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COMPLIANCE WITH TAKING FE TABLETS IN THIRD TRIMESTER PREGNANT WOMEN AT PUSKESMAS CIAWI

[1]Dika Maretika Sobari, [2]Dewi Purnamawati
[1,2)] Master of Public Health Study Program, Faculty of Public Health, Universitas Muhammadiyah Jakarta
K.H. Ahmad Dahlan St., Cireundeu, Ciputat, 15419
E-mail: dikamaretikasobari@gmail.com

ABSTRACT

Anemia in pregnant women is an iron deficiency experienced by pregnant women, anemia in pregnant women can increase the risk of bleeding in childbirth and the birth of low birth weight babies (LBW). One of the efforts to reduce the incidence of anemia in pregnant women is by giving 90 tablets of Fe during pregnancy. This study aims to obtain an overview of the compliance of pregnant women in consuming Fe tablets at the Ciawi Health Center. In qualitative descriptive research, informants in this study were 7 (seven) people consisting of 3 (three) third-trimester pregnant women, 2 (two) patients' families, and 1 (one) midwife. Data were collected through in-depth interviews, data were analyzed descriptively. The results showed that less than half of the informants were obedient in consuming Fe, the reason the informants did not consume Fe was due to the effects of nausea caused when consuming Fe and based on previous experiences of pregnant women who did not regularly consume Fe.

Keywords: *Anemia, Hb Level, Pregnant Mother, Fe tablets*

INTRODUCTION

One of the indicators used to assess the health welfare of a country is to look at the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR). MMR according to WHO in 2017 was 211 per 100,000 live births (1) while the IMR according to WHO was in 2017 while the Infant Mortality Rate according to WHO in 2020 was 17 per 1000 live births (2). Mortality rate (per 1000 live births) (3). According to the 2017 IDHS, the Maternal Mortality Rate (MMR) is 177 per 100,000 live births, while the Infant Mortality Rate (IMR) is 24 per 1000 live births (4) In West Java AKI.

Indonesia is one of the developing countries that is still experiencing nutritional problems which is one of the factors for maternal and infant mortality. The high rate of maternal and infant mortality as well as infants with low birth weight (LBW) is determined by the nutritional status of the mother during pregnancy (Ulfa, Ariadi, and Elmatris, 2018). Maternal mortality in Indonesia is caused by several factors, namely, First, direct obstetric factors include bleeding 28%, preeclampsia/eclampsia 24%, and infection 11%, while the indirect cause is nutritional factors including pregnant women suffering from anemia 48.9%, suffering from chronic energy deficiency 37%, and energy consumption of pregnant women is below the minimum requirement of 44.2% (4)

Anemia in pregnant women can be found on examination during pregnancy, and we can prevent it by giving 90 tablets of blood added during pregnancy. Iron deficiency is not the only cause of anemia, but as the prevalence of anemia increases, iron deficiency is the main cause (5). Anemia is a condition in which

the number of red blood cells or the concentration of hemoglobin in them is lower than normal or not sufficient for the body's needs (5). The normal Hb level for pregnant women is 12.0 g/dl.

A total of 43.9% prevalence of pregnant women suffering from anemia in the world is reported by WHO. The prevalence of anemia in pregnant women is estimated at 49.4% in Asia, 59.1% in Africa, 28.1% in America, and 26.1% in Europe. In developing countries, about 40% of maternal deaths are related to anemia in pregnancy (6). Based on the results of Riskesdas in 2018, it was found that 48.9% of pregnant women suffer from anemia and this occurs in pregnant women within an age range of 15-24 years (7). A total of 960,932 pregnant women in West Java in 2019 got 9% of pregnant women suffering from anemia, in Bogor Regency itself according to data obtained in 2019, pregnant women who suffered from anemia were 1.7% of a total of 128,293 pregnant women (8). Pregnant women who experience anemia in the working area of the Ciawi Health Center in 2021 are 67 (3.11%) pregnant women out of 2150 pregnant women.

The problem of anemia during pregnancy is an important problem to be addressed as early as possible. The more severe the iron deficiency, the more severe the iron deficiency in the body. One of the efforts to prevent anemia in pregnant women is by giving Fe tablets, one of the factors that influence the success of giving Fe tablets is the compliance of pregnant women in consuming these tablets. Obedience of pregnant women in taking iron supplements is something that needs to be considered, although the report shows that the coverage of pregnant women who receive iron supplements is quite good, if it is not consumed by pregnant women, the expected effect of taking iron supplements will not be achieved. An inappropriate way of consuming Fe tablets can affect the compliance of a pregnant woman consuming Fe. In general, the health status that is expected to increase will be hampered. Pregnant women who obey the advice of health workers to take Fe tablets have a smaller chance than pregnant women who do not comply with the recommendations of health workers to take Fe tablets (9).

