

INCREASING KNOWLEDGE IN PREGNANT WOMEN ABOUT ANEMIA SCREENING AND TRIPLE ELIMINATION THROUGH PREGNANT WOMEN CLASSES

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Abstract.

According to the World Health Organization, the number of new HIV cases worldwide will approach 1.5 million by 2020. Africa is registered as the region with the highest number of new HIV cases with 880,000 cases. According to UNAIDS, around 50% of people living with HIV are women and 2.1 million are children under 15 years of age. Based on Indonesia's health status in 2018, 69.95% of pregnant women were tested for HIV and hepatitis B. Of these tests, 0.28% of pregnant women were HIV positive. The effect that HIV-infected pregnant women can transmit HIV to your child during pregnancy, childbirth or breastfeeding. In addition to the triple elimination test, anemia examination is also recommended for pregnant women, because it is one of the steps to prevent anemia in pregnant women. The purpose of this study was to increase pregnant women's knowledge about anemia screening and determine triple elimination through pregnant women courses. The research method uses Quasy experimental design with a group pretest design. The sample in this study were all pregnant women in the Kampung Bojong Jaya area as many as 40 people, the sampling technique was a comprehensive sample. The results of the research are the knowledge of pregnant women about anemia screening and triple elimination before counseling, most pregnant women have sufficient knowledge and then have good knowledge. Pregnant women received the most information about anemia screening and three times the elimination in the pregnant women category (p-value 0.000). The research method uses Quasy experimental design with a group pretest design. The sample in this study were all pregnant women in the Kampung Bojong Jaya area as many as 40 people, the sampling technique was a comprehensive sample. The results of the research are the knowledge of pregnant women about anemia screening and triple elimination before counseling, most pregnant women have sufficient knowledge and then have good knowledge. Pregnant women received the most information about anemia screening and three times the elimination in the pregnant women category (p-value 0.000). The research method uses Quasy experimental design with a group pretest design. The sample in this study were all pregnant women in the Kampung Bojong Jaya area as many as 40 people, the sampling technique was a comprehensive sample. The results of the research are the knowledge of pregnant women about anemia screening and triple elimination before counseling, most pregnant women have sufficient knowledge and then have good knowledge. Pregnant women received the most information about anemia screening and three times the elimination in the pregnant women category (p-value 0.000). The results of the research are the knowledge of pregnant women about anemia screening and triple elimination before counseling, most pregnant women have sufficient knowledge and then have good knowledge. Pregnant women received the most information about anemia screening and three times the elimination in the pregnant women category (p-value 0.000). The results of the research are the knowledge of pregnant women about anemia screening and triple elimination before counseling, most pregnant women have sufficient knowledge and then have good knowledge. Pregnant women received the most information about anemia screening and three times the elimination in the pregnant women category (p-value 0.000).

Keywords: Knowledge, Anemia Screening, Triple Elimination.

PRELIMINARY

Health is a symbol of national happiness. One of the criteria for successful welfare is maternal and infant morbidity and mortality, which of course requires different efforts, such as: stimulation, prevention, treatment and rehabilitation. One indicator of the level of public health is the maternal mortality rate (MMR). Indonesia has the highest maternal mortality ratio compared to other ASEAN countries (Petalina, 2020).

The SDGs have 3 goals, namely ensuring healthy lives and supporting the well-being of all people at all ages, through implementing priority health actions, This includes reproductive health, maternal and child health, and fighting infectious diseases (Koamesah, 2021).

Pregnant women are among the high-risk groups for HIV/AIDS, hepatitis and syphilis. More than 90% of childhood HIV, syphilis and hepatitis B infections are acquired from their mothers. The consequences of HIV/AIDS transmission from mother to child are from 20% to 45%, for syphilis from 69 to 80% and for hepatitis B it has more than 90% (Ministério da Saúde, 2017). is from 20% to 45%, for syphilis from 69 to 80% and for hepatitis B more than 90% (Ministério da Saúde, 2017).

It is estimated that one third of the world's population is infected with this virus and 350-400 million people are infected with hepatitis B. The prevalence is higher in developing countries, including Indonesia. Based on estimates from the World Health Organization (WHO), the number of new cases of HIV (Human Immunodeficiency Virus) will be nearly 1.5 million cases worldwide by 2020. Africa is recorded as the region with the most HIV cases, namely . 880 thousand cases (WHO, 2021).

