



COMMUNITY MIDWIFE CARE CASE REPORT ON MS. D 18 YEARS OLD G1P0A0 5 WEEKS OF PREGNANCY WITH UNWANTED PREGNANCY IN TANJUNG MAS

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ABSTRACT

Free sex is a problem that causes fidgetiness in society. 80% of women and 84% of men claim to having been in a relationship. The reason why teenagers having sex is that a male or female partner insists, thinks that they are ready, they want to be loved and they do not want to make fun of by their friends just because they are still virgin. The method used in compiling their final report is a case study method with a midwifery management approach and documentation through Varney. Data were obtained by means of interviews, physical examination, observation and literature study. The results of the study obtained subjective data from Ms. D is 18 years old, G1P0A0 5 weeks gestation, an unmarried teenage mother. Ms. D Complains that she does not want to take the vitamins given at health facilities, still feels nauseous, lack of appetite, uncomfortable sleep and urinate frequently. Management of Ms. D, which is given educated regarding physiological and pathological signs during pregnancy TM I, recommends continuing to take the pregnant vitamins, recommends checkup routine at adequate health facilities for pregnancy control until if there are any complaints.

Keywords: *Midwife, Community, Unwanted Pregnancy, Adolescents*

INTRODUCTION

The results of the 2020 population census, recorded a population in September 2020 of 270.20 million people, with a percentage of the productive age population of 70.72%, with details of adolescents aged 10-14 years as many as 23.7 million and adolescents aged 20-24. year as many as 22.9 million people. This shows that most of the population in Indonesia are teenagers, where teenagers are the capital of the country's future development (Central Statistics Institutions, 2020).

Groups that are at risk of health problems, especially reproductive health, are teenagers (Wulandari et al., 2019). Adolescents experience changes in sexual interest where they are begin get to know the opposite sex and most of them lead to sexual behavior such as dating (IDHS, 2017).

In a study conducted by Oktriyanto (2019) using secondary data from the 2015 RPJMN Indicator Survey, there were 7.3% of male adolescents and 2.3% of female adolescents had premarital sex which resulted in unwanted

pregnancies leading to abortion. The 15-17 age group is the age group that started dating for the first time, there were 45% of women and 44% of men. Most of women and men admit that when dating they do various activities. Activities carried out include holding hands 64% of women and 75% of men, hugging 17% of women and 33% of men, kissing 30% of women and 50% of men, and touching 5% of women and 22% of men (Fauziyah, Frida Lina Tarigan, 2021).

According to the World Health Organization (WHO), 16 million girls in the world give birth every year, consisting of 12 million girls aged 15 to 19 years and at least 777,000 girls under 15 years old give birth in developing countries. Apart from deviant sexual behavior, teenage pregnancy is also caused by teenage marriage (Putri Nur Tamalla, 2022).

Based on data from the National Socio-Economic Survey (SUSENAS) in March 2018, the percentage of first marriages for women younger than 18 years in Indonesia is 11.21% (Ministry of PPPA, 2020). In Central Java province, the marital status of married girls is



52.86%. The percentage of teenagers in Semarang City who are married is 27.18%, there are still teenagers who get married at the age of 15 years or less (BPS Central Java Province, 2018). Teenage marriage can result in the risk of early pregnancy, frequent pregnancies and high-risk pregnancies. According to SUSENAS data, 63.08% of women who are married under 18 years old and 38.90% of them have experienced their first pregnancy with the largest percentage at the age of 17 years. (Ministry of PPPA, 2020).

Based on the 2018 Basic Health Research (Riskesdas) data, in Central Java Province, 10 up to 19 years old teenage had a history of pregnancy as many as 424 teenagers had been pregnant and 263 teenagers were pregnant (Kemenkes RI, 2018). Teenage pregnancies in Semarang City in 2020 were 885 cases. The coverage of the teenage health program in the Tanjung Mas area is quite low at 73.23%. Tanjung Mas sub-district has the highest juvenile cases in Semarang City, which are 108 cases of unwanted pregnancy and 4 cases of STI (Sexually Transmitted Infections) in 2018. Data in 2017 in Tanjungmas there were 106 cases of pregnancy under the age of 20 years. Furthermore, in 2018 there were 91 cases of pregnancy under the age of 20 years. In 2019, 1 case of KTD was recorded in adolescents. In reality, it could be that the KTD case in the area is more than recorded, because as a sensitive case, of course, not all KTD victims are willing to be open with others about their situation (Salawati, T., Larasaty, N. D., Demartoto, A., & Sulaeman, 2019).

