even reduce anxiety scores related to sexual intercourse during pregnancy. This is in line with the Dick-Read method, namely changing anxiety and fear about things that are not recognized by providing information to generate understanding and belief (Bobak et al., 2007). Individuals who have obtained information or knowledge about things that will happen to them will decrease their anxieties (Aprillia, 2010).

After the primigravida mothers in the intervention group obtained knowledge or information through an animated video provided by the researcher. This knowledge will motivate primigravida mothers’ (intervention group) attitudes toward health. Furthermore, primigravida mothers in the intervention group will assess or behave towards the stimulus given, namely information about sexual intercourse during pregnancy in the animated video that has been provided by the researcher. Changes in respondents’ attitudes cannot be seen directly but can be interpreted through closed behavior. The real attitude of the primigravida mothers in the intervention group was showing an emotional reaction to a social stimulus or a decrease in anxiety scores about sexual intercourse during pregnancy after being given health education.

Anxiety about sexual intercourse during pregnancy must be overcome by action, one of which is through health education efforts to avoid the impact that can arise related to self-esteem and interpersonal relationships of pregnant women due to sexual dysfunction and other psychological and physiological impacts.

The Influence of Health Education on the Anxiety Level of Primigravida Mothers in the Working Area of the Kab. Semarang

Statistical test results using the Mann-Whitney test obtained a calculated Z value (-2.634) > Z table -1.96 and an Asymp.Sig value (2-tailed) or p-value (0.008) < \(\alpha\) (0.05). So it can be interpreted that there is an influence of health education about sexual relations during pregnancy on the level of anxiety in primigravida mothers.

The results of this analysis are supported by research by Sari et al. tahun 2017 which said that the results of the bivariate analysis research obtained a p-value (0.000) < \(\alpha\) (0.05), which can be interpreted as “there is an effect of health education on the anxiety of primigravida mothers”.

Anxiety identifies that the events experienced by an individual are beyond a person's comfort and the individual feels unable to live with the conditions he is experiencing. Anxiety is an unpleasant feeling...
or emotional experience caused by unfamiliarity with new experiences such as a new job or the birth of a child (Stuart & Sundeen, 2000).

Pregnant women who experience anxiety or stress in the long term during pregnancy have a greater risk of having an abortion (miscarriage) in the first trimester compared to pregnant women who do not experience it. If it occurs in the second and third trimesters of pregnancy. It will result in delays in the growth of the fetus in the uterus and there may be a possibility of being born prematurely (premature birth). This is because every pregnant woman has different self-management and immunity when dealing with anxiety. When pregnant women experience stress, the hormone cortisol produced by the body of pregnant women will be absorbed by the fetus. Babies who have high cortisol levels will be at a higher risk of suffering from allergies when compared to babies who have low cortisol levels. Cortisol levels also affect the baby's immune system (Asnuriyati & Fajri, 2020).

Anxiety has a negative effect on a pregnant woman's body, especially in the first pregnancy. Anxiety can cause an increase in catecholamines in the body of pregnant women resulting in decreased uterine contractions, decreased blood flow to the uterus, and decreased blood flow to the placenta which has an impact on the oxygen supply to the fetus which also decreases. This problem can be a serious problem for the safety of the fetus and mother. Mothers are advised to avoid or reduce psychological stress and increase maternal happiness because physiologically it helps encourage the birth process. One effort to handle and overcome this problem is by providing health education for pregnant women (Effendi dan Makhfudli, 2019).

Health education is an effort that can be done to minimize anxiety during pregnancy to increase knowledge and change the attitudes of mothers so that they understand sexual relations during pregnancy. In line with the policy in Law Number 36 of 2009 concerning health, the government is obliged to guarantee the availability of information facilities and reproductive health service facilities that are safe, quality, and affordable to the community (Kementerian Kesehatan RI, 2014).

The decreased level of anxiety shows a positive direction of attitude after the provision of health education as an effort to increase knowledge. Health education can be done in various ways to achieve optimal health, including by using facilities such as leaflets, flipcharts, and videos (Notoatmodjo, 2010). The media plays a role in supporting the provision of health education because health messages can be conveyed to the public more clearly so that pregnant women can get these messages clearly and precisely.

The provision of health education about sexual intercourse during pregnancy on the anxiety level of pregnant women is influenced by 2 factors, scilicet internal and external. Internal factors consist of knowledge and experience as well as physiological and psychological changes during pregnancy. While external factors consist of a lack of information about sexuality during pregnancy and the environment (Notoatmodjo, 2010).

CONCLUSION
There was a significant difference between the level of anxiety before and after being given health education about sexual intercourse during pregnancy in the intervention group of primigravida mothers with the Wilcoxon test results obtained p-value (0.000) < α value (0.05). Also, there is a significant effect of health education about sexual intercourse during pregnancy on the anxiety level of primigravida mothers, with a p-value (0.008) < α value (0.05).

The results of this study should serve as information to increase knowledge regarding sexual intercourse during pregnancy and become a reference for further research on various other factors that affect the level of anxiety of primigravida mothers about sexual
intercourse during pregnancy during the new normal period.

REFERENCE