The role and function of the family are very important to motivate and increase the compliance of pregnant women and consume Fe tablets. How to consume Fe in pregnant women affects the level of compliance of pregnant women. The compliance of pregnant women in the report (7) found that 73.2% of pregnant women received Fe tablets, but only 38.1% took 90 Fe tablets during pregnancy, and 61, 9% of pregnant women consumed 90 Fe tablets. during pregnancy.

From the data that has been described previously, researchers are interested in assessing "Compliance with Drinking Fe Tablets in Third Trimester Pregnant Women at Ciawi Health Center".

METHOD

This research uses a descriptive qualitative approach. Informants in this study were 3 (three) third-trimester pregnant women, 2 (two) patient introductions, and 1 (one) Midwife. Data were collected through in-depth interviews, data were analyzed descriptively. The research was conducted at the Ciawi Health Center, Bogor Regency. The distribution of informant characteristics can be seen in the following table:

Table 1. Characteristics of Informants

Inisial	Usia	Tingkat Pendidikan	Pekerjaan	Kehamilan
D	34	PT	Bidan	-
M	20	SMA	Bumil/Karyawan	Primi
J	24	SMA	Pengantar/Karyawan	-
T	23	SMP	Bumil/Dagang	Multi
D	25	SMA	Pengantar/Dagang	-
C	36	SMP	Bumil/IRT	Multi

RESULTS AND DISCUSSION

After the data on the distribution of the mother is obtained, the next step is to ensure the incidence of anemia in 3 (three) pregnant women obtained from the results of laboratory examinations, then a simple interview is conducted with 3 (three) pregnant women, 2 (two) patient introductions, 1 (one) Midwives regarding the signs and symptoms of anemia, more than half of pregnant women are aware of the signs and symptoms of anemia in pregnant women but they think that it is a natural thing that will be felt by a pregnant woman. The results of the information obtained from the midwife confirmed that medical personnel always explained the danger signs in pregnancy, one of which was the symptoms of anemia pregnancy. Information obtained from the introduction or the patient's family confirmed that they listened to the explanation given, only when they left the Puskesmas did they no longer remember what was said.

"If I have a headache or have a headache, I just take medicine for a headache, ma'am. Especially when you're pregnant, it's hard to take medicine, so it's best to just rest or lie down."

Fe tablets are given to pregnant women based on data obtained from medical records provided by the Puskesmas. The administration of Fe tablets is given in stages every month, 30 tablets are given to be consumed for 1 (one) month, this is confirmed by the Midwife and according to the records written in the MCH Handbook.

"I got this red tablet during a pregnancy checkup at the health center, ma'am".

The Puskesmas gave 90 tablets of Fe tablets but all informants said they received Fe tablets but did not know the number of Fe tablets they received.

"I don't know, I've never counted. When you give it, it's already taken home"

More than half of pregnant women take Fe tablets regularly at night as recommended by health workers to reduce the effects of nausea due to Fe consumption and less than half of pregnant women take Fe tablets only when they remember because they feel uncomfortable with the effects that occur after consuming Fe. because they assume the previous pregnancy is the same as the current pregnancy. The information given by the midwife, every time a patient gets a Fe tablet is always explained how to use it. The support from the family to consume Fe tablets regularly was justified by all patient introduction informants.

"I drink every night, ma'am, sometimes I feel nauseous, it makes me lazy to drink, but the midwife says you have to drink it to be healthy" "I just remember drinking it, I like to forget, Mom. When I was pregnant before, I sometimes forgot to drink it. Makes me nauseous, so sometimes I'm lazy to drink"

"I always remind Mrs.'s wife to take her medicine"

Activities carried out by a pregnant woman will affect the pattern of rest, the higher the activity of pregnant women, the higher the calories needed by pregnant women. Midwife D always educates patients at every ANC visit that activities for pregnant women should not be too strenuous. Information obtained from the patient introduction, the activities carried out by pregnant women are considered normal because they are following daily activities such as housework, participating in trade with their husbands, and working as usual. "I'm normal, ma'am, cleaning the house, yes, the activities of the mothers at home"

"I'm right, ma'am, every morning I'm at the market, ma'am. Trade…. In terms of daily activities, I'm the same as other mothers."

"I usually only take Sundays off, ma'am, if I check to like this, I like to permit for a moment with the boss. Sometimes I like being tired while working. Thank God, my mother and my house help me to make it easier for me."

