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## HEALTH PREGNANCY PROFILE IN SURABAYA CITY

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### ABSTRACT

**Background:** Pregnancy is a dynamic condition, whereby a situation that is initially normal, can suddenly be at high risk. Risks that occur in pregnant women can be identified by knowing the health status of mothers during pregnancy. This study aims to describe the health status of pregnant women. **Methods:** The research design used was descriptive observation. The population of all pregnant women who do antenatal care at Puskesmas area of Surabaya city. Sampling using simple random sampling technique, sample are 72 respondents. The variables measured to describe maternal health status include age, education, occupation, history of hypertension, parity and nutritional status. Data collection was done by questionnaire to identify the variable, except nutritional status, the respondents were measured body weight and height, then calculated body mass index. The analysis used descriptive percentage so that known the spread of each variable. **Results:** The results of this study describe respondent's age more than 41.7% 20-35 years old. The largest of respondent's education are SMA, 55.6%. Respondents are as housewives more than 68.1%. The health status of respondents was based on second parity of 38.9%. History of hypertension suffered by respondents, 31.9% suffered from severe hypertension. Maternal nutrition included good category 59.7%. The health status of pregnant women in the city of Surabaya depicted many respondents in the age category not recommended for pregnancy, a history of severe hypertension and poor maternal nutrition causes increased the risk of complications in pregnancy and childbirth. Majority respondents to safe parity of the second and third pregnancies and more dominated by housewives make them potentially seeking antenatal care services. **Conclusions:** The role of health personnel needs to be improved so that the antenatal care function in an effort to improve the optimal health status of pregnant women.

**Keywords:** Health Status, Pregnant Women, Antenatal care.

### INTRODUCTION

The health status of pregnant women is a process that needs special care in order to take place well because pregnancy contains elements of the mother's and fetus's life. Pregnant women should pay attention to the risk in pregnancy that is dynamic because pregnant women who initially normal, suddenly can be high risk. Risks that occur in pregnant women are influenced by several factors that affect the health status of pregnant women include age, education, psychological, knowledge,

nutrition, activity. (Sitanggang & nasution 2012). Primigravida is associated with a lack of experience and knowledge of the mother in the care of pregnancy. The first pregnancy is considered risky because there is no medical record about maternal maternity travel. At age-prone, the risk of first-child pregnancy increases as there are additional factors and threats. Women who are new mothers with new partners turn out to be six to eight times younger affected by pre eclampsia or eclampsia than multiparous women (Bobak, 2012).



Multigravida or second pregnancy is a safe parity. Mothers with high parity or pregnancy more than four have decreased the function of the reproductive system, but it is usually too busy mothers take care of households so often experience fatigue and less attention to the fulfillment of nutrition (Henderson, 2010). Maternal mortality rates are a major problem in developing countries. Indonesia is a country in Asia that has failed in the target of decline of Maternal Mortality Rate (AKI). *World Health Organization* (WHO) data in 2014, *Maternal Mortality Rate* (AKI) in the world that is 289,000 people and maternal mortality rate in Indonesia 214 per 100,000 live births.

Based on Indonesia's demographic and health surveys (IDHS) in 2012, stated that AKI (related to pregnancy, childbirth and childbirth) in Indonesia is still high at 359 per 100,000 live births (Kemenkes, 2014). Maternal mortality due to complications of pregnancy and childbirth occurs in women aged 15-49 years worldwide (Widyawati, 2010). Maternal mortality rate due to delivery in Surabaya recorded still the highest in Provinsi Jawa Timur (Jawa Timur). Maternal mortality in 2013 in Surabaya has reached 60 cases. In 2014, maternal mortality rate in Surabaya reached 39 cases. Meanwhile, in 2015, until September, there were 32 mothers died due to delivery (REPUBLIKA, 2015). Good health status in pregnant women can be realized by taking a healthy life during pregnancy that is taking good care of pregnancy through good nutrition, eating iron tablets, doing pregnancy exercise, birth control, avoiding smoking and eating nonprescription drugs (Gulardi, 2006). Pregnant women with good health status influence the delivery process of the baby they conceive in the future. The risk of

complications of labor can be prevented by improving health status during pregnancy. The important thing to do is to implement ante natal care. The three functions of ante natal care are, as a health promotion during pregnancy through means and activities of education, screening, and monitoring of health during pregnancy by detecting and handling problems (Padila, 2014). Examination and supervision of pregnant women is necessary to be done regularly including the schedule of re-visit I to IV (Dewi & Sunarsih, 2011 in Dhini, 2016). Profile of pregnant mother's health status is needed as an initial description of mother's condition in this study seen from the factors of age, education, occupation, parity, nutritional status (body mass index) and history of hypertension.

