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Description of Knowledge of Pregnant Women About Anemia in Batu Malenggang Village, Hinai District, Langkat Regency

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ABSTRACT

According to the World Health Organization (2010), Indonesia ranks first with the highest maternal mortality rate (MMR) from maternal mortality (28%), anemia and chronic energy deficiency in pregnant women are the main causes of bleeding and infection which are the main factors of death in pregnant women. . Based on research data on the quality of the Indonesian population in 2011, the Maternal Mortality Rate (MMR) was still at 228/100.00 live births. Objective: To determine the level of knowledge of pregnant women about anemia in Batu Malenggang Village, Hinai District, Langkat Regency in 2014. This type of research is a descriptive survey. The research was conducted in June 2014, the research instrument was a questionnaire. The population of 35 pregnant women as well as the sample in this study (total sampling). The results showed that the level of knowledge of pregnant women about anemia in Batu Malenggang Village, Hinai District, in the good category was 7 people (20.0%), the sufficient category was 22 people (62.9%), and the less category was 6 people (17.1%). %). The highest level of knowledge of pregnant women about anemia in Batu Malenggang Village is the sufficient category as many as 22 people (62.9%). to prevent and reduce the risk of anemia in pregnancy.

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1. Introduction

Iron deficiency anemia in pregnant women is a health problem experienced by women throughout the world, especially in developing countries, the World Health Organization (WHO) reports that the prevalence of pregnant women with iron deficiency is around 35-75%, and this number is increasing along with increase in gestational age. According to WHO 40% of maternal deaths in developing countries are related to anemia during pregnancy, and most of these conditions are caused by iron deficiency and acute bleeding, and it is not uncommon for the two to interact with each other. .5%, whereas in America it is only 6%. Lack of nutrition and minimum attention to pregnant women is a predisposition for maternal iron deficiency anemia in pregnant women in Indonesia (Betty Mangkuji, 2013).

According to the World Health Organization (2010), Indonesia is ranked first with the highest Maternal Mortality Rate (MMR) of 181 countries. Bleeding occupies the highest percentage of maternal deaths (28%), anemia and chronic lack of energy in pregnant women are the main causes of bleeding and infection. which is the main cause of death in pregnant women. Based on data and research on the quality of the Indonesian population in 2011, the Maternal Mortality Rate (MMR) was still at 228/100.00 live births (Joewono, 2011)

Iron deficiency anemia is still a public health problem due to its high prevalence and its impact on the health of mothers and babies. The high prevalence of iron deficiency anemia attacks almost all age groups in society. One group of people who have a high prevalence of iron deficiency anemia is the group of pregnant women. Various countries including Indonesia report an average

prevalence rate of 8% while the average prevalence of anemia in pregnant women in developing countries is around 63.5-80% (Luh Seri Ani, 2013)

Anemia in pregnancy itself is a condition when the maternal hemoglobin level is <11-9% in the first and third trimesters or <10.5% in the second trimester. These limit values and their differences with values in non-pregnant women occur due to hemodilution, especially in the second trimester. Complaints of weakness, paleness and fainting even though the pressure is iron deficiency. Clinically, we can see the condition of the body that is malnourished and pale. Therefore, the examination of hematocrit and hemoglobin should be routine blood tests during antenatal surveillance. Maternal iron needs during pregnancy are 800 mg, 300 mg for the fetus and placenta and 500 mg for maternal erythrocyte increase. . Thus, the mother needs an additional about 2-3 mg of iron / day. Keep in mind, there are several conditions that cause iron calorie deficiency, such as chronic infections, liver disease and thalassemia. Side effects in the form of abdominal disorders after administration of oral iron supplements reduce patient compliance. In fact, on average only 15 tablets are consumed by pregnant women during pregnancy. (Betty Mangkuji, 2013)

Anemia is a further manifestation of iron deficiency, but the symptoms of anemia can actually be said to be the tip of the iceberg in the ocean, where the problems associated with iron deficiency are much bigger. Iron is needed by the body, among others, for growth, the operation of various enzymes in the body, overcoming infections, helping the intestine's ability to neutralize toxins and the most important thing is needed to help hemoglobin. In addition, iron deficiency can cause central nervous system disorders and can reduce work performance. Thus, although sometimes there are not clear signs of anemia, iron deficiency can cause bad effects on the body, then it should be necessary to detect iron deficiency as early as possible. Knowledge of iron metabolism in the body is one of the keys to overcoming the problem of iron deficiency (Siti Misaroh, 2010)

Good nutrition is the best way to prevent anemia if you are pregnant or trying to become pregnant. Eating foods that are high in iron content (such as green leafy vegetables, red meat, serial, eggs and kidney beans) can help ensure that the body maintains a steady supply of iron it needs to function properly. Giving vitamins to ensure that the body has enough iron and folic acid. Make sure your body gets at least 27 mg of iron every day. If you have anemia during pregnancy, it can usually be treated by taking iron supplements. Ensure that pregnant women are checked for hb levels during the first pregnancy visit to check for anemia (Atika Proverawati, 2011).

