



JOINT INTERNATIONAL CONFERENCE AGENDA

18-19th July 2018

Grand Surya Hotel

NO	DAY	ACTIVITY	RESPONSIBLE EVENT
1	Wednesday 18 th Juli 2018	Registration	Conference Committee
		<ul style="list-style-type: none"> - Opening Ceremony - National Anthem (Indonesia Raya) - Traditional dance - Speeches <ul style="list-style-type: none"> a. The head of committee b. The main secretary of BNP2TKI c. Prayers - Signing of MOU MOU - Photo session 	Conference Committee Dirijen : Student of Nursing STIKes RS Baptis Kediri Dr. Sandu Siyoto SKM., M.Kes (STIKes Surya Mitra Husada Kediri) Tatang Budi Utama Razak (Sekertaris Utama BNP2TKI) Dr. H. Koesnadi., SH., MH (STIKes Surya Mitra Husada Kediri) All Of The Leader Institution
		Tea Break	
		First Session (20' presentation, 15' discuss) Mindset's change and education policy in globalization era	Dr. Emil Elestianto Dardak, MSc (Bupati Trenggalek) Moderator : Ike Johan S. Keb., Bd., M.Kes (UNIPDU Jombang)
		Second Session (40' presentation, 20' discuss) Readiness of health practitioners in working abroad Economic Partnership Agreement role's in preparing health worker to Jepang	Drg. Elia Rosalina Sunityo, MARS., M.KK (Deputi Kerjasama Luar Negeri dan Promosi BNP2TKI) Hiromi Ogasawara, RN., Ph.D (Japan Asia Medical Nurse Association) Moderator : Didik Susetyanto Atmojo, S.Kep., Ns., M.Kep (Akper Dharma Husada Kediri)

		Pray and lunch	
		Third Session (40' presentation, 20' discuss) Development of Nursing Competency in Taiwan The biggest problem in the maternity area and the breakthrough point	Prof. Yu-Huei Lin (Nursing Faculty TMU) Dr. Ratna Hidayati, M.Kep.Sp.Mat (STIKes Karya Husada Kediri) Moderator : Erlin Kurnia., S.Kep Ns., M.Kes (STIKes RS Baptis Kediri)
		Fourth Session (40' presentation, 20' discuss) Health work competence for health worker in globalization era Public Health and nutrition role in facing globalization era	Prof. Dr. Victor Hoe Chee Wai Bin Abdullah (Universitas of Malaya) Prof. Kamarul Imron Musa (USM (Malaysia)) Moderator : Arina Chusnatayaini, SS., M.Pd (STIKes Surya Mitra Husada Kediri)
		Tea Break and Pray	
2	Thursday 19 th July 2018	Oral Presentation	Conference Committee
		Tea Break	
		Oral Presentation	Conference Committee
		Closing	
		Pray and Lunch	

Description of Back Pain, Stress Urinary Incontinence, And Pregnancy Anxiety In Pregnant Women At Tiron Public Health Care

Widya Kusumawati^{a,1,*}, Yunda Dwi Jayanti^{b,2}

^a Dharma Husada Kediri Midwifery Academy, Jl. Penanggungan 41 A, Kota Kediri 64112, Indonesia

^b Dharma Husada Kediri Midwifery Academy, Jl. Penanggungan 41 A, Kota Kediri 64112, Indonesia
¹ widya.koesomawati@gmail.com*; ² yunda.dj@gmail.com

ARTICLE INFO

Article history:

Received
Revised
Accepted

Keywords:

Back pain
Stress Urinary Incontinence
Pregnancy Anxiety
Pregnant Women

ABSTRACT

Pregnancy brings so much change to a woman's body that it is not surprising that some discomforts occur during pregnancy. One of the most common discomforts in pregnancy is back pain, stress urinary incontinence and anxiety in pregnancy. The enlargement of the uterus affects the center of gravity of the body shifts forward, changing the posture and putting pressure on the back. This is what causes back pain in pregnant women. The risk of incident urinary incontinence is known to increase during pregnancy and this may persist postpartum. Concerns and anxiety in pregnant women if not handled seriously will bring impact and influence on physical and psychic, both for mother and fetus. The purpose of this study was to determine the description of the incidence of back pain, urinary incontinence stress, and anxiety levels in pregnancy. This research is descriptive research with cross sectional approach. Research location at Tiron public health care in May – June 2018. The sample of research was 34 respondents by using purposive sampling technique. Data on back pain, urinary incontinence stress and anxiety levels in pregnancy were obtained through questionnaire instruments. The results showed that from 34 respondents, 13 respondents (38.25%) had mild back pain, 18 respondents (52.94%) had slight urinary incontinence stress, and there were 1 respondent (2.94%) experiencing severe pregnancy anxiety. The results of this study can be made by health personnel in providing services and counseling pregnancy to help reduce complaints such as back pain, urinary incontinence stress and anxiety in pregnancy.

