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ANALYSIS OF PREGNANT WOMEN'S PREPAREDNESS FOR PREGNANCY HAZARDS

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ABSTRACT
Preparedness of pregnant women in recognizing danger signs during pregnancy is a crucial factor to prevent delays in the treatment of obstetric complications. The variation in results from previous research shows the need for in-depth analysis by combining sociodemographic, individual, social, and structural-systemic factors in one analytical model. This study aims to identify the related factors and determine the most dominant variables in influencing the preparedness of pregnant women. A quantitative study with a cross-sectional design was conducted on 121 pregnant women at the Dzakirah Clinic in South Tangerang using a total sampling technique. The research instrument has gone through a validity and reliability test process; all constructs are declared valid after one item on the anxiety variable is eliminated, and show adequate internal consistency (Cronbach's Alpha $\geqslant$ 0.70). Data analysis included univariate, bivariate (correlation test), and multivariate using multiple linear regression. Bivariate analysis showed that knowledge, family support information resources, cultural norms, healthy living behaviors, pregnancy app use, anxiety, information seeking, self-efficacy, social support, perception, attitude, and involvement in health programs had a significant relationship ($p<0.05$). Meanwhile, parity, income, and adherence to pregnancy screenings showed no statistically significant relationship. In the final regression model, the source of pregnancy information had the highest coefficient and became the most dominant variable in influencing preparedness. Preparedness of pregnant women is more influenced by access factors and information quality than demographic characteristics.

Keywords: antenatal care; family support; pregnancy hazard signs; pregnant preparedness

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INTRODUCTION

Maternal mortality remains a significant issue for global public health. The World Health Organization (2023) reports that over 700 women lose their lives daily due to complications arising from pregnancy or childbirth. Many of these complications are preventable and encompass conditions such as haemorrhage, hypertensive disorders in pregnancy, and infections. A large proportion of these fatalities can be attributed to delays in recognising warning signs and in the decision-making process to obtain prompt medical assistance (World Health Organization, 2023).

In Indonesia, the maternal mortality rate continues to pose a challenge in achieving national health development targets. The Ministry of Health of the Republic of Indonesia (2023) states that complications during pregnancy remain a major contributor to maternal mortality. Data from the Indonesian Demographic and Health Survey (2017) indicate that not all pregnant women are able to accurately recognise the warning signs of pregnancy complications. This situation aligns with the Three Delays Model, which emphasises that the first delay, namely the delay in recognising complications and making decisions, is a critical determinant of adverse maternal outcomes.

The preparedness of pregnant women to recognise the warning signs of pregnancy reflects cognitive readiness and behaviour in identifying symptoms such as vaginal bleeding, severe headaches, pathological swelling, decreased fetal movement, and seizures (World Health Organization, 2023). According to Notoatmodjo (2018), knowledge serves as a predisposing factor in the formation of health behaviour. However, behaviour is not solely influenced by knowledge. Bandura (1997),

through Social Cognitive Theory, underscores the importance of self-efficacy, which is the individual's belief in their ability to take appropriate action when faced with health risks. Psychosocial factors such as anxiety and family support have also been shown to impact decision-making processes among pregnant women (Fitrianingsih & Lestari, 2022; Ma et al., 2021).

Former exploration reviewed in this reasearch indicates that knowledge, tone- efficacity, anxiety, and social support are associated with the preparedness of pregnant women(Aini & Apriyanti, 2024; Fitrianingsih & Lestari, 2022). nonetheless, the findings still parade variability and have n't constantly linked the most dominant factors. Alongside particular factors, structural rudiments like the vacuity of health information can also affect maters ' threat perception and their preparedness to deal with complications. still, these aspects have n't been completely examined within a detailed integrated multivariate retrogression frame.

Preliminary studies at the Dzakirah Clinic in South Tangerang reveal that there are still pregnant women who are unable to fully articulate the warning signs of pregnancy, despite attending routine antenatal visits. This indicates that the utilisation of health services does not necessarily guarantee optimal preparedness. Therefore, this research aims to analyse the factors associated with the preparedness of pregnant women to recognise pregnancy warning signs and to identify the most dominant factors influencing this readiness.

METHOD

This study uses a quantitative method with a cross-sectional design. The research took place at the Dzakirah Clinic in South Tangerang in 2025. The group being studied includes all pregnant women who visited for antenatal care during the time of the study. The method used to select participants was total sampling combined with an incidental approach. From 140 women who met the criteria, 121 were included in the analysis after data cleaning to eliminate any bias and ensure the data was complete.