2. Method

Conceptual framework is a description and visualization of the relationship or link between one concept to another concept, or between one variable and another variable from the problem to be studied (Notoatmodjo, 2010). The research concept framework from the title description of pregnant women's knowledge about anemia in Batu Malenggang Village in 2014 can be seen in the conceptual framework chart presented below.

Independent Variables Dependent Variables

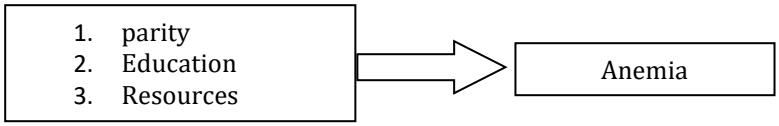

Chart 1. Conceptual Framework for Describing the Level of Knowledge of Pregnant Women About Anemia

2.1 Operational definition

Operational definitions are operationally defining variables to be observed, enabling researchers to make careful observations or measurements of an object or phenomenon.

Table 1
Definition of Operational Research

Variable	Operational Definition	Tool Measuring	Measuring Scale	Measurement Results
Level of	Everything pregnant women	Questionna	ordinal	1. Well

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knowledge of pregnant women about anemia	know about anemia in pregnancy	ire		2. Enough 3. Not enough
Age	The number of years up to the respondent's last birthday at the time of data collection by grouping by age range	Questionnaire	interval	1. < 20 yrs 2. 20-35 yrs 3. > 35 yrs
Education	The last formal education completed by the respondent and education is grouped into basic (SD and SMP), middle (SMA) and higher (Bachelor, Postgraduate) education	Questionnaire	Nominal	1. Base 2. Middle 3. Tall
parity	The number of children born to the respondent, both alive and dead when collecting data by grouping based on parity	Questionnaire	Nominal	1. Primigravida 2. Multigravida 3. Grandemultigravida
Resources	sources that help pregnant women in obtaining information about anemia in pregnancy	Questionnaire	Nominal	1. Once 2. Never

2.2 Types of research

This type of research is a descriptive survey with primary data that aims to describe the knowledge of pregnant women about anemia in Batu Malenggang Village in 2014.

2.3 Research Location and Research Time

The research was conducted in Batu Malenggang Village, Hinai District, Langkat Regency and the research time was carried out from April to June.

2.4 Population and Sample

The population in this study were all pregnant women in Batu Malenggang Village, Hinai District, amounting to 35 people and the sample used in this study was the entire population as a sample using total sampling technique.

2.5 Method of collecting data

Data were collected using primary data obtained directly from pregnant women by distributing questionnaires, where previously the researcher explained.

3. Results and Discussion

3.1 Research result

After conducting research on pregnant women in Batu Malenggang Village, Hinai District, Langkat Regency in 2014 as many as 35 respondents based on the results of the study obtained the characteristics of respondents and the level of knowledge of pregnant women about anemia in the table below is as follows.

3.2 Characteristics of Respondents by Age Group

Table 2
Characteristics of Respondents Based on Age in Batu Malenggang Village, District Hinai Langkat Regency in 2014

No	Age (Years)	Frequency	Percentage (%)
1	< 20	7	20.0
2	20-35	22	62.9
3	>35	6	17.1
	Amount	35	100

Based on table 4.1, 22 respondents aged between 20-35 years (62.9%), respondents aged > 35 years were 6 (17.1%) and respondents aged < 20 years were 7 people (20.0 %).

3.2 Characteristics of Respondents Based on Education Level

Table 3
Characteristics of Respondents Based on Education in Batu Malenggang Village, Hinai District, Langkat Regency in 2014

No	Education	Frequency	Percentage (%)
1	Base	13	37.1
2	Intermediate	19	54.3
3	Tall	3	5.6
	Amount	35	100

Based on table 4.2, it was found that the respondents had a basic education level of 13 people (37.1%), a secondary education level of 19 people (54.3%) and a higher education level of 3 people (8.6%).

3.3 Distribution of Breast Cancer Patients Based on Medical Measures

Based on the results of the study, it was found that the characteristics of breast cancer patients based on the most medical actions performed were surgery + chemotherapy, which was 40 people (33.3%), while chemotherapy was 28 people (35.9%) and with surgery + chemotherapy was 10 people. (12.8%) for more details can be seen in table 4.3 below.

