



ATTITUDE OF PREGNANT WOMEN TOWARD HIGH-RISK PREGNANCY AT TPMB JOHANA WIDIJATI SIDOREJO VILLAGE, KAUMAN DISTRICT, TULUNGAGUNG REGENCY

Widya lusi arisona

Universitas Tulungagung
widyalusi@gmail.com

ABSTRACT	KEYWORDS
Pregnancy is a physiological process of fetal growth and development within the uterus, accompanied by various anatomical and physiological changes in the mother's body. Under certain conditions, pregnancy may develop into a high-risk pregnancy, defined as a pregnancy with one or more risk factors that potentially threaten the safety of the mother, fetus, or both. The attitude of pregnant women toward high-risk pregnancy is an important factor that can influence health behaviors during pregnancy, including adherence to antenatal care and efforts to prevent complications. This study aimed to determine the attitudes of pregnant women regarding high-risk pregnancy at TPMB Johana Widiyati, Sidorejo Village, Kauman District, Tulungagung Regency. This research employed a descriptive observational design. The study was conducted from October 1 to November 30, 2025. The population consisted of all pregnant women who attended antenatal care at TPMB Johana Widiyati, totaling 30 respondents. Sampling was performed using accidental sampling technique. Data were collected through questionnaires and analyzed descriptively. The results showed that the majority of pregnant women had a positive attitude toward high-risk pregnancy, with 18 respondents (60%) demonstrating positive attitudes. Characteristics of respondents revealed that nearly all (86%) were in the 16-35 years age range, the majority (53%) had elementary or junior high school education, most (87%) had received information about high-risk pregnancy, and nearly half (34.6%) obtained information from healthcare providers. Most pregnant women demonstrated positive attitudes toward high-risk pregnancy. These positive attitudes were influenced by several factors, including maternal age within the healthy reproductive range (16-35 years) and the availability of information, particularly from healthcare workers. It is expected that this positive attitude can support early detection and prevention efforts for high-risk pregnancy complications. Healthcare providers are encouraged to enhance health education about high-risk pregnancy to transform negative attitudes into positive ones and to collaborate with healthcare workers in providing counseling.	Attitude, Pregnant Women, High-Risk Pregnancy

INTRODUCTION

Pregnancy is a physiological process involving fetal growth and development within the uterus, accompanied by various anatomical and physiological changes in the mother's body. These changes occur as an adaptation to support fetal growth and development as well as to prepare for childbirth. During pregnancy, mothers experience changes in reproductive organs, such as uterine and breast enlargement, as well as in other body systems including cardiovascular, respiratory, renal, and hormonal systems. These changes are influenced by increased pregnancy hormones and represent the body's normal response to pregnancy (Gangakhedkar & Kulkarni, 2021; Soma-Pillay et al., 2016; Munisah et al., 2020).

High-risk pregnancy (*high-risk pregnancy*) is a condition in which there are factors that increase the likelihood of health complications for the mother, fetus, or both if not properly managed. This condition differs from normal pregnancy because the potential complications are more severe and require more intensive monitoring and management by healthcare providers to prevent maternal and perinatal morbidity or mortality (Sitanggang, 2025; Sandy, 2024; Jumriani, 2025; Kusyuni et al., 2021).

Based on a preliminary survey conducted by the researcher, among 12 pregnant women, 7 (58.3%) had reasonably good knowledge while 5 (41.6%) had poor knowledge. Regarding antenatal visit frequency, among 5 pregnant women with gestational age <28 weeks, only 2 visited monthly; among 4 pregnant women with gestational age 28-36 weeks, only 2 visited every two weeks; and among 3 pregnant women with gestational age >36 weeks, only 1 visited weekly. It is estimated that 7 pregnant women were at risk of high-risk pregnancy due to irregular check-ups.

Routine pregnancy examinations through Antenatal Care (ANC) services play an important role in early detection of high-risk pregnancies. Regular ANC visits enable healthcare providers to identify signs and risk factors early in pregnancy so that appropriate management can be implemented to prevent complications that endanger both mother and fetus. Thus, ANC becomes a strategic effort in reducing maternal and perinatal morbidity and mortality (Nuraisyah, 2018; Sukarsih, 2019; Siahaan & Maghfirah, 2023).

