



PROFILE AND PERCEPTION OF PREGNANT WOMEN TOWARDS SYPHILIS INFECTION PREGNANCY

R. Nety Rustikayanti*, Tri Nur Jayanti, Ingrid Dirgahayu

Study Program of Nursing, Universitas Bhakti Kencana, Jl. Soekarno Hatta No.754, Cipadung Kidul, Panyileukan, Bandung, West Java 40614, Indonesia

*nety.rustikayanti@bku.ac.id

ABSTRACT

The number of cases of pregnancy syphilis infection at the Ibrahim Adjie Community Health Center has increased in recent years. Until now, not all cases have been found and it is estimated that this will be greater than the current findings. The response of pregnant women to the diagnosis of syphilis infection tends not to be interpreted as a disease that can affect pregnancy. One of these conditions is related to the mother's perception of syphilis infection during pregnancy. Researchers have not yet obtained studies related to risk factors and perceptions, especially in Indonesia. Objective: This research was conducted to obtain risk factors related to pregnant women's perceptions of pregnancy syphilis infection. Method: Research variables include maternal age, occupation, income, ethnicity, gravida status, gestational age, sex, and perception. The research instrument consists of demographic data and a questionnaire with an alpha value of 0.939. Data collection using a survey approach uses primary data. Results: The results of the analysis showed that the highest percentage was in the age category of more than 19 years (90.9%), housewife (81.8%), multigravida (65.5%), gestational age more than 28 weeks (45.5%), sexual risk (54.4%), perception supports (65.5%), and the correlation value with Spearman is 0.361. Conclusions: Supportive perceptions provide the same contribution to risky and non-risky sexual activity, whereas risky and non-risky sexual activity produces supportive perceptions. The respondent's perception that the perspective on pregnancy syphilis does not arise due to previous sexual experience can be caused by other factors that contribute both internally and externally.

Keywords: perceptions; pregnancy; syphilis anxiety

First Received 22 March 2024	Revised 28 April 2024	Accepted 30 April 2024
Final Proof Received 09 June 2024		Published 01 August 2024
How to cite (in APA style) Rustikayanti, R. N., Jayanti, T. N., & Dirgahayu, I. (2024). Profile and Perception of Pregnant Women Towards Syphilis Infection Pregnancy. <i>Indonesian Journal of Global Health Research</i> , 6(4), 2407-2414. https://doi.org/10.37287/ijghr.v6i4.2552 .		

INTRODUCTION

Health facilities such as community health centers, clinics, correctional institutions and hospitals in Bandung City which are members of the HIV AIDS Information System (SIHA) report that cases of sexually transmitted infections (STIs) have increased significantly. Several STI problems reported in succession include syphilis, gonorrhoea, cervicitis/proctitis, LGV, genital herpes, and others. Syphilis or better known to ordinary people as the lion king has also reportedly increased in the last 5 years (2016-2022). From 12 thousand cases to almost 21 thousand cases with an average increase in cases each year reaching 17,000 to 20,000 cases (KemenkesRI, 2023). Syphilis is a sexually transmitted infection caused by the bacteria *Treponema pallidum* which can be transmitted through sexual intercourse, blood transfusions and vertically from mother to fetus. Syphilitic pregnancies are the main cause of poor birth outcomes. Pregnant women suffering from syphilis can transmit transplacental infection to the fetus resulting in miscarriage, premature birth, low birth weight, stillbirth, or congenital syphilis [Darmawan, Purwoko, Devi, 2020).

Given the concerning increase in the prevalence of pregnancy infections, public health strategies aimed at infection prevention and access to timely screening and treatment to reduce associated adverse pregnancy outcomes are urgently needed. Prevention of pregnancy infections can be done by identifying related risk factors. Risks and poor pregnancy conditions are associated with syphilis infection in pregnancy (Laktabai dkk, 2022). Risk factors that cause this increase include changes in sexual practices, population movement or mobilization, factors that limit access to health care, especially access to antenatal care, limited maternal awareness and education, and maternity services (Thean, Moore, Nourse, 2022). Young maternal age, low educational level, non-Hispanic black race/ethnicity, concurrent infection with syphilis, and tobacco use are also associated with a substantially increased risk of gonorrhea and chlamydia infections in pregnancy (Gulersen dkk, 2022). Moreover, characteristics such as age, education and number of morbidities are associated with disease perception (Ogunrinde dkk, 2021).

