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Pregnant Women's Behavior for Preventing Anemia In Pregnancy

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Abstrak

Anemia pada kehamilan merupakan salah satu masalah kesehatan masyarakat yang masih sering dijumpai, terutama di negara berkembang. Kondisi ini dipengaruhi oleh berbagai faktor, termasuk usia, pendidikan, pekerjaan, serta perilaku ibu hamil dalam mencegah anemia. Penelitian ini bertujuan untuk mengidentifikasi perilaku ibu hamil dalam pencegahan anemia di Desa Ngembel, Kabupaten Trenggalek. Metode penelitian menggunakan desain deskriptif dengan teknik purposive sampling, melibatkan 33 responden ibu hamil. Hasil penelitian menunjukkan bahwa sebagian besar responden berada pada usia reproduksi (75,8%), tidak bekerja (63,6%), dan berpendidikan SLTP (45,5%). Sebanyak 69,7% ibu hamil memiliki perilaku positif dalam pencegahan anemia, seperti rutin mengonsumsi tablet Fe, menjaga pola makan bergizi, dan melakukan kunjungan ANC secara teratur. Namun, 30,3% responden masih menunjukkan perilaku negatif, yang mengindikasikan perlunya peningkatan edukasi dan motivasi. Temuan ini menegaskan pentingnya peran tenaga kesehatan dalam memberikan penyuluhan dan pendampingan intensif kepada ibu hamil untuk meningkatkan kepatuhan terhadap pencegahan anemia. Upaya penguatan program distribusi tablet Fe serta peningkatan akses terhadap layanan ANC perlu terus ditingkatkan agar kejadian anemia pada ibu hamil dapat ditekan secara optimal.

Kata Kunci : *Anemia, Ibu Hamil, Perilaku Pencegahan*

Abstract

Anemia during pregnancy remains a significant public health challenge, especially in developing countries. Various factors, including maternal age, education, occupation, and anemia-prevention health behaviors influence this condition. This study aimed to identify pregnant women's behavior in preventing anemia in Ngembel Village, Trenggalek Regency. A descriptive research design was used, and purposive sampling was employed to select 33 pregnant women as respondents. Findings revealed that most respondents were within reproductive age (75.8%), unemployed (63.6%), and had a junior high school educational background (45.5%). A total of 69.7% of pregnant women demonstrated positive behaviors to prevent anemia, such as consistently taking iron tablets, consuming a nutritious, balanced diet, and attending regular ANC visits. Meanwhile, 30.3% exhibited negative behaviors, indicating insufficient knowledge, motivation, or access to health services. These findings highlight the crucial role of healthcare workers in providing continuous education and support to improve adherence to anemia prevention strategies among pregnant women. Strengthening iron tablet distribution programs and ensuring better access to ANC services are essential steps toward reducing anemia prevalence and improving maternal health outcomes in the community.

Keywords: *Anemia, Pregnant Women, Preventing Behavior*

INTRODUCTION

Anemia in pregnancy remains a major public health problem globally, particularly in low- and middle-income countries. Hemoglobin levels below normal characterize the condition due to inadequate intake of essential nutrients such as iron, folic acid, and vitamin B12 (Kemenkes, 2018). Iron deficiency anemia is the most common type during pregnancy, as pregnant women frequently experience iron depletion that affects both maternal health and fetal development (Astutik, 2018). Physiological changes during pregnancy, including increased plasma volume and increased nutritional demands, further increase the risk of anemia. This condition, if left unchecked, may impair oxygen transport and compromise pregnancy outcomes.

Several factors influence the occurrence of anemia among pregnant women. Behavioral determinants play an important role, including routine consumption of iron (Fe) tablets, balanced dietary intake, and adherence to antenatal care visits (Astutik, 2018). Non-behavioral factors also contribute, such as occupation, particularly among housewives who depend solely on their husbands for financial needs, educational level, where individuals with higher education are more capable of recognizing early symptoms and engaging in preventive actions, and maternal age. Women younger than 20 years or older than 35 years have a higher risk of anemia due to inadequate nutritional intake during pregnancy. Common symptoms of anemia include fatigue, weakness, tinnitus, difficulty concentrating,

shortness of breath, pale skin, chest discomfort, and cold extremities⁷.

