



THE RELATIONSHIP BETWEEN KNOWLEDGE AND PARITY WITH ANEMIA IN TRIMESTER III PREGNANT WOMEN AT PMB HJ. MURTINAWITA, SST PEKANBARU

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ABSTRACT	Keywords
<p>Based on the results of basic health research, the incidence of anemia in Indonesia is still high, there are 37.1% of pregnant women who are anemic. Based on an initial survey conducted at the Pekanbaru City Health Office, from data on pregnant women number 2 in 2019, there were 2,333 people in the working area of the Rejosari Health Center, Pekanbaru City. Meanwhile, in third trimester pregnant women the risk of anemia is quite high, namely 29%. Anemia events have a negative effect during pregnancy. The research objective was to determine the relationship between knowledge and parity with anemia in third trimester pregnant women. Place This research was conducted at PMB Hj. Murtinawita, SST Pekanbaru. This type of quantitative research, cross-sectional research design. With 51 Samples. Consecutive sampling technique, Nominal and Ordinal measuring scale, univariate and bivariate data processing. Based on bivariate analysis with the Chi-Square test, it shows that there is a relationship between knowledge, parity, husband's support and anemia in PMB Hj. Murtinawita, SST Pekanbaru with p value $< \alpha$. Based on the results of the study, it can be concluded that there is a relationship between knowledge and parity with anemia in PMB Hj. Murtinawita, SST Pekanbaru. It is expected that health workers at the puskesmas can provide counseling about pregnancy to pregnant women regarding the risk of anemia in pregnancy and carry out early detection to prevent anemia.</p>	<p><i>Knowledge, Parity, Anemia</i></p>

INTRODUCTION

According to WHO, the global prevalence of anemia in pregnant women worldwide is 41.8%. The prevalence of anemia in pregnant women in Asia is 48.2%. The incidence of anemia in pregnant women in Indonesia increased from 37.1% in 2013 to 48.9% in 2018 for pregnant women with

anemia (Risksedas, 2018). Based on data from the Pekanbaru City Health Office in 2017, the prevalence of anemia in pregnant women was 8.1%, but in 2018 the prevalence of anemia in pregnant women increased by 11.2% where the incidence of anemia in pregnant women increased (Pekanbaru City Health Office, 2018).

According to Manuaba (2010) in pregnant women, anemia increases the frequency of complications in pregnancy and childbirth. The impact of anemia in pregnancy varies from very mild complaints to disturbances in the continuity of pregnancy (abortion, immature/premature parturition), disturbances in the delivery process (uterine inertia, uterine atony, prolonged parturition), disorders during the puerperium (sub-involution of the uterus, resistance to infection and low milk production), and fetal disorders (abortion, dysmaturity, microsomy, low birth weight, perinatal death, etc.)

Based on an initial survey conducted at the Pekanbaru City Health Office, from data on pregnant women, the highest number 2 in 2019 was in the working area of the Rejosari Health Center in Pekanbaru City as many as 2333 people. PMB Hj. Murtinawita, SST is one of the PMBs located in the working area of the Rejosari Health Center with the highest number of third trimester pregnant women amounting to 104 people. Based on the results of an initial survey conducted on 13 third trimester pregnant women, there were 9 third trimester pregnant women who did not know the relationship between knowledge, parity to the incidence of anemia in pregnant women and 4 other third trimester pregnant women knew the relationship between knowledge, parity to the incidence of anemia. in third trimester pregnant women.

METHOD

In this study, researchers used quantitative research using correlation analysis. The population of this study were all pregnant women PMB Hj. Murtinawita, SST as many as 104 third trimester pregnant women with anemia. The sampling technique used was consecutive sampling, that is, all subjects who came in sequence and met the selection criteria were included in the study until the required number of

subjects was met. Which consists of 51 samples in this study. The data analysis that the researcher uses is univariate and bivariate. Data analysis using SPSS with a computerized system. Univariate analysis used in this study is to determine the frequency distribution of each variable studied. While the bivariate analysis used in this study is to determine whether there is a relationship between the independent and dependent variables, using the chi square test and the basis for making decisions by comparing the P value with a value of 0.1

RESULTS

Univariate Analysis

Table 1
Frequency distribution of knowledge and parity with anemia in PMB Hj. Murtinawita, SST Pekanbaru.

