



Level of Knowledge of Primigravida Pregnant Women About High-Risk Pregnancy at Panarung Health Center City of Palangka Raya

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Abstract. High Risk Pregnancy such as pregnant women under 20 years old, pregnant women over 35 years old, pregnant women with height below <145 cm, anemia, and hypertension. There are still many problems found in society that parents marry off their children after graduating from school, but they do not understand or do not know the impact of early marriage. This research method uses a descriptive design, the number of samples of this study were primigravida pregnant women who visited the Panarung Health Center amounting to 35 people with *accidental sampling* techniques. Data collection using questionnaires. Data analysis with *editing, coding, scoring* and *tabulating*. The results of the study from 35 respondents who had less knowledge were 18. respondents (5.1 %), sufficient knowledge as many as 10 respondents (29%) , and good knowledge as many as 7 respondents (20%). The results of the study found that the level of knowledge of pregnant women about high-risk pregnancies was mostly lacking. It is hoped that with this study, respondents will be more active in seeking information that can be obtained through health workers or from various media about high-risk pregnancies. Health workers must be more active in providing counseling to families about high-risk pregnancies.

Keywords: Knowledge Level, Pregnant Women, Primigravida, High Risk Pregnancy

1. INTRODUCTION

Pregnancy is a physiological thing but every pregnancy has the potential to be high risk. High-risk pregnancy is a pregnancy where the life and health of the mother and/or baby can be threatened. A high- risk pregnancy is a pregnancy that has a greater risk than usual (for both the mother and the baby), which can result in illness or death before or after delivery [1] .

In Indonesia, maternal mortality rates are still high. Maternal mortality rate is an important indicator in describing the health condition of women from the number of deaths as a cause of death related to pregnancy disorders or their treatment during pregnancy, childbirth and in the postpartum period without taking into account the length of pregnancy per 100,000 live births. The causes of maternal death in Indonesia are bleeding, eclampsia, unsafe abortion, prolonged labor, infection, and others. This condition is then supported by the existence of three delays (3T), namely late in recognizing signs, late in reaching a service location and late in getting help. Early recognition of obstetric emergencies in this case knowledge of danger signs in pregnancy is very helpful because by knowing the danger signs in pregnancy, pregnant women will find health services more quickly so that risks in pregnancy can be detected and handled earlier [2] .

According to the data and information center of the Indonesian Ministry of Health (2019), high-risk pregnancies in Indonesia include 4 T, namely giving birth too young (under the age of 20 years) reaching 5.2%, giving birth too often reaching 10.3%, giving birth too close together reaching 6.1%, and giving birth too old (over the age of 35 years) reaching 4.9% [3]. The results of the 2015 Inter-Census Population Survey (SUPAS) showed that the maternal mortality rate was three times higher than the MDGs target. In 2018, the MMR decreased by 205 maternal deaths per 100,000 live births in Indonesia. Based on the report of the Directorate General of Public Health, the Indonesian Ministry of Health in 2020 showed that the number of maternal deaths by province in 2018-2019 decreased from 4,226 to 4,221 maternal deaths in Indonesia[4].

Based on data from the Annual Report of the Regency/City of Central Kalimantan Province for maternal and infant mortality when viewed from the last three years, it varies greatly. For the number of maternal deaths from 2020 there were 68 cases (126.2 / 100,000KH), 2021 there were 98 cases (218.7 / 100,000KH), and 2022 there were 64 cases (146 / 100,000KH). Meanwhile, for infant mortality in 2019 there were 335 cases (6.2 / 1,000KH), 2020 there were 623 cases (7.8 / 1,000KH), 2021 there were 394 cases (7.6 / 1,000KH). Some causes of maternal death are Bleeding as much as 34%, Hypertension in Pregnancy as much as 16%, Blood Vessel System Disorders as much as 6%, Infection as much as 2%, Metabolic Disorders as much as 2%, Covid-19 as much as 23%, and the rest are caused by other diseases as much as 13%. From the results of data analysis, the place of occurrence of maternal death as much as 56% occurred in the Regional Public Hospital, 24% occurred at home, 15% occurred on the way when referred to the Regional Public Hospital, and there were 5% deaths at the Community Health Center [5].

In Panarung Health Center in 2016 there were 145 pregnant women who experienced high risk and 21 mothers who were referred due to high risk and 1 maternal death was recorded. While in 2017 there were 149 cases of mothers experiencing high risk and 6 cases that received referrals, with details of the causes of high risk, namely: anemia 20%, age 15%, sung sang 3%, others 2%. Based on a preliminary survey conducted through interviews with 10 pregnant women who were met at Panarung Health Center, it was found that 6 pregnant women were less aware of high-risk pregnancy, and 4 mothers knew about high pregnancy.

