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The Relationship Between Knowledge Level And Parity With Early Mobilization Activities In Post-Caesarean Section Patients At Teungku Fakinah Hospital, Banda Aceh

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ABSTRACT
Lack of knowledge about early mobilization and lack of experience in childbirth causes mothers not to do early mobilization after post-cesarean section which can impact the wound healing process. So the problem in this study is the relationship between the level of knowledge and parity with early mobilization activities in post-cesarean section patients. This study aims to determine the relationship between the level of knowledge and parity with early mobilization activities in post-cesarean section patients. The type of research used is quantitative research using a cross-sectional design. The sample collection technique used is Probability Sampling, namely stratified random sampling, obtained a sample of 75 respondents. The study was conducted by distributing questionnaires. Based on this study, the early mobilization variable shows that most of the respondents did early mobilization as many as 54 respondents (72.00%) in the knowledge variable shows that most respondents have a good level of knowledge as many as 44 respondents (58.67%) and the parity variable shows that almost half of the respondents are in multiparity parity as many as 40 respondents (53.33%) and very few in Grande Multipara parity as many as 2 respondents (2.67%). The results of the hypothesis test showed that at the level of knowledge obtained a P value = 0.000 < 0.05 and early mobilization activities obtained a P value = 0.001 < 0.05 so that Ho was rejected and Ha was accepted. It can be concluded that there is a relationship between the level of knowledge and parity with early mobilization activities in post-cesarean section mothers. Based on this study, it is recommended that post-CS patients can increase their knowledge and be given more intensive education about the importance of early mobilization, as well as be given psychological support to overcome fear or discomfort that may be experienced. In addition, it is also necessary to increase collaboration between medical personnel and patients in the planning and implementation of early mobilization.

Keywords*: Knowledge, Parity, Early Mobilization Activities, Caesarean Section*

INTRODUCTION

Caesarean Section(CS) is a surgical delivery process in which incisions are made in the mother's abdomen (laparotomy) and uterus to deliver the baby. A cesarean section is generally performed when a normal vaginal delivery is not possible due to the risk of other medical complications (Ministry of Health, 2022).

According to new research from the World Health Organization (WHO), the use of cesarean sections continues to increase globally, now accounting for more than 1 in 5 (21%) of all births. This figure will continue to rise over the coming decades, with nearly a third (29%) of all births likely to occur by cesarean section by 2030 (WHO, 2021).

In 2018, according to RISKESDAS, 17.6% of deliveries in Indonesia were performed by Caesarean section (CS). Factors contributing to the indication for Caesarean section delivery include transverse/breech fetal position (3.1%), bleeding (2.4%), seizures (0.2%), premature rupture of membranes (5.6%), advanced labor (4.3%), umbilical cord recurrence (2.9%), placenta previa (0.7%), retained placenta (0.8%), hypertension (2.7%), and others (4.6%). These complications accounted for 23.2% of all indications for Caesarean section delivery (Ministry of Health of the Republic of Indonesia, 2018).

According to the profile of patients undergoing Caesarean Section procedures in Banda Aceh in 2019 as the main referral hospital for Aceh province, they accounted for 23% of the total number of deliveries, which was approximately 927,000 out of 4,030,000 deliveries. In 2007, the percentage of Caesarean Sections in Aceh reached 23.6%, exceeding the mortality rate criteria of 40-80 per 100,000 live births (Afnita et al., 2022). The number of Caesarean Sections at Teungku Fakinah Hospital was 899 people for 1 year from February 2024 to January 2025.

Early mobilization is a key factor in accelerating post-surgical recovery and preventing post-surgical complications. Therefore, it is highly recommended that mothers undergo early mobilization as soon as possible, following the procedure. Within the first six hours after a cesarean section, mothers undergoing bed rest should move their arms, legs, and lower legs, as well as tilt to the right and left. Afterward, mothers can begin sitting 8 12 hours post-surgery. Then, they can gradually begin to learn to walk slowly. However, in the first few days post-surgery, mothers usually still stagger and require assistance from the following day (Sartika et al., 2024).

Delayed mobilization can lead to several organ dysfunctions, including blocked blood flow and impaired muscle function. Early mobilization after a Caesarean section is important for mothers because failure to mobilize early can result in several consequences, including increased body temperature, abnormal bleeding, thrombosis, poor involution, blocked blood flow, and increased pain intensity. Another impact of delayed early mobilization is infection due to impaired blood flow to the wound area (Lema et al., 2019).

