

KNOWLEDGE LEVEL ON PREGNANT WOMEN ABOUT DANGER SIGNS OF PREGNANCY IN THE NGRAMBE COMMUNITY HEALTH CENTER, NGAWI REGENCY

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Abstract

Indonesia is a country with the highest Maternal Mortality Rate (MMR) in Southeast Asia. Ngawi Regency itself still had high maternal mortality rate that recorder six pregnant women died in 2023, so this is still a concern for the local Ngawi Regency Government. Knowledge is one of many factors that influences the occurrence of maternal mortality in Indonesia. This study is descriptive and aims to evaluating level of knowledge about danger sign in pregnancy on maternal in Ngrawe district, Ngawi. The data used were primary data obtained from pretest and posttest using a questionnaire. The results of pretest were in the sufficient category on 18 samples (45%), 5 samples (12.5%) in poor category, and 17 others samples (42.5%) in good category. And the posttest showed good result that all samples were able to answer all research questionnaire questions with correct answers. The conclusion of this study is that knowledge is main factor to improve good labour in maternal and decrease MMR.

Keywords: Maternal, Knowledge, Danger Sign

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INTRODUCTION

Indonesia is a country with the highest Maternal Mortality Rate (MMR) in Southeast Asia, that still far from the global Sustainable Development Goals (SDG) target with the hope of reducing the MMR target to 183 per 100,000 live births in 2024 and less than 70 per 100,000 live births. in 2030 (Ministry of Health, 2020). Maternal Perinatal Death Notification (MPDN) data's shows that the maternal mortality rate in Indonesia has increased from 2022 to 4,005 and in 2023 it will increase to 4,129. (MPDN, 2023).

Maternal Mortality Rate (MMR) is the number of death form women who die from a cause related to pregnancy disorders or their treatment either during pregnancy, childbirth or the postpartum period (42 days after giving birth) per 100,000 live births (excluding accidents, suicide, or incidental cases) (BPS Riau Islands, 2016). The most common causes of maternal death in Indonesia are hypertension in pregnancy (33.1%), pregnancy bleeding (27.03%), non-obstetric complications (15.7%), other obstetric complications (12.04%), infections in pregnancy (6.06%), and other causes (4.8%) (Ministry of Health, 2020).

Knowledge is one of many factors that influences the occurrence of maternal mortality in Indonesia. Pregnant women who have more knowledge about warning sign in pregnancy have a greater opportunity to prevent or avoid problems that may occur after they found danger signs in their pregnancy so that can be treated quickly and appropriately by health professional. A

sufficient knowledge from pregnant woman expected to reduce the incidence of maternal mortality (Puspita, 2023).

Based on data from central statistical agency, one of region that have a high maternal mortality rate is East Java Province, recorded around 184 maternal deaths per 100,000 live births, this is still far from the regional target is 94.42 per 100,000 live births in 2024 (BPS, 2023). Ngawi Regency itself still had high maternal mortality rate that recorder six pregnant women died in 2023 and eight cases of pregnant women's deaths in 2022, so this is still a concern for the local Ngawi Regency Government (Ngawi Health Office, 2024).

From this background, researcher want to conduct research regarding the description of the level of knowledge of pregnant women about the danger signs of pregnancy in the of the Ngrambe Public Health Community, Ngawi Regency.

METHODS

The type of research is descriptive study. The population used was maternal in Ngrambe District, Ngawi Regency. The study sample was obtained from the population who met the inclusion criteria, namely willing and signed the informed consent sheet, aged ≥ 17 years, and doing maternal examination in Ngrambe public health center. Data were obtained from structured interviews using a questionnaire to the sample. The number of samples used in the study was all existing research samples that met the inclusion and exclusion criteria, amounting to 40 samples. Data were processed univariate analyses were conducted using SPSS 26.0. This study was protected by Permenkes No. 7 of 2022 concerning the implementation of the doctor and dentist internship program, as well as in accordance with the Helsinki Declaration and Law No. 27 of 2022 concerning personal data protection

RESULTS

Characteristic sample of this study grouped by age, last study, and number of pregnancies. Based on age characteristic, most of the study samples were on non-risk age of pregnancies, that on 20-35 years old is 39 samples (97,5%), and another 1 sample was on risk age of pregnancies, that on >35 years (2,5%).

Based on level of education, most of the study samples were on senior high school, that is 29 samples 72,5%), 1 sampel was on bachelor (2,5%), and another 10 samples were on junior school (25%).

Based on number of pregnancies, most of the study samples had a multiple pregnancies/ multigravida were 22 samples (55%), and 18 others were primigravida (45%). Characteristic data of sampel were on Table 4.1.