Attitude or attitude encompasses three main components: affective, cognitive, and conative (Yaqin, 2024; Niawati, 2024). Failure to undergo routine pregnancy examinations can increase the risk of high-risk pregnancy because pregnancy complications cannot be detected early. Additionally, limited information regarding pregnancy danger signs results in low knowledge among mothers and families about maternal health conditions. This lack of knowledge has the potential to cause delays in decision-making and appropriate management, thereby increasing the risk of complications that endanger both mother and fetus.

Routine pregnancy examinations through ANC services are essential for early detection of high-risk conditions and pregnancy complications, including maternal and fetal health disorders. ANC services include physical examinations, fetal growth monitoring, counseling on pregnancy danger signs, and monitoring of conditions that may cause complications, enabling healthcare providers to provide timely management and prevent adverse outcomes. Through regular ANC attendance, pregnant women can promptly identify signs of high-risk conditions so that preventive measures or medical management can be implemented more quickly, contributing to the reduction of maternal and neonatal morbidity and mortality. Conversely, delays in decision-making to seek health assistance, delays in reaching healthcare facilities, and delays in receiving prompt and quality services (the *Three Delays* model) are important factors that increase the risk of complications and poor pregnancy outcomes, thus education and optimal health access are crucial in antenatal care (Kusyuni et al., 2021).

Management of high-risk pregnancy requires routine pregnancy examinations as an effort for early detection of abnormalities or complications. Through regular antenatal care visits, pregnant women and their families obtain accurate information about maternal and fetal health

conditions, pregnancy danger signs, and preventive measures needed, thereby minimizing the risk of complications and enabling timely management.

METHOD

This study employed a descriptive observational design aimed at describing the attitudes of pregnant women toward high-risk pregnancy. The research variable was a single variable: attitudes of pregnant women regarding high-risk pregnancy. The study was conducted from October 1 to November 30, 2025, at TPMB Johana Widijati, Amd. Keb, in Kauman District, Tulungagung Regency.

The population consisted of all pregnant women who attended antenatal care at TPMB Johana Widijati during the study period. The sample comprised 30 respondents selected using the accidental sampling technique, meeting the predetermined inclusion and exclusion criteria.

Data were collected using a questionnaire consisting of two parts: General data: respondent characteristics including age, last education level, history of receiving information about high-risk pregnancy, and sources of information, Specific data: attitudes of pregnant women toward high-risk pregnancy.

The attitude questionnaire utilized a Likert scale to measure respondents' attitudes across the dimensions of receiving, responding, valuing, and demonstrating responsibility.

Data collection was carried out through direct interviews with respondents during their ANC visits at TPMB Johana Widijati. The researcher explained the study objectives and procedures to respondents, obtained informed consent, and administered the questionnaire. Data were collected systematically and recorded for analysis. Data were analyzed using descriptive statistics, presented in frequency distributions and percentages. The results were interpreted to describe the attitudes of pregnant women toward high-risk pregnancy at the study location.

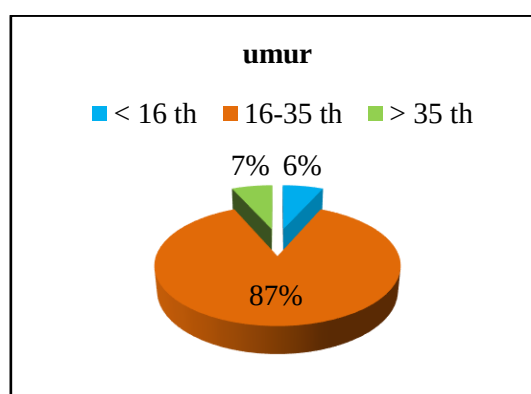
RESULT

The data collection process was divided into two parts: general data consisting of respondent characteristics (age, last education, history of receiving information about high-risk pregnancy, and source of information), and specific data presenting the attitudes of pregnant women toward high-risk pregnancy at TPMB Johana Widijati.

General Data

1. Respondent Characteristics by Age

Diagram 1. Distribution of Respondents by Age



Based on diagram 1, almost all respondents (86.7%) were in the 16-35 years age range, which is considered a healthy reproductive age. Only 4 respondents (13.3%) were aged above 35 years.

