

The Relationship Between Knowledge And Age Of Pregnant Women With High Risk Pregnancy In The Walengkabola Puskesmas Working Area

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ABSTRACT

High risk pregnancy is a pregnancy that is likely to cause harm or complications to both the mother and the fetus during pregnancy, childbirth or the puerperium when compared with normal pregnancy and childbirth (WHO 2021). To determine the relationship between knowledge and age of pregnant women with high-risk pregnancies in the working area of the Walengkabola Health Center. The type of research used in this study is a descriptive analytic with a cross-sectional approach. The population used in this study are all pregnant women who visited the Walengkabola Health Center in August 2022 to June 2023 i.e. 118 people. Based on the results of the study, it can be concluded as follows: Most of the respondents had insufficient knowledge about high risk pregnancies, namely 30 people (55.5%) and pregnant women who had good knowledge, namely 24 people (44.4%). Most of the high-risk pregnant women were aged ≤ 20 years and ≥ 35 years, namely 44 people (81.4%) and aged 20-35 years, a total of 10 people (18.5%) were pregnant women. Most of the respondents who had high risk pregnancies were as many as 36 people (66.6%) and 18 people (33.3%) who had low risk pregnancies. There is a relationship between knowledge of pregnant women and high risk pregnancies. There is a relationship between pregnant women and high-risk pregnancies.

Keywords: High Risk Pregnancy, Knowledge, Pregnant Woman's Age

INTRODUCTION

High-risk pregnancies are pregnancies that are likely to cause harm or complications to both the mother and the fetus in her womb during pregnancy, childbirth or during the postpartum period compared to normal pregnancies during childbirth and after childbirth (WHO 2021). A high-risk pregnancy is a pregnancy that will cause greater harm and complications to both the mother and the fetus that will be conceived during pregnancy, childbirth or the puerperium. More than 90% of maternal deaths are caused by obstetric complications during pregnancy, childbirth and the postpartum period. Complications will tend to increase in pregnant women who have risk factors, it is estimated that 15% of pregnancies will experience high-risk conditions and obstetric complications that can harm the mother and fetus if not handled adequately (Rangkuti and Harahap, 2020)

The cause of greater complications for both the fetus and the fetus in the womb during pregnancy, childbirth and childbirth when compared with normal pregnancy, childbirth and childbirth (Fuzy, 2017). Some of the causes of high-risk pregnancies in pregnant women are the lack of knowledge of mothers about reproductive health, low socioeconomic status and low education (Meylya Qudriani, 2017). High-risk pregnancy is a phenomenon in Indonesian society, at least it is found that around 65% of pregnant women have a high-risk pregnancy (Budiman, 2021). Meanwhile, the impact on the fetus is IUFD (*intrauterine fetal death*), abortion and LBW (Low Birth Weight) (Marcelya, 2018).

Age is the age at the time of the last birthday. The age of a mother is related to the female reproductive organs. Healthy and safe reproductive age is 20 - 35 years. Pregnancy aged less than 20 years and over 35 years can cause high risk pregnancies because those aged less than 20 years are not biologically optimal, their emotions tend to be unstable, they are mentally immature so they easily experience shocks which results in a lack of attention to meeting nutritional needs during pregnancy. . Whereas at the age of 35 years associated with setbacks and decreased endurance as well as various diseases that befall at this age, the older the age of the mother, the progressive decline of the endometrium will occur so that to meet the nutritional needs of the fetus, a wider growth of the placenta is needed. Maternal deaths in pregnant and giving birth at the age of under 20 years are 2-5 times higher than maternal deaths that occur at the age of 20-29 years. Maternal mortality increases again after the age of 30-35 years (Wiknjosastro, 2002).

According to *the World Health Organization* (WHO) the maternal mortality rate (MMR) is still very high, around 810 women die from complications due to pregnancy or childbirth worldwide every day, and around 295,000 women die during and after pregnancy and childbirth. The maternal mortality rate in developing countries reaches 462/100,000 live births. Meanwhile in developed countries it is 11/100,000 live births (Pratiwi, 2020)

The number of maternal deaths collected from the registration of the family health program at the Ministry of Health in 2020 shows 4,627 deaths in Indonesia. This number shows an increase compared to 2019 of 4,221 deaths. Based on the causes, the majority of maternal deaths in 2020 were caused by bleeding in 1,330 cases, hypertension in pregnancy in 1,110 cases, and circulatory system disorders in 230 cases (Ministry of Health RI, 2020).

Based on data from the Ministry of Health (2019), the maternal mortality rate increased by 300 cases from 2019 to around 4,400 deaths in 2020, while infant mortality in 2019 was around 26,000 cases, increasing by almost 40% to 44,000 cases in 2020. Judging from the increasing maternal and infant mortality rates in Indonesia From year to year, pregnancy in Indonesia is still very worrying because there is still a lack of knowledge and education about how to maintain health, especially for women during pregnancy.

