



# FACTORS THAT INFLUENCE THE OCCURENCE OF ANEMIA IN PREGNANT WOMEN AT PMB ROHANA JAMBI PROVINCE IN 2023

Anis Lestari, Ernamari<sup>2</sup>, Bd.Nurmalina Hutahaean,STr.Keb<sup>3</sup> STIKes Mitra Husada Medan Email: lestarianisa0922@gmail.com

#### **ABSTRACT**

Title: factors that influence the occurrence of anemia in pregnant women at PMB Rohana Jambi Province in 2023.

**Background:** anemia is a condition when the number of red blood cells or oxygentransporting concentrations (Hb) is insufficient for the physiological needs of the body. While the effects of anemia on pregnancy include miscarriage, premature labor, bleeding shock, inpartum infection and if anemia in Hb is less than 4%, heart trouble not only complicates pregnancy and childbirth, it can even break. Kuragny maternal knowledge about anemia in this study is due to the influencing factors such as: knowledge, age, education and employment of the mother. The purpose of this study is "factors that influence the occurrence of anemia in pregnant women at PMB Rohana Jambi Province in 2023 " **Method:** This type of research is a research design that is used in this research is analytic with a cross sectional approach. Samples in the study were taken by total sampling, amounting to 34 respondents. Data collection using questionnaires and check lists. The data analysis used was univariate analysis with percentage and bivariate analysis using Chi-Square test

**Results:** The results of the study, the incidence of anemia was 58.8%, the majority had less knowledge of 50.00%, those who had <20 years old, the majority was 52.9%, those who had junior high school education, the majority were 11 32.4%, majority of 15 IRT jobs are 44.1%. The bivariate analysis concluded that there was a relationship between knowledge, education age, occupation and anemia in pregnant women at the PMB Rohana Jambi Province in 2023. (p-value 0.002%)

**Conclusion:** from the study it can be concluded that there is a relationship between knowledge, age, work education and anemia in pregnant women.

**Key words:** anemia in pregnant women with knowledge, age, education, occupation.

#### INTRODUCTION

Anemia is a world public health problem that can increase morbidity and mortality rates. The prevalence rate of anemia is still high, as evidenced by data from the World Health Organization (WHO) in 2012, that is, globally the prevalence of anemia in pregnant women worldwide is 41.8%. The prevalence of anemia in pregnant women is estimated to be 48.2% in Asia, 57.1% in Africa, 24.1% in America and 25.1% in Europe. In developing countries





there are about 40% of maternal deaths related to anemia in pregnancy. Most anemia in pregnancy is caused by iron deficiency and acute bleeding, even the distance between the two interacts. Based on data from the Ministry of Health of the Republic of Indonesia (Ministry of Health Republic of Indonesia, 2016), the maternal mortality rate (MMR) in Indonesia in 2012 increased compared to 2007. This was marked by an increase in the maternal mortality rate, if in 2007 there were 228 maternal deaths per 100,000 births life. And in 2015 the 359 maternal mortality rates decreased to 305 maternal deaths per 100,000 live births. While the development of the 2030 Sustainable Development Goals (SDGS) has the goal of reducing the maternal mortality rate to 70 per 100,000 live births by 2030. It can be concluded that the SDGS target is still far from being achieved. Anemia is a condition when the number of red blood cells or the concentration of oxygen carrier (Hb) is insufficient for the body's physiological needs. According to the WHO in 2018, it was reported that pregnant women who experience iron deficiency are around 35-75%, and it is increasing with age. with increasing gestational age and the 1999 Ministry of Health guidelines, the points of intersection of anemia points differ between age groups, as well as individual groups, age groups or certain groups of individuals are considered more about experiencing anemia than other groups.

Anemia is a problem that still occurs in women, especially in pregnant women. The prevalence of anemia in pregnant women worldwide is 41.8%. The incidence of anemia worldwide is 50% due to insufficient iron reserves. While the effects of anemia on pregnancy include miscarriage, premature parturition which causes shock bleeding, afibrinonogemia and hypofibrinogenemia, intrapartum infection, and if there is anemia gravis (Hb less than 4 g%), heart failure not

only complicates pregnancy and childbirth, it can even be fatal (Marmi, 2011).

Many efforts have been made by the government to reduce maternal and infant mortality, including placing village midwives, empowering families with the community using maternal and child health books (KIA books), as well as birth planning and complications prevention programs (Rena, 2013).

PERMENKES government regulation number 88 of 2014 concerning blood supplement tablet standards for fertile women and pregnant women articles 1-5. Blood booster tablets for pregnant women are shown to meet the needs of pregnant women and prevent anemia and have been prepared and distributed throughout the province and then given through auxiliary health centers, posyandu or village midwives for pregnant women to consume blood booster tablets as much as 90 tablets for at least 90 days (Kepmenkes, 2017). Health.