Knowledge is the result of a person's understanding of a particular object. Most human knowledge is acquired through education, personal and other people's experiences, mass media, and the environment (Liawati & Novani, 2018).

Maternal parity is the frequency with which a mother has given birth, whether alive or dead, but not through abortion. In first parity, the uterus is experiencing its first pregnancy, straining the fetus and increasing the mother's stress response due to inexperience. In parities greater than 4, the uterus is typically weakened, leading to a decline in function. The uterus is no longer able to contract properly due to repeated uterine strain due to pregnancy and loosening of the ligaments that secure it (Sulistyowati et al., 2024).

The results of research conducted by Nasution and Sirait (2021) on the Relationship between Mother's Knowledge and Early Mobilization Actions after Caesarean Section at Herna General Hospital, Medan, showed that there was a relationship between mother's knowledge and early mobilization actions after Caesarean Section (p=0.001).

In an initial survey conducted at Teungku Fakinah Hospital in Banda Aceh, it was found that out of 7 post-Cesarean mothers, only 2 of them performed early mobilization according to the stages because the patient had a history of C-section, received information from a specialist doctor, and some obtained information from social media. And 5 others were late in performing early mobilization because of concerns about scars from stitches, the patient also felt afraid when moving and the patient's ignorance about body movements that are allowed after surgery. This shows that there are still many post-Cesarean mothers who do not perform early mobilization after surgery.

This indicates that many post-cesarean section mothers still do not perform early mobilization after surgery. Therefore, the role of health workers, such as nurses and midwives, is to provide information and education before patients undergo cesarean section surgery, especially regarding early mobilization. Furthermore, hospitals should provide brochures or posters explaining the stages of early mobilization for post-cesarean section mothers in the form of pictures accompanied by clear and easy-to-understand explanations to increase mothers' knowledge about early mobilization after cesarean section surgery.

Seeing the importance of early mobilization in post-Caesarean section patients, the role of a nurse is very necessary in helping patients to provide information, explanations, motivation and guide patients to mobilize as early as possible. Based on this phenomenon, researchers are interested in conducting a study entitled "The Relationship Between Knowledge Level and Parity with Early Mobilization Activities in Post-Caesarean Section Patients at Teungku Fakinah Hospital, Banda Aceh."

RESEARCH METHODS

The research used was a quantitative study using a cross-sectional design. Cross-sectional research is a research design that studies risks and effects through observation, with the goal of collecting data simultaneously or at a single point in time (Abduh et al., 2023). This study aimed to reveal the relationship between knowledge level and parity with early mobilization in post-Cesarean section patients at Teungku Fakinah Hospital.

The sampling technique used was probability sampling, a method that allows all elements in the population to have the opportunity to be included in the study (Saputro & Pradana, 2022). Stratified random sampling was used to determine the sample size, based on the average number of visits per month. A sample size of 75 patients was obtained. The instrument used in this study was a questionnaire, and data collection was conducted using primary and secondary data.

In this study, the analysis was carried out univariately.to define the variables separately, the variables of knowledge, parity and early mobilization and bivariate to see if there is anyThe relationship between knowledge level and parity with early mobilization in post-Caesarean section patients.

RESULTS AND DISCUSSION RESULTS

Table 1: Demographic Data of Post-Caesarean Section Patients (n = 75)

No	Variables	Frequency (F)	Percentage (%)
1	Age		
	<25 Years	4	5.33
	25-35 Years	42	56.00
	>35 Years	29	38.67
2	Education		
	Junior High School	7	9.33
	Senior High School	26	34.67
	College	42	56.00
3	Work		
	Housewife	41	54.67
	Trading/Self-Employment	12	16.00
	Honorary Employees	8	10.67
	Private employees	1	1.33
	civil servant	13	17.33

Source: primary data, 2025

Based on table 1, it shows that most of the respondents are aged 25-35 years, namely 42 respondents (56%) and very few are aged <25 years, namely 4 respondents (5.33%). In the education variable, most of the respondents had a tertiary education (PT) namely 42 respondents (56%) and very few had a junior high school education namely 7 respondents (9.33%). In the employment variable, most of the respondents worked as housewives (IRT), namely 41 respondents (54.67%) and very few worked as private employees, namely 1 respondent (1.33%).

