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Relationship Between Knowledge And Family Support Towards Anemia Prevention Behavior In Pregnant Women At Genteng Kulon Community Health Center

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Abstract *Pregnancy is the growth and development of an intrauterine fetus starting from conception and ending until the start of labor. The duration of pregnancy from ovulation to parturition is approximately 280 days (40 weeks). One of the problems that often occurs is anemia in pregnancy. Many pregnant women do not know about anemia and how to prevent it. The factors that influence the level of maternal knowledge about preventing anemia are education, age, type of work, gestational age. The purpose of this study was to determine the level of knowledge and support of families towards pregnant women. This study used a quantitative descriptive design with a Spearman rho statistical test research design and used the technique snowball sampling. The instrument in this study was a questionnaire about the level of knowledge of pregnant women, family support and preventive behavior. The location was at the Genteng Kulon Health Center, Genteng District in July 2024. From the results of the study with the Spearman rho statistical test using SPSS on the level of knowledge, it was found that the level of significance value of 0.001. At the Genteng Kulon Health Center, Genteng District. From the results of this study, it is suggested that there is a need for direction and counseling from officers for IEC to pregnant women regarding increasing pregnant women and family support for anemia prevention behavior in pregnant women.*

Keywords : *Level of knowledge,Family support,Anemia Prevention Behavior.*

INTRODUCTION

Pregnancy is the growth and development of the intrauterine fetus starting from conception and ending until the onset of labor. The duration of pregnancy from ovulation to delivery is approximately 280 days (40 weeks), and no more than 300 days (43 weeks). This 40-week pregnancy is called a mature pregnancy (full term). If the pregnancy is more than 43 weeks, it is called a post-mature pregnancy. Pregnancy between 28 and 36 weeks is called a premature pregnancy (Prawihardjo, 2009). Anemia in pregnant women in the third trimester can cause various problems, including: miscarriage, bleeding during pregnancy, premature labor, fetal disorders, labor and postpartum disorders, low birth weight, suboptimal fetal development and infant death (Lina, 2018). Anemia is a decrease in the number of red blood cells, hemoglobin, and the number of erythrocytes. Anemia is a condition where a person has low levels of hemoglobin (a type of protein in the blood). The causes of anemia in pregnancy are mostly folic acid deficiency, blood diseases, malabsorption, blood loss such as pulmonary tuberculosis, malaria and helminthiasis. Anemia during pregnancy can have negative impacts especially during pregnancy, childbirth, and the postpartum period. During pregnancy,

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additional iron intake is needed to increase the number of red blood cells and to form fetal and placental red blood cells. Lost, predisposes the body to anemia, (Rahayu & Suryani, 2018).

According to the prevalence of iron deficiency anemia in pregnant women in Indonesia based on the results of the Basic Health Research (Riskesdas) in 2018 increased by 48.9%. Anemia when viewed by age group in 2018 is as follows: the 15-24 age group is 86.6%, the 25-34 age group is 33.7%, the 35-44 age group is 33.6% and the 45-54 age group is 24%. It is known that the prevalence of anemia in pregnant women in Asia is 48.2% based on the results of the Basic Health Research, the incidence of anemia in Indonesia is still high. The average prevalence in the province of East Java is 5.8%. The average prevalence in the province of East Java is still below the national target of 28%, besides in Banyuwangi the rate of anemia in pregnant women reached 7.8% (target <5%) which is still quite high, so to prevent anemia, it is hoped that every pregnant woman will get at least 90 iron tablets during pregnancy. (Sarah, 2022)

Mild anemia in pregnant women does not directly have a negative impact on pregnancy and childbirth unless the iron reserves in the mother's body are reduced so that anemia changes to moderate or severe levels. Moderate anemia causes fatigue, lack of energy, fatigue, and poor performance. Severe anemia is associated with poor pregnancy outcomes, such as palpitations, tachycardia, shortness of breath, increased cardiac output which can lead to decompensation and fatal heart failure, increased incidence of preterm labor, preeclampsia, and sepsis. Anemia in pregnancy can result in miscarriage, premature birth, low birth weight, bleeding before and after delivery and can even cause maternal and child death (Tarwoto and Wasnidar, 2020)

