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Contents

- Obstacle Experienced By Students In Completing The Thesis Students
Junaidi, Junaidi, Vera Wardani, Yulsafli 151-162
- The Effect of Rewards and Job Satisfaction on Organizational Citizenship Behavior (OCB) of Lecturers at Panca Sakti University Bekasi
Uza Sukmana, Gunawan, Luluh Abdillah, Ardin, Muhammad Ridhwan 163-173
- Evaluation of Teacher's Ability in Using Technology Distance Learning in Banda Aceh City
Muslem Daud & Mariati MR 174-184
- Analysis of The Education Value of The Samawa Family at The Reception Before The Marriage Ceremony: Tradition Versus Islamic Sharia Value in Community Lio Cibarussah Bekasi
Eris Hanifah, Alex Kusmardani, Usep Saepulloh, Hayati, Said Darnius, Darmawati, Fahmi Arfan 185-195
- Student Understanding In Using Google Classroom On Online Learning
Muhammad Azzarkasyi, Syamsul Rizal, Dian Aswita 196-208
- Androgogy Approach in the Utilization of Liquid Smoke Coconut Waste as Vegetable Insecticide for Coconut Farming Community
Wahyu Ana Pria Utama, Lukmanul Hakim, Ruka Yulia, Army, Salfauqi Nurman, Erdi Surya, Elviani 209-220
- Stimulus for Teacher's Reading Interest in Improving Teaching Performance and Competence
Norhayati 221-228
- Identification of Causes of Scabies on Santri of Popular Dayah Educational Institutions in Aceh Province
Evi Dewi Yani, Husna, Masyudi, T. M. Rafsanjani 229-239
- Learning Analysis of the Long Jump Material Using the Playing Method for Junior High Scholl Students
Rubi Yatno, Rahmat Putra Perdana, Edi Purnomo, Eka Supriatna, Putra Sastaman 240-250
- Development of Learning Concepts For Natural Resources Materials Teaching In High School Students
Evi Apriana, Azwir, Samsul Bahri, M. Husin 251-261
- Local Content Integration Model and the Value of Science Characters in Students Junior High School In Banda Aceh
Ibrahim, Nurul Akmal, Almukarramah, Marwan, Yahya Don, Mohd Isha bin Awang 262-272
- Increasing Students' Understanding in Medical Surgical Nursing Course about Factors That Can Affect Early Mobilization of Mothers Post Sectio Caesarea at the Rumah Sakit Ibu dan Anak Banda Aceh
Yeni Rimadeni, Puji Indah Lestari, Afdhal 273-286

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Forewords

Praise and gratitude to Allah SWT, because of Allah's love for us so that we are still given a long life and can carry out our various daily activities. May all our activities become our acts of worship, Aamiinnn

in accordance with the commitment of the Jurnal Serambi Ilmu Journal to continue to improve the quality of its manuscripts since the volume 23 number 2 has been published full in English.

We are also be proud that the number of submitted manuscripts is quite large, but only a few are acceptable and worthy of publication. This means that Jurnal Serambi Ilmu has become one of the scientific publications that are considered by experts and education enthusiasts.

For this reason, Jurnal Serambi Ilmu is committed to continuing to maintain the quality, service and discipline that applies in scientific publications.

September 30, 2022
Editor in chief,

Dr. Abubakar, M. Si

Indexing By :



GARUDA
GARBA RUJUKAN DIGITAL



**Increasing students' Understanding in Medical Surgical Nursing courses about
Factors That Can Affect Early Mobilization of Mothers Post Sectio Caesarea at the
Rumah Sakit Ibu dan Anak Banda Aceh**

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Abstract

The purpose of this study was to determine and improve the ability of students directly about the factors that influence the early mobilization of postoperative cesarean mothers. This study uses a descriptive correlational research method with the approach used is cross sectional. The number of samples of 30 respondents was taken using the Non Probability sampling method with accidental sampling technique. The results showed that there was no relationship between pain and early mobilization with a P-value (0.784), there was no relationship between anxiety levels and early mobilization with a P-value (0.445), there was a relationship between knowledge and early mobilization with a P-value (0.008). and there is a relationship between motivation and early mobilization with a P-value (0.001). Factors that influence early mobilization of postoperative sectio caesarea mothers at the Rumah Sakit Ibu dan Anak Banda Aceh are influenced by several factors such as knowledge and motivation. From the results of this study, it is hoped that it can be useful for postoperative sectio caesarea mothers, for hospitals to be able to improve the evaluation of early mobilization in postoperative sectio caesarea mothers from pain factors, anxiety levels, knowledge and motivation

