Parity Relationship with Pregnant Women's Knowledge About Anemia in The Sentani Health Center of Jayapura Regency

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Abstract

Anemia in pregnant women is iron deficiency and blood is characterized by hemoglobin levels below normal, which is <11 gr%. Pregnant women who experience anemia can increase the risk of premature birth, Low Birth Weight Babies (LBW), the risk of bleeding before and during childbirth, and can even cause maternal and fetal death. Factors that cause these deaths are 3T of whom are too old at the time of childbirth (> 35 years), too easy during childbirth (<20 years) and too brittle the birth spacing is <2 years. The purpose of the research related to this problem was to find out the relationship between parity and the knowledge of pregnant women about anemia in the Sentani Health Center in Jayapura Regency. The type of research used is analytic with cross sectional approach. The population in this study were all pregnant women in sentani health centers with a sample of 80 respondents using accidental sampling techniques. Data were analyzed using univariate frequency distribution and bivariate tables using chi-square statistical test. The results showed that the knowledge of pregnant women about Anemia at the Sentani Health Center with sufficient knowledge was 48.8% and most had more than 3 children (multiparous) as much as 45%. There is no relationship between parity and pregnant women 's knowledge of anemia in Sentani Health Center as evidenced by a statistical test obtained by Pvalue = 0.06 (p < 0.05). It can be concluded that there is no relationship between the knowledge of pregnant women about anemia in the Sentani Health Center, most of them have sufficient knowledge. Therefore, it is recommended for all parties to further improve the promotion service especially in providing IEC about anemia during pregnancy.

1 INTRODUCTION

Anemia is a condition in which the reduction of red blood cells (erythrocytes) in the blood circulation or hemoglobin period so as not to fulfill its function as an oxygen carrier throughout the network. Normal Hb levels in pregnant women are> 11 gr%. Pregnant women are said to be anemic if the hemoglobin level is <11 gr% in the first and third trimesters or levels <10.5 gr% in the second trimester (Tarwoto and Wasnidar, 2007).

Lack of hemoglobin (Hb) levels of pregnant women is one of the health problems that are susceptible to occur during pregnancy. Anemia pregnant women increase the risk of premature birth, Low Birth Weight Babies (LBW), the risk of bleeding before and during childbirth, can even cause the death of the mother and her baby if the pregnant woman is suffering from severe anemia. This certainly can have a major impact on Maternal Mortality Rate (MMR)

and Infant Mortality Rate (IMR), (Winkjosastro, 2009).

Based on data from the Indonesian Health Demographic Survey (IDHS, 2012), the Maternal Mortality Rate (MMR) is 359 / 100,000 live births. The high AKI was caused by bleeding (30.3%), hypertension (27.3%), infection (7.3%) and other complications that caused death (40.8%), where one of the complications that caused bleeding was anemia. Basic Health Research Report in 2013, the prevalence of anemia in pregnancy was 37.1% of 5,298,285 mothers. Some factors that cause anemia as the main cause can be categorized as iron deficiency anemia (Riskesdas Profile, 2013). Report of the Provincial Health Office of Papua in 2015 the number of pregnant women who experienced anemia as many as 20,213 people (45.6%) from 44,280 pregnant women, (Data from the Papua Provincial Health Office in 2015). Most of the anemia in pregnancy is caused by iron deficiency and acute bleeding, even though both of them are often mutual.

Anemia is the biggest public health problem in the world, especially for women of childbearing age (WUS), especially in pregnancy. The report of the Jayapura District Health Office in 2015 recorded the number of pregnant women as many as 3,521 people, who experienced anemia as many as 1,949 people (60.99%) (Data from the Jayapura District Health Office, 2015). The incidence of anemia in pregnant women obtained from the Sentani Health Center in Jayapura Regency in 2016 was 946 people (59.4%) from 1,593 pregnant women. While the incidence of anemia from October to December 2016 there were 286 mothers (69.92%) who experienced mild anemia, 11 mothers (2.68%) who had moderate and severe anemia from 409 pregnant women (Data from Puskesmas Sentani, 2016). The purpose of this study was to find out the description of pregnant women's knowledge about anemia in the Sentani Health Center in Jayapura Regency in 2017.

2 METHOD

This type of research is descriptive with a cross sectional approach. This research was conducted at Sentani Health Center Jayapura Regency in April 2017 until July 2017. The population in this study were all pregnant women from October 2016 to December 2017 as many as 409 people with the number.

A sample of 80 respondents was obtained by accidental sampling. Data obtained using a questionnaire.

This study conducted a validity and reliability test first with the aim of being able to find out whether the instruments used really met the requirements to be used as a data measuring instrument.

3 RESULT AND DISCUSSION

RESULT

Table 1: Distribution of respondents based on the Level of Knowledge about Anemia.

