

DESCRIPTION OF PREMARRIAGE PREGNANCY PREPARATION IN DISTRICT SEDAYU

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ABSTRACT

Premarriage Pregnancy Preparation is a very important thing to be considered, but this should not be a priority in health care. Antenatal Health Care has not provide premarriage pregnancy preparation. The antenatal care is just given when the mother became pregnant, it can cause delaying in the handling of various issues that affect pregnancy, such as anemia, Chronic Energy Deficiency (CED), pregnancy planning and a lack of premarriage woman knowledge towards preparation for pregnancy. According to the data of Indonesian centers and health information, highest cause of maternal mortality ratio in 2012-2013 was others diseases until 40.8%, followed by hemorrhagic disease until 30.3%, hypertension until 27.1%, 7.3% infection and 1, 8% obstructed labor. The data indicate that the causes of maternal deaths can be prevented if they were had earlier detected and anticipated. Therefore it is very important to know as early as possible preparation for pregnancy in pregnant mothers. The study aims to describe the premarriage pregnancy preparation. This research was conducted with a cross-sectional approach to the samples, obtained by accidental registering for marry in Sedayu District. The results of the study Show that 64.6% Premarriage women are not ready to get pregnant, 60.8% Premarriage Women had anemia, 33.4% had KEK, 18.6% do not have enough knowledge about pregnancy and 29.1% do not have a plan of pregnancy.

BACKGROUND

Nowdays, maternal mortality remains one of the main problems in maternal and child health. According to the Indonesian Demographics Health Survey (IDHS) in 2012, MMR and IMR in Indonesia still shows a Table quite high and far from the target of the MDG's in the amount of 359 per 100,000 live births, while the infant mortality rate (IMR) is 40 per 1,000 live births and Neonatal Mortality Rate (NMR) is at 19 per 1,000 live births (IDHS).

According to the Indonesian data centers and health information highest cause of maternal mortality ratio in 2012-2013 others diseases until 40.8%, followed by hemorrhagic disease until 30.3%, hypertension until 27.1%, 7.3% infection and 1, 8% obstructed labor (Center for Data and Information Ministry of Health, 2014)

Causes of maternal deaths above could be avoided and prevented if known, as early as possible so that premarriage women can prepare for pregnancy. Maternal mortality is influenced by the presence of risk pregnancies. Pregnant women should get the right services, because the management of the pregnancy greatly affect maternal mortality and morbidity. The Antenatal Care for normal pregnancy should be carried out to detect complications which exist in pregnancy by promotive approach (Asrinah et al, 2010).

Pregnancy preparation are things that need to be specially prepared about three or four months prior to pregnancy for the welfare of the child, They are include healthy reproductive age, nutritional status, hemoglobin levels, TT (Tetanus Toxoid) vaccination, knowledge about

prenatal care and pregnancy planning. (Prasetyono, 2008).

Measurement of nutritional status in premarriage can be used to determine whether Caten Premarriage women have a risk of CDE (Chronic Deficiency Energy) or not. KEK can soon be overcome if we knew before pregnancy. KEK shown by LILA (Upper Arm circumference) indicators less than 23.5 cm, which is can cause anemia, Haemhoragic Postpartum, infection, prolonged labor, prematurity and low birth weight (Annual Report, 2015)

Premarriage preparation for pregnancy is very important, because it can anticipate the problems that may arise during pregnancy and childbirth. Preparation needed to get a good pregnancy includes preparation of free from anemia, preparation of good nutrition, preparation of enough knowledge to pregnancy preparation. (Tanu, 2011)

Premarital anemia diagnosed ditegakkan when A hemoglobin level less than 11 g%. anemia can be overcome if it is early known before pregnancy, so it can be immediately supplemented. Treatment of pregnant women with anemia by giving iron supplementation 90 tablets during pregnancy is a standard way to improves the Hemoglobin during pregnancy (Standard Maternal Health Service, 2002), but the fact during pregnancy, sometimes the mother do not check her pregnancy or the mother have no obedient in taking iron tablets. (WHO, 2012). The formation of red blood cells in the body takes about 120 days. (Harper, 2003) So that takes a long time to overcome anemia in pregnancy. Early detection satus when premarital anemia and iron supplementation before pregnancy may help increase hemoglobin levels faster and avoid the problems of pregnancy and childbirth are caused by anemia.

Tetanus Toxoid (TT) Immunization is given to a woman some weeks before marry, usually given at least one week before the marriage and then it is given back within 1 month after the first

immunization. TT immunization useful to prevent tetanus in the infants and the mother . TT is a mandatory program of government that should be followed by premarriage women before marriage (Prasetyono, 2008).

