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The Relationship Between Knowledge And Attitude With High Risk Pregnancy At Desa Sihotang Hasugian Habinsaran, Kecamatan Parlilitan In 2020

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ABSTRACT

A high risk pregnancy is a pregnancy that has a higher risk and is greater than normal in general pregnancy (both for the mother and the baby) with the risk of illness or death before or after the process of the copy. Research aims to know the relationship of knowledge and attitudes with a high risk of pregnancy in the village Sihotang Hasugian directly Habinsaran subdistrict Parlilitan year 2020.This research uses crossectional design. The population in this study is the entire trimester of pregnant women I working area Puskesmas as much as 131 people and samples using 57 people. Data analysis using Chi Square test. The results of the Chi Square test show the results of a knowledge relationship (P = 0,003), attitude (P = 0,000) with a high risk pregnancy. For pregnant women. It is hoped that the expectant mother will take the time to visit the health services such as village midwives, clinics, health centers to conduct a pregnancy check so you can know the condition of the mother and fetus and can be done with pregnancy prevention efforts.

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1. INTRODUCTION

The 2015-2030 Sustainable Development Goals (SDG's) contain 17 goals, one of which is to ensure a healthy life and promote prosperity for all people of all ages with one of the outputs reducing the Maternal Mortality Rate (MMR) to 70 per 100,000 live births in 2030 (Ministry of Health RI, 2015).

The World Health Organization (WHO) estimates that around 830 women die from complications of pregnancy or childbirth worldwide every day. Nearly all maternal deaths (99%) occur in developing countries. More than half of these deaths occur in sub-Saharan Africa and nearly a third occur in South Asia (WHO, 2018).

According to the World Health Organization or the World Health Organization (WHO) explained that the 2011 Maternal Mortality Rate (MMR) in Indonesia was ranked 6th compared to countries in ASEAN, namely 125/100,000 live births (WHO, 2011). almost 75% of all maternal deaths are bleeding, infection, eclampsia, complications of unsafe abortion, diseases such as malaria and AIDS during pregnancy (WHO, 2018).

Maternal mortality between 33-50% has a close influence on the low level of health services obtained by mothers during pregnancy (WHO, 2015). The relatively poor health services for pregnant women are one of the factors causing maternal mortality. The competence of health workers, especially midwives, is inadequate. So that compliance with quality Antenatal service standards decreases (Kemenkes RI, 2015)

High-risk pregnancies can be detected if pregnant women carry out routine Ante Natal Care (ANC) examinations. Pregnant women receive at least four pregnancy tests according to the standard with the distribution once in the first trimester, once in the second trimester, and twice in the second trimester. 3. Included in this service is the detection of danger signs/high risk as early as possible, as well as providing information about efforts to maintain pregnancy and prepare for delivery so that delivery goes well (Depkes, 2014).

Based on the results of the initial survey conducted by the authors, it shows that from 6 pregnant women, there are 3 mothers who have a high risk of pregnancy which is characterized by high blood pressure, swollen legs and their age is also above the age of 35 years. During pregnancy, they also rarely do pregnancy check-ups at clinics or health centers so that they do not know about high-risk pregnancies. Based on this, the authors are interested in conducting research on the relationship between knowledge and age with high-risk pregnancies in Sihotang Hasugian Habinsaran Village, Parlilitan District in 2020. The formulation of the research problem is how the relationship between knowledge and attitudes with high-risk pregnancies in Sihotang Hasugian Habinsaran Village, Parlilitan District in 2020. This study aims to determine the relationship between knowledge and attitudes with high-risk pregnancies in Sihotang Hasugian Habinsaran Village, Parlilitan District in 2020.

2. RESEARCH METHODE

This research is an analytical study with a cross sectional study design used to determine the relationship between knowledge and maternal age with high-risk pregnancies in Sihotang Hasugian Habinsaran Village, Parlilitan District in 2020 (Praktinya, W, 2013). This research was conducted in Sihotang Hasugian Habinsaran Village, Parlilitan District. 2020, the time of the research has been carried out from January to July 2020.

The population in this study were all pregnant women who visited the Puskesmas Working Area as many as 131 people. Sampling in this study using the formula . so the sample in this study was 57 people, with the sampling technique using random sampling.

After the data is collected from the field through research activities, the data collected is processed using data processing and analysis techniques (Hulu, VT & Sinaga, 2019), namely: Univariate analysis is an analysis that aims to determine the frequency distribution of each research variable. Bivariate analysis. In this analysis, it is used to test the relationship between two variables, namely the relationship between each independent variable and the dependent variable. According to (Dahlan, MS, 2017) data analysis was carried out by bivariate analysis using the chi square test.

3. RESULT AND ANALYSIS

Knowledge Relationship with High Risk Pregnancy

Table 1. Cross-tabulation of the Relationship between Knowledge and High-Risk Pregnancy in Sihotang Hasugian Habinsaran Village, Parlilitan District in 2020

Knowledge	High Risk Pregnancy				Total		*p value*
	No Risk		Risk				
	n	%	n	%	N	%	
Good	21	80,8	5	19,2	26	100	
Not Good	12	38,7	19	61,3	31	100	0,003
Total	**33**	**57,9**	**24**	**42,1**	**57**	**100**	

Table 4.7 shows that of the 26 pregnant women with good knowledge, 21 (80.8%) experienced high-risk pregnancies and 5 (19.2%) did not experience high-risk pregnancies. Of the 31 pregnant women who had poor knowledge, there were 12 (38.7%) who experienced high-risk pregnancies and 19 (61.3%) who did not experience high-risk pregnancies. The results of the chi square test showed that there was a relationship between knowledge and high risk pregnancy (p = 0.003).

