

**Original Article**

**Health Education On The Danger Signs Of Pregnancy In Primigravida And Multigravida**

Yopita Triguno<sup>1</sup>, Ketut Eka Larasati Wardana<sup>1</sup>, Ketut Ayu Wulandari<sup>1</sup>

<sup>1</sup> Midwife Profession Education Study Program, STIKES Buleleng, Bali, Indonesia

**ARTICLE INFO**

Article History:  
 Submit, 15 Dec 2021  
 Revised, 19 Dec 2021  
 Accepted, 30 Dec 2021  
 Available online, 31 Dec 2021

*Keywords:*  
 Primigravida, Multigravida,  
 Pregnancy Danger Mark

**ABSTRACT**

*Background:* Maternal Mortality Rate (MMR) is one attempt to assess the degree of public health. One of the problems associated with maternal mortality is the problem of pregnancy that should be avoidable. Such pregnancy problems can be detected early from the presence of danger signs in pregnancy. One factor affecting mothers' knows the pregnancy hazard signs is maternal knowledge.

*Methods:* Maternal Mortality Rate (MMR) is one attempt to assess the degree of public health. One of the problems associated with maternal mortality is the problem of pregnancy that should be avoidable. Such pregnancy problems can be detected early from the presence of danger signs in pregnancy. One factor affecting mothers' knows the pregnancy hazard signs is maternal knowledge.

*Results:* The success of the implementation of this activity is obtained by analyzing pretest and posttest values. The average pretest and posttest results are 58,1018.55 respectively with the minimum, maximum (20, 60), and 79,329.26 values with minimum and maximum (90,100). The average difference in pretest and posttest values is 21.22 or reaches 36.5%. This increase in knowledge is statistically significant.

*Conclusion:* The activity aims to educate pregnant women about the linking of pregnancy hazard signs. At the end of the activity, the purpose of the implementation of this activity was well achieved and targeted.

*Corresponding Author Contact:*  
 Yopita Triguno, Midwife  
 Profession Education Study  
 Program, STIKES Buleleng, Bali,  
 Indonesia  
 Email:  
 eka.larasati12@gmail.com

**Cite this as:** Triguno, Y., Wardana, K. E. L., & Ayu Wulandari, K. (2021). Health Education On The Danger Signs Of Pregnancy In Primigravida And Multigravida. *Journal of Applied Nursing and Health*, 3(2), 71-76. <https://doi.org/10.55018/janh.v3i2.8>

**Introduction**

Maternal death is the death of a woman while pregnant or 42 days after pregnancy ends, without seeing the length of pregnancy and birthing location due to any cause related or triggered by pregnancy or its complications and management but not due to cause of the accident or accidental (WHO, 2017). Maternal death is the death of a woman while pregnant or 42 days after pregnancy

ends, without seeing the length of pregnancy and birthing location due to any cause related or triggered by pregnancy or its complications and management but not due to cause of the accident or accidental (WHO, 2017).

The pregnancy hazard sign constitutes a pregnancy that has greater harm or risk marks than usual, so it can cause disease or death before and after childbirth (Tiran, 2007). The pregnancy's



danger marks include bleeding per vagina, intense headaches, blurred vision, swelling in the face and hands, intense abdominal pain, and reduced or unfeeling fetal movement (Fadlun, 2011).

Maternal mortality is also one of the targets predetermined in the millennium development goal which is the 5th goal that improves maternal health. Pregnant mothers' knowledge of the danger mark can be caused by several factors namely internal factors such as education, employment, age, and experience (Nur et al., 2018). External factors such as the environment and socio-cultural. In addition to some of those factors, maternal knowledge of the danger signs can also be influenced by social media (internet). The micro-impacts that can occur in pregnant women who experience pregnancy hazard signs namely miscarriage, proclamation, bleeding, premature birth, and defects. Whereas the macro impact that can occur is the death of mother and infant (Mitayani, 2009).