No	Knowledge	N	(%)
1	Good	16	20.0
2	Fair	40	50.0
3	Less	24	30.0
	Jumlah	80	100

Source: Primary Data

Based on table 1 shows that out of 80 respondents who have knowledge with good criteria as many as 16 respondents (20.0%), who have knowledge with enough criteria as much as 40 respondents (50.0%) and who have knowledge with less criteria as many as 24 respondents (30.0).

Table 2 Frequency Distribution of Parity of Respondents about Anemia of Puskesmas Sentani Jayapura Regency in 2017

Parity	N	(%)
Nullipara	21	26.2
Primipara	19	23.8
Multipara	36	45.0
Grandemultipara	4	5.0
Total	80	100

Source: Primary data

Validity test using Cronbach Alpha product moment and reliable formula. Data analysis using univariate data analysis with frequency distribution and bivariate formulas using chi-square statistical test. Based on table 2 shows that out of 80 respondents, who have nullipara parity as many as 21 respondents (262%), who have primipara parity as many as 19 respondents (23.8%), who have parity multiparous as many as 36 respondents (45.0%) and those with grandemultipara parity as many as 4 respondents (5.0%).

Table 3 The relationship of parity with the knowledge of pregnant women about anemia in Puskesmas Sentani Jayapura Regency in 2017

	Knowledge								
Parity	Good		F	Fair	Lelas	Total		va lu e	
	n	%	n	%	n	%	N	%	
Nulipar a	4	5. 0	1 1	13.8	6	7.5	2 1	26.2	<u>-</u> '
Primipa ra	6	7. 5	8	10.0	5	6.2	1 9	23.8	
Multipa ra	6	7. 5	2 1	26.2	9	11.2	3 6	45.0	0.0 6
Grande Multipa ra	0	0	0	0	4	5.0	4	5.0	
Total	1 6	20	4 0	50	2 6	30.0	8 0	100	

Source: Primary Data

Based on the analysis of the data above, it can be said that there is no significant relationship between parity with the knowledge of pregnant women about anemia, because the p value = 0.06 is greater than the value of $\alpha = 0.05$.

DISCUSSION

Knowledge of pregnant women about anemia

Based on the results of the study of 80 respondents in getting the highest results found in respondents who have knowledge with enough criteria as many as 40 respondents (50.0%) and the lowest results are in respondents who have knowledgewith good criteria as many as 16 respondents (20.0%). Broadly speaking, it can be

concluded that most pregnant women at the Sentani Health Center in Jayapura Regency have sufficient knowledge about anemia.

Knowledge is the result of knowing, and this happens after. People sensing certain objects. Sensation occurs through the five senses of man, namely the sense of sight, hearing, smell, taste and touch. Most human knowledge is obtained through the eyes and ears. Knowledge is a dominant factor that is very important for the formation of a person's behavior / actions (Notoatmodjo, 2012).

Parity Relationship with the Knowledge of **Pregnant Women about Anemia**

Based on the results of the study, there was no significant relationship between parity and maternal knowledge about anemia. The results of this study are in line with the research conducted by Puspita Sari 2011 about factors related to the level of knowledge of pregnant women about anemia using survey methods analytic with cross sectional approach said that the results showed that there was no significant relationship between parity and level of knowledge. And the results of this study are also in line with research conducted by Siti Chadliratul et al who found that there was no correlation between parity and anemia in pregnant women in the third trimester in Bangetayu health centers in the genuk sub-district of Semarang city in 2012.

Parity is a form of experience. According to Mubarak (2011), that experience is an event that someone has experienced in interacting with their environment. People tend to try to forget bad experiences. Conversely, if the experience is pleasant, then psychologically it can create a very deep impression and imprint on someone's emotion. This good experience can eventually form a positive attitude in his life.

Researchers assume that related to the results of research, previous research and supporting theories, it can be concluded that parity is not the only precipitating factor that affects the knowledge of pregnant women about anemia, there are several other factors, namely education, employment, information sources and age of pregnant women

CONCLUSIONS

Based on the results of research on "Overview of Pregnant Women Knowledge about Anemia at the Sentani Health Center in Jayapura Regency" with the number of respondents as many as 80 pregnant women, can be summarized as follows:

First, pregnant women knowledge about anemia, mostly catagorized as fair with as many as 40 respondents (50.0%) included. There is no relationship between parity and knowledge of pregnant women about anemia, the test results p value = 0.06

Suggestions

Educational Institutions (STIKES Jayapura) From the results of this study it is expected that the Jayapura College of Health Sciences (STIKES) need to. develop learning and activities related to prevention of anemia in pregnant women such as conducting free Hb examination for pregnant women and conducting education about anemia diposyandu and is expected to add references related to anemia in pregnant women in the library.

