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artikel The role of media exposure in the knowledge of pregnancy danger signs.pdf

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WORD COUNT

9252 Words

CHARACTER COUNT

40918 Characters

PAGE COUNT

14 Pages

FILE SIZE

557.0KB

SUBMISSION DATE

Mar 16, 2023 11:28 AM GMT+7

REPORT DATE

Mar 16, 2023 11:29 AM GMT+7

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2 ISSN: 0258-2724

DOI : 10.35741/issn.0258-2724.58.1.21

Research article

Social Sciences

THE ROLE OF MEDIA EXPOSURE IN THE KNOWLEDGE OF PREGNANCY DANGER SIGNS AMONG FEMALE WORKERS IN URBAN INDONESIA

媒体曝光对印度尼西亚城市女性工人怀孕危险迹象知识的作用

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▪ Accepted: February 6, 2023 ▪ Published: February 28, 2023

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Abstract

The appropriate media can optimize efforts to increase knowledge of pregnancy danger signs. This cross-sectional study aims to analyze the role of media exposure on knowledge of pregnancy danger signs among female workers in urban Indonesia. The population of the study was female workers in urban Indonesia. The weighted sample size was 11,130 female workers. The variables analyzed included knowledge of the pregnancy danger signs, the frequency of reading newspapers/magazines, the frequency of listening to the radio, the frequency of watching television, the use of the internet, and six demographic characteristics. The final step employed binary logistic regression. The results show that the more often a female worker reads a newspaper/magazine, listens to the radio, and watches television, the more likely it is to know the pregnancy danger signs. Female workers who use the internet have a better chance than those who never use the internet to know about pregnancy danger signs. Apart from media exposure, all analyzed demography characteristic variables were also proven to significantly influence the knowledge of pregnancy danger signs among female workers in urban Indonesia. All media exposure variables tested were determinants of knowledge of pregnancy danger signs among female workers in urban Indonesia. Two aspects of this study can claim a novelty. First is the research subject, a female worker, and the other is the research variable, which is media exposure to knowledge of pregnancy danger signs and sociodemographic characteristics.

Keywords: Media Exposure, Pregnancy, Pregnancy Danger Signs, Female Workers

摘要 適當的媒體可以優化增加對懷孕危險跡象的了解的努力。這項橫斷面研究旨在分析媒體曝光對印度尼西亞城市女工懷孕危險跡象知識的作用。研究對象是印度尼西亞城市的女工。加權樣本量為11,130名女工。分析的變量包括對懷孕危險跡象的了解、閱讀報紙/雜誌的頻率、收聽廣播的頻率、看電視的頻率、互聯網的使用以及六個人口統計特徵。最後一步採用二元邏輯回歸。結果顯示，女職工閱讀報紙/雜誌、聽廣播和看電視的次數越多，就越有可能知道懷孕的危險信號。使用互聯網的女工比從不使用互聯網的女工更有機會了解懷孕危險信號。除媒體曝光外，所有分析的人口統計學特徵變量也被證明對印度尼西亞城市女工對懷孕危險跡象的了解有顯著影響。所有測試的媒體曝光變量都是印度尼西亞城市女工懷孕危險跡象知識的決定因素。這項研究的兩個方面可以說是新穎的。第一個是研究對象，一名女工，另一個是研究變量，即媒體對懷孕危險跡象和社會人口特徵知識的接觸。

