

# Innovation of Conscience Module in Preconception Class to Support Prospective Quality Assurance in Health Pregnancy Planning

Nurjasmi<sup>1</sup>, Juli Oktalia<sup>2</sup>, Dewi Purwaningsih<sup>3</sup>

<sup>1</sup>Poltekkes Kemenkes Jakarta III, Bekasi, Indonesia

<sup>2</sup>Poltekkes Kemenkes Jakarta III, Bekasi, Indonesia

<sup>3</sup>Politeknik Kesehatan Bandung, Bandung, Indonesia

## Article Info

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**Abstract:** This research aims to get an idea of the influence module conscience in preconception class for Prospective Quality Assurance for quality Planning Pregnancy age couples infertile. This research method using Quasi experiment with control group design research Sample is any fertile age couples who are planning a pregnancy. Sampling by using cluster multi stage method with the number of samples as many as 300 sample (150 pairs of group treatment and 150 pairs for non treatment group). The results of this study found that the use of the module of conscience on supply the bride has a significant influence on the improvement of the quality of planning a healthy pregnancy by Fertile age couples ( $p < 0000$ ). Chisquare analysis results show the entire variables that were tested showed significant results. The results of the regression analysis found that other factors such as variable age of the candidate's wife, wife's prospective economic background, level of knowledge, and the attitude of the bride was dominant in the variables affect the quality of planning healthy gestational ( $p$  Value  $< 0,005$ ).

**Keywords:** module conscience, preconception planning, healthy pregnancy class.

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## I. Introduction

Every year it is estimated there are incidents of women becoming pregnant in Indonesia. Of the 5 million pregnancies per year, two mothers die within one hour due to complications of pregnancy, childbirth and childbirth. Every year there are 15,000-17,000 mothers die from childbirth. In 2013, the Basic Health Research (RISKESDAS) found data that Indonesia's Maternal Mortality Rate (MMR) was still 359 / 100,000 live births and the

Infant Mortality Rate (IMR) of 32/1000 live births. If you look at the 2015 MDG5 target is that the MMR in Indonesia 102 / 100,000 live births, it is feared that the target in the MDGs in 2015 in reducing mortality and improving maternal health / well-being is difficult to achieve so that there are breakthroughs needed to accelerate the decline in MMR and IMR in Indonesia.

Cases of unwanted pregnancy and unwanted pregnancy for a woman (mistimed pregnancy) can be categorized in unmet need cases (Pranata &

Sadewo, 2012). The impact of unplanned pregnancy in addition to the impact on pregnancy is also on the unpreparedness of mothers to get pregnant and can even lead to the decision to abort unsafe abortion (Prihastuti & Djutaharta, 2004 in Pranata & Sadewo, 2012). The condition of unsafe abortion will be very close to the incidence of morbidity and maternal mortality which is still very high in Indonesia.

Bonte et al., (2014) and WHO (recommending that the need for a paradigm shift in health services emphasize pre-conception preparation to screen couples who are ready to become potential parents with partners who are not ready to become parents. Bonte et al., (2014) also stated that being prepared parents is the most fundamental moral responsibility for each partner. Awareness of this moral responsibility will make couples more responsible for preparing and planning before pregnancy occurs so that during pregnancy conditions occur the couple are better prepared physically, mentally, socially and economically. This readiness will have an impact on the pattern of more responsible childcare. This research aims to get an idea of the influence module conscience in preconception class for Prospective Quality Assurance for quality Planning Pregnancy age couples infertile.

## II. RESEARCH METHODS

This study uses a quasi experiment with control group design method. This research will be conducted for 8 months. One month to conduct instrument trial research (March - April 2016). One Month designed the training module and three months were used to design the intervention model (April - May 2016). Two months to implement the intervention model (June - September 2016), One month to evaluate and revise the post-experiment training model (October 2016).

This research was conducted in the areas of DKI Jakarta and West Java Provinces. The population in

this study is fertile age couples (PUS) who will get married during April - May 2016 with a total of up to 150 people. Univariate analysis describes each variable measured in the study by looking at the distribution of data on all variables

## III. RESULT

Univariate analysis is presented in the table below with a sample of 300 bride and groom pairs.

