

ORIGINAL ARTICLE

Exploring the Meaning and Practices of Self-care toward Pregnancy-related Complication: A Qualitative Study in Rural Area Indonesia

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ABSTRACT

Introduction: The majority of pregnancy-related complications are preventable because its health-care alternatives were already established for preventing or managing complications. Previous studies reported that some pregnant women low levels of self-care ability, thus it's needed to explore barriers and self-care self-care strategies used in practice. **Methods:** A qualitative research design was employed to 33 participants comprised 14 pregnant women and 12 midwives in public health services located in rural settings in West Java, Indonesia. Content analysis was used to analyze textual data content through a process of systematically classifying, encoding and identifying patterns or themes. **Results:** The analysis of the meaning and practice of self-care emerged from four underlying themes: (1) Knowledge towards pregnancy and its complications; (2) Program to improve ability toward pregnancy care; (3) Maintain personalized self-care practices; and (4) Manage barriers to self-care practices. **Conclusion:** These research findings provided insight for the promotion of self-care in pregnant women. Self-care by yet another range of solutions is a positive and personalized method for health and wellbeing campaigning.

Keywords: Experience, Self-care, Pregnant women, Complication, Qualitative study

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INTRODUCTION

Pregnancy-related complications are the main caused of maternal mortality worldwide. In Indonesia, it affects at least 83,447 pregnant women die due to preeclampsia (33.07%), bleeding (27.03%), non-obstetric complications (15.7%), obstetric complications (12.4%), infection during pregnancy (6.06%), and others causes (4.815) (1). The majority of pregnancy-related complications are preventable because its health-care alternatives were already established for preventing or managing complications. All women require access to high-quality care all through pregnancy and the postpartum period, skilled birth attendance, effective complication management and women's ability to take

care of their pregnancy (2–4). The risks associated with pregnancy are mostly largely related to non-compliance with self-care recommendations (5). Low self-discipline, and lack of support for the suffering of family members and friends and/or healthcare professionals, and inadequacy of access to healthcare services are among the main failures to comply (6).

There is a well-recognized and appropriate element of self-care to prevent and/or delay complications and the likelihood of pregnancy-related early death. The components include health literacy, emotional well-being, self-confidence, physical activity, healthy diet, risk avoidance, hygiene practices, supplementation and vitamins during pregnancy (7). Few approaches have been implemented to support pregnant women strengthen their self-care behaviors depending on the specific. Another significant factor in the design of a responsive program that can influence your diet and exercise choices, stress management, and so on

is experiencing great self-care and value systems for patients. Although the risk of complications associated with pregnancy is rising in Indonesia, research aimed to know self-care practices are extremely limited.

Self-care describes as 'the self-initiated activity that people want to adopt in order to encourage good health and well-being in general' (8). There was a shifting concept of pregnancy-related complication from health workers-oriented to involvement pregnant women (9). The ability of pregnant women to perform self-care practice is dependent on their involvement in maintaining their health; they can carry out care independently in meeting their needs and be able to make decisions independently when abnormalities are discovered. Previous studies reported that some pregnant women low levels of self-care ability as a result, it is necessary to investigate the obstacles and self-care solutions that have been employed in practice (10,11). Pregnancy-related complication self-care was examined as part of this study in an effort to expand our understanding of these issues. To be more specific, the following inquiries were made: As pregnant women and healthcare providers explain it, what is self-care? When it comes to self-care, how do pregnant women and their healthcare providers describe it?

MATERIALS AND METHODS

Research Design

A qualitative research design was employed (12). An interview guide (see Table I) was developed based on literature review and expert discussion. The preliminary guide was updated based on feedback obtained from two pregnant women and midwives not involved in this study. Semistructured interviews with open questions were used to further explore meaning and experience through a dynamic and oriented exploration of the self-care practice of the participants (13). There was an intentional selection of pregnant women and healthcare workers for this qualitative study. Qualified participants were all pregnant women who had given their informed written consent via initial email contact prior to face-to-face interview in keeping with the

purpose of gathering relevant and rich data from an appropriate source.

Over the course of three months in 2019, a total of 33 individuals were enrolled, and the study came to an end once data saturation was attained. Field notes and incremental analysis define this situation as one in which gathering extra information simply served to duplicate previously collected data rather than generating fresh material. Iterative analysis was supported throughout the data gathering period by the first author, who has a background in qualitative research, conducting all interviews and recording field notes. The average interview lasted between 45 and 50 minutes, and the audio was captured, transcribed, and cross-identified before it was published.

Sample

The sample of 35 participants comprised 14 pregnant women and 12 healthcare professionals in public health services located in rural settings across 9 of the 11 districts in West Java, Indonesia. These were pregnant women aged over 18 years old with previous history of pregnancy-related complications and midwifery who had experience at least one year's experience working. Most were aged between 20 and 36 years old for pregnant women and aged between 28 and 52 years old for midwifery. Many See Table II for detailed participant demographics.