Keywords : *early mobilization, postoperative, sectio caesarea*

INTRODUCTION

Sectio caesarea is a major surgical intervention introduced in the late nineteenth century to save the lives of women and their babies from life-threatening complications of pregnancy and childbirth (Bunner & Suddarth, 2013). Sectio Caesarea is the most common surgical operation worldwide (American College of Obstetrics and Gynecology, 2017). According to WHO (World Health Organization, 2015), the incidence of Sectio Caesarea is increasing in developing countries. WHO sets the indicator for delivery of Sectio Caesarea 5-15% for each country, if it is not in accordance with the indications for Sectio Caesarea, it can increase the risk of morbidity and mortality in mother and baby.

In Indonesia, childbirth by Sectio Caesarea is 17.6%. The highest Sectio Caesarea delivery rate is DKI Jakarta at 31.1%, Riau Province at 20.2% and the lowest proportion of Sectio Caesarean deliveries is Papua province at 6.7% (Risksedes, 2018). Medical record data at RSIA Banda Aceh shows that the overall prevalence of obstetric patients in the period January to December 2020 is 167 cases of post Sectio Caesarea in total. Sectio Caesarea action will break the continuity or tissue connection because the incision will release pain receptors, especially after the anesthetic effect wears off (Bunner, & Suddarth, 2013).

Post partum mothers with sectio caesarea often complain of pain in the operating area so that mothers are reluctant to do early mobilization. In addition, the reason for not wanting to mobilize is because she is afraid that the stitches will come off so that the mother does not dare to change her position. Lack of knowledge about early mobilization in post sectio caesarea mothers can affect the implementation of early mobilization so that it can cause the risk of prolonged bed rest such as blood circulation disorders (Apriani, 2014). Most women need a period of recovery of their health.

Surgery and anesthesia can cause fluid to accumulate which can lead to pneumonia so it is important to move around (Apriani, 2014). This complication can be prevented if the patient with post cesarean section is able to mobilize. Therefore, mobilization is a very important process for post partum mothers, because mobilizing will help accelerate the recovery of the postpartum period, especially for post-cesarean section mothers so that mothers get normal wound care and healing (Danefi T., Fenty A., 2016).

Early mobilization of cesarean section can be done by the mother a few hours after delivery after cesarean delivery. To prevent postoperative complications, the mother should be mobilized immediately. After experiencing Sectio Caesarea, ma'am is advised not to be lazy and move. the faster the move the better, but early mobilization must be done with caution (Astriana, W. 2016).

Early mobilization depends on the presence or absence of complications during childbirth and the puerperium. Post sectio caesarea mothers are allowed to get out of bed no later than 24-48 hours after giving birth. For this reason, it is recommended for mothers to start early mobilization by tilting left or right, sitting and then walking (Astutik, P. Mobilisasi Terhadap Penurunan Tingkat Nyeri Ibu Postoperasi Sectio Caesarea di Care Unit Ruang Post Anesthesia RSUD dr. Harjono Ponogroho; 2014).

Early Mobilization Concept

Mobilization is a basic human need that is needed by individuals to carry out daily activities in the form of joint movement, attitude, gait, exercise and activity capabilities, so that in maintaining optimal physical mobilization, the nervous, muscle and skeletal systems must remain intact and functioning. good (Potter, P. A., & Perry, A. G. 2010).

Early mobilization carried out on a regular basis will lead to smooth blood circulation, so that the incision tissue will get essential nutrients for the wound healing process (Purnawati, Nina. 2014). Early mobilization is the process of activities carried out after surgery starting from light exercise in bed to being able to get out of bed, walk to the bathroom and walk out of the room (Bunner & Suddarth, 2013).

