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Relationship between characteristics of pregnant women and knowledge of pregnant women regarding obstetric emergencies

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ABSTRACT

Pregnant women's knowledge of the danger signs of pregnancy is an early prevention of risks that can occur in pregnancy. The aim of this research was to determine the relationship between the characteristics of pregnant women and the knowledge of pregnant women regarding obstetric emergencies at Banjarmasin Hospital. The sample consisted of 42 respondents. The research design used was a cross sectional design and data was collected from respondents using a questionnaire sheet. The research results show that in this study there is a relationship between education level and mother's knowledge with a value of ρ = 0.007, there is a relationship between age and mother's knowledge with a value of ρ = 0.000, there is no relationship between experience and mother's knowledge with a value of ρ = 1.000 and there is a relationship between exposure to information. with mother's knowledge the value ρ = 0.000. The conclusion shows that there is a significant relationship between the characteristics of pregnant women and pregnant women's knowledge about obstetric emergencies. It is recommended that pregnant women be able to recognize the danger signs in pregnancy and be able to carry out early detection of danger signs in pregnancy.

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1. INTRODUCTION

The maternal mortality rate (MMR) to date is one of the indicators that is still a health problem that is used to see the most important level of health. Mortality and morbidity in a woman in a region, MMR as well as pregnant women and giving birth is a problem and is one of the development targetsMillennium Development Goals (MDGs), namely the fifth target to improve maternal health by reducing the risk of death in pregnant women which will be achieved in 2015 (Ministry of Health, 2009).

According to Wiknjosastro (2010) one of the causes of maternal death in Indonesia is bleeding, preeclampsia/eclampsia and infection. Maternal deaths are also characterized by non-technical matters which fall into the category of fundamental causes such as the low status of women, powerlessness and low educational levels (Saifuddin, et al, 2010). Early recognition of obstetric emergencies, in this case knowledge about danger signs in pregnancy, really helps reduce MMR, 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 treated earlier. Early detection of risk factors is an activity to find pregnant women with risk factors and obstetric complications (Ministry of Health, 2009). Poor perceptions and behavior in pregnancy care can arise due to a lack of knowledge possessed by pregnant women. Knowledge of the factors and danger signs during pregnancy until delivery and what actions must be taken immediately if these things occur is very important knowledge for pregnant women to have (Peirrera, 2002).

The low knowledge of mothers in recognizing pregnancy emergencies (danger signs of pregnancy) results in low utilization of the referral system (Ministry of Health, 2009). One of the reasons for delays in access to health services is the inability of pregnant women to recognize the condition of their pregnancy (Nahar, et all, 2011). The level of education will indirectly increase a woman's social status and position, increasing her choices in life. People with low education will be

susceptible to irrational explanations (Pembe, Andrea .2011).

Most maternal deaths can be prevented if they receive adequate treatment at a health service facility. Time and transportation factors are very determining in referring high risk cases, therefore detection of risk factors in mothers by both health workers and the community is an important effort in preventing maternal death and morbidity (Ministry of Health, 2009). According to WHO, the MMR in developing countries is 450/100,000 Live Births (KH). When compared with Singapore with 3/100,000 KH, Malaysia 5/100,000 KH, Thailand 8/100,000 KH, Vietnam 50/100,000 KH, Indonesia still ranks highest among countries in ASEAN, namely 228 / 100,000 KH in 2011, increasing to 359 / 100,000 KH in 2012 (Indonesian Demographic and Health Survey / SDKI 2012). From the explanation above, researchers are interested in knowing the extent of pregnant women's knowledge regarding obstetric emergencies (danger signs of pregnancy) and knowing the relationship between education, age, experience and exposure to information with pregnant women's knowledge regarding obstetric emergencies (danger signs of pregnancy) at Banjarmasin Hospital.

2. METHODS

The design of this research is quantitative research using the Cross Sectional method, namely by conducting observations or observations carried out at the same time, to see the relationship between the characteristics of pregnant women and early knowledge of obstetric emergencies. The data collection instrument used in this research was a questionnaire sheet. Data collection was carried out after the proposal was approved by the supervisor, the researcher submitted a letter requesting permission to the Banjarmasin Hospital to collect data and conduct research in September – October 2014. Respondents who were willing to be research samples were given a consent form to become respondents and signed the consent form. Univariate analysis to determine the characteristics of the study was carried out by analyzing the existing variables descriptively by calculating the frequency distribution and proportions. Bivariate analysis, to see the relationship between the independent variable and the dependent variable. Statistical test analysis using Chi Square with an α value ≤ 0.05.

