

Health and Nutrition Situation Experienced by Pregnant Women Living in Poor and Extreme Poor Family in Yogyakarta

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Poverty could be very detrimental to the health status of pregnant women. This study is aimed at identifying health and nutrition problems experienced by pregnant women living in poor and extreme poor situation in Yogyakarta. A total of 60 pregnant women were involved in this cross sectional study. Respondents were recruited purposively between August 2012 and April 2013. Information was collected for socio demographic data, household food insecurity, anemia and chronic energy deficiency. This study found that 56% of subjects had anemia. There were approximately 71% of the pregnant women living in food insecure situation. Consequently, they relatively had inadequate calorie and protein intake with 80% and 53% respectively. Pregnant women living in deprived situation have poor health and nutrition status. This situation might cause their children to be born with poor health status. Thus, efforts need to be directed to this group to overcome this problem.

Keyword: pregnant women, health status, nutrition status, poor, extreme poor



Introduction

Poverty to this day to be one of the main problems in Indonesia, which in turn adversely affect the health of pregnant women. According to available data, the number of poor people in Indonesia in September 2011 reached 29.89 million people (12.36 %). This figure has decreased compared to the previous six-month data which reached 30.02 million (12.49 %) ¹.

Poverty is a condition of shortage of goods and services needed to achieve a decent standard of living². Meanwhile, according to the literature, a person / household can be said to be poor when the deprivation of life, that can not meet their basic needs. Minimum limit of basic needs poverty line is expressed through measures that included the number of dollars needed ³.

Social causes of poverty seen, among others due to the low access to education. In developing countries, the education community is still low so a low level of productivity which ultimately impact on the low income leads to poverty. Poor people face many difficulties in accessing health and education services, this can be seen in some areas in Indonesia. The long distance from health facilities and the high cost is a major cause of poor access to quality health services for the poor ^{4,5}.

Poverty and health are interrelated, poverty can affect a person's health so that the poor are susceptible to various diseases⁶. Poverty will inhibit individuals to eat nutritious foods, get a good education and enjoy a supportive environment for healthy living. From an economic point of all of these factors will result in a lack of human resources quality, or can be said to have a low level of productivity⁵.

Health problems such as anaemia in pregnant women and Chronic Energy Deficiency (CED) can be caused by clinical factors and social factors. According to the research, clinical factors were age, history of pregnancy, parasite infestation, the consumption of iron tablets, upper arm circumference (MUAC) and health care antenatal care (ANC)⁷. Meanwhile, according to another study of education, employment, income, and socio-cultural factors are the cause of anaemia in pregnant women and CED⁸.

Based on data from the Health Nutrition and Population Statistics in Doloksaribu, known prevalence of anemia among pregnant women in Indonesia in

2005 is equal to 44.33%⁹. Meanwhile, according to the report of Health Research (Risikesdas) in 2007 the prevalence of anemia among pregnant women is 24.5%¹⁰.

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Anaemia is a condition in which red blood cells or a decrease in hemoglobin decreased, so that the oxygen carrying capacity to the needs of vital organs in the mother and fetus is reduced. During pregnancy, anaemia is an indication if the hemoglobin concentration is less than 10.50 up to 11.00 g / dl¹¹. Anaemia in pregnancy is maternal condition with hemoglobin levels below 11 g% in I and III trimester or hemoglobin levels <10.5 g% in the second trimester¹².

Risikesdas 2007 showed that the prevalence of risk CED nationally at 13.6%. DI. Yogyakarta province is one of the three provinces with the highest prevalence of risk CED 20.2%¹³. Someone said CED risks when Upper Arm Circumference (LILA) <23.5 cm. Poor nutritional status (CED) before and during pregnancy will cause the mother to give birth to low birth weight babies. In addition, CED also cause anaemia in newborns, increasing the risk of infection, abortion and hamper the growth of the fetal brain¹⁴.

Pregnant women who experience KEK and anemia have a greater risk of pain, especially in the third trimester of pregnancy compared to normal pregnant women. In addition, pregnant women with CED and anemia have a greater risk for having a baby with low birth weight, death during childbirth, bleeding, postpartum difficult because of a weak and prone to health problems¹⁵.

Improving the quality of women is fundamental to achieving sustainable development for a nation. However, the high maternal mortality rate and there are many pregnant women who have particular nutritional problems such as malnutrition Chronic Energy Deficiency (CED) and anemia showed that the quality of health services in Indonesia

Maternal health problems is a problem related to the quality of future generations. Community health status indicators is one of the Maternal Mortality Rate (MMR). Maternal health status has implications for the health of the fetus or

infant during the first week of life ¹⁶. Maternal mortality in Indonesia are generally caused by bleeding, infection, eclampsia, anemia, obstructed labor and complications of abortion. Deaths due to hemorrhage indicate inadequate management of labor, while the maternal mortality due to infection prevention and management indicated that poor infection ¹⁷.