Table 3.
Distribution of Characteristics of Inpatient Breast Cancer Patients Based on Action Medical at Haji Hospital Medan in 2012

No	**Medical treatment**	**Frequency**	**Percentage (%)**
1	Surgery + chemotherapy	40	33.3
2	Surgery + Radiotherapy	10	12.8
3	Chemotherapy	28	35.9
	Amount	**78**	**100.0**

3.4 Characteristics of Respondents Based on Parity

Table 4.
Characteristics of Respondents Based on Parity in Batu Malenggang Village, District Hinai Langkat Regency in 2014

No	parity	Frequency	Percentage
1	Primigravida	13	37.1
2	Multigravida	20	57.1
3	Grandemultigravida	2	5.8
	Amount	35	100

Based on table 4.3, the majority of respondents with parity multigravida were 20 people (57.1%) and the minority with parity grandemultigravida were 2 people (5.8%).

3.5 Characteristics of Respondents Based on Information

Table 6.
Characteristics of Respondents Based on Information in Batu Malenggang Village Hinai District, Langkat Regency in 2014

No	Information	Frequency	Percentage
1	Ever (Mass Media, Electronics, and Health Workers)	29	82.9
2	Never	6	17.1
	Amount	35	100

Based on table 4.3, the majority of respondents have received information as many as 29 people (82.9%) and the minority have never received information as many as 6 people (17.1%).

3.6 Distribution of Respondents' Knowledge Level

Table 7.
Frequency Distribution of Knowledge Level of Pregnant Women About Anemia in Batu Malenggang Village, Hinai District, Langkat Regency in 2014

No	Knowledge	Frequency	Percentage (%)
1	Well	7	20.0
2	Enough	22	62.9

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3	Not enough	6	17.1
	Amount	35	100

Based on table 4.4, the level of knowledge of pregnant women about anemia in the majority category is 22 people (62.9%), good category is 7 people (20.0%) and minority category is less is 6 people (17.1%).

3.7 Discussion

Based on the results of research on knowledge of pregnant women about anemia in Batu Malenggang Village, the data collected has been processed and will be discussed based on the characteristics of age, education and parity.

Characteristics of respondents based on age, namely between the ages of 20-35 years as many as 22 people (62.9%), respondents aged > 35 years as many as 6 people (17.1%) and respondents aged < 20 years as many as 7 people (20.0%). According to Notoatmodjo (2010), increasing a person's age can affect the increase in knowledge he gains, this is supported by Nursalam's statement that age is the age of an individual starting from birth to birthday, the more old enough, the level of maturity and strength of a person will be more mature in thinking. and work. In terms of public trust, someone who is more mature is trusted than someone who is not yet mature. Besides age, other factors that influence knowledge are education, parity and sources of information. Based on education, the basic education level is 13 people (37.1%), secondary education level is 19 people (54.3%) while the higher education level is 3 people (8.6%). Education is the higher the level of education of a person, the easier it will be to accept new things so that it will be easier to complete these new things. Education can bring insight or knowledge of a person. In general, a person with higher education will have a wider knowledge than someone with a lower level of education. then he will be easier to accept new things so it will be easier to complete these new things. Education can bring insight or knowledge of a person. In general, a person with higher education will have a wider knowledge than someone with a lower level of education. then he will be easier to accept new things so that it will be easier to complete these new things. Education can bring insight or knowledge of a person. In general, a person with higher education will have a wider knowledge than someone with a lower level of education.

Based on parity, parity multigravida was 20 people (57.1%), primigravida parity was 13 people (37.1%) and parity grandemultigravida was 2 people (5.8%). Parity is a factor that affects the knowledge of respondents who have more parity. from 1, the respondent already has his own experience or from others and the experience that has been obtained can expand one's knowledge about health to prevent anemia in pregnancy. Based on the information, respondents have received information as many as 29 people (82.9%) and never received information as many as 6 people (17.1%). Information is a person who has more sources of information that will provide clear knowledge about healthy ways of living, ways of maintaining health, ways to avoid disease, and so on will raise their awareness, and will eventually cause people to behave in accordance with the knowledge they have. And respondents whose daily activities are not busy with work have more opportunities to get information about health or participate in counseling and other activities that add experience because knowledge can be obtained from critical thinking. health, especially about anemia in pregnant women, both from electronic media, print media and from health workers.