About 50 percent of people living with HIV are women and 2.1 million are children under the age of 15, according to the United Nations Program on HIV and AIDS (UNAIDS). The number of women living with HIV increases every year, as does the number of men who have unprotected sex, which is transmitted to other sexual partners (UNAIDS, 2018).

By 2020, HIV prevalence among pregnant women in the Asia-Pacific region is expected to be less than 0.2%, but only 46% of pregnant women will receive ARVs. The prevalence of syphilis is 0.32%, approaching 50% and poor pregnancy outcomes and even stillbirths. The prevalence of hepatitis B in Southeast Asia is around 2% (WHO, 2021).

According to Indonesia's 2018 health profile, 69.95% of pregnant women have HIV and hepatitis B. HIV is detected in 0.28% of pregnant women. The percentage of pregnant women who tested positive for hepatitis B in West Java reached 86.84%, but only 39.95%, who were positive for hepatitis B had HBsAg reactive (positive) (IR Ministry of Health, 2019). Transmission of HIV, hepatitis and syphilis from mother to child can result in high morbidity and mortality, especially in developing countries (WHO, 2018). Prevention of transmission in infancy, prevention of unwanted pregnancies, screening, medication, and prenatal vaccinations can all be used to effectively treat these infections (antenatal care). Pregnant mother and Baby New Born Is Groups at Risk for Communicable Diseases sexual. Failure early for diagnosing and treating PMS could leading to morbidity and mortality in both mother and baby, and serious complications (WHO, 2018).

HIV-related effects of an HIV-positive mother may transmit the virus to her unborn child during pregnancy, breastfeeding, or menstruation. But if HIV is caught before or after the start of a person's illness, language can be used to reduce the risk of transmission. Apart from HIV, anemia during pregnancy can also affect the health of the mother and baby. In the mother it can be fatigue, low working power, weak immune system, increased risk of heart disease and infection, decreased quality of life that allows miscarriage. In addition, it can increase the risk of intrauterine death in newborns, born to children with high levels of Low APGAR and poor fetal growth (Atzmardina, 2022).

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Triple Elimination is a program that aims to combat and prevent the spread of HIV/AIDS, hepatitis B, and sexual infections of mothers and babies. Action needs to be taken to eradicate transmission which is the responsibility of the state in maintaining the health of children, such as people living with HIV, syphilis and hepatitis B.

In addition to the triple elimination test, anemia screening is also prohibited for babies with heart disease because it is the only known cause of anemia in babies with heart disease. For the nine treatments and treatments to support public health interventions as well as national policies, screening for anemia in pregnant women is also very important. Self-screening for iron deficiency anemia in asymptomatic pregnant women can influence diagnosis and treatment, which can have serious negative health effects. Risk factor identification, risk assessment tools, or diagnostic tests can be used to enhance routine or focused scanning. When looking for labor, Pregnant Women can clearly distinguish using their minds (Nanur, 2021). Increased knowledge about triple elimination screening and anemia screening in pregnant women should lead to positive maternal attitudes towards triple elimination screening during antenatal care. In addition to knowledge, personal experience, support from important people, culture, information sources, and educational/religious institutions also influence the formation of community attitudes. The single most important factor related to the failure of campaigns to eliminate triple anemia and infant screening is understanding. BKKBN, 2018).

A preliminary study conducted by researchers in June 2022 with interviews with 10 pregnant women showed that 3 pregnant women knew about the triple elimination test and anemia screening and participated in the program, and 7 pregnant women did not know about the triple elimination test and screening. for anemia and the program was discontinued. Based on the data above, the researcher wants to fulfill the research entitled "Increasing Knowledge of Pregnant Women about Screening and Eliminating Three Anemias through the Pregnant Women's Course in Bojong Jaya Village, Samudrajaya Village, Bekasi in 2022 ».

RESEARCH METHODS

Quasy experimental with a more experimental single group design for post testing. This study used a sample of 40 pregnant women in Kampung Bojong Jaya, the sampling technique was a comprehensive sample. Univariate and bivariate analyzes with paired sample tests were used as analytical methods.

