

Analysis of Caring Services for Pregnant Women by Tuha Peut Against the Prevention of Kek Pregnant Women in Suak Bilie Village

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ABSTRACT

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In Aceh, the prevalence of KEK risk for pregnant women aged 15-49 who are pregnant is 20%, while nationally, the prevalence of KEK risk for WUS is 21%. In Nagan Raya district itself in 2020 pregnant women with chronic energy deficiency conditions (KEK) are 5.2% with 158 cases and sub-districts are 12.5% with 21 cases. Meanwhile, in 2021, KEK pregnant women are 4.6% with cases 140 and glasses, namely 13.2% with a total of 22 cases. Qualitative method with descriptive approach by collecting through interviews and questionnaires. There are 21 responders from the village of Suak Bilie, all of whom are pregnant women and tuha peut. In the village of Suak Bilie, as many as 17% of pregnant women suffer from chronic energy deficiency (KEK), which is indicated by an upper arm circumference of less than 23.5 cm. and as many as 83% of pregnant women who did not experience KEK which was marked by an upper arm circumference of 23.5 cm. The Gampong Qanun clearly stipulates that tuha peut is one of the gampong apparatuses who have duties and responsibilities in implementing prevention and control of KEK in pregnant women in Suak Bilie Village. Services for KEK in the village of Suak Bilie have been regulated in Qanun Number 03 of 2022 concerning the handling and prevention of KEK for pregnant women. Factors that occur in pregnant women in Suak Bilie Village, Nagan Raya Regency, are factors of age, knowledge or education, food intake, behavior, family income and parity factors of pregnant women.

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1. INTRODUCTION

There are too many health problems in Indonesia that require government attention. According to Azwar (2004), one of the government's responsibilities in providing solutions to health problems is to make policies such as nutrition problems, namely chronic energy deficiency (KEK) for pregnant women. In Indonesia, the prevalence of KEK is 17.3%, whereas in Aceh it is 24.2%.

KEK, namely when an individual's nutritional status is poor due to a lack of consumption of food sources of energy in which there are micronutrients. When someone experiences chronic energy deficiency, it means they are not consuming enough energy sources that are rich in macronutrients. Where almost all resources are exchanged very actively, the needs of pregnant women will be more than usual, especially in the third trimester. Lack of

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calorie intake will result in malnutrition or commonly called KEK, because food consumption must be increased, especially consumption of food sources of energy to meet the needs of the mother and fetus. (supariasa, 2016).

Upper arm circumference < 23.5 cm is a sign of KEK in pregnant women. This situation will increase the risk of giving birth to a low birth weight baby or sudden maternal death during the perinatal period. In this case, there have been many cases of maternal death due to bleeding, which will increase the maternal or child mortality rate (cakrawati & mustika, 2012). Sebayang et al., (2012), argued that an important indicator in providing projections for the future of the health and survival of newborns is birth weight. Low Birth Weight (LBW) is a global health problem where more than 20 million births experience this, namely 15-20% (WHO, 2014).

In the Indonesian Ministry of Health (2018), WHO estimates that anemia and KEK often occur in pregnancy globally at a rate of 32-73%, with the third trimester of pregnancy having a much higher frequency than pregnancy. first and second trimester. WHO further states that the highest prevalence of these cases which occur as a result of maternal KEK is closely related to more than 35% of maternal deaths in developing countries.

Permenkes No. 97 of 2014 concerning Maternal Health Services and Permenkes No. 4 of 2019 concerning Technical Standards for Fulfilling Basic Service Quality in the Health Sector has been issued by the government in a comprehensive manner. However, in practice there are still gaps between regions.

For rural areas in Indonesia, family influence is still significant on maternal pregnancy status in general. The findings of an anthropological study show that in the people of Aceh, the Dayak tribe (Landak District), and the Rote tribe, the family still plays an important role in decision making, pregnancy care, and childbirth. However, this route is more profitable for the Rote Tribe as a result of the local government's innovative MCH policy, which allows households to choose from a variety of birthing facilities (not dukuns).

According to the results of Riskesdas data analysis, the extended family plays an important role in encouraging mothers to use assisted normal deliveries in hospitals. The central government continues to develop interventions in maternal health services, but the achievement of KPIs such as the Maternal Mortality Rate (MMR) remains high. Outcomes of maternal health services by utility level were examined by Riskesdas, and the results indicated that from seeking antenatal care to delivery by medical personnel in facilities, conditions were less than ideal.

Based on Indonesia's health profile data (2018), 38.5% of the proportion of women of childbearing age is at risk of CED at the age of 15 to 19 years and 46.6% who are not pregnant. At the age of 20-24 years 30.1% are pregnant and 30.6% are not pregnant. At the age of 25-29 years, 20.9% were pregnant and 19.3% were not pregnant. At the age of 30-34 years, 21.4% were pregnant and 13.6% were not pregnant. Provides evidence that the proportion of WUS (Women of Reproductive Age) at risk of SEZ increases over a 7 year period.

