Danger Signs of Pregnancy on Compliance with Antenatal Care Visits in the Mamuju Community Health Center Work Area

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Abstract

Pregnancy is the period starting from conception until the birth of the fetus. Normal pregnancy lasts 280 days (40 weeks or 9 months 7 days). Pregnant women's knowledge about danger signs in pregnancy is one of the factors in forming attention to prevent danger from occurring in pregnancy. A mother's good knowledge of the danger signs of pregnancy will make the mother care and motivated to have her pregnancy checked. Pregnant women's compliance with ANC visits aims to monitor the condition of the mother and fetus, in particular early detection of problems that will occur in pregnancy so that appropriate action can be taken for complications that will occur during pregnancy. This study aims to determine the relationship between the level of knowledge of pregnant women about the danger signs of pregnancy and compliance with Antenatal Care visits among pregnant women in the Mamuju Community Health Center Work Area. Method: This research is descriptive correlation with a cross sectional approach. The sample was 50 pregnant women in the Mamuju Community Health Center Working Area taken using convenience sampling or accidental sampling techniques with a total sample of 50 pregnant women. Results: There is a relationship between pregnant women's knowledge about the danger signs of pregnancy and compliance with pregnancy visits.

Keywords: Relationship, Level of Knowledge, Pregnant Women, Dangers of Pregnancy, Antenatal Care

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1. Introduction

Pregnancy is a normal process that produces a series of physiological and
psychological changes in pregnant women (Tsegaye et al, 2016). Pregnancy causes major changes in a woman's body. These changes begin immediately after fertilization and continue throughout pregnancy, and largely occur in response to physiological stimuli generated by the fetus and placenta (Cunningham et al, 2013).

Apart from that, the pregnancy process will cause various changes in all body systems, these changes have an impact on the cardiovascular system, respiratory system, integumentary system, hormonal system, gastrointestinal system and musculoskeletal system (Wagiyo and Putrono, 2016).

According to WHO (2019) Maternal Mortality Rate is the number of maternal deaths due to from the process of pregnancy, childbirth and postpartum which are used as indicators of women's health status. Maternal Mortality Rate is one of the global Sustainable Development Goals (SDGs) targets in reducing mortality rates Mother become 70 per 100,000 live births in 2030.

According to WHO (2019) The maternal mortality rate in the world is as much as 303,000 soul. Number Mother's Death in ASEAN that is as big as 235 per 100,000 live births (ASEAN Secretariat, 2020).

According to the Indonesian Demographic and Health Survey (SDKI) data, the Maternal Mortality Rate (MMR) in Indonesia increased from 228 per 100,000 live births in 2002-2007 to 359 per 100,000 live births in 2007-2012. The Maternal Mortality Rate (MMR) decreased in 2012-2015 to 305 per 100,000 live births and the number of maternal deaths in Indonesia in 2019 was 4,221 cases (Ministry of Health of the Republic of Indonesia, 2019).

The most common causes of maternal death in Indonesia in 2019 were bleeding, hypertension in pregnancy, infections, metabolic disorders, and others (Ministry of Health of the Republic of Indonesia, 2019). Around 25-50% of maternal deaths are caused by problems related to pregnancy, childbirth and postpartum (WHO, 2018).

Pregnancy is the period starting from conception until the birth of the fetus. Normal pregnancy lasts 280 days (40 weeks or 9 months 7 days). Pregnancy is divided into 3 trimesters, namely the first trimester of pregnancy from 0-14 weeks, the second trimester of pregnancy from 14-28 weeks, and the third trimester of pregnancy from 28-42 weeks.
2. Research Methods

This research uses descriptive correlational survey research with a cross-sectional approach. In this study, researchers wanted to determine the relationship between pregnant women's knowledge about the danger signs of pregnancy and compliance with Antenatal Care visits at the Mamuju District Health Center, Kolaka in 2021. The sampling technique was convenience sampling or accidental sampling with a sample size of 50 pregnant women.

3. Results and Discussion

a. Results

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>11</td>
<td>22</td>
</tr>
<tr>
<td>Enough</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>Not enough</td>
<td>30</td>
<td>60</td>
</tr>
</tbody>
</table>

Based on table 1, it is known that some big from of respondents, namely 30 respondents (60%) had little knowledge and very few respondents, namely 9 respondents (18%) had sufficient knowledge about the danger signs of pregnancy.

