

Conference Paper

The Description of Problems Correlated to Pregnancy

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Abstract

Background: Problems in pregnancy are not necessarily the same because most studies only involve physical problems. There is no research that comprehensively covers physical, psychological, social and spiritual problems. Though these conditions can be worsen the conditions but it can contribute to maternal mortality. **Objetives:** This research aims to identify the Problems on Pregnant Maternals at Trimester I,II,III based on demographic in Bandung City. **Methods:** This research used a qualitative descriptive method into crosssectional design. The research was conducted in May – June 2019, with research’s subject of 116 pregnant maternals at Puter and Pagarsih public health center selected by using convenience sampling technique. Data collecting using forms list 42 questions included Physical, Psychological, Social and Spiritual problems. **Results:** This result showed that Physical problems with the question tired or weak 93 (80,17%) responden answered Yes, Psychological problems with questions needing more attention from husbands 11 (95.69%) responden answered Yes, Social problems with questions about limiting activities to the environment 81 (69,83%) responden answered Yes, the problem of Spiritual with question involves God’s help in the midst of daily activities 115 (99.14%) responden answered No. **Conclusion:** Public health centers need to carry out counseling in their work areas to help resolve problems on pregnant maternals with Physically, Psychologically, Socially and Spiritually.

Keywords: pregnancy problems, demographic characteristics, maternal of pregnancy.

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1. Introduction

Based on data reports from WHO (World Health Organization) in 2015 there were approximately 303,000 women who died due to complications in pregnancy and child-birth, this incident occurred in developing countries with a value of 99% of maternal deaths with a ratio of 239 per 100,000 live births to 12 per 100,000 births live in a developed country. The maternal mortality rate in Indonesia occupies the fourth highest position in Southeast Asia with a ratio of 126 per 100,000 live births after Timor Leste, Laos and Myanmar according to WHO (2015). Government programs in reducing mortality in Indonesia have been many, but have not been successful because some

of them are very often found is lack of knowledge about the changes that occur both physically and psychologically to be reluctant to carry out routine checks and consider it reasonable. even though these changes can be risk.

Problems in pregnancy are not necessarily the same because most studies only involve physical problems according to Handayani, F. P & Fourianalisyawati, E. (2018). There is no research that comprehensively covers physical, psychological, social and spiritual problems. Though these conditions can worsen the conditions that can contribute to maternal mortality.

Emotional disturbances in the form of stress or depression experienced in pregnancy affect the fetus during its growth period resulting in low birth weight (low birth weight baby) or bleeding research Rahmawati, L., & Ningsih, M.P. (2017). Based on previous research in Indonesia, 21.8% of high-risk pregnant women have a lower quality of life than pregnant women who do not experience high-risk pregnancies according to Fourianalisyawati & Caninsti (2014).

Pregnancy problems affect the psychological health status of mothers and neonates. Anxiety associated with high-risk pregnancies affects the closeness of the mother and fetus. Nearly 18% of pregnant women limit activities during pregnancy in the Janighorban study. M., et al (2018). Depression is a serious mental health disorder among pregnant women. The prevalence of depression can range from 5% to 16% among low-risk pregnancies and increases to 24% - up to 27% among high-risk pregnancies. Dagklis, et al (2016). The aspects that exist in depression are psychological symptoms (invisible, such as unwanted feelings), physiological symptoms (visible, such as body trembling) and social symptoms (relationship with the surrounding environment. Depression can be influenced by several factors, namely work factors and family support according to Wahyuni, et al (2014).

A number of studies have determined strategies to minimize stressors during pregnancy. Puente et al., (2015). One such strategy is rarely researched in obstetric science, namely the use of coping mechanisms of spirituality and religion to deal with anxious situations in pregnancy problems that are at risk of McCullough, et al (2013). Based on coverage data for handling pregnancy complications in 8 regencies / cities, namely Ciamis Regency, Bekasi City, Bandung City, Garut Regency, West Bandung Regency, Bogor City and Cimahi City according to (DINKES Prov Jabar, 2016). With that, based on the discussion above, researchers are interested in conducting research because problems related to pregnancy in West Java related to physical, psychological, social and spiritual are still high, so researchers are interested in researching the description

of pregnancy related problems by taking one of 8 cities that have handling pregnancy complications is quite high, the city of Bandung.