2. Respondent Characteristics by Education Level

Diagram 2. Distribution of Respondents by Education Level

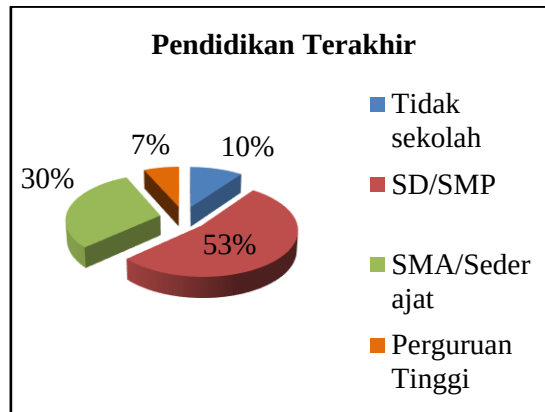
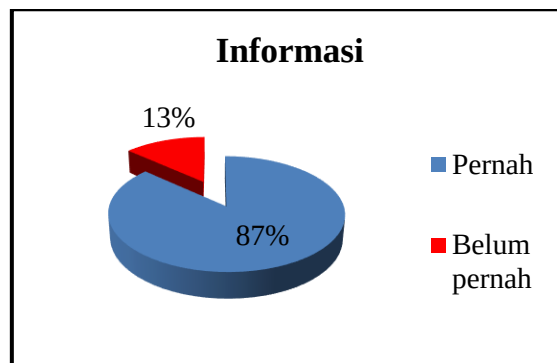


Diagram 2 shows that the majority of respondents (53.3%) had elementary or junior high school education. Senior high school graduates accounted for 26.7%, and college/university graduates constituted 20.0%.

3. Respondent Characteristics Based on Information

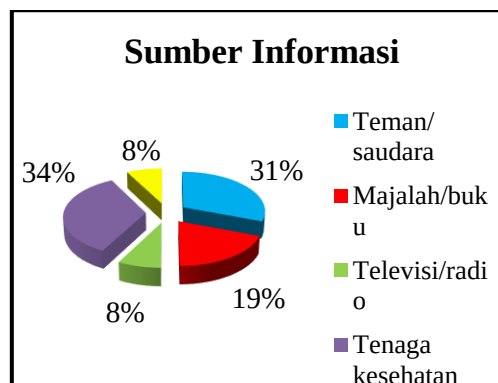
Diagram 3. Distribution of Respondent Characteristics Based on Information



Most respondents had received information about high-risk pregnancy, totaling 26 respondents (87%).

4. Respondent Characteristics Based on Information Source

Diagram 3. Distribution of Respondent Characteristics Based on Information Source



Nearly half of the respondents received information about high-risk pregnancy from healthcare providers, totaling 9 respondents (34.6%).

5. Data Khusus

Attitudes of Pregnant Women Toward High-Risk Pregnancy at TPMB Johana Widiyati, Sidorejo Village, Kauman District, Tulungagung Regency, Period October 1 – November 30, 2025

No	Attitude	Frequency	Percentage
1	Negative	12	40%
2	Positive	18	60%
Total		30	100%

The research conducted at TPMB Johana Widiyati, Sidorejo Village, Kauman District, Tulungagung Regency, from October 1 to November 30, 2025, regarding the attitudes of pregnant women about high-risk pregnancy, found that out of 30 respondents, the majority had a positive attitude, totaling 18 respondents (60%).

CONCLUSION

Zulkarnain (2025) stated that attitude consists of levels: receiving, responding, valuing, and responsible, which describe the progression from attention to stimuli to active involvement and behavioral consistency.

Age is a demographic factor that influences individual attitudes, as age differences relate to experience and ways of thinking. Younger age groups tend to be more open to change and new ideas, while adults demonstrate more mature and moderate attitudes. Thus, age variation plays a role in shaping a person's attitude and should be considered in behavioral analysis (Spasova, 2024).

Maternal age affects the ability of knowledge and readiness to receive health information, because age reflects different levels of physical, cognitive maturity, and life experience. Research shows that pregnant women in healthy reproductive age (e.g., 20–35 years) tend to be better able to understand and apply health information, including pregnancy danger signs, compared to younger or older age groups. These differences relate to variations in health literacy, information access, and learning readiness that influence health decisions during pregnancy.

The education level of respondents underlies their attitudes. This is consistent with research results showing that out of 30 respondents, the majority had elementary or junior high school as their last education, totaling 16 respondents (53%).

According to Wati (2022), education level plays an important role in improving knowledge and individual ability to receive and process information. The higher a person's education, the better their level of knowledge, supported by cognitive abilities, literacy, and broader learning experiences. Adequate knowledge makes it easier for individuals to understand new information and adapt to developing values. Conversely, low knowledge can hinder the formation of positive attitudes toward new values or information, due to limitations in understanding and evaluating received information. Therefore, education is a key factor in the process of changing a person's knowledge and attitudes.

