The Relating to Knowledge Pregnant Women to Danger Signs Pregnancy

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ABSTRACT

Pregnancy that is the first time experienced by a newly pregnant mother or what is called (Primigravida) is a special experience for every pregnant mother, prospective mothers who are newly pregnant do not have experience regarding matters related to pregnancy, especially danger signs during pregnancy, in mothers whose age is 20 year olds experience a higher risk of birth problems and perinatal complications compared to mothers who have given birth. The results of the bivariate study showed that there was no employment relationship (p=0.142), while the related bivariates were age (p=0.047), education (p=0.008), parity (p=0.009) and sources of information (0.014). The results of the multivariate test showed that education (p=0.032) and parity (p=0.033) had the most significant relationship with mother's knowledge of pregnancy danger signs. Based on the results of this study, it is recommended to provide outreach to pregnant women who are in the research environment to be able to understand pregnant women's knowledge of danger signs of pregnancy so that pregnant women care even more about their pregnancy.

Keywords: Sign, Danger, Pregnancy

INTRODUCTION

Pregnancy especially signs hazard on time pregnancy, on the who was 20 year have been risk problems childbirth and perinatal complication more often compared with primigravida at the age of 20-34 years. Based on the WHO data in 2010, The maternal mortality rate (MMR) 420/100.000, live births according to SDKI 2012 maternal mortality relating to pregnancy, childbirth and postpartum of 359/100.000 per live births. [1]

Pregnancy problems are the highest cause of maternal mortality (AKI) in Indonesia, namely bleeding (28%) and eclampsia (24%). Danger signs of pregnancy are a serious problem for pregnant women and the fetus. According to research, every pregnant woman can potentially bring problems or risks to the mother and fetus. [2]

The cause of maternal death in Indonesia is 3 T (Late) which is too late to make a decision, too late to refer and too late for help. If it's too late to make a decision because the mother and her family don't know the danger signs of pregnancy. Efforts to reduce MMR must be socialized to the community so that they know and know how to do it by referring and bringing it to a health service [3].

Efforts to accelerate the reduction of MMR can be carried out by ensuring that every mother is able to access quality maternal health services, such as health services for pregnant women, delivery assistance by trained health workers at health service facilities, postpartum care for mothers and babies, special care and referrals for mothers if necessary. complications occur, ease of obtaining maternity and maternity leave, and family planning services [4]

The warmth of the mother's body turns out to be an effective source of heat for both term and LBW babies. This occurs when there is direct contact between the mother's skin and the baby's skin. This principle is known as the kangaroo method. [5]

Health promotion for mothers can be realized with ANC services at least 4 times during pregnancy. These standards are recommended for pregnant women and fetuses to reduce the risk of detection of pregnancy problems [6]

Pornography is a high contributor to psychosocial problems suggesting that the growth of pornography on the internet. The advent of the internet and social media created enormous possibilities for the quick and easy distribution of material or content including pornography.[7]

A pregnant woman has knowledge that can be obtained in several age factors where the older a person is, the development of knowledge increases, but if the age is elderly, the ability to remember knowledge decreases.

Some pregnant women do not know the knowledge about danger signs in pregnancy starting from swelling of the face and limbs, nausea, excessive vomiting and vaginal bleeding, because there is still a lack of knowledge about the danger signs of pregnancy, therefore researchers want to know "Factors- Factors Associated with Mother's Knowledge of Danger Signs of Pregnancy in

Karangraharja Village".

METHOD

This study uses a quantitative approach with a cross-sectional design. This research looks at the relationship between characteristics, age, education, employment, parity, knowledge and information sources. In this study, the independent variables and the dependent variables were taken at the same time.