2. Method

2.1. Study design

This research is a quantitative research with cross sectional approach. This research conducted in Puter and Pagarsih Health Center.

2.2. Sample

Population in this research is all pregnant mothers that visited the Puter and Paragih Health Center. Researcher applied convenience sampling technique. Inclusion criteria used in this research is all pregnant mothers in trimester I, II, III, that agreed to be respondents. Sample size counted with G-Power Proposition Difference from constant with effect size 0,15 obtained 116 pregnant maternals.

2.3. Instrument

Instrument used by the form list. The total is 42 question of problems correlated to pregnancy. This instrument was made by researchers and took reference sources from Moreland OB-GYN Associates, S.C. This instrument contains questions that involve physical, psychological, social and spiritual.

2.4. Data Collection Procedures

The permit to conduct research obtained from the STIKep PPNI West Java, and also from the related health centers. Researcher took samples from risked pregnant mothers which was accidentally found at the Health Centers, next the researcher gave explanation about the research conducted including the explanation of respondents' rights to reject, furthermore the respondents agreed to participate in the research will be asked to sign the inform consent without force. Researcher then started to conduct form list.

2.5. Data Analysis

Analysis in this research is the univariate analysis examined based on the frequency of respondents based on age, parity, gestational age and level of education, the presentation is presented in tabel, frequency distribution. to know the variabel distribution about the problems correlated to pregnancy.

3. Results

TABLE 1: respondents' characteristics.

Age	n	%
<20	7	6,04 %
20-35	86	74,14 %
>35	23	19,85 %
Parity		
Multipara	77	31,04 %
Primipara	36	31,04 %
Grandmultipara	3	2,58 %
Gestational Age		
Trimester 1	26	22,41 %
Trimester 2	51	43,96 %
Trimester 3	39	33,63 %
Education		
SD	2	1,73 %
SMP	9	7,76 %
SMU/SMK	87	75,9 %
Perguruan Tinggi	18	15,51 %

The table above explains the character of respondents based on demographics, at age it was found that the highest respondents aged 20-35 total 74.14% and the lowest aged <20 total 6.04%. The highest parity was obtained 66.38% in Multipara and the lowest total was 2.58% in Granmultipara. In the second trimester of pregnancy the highest total of 43.96% and the lowest in the first trimester a total of 22.41% while based on the highest level of education high school / vocational total 75.9% and the lowest elementary school total 1.73%.

From 42 questionnaire data, there were 93 problems in the highest physical category 93 pregnant women n = 116 percent 80.17% answered yes with tired or weak questions, for the highest psychological category problems 111 111 pregnant women n = 116 95.69% answered yes with the question requires more attention from the husband, the highest

TABLE 2: Top 15 problems related to pregnancy.

No	Domain	Problems	n=116	%
1	Spiritual	Involves God's help in the midst of daily activities	115	99,14 %
2	Psychology	It requires more attention than a husband	111	95,69%
3	Psychology	It takes someone to accompany them every day	102	87,93 %
4	Physical	Pale on skin, lips and nails	61	52,59 %
5	Psychology	Anxious to imagine dressing	91	78,45%
6	Psychology	Hard to sleep	89	76,72 %
7	Social	Restrict activity to the environment	81	69,83 %
8	Psychology	Anxiety	81	69,83 %
9	Physical	Nausea, Vomiting	79	68,10 %
10	Psychology	It was sudden and it was getting late	77	66,38 %
11	Physical	Headache	73	62,93 %
12	Physical	Pale on skin, lips and nails	61	52,59 %
13	Physical	hard to concentrate	60	51,72 %
14	Physical	The heart flutters during pregnancy	60	51,72 %
15	Psychology	Disruption of body image	60	51,72 %

social category problems are 81 pregnant women n = 116 percent 69.83% answered yes with questions restricting activities with the environment, and problems in the spiritual category as high as 115 pregnant women n = 116 percentage 99.14 % answered no with questions asking God for help in the midst of daily activities.