The level of someone knowledge about the health effect on one's health behavior. (Notoatmodjo, 2012). So knowledge of prenatal care is a very important factor to make a pregnant woman should behave appropriate prenatal care. Antenatal care is given at least four times during pregnancy, to maintain and improve the health status of mothers during pregnancy and detect any problems or complications, so that it can be overcome and it is anticipated as early as possible. (Mufdillah, 2010).

Some of premarriage women does not has pregnancy plan, whether to get pregnant immediately after marriage or will postpone. Based on preliminary studies of Premarriage woman in Sedayu 1 Primary Health Care 5 has no plan pregnancies, they mostly follow the course, whether it will be pregnant or not, 3 wanted not pregnant right away, but hesitated to talk about it with her spouse and 2 want to immediately get pregnant , Planning a pregnancy is an important related to the mother's readiness in terms of physical, psychological and health finance. Pregnancy preparation is very important to create human quality. (Kusmiran, 2011).

Indonesian Health Program has been providing services to premarriage preparation, but it is only include tetanus toxoid immunization and pregnancy test, so that, hemoglobin level data, anthropometry, the level of knowledge and pregnancy planning is still limited. This study is useful because it gives an overview on the premarriage pregnancy preparation .

Subdistrict Sedayu have 62.3% of Pregnant Women with Anemia, 37.6% of pregnant women with KEK. The number is the second highest number districts in Bantul area.

The anemia status data, nutrition status data, level of knowledge about pregnancy and pregnancy plans data needed to describe the anemia status, nutritional status, level of knowledge about pregnancy and pregnancy plans on premarriage, so that if a problem can be known in advance and immediate treatment in order can be anticipated, besides the data is also necessary to better and healthier pregnancy preparation.

Based on the description background above, the study is very important to know and discover the description of pregnancy preparation in Sedayu 1 and 2 Primary Health Care include anemia status, nutritional status, level of knowledge about prenatal care and pregnancy planning.

RESEARCH METHODS

The study is descriptive research study. The descriptive research study aims to describe about the particular circumstances objectively (Machfoedz, 2013), using cross sectional design.

The research was conducted in June-August 2015 Sedayu district, Bantul, Yogyakarta.

The population in this research is the prospective bride Woman in District Sedayu within three months amounted to 97 people, 79 samples are taken by accidental sampling technique.

The tools used in the study is Haemometer Sahli to measure hemoglobin concentration, tape to measure MUAC, Scales and Mikrotoise to measure the Body Weight and Body Height, questionnaires to measure the level of knowledge about preparation for pregnancy and collect data on pregnancy plans.

Variables examined included reproductive age, anemia status, nutritional status, TT immunization status, the level of knowledge about the preparation of pregnancy and pregnancy plans.

These variables are variables that determine a Caten readiness for pregnancy (Praetyono 2008, Tanu 2011), When a Caten have one of these indicators in a category is not good, then the Caten declared not ready for pregnancy.

RESULTS AND DISCUSSION

Table 1

Frequency Distribution For Pre Marriage Pregnancy Preparation Indicators

Pregnancy Preparation Category	Frequency	Percentage
1 indicator on good category	3	3,7%
2 indicator on good category	5	6,3%
3 indicator on good category	8	10,1%
4 indicator on good category	9	11,3%
5 indicator on good category	16	24,0%
6 indicator on good category	28	35,4%
Total	79	100%

From Table 1 it is known that 28 respondents had six indicators in good categories, 16 respondents have 5 indicators in good categories, 9 respondents had 4 indicators in good categories, 8 respondents have 3 indicators in good categories, 5 respondents have two indicators in good categories, 3 respondents have one indicator in good categories

Table 2

Distribution Frequency of Pregnancy Preparation

Pregnancy Preparation	Category	Frequency	Percentage
Ready for	All Indicators	28	35,4%

Pregnant in good category				
Not Ready for pregnant	Not Indicators in good category	All in	51	64,6 %
Total			79	100%

Based on the above table, it can be seen the premarriage pregnancy preparation in the District are 28 people ready to become pregnant (35.4%) and 51 (64.6%).were not yet ready to become pregnant .

Table 3
The Distribution Frequency of Health Reproductive Age

Category	Frequency	Percentage
Unhealthy Reproductive age	10	12,6%
Healthy Reproductive age	69	87,4%
Total	79	100%

From Table 3 it is known that 10 (12.6%) respondent are in unhealthy reproductive age and 69 (87.4%) are in a healthy reproductive age.

