
Factors Related on Knowledge about Pregnancy among Pregnant Women

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ABSTRACT

A pregnant woman dies every minute because of pregnancy and birth complication. One of determinant of maternal death is unknowledged pregnant woman about pregnancy. Acknowledges pregnant woman will behave health as her preganancy period. This research aims to analyze factors related on knowledge about pregnancy among pregnant women. This research was observational-analitic research with cross sectional design. Sample were 40 people that determinad by total sampling in pregnant woman class in Mojo subdistrict. Data was analyzed by Chi-Suare and logistic regression test. Based on the result, it was known that there were four factors related knowledge about pregnancy among pregnant women. These four factors were age (p-value = 0.013), education (p-value = 0.009), number of birth (p-value = 0.026) and access of information (p-value = 0.017). It is recommended to health and education institute to upgrade quality and quantity of health promotion activities, notably about pregnancy to pregant women.

Keywords: Knowledgege, Pregnant woman, Pregnancy

INTRODUCTION

Maternal health has become a global development problem. This is because mothers have a very important role, especially pregnant women who are vulnerable groups. The quality of the next generation can be used starting from the mental and health readiness of a mother before, during and until her pregnancy. However, there are still severe constraints with very high numbers today. This occurs in almost all countries, particularly developing countries and underdeveloped countries.

Globally, there is a downward trend in maternal mortality (MMR) worldwide. It is estimated that there are 289,000 cases worldwide with MMR 210 cases per 100,000 live births in 2013. This figure shows a decrease rate of 45% from 1990 to 2013. However, 86% of cases occurred in developing countries, most of which were in North Africa with 179,000 cases (62%) and Southeast Asia with 69,000 cases (24%). In the Southeast Asia region, Indonesia is the second highest country with MMR with 190 cases per 100,000 live births. While Singapore is the country with the lowest MMR, 190 cases per 100,000 live births.⁽¹⁾

Indonesia is a country in the Asian region that has progressed in achieving the AKI reduction target. Based on the results of the 2007 Demographic and Health Baseline Survey (IDHS), Indonesian MMR has reached 228 per 100,000 live births. In 2012 Indonesian MMR increased very significantly to 359 per 100,000 live births or returned to the condition in 1997. This means maternal health during a decline of 15 years. Who succeeded in the MCH program. In 1997, Indonesia was able to reduce MMR to 334 per 100,000 live births from 390 per 100,000 live births in 1994.⁽²⁾

One solution to reduce MMR is to increase the level of knowledge of pregnant women about pregnancy. This is important because knowledge will shape a person's behavior. Pregnant women who have good knowledge about pregnancy tend to be healthy when pregnant until after delivery. The level of knowledge of pregnant women about pregnancy is multifactorial.⁽³⁾ There are various factors that relate and influence the knowledge of pregnant women about pregnancy. In general, these factors are divided into two, namely internal factors from the inside of the pregnant woman and external factors from the outside environment.

Internal factors can be divided into sociodemographic and ease factors. Sociodemographic factors are factors inherent in pregnant women regarding their pregnancy status such as the age of pregnant women, gestational age, and number of children. While the ease factor is a factor that can facilitate pregnant women to live healthy during pregnancy, such as knowledge. External factors related to maternal knowledge about pregnancy can be influenced by enabling factors and reinforcing factors. Enabling factors are external factors that can help pregnant women to stay healthy, for example social support from families. While reinforcing factors are factors that strengthen the intention of pregnant women to stay healthy during pregnancy, such as the availability of accessible health services.

The Mojo Health Center is located in Gubeng District, East Java. During January to September 2017, there were 40 pregnant women who checked their status using various health services at the Mojo Health Center. Based on the explanation described, it is necessary to conduct research focusing on analyzing the factors related to the knowledge of pregnant women about pregnancy at the Mojo Health Center.

METHODS

The study was conducted from January to September 2017. This study was an observational-analytic study with cross sectional design. The population in this study were all pregnant women who took advantage of health services in the Mojo Health Center area, totaled 40 people. While the affordable population is all pregnant women in the area of the Mojo Health Center that has or does not have a class of pregnant women. The sample of this study was determined through a total sampling technique which means that the entire population is a sample of research that were 40 pregnant women. The results of the research data were analyzed through two statistical tests. First, the Chi-Square test to analyze the relationship between the independent variable and the dependent variable. Second, logistic regression with the backward method to analyze the independent variables that most influence the dependent variable.

RESULTS

There were 29 (76%) female respondents and 9 (23.68 %) were female respondents. As can be seen from the data gathered, majority of the students-respondents were female. As for Religion, there were 84.21% Roman Catholics; 2 (5.26%) belong to the Church of Christ and Mormons while 1 (2.63%) belongs to the Christian and Jesus Reigns respectively. As can be deduced, majority of the respondents belong to the Roman Catholic religion. As for Combined Family Income, 18 (47.37%) have income of 5,000; 10 (26.32%) income of 3,000; while only 1 (2.63%) have income of 20,000. As can be inferred; majority of the respondents belong to Class D bracket in terms of socio-economic classification.