Early mobilization is an effort to maintain independence as early as possible by guiding the patient to maintain physiological function. Early mobilization has a very important role in reducing complications due to immobilization. To avoid complications, early mobilization should be carried out by post partum mothers. Where

with limited mobilization, the post partum mother's position should be changed when discomfort occurs due to lying in one position (Smith & Dell, 2014). Early mobilization carried out on post sectio caesarea mothers has an effect on the cardiovascular system, which can increase cardiac output, strengthen heart muscle, ensure smooth blood circulation, improve body metabolism regulation, restore physical work function, vital signs within normal limits which will accelerate the healing process. wound so that there is no risk of infection. In addition, it trains the muscles and joints after surgery to prevent stiffness. In the digestive system it increases gastric mobility and improves abdominal muscle tolerance (Hartati, Suryani, dan Yati Afiyanti, 2014).

Mobilization has many purposes such as expressing emotions with non-verbal movements, self-defense, fulfillment of basic needs, activities of daily living and recreational activities (Potter, P. A., & Perry, A. G., 2010). Early mobilization treatment has the advantages of smoothing lochia expenditure, reducing infection, accelerating uterine involution, smoothing the function of the gastrointestinal tract and genitals, increasing the smoothness of bleeding so as to accelerate the function of breast milk (ASI) and excreting metabolic waste, a good opportunity to teach mothers to care for their babies (Vivian, D., Lia, N., & Sunarsih, T., 2011) .

Early mobilization treatment has advantages, smoothing lochia expenditure, reducing perineal infection, accelerating uterine involution, smoothing the function of the gastrointestinal tract and genitals, increasing blood circulation so as to accelerate the function of breast milk and the excretion of metabolic waste, a good opportunity to teach mothers to care for their children. 13). The types of physical mobilization include:

1. Full mobilization

Full mobilization is a person's ability to move fully and freely so that they can carry out social interactions and carry out daily roles. This full mobilization is a function of voluntary motor and sensory nerves to be able to control all areas of a person's body.

2. Partial mobilization

Partial mobilization is a person's ability to move with clear boundaries so that they are unable to move freely because they are influenced by motor and sensory nerve disorders in areas of their body. This partial mobilization is divided into two types, namely:

- a. Temporary partial mobilization is an individual's ability to move with temporary limitations, this can be caused by reversible trauma to the musculoskeletal system, such as a dislocation of bone joints.
- b. Partial permanent mobilization is an individual's ability to move with fixed limitations. This is caused by irreversible damage to the nervous system for example the occurrence of hemiplegia due to spinal cord injury, and in the case of poliomyelitis it occurs because of the dependence of the motor and sensory nervous systems (Hidayat, A. A. A., 2010).

Factors Affecting Early Mobilization

According to Potter & Anne G. Perry Anne (2006) early mobilization is influenced by several factors, including:

1. Physiological factors

Physiological factors include maternal fatigue after experiencing prolonged labor, pain, the patient is afraid the stitches will come off if they move, cardiopulmonary status (bleeding). In Suryani Hartati's research (Hartati, Suryani, dan Yati Afiyanti, 2014) on mobilization, it is influenced by physiological factors such as an increase in body temperature (hyperthermia), excessive bleeding, and pain levels.

2. Emotional factor

Emotional factors include anxiety, depression. In Suryani Hartati's research (Hartati, Suryani, dan Yati Afiyanti, 2014) states emotional factors such as the occurrence of anxiety.

3. Developmental factors which include knowledge and age

4. Psychosocial factors, include motivation, family support and health workers.

Mobilization is important to accelerate the mother's recovery so that she can return to normal daily activities. This delay in mobilization will make the mother's condition worse and make recovery after sectio caesarea late (Astriana, W., 2016). Early mobilization is influenced by several factors including psychological factors such as pain, increased body temperature, bleeding, emotional factors such as anxiety, motivation, social support and developmental factors such as age and parity status (Potter, P. A., & Perry, A. G., 2006). Internal factors are the special type of childbird in mothers who post sectio caesarea, fear of loose stitches when moving, fatigue when experiencing prolonged labor, general condition influenced by maternal comorbidities, pain perception, motivation to perform physical mobilization, lifestyle and emotions. While external factors, namely family support, husband, culture that forbids moving and legs must be straight, individuals always adapt to the environment according to culture (Hartati, Suryani, dan Yati Afiyanti, 2014).

