



Pre-Eclampsia Mothers, Spouses And Health Worker's Voice On Eclampsia Prevention

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Abstract, Introduction: The lack of knowledge, attitudes and behaviours that must be understood by mothers who have preeclampsia and their partners have a considerable role in the occurrence of cases of maternal death due to eclampsia.

The study aimed to determine the Voice (level of needed information, communication and education needs, as well as coordination) of pre-eclampsia mothers, spouses and healthcare on preventing eclampsia.

Research methods; The cross-sectional design, with the population and samples of preeclampsia mothers, Spouses and health workers (midwives). The sampling technique is proportional Public Health Centers (PHC).

Results: Of the 60 pregnant mothers with preeclampsia, the category is urgently needed (SD) namely other danger signs of pregnancy by 76.7%, preparation for childbirth financing by 76.7%, fulfilment of nutrition during pregnancy by 76.7% and reasons for giving birth at home sick by 77.2%. Meanwhile, 26 pairs of pregnant women all showed >80% of the level of their urgently needed needs, with the most significant statement items being the causes of preeclampsia and eclampsia, what husbands should do, nutritional fulfilment of pregnant women and information on the telephone number of officers, each of which was 96.2%. Health workers (midwives) who are urgently needed (SD) are an understanding of pre-eclampsia and eclampsia 82.1%, the explanation of why they have to take medicine is 82.1%, the frequency of pregnancy check-up visits is 78.6%, and the nutritional fulfilment of pregnant women is equal to 78.6%.

Conclusions: The Voice of pre-eclampsia mothers, spouses and health workers on preventing eclampsia is very high. It is necessary to develop a need-based approach model to prevent eclampsia using user-friendly applications.

Keywords: pre-eclampsia mother, spouse's and health care, the voice on eclampsia prevention

INTRODUCTION

ASEAN countries, which is 197/100,000 population. In the Southeast Asia Region,

The maternal mortality rate in Indonesia reached 305/100,000 in 2015. This figure is still above the maternal mortality rate in Indonesia 2017 was the fourth largest country after Malaysia ¹. The high number of maternal

deaths is caused by preventable complications of pregnancy and childbirth ². The causes of maternal death include non-obstetric complications at 5.7%, other obstetric complications at 12.04%, obstetric bleeding at 27.03%, others at 4.51%, infection at 4% and the highest caused by hypertension, which is 33.07. %. Hypertension in pregnancy or preeclampsia is one of the causes of maternal death where the cause is not known, it is also difficult to prevent; this causes the incidence rate to remain constantly high.

West Java is one of the five provinces with Indonesia's highest maternal mortality rate in 2018-2020. The number of maternal deaths in 2018 was 700 cases, in 2019 it decreased. Lack of knowledge, attitudes and behaviour of mothers and their partners in the prevention of eclampsia is one of the predisposing factors. The study results show that the level of knowledge of pregnant women about preeclampsia is only 53% in the good category. Some of the factors for this lack of knowledge are due to lack of information. Knowledge and attitude are important in making decisions ³. Likewise, preventive behaviour has an important role in preventing pregnancy disorders (eclampsia), the results of this study show that there is a relationship between knowledge about preeclampsia and preeclampsia prevention behaviour ⁴. Besides that, the low involvement of the partner (husband) is an enabling factor so that they cannot deliver a safe and comfortable pregnancy process. ⁵ namely 684 cases and in 2020 there was an increase of 745 cases ⁶.

METHODOLOGY

The design of this study was *cross-sectional*, where all variables related to the needs of Communication, Information, Education (CIE) and Coordination in the

Bandung, 16 – 17 November 2022 prevention of eclampsia were collected simultaneously and simultaneously. The research started from March 2022 to May 2022. With the initial stage of conducting questionnaire testing in collaboration with several Maternity Clinics. The results of the analysis show that all variables in the *Corrected Item-Total Correlation column* are above the standard value (0.366) which means that they are valid and the results of the *Cronbach's Alpha test* which show 20 items of CIE. and Coordination needs statements are reliable. Research locations in 10 health centres with the highest referral cases of severe preeclampsia based on data in the <https://www.sijariemas.org/> dashboard in the District Health Office. Karawang.

The sampling technique was done by accidental sampling in 10 health centres. Instruments used _ is 20 statement items level IEC and Education needs about prevention of eclampsia with category very needed (SD), Required (D) No very required (TSD) and Not needed (TD). After completing data collection, do a descriptive analysis for describing level IEC and Coordination needs prevention of eclampsia.

Furthermore, after the questionnaire is declared valid and reliable, data collection is carried out online, this is done to prevent the spread of COVID-19. Implementation begins by coordinating with the Health Partners to recruitedrecruitment coordinators as research samples (10 locations were the top 10 highest preeclampsia cases based on data Sijari-Emas.com . 10 Coordinators were grouped and then given an explanation in the group about data collection techniques and link survey distribution.