Because of this we conducted this research aims to identify health and nutrition problems experienced by pregnant women living in poverty and very poor in Yogyakarta.

RESEARCH METODOOGI

The research was conducted in the city of Yogyakarta and Sleman District in August 2012 - April 2013. We chose the city because the poverty rate in Yogyakarta is still higher than the national poverty rate in 2010 is 16.83 %.

Respondents in this study were selected purposively of 60 people who live in the study site during the time of fieldwork and willing to follow the study. This study uses cross-sectional method. Secondary data were taken by using questionnaires and semi-structured interviews. The information includes data collected socio-demographic, household food insecurity, anaemia and chronic energy deficiency.

Conceptual Framework

Maternal health is influenced by a variety of determinants that can structurally and systematically described in Figure 1 is :

Rainbow of The Social Determinant of Health

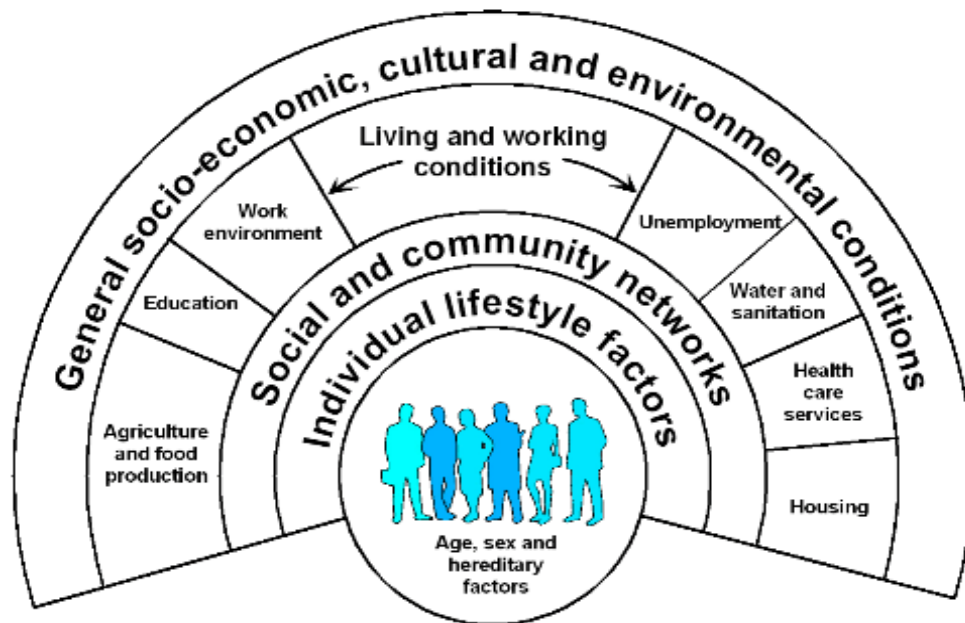


Figure 1 . Theoretical framework

Source: Dahlgren and Whitehead (1991) 18

In the picture above can be explained that maternal health can be affected by several levels. On the first level is the level of the individual, the health status of pregnant women is influenced by heredity, age, parity, spacing pregnancies and other demographic variables including lifestyle⁸. At the community level food availability, access to education, work environment, living and housing conditions, availability of clean water and basic sanitation, access to health care also influence the health status of pregnant women. Then the tallest structure, the social determinants of health that affect government policy and the socio-economic and cultural environment. Overall these determinants interact and influence the determinants at different levels¹⁹.

Research Results and Discussion

Overview of Research Sites

Yogyakarta city has an area of 3,259 hectares or 32.59 km² with a population in 2011 is 440.143 people, made up of 217.378 men and 228.765 women. The health of mothers in the city has declined shown by the increasing number of cases of maternal deaths from 43 cases in 2010 to 56 cases in 2011²⁰.

Yogyakarta city has several health facilities that can be used by the public, such as public hospitals , maternity hospitals , and health centers. The number of public hospitals in the city of Yogyakarta is eleven units , maternity hospitals as much as ten units, 18 units and health centers scattered around the city of Yogyakarta. Achievement in Yogyakarta Province K1 and K4 to health care in 2011 was good in the amount of 99.98 % and 89.31 % ²¹.

Sleman district has a total area of 57.482 hectares or 574,82 km² or about 18% of the province of Yogyakarta . Sleman population growth continues to increase, it is evident from 2005 to 2009 reached 1.0535 million people, an increase of as much as 2,40 % per year . The number of poor families in 2005 were 60.736 families and continues to increase until the year 2009 the number of poor families reach 65.157 households . Health degree in Sleman is good enough , judging from the infant mortality rate per 1,000 live births from 2010 to decrease to 5,78% and the maternal mortality rate (MMR) has decreased from 69,31 % per 100,000 live births to just there are 13 cases of maternal deaths in 2010²².

