AGE AND PREGNANCY DISTANCE AS A RISK FACTOR FOR ANEMIA CAUSES IN PREGNANT MOTHERS IN THE AREA OF PUBLIC HEALTH CENTRE OF BANJARNEGARA REGENCY

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Article Information		
	Abstract	
Received:	Anemia is a condition where the body has a few numbers of red	
October 08, 2019	blood cells (erythrocytes). This condition is commonly found in pregnant women. WHO determines the incidence of anemia in pregnancy ranging from 20% to 89% by determining Hb less than	
Revised:	11 gr%. The purpose of this study was to determine the age and	
December 26, 2019	distance of pregnancy in pregnant women with anemia in the public health centre in Banjarnegara. The method used in this study was descriptive analysis. Sampling-based on total sampling	
Accepted:	amounting to 29 people. The results showed that most of the "low-	
January 19, 2020	risk age group" numbered 25 respondents (86%), and the majority of respondents "low-risk pregnancy distance" totalled 27 respondents (93%). In conclusion, most respondents in the age	
Available online:	and distance of pregnancy were low-risk categories. However, it	
January 23, 2020	was better for a woman who plans to become pregnant to pay attention to proportional age to get pregnant, and a healthy pregnancy distance, one of the things that can be done is to use contraception that is appropriate to the conditions the woman and her purpose whether to deploy, thin out or stop the pregnancy.	
	Keywords: Age, pregnancy distance, anemia, pregnant women	

1. Introduction

Anemia is a condition with Haemoglobin levels below normal. In Indonesia, anemia is generally caused by lacking nutrients. Iron deficiency anemia is one of the most common disorders during a mother's pregnancy. Pregnant women usually experience iron depletion so they can only give a small amount of iron to the fetus that is needed for healthy iron metabolism. Then they will experience anemia if the haemoglobin level in a pregnant woman drops to less than 11gr%.^[1]

Factors that cause anemia in a pregnant woman were influenced by knowledge, information acquisition, parity, maternal age and pregnancy distance. Age factor was one of the risk factors for anemia in pregnant women. A mother's age was related to women's reproductive organs. A healthy and safe reproductive age is 20-35 years. Pregnancy at the age less than 20 years and above 35 years can cause anemia; because in pregnancies less than 20 years old, the organs are not optimal, emotions are unstable, mentally immature, so it is easy to experience shocks, indirectly resulting in a lack of attention to the fulfilment of nutrients during her pregnancy. Whereas at the age of more than 35 years associated with setbacks and decreased endurance and various diseases that often afflict this age. The results showed that the age of the mother during pregnancy was very influential on the incidence of anemia.^[2]

Birth intervals that are too close, less than two years, are at risk because the reproductive system has not returned to normal; besides, the mother is still breastfeeding.^[1] Rohmah (2013) stated that pregnant women with low-risk intervals of pregnancy (> 2 years to <10years) mostly experienced mild anemia, namely haemoglobin levels of pregnant women > 8 grams% - <11 grams% of 39 respondents (73.6 %). And those with severe anemia, namely haemoglobin levels of pregnant women < 8 grams%, as many as 14 respondents (26.4%). Whereas for pregnant women who had high-risk pregnancies (< 2 years or > 10) years), most of them had severe anemia, namely haemoglobin levels of pregnant women < 8 g% by 16 respondents (59.3%) and the remaining 11 respondents (40.7%) had mild anemia, i.e. haemoglobin levels of pregnant women> 8 g% to 11g%.^[3]

Based on data from the Banjarnegara Regency Health Office in 2016, the number of pregnant women with anemia was 11.9%.^[4] The purpose of this study was to know the description of the age and distance of pregnancy in pregnant women with anemia in the public health centres of Banjarnegara regency in 2018.

2. Method

The research design in this study was a descriptive study. The sampling technique was done by the total sampling method, which was taking all samples from the total number of participants. The sample in this study was 29 people. The data source used secondary data which consists of recap data available at the Public Health Centre. Techniques/instruments were supporting the data by examining supporting documents. Data analysis procedure: the first editing was an investigation to return the truth of the data collected. The second step was coding which is a numerical code of assistance for the data consisting of several categories. Data entry was the activity of entering data that has been collected into a parent table that produces frequency distribution. Moreover, the results of data analysis using descriptive analysis with an overview of the incidence of anemia in pregnant women viewed from the age and distance of the assessment. Analysis of the data used univariate analysis with frequency distribution.^[5]

3. Results and Discussion

Table 1 Frequencies		Frequency	Distribution		of
		Respondent	Cha	racteristics	by
		Age			
Age		f	%		
High-risk		5	14		
Low-risk		24	86		
Total		al	29	100	

From table 1, it can be seen that the frequency distribution of respondents based on the age of the majority constitutes the "low-risk age group" of 24 respondents (86%). High-risk age is the age of the mother less than 20 years and above 35 years, while the age of low-risk if the age of the mother between 20-35 years. This reference refers to Gunawan (2010), which explained that women under the age of 20 are physically and mentally not ready to get pregnant. Emotions and psyche are very unstable, as is the physical condition of those who are still weak to get pregnant even though their reproductive organs have developed well and are over the age of 35 years the fertility rate has dropped.^[6]

According to Arisman (2009), the age of high-risk, i.e. age less than 20 years is the age of adolescents aged between 10-19 years, and teenage pregnancy is a pregnancy that lasts at the age of 11-18 years. Adolescent girls who start to get pregnant when the nutritional condition was bad were at risk of giving birth to babies with low birth weight by 2-3 times greater than those of good nutritional status. Maternal mortality rates of 10-14 years are five times greater than those aged 20- 24 years old while mortality in teenage of 15-19 years showed a death

rate two times greater than those aged 20-24 years. The maternal mortality rate in Indonesia was 40-50 times higher than in developed countries.^[7]

According to Kristianasari (2010), more than 35 years of age includes a highrisk pregnancy; this is a problem because with increasing age there will be a decline in the function of the organ through the ageing process.^[1]

Table	2	Frequency Distribution	of
		Respondent Characteristics b	уу
		Pregnancy Distance	

Tregnancy Distance					
Pregnancy	f	%			
Distance					
High-risk	2	7			
Low-risk	27	93			
Total	29	100			

From table 2, it was known based on the distance of pregnancy; the majority of respondents was the "Low-Risk" group amounted to 27 respondents (93%). Most respondents had a pregnancy interval of more than two years. A mother needs more than two years to restore her reproductive organs. In theory, stated that the distance of childbirth that was too close will cause low fetal quality and will also be detrimental to maternal health. Mother did not get a chance to recover her condition after giving birth. Getting pregnant again can cause nutritional problems for the mother and the fetus or the baby.^[8] A pregnancy interval of fewer than two years is at risk because the reproductive system is not ready again and the mother is still breastfeeding.^[1]

4. Conclusion

The results showed that the majority of respondents constituted a low-risk group based both on age and distance characteristics. However, it is better for a woman in planning a pregnancyto pay attention to the proper age and distance of the pregnancy. One effort that can be done is to use contraception in accordance with the conditions and purpose of postponing pregnancy. The need for further research development, especially in bivariate analysis, is added and supported by qualitative data to find out more about the factors that influence anemia.

5. Acknowledgement

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