Based on a preliminary study conducted at the Walengkabolah Community Health Center, data was obtained from 2021 to 2022, the number of pregnant women was 131 people, with pregnancies under 25 years of age and 60 people over 35 years of age. Based on this background, the author is interested in conducting research on the relationship between knowledge and age of pregnant women and high risk pregnancies in the work area of the Walengkabhola health center in 2023.

METHODS

The type of research used in this study is *descriptive analytic* with a *cross sectional study approach* , namely research conducted at one time and one time, no follow-up, to find the relationship between the independent variables and the dependent variable. The research location will be carried out at the Walengkabhola Health Center and Time will be held in May 2023. The population used in this study were all pregnant women who visited the Walengkabhola Health Center in October 2022-June 2023, namely 118 people and a sample of 54 people in this study. Primary data is data obtained directly taken from the object or research subject by the researcher (Riwidikdo, 2012). Secondary data is data obtained indirectly from research subjects (Riwidikdo, 2012). The research instrument is a questionnaire. Questionnaire is a list of written questions used to obtain information from respondents. Accepted, which means there is a relationship between knowledge and age of pregnant women with high-risk pregnancies in the working area of the Walengkabola Health Center

RESULT

Table 1 Distribution of Respondents Based on Knowledge

| Knowledge | Amount (n) | Percentage (%) |
|------------|------------|----------------|
| Good | 24 | 44,4 |
| Not enough | 30 | 55.5 |
| Amount | 30 | 100 |

Based on table 1, it can be seen that the majority of respondents had less knowledge about high-risk pregnancies, namely as many as 30 people (55.5%). While respondents who have good knowledge are as many as 24 people (44.4%).

Table 2 Distribution of Respondents by Age

| Age | Number (n) | Percentage (%) |
|-------------------------|------------|----------------|
| 20 – 35 years | 44 | 81.4 |
| ≤20 years and ≥35 years | 10 | 18.5 |
| Amount | 54 | 100 |

Based on the table above it can be seen that the respondents aged ≤20 years and ≥35 years were 44 people (81.4%), and 20-35 years old were 29 people (18.5%).

Table 3 Distribution of Respondents Based on Pregnancy Risk Tall

| High risk pregnancy | Number (n) | Percentage (%) |
|---------------------|------------|----------------|
| Low risk pregnancy | 18 | 33.3 |
| High risk pregnancy | 36 | 66,6 |
| Amount | 54 | 100 |

Based on the table above, it shows that of the 54 respondents, 18 (33.3%) experienced low risk pregnancies and 36 (66.6%) experienced high risk pregnancies.

Table 4 Results of Analysis of the Relationship between Knowledge and High Risk Pregnancy

| High Risk Pregnancy | | | | | | | |
|---------------------|----------|------|-----------|------|--------|-------|---------|
| Knowledge | Risk Low | | Risk High | | Amount | | P Value |
| | N | % | N | % | N | % | |
| Good | 12 | 22,2 | 18 | 33.3 | 30 | 100.0 | 0.57 |
| Not enough | 4 | 7,4 | 20 | 37.0 | 24 | 100.0 | |

Results of analysis of the relationship between knowledge and high risk pregnancy

It was found that out of 30 respondents who had good knowledge, 12 respondents (22.2%) had low risk pregnancies and 18 respondents (33.3%) had high risk pregnancies.

Then of the 24 respondents who had less knowledge, 4 respondents (7.4%) had low risk pregnancies and 20 respondents (37.0%) had high risk pregnancies. The results of the chi-square statistical test mean that there is a relationship between knowledge and high risk pregnancy (p=0.57).

Table 4.5 Results of Analysis of the Relationship between Age and High Risk Pregnancy

| Age | High Risk Pregnancy | | | | | | P Value |
|---------------------------------------|---------------------|------|-----------|------|--------|-------|---------------|
| | Low Risk | | High risk | | Amount | | |
| | N | % | N | % | n | % | |
| 20 - 35 | 11 | 20.4 | 24 | 44,4 | 35 | 10.0 | 0.08 years |
| ≤ 20 years and ≥ 35 years | 5 | 9.3 | 14 | 25.9 | 19 | 100.0 | |

The results of the analysis of the relationship between age and high-risk pregnancies showed that out of 24 respondents aged 20-35 years, 11 people (44.4%) had low-risk pregnancies and 14 people who had high-risk pregnancies (25., 9%). Then of the 33 respondents who were aged ≤20 years and ≥35 years, who had low-risk pregnancies were 11 people (33.3%) and who had high-risk pregnancies were 22 people (66.7%). The results of the chi-square statistical test show that there is a relationship between the age of the pregnant mother and High Risk Pregnancy (p=0.08).