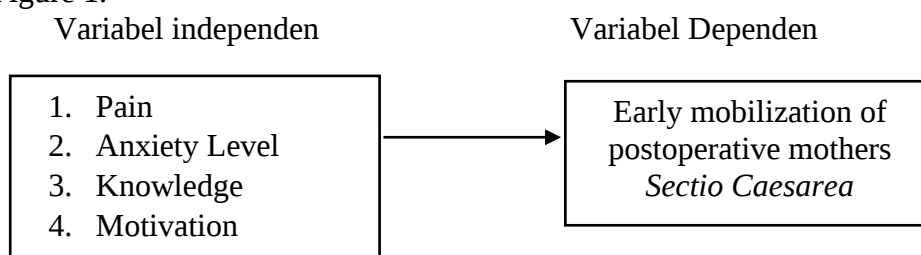
The results of research conducted by Suryani Hartati, Setyowati and Yati Afiyanti (Hartati, Suryani, dan Yati Afiyanti, 2014) at the RSCM on "Factors that affect early mobilization after sectio caesarea to perform early mobilization". The most influential factor is the level of knowledge, motivation, and information provided by officers. The study explained that early mobilization was influenced by physiological factors (pain, bleeding, hyperthermia), emotional factors (anxiety), developmental factors (age, parity status).

Based on the results of a preliminary study conducted at the Rumah Sakit Ibu dan Anak Banda Aceh, the results of interviews conducted by researchers with 3 mothers with post sectio caesarea in the room found that it was difficult for mothers to mobilize early because they felt pain in the surgical wound and the mother said she was anxious if she moved. will have an adverse effect on the seams. Then the 4 post-operative mothers who were interviewed by researchers regarding the mother's motivation said that motivation has an important role in the mother and has a very strong influence on the urge to do early mobilization. The 3 postoperative sectio caesarea mothers who were met had a fairly high level of knowledge and could understand the importance of early mobilization so that the abdominal wall does not experience muscle stiffness, accelerates blood circulation and accelerates healing.

RESEARCH METHOD

Research design

The design of this research is quantitative research, namely research in the form of numbers and analyzes using statistics (Notoatmodjo, S., 2018). Descriptive correlational research method is research that is directed to explain the relationship between two independent variables and the dependent variable. This study uses a cross sectional approach, where data concerning the independent and dependent variables are collected together (Notoatmodjo, S., 2018). The conceptual framework in this research can be seen in Figure 1.



Population dan Sample

The population of this study were postoperative Sectio Caesarea patients who were at the Rumah Sakit Ibu dan Anak, Banda Aceh 2020 from January to December, obtained 167 people. Sampling in this study was carried out using the Non Probability sampling method. The number of samples in this study was 30 people with accidental sampling technique, which is a technique of determining the sample based on chance, ie anyone who coincidentally meets the researcher can be used as a sample, if it is considered that the person who happened to be met is suitable as a data source (Notoatmodjo, S., 2018). The research sample includes the number of respondents greater than a minimum of 30 respondents.

The sampling is done using inclusion criteria where the general characteristics of the research subjects from a target population are affordable and will be studied (Notoatmodjo, S., 2018). The inclusion criteria in this study are:

1. Mothers who are willing to be respondents.
2. Mother who is cooperative, can communicate verbally.
3. Post sectio caesarea patients who do not experience complications such as stroke, hypertension, paralysis.

Research Instruments

The data collection tools used in this study used the observation method and a questionnaire with the type of closed-ended questions (closed questions). Close-ended questions are question formats that limit respondents to a list of answer choices from which they must choose to answer the question. The questionnaire consists of two parts, namely:

- a. Questionnaire A contains demographic data of respondents which includes name, age, date of birth, address, ethnicity, education, occupation..

- b. Questionnaire B contains questions that are structured:
1. The Pain Questionnaire uses the NRS pain scale (Numeric Rating Scale) to assess the intensity or severity of pain and gives the patient complete freedom to identify the severity of pain. result criteria: 0: No pain, 1-3: Mild pain, 4-6: Moderate pain, 7-10: Severe pain
 2. The Anxiety Questionnaire used is HAR-S (Hamilton Anxiety Rating Scale). The HAR-S scale has been proven to have high validity and reliability for measuring anxiety, namely 0.93 and 0.97, indicating that measuring the HAR-S anxiety level will obtain valid and reliable results. Anxiety level questionnaire using a Likert scale which contains 14 questions.
- Outcome criteria: Score <14: no anxiety, score 14-20: mild anxiety, score 21-27: moderate anxiety and score 28-41: severe anxiety.