关键词: 媒體曝光、懷孕、懷孕危險徵兆、女工

I. INTRODUCTION

In the southeast Asian region, the Maternal Mortality Rate (MMR) in Indonesia is still ranked third after Myanmar and Laos. Consecutively from 2013 to 2017 MMR in Indonesia reached 207, 199, 192, 184, 177 per 100,000 live births [1]. This data shows that MMR in Indonesia shows a downward trend, decreasing the range of 6-8%. However, MMR in Indonesia is still high because it has not reached the SDG target, which is < 70 per 100,000 live births. Compared to other developing countries, the MMR in Indonesia is very high. In three ASEAN countries, namely Singapore, Malaysia, and Brunei Darussalam, MMR has achieved the SDGs target since 2013. MMR in Singapore, Malaysia, and Brunei Darussalam in 2017 was at level 8, 29, and 31 per 100,000 live births [1]. Several countries in the world show insignificant MMR figures. MMR in Indonesia is 9.3 times higher than that of the United States, 11.8 times higher than Albania, 16.09 times higher than Korea, and 22.12 times higher than Croatia [1-4]. Indonesia needs more efforts to reduce MMR.

The causes of maternal death consist of direct and indirect causes. The direct causes are complications of pregnancy and childbirth [5]. There has been a significant increase in maternal deaths due to indirect causes in low to middle-income countries. One of the indirect causes is gaps in care, including inadequate access to health services [6], particularly access to health services to detect early pregnancy complications. The majority of obstetric complications can be prevented if their occurrence can be detected in early conditions. However, the fact is that women's knowledge of obstetric danger signs is so low that it hinders access to midwifery care when women experience obstetric complications [7, 8]. Knowledge of pregnancy danger signs is

the first step in the appropriate and timely referral to essential obstetric care [9]. It is related to attention and awareness in prenatal care. If the mother lacks awareness, it will delay in seeking care [10].

Increased knowledge of the main danger signs creates and promotes mechanisms by which women are prepared to make prompt and appropriate decisions and actions in the event of obstetric danger signs [11]. Women will take appropriate action after knowing pregnancy danger signs [12]. Knowledge of obstetric danger signs can also increase the use of antenatal care (ANC) services [9]. Good knowledge is believed to be an asset for healthy behavior.

Knowledge of obstetric danger signs becomes the capital for fast help-seeking behavior at the right time. The source of knowledge about obstetric danger signs is health promotion media. Women exposed to promotional media are more likely to have good knowledge than women who are not exposed to media. Mass media exposure has a significant effect on maternal health awareness and delivery readiness [13, 14]. Mass media can disseminate information about maternal health care that can improve the welfare of mothers and babies, especially among women with limited education and working women [15]. The pregnancy class program in Indonesia can be used as an example to describe media information to inform about information related to pregnancy. Some studies have found that participation in pregnancy classes was positively associated with the usage of adequate antenatal care, skilled birth attendants, and delivery at a health facility [16]. However, other studies found several aspects influencing making decisions to look for antenatal care and care during labor and birth [17].

Pregnant women workers have multiple

burdens, namely the burden of pregnancy and workload. Female workers are more prone to pregnancy complications because they have less time to pay attention to pregnancy. Female workers should have adequate knowledge of obstetric hazard signs. The housing factor for female workers significantly influences the knowledge of female workers about obstetric hazard signs. Urban women workers are more likely to know pregnancy danger signs than rural women [18, 19]. Female workers in urban areas can have more opportunities to obtain exposure to the mass media. ¹²Based on the background description, the study's purpose is to analyze the role of media exposure on knowledge of pregnancy danger signs among female workers in urban Indonesia.

II. METHODS

A. Data Source

The study employed secondary data from the 2017 Indonesian Demographic Data Survey (IDHS) as the analysis material. ¹The IDHS was part of an international survey that was part of the Demographic and Health Survey (DHS) series. DHS was operated internationally by the Inner City Fund (ICF). The sampling method in the IDHS used stratification and multi-stage random sampling. ⁸The study population was female workers of childbearing age (15-49 years old) in urban Indonesia who had given birth in the last five years. The weighted sample size used was ⁸11,150 female workers.