Tabel 4.1 Karakteristik Sampel Ibu Hamil

Sample characteristic		Count (n)	Percentage (%)
Age	Non-risk (20-35 years)	39	97.5
	Risk (<20/>35 years)	1	2,5
Education	Junior school (SD, SMP)	10	25
	Senior High School (SMA)	29	72,5
	Bachelor (S1)	1	2,5

Number of pregnancies		
Primigravida	18	45
Multigravida	22	55

Source: Wibowo, 2024

Distribution of Pregnant Women's Knowledge Level By Pretest

The distribution of pregnant women's knowledge level about danger signs of pregnancy that evaluate by pretest was divided into poor (<55% correct answers), sufficient (56-75% correct answers), and good (>75% correct answers). Based on the level of knowledge of pregnant women about danger signs of pregnancy, it was found that the majority of pregnant women had a level of knowledge in the sufficient category on 18 samples (45%), 5 samples (12.5%) in poor category, and 17 others samples (42.5%) in good category. Data on the distribution of knowledge levels of pretest pregnant women can be seen in table 4.2

Tabel 4.2 Distribution of level knowledge on pregnant woman that evaluated by pretest

Level of Knowledge	Count (n)	Percentage (%)
poor (<55% correct answer)	5	12,5
Sufficient (56-75 % Correct answer)	18	45
Good (>75% Correct answer)	17	42,5

Source: Wibowo, 2024

Distribution of Posttest Pregnant Women's Knowledge Level

The distribution of posttest pregnant women's knowledge level about the danger signs of pregnancy after the intervention was carried out was good. The entire research sample, 40 research samples (100%) were able to answer all research questionnaire questions with correct answers. Data on the distribution of knowledge levels of posttest pregnant women can be seen in table 4.3

Tabel 4.2 Distribution of level knowledge on pregnant woman that evaluated by posttest

Level of Knowledge	Count (n)	Percentage (%)
poor (<55% correct answer)	0	0
Sufficient (56-75 % Correct answer)	0	0
Good (>75% Correct answer)	40	100

Source: Wibowo, 2024

DISCUSSION

Sample characteristics based on age showed that 39 research samples (97.5%) were at a non-risk gestational age of 20-35 years. This is similar to research conducted by Karani in 2023 which also showed that some of the research samples were of childbearing age, namely 96% of the research samples. Those of reproductive age who are not at risk have the opportunity to understand more about the danger signs of pregnancy compared to those of reproductive age who are at risk. The more mature a pregnant woman's reproductive age, the ability to obtain and receive information is better than at risk age

Data on the characteristics of the research samples based on their education showed that the majority of the samples were in senior high school that is 29 samples (72.5%). This is similar to research conducted by Puspita in 2023 where part of the sample in the study had a secondary education background, namely SMA, SMK, as many as 25 pregnant women (67.6%). A person's level of education influences that person's behavior in obtaining and receiving information, the higher a person's level of education, the easier it is for a person to receive information.

The characteristics of the research sample based on the number of pregnancies in this study were that the majority of the research sample had a number of pregnancies >1 or was multigravida, 22 of the research samples (55%). This is similar to research conducted by Sitepu et al in 2019 where in that study 87.8% of the research sample were pregnant women with a number of pregnancies >1 or multigravida. The number of pregnancies the mother has experienced or parity can influence the mother's knowledge of the danger signs of pregnancy. Mothers with more parity have more direct experience of pregnancy than pregnant women with 1 pregnancy or primigravida. This experience promotes pregnant women's knowledge in making decisions and solving problems regarding danger signs of pregnancy

The distribution of the pretest level of knowledge of pregnant women regarding the danger signs of pregnancy found that the majority of the research sample had a sufficient level of knowledge, 18 samples (45%). This is similar to research conducted by Andaruni et al in 2017 where the majority of pregnant women's knowledge level regarding the danger signs of pregnancy in the study was at a sufficient level of knowledge, 18 pregnant women (60%). After the intervention was carried out in the form of counseling, providing material regarding the danger signs of pregnancy and carried out using power point presentation media, all research samples of pregnant women were able to answer all the questions on the posttest research questionnaire, totaling 26 questions with correct answers, namely 40 pregnant women (100%).

CONCLUSION

Knowledge is main factor to promote good labour in pregnancies. Knowledge is the result of efforts made by humans to search for the truth. Knowledge is the result of curiosity after someone senses an object. Sensing occurs through the five human senses through sight, hearing, smell, touch and taste. Knowledge that comes from the activity process and is developed through the learning process is stored in memory and retrieved when needed. Factors that influence a person's knowledge include age, education, experience, and sources of information

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