1. The knowledge questionnaire used has been tested for validity and reliability with a KR20 value of 0.668 explaining that the instrument on the knowledge variable has a strong relationship. The knowledge questionnaire uses the Guttman scale which contains 15 questions. Result criteria: Good = 76-100%, Fair = 56-75% and Less = 56%
2. The motivation questionnaire used has been tested for validity and reliability with a KR20 value of 0.373 explaining that the instrument on the motivation variable has a low relationship. The motivation questionnaire uses the Guttman scale which contains 15 questions. Outcome criteria: Weak : 0-33%, Medium: 34-66% and Strong: 67-100%
3. The Early Mobilization Questionnaire used is a modification of Aliahani's theory (Aliahani, 2010) regarding the implementation of early mobilization in post sectio caesarea mothers. The questionnaire has been proven to have validity and reliability with a KR20 value of 0.625 explaining that the instrument on the early mobilization variable has a strong relationship. Early mobilization questionnaire using the Guttman scale which contains 8 questions. Result criteria: Unable : 1-4, Able : 5-8

RESULTS AND DISCUSSION

According to result of the research known that the age distribution of the most respondents is in the early adult category (26-35), namely 23 respondents (76.7%), Islam as many as 29 respondents (96.7%), Acehnese ethnic groups as many as 26 respondents (86.7%), the majority of education is tertiary education with 17 respondents (56.7%), and the majority occupation is IRT (housewife) as many as 15 respondents (50.0%).

Univariate Analysis

Before further data analysis, it is necessary to recapitulate the data for each variable, each of which is:

a. Pain

Tabel 1
Distribution of Respondents Pain Frequency in Rumah Sakit Ibu dan Anak Banda Aceh Tahun 2021

No.	Nyeri	f	%
1	No Pain	0	0,0

2	Mild pain	1	3,3
3	Moderate pain	23	76,7
4	Severe pain	6	20,0
Total		30	100,0

Source; primary data (2021)

Based on table 1 above, it shows that the majority of respondents at the Rumah Sakit Ibu dan Anak Banda Aceh experienced moderate pain as many as 23 respondents (76.7%).

b. Anxiety Level

Table 2

Frequency Distribution of Respondents Anxiety Levels in Rumah Sakit Ibu dan Anak Banda Aceh 2021

N.	Anxiety Level	f	%
1	No anxiety	0	0,0
2	Mild anxiety	13	43,3
3	Moderate anxiety	15	50,0
4	Severe anxiety	2	6,7
Total		30	100,0

Primary data sources (2021)

Based on table 2 above, it shows that the anxiety level of the postoperative section caesarea respondents at the Rumah Sakit Ibu dan Anak experienced moderate anxiety as many as 15 respondents (50.0%).

c. Knowledge

Table 3

Frequency Distribution of Respondents' Knowledge in Rumah Sakit Ibu dan Anak Banda Aceh Tahun 2021

No.	Knowledge	f	%
1	Good	22	73,3
2	Enough	7	23,3
3	Deficient	1	3,3
Total		21	100,0

Sources : Primary data (2021)

Based on table 3 above, it shows that the majority of respondents who have knowledge of postoperative section caesarea at the Rumah Sakit Ibu dan Anak have good knowledge as many as 22 respondents (73.3%).

d. Motivation

Table 4

Frequency Distribution of Respondents' Motivation in Rumah Sakit Ibu dan Anak Banda Aceh

No.	Motivasi	f	%
1	Lemah	0	0,0

2	Sedang	1	3,3
3	Kuat	29	96,7
Total		30	100,0

Source: primary data (2021)

Based on table 4 above, it shows that the majority of respondents who have a strong motivation are 29 respondents (96.7%).

e. Early Mobilization

Table 5
Frequency Distribution of Respondents' Early Mobilization in Rumah Sakit Ibu dan Anak Banda Aceh

No.	Early Mobilization	F	%
1	Not capable	0	0,0
2	Able	30	100,0
Total		30	100,0

Source: primary data (2021)

Based on table 6 above, it shows that the majority of respondents were able to mobilize early postoperative sectio caesarea at Rumah Sakit Ibu dan Anakin Banda Aceh as many as 30 respondents (100.0%).