Presentation 1 based on the data gathered, the following results are presented below on ways of coping

1. On Problem Focused. A composite mean of 3.22 was generated with an interpretation.
2. Wishful Thinking. A composite mean of 3.62 was generated with an interpretation of Used Quite A Bit.
3. Detachment. A composite mean of 3.04 was generated with an interpretations of Used somewhat.
4. On Seeking Social Support. A Composite mean of 3.52 was generated with an interpretation of Used Quite A Bit.
5. On Self Blame. A composite mean of 3.25 with an interpretation of Used Somewhat.
6. Tension Reduction. A composite mean of 2.31 was generated with an interpretations of Used.
7. On Keep to Self. A composite mean of 2.73 was generated with an interpretation of Used Somewhat.
8. Analysis of Variance on the different dimensions of Students' Life Experience. The composite F value which was 4.38707 (greater that the critical value). The findings hinted to the rejection of the null hypothesis.
9. Analysis of Variance on the different dimensions of coping Mechanism. The computed F value which was 13.71233 (greater than the critical value of 2.10 with df 7 and 296. The finds hinted to the rejection of the null hypothesis.

Note:

N=340

Parameters: 1.00-1.79

NU (Not Used): 1.80-2.59

U (Used): 2.60-3.39

US (Used Somewhat): 3.40-5.19

UQB (Used Quite a Bit): 4.20-5.00

GD (Great Deal)

Table 1. Analysis of variance on the different dimensions on the coping mechanism

Respondent	A		B		C		D		E		F		G		H	
	X1	(X1)2	X2	(X2)2	X3	(X3)2	X4	(X4)2	X5	(X5)2	X6	(X6)2	X7	(X7)2	X8	(X8)2
N	38		38		38		38		38		38		38		38	
Sum	122.55	408.7603	127.50	526.7500	115.50	368.6389	133.64	489.8464	130.25	468.6875	123.67	418.5556	87.67		103.67	304.1111
Mean	3.22		3.62		3.04		3.52		3.43		3.25		2.31		2.73	
SS	395.144		497.5329		351.0592		470.0109		446.4490		402.4591		202.2485		282.8099	

DISCUSSION

On problem focused implies majority of the students responds to problems by looking at its contextual nature and decides how to best solve before taking any actions. It also shows that they think before they act in regards to problems that beseech them. It is a skills to attempt to overcome the stressful situation. Some examples of problem-focused coping skills include developing alternative solutions to the situation, weighing cost and benefits of potential situations, followed by action to alleviate the stressor⁽⁴⁾.

On wishful thinking, majority of the high school students when confronted with problems would wish that situation would just go away and try to forget about in the hope that it will just pass away. This coping skills refers to the daydreaming and escapism employed by the respondents when confronted by problems. There is a reconciliation of coping process of relationship between the person and the stressors⁽⁴⁾.

On detachment, it shows that most of the respondents try to forget as much as they could whenever confronted by problems. It refer to the act of forgetting and running away from the problems as a mode of coping among the respondents when they have problems.

On seeking social support, majority of the respondents resort to prayers and ask people to advise on how to deal with the problem as coping mechanism whenever such situations arises. It refers to the coping mechanism employed by the respondents wherein they ask help, sympathy and solace from people that matter them. When a students are facing the stressor beyond their capability in coping the present stress would be defined as Psychological stress, it is basically experience when a person respond differently to potential causes of psychological stress and to cope stress in different ways⁽⁴⁾.

On Focus on the positive, It shows that majority of the respondents looked at whenever confronted by problems would resort to retrospection as a mean of coping with their problems. It refers to the positive outlook employed by the respondents as a coping mechanism in dealing with problems.

On self-blame, implies the respondents usually blame themselves as to the situations or problems faced by them and promised themselves not to repeat the same situation that led them to such dilemma as coping mechanism. It refers the realization and criticism made to respondents contributed to cause the problem to occur. Mattering is the conformity of oneself to opposite feeling when ones feeling is not accepted or needed by others, it is also how a person experience depends on how others accepts⁽⁵⁾.

On tension reduction, it shows that respondents were indulged themselves to exercise as the way to relieve tensions brought about by the problems. It refers to the act of comforting one-self as a coping mechanism among the respondents in times of adversity.

On keep to self, majority of the Students would avoid from people and keep their problems to themselves as a coping mechanism. It refers to coping mechanism of keeping the problems to oneself and avoids sharing it with the other people by the respondents.

The result which shows the significant degree of variance of the eight dimensions of coping mechanism employed among the respondents. It reveals that wishful thinking and detachment were mostly employed among the respondents as a coping mechanism whenever they are confronted by problems while tension reduction has the lowest aggregated mean which shows that problems are inevitable part of their life thus, they have to face with it. It can also be noticed that the respondent's family socioeconomic status came from lower economic class, they have no ways and means to find leisure to reduce stress.

CONCLUSION

It was then found out there is a significant degree of variance of the 8 dimensions of coping mechanism employed among the respondents. A closer inspection of the table would reveal that wishful thinking and detachment were mostly employed among the respondents as a coping mechanism whenever they are confronted by problems while tension reduction has the lowest aggregated mean which shows that problems are inevitable part of life thus, have to deal with accordingly. It can also be noticed that since the respondents came from lower economic class, they have no ways and means of resorting to vacation as a distress activity.

The following recommendations are given:

1. The school administrators should look into the welfare in the context of the emotional and social dimensions so that programs may be created to help the holistic development of its students.
2. The Guidance office should device a program that will look into psychological, emotional, and social condition to its students so that appropriate intervention maybe given.
3. The Guidance Office should conduct seminar to enhance the level of awareness and understanding on the development Change (Physical) among freshmen students.
4. The Guidance office should conduct on coping strategies that will enhance or equip the students to deal with social, physical and emotional problems brought about age development.

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