RESEARCH RESULT

Respondent amount to as many as 144 people consisting of 60 mothers pregnant with pre-eclampsia, 26 couples (husbands) and 28 officers health (midwives), the results are explained as follows:

Bandung, 16 – 17 November 2022

Table 1: Level of Need for Information

Communication Education and Coordination (IEC) Prevention of Incidence of Pregnancy Disorders (Eclampsia)
n=114

No	Information, Communication Education (CIE) and Coordination	Voice (Level of Need)			
		SN	N	NSN	IN
1.	Definition of Preeclampsia and Eclampsia	89 (78.1%)	21 (18.4%)	4 (3.5%)	
2	Causes of Preeclampsia and Eclampsia	88 (77.2%)	21 (19.8%)	14(3.5%)	1(0.9%)
3	Signs and Symptoms of Preeclampsia-Eclampsia	89 (78.1%)	20 (17.5%)	5 (4.4%)	
4	Complications of pre-eclampsia	86 (75.4%)	21 (18.4%)	7 (6.1%)	
5	Other pregnancy danger signs	90 (78.9%)	20 (17.5%)	4(3.5)	
6	Recommended and prohibited activities	81 (71.1%)	29(25.4%)	4(3.5%)	
7	Preparation for maternity financing	91 79.8%)	18 (15.8%)	5 (4.4%)	
8	Equipment to be prepared	85 (74.6%)	24 (18.4%)	5(4.4%)	
9	What should a husband do	89 (78.1%)	21 (18.9%)	4(3.5%)	
10	Explanation of why you have to take medicine	92 (80.7%)	17 (14.9%)	5 (4.40)	
11	The role of the family in Check activities	90 (78.9%)	21 (18.4%)	3 (2.6%)	
12	Medication reminder device	85(74.6%)	24 (21.1%)	5(4.4%)	
13	Frequency of pregnancy check-up visits	85 (74.5%)	23 (20.1%)	5(4.1%)	1 (0.9%)
14	Foods and drinks that can be consumed	85 (74.6%)	25 (21.9%)	4(3.5%)	
15	Foods and drinks that should not be consumed	85 (74.6%)	25 (21.9%)	4 (2.6%)	
16	Fulfilment of nutrition during pregnancy	93 (81.6%)	18 (15.8%)	3(2.6%)	
17	Information on the telephone number of a health worker (midwife)	86 (75.4%)	24 (21.1%)	4(3.5%)	
18	Information Number of close neighbours/relatives	84 (73.7%)	25 (21.9%)	5(4.4%)	
19	Hospital Emergency Number Information	84 (73.7%)	25 (21.9%)	5(4.4%)	
20	Reasons to give birth in the hospital	88 (77.2%)	21 (18.4%)	4 (3.5%)	1 (0.9%)

Description: SN (Strongly Needed), N (Needed), NSN(Not Strong Needed), NN (Not Needed).

Table 2: Level of Information and Education Communication and Coordination of Prevention of Incidence of Pregnancy Disorders (Eclampsia) based on Level of Stronge Needed. n = 60 pregnancy mothers, Spouses=26, Health workers=28

No	Information, Communication, Education (CIE) and Coordination	Level of Strongly Needed (SN)		
		Pregnancy mothers with preeclampsia	Spouses	Health Care (Midwives)
1	Definition of Preeclampsia and Eclampsia	42 (70.0%)	24 (92.3%)	23 (82.1%)
2	Causes of Preeclampsia and Eclampsia	43 (71.7%)	25(96.2%)	20(71.4%
3	Signs and Symptoms of Preeclampsia-Eclampsia	44 (73.3%	24(92.3%)	21 (75.0%)
4	Complications of pre-eclampsia	41 (68.3%)	24(92.3%)	21 (75.0%)
5	Other pregnancy danger signs	46 (76.7%)	22(84.6%)	22(78.6%)
6	Recommended and prohibited activities	39 (65.0%	23(88.5%)	19(67%)
7	Preparation for maternity financing	46 (76.7%)	24(92.3%)	21 (75.0%)
8	Equipment to be prepared	43 (71.7%	23(88.5%)	19(67.9%)
9	What should a husband do	45 (75.0%)	25(96.2%)	19(67.9%)
10	Explanation of why you have to take medicine	45 (75.0%)	24(92.3%)	23 (82.1%)
11	The role of the family in Check activities	45 (75%)	24(92.3%)	21(75%)
12	Medication reminder device	41(68.3%)	24(92.3%)	20(71.4%)
13	Frequency of pregnancy check-up visits	39 (66.1%)	24(92.3%)	22(78.6%)
14	Foods and drinks that can be consumed	40 (66.7%)	24(92.3%)	21(75.0%)
15	Foods and drinks that should not be consumed	41 (68.3%)	25(88.5%)	21 (75.0%)
16	Fulfilment of nutrition during pregnancy	46(76.7%)	53(96.2%)	22(78.6%)
17	Information on the telephone number of a health worker (midwife)	42(70.0%)	25 (96.2%	19(67.9%)
18	Information Number of close neighbours/relatives	42 (70%)	24 (92.3%	18(64.3%)
19	Hospital Emergency Number Information	40 (66.7%	23(88.5%)	21 (75.%)
20	Reasons to give birth in the hospital	43 (77.2%)	24(92.3%)	21 (75%)

