Description of The Event of Anemia in Women of Real Age of Coral Cadets in Ciseeng, Bogor City 2021

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ABSTRACT

Nutrition is one of the determining factors to achieve excellent and optimal health. Anemia is still a nutritional problem in the world, especially in developing countries, including Indonesia. Anemia is a condition in which a person's hemoglobin (Hb) level in the blood is lower than normal. Infertile women are one of the groups at risk for anemia. Several research results in several regions in Indonesia show that the prevalence of anemia infertile women is still high. We aim to describe the incidence of anemia in women of childbearing age in Ciseeng, Bogor, 2021. Using a qualitative study design, employing FGD, in-depth interviews, and active observation. All informants suffer from moderate anemia with Hb levels between 8.7 g/dl to 10.8 g/dl and have several symptoms or signs of anemia, namely 5L, dizziness, fatigue, pale nails, lips, and eyelids. The lack of iron-containing foods and the presence of tea in the breakfast menu of the informants is one of the factors that make the informants suffer from anemia, due to the disruption of iron absorption by the tannins contained in tea. Most of the informants have abnormal menstrual patterns and this is one of the determinants of the incidence of anemia experienced by the informants. An overview of matters relating to the incidence of anemia in women of childbearing age at youth organizations in Ciseeng Bogor, including a description of nutrient intake, breakfast behavior, tea/coffee drinking behavior, menstruation, nutritional knowledge. All key informants had Hb levels below 12 g/dl, ie 8.7 – 10.8 g/dl. Three informants had Hb levels below 10 g/dl, 12 others had Hb levels 10-11 g/dl. The results of this Hb examination indicate that all informants suffer from anemia which is classified as moderate anemia according to the classification of anemia according to WHO.

Keywords: Anemia, Fertile women, Nutritional status

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INTRODUCTION

Anemia is one of the global health problems, especially in developing countries, which is estimated to reach 30%. Anemia is common in the community, especially in adolescents and pregnant women. Adolescent girls are more prone to anemia, the monthly menstrual cycle is one of the causes. Iron deficiency is prone to occur in adolescent girls due to the increased need for iron during growth. In women of childbearing age, nutritional anemia is associated with poor reproductive function, a high proportion of maternal deaths (10-20% of total deaths), an increased incidence of LBW (baby weight <2.5 kg at birth), and intrauterine malnutrition (Ministry of Republic of Indonesia Health, 2017) (Wijayanti and Fitriani, 2019)

Nutrition is one of the determining factors to achieve excellent and optimal health. Anemia is still a nutritional problem in the world, especially in developing countries, including Indonesia. Anemia is a condition in which a person's hemoglobin (Hb) level in the blood is lower than normal. Infertile women are one of the groups at risk for anemia. Several research results in several regions in Indonesia show that the prevalence of anemia infertile women is still high (SYARAH, Destriatania, and Febry, 2017).

Anemia can cause various health problems in adolescents. Adolescent girls who experience anemia have an impact on reproductive health status. Adolescence is a time that requires more nutrients. The high prevalence of anemia in adolescents is not followed by adolescent knowledge about the dangers of anemia. Nuniek's (2015) research results show that most young women do not know about anemia in adolescents. (Yusuf Sukman, 2017)

Based on this explanation, this study aims to describe the incidence of anemia in women of childbearing age in Ciseeng, Bogor, 2021

METHODS

This research was conducted using a qualitative method, which is a type of formative research that specifically provides techniques to obtain answers or in-depth information about a person's opinions and feelings. This research allows us to gain insight into the attitudes, beliefs, motivations, and behavior of the target population. Besides using qualitative methods, this research is also supported by quantitative data for variables of nutritional status and nutrient intake.

This research was conducted at the Ciseeng Youth Organization, Bogor City in 2021. The factors that will be studied are knowledge, attitudes, and family influences. This research activity was carried out in March – July 2021.