DISCUSSION

1. Relationship of Knowledge to High Risk Pregnancy

The results of the univariate analysis on the knowledge variable showed that the majority of pregnant women had poor knowledge about high-risk pregnancies, namely 30 people (55.5%) and the least pregnant women had good knowledge, namely 24 people (44.4%).

The results of the analysis of the relationship between knowledge and high risk pregnancy showed that of the 30 respondents who had good knowledge, 12 respondents (22.2%) had low risk pregnancies and 18 respondents (33.3%) had high risk pregnancies. Then, of the 24 respondents who had less knowledge, 7 people had low risk pregnancies (7.4%) and 20 people had high risk pregnancies (37.0%).

Based on the results of the chi-square statistical test with a significance level of $\alpha = 0.05$, a value of $p = 0.57$ was obtained, which means that there is a relationship between knowledge and high risk pregnancy. The better a pregnant woman's knowledge about high-risk pregnancies, the smaller the possibility of a risk occurring in a mother's pregnancy.

The results of this research are supported by Khadijah, S (2018) with the results of his research which shows that there is a relationship between pregnant women's knowledge and high risk pregnancies. The results of this study are also in line with research conducted by Ani Sofiani Koehtae 2018 at the Ngesrep Health Center which states that there is a relationship between knowledge and pregnancy.

high risk.

2. Relationship between Age of Pregnant Women and High Risk Pregnancy

The results of univariate analysis on the variable age of pregnant women found that the majority of pregnant women aged ≤20 years and ≥35 years who were at high risk were 44 people (81.4%) and 10 people (18.5%) who were aged 20-35 years of high-risk pregnant women.

The results of the analysis of the relationship between age and high risk pregnancies showed that of the 29 respondents aged 20 - 35 years, 17 people had low risk pregnancies. (58.6%) and 12 people (41.4%) had high risk pregnancies. Then, of the 33 respondents aged ≤ 20 years and ≥ 35 years, 11 people had low risk (33.3%) and 22 people had high risk pregnancies (66.7%).

chi-square statistical test with a significance level of $\alpha = 0.05$, a value of $p = 0.046$ was obtained, which means that there is a relationship between age and high-risk pregnancy. The better or the age of the mother in the process of pregnancy, the less likely there is a high risk of a mother's pregnancy.

The results of this study were also supported by Wulan Sari (2016) with the results of his research showing that there is a relationship between the age of pregnant women and high-risk pregnancies.

A woman's age at the time of pregnancy is not too young and not too old because she is at high risk of giving birth (Sari, 2021).

A mother's age is related to the female reproductive organs.

Healthy and safe reproductive age is 20 - 35 years. Pregnancy at the age of less than 20 years and above 35 years can cause anemia because at the age of less than 20 years biologically it is not optimal, the emotions tend to be unstable, the mentality is not yet

mature so that they are prone to shock which results in a lack of attention to fulfilling the needs of nutrients during pregnancy. Whereas at the age of 35 years associated with setbacks and decreased endurance as well as various diseases that befall at this age and the older the mother is, the progressive decline of the endometrium will occur so that to meet the nutritional needs of the fetus a wider growth of the placenta is required. Maternal deaths in pregnant and giving birth at the age of under 20 years are 2-5 times higher than maternal deaths that occur at the age of 20-29 years. Maternal mortality increases again after the age of 30-35 years (Mundari, 2022). Relationship between Education of Pregnant Women and High Risk Pregnancy

Pregnant women's knowledge about high-risk pregnancies based on education level shows that the majority of respondents have basic education, 17 respondents (31.5%) with less knowledge. According to Mubarak (2017), education means guidance given to someone else in order to understand something. It cannot be denied that the higher a person's education, the easier it is for them to receive information, and ultimately the more knowledge they have. On the other hand, if someone has a low level of education, it will hinder the development of that person's attitude towards receiving information and new values that are introduced. A person's education is a process of changing behavior, that the higher a person's education, usually the more selective he will be in choosing a place for health services (Budiman, 2014). The level of education influences a person's behavior in seeking care and treatment for the disease they suffer from, as well as choosing and deciding what action or therapy to undergo for their health problems. Corneles and Losu (2015) stated that mothers with education

High-risk mothers tend to know more about high-risk pregnancies, while mothers who are more or less educated are not concerned about the knowledge of high-risk pregnancies. Education is very influential on knowledge, the level of education can determine whether it is easy for someone to absorb and understand the knowledge obtained with higher education will make it easier for someone to receive new information, especially about high risk pregnancies.

3. The Relationship between Pregnant Women's Work and High Risk Pregnancies

Pregnant women's knowledge about high-risk pregnancies according to income level was mostly high income level with less knowledge, namely 32 respondents (59.3%). A high level of family income does not always encourage pregnant women to increase their knowledge about high risks and mothers who have low incomes can also increase their knowledge about high risk

pregnancies.