## METHODS

The study used descriptive observation design, where the data is taken once without repetition. Population of all pregnant women who do antenatal care at puskesmas area in Surabaya (Puskesmas Kenjeran, Puskesmas Tanah Kalikedinding, BPS). Sampling using probability sampling technique with simple random sampling approach, a large sample of 72 respondents. Maternal health status is measured by age, education, occupation, history of hypertension, parity and nutritional status. Data collection of age, education, occupation, history of hypertension and parity was done by filling out a questionnaire. Nutritional status of respondents is known by measuring body weight and height, then calculated body mass index. Analysis used descriptive Presentase so that known the spread of each variable.

**RESULTS**

The results of the study were conducted from April to June 2017 at 2

Puskesmas and 2 BPS in Surabaya (Puskesmas Kenjeran, Puskesmas Tanah Kali Kedinding, BPS)

**1** Table 1. Distribution of Respondents by Age

| Age           | Frequency (n) | Percentage (%) |
|---------------|---------------|----------------|
| < 20 Years    | 16            | 22.2           |
| 20 – 35 Years | 30            | 41.7           |
| > 35 Years    | 26            | 36.1           |
| Total         | 72            | 100            |

**1** Table 2. Distribution of Respondents by Latest Education

| Latest Education   | Frequency (n) | Percentage (%) |
|--------------------|---------------|----------------|
| Not School         | 1             | 1.4            |
| Elementary School  | 1             | 1.4            |
| Junior High School | 24            | 33.3           |
| Senior High School | 40            | 55.6           |
| Collage            | 6             | 8.3            |
| Total              | 72            | 100            |

**1** Table 3. Distribution of Respondents by Work

| Work             | Frequency (n) | Percentage (%) |
|------------------|---------------|----------------|
| Housewife        | 49            | 68.1           |
| Entrepreneur     | 7             | 9.7            |
| Employees        | 10            | 13.9           |
| Works Industries | 2             | 2.8            |
| Pensioner        | 1             | 1.4            |
| Else             | 3             | 4.2            |
| Total            | 72            | 100            |

Table 4. Distribution of Respondents by Pregnancy

| Pregnancy     | Frequency (n) | Percentage (%) |
|---------------|---------------|----------------|
| 1st Pregnancy | 21            | 29.4           |
| 2nd Pregnancy | 28            | 38.9           |
| 3rd Pregnancy | 22            | 30.6           |
| 4th Pregnancy | 1             | 1.4            |
| Total         | 72            | 100            |

Table 5. Distribution of Respondents Based on Hypertension History

| Hipertension History | Frequency (n) | Percentage (%) |
|----------------------|---------------|----------------|
| No History           | 27            | 37.5           |
| Mild History         | 10            | 13.9           |
| Moderate History     | 12            | 16.7           |
| History Hight        | 23            | 31.9           |
| Total                | 72            | 100            |

Table 6. Distribution of Respondents Based on Nutrition of Pregnant Women

| Nutrition of Pregnant Women | Frequency (n) | Percentage (%) |
|-----------------------------|---------------|----------------|
| Good Nutrition              | 43            | 59.7           |
| Malnutrition                | 29            | 40.3           |
| Total                       | 72            | 100            |



## DISCUSSION

A person's age can affect the state of her pregnancy. Result of research, age of pregnant women in Surabaya city region 26 people from 72 respondents (36,1%) aged over 35 years, and 16 people (22,2%) under 20 years. Women who become pregnant at reproductive age are less likely to have complications than women who are pregnant under reproductive or above reproductive age. Poedji Rochjati (2011) categorizes risky ages during pregnancy is < 16 years old and > 35 years old. An overview of pregnant women who are more than half included in this risk category, have a significant impact in the process of pregnancy and childbirth. The risk of complications of pregnancy and childbirth is increased due to factors of age less or more than recommended. Mothers aged less than 20 years of uterus and other body parts are not ready for pregnancy and tend to be less attention to pregnancy, while mothers aged over 35 years of uterus and other body parts have decreased function and maternal health is not as good as age 20-35 year (Heriati, 2008).

