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Analysis of The Factor That Influence The Incidence of CED In Pregnant Women at Turi Health Center Lamongan Regency

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ABSTRACT

The high incidence of CED in pregnant women at Puskesmas Turi is caused by maternal parity which has an impact on the incidence of prolonged labor and delivery bleeding. The purpose of the study was to analyze the factors of parity, pregnancy spacing, and work status on the incidence of CED in pregnant women in Turi Health Center. The study uses a quantitative approach with cross sectional study design. The total population of 77 pregnant women and taken as many 64 people with simple random sampling technique. Analysis using chi square and phi. The results showed that pregnant women with multipara parity were at risk of experiencing CED from the statistical test results, namely p-value of 0.012, $\alpha = 0.05$, $p < \alpha$, then H1 was accepted and H0 was rejected. Pregnant women with a pregnancy interval <2 years until 10 years are at risk of experiencing CED from the statistical test results, the p-value of 0.044, $\alpha = 0.05$, $p < \alpha$, then H1 is accepted and H0 is rejected. In addition, pregnant women who do not work are at risk of experiencing CEDs from the statistical test results, namely p-value of 0.025, $\alpha = 0.05$, $p < \alpha$, then H1 is accepted and H0 is rejected, this shows the influence between occupational status and the incidence of CEDs in the mother pregnant at Turi Health Center. The conclusion of this research is the need for health promotion efforts on the importance of planning the number of children and how to regulate the distance of pregnancy and efforts to increase income for mothers who do not work.

Keywords: lack of energy, parity, pregnancy, employment

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INTRODUCTION

The results of the Indonesian Demographic and Health Survey (SDKI) in 2017 showed 24 per 1,000 live births. This showed an increase from the previous year 2016 which showed AKB of 22.23 per 1,000 live births, the East Java Health Profile Report 2017, in Lamongan there were 681 BBLR, and infant mortality rate (AKB) as many as 167. The figure increased from the previous year (2016) to 633 BBLR and AKB by 95. According to the Report of Health Profile of Lamongan District (2014) maternal mortality rate reached 64 mothers per 100,000 births, and infant mortality rate as many as 90 per 1000 live births. The proportion of chronic energy less risk in women Childbearing age according to district, east java province in RISKESDAS 2018, pregnant women 19.59%, not pregnant women 13.88%, and in Lamongan city in pregnant WUS 18% experienced CED, in women of childbearing age not pregnant 13% experienced CED.

Based on preliminary study data obtained from Puskesmas Turi, from 2017 a total of 123 pregnant women experienced CED, in 2018 as many as 140 pregnant women experienced CED, and in the year (2019) from January-November 2019 there were 105 pregnant women who experienced CED, out of a total of 644 pregnant women. In November (2019) there were 14 people who

experienced CED out of a total of 52 pregnant women in November. Pregnant women who have CED number 14 people. 7 patients with 2nd to 4th child pregnancy, 5 sufferers with a pregnancy distance of 1 year to 1.5 years, 2 sufferers as private employees and 1 sufferer not working.

Based on the above phenomenon researchers are interested in conducting research on parity, distance of pregnancy, and work that affects the incidence of CED in pregnant women in the working area of Puskesmas Turi Lamongan Regency.

MATERIALS AND METHODS

This research is analytical research, using the Cross sectional approach is an epidemiological study that measures several variables at a time. In this case, the authors want to know the factors related to the incidence of Chronic Energy Deficiency (CED) Pregnant Women in the working area of Puskesmas Turi Year 2020. The research was conducted in the working area of Puskesmas Turi Lamongan Regency on December 5, 2019 - March 20, 2020. The population in this study was all pregnant women who experienced CED and did not experience CED in the working area of Puskesmas Turi. The data collection process is as follows:

1. Apply to conduct research to the Dean of the Faculty of Nursing and Midwifery IIK Strada Kediri and to the Head of Puskesmas Turi Lamongan Regency.
2. Preliminary data collection/preliminary study at Turi Health Center Lamongan Regency.
3. Researchers take a sample of respondents and if the respondent is willing then *sign informed consent*.
4. After the respondent agreed, the study was conducted by sharing a questionnaire sheet and measuring LILA.
5. The data that has been obtained is then done data checking, data processing, and data analysis and researchers make reports of the results of the study

The data analysis used in the study was Chi Square (Data Scale using Ordinal with Nominal) and Phi Test (Data Scale using Nominal with Nominal). The analysis was conducted to find out the relationship between two free and bound variables using the chi square test and phi test, if qualified, with a value of meaning (α) of 0.05 and a confidence interval of 95%. The test criterion is to compare the significance value (p) with the error rate value ($\alpha = 0.05$). H_0 is accepted when $p > \alpha$ and H_0 are rejected if $p < \alpha$.