Data analysis

Interview transcripts were repeatedly read before being imported into QSR NVivo 11 data analysis software for transparent encoding and quantitative content analysis, to take note of key terms and phrases. Content analysis is a commonly used method of analyzing textual data content through a process of systematically classifying, encoding and identifying patterns or themes (14). As recommended by (15), A range of different of decisions have been taken to direct the review of the material and to ensure reliability. Firstly, it was agreed to follow a traditional approach to content analysis (14). After all, the study

Table I : Interview guideline

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- What does self-care mean to you?
 - From your experience, how would you describe effective self-care practices?
 - Tell me about yourself care' needs?
 - Tell me about your strategies you find to be most effective?
 - Tell me about your difficulties to practices self-care?
 - What supports your self-care practices?
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was inductive and based on latent content, or terms and phrases requiring an understanding of the underlying context. Secondly, overall participant perspectives were ascertained as the most relevant level of analysis in terms of creating a context for meaningful units and during analytical process (15). At long last the decision was made to use

interconnected words, phrases, and paragraphs taken directly from interview transcripts to construct these units of meaning. After creating codes and grouping and fracturing codes into key categories, the raw data from the interview was abstracted to define a primary representation of the encoded data. (16,17)

Table II : Demographic characteristic of participants

Characteristics	n (%)
Pregnant women (n=14)	
Mean age, years (range)	27.06 ± 5.13
Education level	
Elementary school	5 (35.7)
Junior high school	4 (28.6)
Senior high school	5 (35.7)
Employment	
Government employee	
Private employee	
Housewife	
Gestational age — Mean ±S D (months)	27.05 ± 8.11
Number of gravidae < 2	10 (71.4)
Number of childbearing — less than 2	10 (71.4)
History of abortion	2 (14.3)
No previous disease history	5 (35.7)
Midwifery (n=12)	
Mean age, years (range)	41.05 ± 6.29
Diploma III	7 (58.3%)
Diploma IV	5 (41.7)
Unit area	
Hospital	4 (33.3)
Public health center	8 (66.7)

Truthwornies

The credibility of data in qualitative research is collected information could express the truth that a researcher wants to express, meaning that qualitative research does not constitute a generalized statement in the form of numbers and desired population, but data typology (18). Triangulation implemented were: 1) Triangulation of sources, namely by comparing conditions and perspectives with various opinions and views of others, in this case are the views and opinions of pregnant women, midwives, and obstetricians. 2) Method triangulation, which is an attempt to check the degree of trust in the findings of research results from the in-depth interview (18).

RESULTS

Based on four fundamental themes, the study of self-meaning care's and practice emerges: (1) Knowledge towards pregnancy and its complications; (2) Program to improve ability toward pregnancy care ; (3) Maintain personalized self-care practices; and (4) Manage barriers to self-care practices (Table III).

Theme 1: Knowledge towards pregnancy and its complications

Pregnancy and its problems are better understood in the context of positive interpersonal relationships, which is how self-care was conceptualized. In spite of the focus on the individual, self-care was influenced by information from various sources and providers. To do self-care, pregnant women need to have better knowledge on treatment during pregnancy includes nutrition, consumption of drugs / supplements, activities, and knowledge in preventing complications, hygiene, and psychological well-being.

"...caring for pregnancy is to eat a lot of food and not work hard, but we need to understand first..." (P1)

"...mothers need to eat vegetable, fruits, bathing..." (P3)

"...mothers should be able to take a bath independently, eat health food, do not doing heavily activities, take rest..." (P5)

"... I don't know how to do...(P6)

"... high blood pressure, I know that high blood pressure during pregnancy is at 8 months of pregnancy...." (Pp8).

Table III : Identified categories and sub categories

Categories	Sub categories
Knowledge towards pregnancy and its complications	<ul style="list-style-type: none"> • Treatment during pregnancy includes nutrition, consumption of drugs / supplements, activities • Knowledge in preventing complications, hygiene, and psychological well-being
Program to improve ability toward pregnancy care	<ul style="list-style-type: none"> • Pregnancy class • Programs related to self-care
Maintain health a ranged of personalized self-care practices	<ul style="list-style-type: none"> • Food intake / Nutrition • Medication supplements • Mental well-being / psychological factors • Physical activity • Literacy • Prevention of risks during pregnancy • Personal hygiene
Manage barriers and enables to self-care practices	<ul style="list-style-type: none"> • Lack of financial for pregnancy class • Lack of participants and support from family

Theme 2: Program to improve ability toward pregnancy care

One program as a media for delivering health information to mothers during pregnancy is pregnancy class. It is a face-to-face activity in a group followed by discussion and sharing experiences between pregnant women / family / husband with health workers. The maximum number of classes of pregnant women is 10 people. The media used in the pregnancy class are mother and child healthcare book, flip chart, guidelines for pregnancy class, and one facilitator. The implementation of classes for pregnant women is facilitated by midwives / health workers.

