RELATIONSHIP BETWEEN HUSBAND’S KNOWLEDGE AND SUPPORT WITH FE TABLET CONSUMPTION COMPLIANCE IN PREGNANT WOMEN IN THE WORKING AREA OF CIRENDEU HEALTH CENTER IN 2022

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ABSTRAK

Kata Kunci: Kepatuhan, pengetahuan, dukungan suami, tablet Fe

ABSTRACT
According to data from the Indonesian Ministry of Health, the prevalence of anemia or lack of blood in pregnant women in Indonesia in 2019 is still relatively high, namely 48.9%. Anemia in pregnant women can increase the risk of premature birth, antepartum bleeding, and postpartum bleeding which causes death in mother and child and infectious diseases. This study aims to determine the relationship between the husband’s knowledge and support with adherence to the consumption of Fe tablets in pregnant women in the Working Area of the Cireundeu Health Center. This study used quantitative analytic methods with a cross-sectional study design and a purposive sampling technique. The number of respondents was 46 pregnant women in the Working Area of the Cireundeu Health Center. Pregnant women who have good knowledge are 25 (54.3%). There were 28 (60.9%) pregnant women who received support from their husbands. There were 26 (56.5%) pregnant women who adhered to the consumption of Fe tablets. The variable associated with Fe Tablet Adherence in pregnant women in the Cireundeu Health Center Work Area was the Husband’s Support (P Value 0.025 OR = 5,000). Suggestions for the health center namely monitor routinely the compliance of pregnant women in consuming Fe tablets and provide education to husbands as well as involving the education of husbands and pregnant women regarding the importance of Fe tablets during pregnancy to avoid iron deficiency anemia in pregnant women.

Keywords: Compliance, knowledge, husband’s support, Fe tablets

INTRODUCTION
Anemia in pregnancy is common in both developing and developed countries. Data from the World Health Organization (WHO) estimates that the prevalence of anemia in pregnant women
worldwide is 41.8%, and maternal mortality in developing countries related to anemia in pregnancy caused by iron deficiency and acute bleeding is 40% (1). According to data from the Indonesian Ministry of Health, the prevalence of anemia or lack of blood in pregnant women in Indonesia in 2019 is still relatively high, namely 48.9% (2).

The 2013 Basic Health Research (Riskesdas) said that 37.1% of pregnant women were anemic with hemoglobin levels <11g/dL. The prevalence in urban areas is 36.4% while in rural areas it is 37.8% (3). Based on the 2018 Riskesdas, it shows that 48.9% of pregnant women experience anemia. As much as 84.6% of anemia occurs in pregnant women in the age group of 15-24 years (4). This certainly needs special attention because the prevalence of anemia in pregnant women in Indonesia is always increasing.

Pregnant women are very susceptible to anemia because of the increased need for iron and nutrients during pregnancy. Anemia in pregnant women can increase the risk of premature birth, antepartum bleeding, and postpartum hemorrhage which causes death in mother and child and infectious diseases. (5) The impact of anemia on pregnant women is shortness of breath, hypertension, fatigue, sleep disturbances, and increases the risk of bleeding before and during delivery, causing maternal death (6). Based on the Banten Province health profile, in 2021 the number of maternal deaths in childbirth is 74 cases (7).

To overcome the problem of anemia in pregnant women, the Banten Provincial Health Office has a supplementation program for blood-added tablets. The coverage of pregnant women who received 90 Fe tablets in Banten Province in 2019 was 101.5%, but in 2020 the achievement of pregnant women who received Fe tablets decreased to 88.93%. The coverage of pregnant women who received iron tablets as many as 90 tablets, especially in the city of South Tangerang in 2020 was 83.34%, meaning that there were still 16.66% of pregnant women in the city of South Tangerang who had not received Fe tablets (7, 8).

Research conducted in (2021) shows that there is a relationship between knowledge and adherence of pregnant women in consuming blood supplement tablets as evidenced by a P-value of 0.019 (9). The research conducted in (2021) showed that there was a significant relationship between the level of knowledge and the mother's compliance in taking blood supplement tablets as evidenced by a P-value of 0.000 (10).

