



## INFLUENCE OF HEALTH EDUCATION ABOUT DANGER SIGNS OF PREGNANCY ON KNOWLEDGE AND ATTITUDE OF PREGNANT MOTHERS AND HUSBANDS

**GA Pujawarni Wijayanti,**

Jurusan Keperawatan Poltekkes Kemenkes Mataram  
1965ayuwijayanti@gmail.com

**Ni Made Ayu Ari Supramawati,**

Jurusan Keperawatan Poltekkes Kemenkes Mataram  
Ayuaris94@gmail.com

**Ridawati Sulaeman**

Jurusan Keperawatan Poltekkes Kemenkes Mataram  
ridasulaeman@gmail.com

**Sukmawati,**

Jurusan Keperawatan Poltekkes Kemenkes Mataram  
Sukmawatinukman26@gmail.com

**Irwansyah,**

Puskesmas Dasan Agung Kota mataram,  
irwan.nulaz@gmail.com

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### Abstract:

**Background:** Complications during pregnancy and childbirth are the main causes of disability and death among women of reproductive age in the world. According to the World Health Organization (WHO) in 2017, around 810 women die every day related to pregnancy and childbirth. Danger signs of pregnancy are signs that indicate there is a danger that can occur during pregnancy/the antenatal period, which if not reported or not detected can cause death. This study aims to determine the effect of health education on the danger signs of pregnancy on the knowledge and attitudes of pregnant women and their husbands in Selagalas Village, Cakranegara Health Center Work Area in 2020.

**Methods:** The research design used a pre-experimental design with one group pretest-post test. Sampling technique: Proportional Random Sampling with a population of 272 pregnant women and husbands. The sample is 54 people. Collecting data using a questionnaire and analyzed using the Wilcoxon Signed Rank Test.

**Results:** There was an increase in knowledge and attitudes of pregnant women and husbands after being given health education with statistical test results showing  $p$  value =  $0.000 < \alpha = 0.05$ , which means  $H_0$  is rejected and  $H_a$  is accepted.

**Conclusion:** There is an effect of health education on the danger signs of pregnancy on the knowledge and attitudes of pregnant women and their husbands in the Selagalas Village, Cakranegara Health Center Work Area in 2020.

**Suggestion:** It is hoped that the puskesmas will improve the programs that have been carried out such as classes for pregnant women and antenatal care involving husbands or families of pregnant women as an effort to prevent and reduce complications in pregnant women, in this case the danger signs of pregnancy.

**Keywords:** Health Education, Danger Signs of Pregnancy, Knowledge, Attitude, Pregnant Women, Husband

### INTRODUCTION

The mortality and morbidity of pregnant and maternity women is a major problem in the world, both in developed and developing countries. The high number of maternal deaths in several regions of the world reflects the low access to health services. According to the World Health Organization (WHO) every day there are around 810

women who die related to pregnancy and childbirth in developing countries with an MMR rate of 462 per 100,000 live births and in developed countries it is 11 per 100,000 live births. (WHO, 2017).

Health Profile of West Nusa Tenggara Province (2018) the maternal mortality rate in NTB in 2012 was 251 per 100,000 live births. Reports from districts/cities, the number of maternal deaths in NTB Province during 2018 was 99 cases, an increase compared to 2017 with 85 maternal deaths. The coverage of the first antenatal care (K1) in 2018 was in Mataram City (96.63%), while complete antenatal service coverage (K4) was in Mataram City (84.68%) (Provincial Health Profile of NTB, 2018).

Based on the Local Monitoring of Maternal and Child Health (PWS KIA) Mataram City Health Office in September 2019, data was obtained that the Cakranegara Health Center is a health center that targets pregnant women and detects the highest risk factors and complications among 11 Puskesmas in Mataram City with a target number of pregnant women. 1,329 people and the detection of risk factors and complications as many as 266 people.

Maternal and Child Health Local Area Monitoring Data (PWS KIA) Cakranegara Health Center in October 2019, the target number of pregnant women is 1,329 people. With K1 coverage of 85.48%, K4 coverage of 71.41%, and Detection of Risk Factors and Complications as many as 266 people (35.36%). And in the Selagalas Village area, the target number of pregnant women is 271 people. The number of maternal deaths at the Cakranegara Health Center in 2018 was recorded as 2 cases of maternal death, 1 case due to bleeding and 1 case due to heart disease (PWS KIA Cakranegara Health Center, 2019).