RESEARCH RESULT

Table 1 Distribution frequency of understanding of anemia screening in pregnant women before and after attending classes

No.	Knowledge of Anemia Screening	Pre test		Posttest	
		Frequenc y	%	Frequenc y	%
1.	Well	6	15.0	23	57.5
2.	Enough	20	50.0	17	42.5
3.	Not enough	14	35.0	0	0.0
Total		40	100.0	40	100.0

The table above proves that most of the 40 respondents had sufficient understanding before taking the pregnancy course, while 20 people (50.0%) had good knowledge after taking the pregnancy course. 23 people (57.5%).

Table 2 Frequency distribution of pregnant women's understanding of triple elimination before and after class

No.	Triple Elimination Knowledge	Pre test		Posttest	
		Frequenc y	%	Frequenc y	%
1.	Well	5	12.5	24	60.0
2.	Enough	26	65.0	16	40.0
3.	Not enough	9	22.5	0	0.0
Total		40	100.0	40	100.0

The table above proves that of the 40 respondents before taking the pregnancy course, most had sufficient knowledge, at least 26 people (65.0%) had good knowledge after taking the pregnancy course, even 24 people (60.0%).

Table 3 Increased understanding of pregnant women regarding anemia screening and triple elimination through classes for pregnant women

Variable	Knowledge category	Frequency		Means		SD		P value
		Pre	Post	Pre	Post	Pre	Post	
Knowledge anemia screening	Well	6	23	61,23	77.85	13,46 1	12,84 5	0.000
	Enough	20	17					
	Not enough	14	0					
Knowledge triple elimination	Well	5	24	64,35	79.00	10,99 8	10,68 9	0.000
	Enough	26	16					
	Not enough	9	0					

From the table above it is evident that of the 40 respondents before undergoing pregnancy, the majority had sufficient information about anemia screening, even 20 people and after undergoing pregnancy. 23 respondents have good information about anemia screening. The average intelligence of pregnant women before giving birth was 61.35 with a standard deviation of 13.461 and the average intelligence of pregnant women after giving birth was 77.85 with a standard deviation of 12.845. The results obtained from the statistical test gave a p-value of 0.000, so it can be concluded that the knowledge of pregnant women about anemia screening has increased between categories of pregnant women, because there are significant differences at that level. Knowledge of pregnant women before and after. for courses on pregnant women. Before undergoing pregnancy, the majority of 40 respondents had sufficient knowledge about triple blast before the age of 26, and after undergoing pregnancy, the majority of respondents had good knowledge about triple explosion before they were 26-24 years old. The average knowledge of pregnant women before attending childbirth courses was 64.35 with a standard deviation of 10.998 and the average knowledge of pregnant women after attending childbirth courses was 79.00 with a standard deviation of 10.689. The results of the statistical test gave a p-value of 0.000, indicating that the awareness of threefold elimination in pregnant women had increased in all categories of pregnant women, because there was a significant difference in knowledge between before and after classes for pregnant women. and after undergoing pregnancy the majority of respondents had good knowledge about triple explosion before they were 26 24 years old. The average knowledge of pregnant women before attending

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childbirth courses was 64.35 with a standard deviation of 10.998 and the average knowledge of pregnant women after attending childbirth courses was 79.00 with a standard deviation of 10.689. The results of the statistical test gave a p-value of 0.000, indicating that the awareness of threefold elimination in pregnant women had increased in all categories of pregnant women, because there was a significant difference in knowledge between before and after classes for pregnant women. and after undergoing pregnancy the majority of respondents had good knowledge about triple explosion before they were 26 24 years old. The average knowledge of pregnant women before attending childbirth courses was 64.35 with a standard deviation of 10.998 and the average knowledge of pregnant women after attending childbirth courses was 79.00 with a standard deviation of 10.689. The results of the statistical test gave a p-value of 0.000, indicating that the awareness of threefold elimination in pregnant women had increased in all categories of pregnant women, because there was a significant difference in knowledge between before and after classes for pregnant women. 998 and the average knowledge of pregnant women after attending childbirth courses is 79.00 with a standard deviation of 10.689. The results of the statistical test gave a p-value of 0.000, indicating that the awareness of threefold elimination in pregnant women had increased in all categories of pregnant women, because there was a significant difference in knowledge between before and after classes for pregnant women. 998 and the average knowledge of pregnant women after attending childbirth courses is 79.00 with a standard deviation of 10.689. The results of the statistical test gave a p-value of 0.000, indicating that the awareness of threefold elimination in pregnant women had increased in all categories of pregnant women, because there was a significant difference in knowledge between before and after classes for pregnant women.