Based on data from the North provincial service (2010). Sumatra prevalence of anemia in pregnant women in Indonesia is 70% or 8-10 pregnant women suffer from anemia. Iron deficiency anemia is found in 40% of pregnant women. Anemia is found in 40% of pregnant women. It is recorded that out of 11,441 pregnant women there were 1,074 who experienced anemia during pregnancy. Iron is a mineral needed by the body to form blood cells (haemoglobin). Iron has a vital role in the growth of the fetus. During pregnancy, iron intake must be increased considering that during pregnancy, to be able to continue to meet the needs of the mother increases, so, to be able to continue to meet the needs of the mother and supply food and oxygen to the fetus through the placenta, adequate intake is needed. more iron (Ministry of Health RI, 2015).





The coverage of pregnant women who received 90 iron tablets in North Sumatra showed a decrease of 84.3% in 2014, to 74.42% in 2015, this figure was still far from the target set at 80% (Ministry of Health, 2015).

Based on the initial survey conducted at PMB Rohana there were 20 pregnant women who experienced anemia out of 14 pregnant women who were not anemic, and pregnant women did not know about anemia, so from here I was interested in taking the title "Factors Influencing the Occurrence of Anemia in Pregnant Women at PMB Rohana Jambi in 2023".

#### **METHOD**

The research design was an analytic survey with a cross-sectional approach which was a study of the relationship between two variables in a situation or group of subjects which was carried out to see the relationship between other variables. The aim was to find out the factors that influence the occurrence of anemia in pregnant women at PMB Rohana Jambi Year 2023.

The population in this study were all pregnant women with anemia at PMB Rohana Jambi in 2023 from January to May 34 people.

This study used a total sampling technique, namely sampling was carried out by taking all respondents who were pregnant with anemia. The sample in the study was taken in total sampling, amounting to 34 people.

The type of data used in this research is primary data. Primary data is data collected directly from respondents through questionnaires or directly from research subjects (Suryono, 2013).

This study used in this study using data collection methods using research instruments, namely data from the results of the questionnaire, before the questionnaire was distributed the researcher first explained how

to fill out the questionnaire then asked the respondent to sign consent to become a respondent (informed consent), after completion the respondent answered the questionnaire question collected again to check the completeness of the answer

Based on research conducted in the Working Area at PMB Rohana, data was obtained that affected the occurrence of anemia in 34 pregnant women who were pregnant women. In this study the authors used a sampling technique using total sampling, namely the entire population of 34 pregnant women. The data collection technique in this study was that the respondents were given a questionnaire and filled out the data form first. Then the respondents filled out a knowledge questionnaire and a knowledge questionnaire that affected the occurrence of anemia in pregnant women. The data obtained were primary data, then the data were analyzed univariately and bivariately with the Statistical Product and Service Solution (SPSS) 20 for windows program and analyzed using the Chi Square statistical calculation technique.

The following are the results of the research which are displayed in tabular form with several characteristics:

#### RESULT AND DISCUSSION

From the results of this study, it was found that the most respondents had a level of not being able to support their husbands which affected anemia in pregnant women, namely 31 people (96.7%) and at least had a level of support from their husbands, namely 3 people, namely (8.8%). The statistical test results obtained a value of p = 0.002 or a value of p > a or 0.05. Thus, Ha is accepted and Ho is rejected. This shows that the relationship between husband and wife is anemia in pregnant women.

According to Wahyuni (2012) the existence of husband's support from the family can





encourage pregnant women to be more enthusiastic in dealing with the changes that occur during pregnancy including maintaining pregnancy health through increasing and visiting pregnant women and information about anemia, pregnant women who get the attention and support of their husbands and families tend to accept and follow the advice given by health workers more easily than pregnant women who receive less attention and support from their husbands. Husband is the closest person to pregnant women, who physical and create a emotional environment that supports the health and nutrition of pregnant women, his concern in paying attention to the health of pregnant women, especially in monitoring information on anemia every day is expected to increase the compliance of pregnant women in nutritional deficiencies and protein during anemia.

According to assumptions, seeing from the data taken from the research questionnaire conducted at PMB Rohana, many mothers did not understand the incidence of anemia in pregnant women.