I. Introduction

Pregnancy is a condition susceptible to all kinds of stress that result in the occurrence of physiological changes and metabolic functions. ^[1] Pregnancy brings so much change to a woman's body that it is not surprising that some discomforts occur during pregnancy. Most of these discomforts are associated with the anatomical and physiological changes that occur and others relate to aspects of emotion in pregnancy. ^[2] One of the most common discomforts in pregnancy is back pain, stress urinary incontinence and anxiety in pregnancy.

A number of studies on pregnancy-associated back pain are about 25% to 90%, most studies estimate that 50% of pregnant women will suffer from back pain. A third of them will suffer severe pain, which will reduce their quality of life. 80% of pregnant women who suffer from back pain during pregnancy say that the condition affects their daily routine and 10% of them report that they can not work. ^[3] Urinary incontinence stress is the most common type of incontinence, with a prevalence rate of 14.7-52%. Bajuardji in the study at

RSCM in 2004 got stress urinary incontinence prevalence in pregnancy 37,1%.^[4] The research results Solans-Domenech et. al. (2010) reported that of 1,128 nulliparous pregnant women, the incidence of urinary incontinence during pregnancy was 39.1%.^[5]

The enlargement of the uterus affects the center of gravity of the body shifts forward, changing the posture and putting pressure on the back. This is what causes back pain in pregnant women.^[6] The risk of incident urinary incontinence is known to increase during pregnancy and this may persist in postpartum. This condition is due to the process of pregnancy itself which significantly affects the lower urinary tract function and the weight of the uterus that not only puts pressure on the bladder but also disrupts the bladder.^[7] Some women consider that pregnancy is a physiological event, but some consider it as the event that determines the next life. No matter how small the complaints felt by pregnant women, should get attention from family and health workers, especially midwives. Concerns and anxiety in pregnant women if not handled seriously will bring impact and influence on physical and psychic, both for mother and fetus.^[8]

II. Method

This research is a descriptive research with cross sectional approach. The study population is all pregnant women in Tiron Puskesmas work area. A sample of 34 respondents was obtained by using purposive sampling technique. The inclusion and exclusion criteria include :

Inclusion criteria :

1. Pregnant women willing to be respondents.
2. Pregnant women with ≥ 20 weeks' gestation.
3. Pregnant women who are healthy physically and spiritually.
4. Pregnant women who are actively engaged in physical activity.

Exclusion criteria : Pregnant women who have pregnancy complication.

Location of research at Tiron public health care districts Banyakan Kediri in May - June 2018. The research instrument includes a back pain questionnaire using the Wong-Baker Faces Pain Rating, urinary incontinence stress questionnaire using a measuring scale by Sandvick, et. al, pregnancy anxiety questionnaire using Zung Self-Rating Anxiety Scale (ZSAS). Informed consent is given first before the respondent fills in the questionnaire.

III. Results and Discussion

Result

Tables 1, 2 and 3 show data on pregnant women's characteristics including age, history of pregnancy exercise activity and duration of physical activity performed daily. Specific data include the incidence of back pain, urinary incontinence stress and pregnancy anxiety can be seen in Table 4, 5 and 6.

Table 1 Characteristics of respondents by age in pregnant women
at Tiron Public Health Care May – June 2018

Age (years)	Frequency	Percentage (%)
<20	3	8,82
20 – 30	20	58,82
31 – 40	2	5,88
> 40	9	26,48
	34	100

Table 2 Characteristics of respondents based on history of pregnancy exercise activity in pregnant women
at Tiron Public Health Care May - June 2018

History of pregnancy exercise activity	Frequency	Percentage (%)
Never	26	76,47
< 2 times a week	0	0
≥ 2 times a week	8	23,53
	34	100

Table 3 Characteristics of respondents based on the length of physical activity performed daily in pregnant women at Tiron Public Health Care May - June 2018

Duration of physical activity performed daily	Frequency	Persentase (%)
Nothing or <25 minutes	0	0
25 minutes	5	14,71
> 25 – 45 minutes	19	55,88
> 45 minutes	10	29,41
	34	100

Table 4 Back pain occurrence in pregnant women at Tiron Public Health Care May - June 2018