1. Univariate Analysis

1) Early Mobilization Activities for Post-Caesarean Section Patients

Table 2: Early Mobilization Activities in Post-Caesarean Section Patients (n = 75)

Early Mobilization Activities	Frequency (f)	Percentage (%)
Are not done	21	28.00
Done	54	72.00
Amount	75	100.00

Source: primary data, 2025

Table 2 shows that the majority of respondents carried out early mobilization, namely 54 respondents (72.00%), and a small proportion did not carry out early mobilization, namely 21 respondents (28.00%).

2) Level of Knowledge of Early Mobilization of Post-Caesarean Section Patients

Table 3:Level of Knowledge on Early Mobilization of Post-Caesarean Section Patients (n = 75)

Level of Knowledge	Frequency (f)	Percentage (%)
Good	44	58.67
Enough	24	32.00
Not enough	7	9.33
Amount	75	100.00

Source: primary data, 2025

Table 3 shows that most respondents have a good level of knowledge, namely 44 respondents (58.67%) and very few have a poor level of knowledge, namely 7 respondents (9.33%).

3) Parity of Post-Caesarean Section Patients

Table 4: Parity in Post-Caesarean Section Patients (n = 75)

Parity	Frequency (f)	Percentage (%)
Primipara	33	44.00
Multipara	40	53.33
Grandemultipara	2	2.67
Amount	75	100.00

Source: primary data, 2025

Table 4 shows that most respondents have multiparous parity, namely 35 respondents (53.33%) and very few have Grande Multiparous parity, namely 2 respondents (2.67%).

2. Bivariate Analysis

Analysis to determine the relationship betweenknowledge and parity with early mobilization activities using the Chi Square test and the results of the analysis can be seen as follows:

1) The Relationship Between Knowledge Level and Early Mobilization Activities in Post-Caesarean Section Patients

Table 5: Relationship between Knowledge Level and Early Mobilization Activities in Post-Caesarean Section Patients (n = 75)

Variables	Early Mobilization Activities						P Value
	Done		Are not done		Total		
	N	%	n	%	n	%	
Level of Knowledge							0.000
1. Good	39	88.64	5	11.36	44	100.00	
2. Enough	14	58.33	10	41.67	24	100.00	
3. Less	1	14.29	6	85.71	7	100.00	

Source: primary data, 2025

Table 5 shows that from the knowledge level variable, the majority of respondents, namely 44 people, had good knowledge and carried out early mobilization as many as 39 respondents. And the minority of respondents, namely 7 people who had less knowledge and did not carry out early mobilization as many as 6 respondents. The results of the hypothesis test showed a P value = 0.000 <0.05 so that Ho was rejected and it can be concluded that the better the knowledge of early mobilization, the more people who carry out early mobilization activities so that it can be stated that there is a significant relationship between the level of knowledge and early mobilization activities in post-operative mothers.*Caesarean Section*.

2) The Relationship Between Parity and Early Mobilization Activities in Post-Caesarean Section Patients

Table 6: Relationship between Parity and Early Mobilization Activities in Post-Caesarean Section Patients (n = 75)

Variables	Early Mobilization Activities						P Value
	Done		Are not done		Total		
	n	%	n	%	n	%	
Parity							0.001
1. Primipara	17	51.52	16	48.48	33	100.00	
2. Multipara	36	90.00	4	10.00	40	100.00	
3. Grandemultipara	1	50.00	1	50.00	2	100.00	

Source: primary data, 2025

Table 6 shows that from the parity variable, the majority of respondents, namely 40 people, who were multiparous, there were 36 respondents who carried out early mobilization activities. And a minority of respondents, namely 2 people who were grandemultiparous, there was 1 respondent who did not carry out early mobilization. The results of the hypothesis test showed a P value = 0.001 <0.05 so that Ho was rejected and it can be concluded that there is a relationship between parity and early mobilization activities in post-operative mothers.*Caesarean Section*.