⁸The Central Statistics Agency, the National Population and Family Planning Agency, and the Ministry of Health collaborate on the 2017 IDHS. The Indonesian government is financing the survey. It receives technical assistance from ICF through the DHS scheme. The sampling design for the 2017 IDHS is ¹¹intended to include national and regional estimates. The 2017 IDHS study contains ¹¹1970 census blocks from urban and rural areas, representing urban and rural areas. It is hoped that a cumulative sample of 49,250 households would be obtained from the total number of census blocks. It is estimated that approximately 59,100 childbearing age women respondents aged 15-49 years old will be obtained from the total sample of these households [20].

The Population Census Block Master Sample 2010 was used as the reference frame for the 2017 IDHS (SP2010). Meanwhile, due to updating the households from the chosen census block, the survey frame for selecting households

uses the standard household list. Unique households, such as orphanages, police/military barracks, jails, and boarding houses with at least ten persons boarding a boarding house with meals, are excluded from this list of ordinary households [20].

¹⁵The 2017 IDHS used a stratified two-stage sampling design: 1) Stage 1: systematic probability proportional to size (PPS) with the number of households specified on the SP2010 list pick several census blocks. In this situation, the census blocks were sorted depending on the wealth index group from the SP2010 data, and an implicit stratification mechanism was used to divide them into urban and rural areas. ¹¹2) Stage 2: Choose 25 ordinary households in each census block based on the household survey results conducted in that census block. From the 25 households, eight will be chosen systematically [20].

²⁰The number of samples is determined by considering the relative standard error (RSE) of several main IDHS variables from 2017. The overall household sample for each province is determined using the minimum sample size needed for average RSE estimation of 3.5 percent. The RSE of 3.5 percent is the median value of the sample size criteria that must be met to ensure specific metrics' precision is adequate. This sample size was modified by 5% for expected non-response using the consensus allocation process (which considers the population distribution proportion) [20].

Province and urban/rural designation stratified the 2017 IDHS survey. Implicit stratification is first done in stratum by grouping census blocks by wealth index category, which is calculated using a polychoric multivariate principal component analysis (PCA) method [20]. Women between the ages of 15 and 49 were polled using a questionnaire designed for women of reproductive age. The interviewer filled out the questionnaire. The questionnaire was piloted from July to August 2016 before beginning data collection activities in the region. The trial seen if any question were straightforward and easy to understand by the participants. Both survey materials and survey methods were also put to the test [20].

In its implementation, the 2017 IDHS received a response rate of 97.8% (urban 97.7%; rural 97.9%). The distribution of women in the survey is weighted (mathematically adjusted) to resemble the country's correct distribution to produce a nationally representative statistical figure. The methodology team uses math to measure the weights that are used to change the

number of women from each country so that their ratio to the sum is equal to their population. At the regional level, the weighted measure will be smaller or larger than the unweighted value. After weighting, the overall national sample size remains unchanged, although women's representation in the regions has been altered to reflect the proportion of women to the total population [20].

B. Data Analysis

The knowledge of the danger of pregnancy was the respondent's knowledge of the dangers of prolonged labor, vaginal bleeding, fever, convulsions, baby in the wrong position, swollen limbs, faintness, breathlessness, tiredness, and others [18]. Knowing pregnancy danger signs was divided into two categories: "do not know" and "know." Respondents fall into the "know" category if they admit to knowing all the dangers of pregnancy.

Four media exposure variables were analyzed in this study: the frequency of reading newspapers/magazines, frequency of listening to the radio, frequency of watching television, and the use of the internet. The frequency of reading newspaper/magazine, frequency of listening to the radio, and frequency of watching television, was divided into three categories, namely "not at all," "less than once a week," and "at least once a week." Meanwhile, the use of the internet was divided into three different categories, namely "never," "yes, last 12 months," and "yes, before the last 12 months."

Apart from media exposure, six demographic characteristics were also included in the analysis as independent variables. The six variables were age groups, education level, marital status, wealth status, parity, and currently pregnant. The age group was divided into 7 categories in 5 years, namely "15-19," "20-24," "25-29," "30-34," "35-39," and "40-45." The education level consists of 4 categories, namely "no education," "primary," "secondary," and "higher." Marital status was divided into three categories, namely "never in union," "married or living with a partner," and "widowed or divorced."