Based on the results of simple interviews conducted, the compliance of pregnant women controlled by age was found that those aged 20-35 years were more obedient compared to those aged > 35 years because at this age at-risk pregnant women felt they had more knowledge compared to older ages. young. Then compliance was controlled by parity, the results of the interview showed that 1 (one) primipara and 1 (one) multipara complied with taking FE tablets and 1 (one) multipara did not comply with taking FE tablets. Compliance controlled by education level, it was found that 2 (two) pregnant women were obedient to taking FE tablets with high school and junior high school education and 1 (one) pregnant woman was

not compliant to consume FE tablets with junior high school education. Obedience controlled by work found that working mothers were more obedient than those who did not work, this was because information about pregnancy from the environment of working mothers was more obtained than information obtained by mothers who did not work.

The incidence of anemia was obtained from interviews and data collection from medical records. In this case, pregnant women who are obedient in consuming FE tablets regularly can avoid anemia in pregnancy compared to pregnant women who are not compliant in taking FE tablets. (10)

Routine administration of blood-added tablets serves as a reserve of iron, cell, and blood synthesis. Anemia that occurs in pregnant women occurs in conditions where Hb <11 g%. The importance of iron maintenance in pregnant women as an effort to prevent anemia so as not to trigger anemia during pregnancy, bleeding in labor, and the occurrence of LBW births. Pregnant women consume a minimum of 90 iron tablets during pregnancy to reduce the impact that can be caused by a lack of iron consumption, namely the occurrence of anemia. Anemia that is not treated can harm pregnant women and the fetus they contain (11).

CONCLUSIONS AND SUGGESTIONS

The results of the study concluded that compliance in consuming FE tablets greatly influenced the incidence of anemia in pregnant women. Monitoring by health workers on how to consume and how many FE tablets are taken by pregnant women should be further improved.

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REFERENCES

1. [Maternal and newborn] - Mortality/causes of death [Internet]. [cited 2022 May 27]. Available from: https://platform.who.int/data/maternal-newborn-child-adolescent-ageing/maternal-and-newborn-data/maternal-and-newborn---mortality-causes-of-death
2. Neonatal mortality rate (per 1000 live births) (SDG 3.2.2) [Internet]. [cited 2022 May 27]. Available from: https://platform.who.int/data/maternal-newborn-child-adolescent-ageing/indicator-explorer-new/mca/neonatal-mortality-rate-(per-1000-live-births)
3. SDG Target 3.1 Maternal mortality [Internet]. [cited 2022 May 27]. Available from: https://www.who.int/data/gho/data/themes/topics/sdg-target-3-1-maternal-mortality
4. SDKI. Survei Demografi dan Kesehatan Indonesia 2017. Survei Demogr dan Kesehat Indones 2017 [Internet]. 2017;125–7. Available from: https://www.bps.go.id/statictable/2020/10/21/2111/laporan-

survei-demografi-dan-kesehatan-indonesia.html

5. Dreyfuss ML, Stoltzfus RJ, Shrestha JB, Pradhan EK, LeClerq SC, Khatry SK, et al. Hookworms, malaria and vitamin a deficiency contribute to anemia and iron deficiency among pregnant women in the plains of Nepal. J Nutr. 2000;130(10):2527–36.
6. Wolde F, Mulaw Z, Zena T, Biadgo B, Limenih MA. Maternal mortality: Levels and trends 2000 to 2017. BMC Res Notes. 2018;11(1).
7. Ministry of Health of Republic Indonesia. Indonesia Health Profile 2018. Profil Kesehatan Provinsi Bali. 2020.
8. Dinas Kesehatan Provinsi Jawa Barat. dinkes-od_17891_jml_ibu_hamil_mengidap_anemia__kabupaten_kota_data. Bandung: Dinas Kesehatan Provinsi Jawa Barat; 2019.
9. Muzayana, A., Santoso, S., & Setyaarum DN. Jurnal Kesehatan Ibu dan Anak [Internet]. POLTEKKES KEMENKES YOGYAKARTA. 2017 [cited 2022 May 27]. Available from: https://e-journal.poltekkesjogja.ac.id/index.php/kia/index
10. Fitriana K, Fajrin I. Kepatuhan Konsumsi Zat Besi (Fe) Terhadap Kejadian Anemia Pada Ibu Hamil. Wind Heal J Kesehat [Internet]. 2020 Oct 25 [cited 2022 Mar 25];336–42. Available from: http://jurnal.fkmumi.ac.id/index.php/woh/article/view/364
11. Yuni Subhi Isnaini, Riska Yuliaprida PJP. HUBUNGAN USIA, PARITAS DAN PEKERJAAN TERHADAP KEJADIAN ANEMIA PADA IBU HAMIL. 2021;15(2).