Sources of information or informants in this study were the closest people who were teenagers according to the research criteria. For the selection of informants by selecting certain samples are assessed according to the objectives or problems in the study and with the consideration

that they are currently the most knowledgeable about the problems to be studied. The informants who will be conducting in-depth interviews are 4 young female informants from Karang Taruna. Informants were selected based on their capacity to explain the objectives of this study.

Table 1. List of Informant Data

Informant's Initials	Age	Gender	Profession
NUS	21	P	student
VA	29	P	Lawyer
SEI	20	P	Employee
NS	21	P	Student

There are two types of data sources used in this study, namely:

a. Primary data

Primary data were obtained from direct observations in the field with questions using previously prepared guidelines.

b. Secondary Data

Secondary data were obtained from journals related to this research as well as regulations related to this research.

The qualitative approach uses a small number of samples, therefore it is necessary to check the validity of the data, in qualitative research using triangulation, namely:

1. Source triangulation using facts from women of childbearing age (WUS) who became informants.

2. Triangulation method using three methods, namely in-depth interviews, FGD, and observation.

The purpose of data validation using various sources of informants and methods is expected to get a precise, accurate, and reliable analysis analysis

The research method used is a qualitative method using FGD, in-depth interviews, and active observation. Besides using qualitative methods, this research is also supported by quantitative data to describe the nutritional status and nutrient intake of the informants. The informants in the study consisted of the main informants, namely women of childbearing age, totaling 4 people in the Ciseeng area of Bogor city 2021.

RESULTS AND DISCUSSIONS

Table 2. Results of Interview Data Analysis

No	Topic (question)	*Meaning units*	*Code*	*Sub-category*	*Category*	*Theme*
	Since when do you suffer from anemia?	3 junior high school 1 high school 2 junior high	Mature	Mature	History of suffering from anemia	Overview of the incidence of nutritional anemia in women of

No	Topic (question)	*Meaning units*	*Code*	*Sub-category*	*Category*	*Theme*
		school 2 high school				childbearing age
	At what age?	15 years 16 years 14 years 17 years	Mature	Mature	Natural history of the disease	
	The first time you know whether anemia is severe or still mild?	It's been bad It's been bad Still light Still light	Critical Light	Critical Light	Natural history of the disease	
	How did you feel when you first found out about anemia?	Worry, sad because blood HB is low and must be in blood transfusion Ordinary Ordinary Sad	Worry Sad Ordinary	Worry Sad Ordinary	Natural history of the disease	
	What do you think the signs are from how you feel?	Dizziness, weakness, lethargy Fainting, tired Dizzy, weak Tired, tired	Dizzy Weak Sluggish Faint Fatigue Weak	Dizzy Weak Sluggish Faint Fatigue Weak	Natural history of the disease	
	How did you feel physically the first time?	Pale, lethargic Achy, tired and tired Firefly eyes Pale eyelids and lips,	Pale, lethargic Achy, tired and tired Firefly eyes Pale eyelids and lips	Pale, lethargic Achy, tired and tired Firefly eyes Pale eyelids and lips,	Natural history of the disease	
	Please tell me first, have you ever thought that you might get this disease?	No, because respondents like to eat animals Yes, because parents are anemic Ever, because I often feel the signs Unthinkable	Unthinkable Yes, I thought about it He thought Unthinkable	Unthinkable Yes, I thought about it He thought Unthinkable	Natural history of the disease	
	Who advised/conveyed about the existence of this disease when he was healthy?	Parent Parent Parent Friend who advises	Parent Friend	Parent Friend	Natural history of the disease	
	Please tell me when you found out that you had anemia, did you go for treatment?	To the hospital Clinic Clinic Clinic	House sick Clinic	House sick Clinic	Natural history of the disease	
	(If yes…why treatment?/If no….why not	Hb levels are already low Due to fainting	Hb low Faint Typhoid	Hb low Faint Typhoid	Treatment behavior	