RESULTS

1. Univariate Variables

Table 1. Frequency Distribution of Pregnant Women Against Pregnancy Danger Signs by Age, Education, Occupation, Parity, Knowledge and Sources of Information in Karangraharja

Characteristics	n	%
Age		
> 30 Years	33	39.8
< 30 Years	50	60.2
Education		
< SMA	58	69.9
> SMA	25	30.1
Work		
Doesn't work	33	39.8
Work	50	60.2
Parity		
Primipara	34	41.0
Multigravida	49	59.0
Resources		
Print media	41	49.4
Electronic Media	42	50.6
Knowledge		
Not enough	62	74.7
Good	21	25.3

Based on the table 1, the age category illustrates that as many as 60.2% of those aged <30 years experienced danger signs of pregnancy and 39.8% of those aged >30 years experienced danger signs of pregnancy. Shows that most of the Education < SMA 69.9% and < SMA 30.1% with pregnancy danger signs, Shows Occupation of Working mothers 60.2% and Mothers Not working 39.8% with pregnancy danger signs. Multigravida parity 59.0% and Primipara 41.0% with pregnancy danger signs. Indicating Information Sources for Electronic Media 50.6% and Print Media 49.4% with pregnancy danger signs. Demonstrating Knowledge Less 74.7% and Good Knowledge 25.3% of the danger signs of pregnancy.

2. Bivariate Variable

Table 2. Relationship between Age and Knowledge of Pregnant Women on Danger Signs of Pregnancy

	knowledge		Total N	OR (95% CI)	P Value
	Not enough n (%)	Good n(%)			
Age					
> 30 Years	29 (46.8%)	4 (19.0%)	33	3.735	0.047
< 30 Years	33 (53.2%)	17(81.0%)	50	(1.127-12.375)	
Education					
< SMA	24 (38.7%)	1 (4.8%)	25	12.632	0.008
> SMA	38 (61.3%)	20 (95.2%)	58	(1.590-100.340)	
Work					
Doesn't work	28 (45.2%)	5 (23.8%)	33	2.635	0.142
				(0.858-8.092)	
Work	34 (54.8%)	16 (76.2%)	50		
Parity					
Primipara	31 (50.0%)	3 (14.3%)	34	6.000	0.009
Multigravida	31 (50.0%)	18 (85.7%)	49	(1.603-22.455)	
Resources					
Print media	36 (58.1%)	5 (23.8%)	41	4.431	0.014
Electronic Media	26 (41,9%)	16 (76.2%)	42	(1.440-13.631)	

Based on table 6.2, there are 4 variables that have a significant relationship with the dependent variable because they have p <0.05. These variables are Age, Education, Parity and Source of Information. Based on bivariate analysis, it can be seen that there is no relationship (p>0.05) between knowledge and work of pregnant women on danger signs of pregnancy.

The statistical test results obtained p value = 0.047 so that it can be concluded that there is a significant relationship between age <30 years and pregnant women's knowledge of pregnancy danger signs. In addition, the value of OR = 3,735 (CI = 1,127-12,375) means that mothers aged <30 years are at greater risk 3,735 times experiencing pregnant women's knowledge of danger signs in pregnancy compared to mothers aged > 30 years.

The results of the statistical test obtained a value of p = 0.008 so that it can be concluded that there is a significant relationship between education and knowledge of pregnant women about the danger signs of pregnancy. In addition, the value of OR = 12,632 (CI = 1,590-100,340) means that mothers with education > high school regarding mother's knowledge of danger signs in pregnancy will be at greater risk than 12,632 times compared to mothers with education < high school. Hasil uji statistik diperoleh nilai p = 0.142 sehingga dapat disimpulkan tidak ada hubungan yang significant between work and knowledge of pregnant women on danger signs of pregnancy. In addition, the value of OR = 2.635 (CI = 0.858-8.092) means that working mothers who know the danger signs of pregnancy will be at greater risk 2,635 times than mothers who do not work.

The results of the statistical test obtained a value of p = 0.009 so that it can be concluded that there is a significant relationship between parity and mother's knowledge of the danger signs of pregnancy. In addition, the value of OR = 6,000 (CI = 1,603-22,455) means that mothers with

Multigravida Parity regarding mother's knowledge of danger signs in pregnancy will be at greater risk 6,000 times experiencing pregnant women's knowledge of pregnancy danger signs compared to mothers with Primigravida Parity.