Back pain	Frequency	Persentase (%)
No pain	11	32,35
Mild	13	38,25
Moderate	9	26,46
Severe	1	2,94
	34	100

Table 5 Incidence Stress urinary incontinence in pregnant women at Tiron Public Health Care May - June 2018

Stres Inkontinensia Urin	Frequency	Persentase (%)
Never	12	35,29
Slight	18	52,94
Moderate	4	11,77
Severe	0	0
	34	100

Table 6 Incidence of pregnancy anxiety in pregnant women at Working Area of Tiron Puskesmas May - June 2018

Pregnancy anxiety	Frequency	Persentase (%)
Normal	33	97,06
Mild	0	0
Severe	1	2,94
Extreme (panic)	0	0
	34	100

Discussion

Back Pain

The results showed that out of the 34 pregnant women there were 13 respondents (38.25%) suffered a mild back pain, 11 respondents (23.35%) do not experience pain, 9 respondents (26.46%) experiencing moderate pain, and 1 respondent (2.94%) experienced severe back pain.

Complaints of back pain often occurs in pregnancy, so it is described as one of the minor disorders in pregnancy, pain symptoms usually begin to be felt between 4-7 months gestational age and pain is usually felt in the lower back, sometimes spreads to the buttocks and thighs, and sometimes down the legs as statiska. ^[9] Precursor back pain is uterine growth ahead will alter the Earth's pull style Center. The center of the Earth's pull style expectant mothers shifted to the lower limbs (limbs), here comes the increase in mobility of the joints of the body such as the joint sakrokoksigeal, sakroiliaka, and pubis. All changes can be affected, is thought to be caused by hormone changes. Changes to the joint to be able to affect change in the posture of pregnant women and can cause discomfort in the lower back especially occur in late pregnancy. ^[10]

There are a few simple steps which can be recommended by midwives to mothers to reduce back pain, such as maintaining good posture, with attention to the mechanics of good body especially when lifting objects, do exercise tranversus menengadakan pelvis as well as exercises in standing position, sitting and lying, not standing up too long. Using the fit BH and prop up, avoiding the work that went sour and not using high pillow at bed time to straighten your back. ^[11] Although pregnant most respondents remained active in performing routine household activities such as washing, sweeping, ironing and providing food for the family. An explanation of the arrangement of body mechanics to maintain proper posture when lifting objects, bend, move and do activities during pregnancy is an important factor to prevent and cope with the onset of back pain during pregnancy.

Stress urinary incontinence

In table 5 can be known that from 34 pregnant women there are 18 respondents (52.94%) experience slight stress urinary incontinence, 12 respondents (35.29%) do not experience stress urinary incontinence, and 4 respondents (11.77%) experience moderate stress urinary incontinence.

The risk of occurrence of stress incontinence urine is known to increase during pregnancy. This condition is due to the process of pregnancy itself that significantly affect the function of the urinary tract and uterine weight which not only put pressure on the bladder but also interfere with bladder.^[7] This gives a feeling of discomfort that giving effect to social life, psychology, sexual activity, and employment. In some cases the sufferer feel inferior because it is always damp due to urine coming out at a time when coughing, sneezing, lifting heavy items, copulate, even at a time of rest and every time have to wear cloth pads. If the discomfort due to stress urinary incontinence is not soon resolved, the situation can continue on prolonged discomfort, even up to the time of post delivery^[2].

To prevent the occurrence of stress urinary incontinence during pregnancy, it is recommended to perform pelvic floor muscle exercises. Pelvic floor muscle exercises increase urethral resistance through active contraction musculus pubokoksigeus. This adds to the strength of the muscle contraction of the closure on the urethra, increasing the support of muskuler on the structure of the pelvis and strengthen the pelvic floor and muskulatur periurethral glands which volunter.^[4]

Pregnancy anxiety

In table 6 it can be known that of 34 pregnant women there were 1 respondents (2.94%) experienced a heavy level of anxiety, and 33 respondents (97.06%) do not experience anxiety (normal).

Pregnancy is a physiological and natural processes. At the time, pregnant women will experience changes in either physical or psychological. While pregnancy develops, the body starts to do a lot of changes and adjustments to help the growth of the baby. Complaints that arise during pregnancy is a process of adaptation to conditions in the body during pregnancy. This process is normal and if intrusive can be overcome. Anxiety is part of emotional response, where ansietas is a concern which is vague and diffuse, with regard to the uncertain and feeling helpless. This emotional state does not have a specific object. Where ansietas is experienced subjectively and communicated broadly interpersonal.^[12] The presence of ansietas in pregnancy may result in less good in the mother or the fetus. The unfavourable impact not only at the time of pregnancy but can effect also on the process of birth, post birth and during lactation.^[13] Pregnant women who experience anxiety or stress, the signal runs through along HPA (Hypothalamus-Pituitary-Adrenal) that may cause the release of stress hormones among others Adreno Cortico Tropin Hormone (ACTH), cortisol, catecholamines, β -Endorphin, Growth Hormone (GH), prolactin and Luitenizing Hormone (LH)/Folicle Stimulating Hormone (FSH).