DISCUSSION

The level of understanding of pregnant women about anemia screening before and after according to the class of pregnant women

The results of the study proved that of the 40 respondents, the majority of pregnant women had sufficient information before starting the course, even 20 people (50.0%) had the least information after taking the course. announced by 23 people (57.5%).

Knowledge is the result of knowledge and arises after someone knows something. The level of public knowledge varies, thus it can be caused by many factors, namely experience, level of education, socio-culture, income, trust and structure (Notoatmodjo, 2018).

Nemia during pregnancy is iron deficiency anemia. Anemia during pregnancy is a national problem that reflects the socio-economic welfare of the community and has a major impact on the quality of human resources. Anemia in pregnancy (potentially harmful to mother and child) is called anemia because it "has the potential to be stressful for mother and child". That way, in the future, serious attention is needed for anemia by all stakeholders in the health sector (Manuaba, 2018).

The results of this study are in accordance with the description of Riska Sabriana's research (2022) that the knowledge of pregnant women about nutrition and anemia increased to 6.62% before counseling and to 8.47% after counseling.

Based on the research hypothesis, the results of the study prove that understanding of anemia screening before and after class has become common knowledge among pregnant women. Prior to attending the course, the majority of pregnant women had sufficient information, and there was a change in the information of pregnant women after attending the course.

Most pregnant women know this all too well. Based on the results of this study, health information and education is very useful for increasing mothers' understanding, especially in this study the understanding of pregnant women has increased.

The level of understanding of pregnant women regarding triple elimination before and after attending classes for pregnant women

The results showed that most of the 40 respondents had sufficient information before taking the course for pregnant women and it increased to 26 people (65.0%) after attending the course which was mostly big is Motherpregnant. Who have good information, both 24 people (60.0%). Triple Elimination is an elimination program to eliminate three infectious diseases from mother to child namely HIV or AIDS, syphilis and hepatitis B and is directly combined with mother and child care programs. (RI Health Office, 2019).

The third elimination program for early detection of HIV, syphilis and hepatitis B which refers to pregnant women is very important for all pregnant women because it can save the lives of mothers and babies. After the first visit to the mother, an assessment can be carried out at the puskesmas. preferably at 20 weeks of gestation, for pregnant women who require immediate treatment after the 20 weeks screening assessment (WHO, 2018).

Possible efforts to increase screening and break the chain of transmission of HIV, syphilis and hepatitis B depend on increasing understanding of the three eradications in pregnant women. Understanding or cognition is the main key in shaping human behavior or action, the better the factors and the more positive the knowledge, the more positive the attitude towards something (Notoatmojo, 2018).

The results of this study are in accordance with the description of Putu Ayu Eka Wartini's research (2021) which states that before being given triple elimination booklet counseling, the knowledge value of pregnant women is at least 31.25, the maximum value is 100. and the average is 87.5%. After counseling with triple-elimination leaflets, the minimum knowledge value of pregnant women is 68.75, the maximum value is 100, and the median value is 93.75%.

Based on the researcher's hypothesis, the results showed that 65.0% of pregnant women had sufficient knowledge about triple elimination before taking the pregnant women course, after taking the pregnant women course the respondents' knowledge changed the most. 60.0% of them have good knowledge. In fact, health education or counseling can increase knowledge to a certain extent, because the additional information that pregnant women receive is a study or new experience that is very useful for increasing knowledge, especially knowledge of pregnant women.

