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The Effect of Health Education on Anemia in Pregnant Women

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Abstract

Purpose: This study was conducted to determine the effect of providing health education for pregnant women about anemia in pregnancy. **Methods:** data were collected by distributing questionnaires to pregnant women before and after health education about anemia in pregnant women, which was carried out in 1 meeting. **Results:** The results of this study prove that by providing intervention through health education about anemia in pregnant women, it is able to increase the knowledge of pregnant women, as evidenced by the average value before the intervention of 5.62 to 7.92 after the intervention (*p-value* 0.000). **Conclusion:** providing health education to pregnant women about anemia in pregnant women is very important in order to increase their knowledge and be able to prevent anemia during pregnancy and seek health services to get treatment

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INTRODUCTION

Pregnancy is a fertilization process between ovum cells in women and spermatozoa in men whose meeting will undergo fertilization so that a new life called a fetus that grows in the mother's womb is formed (Syaiful, Yuanita; Fatmawati, 2019).

One of the government's targets in dealing with malnutrition in pregnant women is the Provision of Supplementary Feeding (PMT), because pregnant women are one of the groups at risk of malnutrition, so with this program, it is hoped that it will be able to prevent the birth of Low Birth Weight Babies (BBLR). The standard composition of nutrients is in accordance with the Minister of Health Regulation Number 51 of 2016 (Ministry of Health of the Republic of Indonesia, 2019).

According to Amalia in 2017, the incidence of maternal mortality is an illustration of the risks that are being faced by mothers during pregnancy and childbirth, can be influenced by maternal nutritional status, socio-economy, poor health status when approaching pregnancy, as well as having complications during pregnancy and childbirth and having health service facilities, especially prenatal and obstetric (Purwaningtyas & Prameswari, 2017).

Various reasons for pregnant women to get Supplementary Feeding in West Java, including because they checked their pregnancy at the posyandu 72.66%, malnourished mothers/KEK 12.15%, anemia 6.40%, pregnancy weight did not increase 5.45%, poor families 2.45%, and others. According to the Ministry of Health in 2014, apart from providing additional food, to overcome the occurrence of anemia due to lack of iron and folic acid in pregnant women is to give tablets to increase blood during pregnancy or at least for 90 tablets. However, based on the proportion of blood supplement tablets received by pregnant women in Bekasi Regency with a total of ≥90 tablets amounting to 57.36% and the number of tablets taken ≥90 tablets amounting to 47.46%, so that there are still many pregnant women who have not routinely taken the blood supplement tablets. This is because they don't like tablets to increase blood, get nausea and vomiting effects, forget to drink, and so on (Ministry of Health of the Republic of Indonesia, 2019).

Based on observations of pregnant women who came during the examination, they said that they had been given information about blood supplement tablets during pregnancy checks, but there were still many who had not been maximized in consuming them for various reasons. This community service was carried out to identify the level of knowledge of pregnant women about anemia in pregnant women at the Tarumajaya Health Center

METHOD

This Community Service uses a descriptive analysis of the influence of health education on pregnant women's knowledge about anemia in pregnant women at the Tarumajaya Health Center. This Community Service uses an experimental technique by providing Health Education to 24 pregnant women who come to the Taurmajaya Health Center to check their pregnancy.

RESULTS AND DISCUSSION

Table 1. Frequency Distribution of Respondent Characteristics *(N=15)*

Characteristic		N	Percentage
Age	<20 years	1	4,2
	21-35	18	75.0
	>35	5	
Gestasional	Trimester I	4	16,7
	Trimester II	15	62,5
	Trimester III	5	20,8

Table 1 shows that the majority of pregnant women are between 20-30 years old as many as 18 people (75%) and with the majority of pregnant women in the second trimester as many as 15 people (62.5%).

Table 2. Knowledge Distribution Before and After Intervention

Variable		Mean	SD	p
Knowledge of Anemia in Pregnant Women	Before Intervention	5,62	1,096	**0,000**
	After Intervention	7,92	0,974	

Note: SD = Standard Deviation; Mean; p-value was calculated using the Pair T.Test test.

Table 2 shows that the average value of pregnant women's knowledge about anemia in pregnant women before the intervention was 5.62, with a standard deviation value of 1.096. However, after intervention was carried out on pregnant women about anemia in pregnant women, the average value was 7.92 with a standard deviation of 0.974. The results of the statistical test showed that there was a difference between before the intervention and after the intervention with a value of 0.000. This means that the provision of Health Education to increase the knowledge of anemia pregnant women in pregnant women is very important.

The results of the study conducted at the Moyudan Main Health Center, Sleman, Yogyakarta, showed that there was a relationship between anemia knowledge and the incidence of anemia in pregnant women with a value of *p value 0.000*, using analysis *Chi Square*. The value of the contingency coefficient is 0.480, in the interval of 0.40-0.599 which can be interpreted that the level of knowledge about anemia with the incidence of anemia in pregnant women at the Moyudan Sleman Health Center in Yogyakarta is moderate (Purbadewi et al., 2013).

Meanwhile, research on risk factors for anemia in pregnant women in the working area of the Sudiang Raya Health Center in Makassar City said that pregnant women who have a low level of knowledge with a *Odd ratio* 3.46 which means that pregnant women have a risk of anemia in pregnant women as much as 3.4 times compared to pregnant women with sufficient/high knowledge. This is due to a lack of understanding

of the definition of anemia, health behaviors in preventing anemia in pregnancy (Syarfaini et al., 2019).

This is different from research (Purwaningtyas & Prameswari, 2017) who said that there is no relationship between knowledge and anemia in pregnant women, with the expression that knowledge is not the only cause of anemia in pregnant women, even though the pregnant woman has less knowledge about anemia, but if pregnant women are used to consuming foods with iron content, anemia can be prevented.

Pregnant women who have good knowledge of anemia will have positive behavior towards efforts to prevent and/or treat anemia, so it is urgently needed to provide health education in an effort to increase pregnant women's knowledge about anemia. Meanwhile, pregnant women who have less knowledge about anemia in pregnant women, tend to pay less attention to the need for intake of foods containing iron because of their ignorance, resulting in less than optimal behavior to prevent anemia in pregnancy.

CONCLUSION

The conclusion resulting from this activity that knowledge of anemia in pregnant women is very important to be given so that they get good knowledge, so that they are willing and disciplined to consume blood supplement tablets in an effort to prevent anemia in pregnant women. It is recommended to health workers to always provide health education to pregnant women and always remind them to regularly take tablets to increase their blood.

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