Wealth status was determined based on the

wealth index calculation. The wealth index was a composite measure of a household's cumulative living standard. The wealth index was calculated using easy-to-collect data on a household's ownership of selected assets, such as televisions and bicycles, materials used for housing construction, and types of water access and sanitation facilities. The wealth index was divided into 5 categories, namely "poorest," "poorer," "middle," "richer," and "richest" [21].

Parity was the number of children who had been born alive. Parity was divided into 3 categories, namely "primiparous" (≤ 1), "multiparous" (2-4), and "grand multiparous" (> 4). Currently, pregnant was the respondent's acknowledgment of pregnancy during the interview, which is divided into 2 categories, "not pregnant" and "pregnant."

The collinearity test was run at an early stage to ensure there was no collinearity between the independent variables. Furthermore, the bivariate test was carried out with a chi-square test. In the final stage, binary logistic regression was used because of the dependent variable. All statistical analyzes were carried out using the SPSS 22 software.

III. RESULTS

The results of the collinearity test show that there was no strong correlation between the independent variables. The tolerance value for all the independent variables was greater than 0.10. Meanwhile, the variance inflation factor (VIF) value for all independent variables was less than 10.00. From the results of this test, it could be concluded that there was no multicollinearity between the independent variables.

Table 1 presents descriptive statistics of media exposure to female workers in urban Indonesia. Table 1 shows that the two categories of knowing pregnancy danger signs, neither knowing nor knowing, are dominated by female workers who do not read newspapers/magazines. Based on the frequency of listening to the radio, femaleworkers who do not listen to the radio dominate the two categories of knowing pregnancy danger signs.

Table 1. Descriptive statistics of media exposure to female workers in urban Indonesia (n = 11,130) (Developed by the authors)

Media exposure	Know pregnancy danger signs		P
	No	Yes	
Frequency of reading newspaper/magazine			0.000***
- Not at all	65.6%	48.4%	
- Less than once a week	26.0%	33.5%	
- At least once a week	8.3%	18.1%	
Frequency of listening to the radio			0.000***

Continuation of Table 1			
-	Not at all	62.6%	51.9%
-	Less than once a week	23.8%	29.7%
23	At least once a week	13.6%	18.4%
Frequency of watching television			0.000***
-	Not at all	2.4%	1.5%
-	Less than once a week	12.8%	12.3%
-	At least once a week	84.8%	86.2%
Use of the Internet			0.000***
-	Never	60.4%	39.0%
-	Yes, last 12 months	38.0%	59.4%
-	Yes, before the last 12 months	1.6%	1.7%

18 *p < 0.05; **p < 0.01; ***p < 0.001

Moreover, based on the frequency of watching television, the two categories of know pregnancy danger signs are dominated by female workers who watch television at least once a week. Finally, based on the use of the internet, female workers who do not know pregnancy danger signs are dominated by those who never use the internet; on the other hand, female workers who know pregnancy danger signs are dominated by those who use the internet last 12 months. Table 2 displays a descriptive statistic of female workers' characteristics in urban

Indonesia. Based on the age group, the 45-49 age group dominates female workers who do not know pregnancy danger signs; meanwhile, the younger age group (35-39) dominates female workers who know pregnancy danger signs. According to the education level, female workers with secondary education dominate both categories of known pregnancy danger signs. Meanwhile, both categories know that married female workers dominate pregnancy danger signs based on marital status.