Research conducted by Alvy Nur Hidayati, Sukismato, and Yanan Luthfiyati on the Relationship of Husbands to the Compliance of Pregnant Women Consuming Fe Tablets at the Prambanan Health Center, Sleman Regency, DI Yogyakarta. The results showed that husband support for pregnant women was in the unsupportive category at 54.8% and there was a significant relationship between husband support and adherence of pregnant women to consuming Fe tablets as evidenced by a P-value of 0.019 (11).
Adherence to consuming blood-supplement tablets is the compliance of pregnant women in carrying out recommendations from health workers to consume blood-supplement tablets as measured by the accuracy of the number and method of blood-added tablets consumed (12).

Based on a preliminary study conducted in the working area of the Cireundeu Health Center Posyandu Dahlia III on January 3, 2022. After interviewing 3 pregnant women, it was found that only 1 out of 3 pregnant women regularly took Fe tablets every day but did not know when to take the tablets The right Fe, then did not know how to take Fe tablets properly, 3 pregnant women stated that they only knew the benefits of Fe tablets to increase blood and did not know the further benefits of taking Fe tablets related to the fetus and could prevent bleeding, and 3 mothers The pregnant woman stated that her husband had never reminded her to take Fe tablets, and her husband did not give her extra spending money during pregnancy, and she had never even taken them for pregnancy control.

Based on the existing problems, the authors are interested in researching "The Relationship of Husband's Knowledge and Support with Compliance with Fe Tablet Consumption in Pregnant Women in the working area of the Cirendeu Health Center in 2022".

METHOD

This research is a quantitative study with a cross-sectional study design with a purposive sampling technique. This research was conducted on pregnant women in the working area of the Cirendeu Health Center in November-December 2022. The sample in this study was 46 pregnant women in the working area of the Cirendeu Health Center. The independent variable in this study was adherence to consumption of Fe tablets while the dependent variable in this study is husband support and knowledge. Data analysis techniques in this study were carried out in stages including univariate analysis to calculate the frequency distribution, and bivariate analysis to see if there was a relationship between the dependent variable and the independent variable using Chi-Square. Data analysis in this study used software assistance. This research has been declared passed ethical review with No. 10.033.B/KEPK-FKUMUJ/I/2023 by the Health Research Ethics Committee, Faculty of Public Health, University of Muhammadiyah Jakarta.

RESULTS AND DISCUSSION

Based on Table 1 it can be seen the results of the frequency distribution of the characteristics of the respondents, namely, respondents aged 20-35 years were 37 (80.4%), while respondents aged <20 &> 35 years were 9 (19.6%) respondents, education was mostly in 19 (41.3%) respondents graduated from SMA/MA equivalent, and at least 2 (4.3%) graduated from SD/MI equivalent, 9 (19.6%) worked while 37 (80.4%) did not work ) respondents, as many as 26 (56%).
Table 1. Frequency Distribution of Respondent Characteristics Based on Age, Education, Mother’s Occupation

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Amount</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-35</td>
<td>37</td>
<td>80.4</td>
</tr>
<tr>
<td>&lt;20 &amp; &gt;35</td>
<td>9</td>
<td>19.6</td>
</tr>
<tr>
<td>Mother’s Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Graduated from SD / MI equivalent</td>
<td>2</td>
<td>4.3</td>
</tr>
<tr>
<td>Graduated from Middle School / MTS Equivalent</td>
<td>7</td>
<td>15.2</td>
</tr>
<tr>
<td>Equivalents</td>
<td>19</td>
<td>41.3</td>
</tr>
<tr>
<td>Graduated from SMA/MA equivalent</td>
<td>18</td>
<td>39.1</td>
</tr>
<tr>
<td>Graduated PT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother’s job</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doesn’t work</td>
<td>37</td>
<td>80.4</td>
</tr>
<tr>
<td>Work</td>
<td>9</td>
<td>19.6</td>
</tr>
</tbody>
</table>

Based on Table 2, it can be seen that 26 (56.5%) pregnant women adhered to taking Fe tablets from a total of 46 (100%) respondents, while 20 (43.5%) pregnant women did not adhere to taking Fe tablets. As many as 25 (54.3%) respondents had good knowledge, while 21 (45.7%) respondents had poor knowledge. As many as 28 (60.9%) of respondents received their husband's support, while 18 (39.1%) did not receive their husband's support.