No	Knowledge	Frequency	Persentase (%)
1	Baik	8	15,7 %
2	Cukup	11	21,6 %
3	Kurang	32	62,7 %
Total		51	100 %
No	Parity	Frequency	Persentase (%)
1	No Risk	22	43,1 %
2	at risk	29	56,9 %
Total		51	100%
No	Anemia	Frequency	Persentase (%)
1	Tidak Anemia	24	47,1 %
2	Anemia	27	52,9 %
Total		51	100 %

Based on table 1 above, it can be seen that of the 51 respondents, the majority of pregnant women lacked knowledge of 32 people (62.7%) and the minority of respondents lacked knowledge of 8 people (15.6%). The majority of mothers at risk were 29 respondents (56.9%) and the non-risk minority were 22 respondents (43.1%). Anemia The majority of pregnant women who are anemic are 27 respondents (52.9%)

and the minority of pregnant women who are not anemic are 24 respondents (47.1%).

Bivariate Analysis

Table 2
The relationship between knowledge and the incidence of anemia in third trimester pregnant women at PMB Hj. Murtinawita, SST Pekanbaru.

Knowledge	Anemia				Total		P value	α
	No Anemia		Anemia		N	%		
	N	%	N	%				
Well	8	100	0	0	8	100	0.004	0.1
Enough	5	45,5	6	54,5	11	100		
Not enough	1	34	2	65	3	100		
Total	14	100	6	100	20	100		

From table 4.2 above, the results obtained using the chi-square test P-value = 0.004, 0.1. This means that P-value < 0.1, then there is a relationship between knowledge and the incidence of anemia in third trimester pregnant women in PMB Hj. Murtinawita, SST Pekanbaru.

Table 3
The relationship between parity and the incidence of anemia in third trimester pregnant women at PMB Hj. Murtinawita, SST Pekanbaru

Parity	Anemia				Total		P value	α
	No Anemia		Anemia		N	%		
	N	%	N	%				
No Risk	2	90	2	9	2	10	0.000	0.1
At risk	4	13,8	2	86,2	6	100		
Total	6	100	4	100	10	100		

From table 3 above, the results are obtained using the chi-square test P-value = 0.000, α 0.1. This means that the P-value < α, then there is a parity relationship with the incidence of anemia in third trimester pregnant women at PMB Hj. Murtinawita, SST Pekanbaru.

DISCUSSION

1. The relationship between knowledge and the incidence of anemia in third trimester pregnant women at PMB Hj. Murtinawita, SST Pekanbaru. Based on the results of the study using the statistical test chi-square p-value = 0.004 < 0.1. So there is a relationship between knowledge and the incidence of anemia in third trimester pregnant women at PMB Hj. Murtinawita, SST Pekanbaru.

Mother's knowledge is very influential on the nutrition of the baby she is carrying and also the pattern of food consumption, especially foods that contain iron, because if iron deficiency during pregnancy in a relatively long time will cause anemia. Lack of knowledge about anemia has a bad influence on health behavior, especially when a woman is pregnant. Due to factors related to knowledge and influencing the community in maintaining daily food consumption patterns so as to prevent anemia in pregnancy (Hardaniyati and Ariendha, 2018)

The results of this study are in line with research conducted by Sari (2018) regarding the relationship between the level of knowledge, iron intake and husband's support for the incidence of anemia in third trimester pregnant women at Prambanan Health Center, Sleman Yogyakarta, stating that there is a significant relationship between maternal knowledge and the incidence of anemia. in third trimester pregnant women with p-value = 0.000. Similarly, the research conducted by Norfai (2016) on the relationship between education, knowledge and husband's support with the incidence of anemia in

pregnant women in the work area of the Savings Health Center in Barito Kuala District, which also stated that there was a significant relationship between knowledge and the incidence of anemia in pregnant women with $p\text{-value} = 0.04$ so it is smaller than (0.05).