Characteristics of pregnant women are known that important factors causing high risk in pregnancy occur in the age group of 35 years is said to be an unsafe age because when reproducing at the age of 35 years where the condition of the female reproductive organs has decreased the ability to reproduce, height less than 145 cm, weight less than 45 kg, the distance between the last child and the current pregnancy is less than 2 years, the number of children is more than 4. The impacts that can be caused by pregnant women with high risk themselves are miscarriage, obstructed labor, ante partum and post-partum bleeding, Intra Uterine Fetal Death (IUFD), poisoning in pregnancy (pre-eclampsia) & seizures (eclampsia). While the impact of high-risk pregnancy on the fetus is the baby is born prematurely, the baby is born with low birth weight (LBW) [6].

High-risk pregnancies can be prevented by pregnancy examinations and monitoring, namely early detection of high-risk pregnant women which is more focused on conditions that cause maternal and infant death. Antenatal supervision accompanies early pregnancy, so that steps and preparation for childbirth can be calculated and prepared. Encourage every pregnant woman to have a comprehensive, quality antenatal visit at least 4 times, with 1 visit in the first trimester, 1 in the second trimester and 2 in the third trimester, including at least 1 visit accompanied by the husband/partner or family member [6]. Midwifery care for high-risk pregnancies aims to detect, prevent, and treat complications that may occur. This approach involves multidisciplinary collaboration between midwives, obstetricians, pediatricians, and other health workers. The care provided includes routine monitoring of maternal and fetal health, medical interventions as indicated, and education and support for pregnant women and their families. Closer antenatal monitoring is needed to ensure that any changes in the health of the mother and fetus can be detected and managed promptly. Medical technologies such as ultrasound, laboratory tests, and fetal heart rate monitoring are used to monitor fetal development and well-being [7]. The roles that midwives can play include early detection of pregnancies that may be high-risk, providing counseling to pregnant women about signs of high risk in pregnancy, providing moral support to mothers experiencing high risk in pregnancy and always being ready to help pregnant women who experience abnormalities during pregnancy.

2. METHODS

The research design used in this study is descriptive research, namely a form of research aimed at describing or depicting existing phenomena, both natural phenomena and man-made phenomena. The phenomenon can be in the form of form, activity, characteristics, changes, relationships, similarities and differences. The aim of this study was to determine the level of knowledge of primiparous pregnant women about high-risk pregnancies. In this study, sampling was carried out by *accidental sampling*, namely by using a random sampling technique without considering the strata in the population members [8]. In this study, a sample size determination calculation was

carried out from 133 populations, and the results of the sample to be studied were 35 samples of primigravida pregnant women respondents.

3. RESULTS AND DISCUSSION

Based on the results of data collection conducted at the Panarung Palangka Raya Health Center, regarding the level of knowledge of primigravida pregnant women about high risks in pregnancy. Data were obtained by distributing questionnaires to determine the knowledge of primigravida pregnant women where the number of respondents was 35 people who passed the inclusion criteria. The data presented consists of 2 (two) types, namely general data in the form of respondent characteristics and specific data, namely the respondent's level of knowledge.

Table 1 Characteristics of Primigravida Pregnant Women at Panarung Health Center

Characteristics	Frequency	Percentage (%)
Age		
< 20 years	16	46
20-35 years	17	48
>35 years	2	6
Education		
Elementary School/Equivalent	5	14
Junior High School/Equivalent	14	40
High School/Equivalent	13	37
College	3	9
Work		
Private Civil	4	12
Servants	12	34
Housewife	19	54
Resources		
Health workers	14	40
Family	5	14
Print media	9	26
Electronic Media	7	20

Table 2 Knowledge of Primigravida Pregnant Women about High-Risk Pregnancy at Panarung Health Center

Knowledge	Frequency	Percentage (%)
Good	7	20
Enough	10	29
Not enough	18	51

Based on the table above, the research results from 35 respondents who had less knowledge were 18 respondents (51%), sufficient knowledge as many as 10 respondents (29%), and good knowledge as many as 7 respondents (20%).

Knowledge is the result of "knowing" and this occurs after people sense a particular object. Sensing occurs through the five human senses. Most human knowledge is obtained from the eyes and ears. Knowledge is also obtained from education, personal experience and the experiences of others, mass media and the environment [9] .

Factors that influence knowledge include one of them, namely the source of information. Information can help speed up someone to gain new knowledge, the more information received, the broader a person's knowledge will be. With the increasing amount of information that can be obtained through health workers, books, television, friends, and family.

If associated with information, it can be concluded that there is a gap between theory and facts because more mothers do not understand high-risk pregnancies or have less knowledge about high-risk pregnancies even though most respondents have received information from health workers. This lack of knowledge can be caused by the lack of understanding and initiative of respondents in listening to information from health workers and non-health workers, respondents are less concerned with what has been conveyed when receiving information and are less able to understand the factors causing high-risk pregnancies that have been given.

4. CONCLUSIONS

The level of knowledge of pregnant women about high-risk pregnancies is still lacking. This low level of knowledge is due to several factors, namely, low education causes respondents not to understand the information provided by health workers, respondents do not care what is conveyed and health workers do not inform about high-risk pregnancies so that respondents do not know about it.

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