Table 2.
Descriptive statistics of female worker characteristics in urban Indonesia (n = 11,130) (Developed by the authors)

Demography characteristics	Know pregnancy danger signs		P
	No, %	Yes, %	
Age group			0.000***
- 15-19	0.8	0.6	
- 20-24	7.2	5.5	
- 25-29	10.3	14.2	
- 30-34	14.1	18.5	
- 35-39	21.5	22.9	
- 40-44	22.6	20.5	
- 45-49	23.5	17.9	
Education level			0.000***
- No education	1.9	0.4	
- Primary	35.8	17.6	
- Secondary	51.6	55.0	
3 Higher	10.7	27.0	
Marital status			0.000***
- Never in union	1.3	0.5	
- Married/living with partner	85.7	91.2	
- Widowed/divorced	12.9	8.3	
Wealth status			0.000***
- Poorest	7.7	3.6	
- Poorer	15.3	9.5	
- Middle	23.5	17.3	
- Richer	27.7	27.0	
- Richest	25.7	42.5	
Parity			0.000***
- Primiparous	33.4	33.0	
- Multiparous	60.6	63.1	
- Grandemultiparous	6.0	3.9	
Currently pregnant			0.000***
- No	97.1	95.5	
- Yes	2.9	4.5	

Based on wealth status, female workers who do not know pregnancy danger signs are dominated by those with wealthier wealth status; meanwhile, the wealthiest female dominate workers female workers who know pregnancy danger signs. According to parity, both categories of know pregnancy danger signs are dominated by multiparous female workers. Finally, both categories know pregnancy danger signs dominated by female workers who are not currently pregnant based on currently pregnant status. Table 3 displays the results of binary logistic regression of the knowledge of pregnancy danger signs among female workers in urban Indonesia. The analysis at this stage used "do not know pregnancy danger signs" as references. Table 3 shows that all analyzed media

exposures are proven to significantly influence the knowledge of pregnancy danger signs among female workers in urban Indonesia. Female workers who are less than once a week reading a newspaper/magazine have 1.252 times the chance of female workers who do not read a newspaper/magazine to know pregnancy danger signs (AOR 1.252; 95% CI 1.252-1.252). Female workers who were at least once a week reading a newspaper/magazine are 1.516 times more likely than female workers who do not read a newspaper/magazine at all to know pregnancy danger signs (AOR 1.516; 95% CI 1.516-1.516). This analysis indicates that the more often a female worker reads a newspaper/magazine, the more likely it is for the female worker to know pregnancy danger signs.

Table 3. The results of binary logistic regression of the knowledge of pregnancy danger signs among female workers in urban Indonesia (n = 11,130) (Developed by the authors)

Predictors	Know pregnancy danger signs		
	AOR	LB	UB
Media Exposure			
Frequency of reading newspaper/magazine: Not at all	-	-	-
Frequency of reading newspaper/magazine: Less than once a week	1.252***	1.252	1.252
Frequency of reading newspaper/magazine: At least once a week	1.516***	1.515	1.516
Frequency of listening to the radio: Not at all	-	-	-
Frequency of listening to the radio: Less than once a week	1.149***	1.149	1.150
Frequency of listening to the radio: At least once a week	1.263***	1.263	1.263
Frequency of watching television: Not at all	-	-	-
Frequency of watching television: Less than once a week	1.099***	1.099	1.100
Frequency of watching television: At least once a week	1.166***	1.166	1.166
Use of the Internet: Never	-	-	-
Use of the Internet: Yes, last 12 months	1.391***	1.391	1.391
Use of the Internet: Yes, before the last 12 months	1.182***	1.182	1.183
Demography Characteristics			
Age group: 15-19	-	-	-
Age group: 20-24	0.704***	0.703	0.704
Age group: 25-29	1.041***	1.040	1.041
Age group: 30-34	0.996***	0.995	0.996
Age group: 35-39	0.867***	0.866	0.867
Age group: 40-44	0.808***	0.808	0.808
Age group: 45-49	0.744***	0.743	0.744
Education level: No education	-	-	-
Education level: Primary	1.642***	1.641	1.643
Education level: Secondary	2.694***	2.693	2.695
Education level: Higher	4.356***	4.354	4.358
Marital status: Never in union	-	-	-
Marital status: Married/living with a partner	3.754***	3.752	3.756
Marital status: Widowed/divorced	2.597***	2.596	2.598
Wealth status: Poorest	-	-	-
Wealth status: Poorer	1.073***	1.073	1.073
Wealth status: Middle	1.145***	1.144	1.145
Wealth status: Richer	1.273***	1.273	1.274
Wealth status: Richest	1.552***	1.551	1.552
Parity: Primiparous	-	-	-
Parity: Multiparous	1.343***	1.343	1.343
Parity: Grandemultiparous	1.283***	1.282	1.283
Currently pregnant: No	-	-	-
Currently pregnant: Yes	1.256***	1.256	1.257