Bandung, 16 – 17 November 2022

Table 1 above is reviewed 20 items of closed statements on the level of IEC needs. and coordination of 1 14 respondents (60 pregnant women with pre-eclampsia, 26 pairs of pregnant women and 28 health workers (midwives)), indicating >70% level of need. Meanwhile, the largest percentage in the category of Strongly needed (SN) is another pregnancy danger signs at 78.9%, Preparation for childbirth financing as big as by 79.8 %, What should the husband do at 78.1%, and Explanation of why you have to take medicine by 80.7%, the role of the family in Check activities as big as of 78.9%, and the fulfilment of nutrition during pregnancy by 81.6%.

In table 2 of 60 respondents pregnant women with preeclampsia The largest percentage in the category of Strongly needed (SN) is another pregnancy danger sign 76.7 %, Preparation for maternity financing as big as 76.7%, What should the husband do at 75%, an explanation of why you have to take medicine by 75%, the role of the family in Check activities as big as by 75%, and fulfilment of nutrition during pregnancy by 76.7% and the reason must maternity at home sick by 77.2%. As for the couple mother pregnant (husband) interms of 20 items of closed statements on the level of need for IEC. and Coordination, all of which showed >80% level of need was urgently needed, with the largest statement items namely the causes of preeclampsia and eclampsia, what husbands should do, nutritional fulfilment of pregnant women and information on the telephone number of officers, each of which was 96.2%. (midwife) related to IEC and the coordination of items that are Strongly needed (SN), namely the understanding of pre-eclampsia and eclampsia by 82.1%, an explanation of why you have to take medication of 82.1%, frequency visit inspection pregnancy of 78.6% and the fulfilment of nutrition mother pregnant by 78.6%.

DISCUSSION

Referring to table 1 and 2 above, show that pregnant women, their husbands and health workers, especially pregnant women and their partners, need information about preventing pregnancy disorders because the existence of the mother as an object as well as

the subject of the case is the mother's knowledge and attitude towards preeclampsia⁷. Even though it is known that as much as 47% of pregnant women's level of knowledge about preeclampsia-eclampsia is lacking ⁸. This low knowledge factor is caused by a lack of information and educational level factors⁹. The level of importance of knowledge and attitudes of mothers who experience preeclampsia is very high in making decisions that must be taken in efforts to improve health and prevent morbidity and death³.

The low level of prevention practices carried out by pregnant women with preeclampsia in preventing the occurrence of eclampsia is a very big contribution to the occurrence of eclampsia. As is well known, there are still low ANC visits at the main service level so there are many maternal deaths even though these maternal deaths can be prevented through regular ANC practices¹⁰. Improper eating patterns such as eating or drinking lots of sweet, salty and high-fat drinks can increase high blood pressure¹¹. Every pregnant woman must experience anxiety at the end of pregnancy, family support and the ability to control emotions and stress in pregnant women are needed¹². Lack of physical activity and exercise is also one of the things that can cause eclampsia¹³. One of the prevention efforts recommended by the WHO for pregnant women with preeclampsia is the administration of drugs such as aspirin, calcium, magnesium, and vitamin D ¹⁴. Every pregnant woman who has preeclampsia gets medicine from a doctor to prevent eclampsia, irregularities in taking drugs can increase the risk of eclampsia.

Other factors show that the involvement of the family (husband) in supporting a mother's pregnancy is very lacking. Spouses (husbands) need to be vigilant and anticipate the possibility of emergency pregnancy and childbirth. A study shows that the average role of husbands when their wives are pregnant and when they give birth is in a low category, especially in the dimensions of domestic roles and social roles ⁵. Raising awareness, and a sense of responsibility as well as family (husband) support including preparation of funds, facilities and other means prepared for anticipation is the right step in ensuring the safety of pregnant women. Based on a study conducted by researchers through interviews with 5 pregnant women who had preeclampsia and their partners, it was found that most of them did not understand the condition they were experiencing. They don't know what preeclampsia is, what to do, and how to make them free from it and be safe until delivery (not

having eclampsia).

According to Sudirman et al., (2019), related to the low knowledge, attitudes and practices of preventing eclampsia in pregnant women and the low involvement of the family or husband, according to Sudirman et al., (2019), an effective approach model is needed. Increasing the Role of Communication, information and education through media that is effective and easy to use and understand by families and pregnant women is the right solution.

CONCLUSIONS AND RECOMMENDATIONS.

The Voice (requirement level) of preeclampsia mothers, spouses and health workers is very high, especially in knowledge, attitude and practice of eclampsia prevention. A needs-based information model approach for mothers pregnant and spouses very needed to be developed in the form of a friendly app.

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Bandung, 16 – 17 November 2022
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