<table>
<thead>
<tr>
<th>Obedience</th>
<th>N</th>
<th>%</th>
</tr>
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<tbody>
<tr>
<td>Not obey</td>
<td>15</td>
<td>30</td>
</tr>
<tr>
<td>Obedient</td>
<td>35</td>
<td>70</td>
</tr>
</tbody>
</table>

Based on table 2, it shows that the majority of respondents, namely 35 respondents (70%), did not comply with carrying out pregnancy visits according to standards.
Based on table 3, it was found that a small percentage of respondents had good knowledge and were compliant, namely 11 respondents (22%), 0 respondents were not compliant and very few respondents had poor knowledge and were compliant, namely 2 respondents (4%) and 28 respondents were disobedient. respondents (56%). Based on the calculations, the calculated X2 value is 37.47, while the value in the chi square table Db 2 has a confidence level of 95% and an error rate of 5%. In this study, X2 calculated (37.47) is smaller than.

b. Discussion

1. Pregnant Women's Knowledge About Danger Signs of Pregnancy

Based on table 1, it is known that the majority of respondents, namely 30 respondents (60%), had little knowledge and very few respondents, namely 9 respondents (18%) had sufficient knowledge about the danger signs of pregnancy. This shows that the majority of respondents. answered correctly by respondents, namely: Pregnancy checks are carried out at least 4 times during pregnancy, namely 1 time in the first trimester, 1 time in the 2nd trimester and 2 times in the 3rd trimester visit. This is the most often heard and discussed so that respondents can easily remember the pregnancy visit to find out danger sign of pregnancy.

Pregnancy danger signs are signs that indicate danger that could occur during pregnancy or the antenatal period, which if not reported or detected could cause maternal death (Asrinah et al, 2010). It is very important for pregnant women to know about the danger signs of pregnancy so that they can detect the danger signs of pregnancy early by regularly undergoing pregnancy checks from health workers.
2. Pregnancy Visit Compliance

Based on table 2, it is known that the majority of respondents, namely 35 respondents (70%), do not comply with pregnancy visits according to standards, and a small portion of respondents, namely 15 respondents (30%) comply with pregnancy visits according to standards. This compliance is demonstrated by pregnant women's awareness of the importance of carrying out pregnancy visits according to standards. Compliance which supports this research was shown by respondents with statements of compliance and non-compliance in carrying out pregnancy visits according to standards.

There are also research results based on observations regarding compliance with pregnancy visits in the respondent's MCH book, it is known that the majority of respondents, namely 35 respondents (70%) are not compliant in carrying out pregnancy visits according to standards, and a small portion of respondents, namely 30 respondents (30%) are compliant in carrying out pregnancy visits according to standards. Prenatal visits according to standards. Actions that must be taken for pregnant women who are not compliant are providing motivation to the mother to make prenatal visits, as well as providing motivation to the mother's husband to help provide support to the mother so that she regularly makes prenatal visits.

3. The Relationship Between Pregnant Women's Knowledge of Danger Signs of Pregnancy

Compliance with Pregnancy Visits Based on table 3, the cross tabulation shows that the majority of respondents, namely 30 respondents, had insufficient knowledge (60%), namely 28 respondents who did not comply with standard pregnancy visits (56%) and very few respondents, namely 2 respondents who complied. (4%).

Based on the calculations, the calculated X2 value is 37.47, while the value in the chi square table Db 2 has a confidence level of 95% and an error rate of 5%. In this study, the calculated X2 (37.47) is smaller than the X table (5.991).
The knowledge of pregnant women is very influential in carrying out pregnancy visits, where the better the knowledge of pregnant women about the danger signs of pregnancy, the more compliant they will be in carrying out pregnancy visits, and if the pregnant mother's knowledge is less about the danger signs of pregnancy, the more disobedient she will be in carrying out pregnancy visits.

4. Conclusion

The higher the level of knowledge of pregnant women about the danger signs of pregnancy, the mother will understand what risks and complications will occur in pregnancy as well as the benefits of ANC examinations which will make pregnant women more concerned about their pregnancy and the health of the fetus, thereby making pregnant women aware and motivated, to be obedient in carrying out ANC examination visits, so that it can provide quality of life for mothers and babies, reducing the incidence of maternal and infant mortality.

5. Compliance with ethical standards

Acknowledgments

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Disclosure of conflict of interest

This research collaboration is a positive thing for all researchers so that conflicts, problems and others are absolutely no problem for all writers.

Statement of informed consent

Every action we take as authors is a mutual agreement or consent.

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