TABLE 3: problems related to pregnancy based on parity.

	Primipara		Multipara		GrandMultipara	
	n = 36	%	n= 77	%	n=3	%
Physical						
Tired or weak	28	24,13	62	55,44	2	1,72%
Psychology						
It takes more husband's attention	35	30,17	66	56,89	3	2,58%
It takes people to be together every day	34	29,31	60	51,72	0	0 %
Anxious to imagine dressing	29	25	56	48,27	0	0 %

Based on the table above it is found that problems related to pregnancy based on parity in primipara n = 36 with physical categories answering tired or weak as many as 28 respondents (24.13%), multipara n = 77 as many as 62 respondents with a percentage (55.44%), grandemultipara n = 3 as many as 2 respondents with a percentage (1.72). In the psychological category primipara n = 36 answered requires more attention of husband as many as 35 respondents with a percentage (30.17%), multipara n = 77 as much as 66 respondents with a percentage (56.89%), grandemultipara n = 3 as much

as 3 respondents with a percentage (percentage 2.58%), answering needing people to accompany each day to primipara n = 36 as many as 34 respondents with a percentage (29.31%), multipara n = 77 as many as 60 respondents with a percentage (51.72%).

TABLE 4: problems related to pregnancy based on age pregnancy.

Chategory	Trimester I		Trimester II		Trimester III	
	n = 26	%	n= 51	%	n=39	%
Physical						
Tired or weak	23	19,82	49	42,24	36	31,03
Psychology						
It takes more husband's attention	20	17,24	48	41,37	33	28,44
It takes people to be together every day	23	19,82	48	41,37	32	27,58
Anxious to imagine dressing	23	19,82	45	38,79	34	29,31

Based on the table above, it is found that problems related to pregnancy based on gestational age in trimester I n = 26 with the physical category answering tired or weak as many as 23 respondents (19.82%), trimester II n = 51 as many as 49 respondents with a percentage (42.24%), trimester III n = 39 as many as 36 respondents with a percentage (31.03%). In the psychological category of trimester I n = 26 answer requires more attention of the husband as many as 20 respondents with a percentage (17.24%), trimester II n = 51 as many as 48 respondents with a percentage (41.37%), trimester III n = 39 as many as 33 respondents with a percentage (24, 44%), answering the need for people to accompany every day in trimester I n = 26 as many as 23 respondents with a percentage (19.82%), trimester II n = 51 as many as 48 respondents with a percentage (41.37%), trimester III n = 39 as many as 32 respondents with a percentage (27.58%), and those who answered apprehensively imagine that labor in trimester I n = 26 were 32 respondents with a percentage (19.82%), trimester II n = 51 as many as 45 respondents with a percentage (38.79%), trimester III n = 39 as many as 34 respondents with a percentage (29.31%).

TABLE 5: problems related to pregnancy based on age of maternals.

Chategory	<20		20-35		>35	
	n = 7	%	n= 86	%	n=23	%
Physical						
Tired or weak	5	4,31	65	56,03	16	13,79
Psychology						
It takes more husband's attention	4	3,44	85	73,27	18	15,51
It takes people to be together every day	4	3,44	76	65,51	18	15,51
Anxious to imagine dressing	3	2,58	69	59,48	15	12,93

Based on the table above, it is found that problems related to pregnancy based on most maternal age 20-35 years n = 86 answered tired or weak in the physical category of 65 respondents with a percentage of 56.03% and the lowest at age <20 years n = 7 as many as 5 respondents with 4.31% percentage. In the highest psychological category aged 20-35 years n = 86 answered requires more attention of husband as many as 85 pregnant women with a percentage of 73.27% and the lowest with anxious answers imagining childbirth aged 20-35 years n = 86 as many as 3 pregnant women with percentage 2, 58%.