The impact of teenage pregnancy is complications in pregnancy and increases the risk of maternal and child mortality (Ministry of PPPA, 2020). Based on the 2018 data of Riskesdas, in Central Java Province there were 6,870 cases of complications in pregnancy aged 10 to 19 years (Kemenkes RI, 2018).

The city of Semarang is the 4th with the number of cases of maternal mortality as many as 18 cases (Central Java Provincial Health Office, 2019).

The lack of proper education about sex causes various problems such as, venereal disease, abortion, early marriage, unwanted or unplanned pregnancies (unwanted or unintended pregnancy) and reproductive problems that cause death in mothers and babies.

The most dominant factors that cause pregnancy among adolescents are the lack of sex education and the influence of friends (Ismarwati & Utami, 2017). Pregnancy at an early age has a great risk for the mother (adolescent) and the baby. Mothers who give birth in their teens are at higher risk of eclampsia (seizures in pregnancy), puerperal endometritis and systemic infections and even higher risk of death compared to older mothers. (Mubasyaroh, 2016).

METHOD

In the study of midwifery care case reports was carried out using a midwifery management approach and documentation through SOAP. Data were obtained by means of interviews, physical examination, observation, and literature study.

RESULT

In the case the patient named Ms. D 18 years old, female gender, Javanese ethnicity, junior high school education, household work. The main complaints Ms.D does not want to take vitamins given at PMB and Puskesmas, still feeling nauseous, lacking appetite, uncomfortable sleeping and frequent urination.

Mother said that no one in her family suffers from chronic, hereditary and infectious diseases. Mother said at the beginning of her pregnancy her family did not accept her pregnancy, Ms. D admitted that she was surprised by her pregnancy.

On physical examination, it was found that the mother's general condition: good, consciousness: composmentis, TTV: BP: 100/70mmHg, N: 88x/minute, S: 36.6C, RR: 20x/minute. TB : 145cm, weight : 43kg, Lila : 22.1 cm, TFU : 2 so it's on symphysis, mobile presentation, djj : (-).

The follow-up carried out in the case was to provide counseling related to the complaints felt during pregnancy, counseling about the danger signs of TM I, recommending the mother to keep eating 3 times a day for the nutritional needs of the mother to the fetus, advising to continue consuming the pregnant vitamins given by the hospital, health facilities, providing psychological support to mother to be able to carry out her pregnancies in a calm and comfortable manner, encouraging mother to be able to carry out a healthy lifestyle, advocating for



routine pregnancy check-ups at PMB health facilities or Puskesmas according to the schedule.

DISCUSSION

The results of the midwifery care case study that had been carried out on May 12, 2022, it was known that the client named Ms. D is 18 years old. It is known that the last education of Ms. D is middle school. At her age, many teenage boys and girls already have dating relationships, but it is feared that at that age teenagers do not have adequate life skills, so they are at risk of having unhealthy dating behavior, including premarital sex. Active premarital sex in adolescents is at risk of teenage pregnancy and transmission of sexually transmitted diseases. Unplanned pregnancy in adolescent girls can lead to abortion and teen marriage. Both will have an impact on the future of the teenager, the fetus and her family (Lusiana Gultom, Hanna Sriyanti Saragih, 2022).

In her case, Ms. D honestly said that she had had sexual relations since she left school, which was the first time her ex-boyfriend had done it. Based on access to pornography, curiosity arises about the opposite sex so that their active sexual behavior will encourage adolescents to have premarital sexual relations, one of which is the impact of unwanted pregnancy on adolescents (Ismarwati & Utami, 2017). This phenomenon shows that premarital sexual behavior has been carried out since adolescence. They often rationalize their sexual behavior by telling themselves that they are in love. There is an opinion which states that sex before marriage is considered "right" if the people involved love each other or bond with each other. In certain cases, feelings of affection and love occur excessively so that they are willing to give anything to those they love or care about, including their virginity (Ratnasari & Rambi, 2019).