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No	Topic (question)	*Meaning units*	*Code*	*Sub-category*	*Category*	*Theme*
	treatment?) Where to go for treatment?	Because I have typhoid Due to a medical check-up	Medical check-up	Medical check-up		
	Do you regularly take Fe tablets or blood-boosting tablets during menstruation?	Not Not Not Not	Not	Not	Treatment behavior	
	Is your menstrual cycle regular every month?	Irregular Irregular Regular Regular	Irregular	Irregular	Menstrual cycle	
	If not, how many days per month?	3 months bleeding 1 month without menstruation	Not regular Regular	Not regular Regular	Menstrual cycle	
	Did you finish the blood boost tablet that was given?	Not spent Not spent Not consuming Not spent	Not spent	Not spent	Treatment behavior	
	Do you have a family who suffers from anemia?	Yes, here Yes, here There is not any There is not any	Exist, family, There is not any family	Exist, family, There is not any family	genetic	
	Tell me how your daily activities were before you found out you were sick and after you found out, tell me the difference? Or is it the same? Which one is more frequent and what activities do you do?	Often do activities before, then not after It's the same before and after getting sick It's the same before and after getting sick Previously, he often did activities, then after he was exposed to the disease his activities were reduced	Doing activities Not doing activities	Doing activities Not doing activities	Physical activity	
	What are the bad habits that are often done by siblings that have a bad impact on anemia?	Anxious because of low HB blood Yes, I panic because I often faint Yes, worry is less staying up late Anxiety, take care of yourself more by reducing strenuous activities and maintaining a healthy diet	Doing bad habits	Doing bad habits	Bad habits	
	Tell me how was	Staying up late,	Make dietary	Make dietary changes	Dietary habit	

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No	Topic (question)	*Meaning units*	*Code*	*Sub-category*	*Category*	*Theme*
	your diet before you found out you were sick and after you found out? Tell me about the changes? Do you like to eat food sourced from animals?	not having breakfast, and irregular eating patterns Staying up late and irregular eating patterns Staying up late and irregular eating patterns Staying up late and too much activity	changes Not To do the dietary habit	Not To do the dietary habit		
	Do you like to drink tea with meals?	Often Like Often Do not like	Like Do not like	Like Do not like	Dietary habit	
	Tell me how anxious and worried after knowing about anemia? How about family? What is his hope?	Anxious because of low HB blood Yes, I panic because I often faint Yes, worry is less staying up late Anxiety, take care of yourself more by reducing strenuous activities and maintaining a healthy diet	Worried Panic	Worried Panic	Share a story	
	Do you often share stories with your parents or friends who are also anemic?	Yes, the respondent's sister has anemia and supports each other Yes, tell your friends and parents Yes, I told my parents Yes tell a friend	Often	Often	Share a story	
	Please tell me how he felt after knowing there was a treatment for anemia?	Yes, I feel happy because this disease is easy to get treatment Yes happy because the disease has a cure Yes feeling happy Yes very happy	Feeling happy	Feeling happy	Respondent's feelings	
	Tell me how your religion or belief teaches you to live healthily and deal with illness?	Patience, endeavor, pray Allah always teaches patience and sincerity, belief because all	Be patient Effort	Be patient Effort	Religious beliefs	

No	Topic (question)	*Meaning units*	*Code*	*Sub-category*	*Category*	*Theme*
		diseases have a cure Pray, be patient, and improve a healthy diet Don't overeat, stop eating before you're full, set a good diet				
	What is your advice to those who are still healthy so they don't get anemia?	You must maintain a healthy diet, balanced nutrition, exercise regularly, take blood-boosting tablets regularly, don't stay up late, get enough rest Take care of your body before you get anemia, let alone your diet Maintain a healthy diet, eat healthy food, and don't stay up late Take care of your health, love yourself and your body because health is valuable	Keep the diet Balanced nutrition Sport Take medication regularly Don't sleep too late Keep well	Keep the diet Balanced nutrition Sport Take medication regularly Don't sleep too late Keep well	Respondent's suggestion	