Bivariate Analysis

The results of bivariate data analysis aim to describe the distribution of the data. In this study, researchers used the Pearson correlation statistical test with $\alpha = 0.05$ if $P\text{-value} < \alpha = 0.05$ then H_a was accepted and H_o was rejected. The following are the results of bivariate data analysis in this study:

a. Relationship of Pain with Early Mobilization

Table 6
Relationship of Pain with Early Mobilization in Patients *Post Operasi Sectio Caesarea* di Rumah Sakit Ibu dan Anak Banda Aceh (n=30)

Correlations			
		md	nyeri
md	Pearson Correlation	1	.052
	Sig. (2-tailed)		.784
	N	30	30
nyeri	Pearson Correlation	.052	1
	Sig. (2-tailed)	.784	
	N	30	30

Korelasi Pearson	Pvalue
0.052	0.784

Source: primary data (2021)

Based on Table 6 shows that of the 30 respondents who experienced pain and performed the Pearson correlation test, the P-value = 0.784 was obtained. Thus, the null hypothesis (H_0) is accepted, meaning that there is no relationship between pain and early mobilization in postoperative cesarean section mothers in Rumah Sakit Ibu dan Anak Banda Aceh Tahun 2021.

b. The Relationship between Anxiety Levels and Early Mobilization

Table 8

The Relationship between Anxiety Levels and Early Mobilization in Post-C-section Surgery Patients in Rumah Sakit Ibu dan Anak Banda Aceh (n=30)

Correlations		md	kecemasan
md	Pearson Correlation	1	-.145
	Sig. (2-tailed)		.445
	N	30	30
kecemasan	Pearson Correlation	-.145	1
	Sig. (2-tailed)	.445	
	N	30	30

Korelasi Pearson	Pvalue
-0.145	0.445

Source: primary data (2021)

Based on Table 7 shows that of the 30 respondents who experienced anxiety and performed the Pearson correlation test, the P-value = 0.445 was obtained. Thus, the null hypothesis (H0) is accepted, meaning that there is no relationship between the level of anxiety and early mobilization of postoperative mothers at sectio caesarea at the Rumah Sakit Ibu dan Anak. Banda Aceh Tahun 2021.

c. Relationship between Knowledge and Early Mobilization

Table 8

The Relationship of Knowledge with Early Mobilization in Patients Post Sectio Caesarea di Rumah Sakit Ibu dan Anak Banda Aceh (n=30)

Correlations		md	pengetahuan
md	Pearson Correlation	1	.475**
	Sig. (2-tailed)		.008
	N	30	30
pengetahuan	Pearson Correlation	.475**	1
	Sig. (2-tailed)	.008	
	N	30	30

** . Correlation is significant at the 0.01 level (2-tailed).

Korelasi Pearson	Pvalue
0.475	0.008

Source: primary data (2021)

Based on Table 9 shows that of the 30 respondents who were tested for the Pearson correlation, the P-value = 0.008 < 0.05. Thus, Ha is accepted, meaning that there is a relationship between knowledge and early mobilization in postoperative sectio caesarea in Rumah Sakit Ibu dan Anak Banda Aceh.

d. The Relationship between Motivation and Early Mobilization

Table 9

The Relationship between Motivation and Early Mobilization in Patients with Post-C-section Surgery in Rumah Sakit Ibu dan Anak Banda Aceh (n=30)

Correlations			
		md	motivasi
md	Pearson Correlation	1	.579**
	Sig. (2-tailed)		.001
	N	30	30
motivasi	Pearson Correlation	.579**	1
	Sig. (2-tailed)	.001	
	N	30	30

**. Correlation is significant at the 0.01 level (2-tailed).

Korelasi Pearson	Pvalue
0.579	0.001

Source: primary data (2021)

Based on Table 10 shows that of the 30 respondents who have motivation and the Pearson correlation test was carried out, the P-value = 0.001 was obtained. Thus, Ha is accepted, which means that there is a relationship between motivation and early mobilization of postoperative sectio caesarea In Rumah Sakit Ibu dan Anak Banda Aceh Tahun 2021.