TABLE 6: problems related to pregnancy based on education.

Category	SD		SMP		SMU/SMK		Perguruan Tinggi	
	n = 2	%	n= 9	%	n=87	%	n=18	%
Fisik								
Tired or weak	1	0,86	5	4,31	69	59,48	14	12,06
Psychology								
It takes more husband's attention	1	0,86	7	6,03	68	58,62	14	12,06
It takes people to be together every day	1	0,86	7	6,03	68	58,62	14	12,06
Anxious to imagine dressing	2	0,86	7	6,03	68	58,62	14	12,06

Based on the table above, it is found that problems related to pregnancy based on the education of mothers are high school / vocational high school n = 87 answered tired or weak in the physical category of 69 respondents with a percentage of 59.48% and the lowest elementary school education in n = 2 as much as 1 respondent with a percentage of 0, 86%. In the highest psychological category high school / vocational school n = 87 answer requires more attention of husband as many as 68 pregnant women with a percentage of 58.62% and the lowest with an answer requiring people to accompany each day based on elementary school education n = 2 by 1 respondent with a percentage of 086%.

4. Discussion

In this study the results showed that the highest number of pregnant women in Indonesia based on demographic characteristics aged 20-35 years were 86 (74.14%) respondents. Supported by the results of research E Rinata & G. A Andayani (2018) showed that almost all (91.1%) third trimester pregnant women had a risk-free age, and the rest (8.9%) had an age at risk. The optimal age for a pregnant woman is the age of 20-35 years

because at that age the uterus is ripe and able to accept pregnancy both in terms of psychological and physical. Age 20-35 years is the age that is considered safe for undergoing pregnancy and childbirth. Because at the age of <20 years the physical condition, especially the reproductive and psychological organs are not 100% ready to undergo pregnancy and childbirth. While pregnancy at the age of > 35 years is a condition that is categorized as a high risk of congenital abnormalities and complications during pregnancy and childbirth (Sulistyawati, 2011).

In the highest parity category, there were 77 respondents (31.04%) of respondents. Other studies also showed that the majority (69.6%) of pregnant women had multiparous parity, while the rest (30.4%) had primigravida parity. Parity of a woman can affect the psychological health of pregnant women, especially in third trimester pregnant women who will face the process of childbirth. Pregnant women with primiparous parity still do not have a shadow of what happens during childbirth and are often found to feel frightened because they often hear stories about what will happen when gestational age is getting closer to the time of delivery with the thought of a frightening labor (Mezy, 2016).

Pregnant women with multipara majority parity already have a picture of pregnancy and childbirth from previous pregnancies. So when pregnant tend to be more prepared mentally and psychologically (Goetzl, 2013). At the highest education level, pregnant women were in high school / vocational school, as many as 87 (75.9%) respondents. Comparable to the results of E Rinata & G. A Andayani's study (2018), the majority (80.4%) of pregnant women have primary and secondary education status (SD-SMP-SMA), while as many as (19.6%). The level of education of a person also determines whether or not it is easy to absorb and understand the knowledge of the labor process that they get, thus increasing the age of pregnancy approaching the birth process of the mother can prepare a mature psychology so as to reduce the burden on the mother's mind.