There are 5 risk factors for anemia in pregnancy, namely: Nutritional intake, nutritional intake greatly affects the risk of anemia in pregnant women in addition to lack of iron, lack of folic acid and vitamin B12 levels still often occurs in pregnant women, it is recommended to consume foods that have a varied nutritional composition, Gestational Diabetes, in hyperglycemic conditions, transferrin which accommodates increased needs in the fetus experiences hyperglycosylation so that it cannot function optimally, Multiple pregnancies, iron requirements in multiple pregnancies are higher than in single pregnancies, adolescent pregnancy, anemia in adolescent pregnancy is caused by multifactors, such as due to infectious diseases, genetics or insufficient optimal nutritional status, Inflammation and infection and inflammation can trigger iron deficiency conditions such as worms, tuberculosis, HIV, malaria, or other diseases (Enanang Kusumastutu, 2020) Efforts made to fulfill iron in pregnant women with anemia include encouraging patients to consume foods containing iron together with vitamin C, encouraging patients to consume blood-boosting supplements,

teaching how to make a combination of spinach and tomato juice, teaching how to make a leaf potion sweet potatoes, and provide information about nutritional needs for pregnant women with anemia. (Erni Rosinta, 2020)

Family support is a form of interpersonal relationship that includes attitudes, actions and acceptance of family members, so that family members feel that someone is paying attention. Support for pregnant women can be interpreted as support from people around them such as family. The family here consists of husband, children, biological parents, in-laws, older siblings, younger siblings, and siblings. Every pregnant woman needs family support in the form of motivation, encouragement, empathy, or assistance. This support is proof of the family's attention and affection for pregnant women which aims to prepare for a safe and fearless delivery (Setiadi, 2019). According to research conducted by Roni & Fadli, (2020) Family support factors affect the prevalence of anemia in pregnant women. Family or husband support has a 58% effect on preventing anemia in pregnant women. Part of the family or family support as one of the tasks that plays a role in the health service process in the family, including being worthy of providing care, provocation, and attention to each family member, so that the family is healthy. From Hidayat's research (2018) family support regarding the prevention of iron deficiency anemia from 30 respondents, the majority of mothers received good family support as much as 53.3%. Meanwhile, 46.7% of iron deficiency anemia prevention behavior is less than optimal.

RESEARCH METHODS

The design of this study uses a descriptive correlative, using a cross-sectional research method. The sample of this study used all pregnant women in the 2nd and 3rd trimesters, obtaining a sample of 42 samples. The sampling technique was snowball sampling and bivariate analysis in this study used the Spearman rho test which was used to determine whether or not there were differences between two independent samples.

RESULTS

1. Respondent Characteristics Based on Last Education

Table 1 Respondent Characteristics Based on Last Education

Level Of Education	Frekuensi (f)	Persentase (%)
1College	12	28.6
2High School	22	52.4
3Junior High School	8	19.0
Total	42	100.0

Based on table 1 it can be concluded that most of the respondents' last education was high school, as many as 22 respondents (52.4%). And a small portion of the respondents' education was junior high school, as many as 8 respondents (19.0%).

2. Respondent Characteristics Based on Age

Tabel 2 Respondent Characteristics Based on Age

No	**Age**	Frekuensi (f)	Persentase (%)
1	<19>35	15	35,7
2	20-25 years	1	2,4
3	20-35 years	26	61.9
	Total	42	100.0

Based on table 2 it can be concluded that the majority of respondents were aged 20-35, as many as 27 respondents (64.3%). And a small number of respondents were aged <19>35, as many as 19 respondents (35.7%).

3. Respondent Characteristics Based on Employment Status

Tabel 3. Respondent Characteristics Based on Employment Status

No	Employment status	Frekuensi (f)	Persentase (%)
1	Working	23	54,8
2	Not working	19	45,2
	Total	42	100.0

Based on table 3 it can be concluded that the majority of respondents are working, as many as 23 respondents (54.8%). And a small number of respondents are not working, as many as 15 respondents (45.2%).