All informants suffered from moderate anemia with Hb levels between 8.7 g/dl to 10.8 g/dl and had several symptoms or signs of anemia, namely 5L, dizziness, tiredness, pale nails, lips, and eyelids. The lack of foods containing iron and the presence of tea in the breakfast menu of the informants are one of the factors that make the informants suffer from anemia, due to the disruption of the absorption of iron by the tannins contained in tea. Most of the informants have abnormal menstrual patterns and this is one of the determinants of the incidence of anemia experienced by the informants

Table 3. Hb levels infertile women, youth organizations

No	Respondent's name	Hb level (gr/dl)
1.	Nus	9gr/dl
2.	Va	10gr/dl
3.	Sei	11gr/dl
4.	Ns	10gr/dl

Overview of the Incidence of Anemia in Infertile Women in Youth Organizations (Bakta, 2009) in (Apriani, 2014) states that anemia is caused by a decrease in the production of red blood cells

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and hemoglobin, an increase in the destruction of red cells (hemolysis), or blood loss due to heavy bleeding. Anemia is defined as a condition in which the Hb value in the blood is lower than normal. All informants had Hb levels below 12 g/dl, ie 9gr/dl – 11gr/dl. Two informants had Hb levels below 11 g/dl, 1 person had Hb levels 10gr/dl, and 1 person had Hb levels 9gr/dl. The results of the Hb examination showed that all informants suffered from anemia which was classified as moderate anemia according to the classification.

Anemia is the most common nutritional problem in the productive age group. About a third of adolescents and WUS suffer from iron deficiency anemia and continue during pregnancy. Iron nutritional anemia is found in 40% of pregnant women. Chronic Energy Deficiency (KEK) is found in women aged 15-49 years, which is characterized by the proportion of LILA <23.5 cm, by 24.9% in 1999 and decreasing to 16.7% in 2003. In general, the proportion of WUS with risk SEZ is quite high at young ages (15-19 years), and decreases in the older age group, this condition is concerning considering that WUS with the risk of SEZ tend to give birth to LBW babies which will eventually inhibit growth in children under five.

Signs of nutritional anemia begin with depletion of iron stores (ferritin) and increased iron absorption which is described by increased iron-binding capacity. At a more advanced stage in the form of depletion of iron stores, reduced transferrin saturation reduced amount of protoporphyrin converted to heme and will be followed by a decrease in serum ferritin levels. Finally, anemia occurs with a characteristic of low Hb levels. Symptoms that are often experienced include lethargy, weakness, dizziness, dizzy eyes, and a pale face. Anemia can cause various impacts on adolescents, including lowering the body's resistance so that it is susceptible to disease, decreased activity. (et al., 2018)

This study includes a description of the incidence of anemia in women of childbearing age at Ciseeng, Bogor City, an overview of matters relating to the incidence of anemia in women of childbearing age. An overview of matters relating to the incidence of anemia in women of childbearing age at Karang Taruna in Ciseeng Bogor, including a description of nutrient intake, breakfast behavior, tea/coffee drinking behavior, menstruation, nutritional knowledge.

Breakfast is activity is important to eat and drink before doing physical activity in the morning until noon, breakfast also serves to get a source of energy and nutrients so that you can think. Breakfast is the first menu for a person to eat by meeting 15-30% of the daily nutritional needs to live a healthy, active, and intelligent life.

According to Khomsan (2002), breakfast can contribute 25 percent of the energy contribution of the number of needs nutrition days. Breakfast is needed to fill the stomach that has been empty for 8-10 hours so that the glucose levels that originally fell will increase again. the proportion of macronutrients recommended for school children during the day according to the general guidelines

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for balanced nutrition (PUGS) includes carbohydrates 50-60%. Fat is about 25% and protein is about 15%, this proportion includes breakfast. Breakfast contributes energy about 25% of the daily nutritional needs with a significant amount.(SYARAH, Destriatania and Febry, 2017)

All the main informants have described the informant's breakfast behavior, the information includes how often the informant has breakfast, the time, and the food eaten at breakfast. All informants are used to having breakfast every day, and most of them have breakfast before leaving for activities, Nus has breakfast around eight, Va and Nus have breakfast at six in the morning, but only sometimes, if you don't have breakfast at six, then you have breakfast around ten, the same as Sei having breakfast when feeling hungry. the food eaten by VA at breakfast is usually rice with eggs, instant noodles, fried rice.