Attitude Relationship With High-Risk Pregnancy

Table 2. Cross-tabulation of Knowledge Attitudes with High-Risk Pregnancy in Sihotang Hasugian Habinsaran Village, Parlilitan District in 2020

Attitude	High Risk Pregnancy				Total		*p value*
	No Risk		Risk				
	n	%	n	%	N	%	
Positive	23	92,0	2	8,0	25	100	
Negative	10	17,5	22	68,8	32	100	0,000
Total	**33**	**57,9**	**24**	**42,1**	**57**	**100**	

Table 4.9 shows that of the 25 pregnant women who had a positive attitude, 23 (92%) had a high-risk pregnancy and 2 (8%) did not have a high-risk pregnancy. Of the 32 pregnant women who behaved negatively, there were 10 (17.5%) who experienced high-risk pregnancies and 22 (68.8%) who did not experience high-risk pregnancies. The results of the chi square test showed that there was a relationship between attitude and high risk pregnancy (p = 0.000).

Knowledge Relationship with High Risk Pregnancy

The results showed that there was a relationship between knowledge and high risk pregnancy (p = 0.003). This is in line with research (Syahda, 2018) which showed that of the 79 respondents who had little knowledge about high-risk pregnancies, there were 24 (30.4%) pregnant women who did not experience high-risk pregnancies. Of the 66 respondents who had good knowledge of high-risk pregnancies, there were 29 pregnant women (43.9%) who experienced high-risk pregnancies. Based on the statistical test, the value of p = 0.003 (p < 0.05), with a degree of significance (α = 0.05). This means that there is a relationship between knowledge and high-risk pregnancies in the Kampar Health Center work area in 2018.

According to Notoadmodjo (2015), lack of knowledge will lead to bad behavior, this is in accordance with the results of research that mothers who have less knowledge will be at risk of experiencing high risk pregnancies, and vice versa pregnant women with good knowledge are not at risk for high risk pregnancies.

High-risk pregnancy is a pregnancy that allows complications during pregnancy and delivery from the risks that the mother has compared to normal pregnancies. Pregnancy has a high risk if it is influenced by trigger factors that will cause complications during pregnancy, even during childbirth and also during the puerperium. Therefore, to find out whether pregnant women have a high risk, early detection is carried out by taking a history, pregnancy examination and supporting examinations if needed (Astuti, et al, 2017).

If a pregnant woman has more knowledge about the high risk of pregnancy, it is likely that the mother will think about determining attitudes, behaving to prevent, avoid or overcome the problem of the risk of pregnancy. And mothers have the awareness to make antenatal visits to check their pregnancy, so that if there is a risk during pregnancy it can be handled early and appropriately by health workers (Damayanti, 2016).

Attitude Relationship With High-Risk Pregnancy

The results showed that there was a relationship between attitude and high-risk pregnancy (p= 0.000). This is in line with research (Syahda, 2018) which showed that of 89 respondents who had a negative attitude about high-risk pregnancies, there were 28 pregnant women (45.9%) who did not experience high-risk pregnancies. Of the 56 respondents who had a positive attitude about high-risk pregnancies, there were 23 pregnant women (27.4%) who experienced high-risk pregnancies. Based on the statistical test, the value of p = 0.002 (p < 0.05), with a degree of significance (α = 0.05). This means that there is a relationship between attitude and high-risk pregnancy in the Kampar Health Center work area in 2018. From the results of the study, it is also known that the POR value = 3.126, this means that respondents who have a negative attitude about high-risk pregnancy have 3 times the chance.

The positive attitude of pregnant women results in changes in the mother's behavior to anticipate unwanted possibilities during pregnancy such as the desire to perform ANC examinations (Kartika, 2016). Mothers who have a positive attitude about high-risk pregnancy, the mother will have the awareness to make antenatal visits to check her pregnancy, so that if there is a risk during pregnancy it can be handled early and appropriately by health workers (Damayanti, 2016). A positive attitude greatly affects the high risk of pregnancy which can reduce pain in pregnant women and can reduce maternal mortality, pregnant women who still have a negative attitude will affect the amount of morbidity and mortality in pregnant women.
The results showed that of the 25 pregnant women who had a positive attitude, 23 (92%) experienced high-risk pregnancies and 2 (8%) did not experience high-risk pregnancies. Of the 32 pregnant women who behaved negatively, there were 10 (17.5%) who experienced high-risk pregnancies and 22 (68.8%) who did not experience high-risk pregnancies. According to the researcher's assumption, pregnant women who have a negative attitude but do not experience a high-risk pregnancy are because the respondent is in the multigravida parity category so that the high risk does not occur. Meanwhile, respondents who had a positive attitude but experienced a high-risk pregnancy were due to a history of hypertension experienced by pregnant women during pregnancy and the mother's height was less than 145 cm. Most pregnant women who have a positive attitude do not experience high-risk pregnancies because they check their pregnancy at health workers.

4. CONCLUSION

Based on research on the relationship between knowledge and attitudes with high-risk pregnancy in Sihotang Hasugian Habinsaran Village, Parlilitan District in 2020, the following

conclusions can be drawn: There is a relationship between knowledge and high-risk pregnancy (p = 0.003). There is a relationship between attitude and high-risk pregnancy (p = 0.003) = 0.000).

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