

THE RELATIONSHIP BETWEEN THE LEVEL OF KNOWLEDGE IN PREGNANT WOMEN WHO HAVE ANEMIA ABOUT HIGH RISK PREGNANCY AND ANTENATAL CARE VISITS ADHERENCE

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Abstract

Antenatal care is the care of pregnancy women and her unborn baby throughout a pregnancy. The goal of antenatal care is to monitor both of mother and baby throughout pregnancy for looking change may lead to a high risk pregnancy. The purpose of the study is to identify relationship between level of knowledge about antenatal care among mother pregnancy with frequency for controlling to health care provider. This study was conducted in Sungai Kuning Bonio Rengat on May 2014. The population involved a total women pregnant in third semester and a sample of 45 who considered. The technique sampling used purposive sampling. The research instrument used in data collection was a questionnaire by using Multiple choice. The information was then analyzed by Chi Square. The result of study showed that the average age of pregnant women is 34 years old. They have good knowledge was 66% about antenatal care and 22% poor, 12% is worse. They always come to control her pregnancy based on schedule. Most of pregnant women were aware (87%). Based on finding there was significant the correlate between level of knowledge among pregnant women about antenatal care with visit regular to control their pregnant ($p < 0,02$). The regular visit of pregnant women to health care provider is importance to prevent high risk during pregnancy especially in third semester.

Keywords: Antenatal Care, Controlling, Level of Knowledge, Pregnancy Women Anemia

Background

The gestation period is a period that begins at conception until the birth of the fetus. In general, the pregnancy develops normally and produces healthy full-term baby's birth through the birth canal. But sometimes something is not as expected and is difficult to know in advance that a pregnancy would be problems/dangers of pregnancy

Danger signs of pregnancy is a sign or symptom that indicates that the mother and her unborn baby are in danger. The result would be fatal where the mother or the baby could be deformed, injured and killed. It could even be at once both the mother and the baby died when handling late or not on time.

Today, in every minute of every day, a woman dies due to complications

related to pregnancy, childbirth and postpartum. The World Health Organization (WHO) reported that maternal mortality was estimated at 500,000 deaths each year, of which 99% occur in developing countries. Indicators of health status and welfare of the community is to lower maternal and perinatal mortality.

The maternal mortality rate (MMR) in Indonesia is still high compared with MMR in other ASEAN countries. Two decades ago, Indonesia was considered by WHO as one of the countries that succeed in Maternal and Child Health (MCH). In 1997, the government was capable of reducing the MMR reached 334 per 100,000 live births from 390 per 100,000 live births in 1994. And at last in the IDHS 2007, the maternal mortality rate in

Indonesia had reached 228 per 100,000 live births. For WHO, what is achieved by Indonesia to achieve the MDGs on maternal and reproductive health aspect is a good achievement. In 2012 MMR increased high enough, ie 390 per 100,000 live births (WHO, 2013 and 2012 IDHS).

The maternal mortality rate (MMR) in Pekanbaru is still high, namely in the year 2009 were 195.4 per 100,000 live births, in 2010 as many as 109.9 per 100,000 live births and in 2011 as many as 122.1 per 100,000 live births. Causes of maternal mortality is greatest bleeding 38%, poisoning pregnancy/eclampsia (leg swelling and high blood pressure) as much as 25%, others 21% (anemia cases), 11% prolonged labor, infection and abortion as much as 3% and 2% respectively (IDHS, 2012).

According to data obtained from Pekanbaru City Health Department, Maternal Mortality Rate (MMR) in Riau Province is still recorded as high as 161 cases from 12 regencies and cities. The maternal mortality rate of 161 that is the amount of 2011 MMR remained high despite the year 2010 which recorded 173 cases (Pekanbaru City Health Office, 2012).

Actually, the cause can be prevented byadequate prenatal care (antenatal care) (Manuaba, 2003). Antenatal Care (ANC) is an effort for the initial screening of risk factors for pregnancy. According to the World Health Organization (WHO) antenatal care during pregnancy for early detection of the high risk of pregnancy and childbirth can also reduce maternal mortality and monitor the state of the fetus.

Ideally, if every pregnant woman are eager for checkups, abnormalities that

may exist or arise in the pregnancy will be detected, and can be addressed by antenatal care immediately before the effect is not good against pregnancy (Winkjosastro, 2006).

Based on the medical report of Riau province in 2011, coverage of pregnant women visit K4 reached 87.6%. While the target coverage of pregnant women visit a predetermined MDG 2015 is 90% and in the province of Riau in 2011 amounted to 92%. While based on the on the monitoring of the Local Regional Maternal and Child Health Service Regency Pekanbaru in 2011,the coverage of K1 was as high as 85.8% and K4 was 89.8% and high risk pregnant women by 122.1%.Non-adherence of pregnant women who checkups and many high-risk mothers who were not detected is feared to be the cause of high rates of maternal and infant mortality (Profile of Health Office, 2011). Non-adherence in antenatal causes no detection of a variety of complications that can affect the mother's pregnancy or complications of pregnancy, so the problem is not immediately addressed. Detection of prenatal care is very helpful when preparing risk management. Moreover, pregnant women who do not do prenatal care, will not be known whether the pregnancy goes well or experiencing a state of high risk and obstetric complications that could endanger the life of the mother and fetus. This can lead to high morbidity and mortality. One of the factors that affects the high number of deaths of mothers is the attitude and behavior of mothers themselves during pregnancy and is caused by mothers' knowledge of their pregnancy. Some of the background factors of the risk of maternal death is the lack of community

participation because of a low level of maternal education, low family economic capabilities, as well as socio-cultural position that does not support. If it is noticed further, such contradictory behaviors can lead to risks.