Several solutions can be made to avoid the premature signs of pregnancy harm that is, check pregnancy as early as possible in healthcare sites. Check pregnancy at least 4 times in pregnancy, consume healthy, nutritious foods balanced, if finding any of the signs of danger, then immediately the facility of health services and when it comes to finding the pregnancy hazard signs then perform pregnancy checks as often and as highly as possible. Surely at the time of pregnancy, health labor already provides counseling as well as extensions about pregnancy hazard signs to pregnant women for increased pregnant women's knowledge of pregnancy hazard signs (Aji et al., 2017; Mufdlillah., 2009; Sasnitiari & Puspitasari, 2019). Counseling/reflection of such pregnancy hazard signs is certainly not only given to pregnant mothers for the first time but also to pregnant mothers who

have given birth before. So that it is expected that if the pregnant mother knows about the pregnancy hazard signs then it is expected that any possible risks can be detected as early as possible to lower the maternal mortality rate. Also, when pregnant women find out about the danger signs that can occur in their gestation then the pregnant mother will also be obedient to pregnancy checks (Ambarwati et al., 2014; Ashari, 2021; Mushalpah, 2021).

Health education about the pregnancy hazard signs in primipara and multipara mothers will be implemented at the Seririt I Public Health Center, as pregnant mothers who come to this Health Center have never gained socialization about the pregnancy hazard signs. With this health education done it is expected that pregnant women are more familiar with the signs of danger that could occur in their pregnancy.

## Method

Before conducting activities, the reporting team conducted a permitting stage and approach to the public health center to identify Puskesmas' problems and needs, the implementation of these packaging activities divide into 3 stages. Phase I of this service activity is performed on Monday, October 25, 2021. Activities performed to take the form of health education about the pregnancy hazard signs in primipara and multipara mothers. The activity was attended by 20 pregnant women. The activity begins with giving pretest questionnaires about pregnancy hazard signs consisting of 10 questions with correct and false answer choices. Activities continued with the giving of health Education about the pregnancy

Hazard signs in primipara and multipara mothers. The media used is a

powerpoint as well as a leaflet. The Giving of Health Education was conducted for 30 minutes which continued with a question and answer session. Ask-and-answer sessions are conducted for 15 minutes, whereby the pregnant mother who asks is given a reward that has been prepared by the executor. At the end of the activity, pregnant women again fill out post-test questionnaires to evaluate whether there is an increase in knowledge in pregnant women.

The implementation of this Phase II Activity was implemented on Wednesday, October 27, 2021. Activities performed to take the form of health education about the pregnancy hazard signs in primipara and multipara mothers. The activity was attended by 20 pregnant women. The activity begins with giving pretest questionnaires about pregnancy hazard signs consisting of 10 questions with correct and false answer choices. Activities continued with the giving of health Education about the pregnancy hazard signs in primipara and multipara mothers. The media used is a PowerPoint as well as a leaflet. The Giving of Health Education was conducted for 30 minutes which continued with a question and answer session. Ask-and-answer sessions are conducted for 15 minutes, whereby the pregnant mother who asks is given a reward that has been prepared by the executor. At the end of the activity, pregnant women again fill out post-test questionnaires to evaluate whether there is an increase in knowledge in pregnant women.

The implementation of this third stage packing was done on Friday, October 28, 2021. Activities performed to take the form of health education about the pregnancy hazard signs in primipara and multipara mothers. The activity was attended by 24 pregnant women. The activity begins with giving pretest

questionnaires about pregnancy hazard signs consisting of 10 questions with correct and false answer choices. Activities continued with the giving of health Education about the pregnancy hazard signs in primipara and multipara mothers. The media used is a PowerPoint as well as a leaflet. The Giving of Health Education was conducted for 30 minutes which continued with a question and answer session. Ask-and-answer sessions are conducted for 15 minutes, whereby the pregnant mother who asks is given a reward that has been prepared by the executor. At the end of the activity, pregnant women again fill out post-test questionnaires to evaluate whether there is an increase in knowledge in pregnant women.