Ms. D explained that the reason she dropped out of school was the lack of attention from her parents. Where is Ms. D's mother worked as a singer in a karaoke (night club). Whenever her mother was working, Ms. D was entrusted by grandmother in Yogyakarta. But the grandmother was unable to pay for living and then Ms. D goes to Semarang and decides to work in a night club along with renting a boarding house as a place to live. There is where Ms. D openly brings

her partner to have sexual intercourse with range of about 2-3 days with or without using protection (condoms). KTD occurs because of the freedom to make friends, dating, promiscuity without parental control which causes teenagers to feel free to do whatever they want, so that children will do free sex acts which can lead to pregnancy before marriage and lack of knowledge according to Widyastuti (2019). Pregnancy out of wedlock is influenced by several factors including lack of sex education or knowledge about reproductive health, permissiveness in social circles, negative impacts of technological advances, influence of friends and parenting patterns (Ismarwati & Utami, 2017).

Response Ms. D when she found out that she was pregnant until now, it started from fear, confusion and shame, then she felt anxious and did not believe that she was pregnant, until she started to accept her pregnancy. There is also a response from the parents of Ms. D, who feels sad and angry with what happened to their daughter, plans to separate them when her child is born. Ms. D said that she wanted to take care of her own child, but her parents wanted the child to be cared for by them until they were brought to Yogyakarta. Unwanted pregnancy in adolescents can cause various things, such as: rejection from the surrounding environment, including parents; changes in the body of a pregnant woman that cause hormonal stress, if the pregnancy is maintained; and real threats to the future, such as not being allowed to go back to school. This is generally more severe for adolescent girls. As a result, adolescent girls are faced with complex traumatic events that affect their perspective on the world and daily activities (Erika Putri Wulandari, 2022). Based on a literature study from Ermiati (2021), there are 4 types of responses, namely psychological responses, social responses, self-acceptance responses, and responses to abortion. From the above case, Ms. D has entered 3 responses, namely a psychological response where she feels afraid, embarrassed, anxious, and confused because she is pregnant out of wedlock at a young age, the social response of Ms. D felt not ready with the response she would get if other people saw her current situation on the other hand people would think that Ms. D is not a "good girl" considering her job is in the nightlife, Ms. D also said that her relationship with her parents-in-law was not so



good as well as her husband and her parents because of the mistakes they made so that it had an effect on her social response which was more willing to interact with people in a small circle, and finally the response of self-acceptance where Ms. D prefers to do activities inside the house rather than outside if there is no urgent need.

The management given to Ms. D on April 19, 2022 at 16.25 WIB is to provide counseling regarding the period of pregnancy the same as pregnant women in general, but more emphasis is placed on the readiness of the self and the body of adolescents because at the age of <20 years, the reproductive organs of adolescents are not mature as >20 years. Pregnancy and childbirth at the age of adolescents less than 20 years can provide a risk of maternal and infant mortality 2-4 times higher than pregnancy at the age of 20-35 years. There is one of the priority problems of adolescent reproductive health in the world in general and Indonesia in particular. Reproductive health problems in adolescents in addition to having a physical impact, can also affect mental and emotional health, economic conditions and social welfare for adolescents themselves also have an impact on families, communities and nations (Mia Afritia, Risnawati, Tuti Susilowati, Nur Sri Atik, 2022).

CONCLUSION

Community Midwifery Care Case Report on Ms. D 18 Years old, G1P0A0 5 Weeks of pregnancy With Unwanted Pregnancy In Kelurahan Tanjung Mas.

In the subjective data of a patient named Ms. D 18 years old, female gender, Javanese ethnicity, junior high school education, household work. The main complaints she does not want to take vitamins given at PMB and Puskesmas, still feeling nauseous, lack of appetite, uncomfortable sleeping and frequent urination.

Physical examination objective data showed that the general condition of the mother: good, consciousness: composmentis, TTV: BP: 100/70mmHg, N: 88x/minute, S: 36.6C, RR: 20x/minute. TB: 145cm, weight: 43kg, Lila: 22.1 cm, TFU: 2 fingers on the symphysis, mobile presentation, dj: (-).

Data analysis obtained Ms. D 18 Years old, G1P0A0 5 Weeks of pregnancy With Unwanted Pregnancy in Tanjung Mas.

Case management by providing counseling related to complaints felt during pregnancy, counseling about Unwanted Pregnancy, encouraging mothers to keep eating 3 times a day for nutritional needs from mother to fetus, recommending to continue taking pregnant vitamins given at health facilities, providing support psychic for mothers to be able to carry out their pregnancy in a calm and comfortable manner, encourage mothers to be able to carry out a healthy lifestyle, recommend routine pregnancy check-up at health facilities according to the schedule.

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