4. Respondent Characteristics Based on Gestational Age

T**abel 4. Respondent Characteristics Based on Gestational Age**

No	Pregnancy Age	Frekuensi (f)	Persentase (%)
1	Trimester II	18	57,1
2	Trimester III	24	42,9
	Total	42	100.0

Based on Figure 4, it can be concluded that most of the gestational age is in the third trimester as many as 24 respondents (57.1%). And a small number of respondents are in the 11th trimester as many as 18 respondents (42.9%)

5. Mother's knowledge about anemia

Tabel 5. Mother's knowledge about anemia

Knowledge	Frekuensi (f)	Persentase (%)
Good	35	83,3%
Enough	7	16,7%
Less	0	0,0%
Total	42	100

Based on Figure 5 it can be concluded that the majority of respondents have good knowledge, namely 35 (83.3%). And a small number of respondents have sufficient knowledge, there are no respondents with poor knowledge, namely 0.

6. Frequency Distribution of Family Support

Tabel 6. Frequency Distribution of Family Support

Family Support	Frekuensi (f)	Persentase (%)
Good	14	33.3%
Enough	27	64.3%
Less	1	2,.4%
Total	42	100

Based on table 6, it is known that most respondents received sufficient family support, namely 27 respondents (64.3%) sufficient. And only a small number of mothers received good support, namely 14 respondents (33.3%). In fact, there were no pregnant women who received less support from their families, namely 1 respondent (2.4%).

7. Frequency of anemia

Tabel 7. Frequency of anemia

Anemia	Frekuensi (f)	Persentase (%)
Moderate anemia	27	64,3 %
Severe anemia	14	34.3 %
Total	42	100

Based on table 7 it is known that the majority of respondents suffered from moderate anemia, as many as 27 respondents (64.3%). And a small proportion of respondents suffered from severe anemia, as many as 14 respondents (34.3%).

8. The relationship between knowledge and behavior in preventing anemia in pregnant women at the Genteng Kulon Community Health Center

Tabel 8. Distribution of Respondents Based on Anemia Prevention Behavior and the Relationship between Knowledge of Anemia in Pregnant Women

Anemia prevention behavior					
		Good	Fair	Poor	Total
Level of Knowledge	Fair	7 (16,7%)	0 (0,0%)	0 (0,0%)	7 (16,7%)
	Poor	7 (16,7%)	27 (64,3%)	1 (2,4%)	35 (83,3%)
	Fair	35 (83,3%)	7 (16,7%)	0(0,0%)	35(83,3%)
	Poor	0,0%			7(16,7%)
	Total	14 (33,3%)	27 (64,3%)	1 (2,4%)	42 (100,0%)
	Spearman rho	0,03			

The anemia prevention behavior of respondents was sufficient as many as 27 respondents (64.3%). While the level of knowledge of respondents was good as many as 35 respondents (83.3%). The results of statistical tests with Spearman's rho showed a significant value of p = 0.03. with the decision H0 rejected Ha meaning there is a significant relationship between the relationship of knowledge and anemia prevention behavior in pregnant women at the Genteng Kulon Health Center.

9. The relationship between family support and anemia prevention behavior in pregnant women at the Genteng Kulon Community Health Center.

Tabel 9 Distribution of Respondents Based on Family Support with Anemia Prevention Behavior

Anemia prevention			behavior Family support
Spearman Rho	Anemia prevention behavior	Corelation coefficient 1.000	.561
		Sig. (2-failed) .	0,001
		N 42	42
Family support Knowledge level		Corelation coefficient .561	1.000
		Sig. (2-failed) 0,001	.
		N 42	42
Spearman Rho 0,001			

From the results of the Spearman Rho correlation test, the p-value <0.05 is 0.001, meaning <0.05, which means Ha is accepted and Ho is rejected, which means there is a relationship between family support and anemia prevention behavior

DISCUSSION

1. Analysis of Family Support for Anemia Prevention Behavior in Pregnant Women

Based on table 4.8, the results of this study found a relationship between family support for anemia prevention behavior and anemia incidence at the Genteng Kulon Health Center. The statistical test value obtained from the Spearman rho test showed a value of 0.01> 0.05, which means H0 is accepted, so there is a relationship between the level of family support and anemia prevention behavior in pregnant women at the Genteng Kulon Health Center