Menstruation is periodic and cyclic bleeding from the uterus which is characterized by the shedding of the endometrium. Menstrual patterns can be measured based on three things, namely the menstrual cycle, the length of menstruation, and the number of menstrual cyclesbloodduring menstruation. The menstrual cycle is the distance between the first menstrual period and the next first menstruation. The duration of menstruation is the first menstruation until menstruation stops. The amount of blood is the amount of blood that comes out of the first menstruation until it stops.

Normal menstruation involves the maturity of the neuroendocrine system. If one step in the system is disturbed, then menarche and menstrual cycles can be absent or irregular. According to Manuaba (2009), the division of menstrual cycle disorders is oligomenorrhea, oligomenorrhea, and amenorrhea. Polymenorrhea is menstruation with a cycle of fewer than 21 days. Oligomenorrhea is a menstrual cycle that exceeds 35 days. Disorders of the menstrual process such as the length of the menstrual cycle can cause chronic disease. The concept of menstrual disorders, in general, is a disorder of menstrual bleeding patterns or seen from the cycle. These disorders can pose a pathological risk if associated with excessive blood loss, interfere with daily activities, an indication of incompatible ovaries at the time of conception, or signs of cancer. According to research (Proverawati, 2009), menstrual cycle disorders caused by stress will disrupt the systemmetabolismso easily tired, weight loss drastically, even sickly. When the metabolism is disturbed, the menstrual cycle is also disturbed. (Yusuf Sukman, 2017)

From the information to get an overview of the informant's menstrual pattern, this study includes information about the length of the menstrual period and the length of the day when a lot of blood comes out. The menstrual day length of seven informants varied widely, ranging from four to ten days. nf and sei answered regularly. And Nus had the longest menstrual period, which was seven to ten days and once up to 3 months. For VA sometimes not menstruating.

According to the results of research by Albery (2011), family support is a necessary factor to shape the intentions of young women in consuming blood-added tablets to prevent anemia. With the

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high support given by the family, a normative belief will be formed and young women will tend to form a positive perception of the consumption of blood-added tablets, to form a strong intention to take blood-added tablets to avoid the risk of anemia. Therefore, the formation of a strong intention of young women in consuming blood-added tablets requires social influence and support from the family.

(WHO 2005) stated that the Government launched a program to provide iron supplements or blood-added tablets (TTD) for young women to contribute to breaking the intergenerational cycle of malnutrition. The government stated that the administration of TTD with a composition consisting of 60 mg of elemental iron (in the form of ferrous sulfate, ferrous gluconate) and 0.400 mg of folic acid in adolescent girls aged 12-18 years and women of childbearing age (WUS).

Iron is needed for the formation of blood and is also needed by various enzymes, it is also needed to transport electro (cytochromes), to activate oxygen, so that when iron levels are low, nothing binds to hemoglobin in the blood and there is a reduction in Hb levels in the blood, which is called anemia. . Iron given orally is one way to prevent and control anemia given to adolescent girls as much as 1 tablet/week and 1 tablet/day for 10 days during menstruation (Kemenkes, 2016). (Irianti and Sahiroh, 2019)

From information Nus, Va, Sei, Ns know that the tablets add blood to increase blood, prevent, and treat anemia. Nus, Va, Sei, and Ns took blood-boosting tablets. Nus and Va take blood-added tablets when they feel weak, Sei doesn't regularly take blood-added tablets, and Ns regularly takes blood-added tablets. Excerpts from each of the informants' answers.

According to research Besral, et al 2007) The habit of drinking tea has become a culture for the world's population. Besides water, tea is the most consumed beverage by humans. The average tea consumption of the world's population is 120 ml/day per capita. Tea can inhibit the absorption of non-heme iron (a substance derived from vegetables) by 79-94% if taken together. In addition, in tea, there are compounds called tannins. These tannins can bind to several metals such as iron, calcium, and aluminum, then form chemically complex bonds. Because in a continuously bound position, the iron and calcium compounds found in food are difficult to absorb by the body, causing a decrease in iron (Fe).