## Results

The success of the implementation of this activity is obtained by analyzing pretest and posttest values. The average pretest and posttest results are 58,1018.55 respectively with the minimum, maximum (20, 60), and 79,329.26 values with minimum and maximum (90,100). The average difference in pretest and posttest values is 21.22 or reaches 36.5%. This increase in knowledge is statistically significant. The pretest and posttest data analysis results are displayed in the following table 1

Tabel 1. Statistic Test

N	Group	Mean ±SD	Min	Max	p
1	Pretest	58,10±18,55	20	60	0,001
2	Posttest	79,32±9,26	90	100	

Based on table 1 it can be concluded that extension administration can increase pregnant women's knowledge of pregnancy hazard signs in primipara and multipara mothers with a  $p=0.001$  value.

## Discussion

Knowledge is custom, expertise or expertise, skill, understanding, or understanding gained from experience, exercise, or through the learning process. This education has a very important role in the process of spreading and adoption of knowledge in all people particularly for pregnant women both primigravida and multigravida mothers. Education affects the learning process, the higher the education sees people make it easier is for the person to receive information. With higher education than one will tend to get information, both from others and from the mass media. The more information that comes in the more knowledge is gained about health. Knowledge is closely related to education where it is expected for a person with higher education, then the person will become more and more widely knowledgeable (Ambarwati et al., 2014; Islam et al., 2017; Notoatmodjo, 2010). The higher the maternal education, the mother will increasingly easily absorb information about the pregnancy hazard signs provided. Education is used to be informed for example things that support health to improve quality of life. Something one has ever experienced will add knowledge and can be an informal source of years (Notoatmodjo, 2010).

Few better multigravida mother knowledge of primigravida mothers can be caused by experience, that is, multigravida mothers have given birth before

(Primasnia, 2013; Retnowati, 2016; Roisa, 2014). Which, of course, they've already gotten information about the pregnancy hazard signs at the first time pregnant. Less primigravida mother knowledge can be influenced by several factors such as education and employment. If seen in the respondent characteristics of mother primigravida, although most of the mothers of middle-educated primigravida but still many of the primigravida mothers are basic-educated, this proves that education affects knowledge because one's level of education will be influential in giving an outside-income response. education affects the learning process, the higher one's education then the easier the person is to receive information (Mahmudah, 2010). So the higher the education the easier one receives information and the easier it is to receive information then the easier the person increases his knowledge (Nursalam, 2013).

In addition to educational factors, the knowledge of fewer primigravida mothers can also be caused by most non-working primigravida mothers. According to Notoatmodjo (2012), one of the factors that affect knowledge is work. Unworked mothers usually spend a lot of time indoors. Usually, the non-working mothers are just busy taking care of children, husbands, and homework alone, although sometimes gathering together with neighbors must have been the mothers also gathered with non-working mothers so they don't get good information particularly health information. Whereas modern-day is actually

Very easy for those mothers to be informed about health in particular the pregnancy hazard signs by utilizing technologies such as television and the internet. But in reality, many of these mothers are now using technology just to see things that are fun or entertain themselves alone. They do not leverage

that to add to his knowledge of health. Whereas usually, the working mother has broader thoughts, the wider environment is not only enclosed in the home but also the working environment. By working usually one will get more information in particular about health. Working mothers are also usually more able to utilize and use existing technologies well. The knowledge of a person who does not work does not mean it is not good when willing to access information that can add to his knowledge, but that someone who does not work when unwilling to access information then the knowledge will also be lacking.

## Conclusion

Methods for instilling knowledge of pregnancy hazard signs can be performed in many different ways. At this activity, the managing team gives health Education by applying lecture methods, discussions, and questioning. Media use also greatly influenced the success of material giving. As for the media used are power points and leaflets that break down the media most commonly used by healthcare personnel. Therefore, this activity also has success with the government program in the prevention of danger signs in pregnancy

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