Notes: 95% CI; * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Based on the frequency of listening to the radio, female workers who are less than once a week listening to the radio have a probability of 1.149 times compared to female workers who do not listen to the radio at all to know pregnancy danger signs (AOR 1.149; 95% CI 1.149-1.150). Female workers who at least once a week were listening to the radio have 1.263 times the chance of female workers who do not listen to the radio to know pregnancy danger signs (AOR 1.263; 95% CI 1.263-1.263). This information shows that the more often the female worker listens to the radio, the more likely it is for the female worker to know pregnancy danger signs.

According to the frequency of watching television, female workers who are less than once a week watching television have 1.099 times the chance of female workers who are not watching television to know pregnancy danger signs (AOR 1.099; 95% CI 1.099-1.100). Female workers who at least once a week were watching television have 1.166 times the chance of female workers who do not watch television to know pregnancy danger signs (AOR 1.166; 95% CI 1.166-1.166). This analysis shows that the more frequent female workers were watching television, the more likely it is for female workers to know pregnancy danger signs.

Based on the use of the internet, female workers who used the internet last 12 months had 1.391 times more chances than female workers who never used the internet to know pregnancy danger signs (AOR 1.391; 95% CI 1.391-1.391). Female workers who use the internet before the last 12 months have 1.182 times more chances than female workers who never use the internet to know pregnancy danger signs (AOR 1.182; 95% CI 1.182-1.183). The results of this analysis inform those female workers who use the internet have a better chance than those who never use the internet to know pregnancy danger signs.

Moreover, in addition to media exposure, all demography characteristics of female workers variables analyzed were also proven to significantly influence the knowledge of pregnancy danger signs among female workers in urban Indonesia. All-female worker age groups were less likely than the 15-19 age group to know pregnancy danger signs, except for the 25-29 age group, which had a higher likelihood than the 15-19 age group pregnancy danger signs.

Meanwhile based on the education level, Table 3 shows that the higher the education level of a female worker, the higher the chances of

knowing pregnancy danger signs. Based on marital status, married/living with a partner and widowed/divorced female worker has a higher probability than the female worker who never in the union to know pregnancy danger signs.

On the other side, based on wealth status, Table 3 shows that the higher the wealth status of a female worker, the higher the chances of knowing pregnancy danger signs. Based on parity, all parity categories have a better chance of knowing pregnancy danger signs than primiparous female workers. Finally, based on the currently pregnant status, the female worker who is currently pregnant has 1.256 times the chance of the female worker who is not currently pregnant to know pregnancy danger signs (AOR 1.256; 95% CI 1.256-1.257). This analysis indicates that pregnant female workers have a better chance of knowing pregnancy danger signs than female workers who are not pregnant.

IV. DISCUSSION

The results of this study show that any media exposure has a better impact on increasing the knowledge of pregnancy danger signs. Female workers who read newspapers/magazines more frequently, listen to the radio more frequently and watch television more frequently, have a higher likelihood of knowing pregnancy danger signs. Moreover, female workers who use the internet have a better chance than those who never use the internet to know pregnancy danger signs.