The dependent variable in this study is the preparedness of pregnant women regarding the warning signs of pregnancy complications. The independent variables include sociodemographic factors (age, occupation, parity, and family income), Individual factors (knowledge, attitude,self-efficacy, perception, anxiety, healthy living behavior, use of health applications, information search), sosio-cultural factors (family support, social support, cultural norms, involvement in health programs and structural and systemic factors (health insurance, sources of information, pregnancy check compliance). Data were collected using a structured questionnaire that has been tested for validity and reliability. The validity test results indicate that all items in the research instrument were found to be valid, with the exception of one item in the anxiety variable, which was subsequently eliminated. Meanwhile, the reliability test results indicate that all variables had a Cronbach’s Alpha value of ≥ 0.70, thereby confirming that the instrument is reliable and possesses good internal consistency for use in research. Data analysis was conducted univariately, bivariately using pearson product moment, and multivariately using linier regression to identify the most dominant factors influencing the preparedness of pregnant women. This study has received ethical approval in accordance with applicable regulations.

RESULT

Total 140 pregnant women met the initial criteria for the study. Following a data cleaning process to eliminate bias and ensure data completeness, 121 respondents were analyzed in this research. The analysis was conducted in stages, which included univariate analysis to describe the characteristics and mean values of the respondents, bivariate analysis to identify relationships between variables, and multivariate analysis using multiple regression to determine the factors most influential on the preparedness of pregnant women in facing signs of pregnancy danger.

Univariate Results

Table 1 presents the characteristics of the respondents. The majority of respondents fall within the age range of 20 to 34 years (86.0%). A significant proportion of respondents are moreover jobless or classified as housekeepers (64.5%), and the majority use health insurance handed by BPJS (80.2%).

Table 1.
Respondent characteristics (n=121)

Respondent characteristics	f	%
Age		
20-30 years	104	86,0
<20 or >35 years	17	14,0
Work		
Housewife	78	64,5
Worker	43	35,5
Health Insurance		
BPJS	97	80,2
Non BPJS	24	19,8

Table 2 Mean value of respondents. Descriptive analysis indicates that the average score of pregnant women's preparedness for pregnancy hazards 24,15 ± 3.575, which signifies that the respondents' level of preparedness falls within the 'good' category. The independent variables also exhibit relatively high average values, namely knowledge at 23.35 ± 3,772; self-efficacy at 23,48 ± 3,362; individual perception at 24,44 ± 3,304; social support at 23,67 ± 3,567; and information sources at 22,86.26 ± 3,679. Meanwhile, the average anxiety score is recorded at 18,77 ± 2,929. The average family income of the respondents is Rp4,780,429 ± 1,169,332.

Table 2.
Mean Value Of Respondents

Variable	Mean	Standar Deviasi
Preparedness	24,15	3,575
Knowledge	23,35	3,772
Self-Efficacy	23,48	3,362
Perception	24,44	3,304
Social Support	23,67	3,567
Information Sources	22,86	3,679
Anxiety	18,77	2,929
Family Income	Rp.4,780,429	Rp.1,169,332

Bivariat Results

Table 3.
correlation between independent variables and dependen variable

Variable	p-value	Correlation
Paritas	0,370	Very Weak
Family Income	0,656	Very Weak
Compliance With Prenatal Check-Ups	0,242	Very Weak
Knowledge	0,000	Strong
Information Sources	0,000	Strong
Family Support	0,000	Strong
Cultural Norms	0,004	Weak
Healthy Living Behavior	0,000	Strong
Pregnancy Apps	0,000	Strong
Anxiety	0,014	Weak
Information Search	0,000	Strong
Self-Efficacy	0,000	Strong
social support	0,000	Strong
Perception	0,000	Strong
Attitude	0,000	Strong
involvement in health programs	0,000	Strong

Note: Pearson Product Moment Test with $\alpha = 0.05$.