Table 4
Premarriage Anemia Distribution

Anemia Status	Haemoglobin Value	Frequency	Percentage %
Not anemia	Hb 12 g/dl-16 g/dl	31	39,2 %
Very mild anemia	Hb 11 g/dl- > 12 g/ dl	17	21,5 %
Mild Anemia	Hb 8 g/dl- < 11 g/dl	17	21,5%

a	Hb	Frequency	Percentage
Moderate Anemia	7 g/dl- 8 g/dl	11	13,9 %
Total		79	100 %

Based on Table 4 above can be seen in the Premarriage anemia status in District Sedayu. They are 31 people (39.2%) were not anemic, and 48 people (60.8%) had anemia consisting of mild anemia once , 17 people (21.5%) with mild anemia, 17 (21.5%) people was moderate anemia and 11 (13.9%) people with severe anemia 3 (3.8%).

Table 6
The Distribution of Mid Upper Arm Circumference (MUAC) in District Sedayu

MUAC	Category	Frequency	Percentage (%)
CED Risk	<23,5	24	30,4
Not CED Risk	23,5	55	69,6
Total		79	100

Based on Table 6 above can be seen on the size LILA Caten Kecamatan Sedayu perempuan in as many as 24 people (30.4%) had a risk of KEK and 55 (69.6%) did not pick the risks KEK

Table 7
Imunization Status Distribution

TT Imunization status	Frequency	Percentage (%)
Yes	79	100
No	0	0
Total	79	100

According to the table above, We know that the Premarriage immunization status in the district Sedayu ie 100%. Premarriage women have been immunized against Tetanus Toxoid.

Table 8

Premarriage Knowledge Level Distribution

Knowledge Level About Pregnancy Preparation	Frequency	Percentage (%)
Good	3	3,8
Enough	69	87,3
Less	7	8,9

Knowledge Level About Helathy Reproductive Age		
Good	23	29,1
Enough	44	55,7
Less	12	15,2

Knowledge Level About TT Imunization		
Good	12	15,4
Enough	35	44,3
Less	32	40,5

Knowledge Level About Folic Acid		
Good	6	7,6
Enough	42	53,2
Less	31	39,2

Knowledge Level About Anemia		
Good	25	31,6
Enough	38	48,1
Less	16	20,3

Knowledge Level About Nutrition During Pregnancy		
Good	8	10,1
Enough	43	54,4
Less	28	35,4

Based on Table 8 above. We Know that the level of pregnancy preparation knowledge in the District Sedayu are quite enough as many as 69 people (87.3%). The level of knowledge about healthy reproductive age quite as many as 44

people (55.7%). The level of knowledge about TT immunization quite as many as 35 people (44.3%). The level of knowledge about folic acid are quite as many as 42 people (53.2%). The level of knowledge about anemia are quite as many as 38 people (48.1%). The level of knowledge about the nutritional status are quite as many as 43 people (54.4%)

Table 9

Premarriage Women Pregnancy Planning Distribution

Pregnancy Planning	Frequency	Percentage %
Not Have Pregnancy Planning	31	39,2
Have Pregnancy Palnning	48	60,8
Total	79	100

DISCUSSION

Table 1 shows that 28 respondents had six indicators in good categories, 16 respondents have 5 indicators in good categories, 9 respondents had 4 indicators in good categories, 8 respondents have 3 indicators in good categories, 5 respondents have two indicators in good categories, 3 respondent has one indicator in good categories.

Marriage preparation consists of several things that have to be prepared that is healthy reproductive age, nutritional status, anemia status, TT immunization status, level of

knowledge about the preparation of pregnancy and pregnancy plans on prospective bride woman. If there is a bride/premarriage woman who has one indicator in the bad category. She said not ready for pregnancy. There are only 28 brides (35.4%) who had six indicators that are in good category, the rest have one or more categories of the indicators are not good, so it is classified on the bride who is not ready to get married.

Table 4 shows that 10(12.6%) premarriage women are in unhealthy reproductive age and 69 (87.4%) are in a healthy reproductive age.

Healthy reproductive age are healthy age for a woman to get married and pregnant. the Healthy Reproductive age are in range 21 until 35 years old(Manuaba, 2010). A healthy reproductive age woman who is pregnant and gave birth is not has risk of pregnancy problems such as abortion, prematurus labour, infections in pregnancy, low birth weight and pre eclampsia (Mufdillah 2010, Marmi, 2012)

Acordding to the Table 5, We Know that Premarriage women anemia status in District Sedayu 31 people (39.2%) were not anemic, and 48 people (60.8%) has very mild anemia anemia, 17(21.5%) people has mild anemia 17 (21.5%), 11 (13.9%) has moderate anemia, and 3 (3.8%) has severe anemia .The result shows that the incidence of anemia is greater (60.8%) compared to premarriage woman who are not anemic (39.2%).