Sleman district also has some health facilities that can be used by pregnant women , among others, general hospitals , maternity hospitals , and health centers. Sleman district has the number of public hospitals and health centers more than the city of Yogyakarta that is 16 units by 25 units and health centers , while the number of maternity hospitals in Sleman district , ten unit²¹.

Overview of Research Subjects

In general, the age of the respondents in this study that respondents with age < 31 (Mean) (41,67%) and people aged ≥ 31 (Mean) (58,33%) . Maternal education level in this study was a low level of education (primary and junior) (68.33 %) up to and higher education level (high school - university) (31.67%) . This indicates a low level of education of respondents . more than half of the respondents have a number of family members between 1-4 people (76.67%) .

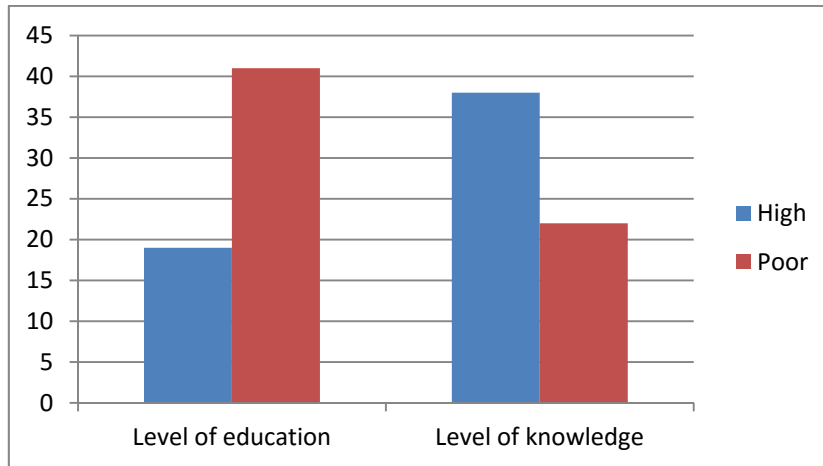


Figure 1 . Respondents ' level of education and knowledge

The average total household income is Rp. 946,500.00. Respondents with incomes lower than the mean of 65% and 35% of respondents had incomes of more than average. Average household expenditure of respondents is Rp. 741.249,50, while the average consumption expenditure for respondents' family members around Rp.520.833,00.

Energy and Protein Intake overview of Respondents

The survey results revealed that 80 % of respondents have a poor energy intake is less than the energy needs of pregnant women. Only a small fraction (20%) pregnant women energy intake according to the standard rate of energy needs of pregnant women .

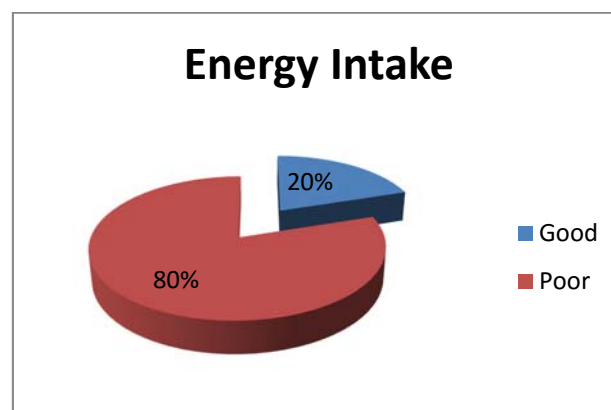


Figure 2 . Energy intake of Respondents

In addition, in this study also note that most respondents protein intake is less than the standard protein requirement for pregnant women is as much as 53,33%, only 46,67% of respondents who consume protein foods in accordance with the standards for the protein needs of pregnant women.

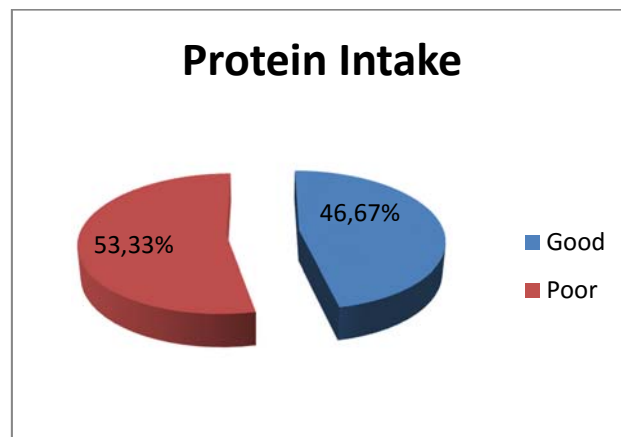


Figure 3 . Protein Intake of Respondents

Low intake of energy and protein respondents can be caused by several factors, such as level of education, level of knowledge, food security and household income ¹⁹.