The media chosen as research variables can be classified as mass media because they can reach audiences on a large scale. Based on [22], the statement that mass media affects the audience either directly or indirectly, which changes the audience's knowledge. The use of media is also used as an intervention to solve existing health problems, such as those carried out by [23] in Iran regarding Periodontal Knowledge and [24] who reviewed the Suicide Prevention campaign.

The problem of maternal knowledge about pregnancy danger signs and its relation to the mass media was also found in several other developing countries, including in Ethiopia, which was carried out by [25], where the use of electronic media to disseminate health information could help women and the community at large to have a better awareness of obstetric danger signs. Meanwhile, in Egypt, a study conducted by [26] stated that there is a tendency for literate women were more likely to learn about danger signs from printed media than

illiterate women. On the other hand, the use of social media in pregnancy care in Hong Kong is also carried out to make a breakthrough in educating pregnant women [27].

On the other hand, apart from media exposure, the six demography characteristic variables analyzed were also proven to significantly influence the knowledge of pregnancy danger signs among female workers in urban Indonesia. The six variables are age groups, education level, marital status, wealth status, parity, and currently pregnant.

Previous studies have also showed that age is a determinant of the knowledge of pregnancy danger signs [25, 28]. Meanwhile, a better level of education was also found in previous studies to increase women's knowledge about pregnancy danger signs [29, 30]. Better education is also often found to have a better effect on performance in other areas of health [31, 32]. On the other side, poor education is considered a barrier to achieving better performance in the health sector [33, 34]. In line with the education level, wealth status also has the same possibility. The better the wealth status, the better the chances are to know pregnancy danger signs [30, 35, and 36].

Based on marital status, female workers who are married or living with partners are found to have the best chance of knowing pregnancy danger signs compared to female workers who are never in the union or widowed/divorced. This situation can occur because a partner allows the female worker to share the burden, both psychological and financial, as a consequence of pregnancy and childbirth [18, 37].

According to parity, previous studies in the Somali region and Northern Ethiopia also found similar results. Women with higher parity have a better chance of knowing pregnancy danger signs [9, 29]. Higher parity is likely related to past experiences, so more knowledge about pregnancy danger signs has been previously learning [38, 39]. On the other hand, currently pregnant encourages the curiosity and awareness of female workers who are pregnant to better understand the condition of her pregnancy. This situation makes pregnant female workers more likely to know pregnancy danger signs [9, 40].

Based on the previous studies described above, we can recognize that media information can increase knowledge, attitude, and in some cases, the impact of the media can change people's behavior. However, even though the media can benefit public health, the health workers are encouraged to accompany the media with other relevant programs to assure the

program's success.

Previously, the Indonesian government had initiated the implementation of "pregnancy classes" to disseminate the knowledge of the pregnancy danger signs to pregnant women [16, 41]. This analysis encourages the government to make more use of the media (newspapers/magazines, radio, television, and the internet) to increase the knowledge of pregnancy danger signs. These efforts are needed to complement previous efforts that rely on health workers who directly socialize the knowledge of pregnancy danger signs to pregnant female workers.

V. CONCLUSION

Based on the analysis results, it could be concluded that all media exposure variables tested were determinants of knowledge of pregnancy danger signs among female workers in urban Indonesia. The media exposure variables included reading newspapers/magazines, frequency of listening to the radio, frequency of watching television, and use of the internet. Moreover, all demographic characteristics variables were also found to determine pregnancy danger signs among female workers in urban Indonesia. The demographic characteristics were age groups, education level, marital status, wealth status, parity, and currently pregnant.

The research findings can strengthen the fundamental theories of health promotion that some media influence people's behavior and, to some extent, change people's behavior. In terms of government policy, this research can also develop health promotion programs, especially in the maternal and child health programs.

VI. LIMITATIONS OF THE STUDY

This study has a limitation: the study's variable is limited and depends on the availability of secondary data (DHS data). However, the study has a positive impact on the maternal and child health programs in Indonesia, such as this study can be estimated to the national level with correct weight to describe the level of the problem at the national level.

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