The high prevalence of anemia in pregnancy highlights its significance as a public health concern. WHO (2017) reported that anemia affects 56 million pregnant women worldwide, with a prevalence of 49.9% in Asia⁹. In Indonesia, the prevalence of anemia increased from 37.1% in 2013 to 48.9% in 2018 (Risikesdas, 2018). Data from East Java Province also showed that 37.02% of pregnant women experienced anemia¹¹, while Trenggalek Regency recorded 7.94% cases in 2020. A study conducted at the Sedayu I and II Primary Health Centers found that 63.6% of pregnant women with anemia had poor attitudes toward anemia prevention (Friska Herlina, 2016). Preliminary findings in Ngembel Village similarly showed that most pregnant women had not practiced appropriate anemia-prevention behaviors, underscoring the need for further assessment of behavioral factors.

Preventing anemia during pregnancy requires consistent adherence to iron supplementation, adequate consumption of nutrient-rich foods, and regular antenatal care visits. The Indonesian government has long implemented a program providing at least 90 iron tablets to pregnant women throughout pregnancy (Supriyatiningih, 2016). However, studies indicate that adherence and preventive behaviors remain suboptimal. Given the risks associated with anemia, including miscarriage, premature rupture of membranes, and low birth weight (Irwanti, 2019), understanding maternal behavior is essential. Therefore, this study aims to identify pregnant women's behavior in preventing anemia during pregnancy in Ngembel Village, Trenggalek Regency.

RESEARCH METHOD

This study was conducted in 2022 with a sample of pregnant women residing in Ngembel Village, Watulimo District, Trenggalek Regency. The sampling technique used was purposive sampling, in which participants were selected based on specific criteria relevant to the research objectives. The research design employed was descriptive, aimed at providing an overview of events occurring in the present. Descriptive studies systematically outline phenomena and emphasize accuracy in presenting existing conditions without manipulation or intervention. According to Nursalam (2017)¹⁴, descriptive research does not attempt to analyze the causal relationships underlying phenomena; therefore, hypotheses are not required. In this study, the descriptive approach was used to describe and present the behavior of pregnant women in preventing anemia during pregnancy in Ngembel Village, Trenggalek Regency, in 2022.

RESULTS AND DISCUSSION

Table 1. Characteristics of Pregnant Women Respondents in Ngembel Village

Characteristics	Frequency	%
Age		
Reproductive age (20–35 years)	25	75.8%
Non-reproductive age (<20 & >35 years)	8	24.2%
Total	33	100.0%
Occupation		
Housewife	21	63.6%
Private sector employee	9	27.3%
Others	3	9.1%
Total	33	100.0%
Education		
Elementary School	7	21.1%
Junior High School	15	45.5%
Senior High School	8	24.3%
Bachelor's Degree	3	9.1%
Others	0	0%
Total	33	100%

Based on Table 1, the majority of pregnant women in Ngembel Village were within the reproductive age range of 20–35 years (75.8%), while 24.2% were outside the reproductive age range (<20 or >35 years). Most respondents were housewives (63.6%), followed by those working in the private sector (27.3%), and a small proportion with other types of occupations (9.1%). In terms of educational background, nearly half of the respondents had a junior high school education (45.5%), while 24.3% had completed senior high school. Meanwhile, 21.1% had only completed elementary school, and 9.1% held an undergraduate degree. These results indicate that the majority of pregnant women in this area are of productive age, not formally employed, and have a secondary school or lower educational background.

Table 2. Frequency Distribution of Pregnant Women's Behavior in Preventing Anemia in Ngembel Village

ANC Behavior Category	Frequency (n)	Percentage (%)
Positive	23	69.7%
Negative	10	30.3%
Total	33	100%

Based on Table 2, most pregnant women demonstrated positive behavior in preventing anemia during pregnancy, accounting for 69.7% of the total respondents. Meanwhile, 30.3% showed negative behavior, indicating insufficient or inappropriate efforts to prevent anemia. These findings suggest that although the majority of pregnant women practice preventive behaviors, a substantial proportion still needs improved knowledge, motivation, and guidance to adopt adequate preventive behaviors related to anemia in pregnancy.