**Table 1:** Frequency Distribution of Candidates for Brides in East Jakarta and Bandung District in 2016

Variable	N	%
<b>Age of prospective Wife</b>		
< 23 years old	74	25
≥ 23 years old	226	75
<b>Age of Prospective Husband</b>		
< 23 years old	17	6
≥ 23 years old	283	94
<b>Prospective Wife Education</b>		
Secondary Basic Education	148	51
Higher Education	152	49
<b>Prospective Husband Education</b>		
Secondary Basic Education	144	48
Higher Education	156	52
<b>Prospective Wife's Economy</b>		
<Regional Minimum Wage	163	54.3
≥ Regional Minimum Wages	137	45.7
<b>Prospective Husband's Economy</b>		
<Regional Minimum Wage	129	43
≥ Regional Minimum Wages	171	57
<b>Patent risk behavior towards a healthy pregnancy</b>		
Have	72	24
Do not have	228	76
<b>History of Information Exposure</b>		
Not yet exposed	294	98
Never Exposed	6	2.0
<b>Catin's Attitude of Pregnancy Preparation (pre-intervention)</b>		
Not agree	62	20.7
Strongly agree	238	79.3
<b>Caten's Attitude towards Pregnancy Preparation (after the intervention of the conscience and control module)</b>		
Not agree	23	7.7
Strongly agree	277	92.3
<b>TOTAL</b>	<b>300</b>	<b>100</b>

Based on table 1. it can be seen that the majority of respondents (prospective Wives) are mostly ≥ 23 years old with 226 respondents (75%); most respondents (prospective husbands) were 283 respondents ≥ 23 years as many as 283 people (75%). Regarding education level, most of the

education levels of prospective wives who became respondents were at the level of primary and secondary education as many as 148 people (51%) and the level of education of prospective husbands who were respondents were at the level of basic and secondary education as many as 148 people (51%), the majority of the bride and groom did not have risk behaviors as many as 228 respondents (76%), the majority of respondents had never been exposed to information about healthy pregnancy preparation as many as 281 respondents (93.7%) most of the economic levels of prospective wives becoming respondents were  $\leq$  UMR of 231 people (77%) and most of the economic level of prospective husbands who became respondents were  $\leq$  UMR of 213 people (71%), Most respondents were very supportive of preparing healthy pregnancies of 277 people (92.3%).

**Table 2:** Frequency Distribution of Quality of Planning for Healthy Pregnancy by Bride and Groom in East Jakarta and Bandung District in 2016

Quality of Healthy Pregnancy Planning	Frequency	%
$\leq$ 13 Indicators	285	95
$>$ 13 Indicators	15	5
<b>TOTAL</b>	<b>300</b>	<b>100</b>

Based on table 2. it can be seen that the quality of planning a healthy pregnancy pre-conscience module intervention most of the respondents have a quality of healthy pregnancy planning less than 13 indicators (95%) and those who have indikator 13 indicators as many as 15 people (5%).

**Table 3:** Frequency Distribution of Quality of Healthy Pregnancy Planning by Prospective Brides in East Jakarta and Bandung District in 2016

Quality of Healthy Pregnancy Planning	NURANI Pre Module		After the Procurement of the NURANI Module	
	Frequency	%	Frequency	%
1 – 13 Indicators	144	96	0	0
$>$ 13 Indicators	6	4	150	100
<b>TOTAL</b>	<b>150</b>	<b>100</b>	<b>150</b>	<b>100</b>

Based on table 3. it can be seen that the quality of pre pregnancy planning intervention module conscience most of the respondents have the quality

of healthy pregnancy planning less than 13 indicators as many as 144 people (96%) and who have the quality of healthy pregnancy planning more than 13 indicators as many as 6 people (4%). After the provision of the conscience module, the number of respondents who have a quality pregnancy planning kehamilan 13 indicators as many as 150 people (100%).

**Table 4:** Frequency Distribution of the Quality of Healthy Pregnancy Planning by Prospective Brides in East Jakarta and Bandung District in 2016

Quality of Pregnancy Plan	Pre Control Module		Post Briefing of Control Module	
	Frequency	%	Frequency	%
1 – 13 Indicators	141	94	75	50
$>$ 13 Indicators	9	6	75	50
<b>TOTAL</b>	<b>150</b>	<b>100</b>	<b>150</b>	<b>100</b>

Based on table 4. it can be seen that the quality of pre pregnancy planning intervention control modules most of the respondents have the quality of healthy pregnancy planning less than 13 indicators (94%). After carrying out the control module, the number of respondents who have a healthy pregnancy planning quality  $>$  13 indicators becomes 75 respondents (75%).

**Table 5:** Frequency distribution CATEN level of knowledge about healthy pregnancy planning for Conscience in East Jakarta and Bandung District in 2016

Knowledge level	Post Briefing Control Module		NURANI Post-Briefing	
	Frequency	%	Frequency	%
Less (score $<$ 75%)	125	83.3	14	9.3
Good (Score $>$ 75%)	25	16.7	136	90.7
<b>TOTAL</b>	<b>150</b>	<b>100</b>	<b>150</b>	<b>100</b>

In table 5. it is known that the level of knowledge of the intervention group with the conscience module prior to the provisioning of the module mostly has a level of insufficient knowledge that is 125 respondents (83.3%), and after getting a conscience module provisioning, most respondents have a good level of knowledge (score  $>$  75%) as many as 136 people (90.7%).