RESULTS

Characteristics Respondents

The respondents in this study were 3rd trimester pregnant women in the working area of Turi Health Center lamongan district who are willing to be respondents. The dissemination of questionnaires to respondents was grouped based on parity, pregnancy distance and employment status.

Table 1. Respondents by Parity

Parity	Amount	Percentage (%)
Primigravida (1)	22	34,4
Multigravida (2-4)	42	65,6
Grandemultipara (>4)	0	0
Total	64	100,0

From table 1. above it can be known that most respondents have multigravid parity i.e. have given birth 2-4 times with a percentage of 65.6% (42 people).

Table 2. Respondents by Pregnancy Distance

Pregnancy Distance	Amount	Percentage (%)
<2 years	27	42,2
>2 years and <10 years	36	56,3
<10 years	1	1,6
Total	64	100,0

From table 2. above it can be known that most respondents have an ideal pregnancy distance of >2 years and <10 years with a percentage of 56.3% (36 people).

Table 3. Respondents by Employment Status

Job Status	Amount	Percentage (%)
Work	31	48,4
Not Working	33	51,6
Total	64	100,0

From table 3. above it is known that the majority of respondents have a job status of 51.6% (33 people).

Table 4. Distribution of Parity Frequency, Pregnancy Distance, and Employment Status in Pregnant Women in Puskesmas Turi Working Area by 2020

Variable	Pregnancy CED Events				Amount	
	CED		NO CED		N	%
	N	%	N	%		
Primipara (1)	8	12,5	14	21,9	22	
Multipara (2-4)	26	40,6	16	25,0	42	
Grandemultipara (>4)	0	0	0	0	0	
Total	34	53,1	30	46,9	64	
Pregnancy Distance						
<2 years	19	29,7	8	12,5	27	
2-10 years old	15	23,4	21	32,8	36	
>10 years old	0	0	1	1,6	0	
Total	34	53,1	30	46,9	64	
Job Status						
Work	12	18,8	19	29,7	31	
Not Working	22	34,4	11	17,2	33	
Total	34	53,1	30	46,9	64	

Based on the table 4. above shows that out of 64 respondents multipara mothers experienced CED which is as many as 26 respondents (40.6%), mothers with pregnancy distance < 2 years experienced CED which is 19 respondents (29.7%), and working mothers experienced CED which is 22 respondents (34.4%).

Table 5. Effect of Parity with Chronic Energy Deficiency (CED) On Pregnant Women in Puskesmas Turi Working Area by 2020

Parity	Pregnancy CED Events				Amount		p-value
	CED		NO CED		N	%	
	N	%	N	%			
Primipara (1)	8	12,5	14	21,9	22	34,4	0,012
Multipara (2-4)	26	40,6	16	25,0	42	65,6	
Grandemultipara (>4 times)	0	0	0	0	0	0	
Total	34	53,1	30	46,9	64	100,0	

Based on the table above obtained statistic test results namely *p-value* of 0.012. Thus H1 was accepted and H0 was rejected this indicates an influence between parity and CED events in pregnant women.

Table 6. Effect of Pregnancy Distance with Chronic Energy Deficiency (CED) On Pregnant Women in Puskesmas Turi Working Area by 2020

Pregnancy Distance	Pregnancy CED Events				Amount		p-value
	CED		NO CED		N	%	
	N	%	N	%			
Too close (<2 years)	19	29,7	8	12,5	27	42,2	0,044
Ideal (2-10 years)	15	23,4	21	32,8	36	56,3	
Too far (>10 years)	0	0	1	1,6	0	1,6	
Total	34	53,1	30	46,9	64	100,0	

Based on the table above obtained statistic test results that is a *p-value* of 0.044. Therefore H1 is accepted and H0 is rejected this indicates an influence between pregnancy distance and CED incidence in pregnant women.

Table 7. Effect of Employment Status with Chronic Energy Deficiency (CED) On Pregnant Women in Puskesmas Turi Working Area by 2020

Job	Pregnancy CED Events				Amount		p-value
	CED		NO CED		N	%	
	N	%	N	%			
Work	12	18,8	19	29,7	31	48,4	0,025
Not Working	22	34,4	11	17,2	33	51,6	
Total	34	53,1	30	46,9	64	100,0	

Based on the table above obtained statistic test results *namely p-value value of 0.025* which means there is an influence of employment status with the incidence of CED in pregnant women. This H1 was accepted and H0 was rejected this indicates an influence between employment status and CED events in pregnant women.