DISCUSSION

Respondents Characteristic

Age. Based on Table 4.1, the age characteristics of respondents show that almost all pregnant women were in the reproductive age group, totaling 25 respondents (75.8%) out of 33. According to a study by Purbadewi (2013), the percentage of pregnant women in the unhealthy reproductive age category indicates a higher proportion experiencing anemia compared with those in the healthy reproductive age category. Pregnant women aged >35 years are considered to be in the unhealthy reproductive age group, in which the reproductive organs may not function optimally. The absorption capacity of the small intestine in this age group is reduced, leading to decreased iron absorption from food and inadequate blood supply to the placenta, resulting in anemia during pregnancy.¹⁵

Astuti (2016) also states that maternal age can influence anemia risk when the mother is relatively young (<20 years), as the body is still in a growth phase that requires higher nutritional intake. When nutritional needs are not adequately met, competition for nutrients occurs between the mother and the fetus.¹⁶ In this study, the majority of pregnant women were in the productive age group, with 25 respondents (75.8%) out of 33. Pregnant women within this age range are generally easier to educate and provide health information to regarding preventive behaviors for anemia. Preventive measures include taking iron (Fe) tablets once daily or a total of 90 tablets during pregnancy, eating a balanced, nutritious

diet (especially iron-rich foods), and attending regular antenatal care (ANC) visits at least once a month.

Occupation. Based on Table 4.1, most respondents were unemployed or housewives, totaling 21 respondents (63.6%) out of 33. According to Purbadewi (2013), pregnant women who do not work do not have independent financial income and depend on their husbands for daily needs. This condition often increases the family's economic burden and may affect the frequency of ANC visits, which are essential for obtaining Fe tablets from health workers.¹⁵ In this study, the finding that most pregnant women were housewives (63.6%) suggests that financial dependence may impact their ability to regularly perform anemia prevention behaviors, such as consistently taking Fe tablets, consuming nutritious foods, and attending ANC visits. Respondents often stated that because only their husbands worked, economic constraints made it difficult to prioritize routine health checks and nutritional needs.

Education. Based on Table 4.1, nearly half of the respondents had a junior high school (SLTP) education, totaling 15 respondents (45.5%) out of 33. According to Notoatmodjo (2012), education level influences an individual's response to health-related information, and differences in educational level lead to variations in health behaviors.¹⁷ This is supported by a study by Sunaryo (2013), which explains that a higher level of education increases compliance, especially when learning is active and obtained independently through structured processes.¹⁸ Purbadewi (2013) also found that pregnant women with secondary education (SMA, SMK or equivalent) generally have better thinking patterns and awareness of the importance of maintaining healthy pregnancies and ensuring optimal fetal development.¹⁵ In this study, nearly half of the pregnant women had completed junior high school. Pregnant women with higher levels of education tend to exhibit better behaviors to prevent anemia, such as regularly taking Fe tablets, being more able to identify nutritious foods for anemia prevention, and attending ANC visits more consistently.

Pregnant Women's Behavior in Preventing Anemia in Ngembel Village

Based on Table 4.2, more than half of the pregnant women demonstrated positive behaviors in preventing anemia, with 23 respondents (69.7%) out of 33. According to Sugiyono (2017), behavioral assessment can be categorized into two outcomes: positive behavior ($\geq 50\%$) and negative behavior ($< 50\%$). According to Alfi (2014), maternal behavior plays an essential role in pregnancy outcomes. Regular iron (Fe) supplementation significantly influences anemia prevention. Pregnant women with poor health-related behaviors are more vulnerable to experiencing anemia.¹⁹ From this study, it can be

concluded that most pregnant women in Ngembel Village exhibit positive behaviors to prevent anemia. This is likely because many of them routinely practice anemia prevention measures, such as taking 1 Fe tablet daily, preferably not with citrus juice, ideally at night; eating a balanced diet rich in iron; and attending ANC visits at least once a month or when experiencing pregnancy-related complaints.

CONCLUSION

The findings of this study show that most pregnant women in Ngembel Village are in the reproductive age group, have moderate educational backgrounds, and are predominantly housewives, factors that collectively influence their health behaviors. Overall, the majority demonstrated positive behaviors to prevent anemia, including regular consumption of iron tablets, balanced nutrition, and attendance at ANC visits. However, a notable proportion still displayed negative behaviors, indicating gaps in knowledge, motivation, and access. These results underscore the importance of strengthening health education, improving iron tablet adherence, and enhancing ANC service accessibility to ensure optimal maternal health outcomes and reduce the risk of anemia during pregnancy.

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