Midwives have a big enough role in addressing those problems. Midwives must be able to recognize the symptoms of anxiety and reduce the anxiety of pregnant women by giving an explanation about pregnancy, childbirth, the anxiety and the effects of anxiety on pregnant women and fetus. Emotional support is urgently needed by pregnant women to prepare themselves either physical or mental in dealing with pregnancy and childbirth as one of natural processes.

IV. Conclusion

The results showed that from 34 respondents, 13 respondents (38.25%) had mild back pain, 18 respondents (52.94%) had slight urinary incontinence stress, and there were 1 respondent (2.94%) experiencing severe pregnancy anxiety.

References

- [1] Wagey, F.W. 2011. Senam Hamil Meningkatkan Antioksidan Enzimatik, Kekuatan Otot Panggul, Kualitas Jasmani dan Menurunkan Kerusakan Oksidatif pada Wanita Hamil. Denpasar: Universitas Udayana.
- [2] Lichayati, Isma'ul & Kartikasari, R. I. 2013. Hubungan Senam Hamil Dengan Nyeri Punggung Pada Ibu Hamil Di Polindes Desa Tlanak Kecamatan Kedungpring Kabupaten Lamongan. Surya Vol. 01 : XIV.

- [3] Kartikasari, R. I. & Nuryanti Aprilliya. 2016. Pengaruh Endorphine Massage Terhadap Penurunan Intensitas Nyeri Punggung Ibu Hamil. Rakernas AIPKEMA.
- [4] Dinata, F., *et. al.* 2008. Kekuatan Otot Dasar Panggul Pada Primigravida (Penelitian Pendahuluan). Maj Obstet Ginekol Indones. Vol 32 : 2.
- [5] Solans-Domenech *et. al.* 2010. Urinary and Anal Incontinence During Pregnancy and Postpartum. American College of Obstetricians and Gynecologist. Vol. 115 : 3.
- [6] Alloya, Ardiana. 2016. Beda Pengaruh Antara Senam Hamil Dengan Kompres Hangat dan Massage Terhadap Penurunan Nyeri Punggung Bawah Pada Ibu Hamil Trimester III. Surakarta : Universitas Muhammadiyah Surakarta.
- [7] Eason, Erica, *et. al.* 2004. Effects of Carrying a Pregnancy and of Method of Deliveri on Urinary Incontinence : A Prospective Cohort Study. BMC Pregnancy and Childbirth.
- [8] Martini, Ika Otaviani. 2016. Hubungan Karakteristik Ibu Hamil TM III Dengan Kecemasan Ibu Menghadapi Persalinan Di BP Ch. Sudilah Metro, Tahun 2016. Jurnal Kesehatan Metro Sai Wawai (Jurnal of Health Metro Sai Wawai). Volume IX No. 1 : 1-7.
- [9] Arrisqi, Herawati. 2017. Upaya Penanganan Nyeri Pinggang Pada Ibu Hamil Trimester III, Program Studi Keperawatan Fakultas Ilmu Keperawatan. Surakarta : Universitas Muhammadiyah Surakarta.
- [10] Apriliyanti Mafikasari & Ratih Indah Kartikasari. 2015. Posisi Tidur Dengan Kejadian *Back Pain* (Nyeri Punggung) Pada Ibu Hamil Trimester III. Surya. Vol 07 No. 02.
- [11] Faizzatul Ummah. 2012. Nyeri Punggung Pada Ibu Hamil Ditinjau Dari Body Mekanik Dan Paritas Di Desa Ketanen Kecamatan Panceng Kabupaten Gresik. Surya. Vol. 03 No. XIII.
- [12] Stuart. 2006. Buku Saku Keperawatan Jiwa Edisi 5. Jakarta: EGC.
- [13] Laksmi, Purwita Wijaya, dkk. (eds.). 2008. Penyakit-penyakit pada Kehamilan Peran Seorang Internis. Jakarta: Pusat Penerbitan Ilmu Penyakit Dalam Fakultas Kedokteran Universitas Indonesia.