This study supports the research results conducted by Andriani , Description of Higschool Girl Anemic Status, students who are anemic as much (74.79%) and non-anemic as much (25.21%), the difference in this study in which respondents on average still life of middle adolescents (15-18 years) and late (18-22 years) where they have a low awareness in conducting examination Hb, and lack of knowledge about the importance of Hb examination. Therefore The HighSchool Girl will be premarriage women in prospective time, so the Highschool

girl anemic indicators suitable for premarriage anemic indicators.

Based on research conducted Halinda (2008) on "Hemoglobin Blood Analysis on Women Workers in PT Belawan Food Frozen (cold storage) gained prevalence of anemia among women workers in the study is quite high 47.2%, with 90% of women workers are in healthy reproductive age is 20-35 years. Anemia in women can reduce the productivity of workers who work less than workers who are not anemic. The incidence of anemia in women workers due to less consumption of iron. And when viewed in terms of age, the bride and groom who are anemic average age is 22-35 years earning as much as 5.2% (41 people).

According the research result of Indarti (2009), iron deficiency before they are pregnant and not addressed can lead to pregnant women suffer from anemia. Some of the symptoms of anemia include: fatigue, difficulty concentrating, complications in childbirth and are prone to infection, it can even lead to abortion.

From the research results can be seen the size premarriage women LILA in District Sedayu many as 24 people (30.4%) had a risk of KEK and 55 (69.6%) do not have the risk of KEK

MUAC on premarriage woman describe the nutritional status so that it can be used as material information on premarriage woman to find her nutritional status and consider her condition is ideal or not ideal for pregnant, so it can be anticipated immediately before begin pregnancy. Underweight can cause infectious diseases, depression, anemia and diarrhea. Women who are underweight are at risk of having a baby with low birth weight and if the weight would pose a risk to various diseases such as heart disease, diabetes (diabetes mellitus), high blood pressure disorders of joints and bones, kidney disorders, disorders of the gall bladder, cancer. (Blair , Arnow A. Haas, & Millheiser, 2013)

According Marmi (2011) Malnutrition of course will lead to a bad outcome for mother and baby. Mothers can suffer from anemia, so the blood supply that delivers oxygen and nourishment to the fetus will be inhibited, so that the fetus will experience impaired growth and development. On the other hand, excess nutrients can have an impact also was not good also to the mother and fetus. The fetus will grow beyond normal weight, so she will have difficulty during delivery.

Premarriage woman nutritional status affects the prospective of Pregnancy, who are malnourished are likely to give birth to babies who are undernourished. Weight of babies born less than 2500 grams named Low Birth Weight (LBW). LBW infants born to have a proportional size as small as the head, body limbs and other organs in the body. In more severe state of malnutrition brain retardation can reach 10-20%. Small brain volume led to reduced significantly, besides LBW infants did not have sufficient reserves of nutrients in the body so susceptible to disease, especially infectious diseases, hypothermia and consequently easily passed (Supariasa, 2013).

The study, almost same was done by Putri (2013), entitled "Comparison of Substance Consumption Nutrition, Nutritional Status and Hemoglobin Premarriage Woman on the Probolinggo coast and agriculture ". The study results obtained from the majority of respondents both in coastal areas and agriculture research was no difference in the consumption of nutritional status of women according to BMI (Body Mass Index).

Distribution of Immunization Status Table can be seen that 79 people or 100% received injections of TT (Tetanus Toxoid), because TT Immunization Caten was a requirement to request a permit marriage to KUA. Of the 79 respondents, 8 people are already pregnant, so that 8 people are getting injections of TT Caten after she became pregnant, not before she was pregnant.

Based on Table 9, Table of knowledge level about pregnancy preparation in District Sedayu quite as many as 69 people (87.3%).