The results of the study based on the level of knowledge of pregnant women about anemia in the majority category were 22 people (62.9%), good category were 7 people (20.0%), and minority category was less as many as 6 people (17.1%). According to Notoatmodjo (2010), the factors that influence knowledge are: Education level can bring insight or knowledge of a person. In general, a person with higher education will have a wider knowledge than someone with a lower level of education. Facilities as a source of information that can affect one's knowledge, for example radio, television, magazines, newspapers, and books. Information: Someone who has more sources of information will provide clear knowledge about healthy ways of living, how to maintain health, ways to avoid disease, and so on will raise their awareness, and will eventually cause people to behave in accordance with the knowledge they have. Local culture and habits in the family can affect a person's knowledge, perception, and attitude towards something. Experience can be obtained from one's own experience or from others and the experience that has been obtained can

expand one's knowledge, Age is the age of the individual from birth to birthday, The more old enough, the level of maturity and strength of a person will be more mature in thinking and working. In terms of public trust, someone who is more mature is trusted than someone who is not yet mature. Socio-economic The level of a person to meet the needs of life is adjusted to the existing income, so that it demands that the knowledge possessed must be used as much as possible, as well as in seeking assistance for existing health facilities, they must be adjusted to family income. Interest With high knowledge and sufficient interest in something, it is very possible that someone will behave in accordance with what is expected. And the environment is all internal and external conditions that affect and result in the development and behavior of a person and group. The results of the study on the level of knowledge of pregnant women about anemia were the majority in the sufficient category as many as 22 people (62.9%) due to lack of understanding about various types of anemia. According to Prawiroharjo (2009), the types of anemia are Iron Anemia (62.30% incidence). Iron anemia in pregnancy is the most common anemia due to iron deficiency. This deficiency is caused by a lack of iron in the diet, impaired reabsorption, and the use of too much iron. Megaloblastic anemia (29.00% incidence) in pregnancy is caused by folic acid deficiency, this anemia is often found in women who rarely consume fresh green vegetables or foods with high animal protein. Hypoplastic anemia (80.00% incidence) in pregnant women is caused by the bone marrow's inability to make red blood cells. Where the etiology is not known with certainty except for sepsis, X-rays, poisons and drugs. and Hemolytic Anemia (occurrence 0.70%) caused by the more rapid destruction of red blood cells, namely malaria.

4 Conclusion

The results of the discussion about the level of knowledge of pregnant women about anemia in Batu Malangga Village, Hinai District, Langkat Regency in 2014 it can be concluded that the characteristics of respondents based on age, most respondents aged between 20-35 years as much as 62.9%, the highest education level of respondents was secondary education 54.3 %, parity of respondents was multigravida parity as much as 57.1%, respondents had received information as much as 82.9% and level of knowledge of pregnant women was sufficient as much as 62.9% about anemia in pregnancy which was influenced by age, level of education and sources of information.

References

Arikunto. 2010. Research Procedures A Practical Approach. Jakarta: Rieneka Cipta
Atika Proverawati, 2011, Anemia and Anemia of Pregnancy, Nuha Medika, Yogyakarta.
Betty Mangkuji,SST,MKeb,2013, 7 Steps SOAP Midwifery Care, EGC, Jakarta
Dina Sulistiayawati, 2012, An overview of pregnant women's knowledge about anemia in health centers Gambirsari Surakarta, STIKes Kusuma Husada Surakarta.
Joewono, Boedi Soesetyo. 2003. Heart Disease. Jakarta: Salemba Medika.
Luh Seri Ani, Dr, MKes, SKM, Iron Deficiency Anemia, EGC, Jakarta
Manuaba, IBG. 2010. Obstetrics and Gynecology and Family Planning for Midwife Education Edition 2. Jakarta: EGC
Mansjoer, K. Etc., 2008 Capita Selecta Medicine Volume I Third Edition. Jakarta: Media Aescu lapius. Faculty of Medicine, University of Indonesia.
Notoatmodjo. 2010. Health Promotion and Health Behavior. Jakarta: Rineka Cipta
_____. 2010. Health Education and Behavior. Jakarta: Rineka Cipta.
_____. 2010. Health Research Methodology. Jakarta: Rineka Cipta.
Prawirohardjo, S. 2009. Midwifery. Edition IV. Jakarta: PT. Bina Pustaka Sarwono Prawirohardjo.
Rukiyah, Ai yeyeh, et al. 2010. Midwifery Care IV (obstetric pathology). Jakarta: Trans Info Media
Siti Misaroh Ibrahim, 2010, Fetal Nutrition and Pregnant Women How to Make the Fetal Brain Smart, Nuha Medika, Yogyakarta
Santoso, Son, 2010. Anemia in Pregnant Women. www.kompas.com, accessed on January 10 2011.
Tarwoto and Warsidar. 2007. Anemia in Pregnant Women. Jakarta: Trans Info Medika
Varney, Helen. 2007. Textbook of Midwifery Care, Edition 4, Volume 1. Jakarta : EGC

Contents lists available at IOCScience

Science Midwifery

journal homepage: www.midwifery.iocspublisher.org

Wiknjosastro, Hanifa. 2005. Midwifery. 3rd Edition. Jakarta: Bina Pustaka Foundation Sarwono Prawirohardjo.
Wibisono, Hermawan, et al. 2009. Healthy Solutions Regarding Pregnancy. Jakarta: PT AgroMedia
References