According to the researcher's assumptions, the number of respondents who have less knowledge is due to the education of pregnant women, who are mostly knowledgeable, and the lack of information obtained by pregnant women about anemia. Most respondents do not know the benefits of consuming Fe tablets and some respondents do not know the importance of taking Fe tablets in pregnancy and respondents do not regularly take Fe tablets because they feel that it has nothing to do with pregnancy (Moh. Saifudin. 2016). The low knowledge of pregnant women about anemia in pregnancy will affect their pregnancy. Based on the results of the study, there were still 6 pregnant women who had sufficient knowledge but were still anemic, according to the researcher's assumption, this was due to other factors such as maternal parity (Multigravida). The lower the knowledge, the more mothers will experience anemia in their pregnancy and mothers who are highly knowledgeable also do not escape from anemia if the mother does not consume Fe tablets and foods that contain lots of iron during pregnancy (Pemiliana, S. 2019).

2. The relationship between parity and the incidence of anemia in third trimester pregnant women at PMB Hj. Murtinawita, SST Pekanbaru.

Based on the results of the study using the chi-square statistical test $p\text{-value} = 0.000 < 0.1$. So there is a correlation between parity and the incidence of anemia in third trimester pregnant women at PMB Hj. Murtinawita, SST Pekanbaru.

Parity affects the occurrence of anemia because during pregnancy requires additional iron to increase the number of maternal red blood cells and form fetal red blood cells. If the supply of Fe reserves is minimal, each pregnancy will deplete the body's Fe supply and eventually cause anemia in the next pregnancy.

The results of this study are in line with those conducted by Moh. Saifudin, (2016) with the title *The Relationship Between Parity With The Incidence Of Anemia In Pregnancy In Kranji Village, Paciran District, Lamongan Regency*, through the Rank Spearman Correlation test shows that $p\text{ value} = 0.000$ where $p < 0.05$ so H_a is accepted meaning that there is a very significant relationship between parity with the incidence of anemia in pregnancy.

According to the Researcher's Assumptions, the factors that influence the condition of anemia are the number of pregnancies and birth spacing. Parity more than 3 has a higher maternal mortality rate. High parity and birth spacing < 2 years are risk factors for anemia. The number of deliveries is also associated with anemia, so the more frequent the frequency of pregnancy, the more frequent the risk of blood and iron loss which has an impact on the decrease in Hb (Leveno K. 2015). In addition, the number of primigravida women in this study experienced anemia because women who were pregnant for the first time tended to pay attention to the condition of their baby who had been waiting for their arrival so that the mother paid attention to the nutrition she was getting. Multigravida mothers often pay attention to other children, so that mothers sometimes pay less attention to the condition of their pregnancy. Based on the results of the study, there were still 2 pregnant women whose parity was not at risk but had anemia, according to the researcher's assumption, this was because the age of the mother had

entered the age at risk of pregnancy, namely > 35 years.

CONCLUSIONS

From the results of research conducted by researchers regarding the relationship between knowledge and parity with anemia in third trimester pregnant women at PMB Hj. Murtinawita, Pekanbaru SST obtained the conclusion that there is a relationship between knowledge and the incidence of anemia in third trimester pregnant women at PMB Hj. Murtinawita, Pekanbaru with a p value $< \alpha$, namely $0.004 < 0.1$.

There is a parity relationship with the incidence of anemia in third trimester pregnant women at PMB Hj. Murtinawita, Pekanbaru SST p value $< \alpha$, namely $0.000 < 0.1$.

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