As much as 20% of the prevalence of CED risk in older pregnant women aged 15 to 49 years, as well as the prevalence of CED risk in women of childbearing age who are not pregnant. In the Aceh Health Profile (2019), the national SEZ risk prevalence is 21%. In Nagan Raya district itself, in 2020 pregnant women with SEZ are 5.2% with 158 cases and sub-districts are 12.5% with 21 cases. Meanwhile in 2021 pregnant women with KEK are 4.6% with 140 cases and 13 eye glasses, 2% with a total of 22 cases (DINKES NAGAN RAYA, 2020).

The provision of welfare services for pregnant women carried out by the government

is expected to minimize MMR. Cycles carried out on a range of maternal ages were collected as indicated by gestational age, particularly the first to third trimesters. This should maximize basic repetitions every trimester, which is about once per trimester which is valuable to prevent the impact of health problems for pregnant women, especially those experiencing CED (Hamzah, 2017).

Based on the description above, the author adopts the title ANALYSIS OF PREGNANT WOMEN'S CARE SERVICES BY TUHA PEUT ON THE PREVENTION OF PREGNANT WOMEN IN SUAK BILIE VILLAGE. With the aim of observing, describing and analyzing the care services for pregnant women carried out by Tuha Peut Gampong for the prevention of chronic energy deficiency (KEK) in pregnant women in Suak Bilie Village, Nagan Raya Regency. This analysis is expected to be able to provide an overview of the quality of services run by the gampong government of Suak Bilie Nagan Raya Village.

2. METHOD

Qualitative method through descriptive approach is utilized in this analysis. Where is the method of dismantling the research problem by describing the condition of the object as it is, based on facts, namely descriptive. Qualitative research in the explanation of Bogdan and Taylor in Moleong which is meant as a research method, namely descriptive data with written and oral written information through individuals or attitudes that can be observed. The collection method is done through interviews and questionnaires. All pregnant women and tuha peut in Suak Bilie village with a total of 21 respondents are the population in this analysis.

3. RESULTS AND DISCUSSION

Characteristics of respondents

Table 1. Characteristics of pregnant women

Characteristics	F	%
Age		
<20 years	3	25%
20-35 years	8	67%
>35 years	1	8%
Total	12	100%
Education		
SD	3	25%
SMP	1	8%
SMA	6	50%
PT	2	17%
Total	12	100%
Parity		
0	9	75%

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1-3	3	25%
>3	0	0%
Total	12	100%

Source: Main Data, 2022

Based on this table, it can be seen that pregnant women aged 20 years and under are as much as 25%, those aged 20-35 years are 67%, and those aged 35 years and over are as many as 8%. Meanwhile, from the educational characteristics of pregnant women in Suak Bilie village, the elementary level is 25%, junior high school is 8%, high school is 50% and university level is 17%. Mothers whose parity is 0 is 75%, parity 1-3 is 25% and parity 3 and above is 0%.

Table 2. Characteristics of the aparatur tuha peut

Characteristics	F	%
Age		
<35 years	2	22%
>35 years	7	78%
Total	9	100%
Education		
SMP	3	33%
SMA	5	56%
PT	1	11%
Total	9	100%

Based on table 2, we can see that the characteristics of the tuha peut apparatus in Suak Bilie village at the age of 35 and under are 22% and at the age of 35 and over are 78%. Meanwhile, the percentage at the education level of the tuha peut apparatus in Suak Bilie village at the junior high school level was 33%, at the high school level it was 56% and at the university level it was 11%.

KEK Events

Table 3. Incidents of Kek in Pregnant Women in Suak Bilie Village

LiLA	F	%
>23,5 cm	2	17%
>23,5 cm	10	83%
Total	12	100%

Based on Table 3 above, it can be seen that as many as 2 people (17%) pregnant women in Suak Bilie village experience chronic energy deficiency (CED) with signs of an upper arm circumference > 23.5 cm. and 10 people (83%) pregnant women who did not experience CED with an upper arm circumference of 23.5 cm.

Chronic energy deficiency (CED) is a symptom in which pregnant women are malnourished or suffer from malnutrition. Through the results of the analysis, it can be seen that 17% of pregnant women have SEZs in the village of Suak Bilie Nagan Raya. Therefore, a caring role is really needed from village officials, especially Tuha Peut, where Tuha Peut Gampong or four institutions, namely institutions in Aceh that have responsibility the responsibility of the general government that accompanies the Uleebalang (Keuchik) in the implementation of daily tasks, which this institution has an important position in the life of the people of Aceh.

The formation of Tuha Peut was used as a means of realizing democracy, a system of government administration, and openness or participation of the gampong community. With the function of giving consideration and advice to the keuchik on community habits, customs, and customary law (M. NurDaud, 2003: h. 635).