Walyani (2018) stated that socio-economic conditions will influence a mother's pregnancy because it is related to meeting needs during pregnancy such as nutrition, preparation materials for birth, medicines, health checks and transportation. Mothers must prioritize needs that are considered important and urgent first, such as fulfilling the need for health control, for example. Pregnant women who have sufficient income can control their health and can also increase their knowledge so that they can prevent high-risk pregnancies (Lumempouw et al, 2019).

CONCLUSION

Based on the research results, it can be concluded as follows:

1. Most of the respondents had less knowledge about high risk pregnancies, namely 30 people (55.5%) and pregnant women who had good knowledge, namely 24 people (44.4%).
2. Most of the high-risk pregnant women were aged ≤ 20 years and ≥ 35 years, namely 44 people (81.4%) and aged 20-35 years, totaling 10 people (18.5%) were pregnant women.
3. Most of the respondents who had high risk pregnancies were as many as 36 people (66.6%) and 18 people (33.3%) who had low risk pregnancies.
4. There is a relationship between knowledge of pregnant women and high risk pregnancies.
5. There is a relationship between the age of pregnant women and high-risk pregnancies.

REFERENCE

- Fitriany, J., & Saputri, A. I. (2018). AYEROUS Iron Deficiency Anemia: Jurnal
- Handayani, R. (2022). PREGNANCY MIDWIFE CARE IN Mrs. K WITH CHRONIC ENERGY DEFICIENCY AT UPTD PUSKESMAS MANDA CIREBON DISTRICT 2022 (Doctoral dissertation, Study Program
- Juwitansi, J., & Marni, M. (2020). THE RELATIONSHIP BETWEEN KNOWLEDGE ABOUT HIGH-RISK PREGNANCY AND LEVELS OF DEPRESSION IN PREGNANT WOMEN. *Journal of Borneo Holistic Health*, 3(2), 159-168
- Khadijah, S. (2018). Efforts for Early Detection of High Risk Pregnancy Determined by the Knowledge and Support of Health Workers. *Independent Healthy Journal*, 13(1), 27-34.
- Kusumastuti, D.A., Rusnato, R., & Alfiah, S. (2019, October). Relationship between Parity, Pregnancy History and Preeclampsia.
- Leatari, A.E., & Nurrohmah, A. (2021). Knowledge of Pregnant Women About High Risk Pregnancies in the Working Area of Cipogi Health Center, Boyolali Regency. *Brobudur Nursing Review*, 2021, 1.1 :36-42
- Medicine and Health Malikkusaleh .
- MUKBUL, M. *Data Collection Methods and Research Instruments*. 2021.
- Mundari, R. (2022). Knowledge of Pregnant Women About Nutritional Needs During Pregnancy. *Indonesian Journal of Nutrition Science (JIGZI)*, 3(1).
- Murnita, I.A., & Hariadi, A (2022). Characteristics of Sufferers of Sectionoseiseren Di
- Mustika jussi Arumdani, A.M.J. (2022). NURSING CARE FOR Mrs. M WITH FLUID DISORDERS IN A CASE OF MOLAHIDOTIDOSA IN THE MIDWIFERY ROOM OF HANDAYANI RSU, BUMI CITY 28 FEBRUARY- 2 MARCH 2022.

- Ramadhan, B.R. (2020). Placenta Previa: Mechanisms and Risk Factors. *Scientific Journal of Health Sandi Husada*, 11(1), 208-219.
- Retnaningtyas, E., Siwi, R.P. Y., Wulandari, A., Qoriah, H., Rizky. Through Education Regarding the Danger Signs of Advanced Pregnancy in Posiandu Sampar. *ADI Community Service*, 2(2),25-30.
- Sandy, D.M. (2022). INCREASING PREGNANT WOMEN'S KNOWLEDGE OF HIGH RISK PREGNANCY. *Khidumah*,2022, 4.1:
- Sari, A. P., Romlah, I., & Anita, T. (2021). Maternal factors on the incidence of LBW. *MATERNAL FACTORS ON LBW LBW*, 5(1), 1-5.
- Several Hospitals in Indonesian Territory. *Journal of Ecosystem Science*
- Suardyana, J.M. (2022). NURSING CARE IN Mrs. GA WITH OBESITY IN HIGH RISK PREGNANT WOMEN IN THE WORK AREA OF BANJARANANGKAG HEALTH CENTER I. Denpasar Health Polytechnic of Nursing.
- Susilawati, D. (2019). The Relationship between Obesity and the Menstrual Cycle with the Incidence of Infertility in Couples of Reproductive Age at the H. Putri Clinic. *Marcusuar Health Journal*.
- Ul'Fah Herniani, M.P. (2021). Population and Sample. *Introduction to Statistics*,