Prevent problems in pregnancy, every pregnant woman must be able to know and recognize the danger signs in pregnancy so that the family can immediately bring the mother to get help at the nearest health facility in a timely manner (HS, Sulaeman, & Idriani, 2018). The husband is one of the people in the family who is important in giving encouragement to his wife before the other party also gives encouragement (Melati & Raudatussalamah, 2012). Husbands become targets of reproductive health education programs because they have an important role, especially as a crucial decision maker when the wife's condition is serious enough to seek help and can overcome delays if she knows the danger signs of pregnancy, pregnancy and childbirth complications on women's reproductive health (Supriatin, Purnamaningrum, & Kusmiyati, 2016). Therefore, health education is needed to increase knowledge and attitudes of pregnant women and husbands about the danger signs of pregnancy (HS, Sulaeman, & Idriani, 2018).

Local government efforts to reduce MMR include the Making Pregnancy Safer (MPS) by preparing skilled health workers and adequate service facilities. The implementation in the field is through the Childbirth Planning and Complications Prevention (P4K) Program. P4K has the aim of empowering pregnant women, husbands, families and communities through increasing knowledge about pregnancy, danger signs and complications (Kemenkes RI, 2011). Cakranegara Health Center efforts to reduce maternal mortality are also carried out through classes for pregnant women where the implementation is only for pregnant women but no family companion. The program that will be planned next is the implementation of classes for pregnant women besides pregnant women who will also be accompanied by one of the families of the pregnant women. The purpose of this study was to determine the effect of health education on the danger signs of pregnancy on the knowledge and attitudes of pregnant women and their husbands in Selagalas Village, the working area of the Cakranegara Health Center.

**METHOD**

This study uses a pre-experimental research design with a One Group Pretest-Posttest approach (Notoatmodjo, 2012). The population is all pregnant women and husbands who are in the Selagalas Village, the working area of the Cakranegara Health Center as many as 272 people. (Dharma, K. 2015). Sampling technique: Proportional Random Sampling. (Sugiarto, 2003). The number of samples was 54 people (27 pregnant women and 27 husbands). Data were collected by way of before the intervention of pregnant women and husbands were given a questionnaire about knowledge and attitudes when encountering signs and dangers of pregnant women, then the researchers provided health education according to the stages of health education as many as 4 visits to each married couple using booklets. Then the fifth meeting was the implementation of the post-test. Then analyzed using the Wilcoxon Signed Rank Test. (Riwidikdo, 2012)

**RESULTS**

Table 1. Characteristics of Pregnant Women in Selagalas Village, Cakranegara Health Center Working Area in March 2020.

Characteristics	Amount	
	n	%
<b>Age (Years)</b>		
20 – 35	27	100
<b>Amount</b>	<b>27</b>	<b>100</b>
<b>Education</b>		
Basic Education	11	40.7
Middle Education	16	59.3
<b>Amount</b>	<b>27</b>	<b>100</b>
<b>Profession</b>		

Work	5	18.5
Does Not Work	22	81.5
<b>Amount</b>	<b>27</b>	<b>100</b>
<b>Gravida</b>		
Primigravida	7	25,9
Multigravida	20	74.1
<b>Amount</b>	<b>27</b>	<b>100</b>
<b>Gestational Sge</b>		
Trimester 1	3	11.1
Trimester 2	10	37.0
Trimester 3	14	51.9
<b>Amount</b>	<b>27</b>	<b>100</b>

Table 1 shows that the age of all pregnant women is 20-35 years old, 59.3% education is secondary education, 81.5% is not working, 71.4% is multigravida and 51.9% is in third trimester of pregnancy.

Table 2 Characteristics of Husbands in Selagalas Village, Cakranegara Health Center Working Area in March 2020.

Characteristics	Amount	
	n	%
<b>Age</b>		
Late Adolescence (17-25 ages)	5	18.5
Early Adult (26-35 ages)	18	66.7
Late Adilthood (36-45 ages)	4	14.8
<b>Amount</b>	<b>27</b>	<b>100</b>
<b>Pendidikan</b>		
Basic Education	13	48.1
Middle Education	14	51.9
<b>Amount</b>	<b>27</b>	<b>100</b>
<b>Profession</b>		
Work	27	100
<b>Amount</b>	<b>27</b>	<b>100</b>

Based on table 2, it shows that 66.7% of husbands are aged 26-35 years, 51.9% have secondary education and 100% have jobs.