The results of the study of the top 15 problems related to pregnancy with the highest respondents namely spiritual problems answering questions asking God for help in the midst of daily activities of n = 116 found 115 respondents (99.14%). Supported by the results of research Maselko, Gilman, and Buka (2008) shows that a high level of spirituality can reduce 30% of symptoms of depression. Various studies are known that a person's level of faith is related to immunity and endurance in facing a problem, a survey conducted by TIME magazine, CNN and USA Weekend (1996) that more than 70% of patients believe in the belief in God, pray and dhikr contribute to healing Hawari (2011). The results of research conducted by Yusnita (2012) that all mothers

facing labor experience severe anxiety, labor is a stressor that can arouse anxiety, while anxiety in pregnant women is anxiety about pain. The results of Chairunnisa and Fourianalistyawati's research (2017) also showed that spirituality can reduce depression in pregnant women. This happens because spirituality can provide psychological strength (Price, 2007). Spirituality has a positive relationship with the psychological well-being of individuals (Fourianalistyawati, 2017). Spirituality is one's perception of the existence and involvement of things that are transcendent in their daily lives, where these things are beyond the capabilities of humans, such as God (Underwood & Teresi, 2002). Spirituality can also be defined as an awareness of the unity of the universe and the relationship of individuals with each other with the universe (Lerner, in King, 2003). The definition shows that spirituality is not only related to things that are transcendent, but also includes feelings of connecting with others. So the problem of spirituality can affect the mental health of pregnant women and increase the risk of pregnancy depression. In connection with psychological constraints experienced by pregnant women, in this study it was found that pregnant women feel anxious about childbirth actually experienced by pregnant women at the age of trimester 2 content is different from the habit or prevalence that occurs which is usually more dominated by pregnant women trimester 3 (Evi Rinata, Gita Ayu Andayani, 2018). The results of Chairunnisa and Fourianalistyawati's research (2017) also showed that spirituality can reduce depression in pregnant women. This happens because spirituality can provide psychological strength (Price, 2007). Spirituality has a positive relationship with the psychological well-being of individuals (Fourianalistyawati, 2017). Spirituality is one's perception of the existence and involvement of things that are transcendent in their daily lives, where these things are beyond the capabilities of humans, such as God (Underwood & Teresi, 2002). Spirituality can also be defined as an awareness of the unity of the universe and the relationship of individuals with each other with the universe (Lerner, in King, 2003). The definition shows that spirituality is not only related to things that are transcendent, but also includes feelings of connecting with others. So the problem of spirituality can affect the mental health of pregnant women and increase the risk of pregnancy depression. In connection with psychological constraints experienced by pregnant women, in this study it was found that pregnant women feel anxious about childbirth actually experienced by pregnant women at the age of trimester 2 content is different from the habit or prevalence that occurs which is usually more dominated by pregnant women trimester 3 (Evi Rinata, Gita Ayu Andayani, 2018)). There are several things that underlie differences in the results of the two studies, namely from

the sample taken, respondents in this study did not specify criteria for gestational age in Trimester 3, but all pregnant women in the study location were then divided according to trimester according to gestational age until results were obtained. If the most pregnant women present at the study site were those who had gestational age in trimester 2 instead of trimester 3. Pregnant women with psychological problems found 111 (95.69%) respondents with answers needing more attention from their husbands. Husband's support for his wife during pregnancy has a subjective impact that is felt by the wife such as lower anxiety levels, especially in the third trimester of pregnancy according to Diani & Susilawati (2013), higher mental strength and self-confidence felt by the wife in facing labor and after delivery Widoyo (2015). This is not in line with Sudirman's research (2019) in his research showing that more than two-thirds of husbands (68.2%) are in the category of low domestic roles with an average index of 47.05. Most of the husbands only occasionally and even most of the other have never done domestic activities especially those related to domestic work. The husband never and or only occasionally helps his wife wash clothes and household items; cleaning the house like sweeping a house and yard; cooking and providing food; and shop for daily family needs when the wife is pregnant and or giving birth. The low role of the husband or the involvement of the husband in domestic work is thought to be caused by the husband's busy work outside the home as a breadwinner. But this study indicates that pregnant women need a husband's role.

5. Conclusion

Pregnant maternals with physical, psychological and spiritual problems are the highest problems related to pregnancy. Public health center's efforts to deal with physical problems, such as fatigue and weakness, provide knowledge about the importance of iron vitamins (Fe), for physical problems involving the husband in the inspection visit of pregnant women, and improve spirituality in pregnant women to avoid depression.

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