The results of this study are in accordance with another study entitled analyzing factors related to behavior related to anemia prevention in pregnant women in Banda Masen Village, Banda Sakti District, Lhokseumawe City, Aceh Province in 2019. This study uses a quantitative method with a cross-sectional design, with a research sample of 43 respondents. The study used a questionnaire. The time of the study was in November 2019 as a follow-up to the end of the study. The analysis of this study uses Univariate, Bivariate and Multivariate. The statistical test used was the chi square test and longitudinal regression with the results of the study on the Influence of Knowledge (P-value 0.040), Attitude (P-value 0.016), People (P-value 0.006), Husband's Support (0.005) and knowledge are variables that influence anemia prevention behavior in Banda Masen Village, District. Pita Ajaib. The conclusion of the study shows that there is a significant influence between knowledge, attitude and husband/family support with anemia prevention behavior in Banda Masen Village, District. Banda Jaib.

Behavior is an individual's response to an action (external stimulus). Behavior occurs from the response process, so this theory is often referred to as the "SO-R" theory or Stimulus Organism Theory. Organism behavior includes closed and open behavior such as thinking and feeling. (Pierce, W. David; Cheney, 2013). Based on this definition, behavior is divided into 2, namely (Kholid, 2018):

a. Covert behavior is closed behavior that occurs when the response to a stimulus cannot be clearly observed by others.
b. Overt behavior is open behavior that occurs when the response to a stimulus can be observed by others such as actions. Behavioral domains according to Benjamin Bloom (1908) in Notoatmodjo (2012). This domain division is carried out to improve the three behavioral domains of the cognitive domain, psychomotor domain, and affective domain. The three domains are measured from:

1) Knowledge Knowledge is the result of knowing, which usually occurs after someone has sensed a particular object. Without knowledge, a person has no basis for making decisions and determining actions for the problems faced.
2) Attitude Attitude is a person's still closed response to an object.
3) Practice or action An attitude that has not been manifested in an action (overt behavior), so for the attitude to become a real difference, an ability is needed. Preventive behavior is taking action before the incident occurs.

Factors that influence behavior Green (in Notoatmodjo 2020) explains that health behavior is influenced or determined by three factors, namely: Predisposing factors, enabling factors, reinforcing factors.

Prevention in a broad sense is not only limited to being directed at someone who is healthy but can also be directed at sufferers who are sick. In accordance with the definition of "prevention" is "the act of keeping from happening" which means an action that prevents something from happening or in other words does not get too serious (Hariyono, 2020). In making prevention efforts, there are 3 levels of prevention, namely:

a. Primary prevention, is the level of prevention by avoiding or overcoming factors, for example: wearing masks, washing hands frequently with soap and water, maintaining a minimum distance of 1 meter from each other.
b. Secondary prevention, is the level of prevention by carrying out early detection of the disease when the disease has not yet shown its typical symptoms, so that early treatment can still stop the further progress of the disease, for example: Hemoglobin examination to determine anemia or not

c. Tertiary prevention is the level

2. Relationship of Knowledge to Anemia Prevention Behavior in Pregnant Women

Based on table 4.7, the results of this study found a relationship between the level of knowledge of anemia in pregnant women and the incidence of anemia at the Genteng Kulon Health Center. The statistical test value obtained from the Spearman Rho test showed a value of 0.01> 0.05, which means that H0 is accepted, so there is a relationship between the level of knowledge and anemia prevention behavior in pregnant women at the Genteng Kulon Health Center.

Another study entitled Knowledge of anemia prevention in pregnant women at the Godean Health Center (Dwi Susanti, 2020). This study is a quantitative study, cross-sectional analytical research design. The sample of this study was 81 pregnant women at the Godean Health Center, taken using two techniques, namely purposive sampling and probability sampling. The questionnaire used was a questionnaire on knowledge about anemia and a hemoglobin measuring tool. Data analysis used the Somers'd Statistical Test. Results: The results of the study showed that knowledge of anemia in pregnant women in Godean had good knowledge of 71 people (87.7%). Pregnant women in the domicile who did not experience anemia were 43 people (53.1%). Based on the results of the Somers'd analysis, the p value was obtained = 0.779 ($p > 0.05$). Conclusion: There is no relationship between knowledge of adolescent anemia and the incidence of anemia in pregnant women at the Godean health center.