DISCUSSION

a. Relationship of Pain with Early Mobilization

Based on the results of research conducted at the Rumah Sakit Ibu dan Anak on the state of pain experienced by respondents after sectio caesarea surgery obtained in table 5.2 it shows that the majority of moderate pain are 23 respondents (76.7%), severe pain is 6 respondents (20, 0%) and mild pain 1 respondent (3.3%) Based on the statistical test in table 5.7 using the Pearson Correlation Test, the p-value (0.784) was obtained, thus the null hypothesis (HO) was accepted, meaning there was no relationship between pain and early mobilization in the mother postoperative cesarean section at Rumah Sakit Ibu dan Anak Banda Aceh.

The level and severity of postoperative pain depends on the individual's physiology and psychology and the tolerance to pain. According to research (Purnawati, Nina, 2014) post sectio caesarea surgical wound pain felt by the mother has various responses and sensations and cannot be equated with one another and only the mother herself can explain and evaluate the pain experienced when the mother feels pain. This study also explains that varying levels of pain also have an impact on the various outputs of early mobilization. This can be influenced by several other factors, including age, parity and level of education and previous history of sectio caesarea.

These results are supported by the statement of Sukarti (Sukarni, I., & Margareth, Z., 2013) that one of the factors of pain is experience, where each individual learns from the experience of pain. Then the results of the study (Sukarni, I., & Margareth, Z., 2013) found that from 56 respondents, almost half of them complained that the pain of sectio caesarea sutures was 27 respondents with moderate pain intensity, 14 respondents with mild pain intensity, 15 respondents with severe pain intensity, this is because pain has a meaning. each individual, pain is usually expressed differently according to cultural background there is expressed calmly or with emotion depending on the individual himself (Fitriyahsari, 2009).

The researcher's assumption on the results of the study, pain is one of the factors that can affect the implementation of early mobilization in postoperative sectio caesarea

mothers. The pain that the mother feels has a different response and when the pain appears or is felt, only the mother herself can evaluate the pain.

b. The Relationship between Anxiety Levels and early Mobilization

Based on the results of research conducted at the Rumah Sakit Ibu dan Anak on the level of anxiety experienced by respondents after sectio caesarea surgery obtained in table 5.3 it shows that the majority of moderate anxiety levels are 15 respondents (50.0%), mild anxiety levels are 13 respondents. (43.3%), and severe pain as many as 2 respondents (6.7%). Based on the statistical test in table 5.8 using the Pearson Correlation Test, the p-value (0.445) was obtained. Thus the null hypothesis (H₀) is accepted and H_a is rejected, meaning that there is no relationship between the level of anxiety and early mobilization in postoperative cesarean section mothers at Rumah Sakit Ibu dan Anak Banda Aceh.

The results of the demographic data in table 1 show that the majority of the mothers' final education were higher education 17 respondents (56.7%). In the study (Fitriyahsari, 2009) explained that a person's level of anxiety is closely related to a person's education where people who have higher education will find it easier to adjust to their circumstances because they tend to seek more information about solutions to what they are experiencing. Table 1 shows the age of the majority is late adulthood 23 respondents (76.7%) Age also describes maturity and maturity in acting and thinking in making decisions and thinking in making the best decisions for themselves and the environment so that the age of the mother post sectio caesarea is more mature, Mother's coping with anxiety is more controllable (Fitriyahsari, 2009).

The theory described by O.Brien (2014) Anxiety is a feeling that is experienced universally and is a response to stress which generally has an adaptive function that motivates us to be prepared for all situations. However, when the anxiety appears excessively and interferes with individual functioning, the feeling is a pathological condition and as an anxiety disorder.

The assumption of the researcher on the results of the study, the number of anxiety levels that affect early mobilization in postoperative sectio caesarea mothers has a moderate level of anxiety as much as 50%. The age of the mother after sectio caesarea was the majority of late adults 76.7%. Likewise, where age describes a person's maturity in acting and thinking in making decisions. The more mature the mother's age, the more controllable coping in dealing with anxiety can be.

c. Relationship between Knowledge and Early Mobilization

Based on the results of research conducted at the Rumah Sakit Ibu dan Anak Banda Aceh on maternal knowledge regarding early mobilization, it is shown in table 4 that the majority of mothers' knowledge is good as many as 22 respondents (73.3%), sufficient knowledge is 7 respondents (23.3%) and less than 1 respondent (3.3%). Based on the statistical test in table 5.9 using the Pearson Correlation Test, the p-value (0.008) is obtained, thus H_a is accepted, meaning that there is a relationship between knowledge and early mobilization in postoperative cesarean mothers at Rumah Sakit Ibu dan Anak Banda Aceh.