The results of a preliminary study at the Ibrahim Adjie Community Health Center found that there was an increase in the number of cases of STI syphilis in pregnant women. The response of pregnant women when they receive a diagnosis of syphilis tends not to be that the condition is dangerous for the baby. This condition can hinder the behavior of pregnant women in carrying out optimal pregnancy care. This study aims to obtain a perception profile of syphilis infection in pregnant women. Health workers at the KIA polyclinic said that pregnant women think that syphilis is an "ordinary" infection that does not require special treatment.

METHOD

The research used a cross-sectional approach with a survey method to obtain primary data. The instrument was prepared in the form of a questionnaire covering maternal age, occupation, gravida status, gestational age, sexuality, and perceptions of syphilis infection in pregnancy. The perception instrument was prepared based on Pender's nursing theory regarding health promotion compiled by researchers. The research instrument was prepared by researchers and tested with validity results in the range 0.474-0.907 and reliability of 0.939. The number of pregnant women recorded at the Ibrahim Adjie Community Health Center in September-October 2023 was 55 people. Data collection was carried out directly by a team consisting of lecturers and students as enumerators through pregnancy visits at health centers, home visits of health workers at posyandu, and prenatal classes. The research ethics test was submitted to the Immanuel Health Institute KEPK with number No.182/KEPK/IKI/IX/2023. Selected subjects are given contact materials/rewards for compensation for time involved in research in the form of credit or pouches. The data collected goes through data processing stages including scoring, coding, data input and continued with statistical analysis. Analysis uses the percentage formula and Spearman Correlation.

RESULTS

The research results are presented in Table 1 regarding Perception profile based on age, occupation, gravida status, gestational age; and Table 2 regarding respondents' perceptions of pregnancy syphilis based on sex below.

Table 1.

Perception profile based on age, occupation, gravida status, gestational age (n=55)

Perception	Total
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Characteristic	Unfavorabel		Favorable		F	%
	f	%	f	%		
Age						
< 19 years	2	3.6	3	5.5	5	9.1
> 19 years	17	30.9	33	60	50	90.9
Working						
Housewives	15	27.3	30	54.5	45	81.8
Non-health worker	3	5.5	3	5.5	6	10.9
Health worker	1	1.8	3	5.5	4	7.3
Gravida						
Primigravida	6	10.9	11	20	17	30.9
Multigravida	11	20	25	45.5	36	65.5
Grandemultigravida	2	3.6	0	0	2	3.6
Gestation						
< 12 weeks	1	1.8	5	9.1	6	10.9
>12 - 28 weeks	8	14.5	16	29.1	24	43.6
> 28 weeks	10	18.2	15	27.3	25	45.5

Table 1 shows that the characteristics of most respondents in the age category of more than 19 years were 50 people (90.9%), 45 housewives (81.8%), 36 multigravidas (65.5%), and gestation ages of more than 28 weeks. 25 people (45.5%).

DISCUSSION

Illness perception is a major regulatory factor influencing the patient's emotional world and health-related behavior (Segal dkk, 2021). Syphilis is a sexually transmitted infection which, if experienced by pregnant women, can cause complications such as spontaneous abortion, stunted fetal growth, perinatal death, and can cause serious sequelae in children with syphilis infection (Iskandar, 2023; Genç, 2000) . It can be said that the perception of pregnancy syphilis can lead to maternal behavior to prevent complications both for herself and her baby. Pregnant women with syphilis who receive treatment have a lower risk of congenital syphilis, premature birth, low birth weight, stillbirth, and neonatal death compared to pregnant women with syphilis who do not receive treatment (Qin, Yang, et al, 2014). Pregnancy syphilis perception is a process in which pregnant women use existing knowledge and background to explain the symptoms they may experience when infected with syphilis, including emotional characterizations of the disease and psychological behavioral responses (Xu dkk, 2022). Perceptions of lack of support can have an impact on efforts to prevent syphilis transmission.

Respondents' perceptions of pregnancy syphilis based on the profile are shown in Table 1 in both supportive and unsupportive categories, especially those aged over 19 years, housewives, multigravidas, and gestational age 13-28 weeks. Younger ages tend to have lower personal control compared to older ages. However, young people have higher confidence in dealing with illness (Kim, Kim, Ryu, 2019). Younger ages have a more negative perception which can be related to experiences during pregnancy and its problems (Ogunrinde dkk, 2021). Negative perceptions occur in groups of teenagers in San Francisco (Nyasulu, Fredericks, Basera, 2018). Based on this, it can be said that younger mothers will have a less supportive perception of pregnancy syphilis infection, but are more able to face the treatment process that will be undertaken if they experience this infection. The results of this study are different, where those under 19 years of age are mostly in the support category. This difference could occur from the unequal number of samples in the two age groups. However, pregnant women under 19 years of age require more attention because pregnant women at that age can experience worse impacts if infected with syphilis compared to pregnant women over 19 years of age (Xiao, et al, 2018). Otherwise, average women experience syphilis with average on 23.6 years (Tores dkk, 2019). Like age, maternal employment status has similar gaps where the number of groups differs greatly. However, the group of non-health working

mothers has the same percentage in perception. When working, a person interacts with other people and obtains information from each other according to their field of work. Non-healthcare fields minimize the health information obtained by pregnant women. In contrast to those working in the health sector, there is a greater chance of getting more information about health as seen in Table 1, that the percentage of supportive perceptions in the group working in the health sector is more in the supporting category.