The education level of pregnant women is generally related to their level of knowledge, where higher education is expected to make it easier for individuals to receive and understand health information. However, higher formal education does not always guarantee better knowledge and attitudes compared to pregnant women with lower education. Knowledge is not only obtained through formal education but can also come from experience, health counseling, mass media, and social interaction. Therefore, even with basic education, pregnant women can

still demonstrate positive attitudes toward high-risk pregnancy if they obtain adequate and relevant information from various sources.

Out of 30 respondents, the majority had received information about high-risk pregnancy, totaling 26 respondents (87%), and based on information source, nearly half of the respondents received information from healthcare providers about high-risk pregnancy, totaling 9 respondents (34.6%).

SUGGESTION

It is expected that health education about high-risk pregnancy can be enhanced so that it can change the negative attitudes of pregnant women about high-risk pregnancy into positive attitudes. Healthcare providers are encouraged to participate in providing information about high-risk pregnancy and to collaborate with healthcare workers in delivering counseling about high-risk pregnancy.

REFERENCES

- Gangakhedkar, G. R., & Kulkarni, A. P. (2021). *Physiological Changes in Pregnancy*. *Indian Journal of Critical Care Medicine*, 25(Suppl 3), S189-S192.
- Jumriani, Putri Yuyu (2025). *Kehamilan risiko tinggi yaitu kehamilan dengan satu atau lebih faktor risiko baik ibu maupun janinnya yang memberi dampak kurang menguntungkan baik ibu maupun janinnya*. *Jurnal Sehat Mandiri*. Volume 20 No 1 Juni 2025. p-ISSN 1978-8517, e-ISSN 2615-8760
- Kusyani, A., Susanti, S. D. R. P., & Fatimah, S. (2021). *Pemeriksaan Antenatal Care 4 Kunjungan Dengan Kehamilan Risiko Tinggi Pada Ibu Hamil*. *Jurnal Ilmiah Keperawatan (Scientific Journal of Nursing)*, Vol. 7 No. 1 (2021). DOI: <https://doi.org/10.33023/jikep.v7i1.653>
- Munisah et al. (2020). *Perubahan fisiologis pada ibu hamil*. **Jurnal Kesehatan Ibu dan Anak**, 14(2).
- Nuraisya, W. (2018). Deteksi risiko tinggi kehamilan pada pelayanan ANC terpadu. *Jurnal Kesehatan Andalas*, 7(2), 240–245.
- Sandy, D. M. (2024). *Upaya Peningkatan Pengetahuan Ibu Hamil tentang Kehamilan Risiko Tinggi di Praktik Mandiri Bidan Dwi Rahmawati Palembang*. Vol. 1 No. 2 (2023): Jurnal Abdimas Pamenang - JAP. DOI: <https://doi.org/10.53599/jap.v1i2.149>
- Siahaan, G., & Maghfirah, A. (2023). Hubungan keteraturan kunjungan ANC dengan deteksi dini risiko tinggi ibu hamil. *Jurnal Kesehatan Saintika Meditory*, 8(2).
- Sitanggang, Hotmauli (2025). *Determinan Kehamilan Resiko Tinggi: Systematic Review*. *Excellent Midwifery Journal* Vol. 8 No. 1 (2025): Edisi April. DOI: <https://doi.org/10.55541/emj.v8i1.356>
- Soma-Pillay, P., Nelson-Piercy, C., Tolppanen, H., & Mebazaa, A. (2016). *Physiological changes in pregnancy*. *Cardiovasc Journal of Africa*, 27(2), 89-94.
- Spasova, L. (2024). *Influence of gender and age on consumer attitudes towards advertising*. *Trakia Journal of Sciences*. Vol. 22, no. 2 hal. 172 – 179. DOI : <https://doi.org/10.15547/tjs.2024.2.25>

- Sukarsih, R. I. (2019). Keteraturan antenatal care (ANC) terhadap deteksi risiko tinggi ibu hamil. *Jurnal Keperawatan Muhammadiyah*, 5(1).
- Wati, L., & Prasetyo, A. (2022). *Hubungan tingkat pendidikan dengan pengetahuan dan sikap kesehatan*. *Jurnal Kesehatan Masyarakat*, 18(2), 115–122.
- Zulkarnain. (2025). *Tingkatan Sikap: Receiving, Responding, Valuing, Responsible*. Repository Poltekkes Jogja.