The result of the research from 72 respondents, there are 26 respondents (37,2%) with low education (No school, elementary, and junior high), the result is assumed that education in pregnant mother is very important because education level influence knowledge in giving response to always keep check her pregnancy regularly to health services or perform ANC regularly. Lack of knowledge and not routine pregnant women in ANC visit can affect the pregnancy or health status. This is reinforced by Notoatmodjo (2011), attitudes and actions of a person based on education level of education will determine the mother's attitude and actions in dealing with various problems,

especially health problems. The low level of education affects the quality of health because of the lack of knowledge about the danger sign of pregnancy (Kompas, 2007). Women who do not have such high education as nonformal education about pregnancy lack of mother awareness to check pregnancy (Lestari, 2013). The level of junior secondary education is included in the level of education that is not high enough, let alone elementary school and not in school, so they lack information about pregnancy that can be risky and tend to not so show the health of himself and baby, for example if the mother feel her body is fine will feel healthy as well as the fetus, whereas complications or complications of pregnancy can arise at any time (Hukmiah et al, 2014).

Job factors can also describe the condition of maternal health during pregnancy. Fun activities make mothers enjoy the process of pregnancy, so even with working mothers. Results of research 48 of 72 respondents are housewives. The busyness of taking care of the house, the child who was born first, requires a lot of energy, so some respondents in informal interviews complain of excessive workload, become one of the triggers of stress, where stress in pregnant women can increase catecholamine and cortisol levels that activate placental corticotrophin releasing hormones and precipitating labor through biological pathways. Stress also impairs immune function that can cause inflammatory or intraamniotic infections and may eventually lead to symptoms of pre eclampsia (Krisnadi, 2009). Pregnant women who experience stress in the face of labor cause increased release of corticotrophic-releasing hormone (CRH) by the hypothalamus, which then causes increased cortisol. The effect of cortisol is



to prepare the body to respond to all stressors by increasing sympathetic responses including responses aimed at increasing cardiac output and maintaining blood pressure, resulting in an increase in blood volume during sympathetic responses because of the direct stress of increasing cardiac output and blood pressure (Windaryani et al. 2013).

The results of the study of 72 respondents most of pregnant women (71%) have more than two pregnancy status, and 21% is the first pregnancy. Primigravida is associated with a lack of experience and knowledge of the mother in the care of pregnancy. The first pregnancy is considered risky because there is no medical record about maternal maternity travel. The risk of first child gestation increases because there are several additional factors and threats that are less than 20 years old. Women who are new mothers with new partners turn out to be six to eight times more susceptible to pre eclampsia or eclampsia than multiparous (Bobak, 2012). Multigravida or second pregnancy and so on until the third pregnancy is a safe parity. Mothers with high parity or pregnancy more than four have decreased the function of the reproductive system, but it is usually too busy mothers take care of households so often experience fatigue and less attention to the fulfillment of nutrition (Henderson, 2010). Grandemultipara or more than three pregnancies, have a high risk of having pre eclampsia during pregnancy, childbirth, and childbirth. Pre eclampsia does not only occur in primiparas or multiparas, in grandemultipara also has a very high risk for pre eclampsia or eclampsia. Excessive stretching of the uterus causes excessive ischaemia that can cause pre eclampsia (Suwanti, et al., 2012).

Health status of pregnant women seen from the history of suffering from hypertension as many as 23 people from 72 respondents (31.9%), from the results of the researchers argue that hypertension in pregnant women due to increased cardiac output. This is reinforced by Indriyani (2013), that in pregnant women with hypertension, cardiac output is usually not reduced, because cardiac output is not reduced then arteriolar constriction and resistance increases, blood pressure increases. In addition, hypertension also causes complications in pregnancy, the blood pressure at pregnant women should be normal (Debora, 2012).

The result of research of maternal health status seen from maternal nutrition represented by body mass index value, 29 people with poor nutritional status, indicated by obesity BMI as many as 5 people (), from that result, health status of pregnant mother who suffer from obesity IMT because mother pregnant consume foods that do not fit even excessive in meeting the nutritional needs. This is reinforced by Arisman (2009) that weight gain in a woman is affected by the nutritional status of a woman including the period before pregnancy to know the value of BMI. Pregnant women who have a bad IMT because they consume unsuitable food needs, then there may be interruption in pregnancy either from the mother or from the fetus it contains (Dahlia, 2015). Suyono (2010) mothers who have excess body weight are susceptible to miscarriage as well as causing baby conceived to be obese. This causes the removal of the baby in the mother's womb or the delivery of sectio sesarea. In line with the results of the study Murphy et al (2010) and Crane et al (20) that women with overweight and overweight have an increased risk of



cesarean section delivery, where cesarean delivery is an increasingly mandatory option in obese women.

## CONCLUSIONS

Maternal health status is an early identification of risky pregnancy, therefore good antenatal care behavior of pregnant women is needed as prevention and early treatment of pregnancy and delivery complications.

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