The results of this study are also expected to improve inner midwife motivation provide health services, especially for pregnant women with anemia can reduce the incidence of anemia in pregnant women by providing an alternative examination of hemoglobin use. Sahli and more do counseling activities and provide counseling. Education Information (KIE) about anemia in pregnancy.

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This research expected to be a reference material and input for future researchers to be able to add other variables related to the same problem for example doing research on the differences between examinations. Hb by using litmus and using Hb sahli to detect anemia and can be used as a reference for further research related to anemia.

REFERENCES

Astuti Maya. 2010. Smart Pregnancy Book. Jakarta: EGC Bobak & Janshe, et al. 2005. Maternity Nursing Textbook. Jakarta: EGC

Secondary data. 2016. Sentani Puskesmas Report Book. Jayapura Regency

Secondary data. 2015. PWS KIA Puskesmas Sentani. Jayapura Regency

Elisabeth. 2015. Midwifery Care in Pregnancy. Yogyakarta: New library press

RI Ministry of Health, 2012. Integrated Antenatal Services Guidelines, Second edition, Jakarta: Director General of Nutrition and Maternal and Child Health.

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- Kusumawati Build Tri. 2012. Description of Knowledge Levels of Pregnant Women About Anemia in Concubine Villages Working Areas of Nailan Slahung Community Health Center Ponorogo. http:// www.ump.co.id accessed on 25 November 2016 at 3:35 p.m.
- Lockhart and Saputra. 2014. Physiological and Pathological Pregnancy. 2014. South Tangerang: Literacy Development
- Manuaba, 2010. Midwifery, Gynecology and Family Planning Education For Midwife Education. Jakarta: EGC.
- Machfoedz Ircham. 2014. Quantitative & Qualitative Research Methods. Yogyakarta: Fitramaya
- Mochtar R, 2011. Synopsis of Obstetrics. Jakarta: EGC
- Mubarak, 2011. Health Promotion for Midwifery. Jakarta: Salemba Medika
- Notoatmodjo. 2012. Health Research Methods. Jakarta: PT. Rineka Cipta
- Nursalam, 2008. Concept and Application of Nursing Research Methodology. Surabaya: Salemba Medika
- Praadana Rian Adhitya. 2014. Socio-Economic Overview and Worms in Pregnant Women with Anemia in the Work Area of Gatak Health Center. http://www.ums.co.id. accessed on 15 February 2017 at 9:13 a.m. WIT.
- Prawirohardjo Sarwono. 2010. Midwifery. Jakarta: YBP-SP
- Prayoto, 2014. Theory, Attitude & Behavior in Health is equipped with a sample questionnaire. Yogyakarta: Nuha Medika.
- Profile of the Papua Provincial Health Office, 2015 Profile of the Ministry of Health RI, 2015. Profile Indonesian Health. http://www.depkes.go.id. Accessed dated November 10 2016 at 5:24 p.m. RI Ministry of Health Profile. 2016. Nutritional Situation. http://www.depkes.go.id. accessed on January 20, 2017 at 19:23 WIT. Profile of Riskesdas, 2013. National Basic Health Research http://www.depkes.go.id. accessed on 10 November 2016 at 1:55 p.m. IDHS profile, 2012. Demographic survey Indonesian Health. http://www.bps.go.id. accessed on 20 December 2016 at 22.41 WIT.

- Romauli Suryati. 2011. Textbook Midwifery Care 1. Yogyakarta: Nuha Medika
- Saifuddin. Dkk. 2010. National Reference Book on Health Services Maternal and Neonatal. Jakarta: Bina Pustaka Foundation.
- Sari Sri Nirwana. 2015. Overview Knowledge of Pregnant Women About Fe Tablets at Sentani Health Center, Jayapura Regency. Senta ni: Stikes Jayapura
- Siti Chadlirotul Qudsiah et al. 2012. Relationship between parity and maternal age with anemia in pregnant women in the third trimester of 2012. Midwifery journal 2 (1), 2013.
- Soraya Nur Maulida. 2013. Relation of knowledge level about Anemia in Pregnant Women with Compliance in Consuming Iron (Fe) Tablets at Keliling II Health Center in Jepara Regency. http://www.uin.co.id.accessed on 25 November 2016 at 11:11 WIT.
- Sugiyono, 2013. Business Research Methods. Bandung: Alphabet
- Tarwoto and Wasnidar. 2007. Anemia Handbook in Pregnant Women Concept and Management. Jakarta: Trans media info.
- Winkjosastro. 2009. Gynecology. Jakarta: YBP-SP.
- World Health Organization, 2015. Maternal Mortality. http://www.who.com. accessed on December 20, 2016 at 18.5