3. RESULTS AND DISCUSSION

Table 1: Analysis of Relationships Based on Level of Education and Knowledge of Pregnant Women Regarding Obstetric Emergencies (danger signs of pregnancy)

Education	Knowledge				Total		P Value
	Tall		Low		N	%	
	N	%	N	%			
Tall	15	50	0	15	15	35.7	0.007
Low	15	50	12	100	27	64.3	
Total	30				42	100	

Table 2: Analysis of the Relationship Based on Age and Knowledge of Pregnant Women Regarding Obstetric Emergencies (danger signs of pregnancy)

Health	Knowledge				Total		P Value
	Tall		Low		N	%	
	N	%	N	%			
Healthy	27	96.4	1	3.6	28	67	0,000
Not healthy	3	21.4	11	78.6	14	33	
Total	30				42	100	

Table 3: Analysis of Relationship Based on Pregnant Women's Experience and Pregnant Women's Knowledge Regarding Obstetric Emergencies (danger signs of pregnancy)

Experience	Knowledge				Total		P Value
	Low		Tall		N	%	
	N	%	N	%			
Once	2	66.7	1	33.3	3	71.4	1,000
Never	28	71.8	11	28.2	39	28.6	
Total	30		12		42	100	

Table 3: Analysis of Relationships Based on Exposure to Information and Knowledge of Pregnant Women Regarding Obstetric Emergencies (danger signs of pregnancy)

Exposure Information	Knowledge				Total		P Value
	Low		Tall		N	%	
	N	%	N	%			
Exposed	22	100	-	0	22	71.4	
Not exposed	8	40	12	60	20	28.6	0,000
Total	30		12		42	100	

Based on the results of existing research, it shows that pregnant women in the working area of Banjarmasin Hospital already have high knowledge about obstetric emergencies (danger signs of pregnancy), which is 71.4%. Based on the results of existing research, the level of education has a significant relationship with pregnant women's knowledge of obstetric emergencies, in this case the danger signs of pregnancy. Pregnant women with higher education have better knowledge about obstetric emergencies (danger signs of pregnancy) compared to pregnant women with low education. The higher the level of education, the easier it will be to receive information, so that the more knowledge one will receive, but conversely, the lower the level of education will hinder the development of a person's attitude towards information and new things (Mubarak, et al., 2009).

From the results of existing research, it was found that those of healthy reproductive age (20-35 years) had better knowledge about obstetric emergencies (danger signs of pregnancy) compared to pregnant women who were reproductively unhealthy. Rogers stated that younger people have the ability to accept new motivation more quickly. Meanwhile, delays in access to health services for pregnant women significantly occur in older women and multiparas (Nahar, et al., 2011).

Based on the results of existing research, it was found that there was no significant relationship between mother's experience and knowledge, this was indicated by the P value >α. This is in accordance with research from Sholilah in Garut (2007) that the experience of having children (parity) is not related to knowledge about danger signs in pregnancy, childbirth and postpartum and neonates. According to Swansburg and Russell, a person's knowledge is the result of experience, that is, it is influenced by previous experience and by individual needs. A person's experiences initiate a behavior. Experiences are perceived, believed to give rise to motivation, intention to act and finally a behavior is realized. From the results of existing research, it was found that those exposed to information obtained by pregnant women had better knowledge about obstetric emergencies (danger signs of pregnancy) compared to pregnant women who had less exposure to information.

With the results of research like this, it is in line with previous research conducted by Mahardani (2011), namely that there is a significant relationship between exposure to information and the knowledge of mothers who receive information. The ease of obtaining information will speed up someone's ability to acquire new knowledge (Mubarak, et al., 2009).

4. CONCLUSION

There is a relationship between the level of education of pregnant women, the age of pregnant women, exposure to information and knowledge of pregnant women regarding obstetric emergencies (danger signs of pregnancy) and there is no relationship between the experience of pregnant women and knowledge of pregnant women regarding obstetric emergencies (danger signs of pregnancy) at Banjarmasin Hospital

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