Increased understanding of pregnant women regarding anemia screening and triple elimination by attending classes for pregnant women

The results of the study proved that of the 40 respondents before taking the pre-pregnancy course, many had sufficient knowledge about anemia screening for up to 20 people, and after taking the pre-pregnancy course, many respondents knew about it. The results of the statistical test gave a p-value of 0.000, thus it can be concluded that the knowledge of pregnant women about anemia screening increased in the category of pregnant women because there was a significant difference in the level of understanding of pregnant women before and after screening tests taking pregnancy courses, 40 respondents had sufficient knowledge about expulsion three to 26 years old, and after a course of 3 to 24 respondents, most pregnant women had a good understanding of expulsion. The average understanding of pregnant women before taking the course was 64.35 with a standard deviation of 10.998 and the average understanding of pregnant women after taking the course was 79.00 with a standard deviation of 10.689. The result of the statistical test is the p-value of 0.000, thus it can be concluded that the awareness of triple elimination in pregnant women has increased between categories of pregnant women, because the value is significantly different. pregnancy before and after knowledge by attending maternity classes.

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Curiosity is the result of knowing through a perceptual process, especially through the eyes and ears of certain things. An important field is open behavior knowledge or open behavior training (Donsu, 2017). Science or knowledge is the result of the five senses, or the result of humans knowing something through their five senses. The five senses of human vision are hearing, sight, taste, smell, and touch. During production, the perception of information is influenced by the intensity of the object's perception and attention. Humans absorb information mainly through sight and hearing (Notoatmodjo, 2018).

The Pregnant Women Course is a form of personal learning about the health of pregnant women, with the aim of increasing the understanding and skills of mothers during pregnancy, childbirth, postpartum and baby care through the practice of the MCH book (Saúde Materno-Infantil). The childbirth class is a study group for pregnant women between 20 and 32 weeks of gestation, with a maximum of 10 participants. In this school pregnant women learn, discuss and share experiences regarding maternal and child health together in an explicit and systematic way that can be carried out routinely and continuously (RI Health Office, 2017).

The results of this study are in line with Zita Atzmardina (2022) who found that based on the analysis using the t-test if $p < 0.001$. This proves a statistically significant mean difference between the pre-test and post-test results. By increasing this value, it can also increase the knowledge of pregnant women, so that it is hoped that it can improve the attitudes and behavior of pregnant women in a relatively good direction. It is hoped that pregnant women who receive this information can pass it on to those around them.

The explanation for this research is also supported by the explanation from Putu Ayu Eka Wartin's research (2021) which states that < 0.005 means the difference is significant, so we can conclude the difference. Information for pregnant women about spending the three before and after drug administration.

Based on the researcher's hypothesis, based on the results of the study it can be proven that there is a difference between the pre and post test scores on anemia and triple deletion screening, as well as the average increase in . what is the average down payment. The Anemia Screening Knowledge Test score was 61.23, which is above average. the average after the test is 77.85. The mean pretest score for triple elimination knowledge was 64.35, which increased to a posttest average of 79.00. P-value comes from research results. The score was 0.000 for anemia screening and triple elimination, so it can be concluded that the knowledge of pregnant women about anemia screening and triple elimination increased in the three groups of pregnant women. Although knowledge of pregnant women increased significantly after anemia screening and triple elimination counseling, but they hope that the information they receive can change their behavior by applying it in everyday life. Another conclusion from the evaluation results of pregnant women participating in this activity is the lack of information about iron pills. Pregnant women need to know how many iron tablets to take. Take during pregnancy, side effects and when to take iron tablets. Lack of information on this topic affects the adherence of pregnant women to take iron tablets. Therefore, it is expected that health workers, especially midwives, will provide counseling to pregnant women on iron pills. Pregnant women need to know how many iron tablets to take. Take during pregnancy, side effects and when to take iron tablets. Lack of information on this topic affects the adherence of pregnant women to take iron tablets. Therefore, it is expected that health workers, especially midwives, will provide counseling to pregnant women on iron pills. Pregnant women need to know how many iron tablets to take. Take during pregnancy, side effects and when to take iron tablets. Lack of information on this topic affects the adherence of pregnant women to take iron tablets. Therefore, it is expected that health workers, especially midwives, will provide counseling to pregnant women on iron pills.

CONCLUSION

The prevalence of dissemination of knowledge of pregnant women about anemia screening before entering class for pregnant women generally reaches 50.0%, and after receiving good information reaches 57.5%. 65.0% had good knowledge then increased to 60.05%. Increasing the knowledge of pregnant women about anemia screening and triple elimination through courses for pregnant women in Kampung Bojong Jaya, Samudrajaya Village, Bekasi in 2022 (p-value 0.000).

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