Table 3: The Effect of Health Education on Pregnancy Danger Signs on Knowledge of Pregnant Women and Husbands in Selagalas Village, Cakranegara Health Center Working Area in March 2020.

<b>Knowledge of Pregnant Women</b>								
No.	Category	Pre		Post		Mean		p
		n	%	n	%	Pre	Post	
1.	Good	4	14.8	27	100	13.07	18.44	0.000
2.	Enough	16	59.3	0	0			
3.	less	7	25.9	0	0			
<b>Amount</b>		<b>27</b>	<b>100</b>	<b>27</b>	<b>100</b>			
<b>Husband's Knowledge</b>								
1.	Good	1	3.7	25	92.6	10.96	17.59	0.000
2.	Enough	10	37	2	7.4			
3.	less	16	59.3	0	0			
<b>Amount</b>		<b>27</b>	<b>100</b>	<b>27</b>	<b>100</b>			

Table 3 shows the results of statistical tests using the non-parametric test, namely the Wilcoxon Signed Rank Test for Health Education About Danger Signs of Pregnancy on Knowledge of Pregnant Women and Husbands, obtained p is 0.000 or p-value (0.000) < (0.05) meaning that there is an effect health education about the danger signs of pregnancy to increase knowledge of pregnant women and husbands.

Table 4. The Effect of Health Education on Pregnancy Danger Signs on the Attitudes of Pregnant Women and Husbands in Selagalas Village, Cakranegara Health Center Working Area in March 2020.

<b>Attitude Of Pregnant Women</b>								
No.	Category	Pre		Post		Mean		p
		N	%	n	%	Pre	Post	
1.	Positif	14	51.9	24	88.9	44.30	56.00	0.000

2.	Negatif	13	48.1	3	11.3			
<b>Amount</b>		27	100	27	100			
<b>Sikap Suami</b>								
1.	Positif	11	14.8	23	85.2	41.04	51.52	0.000
2.	Negatif	16	59.3	4	14.8			
<b>Amount</b>		27	100	27	100			

Based on table 4, the results of statistical tests using the non-parametric test, namely the Wilcoxon Signed Rank Test for Health Education About Danger Signs of Pregnancy on the Attitudes of Pregnant Women and Husbands, obtained p is 0.000 or p-value (0.000) < (0.05) meaning that there is an effect health education about the danger signs of pregnancy to increase the attitude of pregnant women and husbands

**DISCUSSION**

**A. The Effect of Health Education on Pregnancy Danger Signs on Knowledge of Pregnant Women and Husbands**

Based on the results of statistical tests showed  $p = 0.000 < (0.05)$  which means that health education about the danger signs of pregnancy has an effect on increasing knowledge of pregnant women and husbands. Pregnant women and husbands who have more knowledge about the high risk of pregnancy, it is very likely that the mother and husband will think about determining attitudes and behavior to prevent, avoid or overcome these pregnancy risk problems and the mother has the awareness to make antenatal visits to check her pregnancy, so that if it occurs These risks during pregnancy can be handled early and appropriately by health workers (Hasugian, 2012).

The activity of providing health education is important and needs to be done early on to pregnant women and husbands to increase knowledge. One way of providing health education is through counseling about the danger signs of pregnancy, the aim of which is to increase the knowledge of pregnant women and their husbands about the danger signs of pregnancy so that they can recognize these danger signs from the start and they can immediately seek help from a midwife, doctor, or go straight to the hospital to save the lives of mothers and babies.

The effectiveness of the extension is strongly influenced by several factors, both the target being given the counseling, the factor providing the extension and the process of the extension itself (Fitriani, 2011). Methods and media are important aspects in providing health education, this is in accordance with the opinion of Notoatmodjo (2007) that the delivery of information is influenced by the methods and media used in which the methods and media for delivering information can have a significant effect on increasing knowledge.

In this study, health education interventions use individual/individual methods that are given directly in easy-to-understand language through guidance and counseling (counseling) between researchers and respondents, making it easier to understand the material and absorb the information provided, because everyone has problems or reasons. with respect to receiving new information. According to Notoatmodjo (2010), suggests that health education is essentially an activity or effort to convey health messages to the public, groups or individuals. With the hope that with the message, the community, group or individual can gain knowledge.