Table 3 shows that bivariate analysis was conducted using the Pearson Product Moment correlation test to evaluate the relationship between independent variables and the preparedness of pregnant women concerning danger signs during pregnancy. The results of the analysis indicate that the majority of variables have a statistically significant relationship with preparedness ($p < 0.05$). Only three independent variables did not demonstrate a significant relationship with the preparedness of pregnant women regarding danger signs, namely parity, family income, and compliance with prenatal check-ups, with p-values > 0.05. The results of this study indicate that an increase in knowledge, self-efficacy, individual perception, social support, and access to information resources contributes to the enhancement of preparedness among pregnant women in recognizing danger signs during pregnancy. Meanwhile, the variables of parity, income, and adherence to prenatal check-ups did not demonstrate a significant relationship, thereby not serving as independent factors in improving such preparedness.

Multivariat Results

Variables that meet the criteria in the bivariate analysis are incorporated into the multiple linear regression analysis to identify the factors that most significantly influence the preparedness of pregnant women. The final model indicates that the source of information is the most dominant factor affecting preparedness, after controlling for other variables.

The final regression equation is as follows:

$$Y = 5.643 + 0.202 \text{ (Knowledge)} + 0.299 \text{ (Information Sources)} - 0.145 \text{ (Anxiety)} + 0.221 \text{ (Information Search)} + 0.187 \text{ (Social Support)}$$

The regression coefficient indicates that each increase of one unit in the information source score will enhance the preparedness score by 0.299 units, after accounting for other variables. Meanwhile, the anxiety variable demonstrates a negative and insignificant coefficient, suggesting that it does not independently contribute to the improvement of preparedness.

Table 4.
Final Model Of Multiple Linear Regression

Variable	B	p-value	R Square
Knowledge	0,202	0,032	0,556
Information Sources	0,299	0,002	0,556
Anxiety	-0,145	0,091	0,556
Information Search	0,221	0,030	0,556
Social Support	0,187	0,038	0,556

Table 4 shows that regression analysis indicates that the source of information is the most influential factor affecting pregnant women's preparedness for danger signs during pregnancy. This research model can explain 55.6% of the variation in preparedness, suggesting that the factors examined contribute significantly. Unlike many previous studies that positioned knowledge as the primary factor, this study found that access to and the quality of information sources have the greatest impact on pregnant women's preparedness.

DISCUSSION

This study reveals that the source of information is a primary factor influencing the preparedness of pregnant women regarding danger signs in pregnancy. The findings indicate that the access to and quality of information received by pregnant women have a greater impact compared to other individual factors in enhancing readiness to face complications. In health behavior, information acts as an external stimulus that affects cognition, risk perception, and decision-making. This aligns with Rogers' (2003) research in the theory of diffusion of innovations, which states that interpersonal communication from trusted sources (such as midwives, doctors, or health workers) is more effective in changing individual behavior than one-way information. The better the information sources obtained, the higher the preparedness of pregnant women to change their attitudes and behaviors in dealing with emergency conditions during pregnancy.

The results are consistent with McLeod, S. (2025), which highlights the significance of the environment in influencing behaviour through the interplay of individuals, actions, and contextual factors. Sources of information, as components of the social environment, can bolster a mother's confidence in making health-related decisions. Consequently, mothers who have reliable access to information are more equipped to identify and react to warning signs during pregnancy. The anxiety variable in this study did not demonstrate a significant relationship with preparedness. Although anxiety theoretically can influence health behavior, these results suggest that anxiety is not always a determining factor in a mother's readiness. The negative regression coefficient indicates that increased anxiety does not necessarily enhance preparedness, possibly due to unfocused anxiety leading to emotional responses without appropriate actions.

Social support and individual perception also contribute positively to preparedness, albeit not to the same extent as the source of information. Family support can reinforce a mother's decision to seek help, while risk perception influences awareness of potential complications. However, in the multivariate model, the source of information remains the dominant factor. Overall, the results of this study indicate that the preparedness of pregnant women is influenced by internal factors such as knowledge and psychological conditions, as well as external systemic factors. In the context of maternal health services, strengthening the information delivery system through healthcare providers, educational media, and community-based approaches becomes vital to enhance the preparedness of pregnant women regarding danger signs in pregnancy.

CONCLUSION

This study reveals that the preparedness of pregnant women regarding danger signs in pregnancy is influenced by various factors, both individual and structural. Multiple regression analysis indicates that the source of information is the most significant factor affecting the preparedness of pregnant women. These findings underscore the importance of access to quality health information to enhance women's ability to recognize and respond to danger signs. Knowledge, individual perception, and social support also contribute positively, whereas anxiety does not demonstrate a significant relationship. These results affirm that preparedness is influenced by psychological factors and the strengthening of the health information system.

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