Pregnant women who have more knowledge about high-risk pregnancies would think to determine how attitudes and behaviors that must be taken in preventing and addressing the risk of pregnancy problems they experienced. Usually the mother has the awareness to the condition of pregnancy checkups, so if there is a risk to the pregnancy, the mother will quickly find out, and she will get the handling of the case by a doctor or health worker.

High maternal knowledge about high-risk pregnancies may help lower the maternal mortality rate is quite high in Indonesia. In this case, it is expected in 2015, the maternal mortality rate can be 90 per 100,000 live births.

Based on the results of a survey dated January 23, 2014 in the Muara Fajar Health Center, Umban Sari, Karya Wanita, and Rumbai Coastal Pekanbaru, the data obtained pregnant women with high risk pregnancies on average from January to December of 2013 that there were 52 people. However, the visit to the antenatal care visit that is still below the target of 60% of antenatal care.

PURPOSE

To see the relationship between the level of knowledge of pregnant women about high-risk pregnancies to adherence with antenatal care visits

METHOD

Design: Descriptive study correlation with cross-sectional

Samples: 45 of pregnant women with anemia in Sungai Kuning Bonio Rengat with the following criteria:

- Pregnant women are present at the time of the study
- Pregnant women are not sick
- Hemoglobin 8-11 gr%
- Pregnant women are not illiterate

RESULT

Research in Sungai Kuning Bonio Rengat in May 2014, showed that the knowledge level of anemic pregnant women about the dangers of high-risk pregnancies towards adherence antenatal care visits in the highest good is the knowledge that 42%. Adherence of anemic pregnant women to antenatal care visits is 87%.

From the test results, there is a correlation between knowledge of mothers about the risks of pregnancy with anemia and adherence to visit antenatal care of pregnant women.

Chi Square Test results that the correlation between maternal anemia knowledge about high-risk pregnancies with antenatal care visit adherence of pregnant women obtained a p-value: 0.02, with p-value less than 0.05, we conclude H_0 is rejected and accept H_a .

Based on these test criteria, we conclude that there is a relationship between the level of knowledge about the pregnant women with high risk pregnancies and the adherence towards antenatal care visits in third trimester pregnant women.

DISCUSSION

Based on the characteristics of anemia pregnant women about the dangers of high-risk pregnancies to adherence antenatal care visits, it was found that the highest average age was 34 years. Age affects the maturity to become more mature. Due to the maturity, a person would be smarter to act better. Nurjanah (2010) suggested that a person in the productive age will reach the level of productive either in the form of rational or motoric ability.

Based on the age distribution of the respondents, it appears that most of the respondents are in the productive age, so the rational ability of respondents to understand the risks of pregnancy in itself is better. This condition helps the respondent to understand the importance of the function of antenatal care for pregnancy maintenance manifested in the form of the adherence towards antenatal care visits.

The level of knowledge about the dangers of anemic pregnant women at high risk of pregnancy to adherence towards antenatal care visits based on knowledge with the status of "good" is the highest at 42%. This is consistent with research Hutari (2011) entitled the level of knowledge of pregnant women about the danger signs of pregnancy in Sragen Sidoharjo health centers, with the result that the level of knowledge with the status of "good" has a percentage of 54.7% of respondents, and respondents with a high school education were 28 respondents with percentage of 52.83%. The higher the level of knowledge the better the person's level of knowledge. Knowledge of danger signs in pregnancy greatly help reduce MMR, because by knowing the danger signs in pregnancy a pregnant woman would be

faster to find a place of health care so that the risk of pregnancy will be detected and handled early. Educational factors are characteristics that predispose the user behavior of health facilities to the absorption of information and knowledge (Sheikh, 2008).

The adherence of anemic pregnant women towards antenatal care visits was 87%. Lack of knowledge of pregnant women about the ANC, busyness, low socioeconomic level, husband's less supports, the lack of ease for maternal care (Sarwono, 2002). There is a relationship between the level of knowledge about the anemic pregnant women with high risk pregnancies with the adherence towards antenatal care visits in the Sungai Kuning Bonio Rengat. This is consistent with the research by Irnawati (2012), entitled "Relationship of knowledge about pregnancy primigravida pregnant women with antenatal care adherence implementation", obtained $p: 0.014$, which means there is a relationship between knowledge and the adherence to implement the ANC.

CONCLUSION

The highest level of knowledge of anemic pregnant women about the dangers of high-risk pregnancies to the adherence towards antenatal care visits is the knowledge with the status of "good", the adherence of anemic pregnant women towards antenatal care visits is high, and there is a correlation between knowledge of mothers about the risks of anemic pregnancy with the adherence towards antenatal care visits for pregnant women.

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