DISCUSSION

1. The Effect of Maternity Parity on CED Events at Puskesmas Turi

The results stated that there is an influence of parity with the incidence of CED in pregnant women in Puskesmas Turi (pvalue= 0.012). Parity is the state of childbearing either alive or dead but not abortion, regardless of the number of children, and also a condition that describes the number of births of a group or several groups of women during reproductive period. It says parity is at risk of CED if > 4. High parity will have an impact on the onset of various health problems for both mothers and babies born. Re-conceiving will cause nutritional problems for the mother and fetus that are conceived. Repeated pregnancies in a short period of time will drain the mother's nutritional reserves so that mothers with high parity (at risk) will be more susceptible to CED (BKKBN, 2011).

Setiawan (2016) stated that in Jagir Health Center showed that mothers with high parity pregnancies were twice as likely to be exposed to CED than mothers with low parity. The researcher's assumption, after research there are still pregnant women who experience CED even though parity is not at risk, ideal pregnancy distance and working mother, it happens because ibumen galamigalami infectious disease (diarrhea). Pregnant women who are sick, especially with infectious diseases, then their metabolism will increase, so that the body will need more energy obtained from food.

2. How Pregnant Women's Pregnancy Affects CED Events at Puskesmas Turi

The results stated that there is an influence of pregnancy distance with the incidence of CED in pregnant women in Puskesmas Turi (pvalue=0.018). The distance of pregnancy is very influential to the incidence of CED during repeated pregnancy in a short period of time will drain the mother's nutritional reserves. In addition, mothers who become pregnant less than 2 years after giving birth previously have a risk of giving birth prematurely and for babies will have a low birth weight. Pregnant women being one of the groups prone to nutritional problems have a greater risk of CED events during pregnancy (Sediaoetama, 2014).

The distance of pregnancy and childbirth that is too close will cause low fetal/child quality and will also harm the health of the mother. The mother does not get the opportunity to repair her own body (the mother needs enough energy to recover the state after giving birth to her child). By re-conceiving it will cause the following maternal and fetal/ infant nutrition problems. The researcher's assumption, the mother with the distance of pregnancy < 2 years more CED because many mothers in her pregnancy without any planning and the mother does not know that she is pregnant (until reaching the age of pregnancy 3 months), because the mother has not gotten menstruation from after the nifas period, and on the other hand because of her ignorance the mother is also still breastfeeding, so there is no balance between nutrient intake and maternal needs so that the mother experiences CED.

3. The Effect of Pregnant Women's Employment Status on CED Event at Puskesmas Turi

The results stated that there is an effect of employment status with the incidence of CED in pregnant women in Puskesmas Turi (pvalue=0.044). Women's knowledge of health issues comes from books, magazines, newspapers, radio and television. Working women have the ability to

make decisions to address the health problems they face. Therefore women who act as workers as well as a wife and housewife generally have better health (Najoan & Manampiring, 2011).

While working mothers can be more social with new people who have new information, can find different character differences and experiences that can be discussed, so as not to get bored with repetitive activities continuously, and the ability to make decisions is increasingly felt.

CONCLUSION

This research aims to find out the factors that influence the incidence of CED in pregnant women in the working area of Puskesmas Turi Lamongan Regency. Based on the results of research and discussion, it can be drawn conclusions from the analysis of factors that affect CEDjadadian in pregnant women in Puskesmas Turi Lamongan Regency, namely thearacteristic k of pregnant women with CED in this study mostpregnant women with age (20-35 years), Senior high school education level and not working. Based on a table of 4.4 shows that out of 64 respondents multipara mothers experienced CED which is as many as 26 respondents (40.6%), mothers with pregnancy distance < 2years experienced CED which is as many as 19 respondents (29.7%), and working mothers experienced CED which is as many as 22 respondents (34.4%).

There is an influence of parity of pregnant women with CED in pregnancy from statistic test results namely *p-value* value of 0.012, $\alpha=0.05$, $p < \alpha$, then H1 is accepted and H0 rejected this indicates an influence between parity and CED event in pregnant women in the working area of Puskesmas Turi Lamongan Regency. There is an influence of pregnancy distance of pregnant women with the incidence of CED in pregnant women from statistic test results namely *p-value* of 0.044, $\alpha=0.05$, $p < \alpha$, then H1 is accepted and H0 rejected this indicates the influence between Pregnancy Distance and the incidence of CED in pregnant women in the working area of Puskesmas Turi Lamongan Regency. There is an influence on the employment status of pregnant women with CED events in pregnant women from statistic test results namely *p-value* value of 0.025, $\alpha=0.05$, $p < \alpha$, then H1 is accepted and H0 is rejected this indicates an influence between Employment Status and CED incidence in pregnant women.

The conclusion of this study is that healthpromotion efforts need to be about the importance ofplanning the numberof anak, how to managethe distance ofpregnancy, as well as efforts to increase income in mothers who are not working.. It is necessary to research other factors that can affect the incidence of CED in pregnant women in Puskesmas Turi because there are some mothers ideal pregnancy distance, work and parity is not at risk of experiencing CED.

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CONFLICTS OF INTEREST

Nothing

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