The results of this study are in line with the results of research conducted by Lontaan, A., & Korah, BH 2014. The Effect of Health Promotion About Pregnancy Danger Signs on Knowledge of Pregnant Women at Amurang Health Center, South Minahasa Regency with 35 respondents showing an increase in knowledge of pregnant women pregnant women at the Amurang Health Center from adequate in the pre-test (74.3%) to good (80%) in the post-test. In addition, research by Linggardini and Apriliana (2016) stated that there was a significant difference in knowledge before and after the provision of health education about preeclampsia using the lecture, discussion, and question and answer method to pregnant women in the Sokaraja I Health Center Work Area ( $p=0.0001 < 0, 05$ ).

**B. The Effect of Health Education on Danger Signs of Pregnancy on the Attitudes of Pregnant Women and Husbands.**

The results of the study of the effect of health education on pregnancy danger signs on the attitudes of pregnant women and husbands in the Selagalas Village, Cakranegara Health Center Work Area, p value is 0.000 or p value (0.000) < (0.05) which means that health education about pregnancy danger signs has an effect on increasing attitudes of pregnant women and husbands in Selagalas Village, Cakranegara Health Center Work Area.

The formation of attitudes is influenced by the learning process, where learning means changing. The purpose of learning is to cause changes in one or more domains (fields, domains), namely the cognitive, affective, psychomotor and interactive domains according to the learning objectives (Maramis, 2009). Attitudes do not stand alone but can be formed from knowledge and experience gained by someone from outside. Changes in attitude are obtained through the learning process. Attitudes obtained through experience will have a direct influence on behavior. The direct influence is more in the form of behavior that will be realized only when conditions and situations allow.

In this interaction, the individual forms a certain attitude pattern towards the psychological object it faces (Dewi & Wawan, 2010). The results are different from after giving health education by showing that most of the respondents' attitudes after health education were with positive attitudes of pregnant women as many as 24

respondents (88.9%) and a small portion with negative attitudes as many as 3 respondents (11.3%) and positive attitudes of husbands as many as 23 respondents. (85.2%) and a small part with a negative attitude as many as 4 respondents (14.8%). This shows that after being given health education there is a change in attitude towards a positive. According to Azwar (2009) that good knowledge can form good beliefs. The beliefs that a person has can influence a person's attitude towards behavior. These beliefs will affect a person's attitude whether the behavior produces something desired or undesirable. Therefore, it is necessary to increase knowledge as the beginning of the formation of the attitude of the danger signs of pregnancy. This is in line with Green (2000) theory which describes a framework of predisposing, reinforcing, and enabling factors where health education is related to behavioral changes based on knowledge and attitudes to help achieve the desired goals, so that it is expected to have an effect on behavior in recognizing signs. dangers of pregnancy.

According to Notoatmodjo (2007) in its development, Bloom's theory for measuring attitudes has several levels, namely: receiving (receiving), responding (responding), appreciating (valuing), being responsible (responsible). Through this health education effort, awareness can be made about how important it is to know the danger signs of pregnancy in order to determine a positive attitude towards the danger signs of pregnancy and also to prevent as early as possible the occurrence of complications during the pregnancy process. So it can be concluded that health education on the danger signs of pregnancy is very influential on the attitudes of pregnant women and husbands in Selagalas Village, Cakranegara Health Center Work Area.

The results of this study are in line with the results of research conducted by Yuni Hastuti (2011) at the Puri Husada Maternity Boarding School Ngemplak Boyolali with the results showing that the attitude of pregnant women in dealing with the danger signs of pregnancy showed an increase in respondents' attitudes from negative to positive. In addition, research by Lusi Erawati (2016), states that there is an effect of health education on danger signs of pregnancy on the attitudes of pregnant women about danger signs of pregnancy in Nglegok Blitar ( $p = 0.0001 < 0.05$ ).

### CONCLUSION

Health education using booklet media has an influence on the knowledge and attitudes of husbands and pregnant women about the danger signs of pregnancy so it is recommended for pregnant women and husbands to be proactive in seeking information to increase knowledge related to health and to provide more motivation to the public in providing health education about signs and symptoms of health education. the dangers of pregnancy for further researchers using video media.

### ETHICAL APPROVAL

The research was carried out with ethical clearance permission from the ethics committee of the Health Poltekkes, Ministry of Health, Mataram No. LB. 01.03 /1.1/1209/2020.

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