In this research note that most of the low educational level of respondents. Education levels greatly affect the ability of receiving nutritional information. Societies with low levels of education will better preserve the traditions associated with food, making it difficult to accept the new field of nutritional information ²³. Education level also determines the ability of a person to receive a knowledge of the higher education then someone will be more receptive to nutritional information. With nutrition education is expected to create patterns of good eating habits and healthy, so it can determine the content of nutrition, sanitation, and knowledge associated with other diet ²⁴.

Level of education a person associated with the level of knowledge, if the mother's level of knowledge of good nutrition it is expected that the nutritional status

of the mother is also good. With adequate nutrition knowledge hopefully someone can also change the behavior so that less really can choose nutritious foods and to develop a balanced diet according to the needs and tastes and will know the result of malnutrition. Provision of knowledge of good nutrition is expected to change eating habits for the better initially less²⁵.

In addition, the income level of the respondents also affect the intake of respondents. Respondents with higher incomes have a greater opportunity to obtain a more nutritious food. Results of this study showed that almost half of the respondents included in the poor category. Therefore, with low income levels result in respondents not able to select and buy the quality and variety of food in sufficient quantities.

Health Profile of Respondents

From the results of analysis show that the majority (56.67%) respondents are anemic and 68.33% of respondents who experienced of anaemia have low levels of education. Most (80%) of respondents in this study did not experience CED, of all respondents only 20% know that having CED.

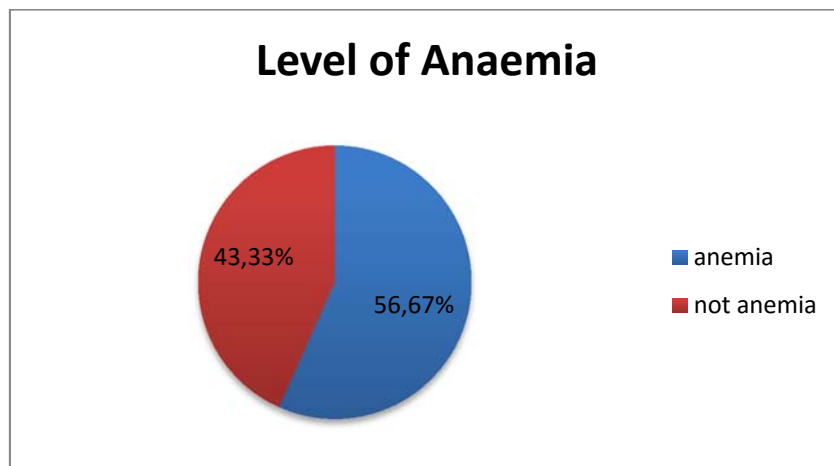


Figure 4 . Maternal Health Status

The result is in line with other studies that suggest that the level of education affects the level of knowledge of pregnant women. It is also supported by the notion that the level of education has an exponential relationship with the level of health. The higher level of education are more accepting of the concept of healthy living independently, creatively and sustainably²⁶.

Anaemia tends to occur in groups of pregnant women with low education levels. Pregnant women with low education generally have less access to information about anaemia and its management, anaemia due to lack of understanding, lack of nutritious food can choose specifically which contains high iron, and less able to take advantage of available health services²⁷.

This is reinforced by the results of other studies that suggest that the level of knowledge that high maternal nutrition affects the behavior of the impact on the pattern of food habits can eventually prevent anemia²⁸.

Income levels are also factors of anemia in pregnant women because of the level of income affects household food availability and access to health services. Low income can lead to a lack of availability of nutritious foods and limited access to health care so that it can give a bad effect on the health of pregnant women. Income levels determine what diet is purchased. Thus income is a factor that most determines the quantity and quality of food dishes.

Conclusion

Conditions of poverty and health in Indonesia are the two things are related. Health status of the poor are still low due to the difficulty in access to health services. Difficulty of access to these services is influenced by various factors such as the lack of ability of the economy because the cost of health care is expensive or difficult to reach health centers.

From the results of this study concluded that pregnant women belonging to poor households or very poor at risk of health problems is greater. Poverty leads pregnant women become susceptible to various diseases because of their impaired as severely malnourished, reduced health knowledge, health behaviors bad, bad neighborhood , as well as health care costs are not available. Pregnant women living in deprived situation have poor health and nutrition status. This situation might cause their children to be born with poor health status. Thus, efforts need to be directed to this group to overcome this problem.

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