The results of the statistical test obtained a value of p = 0.014 so that it can be concluded that there is a significant relationship between sources of information and mother's knowledge of danger signs of pregnancy. In addition, the value of OR = 4,431 (CI = 1,440-13,631) means that mothers with Electronic Media Information Sources have a greater risk of 4,431 times experiencing pregnant women's knowledge of danger signs of pregnancy compared to print media information sources.

3. Multivariate model selection (Initial Model)

Table 3. Results of Bivariate Analysis of Each Independent and Dependent Variable

No	Independent Variable	P value	Information
1.	Age	0,047	Go to Multivariate
2.	Parity	0,009	Go to Multivariate
3.	Work	0.142	Do Not Continue To Multivariate
4.	Education	0,008	Go to Multivariate
5.	Resources	0,014	Go to Multivariate

The results of the bivariate selection above, obtained the Independent variable which can proceed to the multivariate modeling stage because it produces a p value <0.25, namely the variables: Age, Parity, Education, Occupation and Information sources. While the Job variable does not enter into the multivariate modeling stage because it produces a p value > 0.25.

4. Final Modeling

Table 4. Results of Bivariate Anaysis of Each Independent and Dependent Variable

No	Independent Variable	P value	Information
1.	Parity	0,033	Go to Multivariate
2.	Education	0,032	Go to Multivariate
3.	Resources	0,171	Do Not Continue To Multivariate

The results of the bivariate selection above, obtained the Independent variable which can proceed to the multivariate modeling stage because it produces a p value <0.25, namely the variables Parity and Education while Information Sources does not enter into the multivariate modeling stage because it produces a p value> 0.25.

DISCUSSION

1. Age

Based on the results of the study that as many as < 30 years of age and most (39.8%) were under > 30 years of age. The statistical test results obtained p value = 0.047 so that it can be concluded that there is a significant relationship between age <30 years and pregnant women's knowledge of pregnancy danger signs. In addition, the value of OR = 3,735 (CI = 1,127-12,375) means that mothers aged <30 years are at greater risk 3,735 times experiencing pregnant women's knowledge of danger signs in pregnancy compared to mothers aged > 30 years.

Research according to (Dahlan & Umrah, 2018) means that Ha is accepted, that is, there is an age relationship with the knowledge of primigravida pregnant women in recognizing danger signs of pregnancy at the Mungkajang Health Center, Palopo City in 2015, with a moderate level of strength of the relationship, seen at a value of P = 0.54

Research according to (Budiarti et al., 2018) The results of data analysis obtained a p value of 0.000, which is significant in the relationship between age and the level of maternal knowledge about pregnancy danger signs because the p value is less than 0.05. These results prove that there is a significant relationship between the age of the mother and the level of knowledge about the danger signs of pregnancy. This research is in accordance with research which shows that there is a relationship between age and the level of knowledge about danger signs of pregnancy with a value of 0.017 (p <0.05).

Research according to (Astuti, 2012) The relationship between age and level of knowledge in table 4.4. shows that the dominant respondents are aged 20-35 years. The results of the chi-square test using SPSS 17.0 (Statistical Product and Service Solution Ver. 17.0) obtained a p value of 0.001 with dk = 2 at a significant level of 5% X2 table 5.591 obtained X2 count > X2 table (13,873 > 5.591).

Research according to (Dahlan & Umrah, 2018) The results of the Chi-square statistical test obtained a calculated X2 value: 9.243a > X2 9 Journal of Voice of Midwifery, Vol. 07 No. September 9, 2017 table: 3.861 a or P value = 0.00 < value α = 0.05. This means that Ha is accepted, that is, there is a relationship between age and knowledge of primigravida pregnant women in recognizing danger signs of pregnancy.