"... in my place, there is a pregnancy class that help us to take care our self during pregnancy period and suggested us to eat a lot of healthy foods" (P1)

"In my place there is no group of pregnant women, I know about pregnancy when examined by midwives, midwives say they have to eat a lot". (P2)

"... there was a class of pregnant women but only last month (November), never before. Mothers are told to support the family...". (P 4)

Theme 3: Maintain personalized self-care practices

Self-care is done by developing several domains that need to be carried out by pregnancy women during their pregnancy period in order to prevent from complications. Effective self-care strategies used during pregnancy periods included a range of health behaviors, including food intake and nutrition, medication supplements, mental well-being, physical activity, literacy, prevention of risks during pregnancy, and personal hygiene.

"...should eat vegetables, fruits, protein, fish...(P7)

"...midwife provide me a supplement to reduce risk of anemia, this supplement is given every month ..." (P 3)

"...pregnancy women don't be stress and think something more, should be relax..." (P11)

"...pregnancy women don't do heavy work, exercise less, work at home..." (P14)

"...I did not try to search information about pregnancy health, did not read a pregnancy book..." (P12)

"... routinely check our health to public clinic..." (P5)

"...take bath, change clothe frequently, wash our teeth..." (P6)

Theme 4: Manage barriers to self-care practices

In order to maintain self-care techniques, participants highlighted the constant need to address self-care hurdles. Multiple impediments to self-care were identified including lack of financial for pregnancy class and lack of participants and support from family.

".... pregnancy class is not routinely doing due to lack of support from family and depent on budget..." (P14)

".... Sometime is difficult to control our activity to maintain baby's health due to unaware of my husband..." (P10)

DISCUSSION

The results of this study showed the meaning and practices of sel-care toward pregnancy-related complication among women in Indonesia. Our findings showed that knowledge towards pregnancy and its complications were the important needs of pregnant women to prevent from pregnancy-related complication. Most of the respondents entirely joined program to improve ability toward pregnancy care even with some limitation and lack of support. A previous study in Iran showed that organizational support, culture-making is important and have an impact on self-care behaviors (19). However, previous study reported that only half of pregnant women class program had been utilized pregnancy class program and the services provided were unsatisfactory reported by 72% of study participant (20). Another study reported that pregnancy class program was failed due to lack of monitoring and evaluation system for the implementation of classes of pregnant women (21). Participant in this study consider that pregnancy class and continuing education is an important aspect to help them take care themselves during pregnancy period. Education delivered using various methods would reinforce pregnant women to improve their understanding toward pregnancy.

Maintaining tailored self-care habits are among the fundamental bases for performing the action on a daily basis. Without this practice of self-care, mom and child will be faced with adverse consequences. The strength of one's self-care does not only appear, but needs to be implemented through the information and skills provision process. This is consistent with the results of the study (22) which shows that self-care behavior is influenced by self-care knowledge, the perceived benefits of self-care, self-efficacy, and self-care during pregnancy. Improving the ability to perform self-care therefore requires collaboration between professionals and individuals involved to improve mothers' ability to perform self-care. This is a guide for pregnant women to improve self-care skills.

Self-care behavior is a key concept in health promotion, referring to decisions and actions taken by individuals to overcome health problems or to improve their health. Self-care behavior is seen as a complement to professional care for certain conditions

that occur in individuals, including in the chronic disease group, risk groups (for example pregnant women, toddlers, elderly people). Every person has the ability to meet the needs of self-care independently, but when a person experiences an inability to self-care independently, it is called self-care deficit. Self-care deficit explains the relationship between a person's ability to act with the guidance of the need for self-care, so that when demands are greater than ability, then a person will experience a decrease or deficit of self-care. Orem has a method for the process of solving these problems, which is acting or doing something for others, as a guide for others, as an educator, providing physical support, providing psychological support and enhancing the development environment for personal development and teaching or educating others (23).

Lack of support from husband or family to do best self-care practices is a major concern in this study. Increasing the ability of mothers to perform self-care should be done by involving the family and community (24). Family empowerment is important even as an unavoidable part of health promotion (25). Previous study in Nepal reported that by involving family and community could reduce maternal and infant mortality (26). The above study is in accordance with the concept of collaborative empowerment in community partnerships for health and development (27). Family or community participation is needed to change the community outcomes and capacity for the better care.

Limitations

The research might have clear limitations. The demographic data obtained or analyzed thereafter did not represent socio-cultural factors. In fact, given the geographical position of the participants, the study was somewhat constrained. There may be particular characteristics of the definition and practice of self-care in rural areas, and rural practitioners should find transferability of findings from this study. Despite these limitations, which distinguish population-specific studies that will be discussed in the future, this work has provided new insights in line with the objective of the study.

Ethical consideration:

Ethical permission was obtained prior data collection from the Institutional Review Board of the affiliated university (E03472A2020).

CONCLUSION

The findings of this study show a sense and significance for effective self-care practice which was confined in literature. These research findings provided insight for the promotion of self-care in pregnant women. Self-care by yet another range of solutions is a positive and personalized method for health and wellbeing campaigning. This research adds a unique qualitative

perspective and provides a better understanding of the role of self-care practice in pregnant women.

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