### CONCLUSION

Based on the results of research on the factors that affect pregnant women at PMB Rohana Jambi in 2023, it can be concluded as follows:

STIKes Mitra

Of the 34 respondents who have a level of knowledge that affects anemia in pregnant women, namely 15 people (88.2%) and at least 5 people have a good level of knowledge (83.3%),Of the 34 respondents, it was known that most respondents had anemia in pregnant women aged <20 years, 13 people (72.2%) and at least no anemia in pregnant women aged 20-35 years, 8 people (80.0%), Of the 34 respondents with junior high school education, 7 pregnant women had the most anemia

(63.6%) and high school education had the least anemia in pregnant women 6 (60.0%),Of the 34 job respondents, it is known that there are 6 respondents who work a lot for nonanemic pregnant women (85.7%) and 14 people (93.3%) who do not work for anemic pregnant women, Out of 34 economic respondents, it is known that respondents who have a lot of low economic levels that affect anemia in pregnant women are 23 people (50.0%) and at least have high economic levels, namely 11 people (32.3%),Of the 34 respondents who support their husbands, it is known that most respondents do not get husband's support which affects anemia in pregnant women, namely 31 people (96.7%) and at least have a level of husband's support, namely 3 people (8.8%).

#### REFERENCES

Ambarwati, (2011). Midwifery Practice. Language Expert Devi Yulianti. Jakarta: EG

Anon, I, (2011). Pregnant with Mild Anemia. (On line). Available: http://maphiablack.blogspot.com/2011/01/aske b-ibu-hamil-dengananemiaringan.html. Retrieved 23 February 2018.

Anwar, M, Baziad, A, & Prabowo, RP, (2011), Gynecology. Jakarta: Library Development Sarwono Prawirohardjo

Arikunto, 2012. Research Methods in the Health Sector. Yogyakarta: Firamaya

Astuti, (2012). Midwifery Care During Pregnancy. New York: Salemba Medika.

Desi, et al (2016). Factors Associated with Iron Deficiency in Pregnant Women. (accessed on 15 August 2019) obtained https://jurnal.jikm.unsri.ac.ad





Provincial Health Office, (2012). North Sumatra Province Health Profile. Indonesian Field.

North Sumatra Health Office. 2015. Health Profile of North Sumatra Province.

Fadlun. 2012. Pathological Midwifery Care. New York: Salemba Medika.

Hani. DKK. (2011). Midwifery Care in Physiological Pregnancy. New York: Salemba Medika.

Jannah, nurul. 2012, Textbook of Midwifery-Pregnancy Upbringing. Yogyakarta: ANDI

Ministry of Health Republic of Indonesia. Indonesia Health Profile 2014. Jakarta: Ministry of Health Republic of Indonesia 2015

Mandriawati. G.A. (2011). Devotional-based midwifery care. Bandung: EGC.

Marmi (2011). Midwifery Care for Pregnant Women. Yogyakarta: Student Publishers

Notoadmodjo, S. 2012. Health Midwifery Research Methods. Jakarta: Rineka Cipta.

Nani. M. (2011). Midwifery Care 1 (Pregnancy). Jakarta: EGC.

Nirvana (2011). Care for Pregnant Women 11. Yogyakarta: Fitramaya.

Nugroho, T and Utama I.B (2014). Women's Reproductive Health Problems. Yogyakarta: Nuha Medika

Purwoastuti, et al (2015). Service Quality and Health and Midwifery. New Library Press: Jakarta

Rena, A. (2013). The Relationship between Knowledge and Attitudes of Pregnant Women and Adherence in Consuming Iron Tablets (accessed May 16, 2019). Retrieved from https://jurna.fk.unand.acid

Rukiyah. A. Y. DKK (2013). Midwifery Care II (Delivery). Jakarta: Trans Info Media

Rukiyah. A. Y. DKK (2012). Midwifery Care 1 (Pregnancy). Jakarta: Transinfo Media.

Sarwono. P. (2012). Obstetrics. Jakarta: PT Bina Pustaka Sarwono Prawirohardjo.

Sulistyawati. A. (2011). Midwifery Care During Pregnancy. New York: Salemba Medika.

Sulistyawati. A. (2012). Midwifery Care During Pregnancy. New York: Salemba Medika.

Santin, et al. (2017) Factors Affecting the Incidence of Anemia in Pregnant Women with Adherence to Consuming Fe Tablets (accessed August 15 2019) obtained https://jurnal.fk.unand.ac.id

Tarwoto, et al. (2013). Endocrine System Disorders Medical Surgical Nursing. Jakarta: Trans Info Medika.

WHO, (2014). World Health Organization, Maternal Mortality. Ministry of Health Republic of Indonesia. Indonesia Health Profile 2014. Jakarta: RI Ministry of Health; 2016.

WHO, (2014). World Health Organization, Maternal Mortality.