2. Parity

Based on the results of the study that for the category of education > SMA 69.9% of respondents education < SMA 30.1%. The results of the statistical test obtained a value of p = 0.009 so that it can be concluded that there is a significant relationship between parity and mother's knowledge of the danger signs of pregnancy. In addition, the value of OR = 6,000 (CI = 1,603-22,455) means that mothers with Multigravida Parity regarding mother's knowledge of danger signs in pregnancy will be at greater risk 6,000 times experiencing pregnant women's knowledge of pregnancy danger signs compared to mothers with Primigravida Parity.Penilaian menurut [6]

The results of the statistical test between parity and the level of knowledge show a p value = 0.049 which means it is significant because the p value <0.05. This shows that there is a relationship between maternal parity and the level of knowledge about danger signs of pregnancy. This research is in accordance with research that was conducted by Sulyani (2013) which showed that there was a relationship between parity and the level of knowledge about danger signs of pregnancy. Based on research [8].

3. Job

Based on the results of the study, for the category of work, 60.2% worked and 39.8% did not work. The statistical test results obtained p value = 0.142 so that it can be concluded that there is no

significant relationship between work and pregnant women's knowledge of pregnancy danger signs. In addition, the value of OR = 2,635 (CI = 0,858-8,092) means that working mothers who know the danger signs of pregnancy will be at greater risk 2,635 times than mothers who do not work.

Research according to (Herliani, Siti and Yustiana, 2017) The statistical test results using chi Square at α = 0.05 obtained a p value of 1,000 (p> α) so that H0 failed to be rejected which means that statistically there is no relationship between employment status and knowledge of pregnant women about the danger signs of pregnancy in Narimbang Mulya Village, Working Area of the Rangkasbitung Health Center.

Research according to [6] The results of statistical tests between occupations and levels of knowledge show a p value = 0.028 which means it is significant because the p value <0.05. These results prove that there is a relationship between the mother's occupation and the level of knowledge about the danger signs of pregnancy.

4. Education

Based on the results of the study that for the category of education > SMA 69.9% of respondents education < SMA 30.1%. The results of the statistical test obtained a value of p = 0.008 so that it can be concluded that there is a significant relationship between education and knowledge of pregnant women about the danger signs of pregnancy. In addition, the value of OR = 12,632 (CI = 1,590-100,340) means that mothers with education > high school regarding mother's knowledge of danger signs in pregnancy will be at greater risk than 12,632 times compared to mothers with education < high school.

Based on research [9] The results of statistical tests using chi Square at α = 0.05 obtained a p value of 0.047 (p <α) so that H0 was rejected which means that statistically there is a relationship between mother's education and mother's knowledge pregnant about the danger signs of pregnancy.

Based on research 10 the relationship between education and level of knowledge shows that the dominant respondent is secondary education (SMA). From the results of the chi-square test, it was found that the P value was 0.001 with dk: 4 at a significant level of 5% with X 2 tables 9.488, the results obtained were X2 counts > X2 tables (19.428 > 9.488).

5. Resources

Sources of information on women's reproductive health are very effective in teenage girls because adolescence is a transitional period to find self-identity so that it is easy to influence. Providing information about health, especially about breast cancer, is very good in adolescence. Sources of information obtained can be through health workers, family, friends and the mass and electronic media.[11]

The results of the statistical test obtained a value of p = 0.014 so that it can be concluded that there is a significant relationship between sources of information and mother's knowledge of danger signs of pregnancy. In addition, the value of OR = 4,431 (CI = 1,440-13,631) means that mothers with Electronic Media Information Sources have a greater risk of 4,431 times experiencing pregnant women's knowledge of danger signs of pregnancy compared to print media information sources.

Based on research (Dahlan & Umrah, 2018) The results of the Chi-square statistical test obtained the calculated X2 value: 24.440a > X2 table: 3.861 a or P value = 0.00 <α value = 0.05. This means that Ha is accepted, that is, there is a relationship between information exposure and knowledge.

CONCLUSIONS

Characteristics of respondents Most of the respondents were aged < 30 years, Education > High School, Lack of Knowledge, Unemployed Employment, Multigravida Parity, Electronic Media Information Sources and Lack of Knowledge. Most of the age <30 years and the majority (39.8%) of respondents to third trimester pregnancy danger signs. Most of the respondents were in the category of education > high school (69.9%) for third trimester pregnancy danger signs. For the category of work that works (60.2%) on the danger signs of third trimester pregnancy. For the Multiparity Parity category (59.0%) regarding the danger signs of pregnancy in the third trimester. Respondents lack knowledge (74.7%) about the danger signs of pregnancy in the third trimester. For the category of Information Sources, electronic media (50.6%) for danger signs of pregnancy. Variables related to mother's knowledge of third trimester pregnancy danger signs, namely: Age, Education, Parity and Sources of Information. The most dominant variables that influence the occurrence of pregnant women's knowledge of the danger signs of pregnancy in the third trimester are parity and education variables.