The theory described by Notoatmodjo (2010) which explains that knowledge is a very important factor to shape a person's behavior in the form of real action (overt behavior). The researcher's assumption on the research results is that knowledge is one of the factors that influence early mobilization. The education obtained by 17 respondents has a tertiary education with the result that 73.3% of mothers' knowledge is good. Thus, knowledge is an important factor to be able to shape a person's behavior.

The theory described by Notoatmodjo (2010) which explains that knowledge is a very important factor to shape a person's behavior in the form of real action (overt behavior). The researcher's assumption on the research results is that knowledge is one of the factors that influence early mobilization. The education obtained by 17 respondents has a tertiary education with the result that 73.3% of mothers' knowledge is good. Thus, knowledge is an important factor to be able to shape a person's behavior.

d. The Relationship between Motivation and Early Mobilization

Based on the results of research conducted at Rumah Sakit Ibu dan Anak on the motivation experienced by respondents at postoperative sectio caesarea, it is obtained in table 4 which shows that the majority have strong motivation as many as 29 respondents (96.7%) and moderate motivation is 1 respondent (3, 3). Based on the statistical test in table 5.10 using the Pearson Correlation Test, the p-value (0.001) is obtained, thus H_a is accepted, meaning that there is a relationship between motivation and early mobilization in postoperative cesarean section mothers at Rumah Sakit Ibu dan Anak Banda Aceh.

According to research (Yuliana, Rizky, dkk., 2017) Mother's motivation is very influential on the implementation of early mobilization independently, both intrinsic motivation, extrinsic motivation and urgency. If early mobilization is followed by good motivation, it will also have a good impact on increasing patient independence, improving health and slowing down the degenerative process.

The results of this study are supported by research (Astutik, P. *Mobilisasi Terhadap Penurunan Tingkat Nyeri Ibu Postoperasi Sectio Caesarea* di Care Unit Ruang Post Anesthesia RSUD dr. Harjono Ponogroho; 2014) entitled "The relationship of motivation with the implementation of early post-sectio caesarea mobilization at RSIA Stella Maris Medan". In this study 27 respondents from 35 respondents had high motivation. The results of the statistical test using the Chi Square test obtained a p value (0.011), then the H_0 was rejected. This means that motivation and early mobilization have a statistically significant relationship.

The results of the study are in line with the research conducted by Saidatul Arifah entitled "The relationship of motivation with the implementation of early mobilization in post sectio caesarea patients at Afofah Mojosari Mojokerto Islamic Hospital". In this study, there were 18 respondents from 30 respondents who had strong motivation. The results of the analysis carried out using the Spearman Rho test between motivation and the implementation of early mobilization obtained p-value $0.000 < 0.05$, it can be concluded that H_0 is rejected and H_a is accepted, meaning that there is a relationship between motivation and the implementation of early mobilization in post sectio caesarea patients at home. Islamic Hospital Arofah Mojosari Mojokerto.

CONCLUSION

Based on the results of data processing above, several conclusions can be drawn, namely:

1. There is no relationship between pain and early mobilization in postoperative cesarean section mothers at Rumah Sakit Ibu dan Anak Banda Aceh. Pearson correlation test results obtained P-value = 0.784.
2. There is no relationship between the level of anxiety and early mobilization in postoperative section caesarea mothers at the Rumah Sakit Ibu dan Anak Banda Aceh. Pearson correlation test results obtained P-value = 0.445
3. There is a relationship between knowledge and early mobilization of postoperative section caesarea mothers at the Rumah Sakit Ibu dan Anak Banda Aceh. Pearson correlation test results obtained P-value = 0.008.
4. There is a relationship between motivation and early mobilization of postoperative section caesarea mothers at the Rumah Sakit Ibu dan Anak Banda Aceh. Pearson correlation test results obtained P-value = 0.001.

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