The causes of iron nutritional anemia are lack of iron intake, reduced iron supplies in food, increased iron requirements, chronic blood loss, malaria, hookworms, other infections, lack of knowledge about iron anemia, and poor eating habits. accompanied by tea. (v. M. buyanov, 1967)

From the interviews, most of the informants stated that they had the habit of drinking tea after eating. Nus, Va, and Sei like to drink tea after eating, while Ns doesn't like drinking tea after eating

The researcher did not include the nutritional knowledge variable because to obtain information about nutritional knowledge researcher must first ask the informant's nutritional intake,

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while the researcher does not ask about the informant's nutritional intake. Researchers only use primary data to determine the Hb level of all informants. The informants' answers during FGDs and interviews depended on the situation and circumstances around them.

In the perspective of Islam, Health in Islam is an important matter, it is a great blessing that every service should be grateful for.

Ibnul Jauzi said that sometimes a person has a healthy body, but he does not have free time because he is busy with his livelihood. Sometimes a person has free time but his body is not healthy. If these two blessings (free time and a healthy body) are owned by someone, then laziness dominates him to do obedience to Allah; then he is the one who is deceived. (Fathul Bari bi Syarhi Sahihil Bukhari: 14/184). In the respondents we studied, they were all obedient in worship and were trying and patient for the healing of the disease they were suffering from, therefore they believed that Allah SWT would give them healing.

CONCLUSIONS AND SUGGESTIONS

Conclusions

1. This study includes a description of the incidence of anemia in women of childbearing age at Ciseeng, Bogor City, an overview of matters relating to the incidence of anemia in women of childbearing age. An overview of matters relating to the incidence of anemia in women of childbearing age at Karang Taruna in Ciseeng Bogor, including a description of nutrient intake, breakfast behavior, tea/coffee drinking behavior, menstruation, nutritional knowledge.

2. All key informants had Hb levels below 12 g/dl, ie 8.7 – 10.8 g/dl. Three informants had Hb levels below 10 g/dl, 12 others had Hb levels 10-11 g/dl. The results of the Hb examination showed that all informants suffered from anemia classified as moderate anemia according to the WHO classification of anemia.

3. All the main informants have described the informant's breakfast behavior, the information includes how often the informant has breakfast, the time, and the food eaten at breakfast. All respondents are used to having breakfast every day, and most of them have breakfast before leaving for activities.

4. From the information to get a picture of the menstrual pattern, the respondents of this study included information about the length of the menstrual period and the length of the day when a lot of blood came out. The length of the menstrual period of the seven informants varied widely, from four to ten days.

5. From some of the information obtained regarding the symptoms of anemia vary widely, the respondents answered quite a lot, including dizziness when standing after squatting, drowsiness, weakness, lack of enthusiasm, and always feeling like sleeping.

6. From the respondent's information, they know that tablets add blood to add blood, prevent, and treat anemia, take tablets to add blood.

7. Most of the main informants had prior knowledge of anemia, had irregular eating patterns, and did not eat food sourced from animals.

8. From the interviews, most of the informants stated that they had the habit of drinking tea after eating.

Suggestions

1. It is better than related agencies such as the education office, health office, health center, and local youth organizations to further improve nutrition and health education, which is integrated into subjects such as science (Biology) and Physical Education (Physical Education and Health).

2. It's better to improve it even more for the youth community through youth cadres, it can be used as a means to provide counseling about anemia to young women, especially youth organizations.

3. To anticipate the insufficient intake of nutrients in youth groups, especially young women, communication between the administrators and parents of young women should be carried out so that they pay attention to the food, nutritional status, and health of their children.

4. The youth organizations should pay more attention to, foster, and direct the quality of food sold in the local area, to achieve the fulfillment of nutrient intake for youth organizations, especially fertile women.

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