DISCUSSION

a. The Relationship Between Knowledge Level and Early Mobilization Activities in Post-Caesarean Section Patients

Table 4.5 shows that in the variable level of knowledge obtained from 44 (100%) respondents who have a good level of knowledge, the majority of 39 (88.64%) respondents have carried out early mobilization. And from 7 (100%) respondents who have a poor level of knowledge, the majority of 6 (85.71%) respondents did not carry out early mobilization. The results of the hypothesis test show a value of P = 0.000 <0.05 so that Ho is rejected and it can be concluded that the better the knowledge of early mobilization, the more people carry out early mobilization activities so that it can be stated that there is a significant relationship between the level of knowledge and early mobilization activities in mothers after Caesarean Section surgery.

This indicates that good knowledge significantly influences patient attitudes and behaviors during the recovery process, including awareness of early mobilization. Respondents with good knowledge generally understand the benefits of early mobilization, such as accelerating surgical wound healing, preventing complications like deep vein thrombosis and pneumonia, and promoting normal organ function after surgery. Furthermore, they tend to be more confident and less afraid to move because they understand safe mobilization methods and the appropriate timing.

This study aligns with research conducted by Herawati and Prapnawati (2021). Statistical tests using the chi-square test yielded a significant P value of 0.034. This is evident from the p value of 0.034 <0.05, indicating a correlation between knowledge level and early mobilization management in post-cesarean section mothers at Muhammadiyah Selogiri Hospital. The results of this study indicate that most respondents had a good level of knowledge regarding mobilization after cesarean section.

Similarly, research by Lestari et al. (2023) in Jaya Brebes showed that knowledge level significantly influences patient motivation for early mobilization. Patients who received preoperative education were twice as likely to get out of bed within the first 24 hours after surgery.

Another study by Herlinadiyaningsih et al. (2024) found that health education provided by nurses before a CS operation was very effective in increasing patients' knowledge and courage to mobilize early.

However, this study disagrees with research by Eka (2024), who reported that although most patients had good knowledge of the importance of early mobilization, only 48% mobilized within the first 24 hours. The more dominant factors found were family support and the influence of local culture, which considers complete postpartum rest to be essential.

Knowledge is a crucial factor influencing health behavior. Good knowledge enables patients to understand the benefits of early mobilization, such as accelerating wound healing, preventing thromboembolism, and improving post-operative organ function. Conversely, a lack of knowledge can lead to fear of movement, fear of pain, or the risk of injury, which can be minimized with proper education.

Based on the research results above, researchers can conclude that health education provided by nurses before surgery can influence patient knowledge in implementing early mobilization. The more patients know about the benefits, goals, and procedures of early mobilization, the more likely they are to mobilize early. In addition, psychological factors such as excessive anxiety, fear, post-operative pain, support from health workers and family, and cultural influences or beliefs that recommend complete rest can influence patients' decisions to mobilize early. Thus, although knowledge is an important factor, the implementation of early mobilization is also influenced by physical, emotional, and environmental factors surrounding the patient.

b. The Relationship Between Parity and Early Mobilization Activities in Post-Caesarean Section Patients

Table 4.6 shows that in the parity variable, it was obtained from 40 (100%) respondents with multiparous parity, the majority of 36 (90.00%) respondents did early mobilization activities. And from 2 (100%) respondents with grandemultiparous parity, the majority of 1 (50.00%) respondents did not do early mobilization. The results of the hypothesis test showed a P value = 0.001 <0.05 so that Ho was rejected and it can be concluded that there is a relationship between parity and early mobilization activities in post-Cesarean Section mothers.

Based on the research results above, there are differences in the tendency for early mobilization activities based on the number of childbirth experiences (parity) of patients. This is due to a lack of experience in dealing with the labor and recovery process and a higher level of anxiety or fear due to the first experience of undergoing a Caesarean section. Repeated childbirth experiences, including previous post-operative or recovery experiences, can increase a patient's readiness and confidence in undergoing early mobilization. Although the grandemultipara group has a lot of childbirth experience, factors such as generally older age and a higher possibility of complications or physical fatigue can affect their ability to mobilize immediately. Thus, in general, it can be concluded that the higher the parity level, especially in the multipara group, the higher the patient's readiness and courage in undergoing early mobilization after a Caesarean section.

Research by Indanah et al. (2021) showed a significant relationship between parity status and early mobilization with maternal independence after a cesarean section at Hospital X in Jepara Regency with a p-value <0.05. Women with multiparity (having given birth more than once) tend to be more prepared and able to perform early mobilization than primiparas (giving birth for the first time). This may be due to previous experience in dealing with the postpartum recovery process and a tendency for lower anxiety levels.