Gravida status and gestational age are related to personal views based on experience during pregnancy. The experience of getting information during a previous pregnancy influences the perception of current pregnant women. Services at the health center, during early pregnancy visits, include identifying risks to pregnancy, including signs of syphilis infection. Screening at community health centers carried out according to current policy is through blood tests to identify the presence of syphilis and HIV infections. Pregnancy is an important period in many women's lives and a period in which they can consider their own health as well as the health of their future children. Unsupportive perceptions of threatening conditions during this period can encourage risky behavior resulting in problems with the pregnancy and fetus. Respondents' perceptions of syphilis and sex based on table 2 are mostly in the supportive and risky sexual categories respectively. Perceptions of illness are a determinant of a person's health behavior, although the relationship between perceptions and health behavior may depend on the accuracy of these perceptions (Ferrer & Klein, 2015). Perceptions of syphilis do not correlate with sexual risk as shown in Table 3, where respondents who have supportive perceptions show the same amount of sexual risk. Even though it is not correlated, for respondents with less supportive perceptions, it appears that more respondents indicated risky sexual behavior.

Perception guides a person's efforts to overcome illness, which in turn impacts health. Consequently, illness perceptions are a target for interventions to improve health-related quality of life, the focus of which may be to change beliefs that hinder coping efforts and contribute to symptom burden. (Valentine dkk, 2022). Respondents' perceptions of the signs and symptoms of syphilis are less supportive, which can have an impact on pregnant women being unable to recognize the problems they are experiencing. Pregnant women often cannot recognize the signs of syphilis infection at the start of infection (primary syphilis) because the infected organs are in a hidden part of the genitals (Sadeep & Sobhanakumari, 2023). Generally, symptoms appear after an incubation period of 3 weeks with the presence of ulcers which indicate the entry of bacteria into the body. These lesions have firm boundaries that may or may not be accompanied by pain. Symptoms that are not resolved within 10 weeks can develop into a secondary stage. At this stage, symptoms of increased body temperature, lymphadenopathy, visible changes in the mucosa and skin appear (Iskandar, 2023).

Perceptions about the impact of death on babies are still considered less supportive. Few respondents thought that infection in the mother could have an impact on the fetus and even death. Transmission of syphilis infection from mother to fetus can occur at any time during pregnancy and can occur at any stage of syphilis (Adhikari, 2020; Gulersen dkk, 2022; Iskandar, 2023; [5, 6, 10]. Considering that transmission cannot be recognized and the negative impact of syphilis on the fetus, the best efforts are to start with screening through syphilis examination and undergo appropriate syphilis treatment (Tsimis & Sheffield, 2017). The research results show that only 24% of pregnant women undertake screening efforts during pregnancy. Pregnant women should be screened for syphilis at least once during pregnancy, especially at the beginning of the trimester and repeated at the end of the trimester in high risk groups (PMK No 52 th 2017; Pradhan & Jain, 2020; Tsai, dkk, 2019). Moreover, The risk of delay in syphilis treatment can be reduced. Respondents' perceptions of their

understanding of pregnancy syphilis are still not very supportive. Respondents considered that syphilis could not occur in their environment, so efforts to use condoms, screening early in pregnancy, and counseling about infections as prevention of sexually transmitted infections were still rarely carried out. These efforts are effective in controlling syphilis considering that there is no vaccine to prevent syphilis to date (Iskandar, 2023). It is hoped that counseling will be provided to increase pregnant women's understanding of syphilis because perception has been scientifically proven to be related to a person's health behavior (Septiyani, Karlina, & Barbara, 2023). Counseling should be given to women from the start before pregnancy because the main cause of syphilis is high risk behavior such as multiple partners (WHO, 2012). Health professionals should provide targeted intervention measures based on the factors associated with illness perception (Xu dkk, 2022).

CONCLUSION

The absence of correlation between profile, sexual and perception, one of which is influenced by various factors including: the number of samples in each group is not the same, the total sample number is not adequate, the presence of other factors that have not been identified in this research, or the approach taken.

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