The level of knowledge about healthy reproductive age quite as many as 44 (55.7%) people. The level of knowledge about TT immunization quite as many as 35(44.3%). People. The level of knowledge about folic acid with quite as many as 42(53,2%) people. The level of knowledge about anemia quite as many as 38(48,1%) people. The level of knowledge about the nutritional status quite as many as 43(54.4%) people. Quantity of respondents by category level of knowledge about pregnancy preparation the bride, where of 79 people showed that a majority of 79 votes knowledgeable enough as many as 69 (87.3%) people, and the lowest percentage of 7(8.9%) people less knowledgeable. According Notoatmodjo (2010), Knowledge (knowledge) is the result out of the man, who simply answering the question "what", for example, what the water, what a man, what nature, and so on. Most people's knowledge gained through the senses of hearing and sense of sight. The factors that influence knowledge in this study is the educational and social culture that can influence attitude in receiving the information (Nurunnayah & Nur, n.d.). Education is needed to obtain information for support health to improve the quality of life (Henry ,2011). The results are consistent with a study done by Rita (2014) with the results of research is most category level of respondents knowledge about pregnancy preparation are knowledgeable enough ie (56%).

According to the results of Endri wulandari and Wijayanti (2014) knowledge of pregnant women about the danger signs of pregnancy most with enough knowledge, as many as 17 respondents (56.7%), this is in line with research Novia Sari Milita about the level of knowledge of women of reproductive age (WUS) about the preparation kehamlan in health centers, 23 respondents knowledgeable enough (76.7%), while the Ferry Dwi Cahya According to research Riftana

Relations knowledge level of high risk pregnancy with childbirth in pregnant women age remajadi Puskesmas Bangsalsari Jember mother has poor level of knowledge as much as 89% (26) people and poor preparation for labor as much as 58% (17) people.

The results showed that the majority of brides who are in Sedayu I and II Primary Health Care has no plans related to pregnancy number of 23 people or 29.1%, plans to delay pregnancy as many as 11 respondents (13.9%), which is not much delay pregnancy 37 respondents (46.8%) and already pregnant as many as 8 people (10.1%). Couple bride and groom who will postpone pregnancy due to financial reasons and occupation of respondents, so Their partners is not yet ready to have children. While respondents are not planning a pregnancy because the couples eager to have children and feel has been sufficiently able to support his family.

In this research, there are couples who have been pregnant bride due to pregnancy outside marriage so that couples bride is no longer plan or postpone pregnancy because it was pregnant.

Pregnancy is a fertilization process in order to continue the descent, which occurs naturally, resulting in the growing fetus in the womb. The gestation period begins from conception to the birth of the fetus. The duration of normal pregnancy is 280 days (9 months 7 days) is calculated from the first day of last menstruation.

Optimal family planning through planning pregnancy a safe, healthy and desirable is one important factor in reducing the maternal mortality rate. Keeping within the pregnancy is not only to save the mother and baby from the side of health, but also improve the quality of family relationships psychological (Sugiri, 2007).

One pregnancy planning among others by following the Family Planning (KB). KB give to couples choice about when to have children,

how much, spacing of their children with each other, and when they should stop having children (Yolan, 2007).

In planning and spacing pregnancies, couples planning can be affected by many factors, both in terms of economic maturity, the age of the couple, the influence of social, cultural, environmental, employment and health status of the pair (Susan, 2006).

Planning a pregnancy at this bride is influenced by several factors such as age, education, occupation, income, and type of contraception will be selected. The age factor is an important factor in determining the spacing pregnancies, especially for women when it was 38 years old and still wants 2 children then can not get pregnant by age range of three years between one another, when aged under 30 years and has no health problems endanger the pregnancy then still have a chance to spacing pregnancies (Dwijayanti, 2005).

Employment and income couples is essential in pregnancy planning . Study shows most couples who do not want to have children argue that they are not capable enough to provide decent support to raise children properly. With mental preparation as well as the economy of the pair will facilitate couples to determine the distance of pregnancy (Zeverina, 2006).

One of the advantages in planning and preparing the pregnancy is in terms of the social economy namely improve the quality of life of women overall. In addition to health and pediatrics, the economic aspect is equally important. If unplanned especially about preparation funds can also be fatal (Diana, 2007). Therefore the preparation of couples both physically and psychologically very important to determine the distance of pregnancy in couples of childbearing age.(Handayani & Rahmawati, 2016)

The results are consistent with research conducted by Amrina and Nuniek (2014) with the results of the study stating that 52 couples of childbearing age will not delay pregnancy

despite having enough knowledge about pregnancy planning.

CONCLUSION

51 (64.6%) Premarriage Woman in District Sedayu not yet ready to become pregnant. 10 (12.6%) premarriage women are not in a healthy reproductive age. 48 (60.8%) premarriage woman in District Sedayu experiencing anemia, 24 (30.4%) premarriage woman in District Sedayu have risk KEK, 31 (39.2%) premarriage woman of the bride in the District Sedayu plan is not have a pregnancy planing

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