Knowledge is a result of a sense of desire through sensory processes, especially in the eyes and ears towards certain objects. Knowledge is an important domain in the formation of open behavior (Donsu, 2017). Knowledge is the result of human sensing or the result of someone knowing about an object, namely sight, hearing, smell, taste and civilization. At the time of sensing to produce this knowledge is influenced by the intensity of attention and perception of the object. A person's knowledge is mostly obtained through the sense of hearing and sight (Notoatmodjo, 2014).

Knowledge is influenced by formal education factors and is very closely related. It is expected that with higher education, their knowledge will be broader. But people with low education are not absolutely low in knowledge either. Increased knowledge is not absolutely obtained from non-formal education. Knowledge of an object contains two aspects, namely positive and negative aspects. These two aspects will determine a person's attitude. The more positive aspects and objects are known, the more positive attitudes will arise towards certain objects (Notoatmojo, 2014).

Forming a complete behavior, the better a person's knowledge, the better the behavior that will be formed to create a good action. Pregnant women with good knowledge about anemia in pregnancy will tend to form positive behavior or prevent compliance so that compliant actions arise in preventing anemia during pregnancy.

The knowledge possessed by pregnant women will affect their behavior. Pregnant women with good knowledge will try to prevent anemia from occurring to themselves during pregnancy. (Notoadmodjo, 2019)

From the description above, it can be concluded that pregnant women who have broader knowledge about preventing anemia will tend to form positive behavior to prevent anemia during pregnancy. Good knowledge of pregnant women about anemia can increase their compliance in consuming iron tablets.

3. Identifying Family Support for anemia prevention behavior in pregnant women

The findings of the study in table 4.8 prove that most family support is sufficient as many as 27 respondents (64.3%). And some respondents are good as many as 14 respondents (33.3%). The results of the statistical test show that there is a relationship between family support and anemia prevention behavior in pregnant women with a p value = 0.001. The results show that mothers who do not have supportive family support are at risk of experiencing anemia compared to supportive family support

The results of the study entitled family support for anemia status in pregnant women showed that 40 respondents who did not have supportive family support experienced more severe anemia status, namely 22 respondents 55.0% of the results of the analysis using chi square obtained a p-value of 0.002 because the p-value <a (0.05) so that H0 was rejected and H1 was accepted. This shows that there is a relationship between family/husband support and anemia status in pregnant women (Hardayani & Ariendha, 2018). From the research conducted by Juwita (2018), the results of the statistical test were obtained with a p-value = 0.029, which can be concluded that there is a significant relationship between family support and the level of maternal compliance in consuming iron tablets.

Family support for anemia prevention behavior in pregnant women is the attitude, actions, and acceptance of the family towards its members. Family members are seen as an inseparable part of the family environment. Family members view that people who are supportive are always ready to provide help and assistance if needed. The results of this study indicate that out of 69 respondents, 31 respondents 52.5 have good family support (Permana, 2019). Family members are of the view that probative people are always ready to provide help and support if asked. A mother basically really wants a healthy pregnancy and the child she is carrying. In order for

the wishes of pregnant women to come true, support from the family is needed. In this study, maternal maturity is included in good family support, videlicet 20 replier 57.1% (Maikel su, 2020). From the description above, it can be concluded that pregnant women with family support are very much needed because they can help pregnant women in all their activities. Family support is very important for pregnant women to get good results for the mother and fetus. Family support can provide physical and psychological comfort, as well as influence the psychology and motivation of the mother in carrying out health behaviors. Some ways that families can do to support pregnant women, include: Helping to take care of household chores, Listening to complaints and providing encouragement, monitoring nutritional intake, accompanying pregnant women in undergoing pregnancy check-ups. Low family support can increase the risk of premature birth, low birth weight, and failure to thrive at normal levels.

CONCLUSION

Knowledge and Support of pregnant women's families at the Genteng Kulon Health Center is in the less category as much as 83.3%.

Anemia prevention behavior in pregnant women at the Genteng Kulon Health Center is in the sufficient category as much as 64.3%

From the results of the Spearman rho correlation test, the p-value results <0.05, namely 0.001 means <0.05, meaning Ha is accepted and Ho is rejected, which means there is a relationship between family support and anemia prevention behavior.

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