REFERENCES

1. Wijayanti T, Setiyaningsih A. Efektivitas Kelas Ibu Hamil terhadap Deteksi Dini Tanda Bahaya Kehamilan. *Pros Semin Nas Int*. 2014;0:1-5. https://jurnal.unimus.ac.id/index.php/psn12012010/article/view/1204
2. Oktavia L. Kunjungan Antenatal Care Ditinjau dari Tingkat Pengetahuan Ibu Hamil Tentang Tanda Bahaya Kehamilan. *J Aisyah J Ilmu Kesehat*. 2018;3(1):95-100. doi:10.30604/jika.v3i1.95
3. Winancy W, Raksanagara AS, Fuadah Y. Perbandingan Penerapan Metode Brainstorming dan Buzz Group Terhadap Peningkatan Pengetahuan Suami Ibu Hamil Tentang Tanda Bahaya Kehamilan, Persalinan, Dan Nifas (Studi Kasus Di Bogor). *SEAJOM Southeast Asia J Midwifery*. 2019;1(1):1-9. doi:10.36749/seajom.v1i1.51
4. Wardani IKF. Pelatihan Cara Perawatan Payudara Pada Ibu Hamil Trimester Iii Di Desa Bantarjaya Kecamatan Pebayuran Kabupaten Bekasi Tahun 2021. *SELAPARANG J Pengabdi Masy Berkemajuan*. 2021;5(1):115-119.
5. Musmundiroh., Hastuti IW. Method Care of Kangaroo for the Baby with Weight of Low Birth In Hospital X. 2021;584(Icorsh 2020):698-702.
6. Budiarti V, Putri R, Amelia CR. Hubungan Karakteristik Ibu dan Dukungan Suami dengan Tingkat Pengetahuan Ibu Hamil Tentang Tanda Bahaya Kehamilan. *J Issues Midwifery*. 2018;2(1):1-18. doi:10.21776/ub.joim.2018.002.01.1
7. Musmundiroh. Addictive in Adolescent at SMKN 1 South Cikarang Year 2021. *2022 Indones J Heal Sci*. 2022;6(2):59-64.
8. Susanti AI, Astuti S, Rahmiati L, Elba F, Ratminah M. Penyegaran Penggunaan Buku KIA sebagai Upaya Promotif Kesehatan Ibu dan Anak Desa Sayang dan Cisempur. *J Pengabdi Kpd Masy*. 2018;2(1):1-3. http://jurnal.unpad.ac.id/pkm/article/view/20069/9500
9. Herliani, Siti dan Yustiana I. Hubungan Status Pekerjaan dan Pendidikan Dengan Pengetahuan

Ibu Hamil Tentang Tanda Bahaya Kehamilan. *J Obs Sci*. 2017;4(1):418-434.

10. Astuti HP. Hubungan Karakteristik Ibu Hamil dengan Tingkat Pengetahuan Tentang Tanda Bahaya pada Kehamilan di Puskesmas Sidoharjo Kabupaten Sragen. *J Kesehat Kusuma Husada*. 2012;3(2):1-13. http://stikeskusumahusada.ac.id/jurnal/index.php/JK/article/view/40/95

11. Siregar RH. Peningkatan Pengetahuan Dan Kesadaran Remaja Putri Dalam Melakukan Pemeriksaan Payudara Sendiri (Sadari) Deteksi Dini Kanker Payudara Pada Siswi Kelas X Di Smk Negeri 2 Karawang Tahun 2020. *SELAPARANG J Pengabdi Masy Berkemajuan*. 2021;4(2):175. doi:10.31764/jpmb.v4i2.3859