Services for pregnant women to prevent KEK in Suak Bilie Village have been regulated in Gampong Suak Bilie Qanun Number 03 of 2022 concerning handling and prevention of KEK for pregnant women. As with the Gampong Qanun regarding handling and prevention it is carried out through collaboration between the Gampong Government, posyandu, religious leaders, and traditional midwives who are assigned their respective duties. In addition, Tuha Peut Gampong supervises the handling and prevention of SEZ in Suak Bilie Village, through monitoring and evaluation of planned, currently planned and implemented activities. The Gampong Qanun clearly stipulates that tuha peut is a gampong apparatus with responsibility for preventing and managing SEZs for pregnant women in Suak Bilie Village. Tuha peut has the responsibility of monitoring and evaluating plans, activities and results of the realization of SEZ prevention and management plans for pregnant women.

The majority of cases of SEZ in Gampong Suak Bilie are experienced by young mothers because they do not have the knowledge and experience in maintaining pregnancy. An important factor in pregnancy and delivery is age, because if the mother is young there will be competition for food between the mother and the fetus. The risk of KEK is much experienced by pregnant women at a young age. Pregnant women who are less than 20 years old or more than 35 years old will have different food needs, which will eventually lead to CED. A young child needs a lot of additional nutrients because besides being used for their own growth and development, they also need to share it with the fetus they contain. Having enough extra energy to support a continuing pregnancy is very important because, as people get older, their organ functions become weaker and must continue to function as well as they can. Therefore, the ideal age is between 20 and 35 years. (Helena, 2013).

One of the groups most vulnerable to nutritional problems, especially KEK, are women who are pregnant between the ages of 15 to 19 years. As a result of the battle for nutrition between pregnant women and the embryos in their womb, pregnancy at a young age will be a cause of KEK. This condition is a high risk pregnancy. Adolescents between the ages of 15 and 19 are still growing, and the nutrients they consume support not only their own growth but also the fetus growing within them. (Kepmenkes RI, 2012).

The risk of KEK will be more experienced by mothers under the age of 20 because they are still in their infancy and need more nutrition, but the majority of people interpret young mothers as

being considered strong because they will eat whatever they want without paying attention to nutritional value, so there is no balanced nutrition. which can cause KEK. The same is true for pregnant women over 35 years of age, due to a lack of appetite, which causes the body system to become weak, so they will be prone to CED due to the lack of balanced intake and expenditure of nutrition or energy.

Based on the results of interviews with respondents with low levels of education, it can have an impact on the incidence of CED in pregnant women. Insight will greatly influence the decision making. Fulfillment of nutrition will be carried out when the mother's knowledge is good about nutrition. In nototatmodjodalam lubis (2015) the relation of behavior, intentions, attitudes, and knowledge will have an influence on the participation of individuals in activities.

The low education of a pregnant woman in the village of Suak Bilie is as much as 25%, where the low education level can have an impact on KEK because education goes hand in hand with insight and decision-making processes. Education in this case is a process of changing individual or group attitudes through learning. Through the provision of education, information, and communication can overcome education and change the perspective of mothers, or the community regarding the importance of formal education in order to influence perceptions so that they are more able to accept what is happening.

The government has so far made efforts by offering milk, FE tablets, and additional food (PMT). In Indonesia, the handling of KEK problems and nutritional problems is carried out through a program run by the Ministry of Health called the First 1,000 Days of Life (HPK). The SUN movement is an international initiative from many countries to provide increased commitment and action plans to accelerate nutritional progress, especially in handling nutrition from one thousand days from pregnancy to two years of age. (Department of Health Nutrition, 2012) The aim of this movement is to achieve MDG 1 by increasing productivity and overall food quality. This is a response by countries around the world to the poor nutritional status of most developing countries as well as the result of uneven progress in achieving the MDGs (Goal 1). So that it will contribute to reducing maternal and child mortality through better nutrition, reducing hunger, providing increased family income or economic growth. (Arsita PE, 2012).

4. CONCLUSION

Chronic energy deficiency (CED) for pregnant women is a health problem that requires the government's attention to find out the factors that make this happen. Then the service for kek in the village of Suak Bilie has been regulated in qanun Number 03 of 2022 concerning the handling and prevention of KEK for pregnant women. supervision of the handling and prevention of SEZs in Suak Bilie Village is carried out by Tuha Peut Gampong, through monitoring and evaluation of planned, currently planned and implemented activities.

Factors for the occurrence of kek in pregnant women in the village of Suak Bilie, Nagan Raya district are factors of age, knowledge or education, food intake, behavior, family income and parity factors of pregnant women. It is hoped that this research can serve as recommendation material with a constructive nature to the Nagan Raya health office or stakeholders in efforts to prevent the factors that cause KEK in pregnant women in the future. It is hoped that this analysis can be carried out again by other researchers by utilizing other aspects so that other factors that cause this problem can be identified, especially nutrition in Aceh and Indonesia.

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