According to research conducted by Rahayu and Yunarsih (2019), there is a significant relationship between parity and early mobilization, with multiparous patients being more likely to mobilize early than primiparous patients. The study explains that prior experience with postpartum pain and discomfort makes multiparous patients more resilient in coping with post-cesarean pain and more confident in moving around early.

Another study by Metasari et al. (2018) also supports these findings, stating that subjective pain severity and fear of movement are higher in primiparous mothers, thus inhibiting them from carrying out early mobilization. In contrast, multiparous mothers have a better level of confidence in managing pain and understand the importance of mobilization after surgery. However, the results of this study are not entirely consistent. Several studies indicate that other factors such as family support, education, and information provided by health workers also play an important role in the success of early mobilization regardless of parity status. Therefore, although parity contributes to readiness for early mobilization, educational interventions and a holistic approach are still needed for all parity groups to improve the quality of recovery after Caesarean section surgery.

Although many studies have shown a relationship between parity and early mobilization ability after a cesarean section, there are also studies that state there is no significant relationship between the two. One such study is Purwanti et al. (2014), which found that parity had no significant effect on early mobilization readiness in post-cesarean section mothers. These results indicate that both primiparas and multiparas have an equal chance of early mobilization as long as they receive sufficient education and support from healthcare professionals.

Mothers with a parity of more than 1 are more experienced than mothers giving birth for the first time (Teja et al., 2021). Mothers giving birth for the first time tend to lack knowledge of proper baby care and lack independence. This is consistent with research conducted by Nurhayati (2022), which found that parity is one factor contributing to maternal lack of independence. Early mobilization, defined as efforts to move the body, such as sitting on the edge of the bed, standing, and walking within 6–24 hours after surgery, has been shown to be beneficial in preventing complications such as

thromboembolism and paralytic ileus, as well as accelerating the patient's physical and emotional recovery.

Based on the above research, researchers can conclude that parity plays a significant role in shaping a mother's physical and psychological readiness for postoperative recovery. Mothers with high parity (multiparity) are assumed to have more extensive experience in the labor process, including managing postpartum pain and discomfort. Factors such as knowledge level, family support, and guidance from nurses also play a significant role in the success of early mobilization. Appropriate interventions can increase the level of maternal mobilization activity postoperatively and accelerate the overall healing process.

CONCLUSION

Based on the research results, we can conclude as follows:

1. The early mobilization variable shows that the majority of respondents carried out early mobilization, as many as 54 respondents (72.00%), while a small proportion did not carry out early mobilization, as many as 21 respondents (28.00%).
2. The knowledge variable shows that the majority of respondents have a good level of knowledge, as many as 44 respondents (58.67%), and very few have a poor level of knowledge, as many as 7 respondents (9.33%).
3. The parity variable shows that almost half of the respondents are in multiparous parity, namely 40 respondents (53.33%) and very few are in Grande Multiparous parity, namely 2 respondents (2.67%).
4. There is a significant relationship between the level of knowledge and early mobilization activities in post-operative mothers.*Caesarean Section*with a P value = 0.000 < 0.05.
5. There is a relationship between parity and early mobilization activities in post-operative mothers.*Caesarean Section*with a P value = 0.001 < 0.05.

SUGGESTION

1. For Hospitals

Hospitals need to develop standard operating procedures (SOPs) for early mobilization education that include an initial assessment of patient knowledge and parity status and implement educational interventions tailored to the patient's individual needs.

2. For Educational Institutions

The data and findings of this study can enrich teaching materials related to the importance of patient education in supporting early post-operative mobilization and the influence of factors such as level of knowledge and parity on the success of patient recovery.

3. For Respondents

Respondents are expected to be more proactive in seeking information and following the directions of health workers regarding the benefits of early mobilization to accelerate the recovery process, as well as prevent post-operative complications such as thromboembolism or surgical wound infections.

4. For Researchers

This research contributes to the development of scientific insight and skills, including in terms of developing methodologies, collecting data and analyzing the relationships between variables that influence the world of nursing practice.

5. For Other Researchers

It is recommended to conduct further research or educational interventions to further examine the effect of increased knowledge on early mobilization behavior and to expand other variables.

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