Pregnant Women's About Anemia in Pregnancy

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Article Info	Abstract
	Anemia of pregnancy can cause high morbidity and mortality rates. This study aims to explore the maternal knowledge level of anemia of pregnancy reviewed based on age, education and parity. This study has 30 samples. The results shows that the maternal knowledge level of anemia on pregnancy is as follows: mothers <20 years of age had low level of knowledge (77,78%); mothers with low education had low level of knowledge (80%); and primigravid mothers had low level of knowedge as well (75%). Thus, it can be concluded that low level of knowledge regarding anemia on pregnancy can generally be found in mothers whose age is <20 years, with low education, and who are expecting their first child.

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1. INTRODUCTION

The problem that is a priority for the health sector in Indonesia is the high maternal mortality rate. The maternal mortality rate in Indonesia is among the highest in the ASIA region, based on the 2017 SDKI (Indonesian Demographic and Health Survey) data, the maternal mortality rate was 305 per 100,000 births. [1]

Most anemia in pregnant women is classified as lacking nutritional value, especially iron. In pregnancy, anemia often occurs because the blood of pregnant women undergoes hemodilution (dilution) with an increase in volume of 30% to 40%, which peaks at 32 to 34 weeks of pregnancy. Anemia during pregnancy can result in fetal death, abortion, birth defects, low birth weight and can result in bleeding during delivery. This condition causes the perinatal mortality rate to remain high, as well as maternal mortality and morbidity. [2] Maternal and child health (MCH) policy in Indonesia currently stipulates the provision of blood-boosting tablets (200 mg of ferrous sulfate which is equivalent to 60 mg of elemental iron and 0.25 mg of folic acid) for all pregnant women, a minimum of 90 tablets. [3] Another effort made by the government to reduce iron deficiency anemia is a program to improve family nutrition. [4]

Anemia is a condition where the number of red blood cells is insufficient to meet physiological needs, which depends on age, gender and pregnancy status.[5] Anemia in pregnancy is a national problem because it reflects the socio-economic welfare of society and has a huge influence on the quality of human resources. Pregnancy anemia is called "potential danger to mother and child", which is why it requires serious attention from all parties involved in health services.[2] The threshold value used to determine the anemia status of pregnant women is based on WHO criteria set into three categories, namely normal (≥11 g/dl), mild anemia (8-11 g/dl), and severe anemia (less than 8 g/dl). g/dl). Pregnant women who experience anemia may be at greater risk of having premature or low birth weight babies. Anemia in pregnant women also increases the risk of blood loss during labor and makes it more difficult to fight infections.[2]

2. RESEARCH METHOD

This research is a type of descriptive research using a cross sectional approach. This research was conducted on all pregnant women who had their pregnancies checked at the South Denpasar III Community Health Center and the sample size used was 30 respondents according to the specified inclusion criteria. The sampling technique uses consecutive sampling. The instrument in this research is a questionnaire. Data analysis is calculated using the formula:

$$P = \frac{f}{n} \; X \; 100$$

3. RESEARCH RESULTS AND DISCUSSION

Table 1. Frequency Distribution of Respondents Based on Pregnant Women's Knowledge About Anemia in Pregnancy at Community Health Center III Denpasar Selatan

Knowledge	Frequency	Percentage
Good	6	20 %
Enough	9	30 %
Not enough	15	50 %
Total	30	100%

Based on table 1, it can be seen that of the 30 respondents, a small number of six people (20%) have good knowledge, almost half of nine people (30%) have sufficient knowledge and half of them, 15 people (50%) have poor knowledge. Public knowledge and awareness regarding the health of pregnant women is a determining factor in mortality rates, although there are still many factors that must be considered to deal with this problem. This is included in the knowledge of pregnant women about anemia, which is very important to know because it is very influential during the pregnancy process and will also affect the birth process later.[6]

Knowledge of pregnant women about anemia in pregnancy based on age at Community Health Center III Denpasar Selatan can be seen in table 2:

Table 2 Frequency Distribution of Pregnant Women's Knowledge about Anemia in Pregnancy Based on Age at Community Health Center III Denpasar Selatan

Knowledge	Respondent's Age			
	< 20 years		20-35 years	
	Frequency	%	Frequency	%
Good	-	-	6	28.58
Enough	2	22.22	7	33.33
Not enough	7	77.78	8	38.09
Total	9	100	21	100

Table 2 shows that of the nine people aged <20 years, none had good knowledge, a small number of two people (22.22%) had sufficient knowledge and almost all seven people (77.78%) had poor knowledge. At the age of 20-35 years, of the 21 people, almost half, six people (28.58%) have good knowledge, almost half, seven people (33.33%) have sufficient knowledge and almost half, eight people (38.09%) have poor knowledge. Based on Lidya's (2014) research entitled Overview of Pregnant Women's Levels regarding Antenatal Care in Maternity Homes and Sally Medical Centers, the majority of knowledge levels of pregnant women in the good category are pregnant women aged 30-34 years

(35.7%). A person's age can provide analytical power for the information provided and make it easier to receive updated information. [7]

Pregnant women's knowledge about anemia in pregnancy based on education level at Community Health Center III Denpasar Selatan can be seen in table 3:

Table 3 Frequency Distribution of Pregnant Women's Knowledge about Anemia in Pregnancy Based on Education Level at Community Health Center III Denpasar Selatan

Knowledge	Level of education			
	basic education		Middle education	
	Frequency	%	Frequency	%
Good	1	7.14	5	31.25
Enough	2	14.29	7	43.75
Not enough	11	78.57	4	25
Total	14	100	16	100

Table 3 shows that of the 14 people at the basic education level, a small number of one person (7.14%) has good knowledge, a small number of two people (14.29%) have sufficient knowledge and almost all 11 people (78.57%) have lacking knowledge. At the secondary education level, of the 16 people, almost half of them, five people (31.25%) had good knowledge, almost half of them, seven people (43.75%) had sufficient knowledge and a small number of four people (25%) had poor knowledge. Based on research conducted by Umamah (2020), 51 respondents had a medium education category (45.1%). This states that the level of education gives pregnant women the ability to receive information, especially about anemia and understand more about how to prevent anemia.[7]

Knowledge of pregnant women about anemia in pregnancy based on gravida at Community Health Center III Denpasar Selatan can be seen in table 4:

Table 4 Frequency Distribution of Pregnant Women's Knowledge about Anemia in Pregnancy Based on Parity at Community Health Center III Denpasar Selatan

Knowledge	Gravida			
	Primi Gravida		Multi Gravida	
	Frequency	%	Frequency	%
Good	2	12.5	4	28.57
Enough	2	12.5	7	50
Not enough	12	75	3	21.43
Total	16	100	14	100

Table 4 shows that of the 16 people in primi gravida, a small number of two people (12.5%) have good knowledge, a small number of two people (12.5%) have sufficient knowledge and the majority of 12 people (75%) have poor knowledge. In multi gravida of 14 people, almost half of them, four people (28.57%) have good knowledge, half of them, seven people (50%) have sufficient knowledge and only a small number of three people (21.43%) have poor knowledge. Based on the results of research conducted by Umamah (2020), it was stated that of the 51 respondents, the majority of respondents were in the

Multipara category (54.9%). Multiparity means that the pregnant woman has experienced a second pregnancy, and this will help pregnant women to be able to accept the problem of anemia in pregnancy, so that the problem of anemia in pregnancy can be well understood.[7]

4. CONCLUSION

Based on the results of research regarding "Knowledge of Pregnant Women about Anemia in Pregnancy at Community Health Center III Denpasar Selatan" which has been carried out, the following conclusions can be drawn: 1) At the age of <20 years almost all of them have insufficient knowledge about anemia in pregnancy; 2) In basic education, almost all of them have insufficient knowledge about anemia in pregnancy; 3) Most primi gravidas have less knowledge about anemia in pregnancy.

5. ACKNOWLEDGEMENT

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