### **Picture of the Quality of Pregnancy Planning by Respondents and Different Test Results Using the Conscience Module and Control Module**

The results of this study found that the quality of healthy pregnancy planning pre-conscience module intervention most of the respondents had the quality of healthy pregnancy planning of less than 13 indicators as many as 144 people (96%) and those who had quality of plans were more than 13 indicators of 6 people (4%). After the provision of conscience, the number of respondents who have a quality pregnancy planning  $\geq 13$  indicators as many as 150 people (100%). These results can be seen in table 3.

After different paired T Tests (Based on table 3), it can be seen that there is a significant difference between the average value of the quality of planning a healthy pregnancy PRA and POST Procurement of the NURANI module. The average value of the number of healthy pregnancy planning indicators undertaken by respondents after being given a provision of the Conscience module is higher than the value of the pre-Conscience preparation. The mean difference (mean difference) of the quality indicators of pre and post-conscience planning is 14,660.

When compared with the control group module, the results of this study found that based on Table 3 it can be seen that there is a significant difference between the average value of the quality of planning a healthy pregnancy group exposed to the conscience module compared to the group not exposed to the Control module. The average value of the number of healthy pregnancy planning indicators conducted by respondents in the Conscience group is higher than the average value of the number of healthy pregnancy planning indicators in the Control module. The mean difference (mean difference) of 5,167 and the difference ranged from 4,433 - 5,902.

The results of the study using the conscience module in accordance with the results of the study (Gesualdo et al., 2013) recommend a structured and systematic effort in providing information about the preparation and planning of a healthy pregnancy (pre conception preparation) through the use of communication technologies such as telephone and internet to guarantee information delivered in accordance with appropriate rules and guidelines. This research recommends the use of Search Engine Optimazation (SEO). The use of social media is highly recommended to be formed in groups of prospective brides. Information that is read continuously by women in the mass media and social media groups greatly affects women's perceptions and attitudes in preparing and planning for pregnancy.

The number of couples of childbearing age who prepare for pregnancy is smaller than couples of childbearing age who do not have the readiness to face a pregnancy is a situation that must be a concern (concern) for the government and health workers because a healthy pregnancy requires physical and mental preparation of each partner. Planning a healthy pregnancy must be done before the pregnancy occurs. A well-planned pregnancy process will have a positive impact on the condition of the fetus and the physical and psychological adaptation of the woman and her partner. Things that need to be prepared in pregnancy such as setting nutrition for pregnant women. Good nutrition also plays a role in the process of forming healthy sperm and egg cells. Good nutrition plays a role in preventing anemia during pregnancy, bleeding, preventing infections, and preventing pregnancy complications such as congenital abnormalities and others. In pregnancy preparation it is also advisable to screen for diseases such as infectious diseases that have a risk of transmitting the fetus such as hepatitis, HIV, Toxoplasma and Rubella), diseases that can be aggravated by pregnancy conditions such as diabetes mellitus,

epilepsy, heart disease, lung disease, chronic hypertension.

#### IV. CONCLUSION

The results of the univariate analysis on the results of this study showed that the majority of respondents (prospective Wives) were mostly  $\geq 23$  years of age 226 respondents (75%); the majority of respondents (prospective husbands) were 283 respondents (94%) aged over  $\geq 23$  years. Most of the education levels of prospective wives who became respondents were at the level of education and primary and secondary as many as 148 people (51%) and the level of education of prospective husbands who became respondents were at the level of education and basic and secondary as many as 148 people (51%). Most of the economic level of prospective wife who became respondents were  $\leq$  UMR of 231 people (77%) and most of the economic level of prospective husbands who were respondents were  $\leq$  UMR of 213 people (71%).

The level of knowledge of respondents before the provision of conscience modules has a good level of knowledge that is only 25 respondents (16.7%), and after getting a conscience module provisioning, most respondents have a good level of knowledge (score  $> 75\%$ ) of 136 people (90.7%) and only 14 people still have a level of knowledge  $< 75\%$ . Most brides do not have risk behaviors as many as 228 respondents (76%), most respondents have never been exposed to information about healthy pregnancy preparation as many as 281 respondents (93.7%). Most respondents were very supportive of planning a healthy pregnancy as many as 277 people (92.3%).

The results of this study provide relevant information about EFA readiness to face can be used as material for the preparation of program plans and promotion strategies and health education in order to ensure EFA readiness to face pregnancy.

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