Table 2. Frequency Distribution of Husband’s Compliance, Knowledge, and Support Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>Amount</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obedience</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obey</td>
<td>26</td>
<td>56.5</td>
</tr>
<tr>
<td>Not obey</td>
<td>20</td>
<td>43.5</td>
</tr>
<tr>
<td>Knowledge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well</td>
<td>25</td>
<td>54.3</td>
</tr>
<tr>
<td>Not enough</td>
<td>21</td>
<td>45.7</td>
</tr>
<tr>
<td>Husband Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support</td>
<td>28</td>
<td>60.9</td>
</tr>
<tr>
<td>Does not support</td>
<td>18</td>
<td>39.1</td>
</tr>
</tbody>
</table>

Based on Table 3, it can be seen from the results of the analysis of the relationship between knowledge and adherence to the consumption of Fe tablets, it is known that in the good knowledge category, 16 (64%) respondents adhered to Fe tablet consumption, and in the poor knowledge category, 10 (47.6%) respondents adhered to Fe tablet consumption. With a P-value of 0.413, it can be concluded that there is no significant relationship between knowledge and adherence to the consumption of Fe tablets. The results of the analysis of the relationship between husband’s support and adherence to the consumption of Fe tablets show that the category of husband support supports adherence to consumption of Fe tablets as many as 20 (71.4%) of respondents and in the category of support husbands do not support adherence to consumption of Fe tablets as much as 6 (33.3%) respondent. With a P-value of 0.025, it can be concluded that there is a relationship between the husband's support and adherence to the consumption of Fe tablets.
Table 3. Analysis of the Relationship between Dependent and Independent Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>Compliance with Consumption of Fe Tablets</th>
<th>Total</th>
<th>OR</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Obey (%)</td>
<td>Not obey (%)</td>
<td>(95% CI)</td>
<td></td>
</tr>
<tr>
<td>Knowledge</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well</td>
<td>16 (64.0%)</td>
<td>9 (36.0%)</td>
<td>25 (100%)</td>
<td>1.956</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(0.599-6.358)</td>
<td>0.413</td>
</tr>
<tr>
<td>Not good</td>
<td>10 (47.6%)</td>
<td>11 (52.4%)</td>
<td>21 (100%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Husband Support</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support</td>
<td>20 (71.4%)</td>
<td>8 (28.6%)</td>
<td>28 (100%)</td>
<td>5.000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(1.393-17.943)</td>
<td>0.025</td>
</tr>
<tr>
<td>Does not support</td>
<td>6 (33.3%)</td>
<td>12 (66.7%)</td>
<td>18 (100%)</td>
<td></td>
</tr>
</tbody>
</table>

Based on the results of this study obtained based on the results of the Morisky Medication Adherence Scale (MMAS-8) questionnaire, it is known that 26 (56.5%) of respondents who adhere to consuming Fe tablets, while those who do not adhere to consume 20 (43.5%) of respondents who This means that most pregnant women are obedient in consuming Fe tablets. This is in line with research conducted by (Hamzah SR, 2022) who found that most pregnant women were obedient in consuming Fe tablets (13).

Adherence to consuming Fe tablets is something that needs to be considered by pregnant women who follow the recommendations of health workers and take iron supplements during pregnancy are said to be compliant in taking iron supplements (14). The accuracy of how to take iron tablets, the frequency of consumption per day The accuracy of the number of tablets taken, the correct way to take Fe tablets, and the frequency of daily use are used to measure adherence to Fe tablet consumption (15).

Pregnant women will not experience anemia if the mother consumes enough Fe tablets because it increases the blood reserves in her body to help process the amount of hemoglobin in her blood (16). The program to prevent anemia in pregnant women recommends consuming blood supplement tablets (TTD) of at least 90 tablets during pregnancy (17).

The causes of pregnant women not taking Fe tablets as recommended by health workers are because they often forget, are tired of drinking because of the large number of Fe tablets, and are lazy because of the side effects that can make them nauseous or dizzy causing the mother to disobey taking Fe tablets regardless of the important benefits they get. mother and fetus (18).

Compliance is an effort to manifest attitudes into real behavior and requires supportive conditions. (Efendi & Makhfudi in (Rahmawati and Nurhajijah, 2018) (19) Increasing the compliance of pregnant women needs to be known in advance the factors related to the compliance of pregnant women in consuming Fe tablets, including the husband's knowledge and support which are independent variables in this study.

Based on the results of this study, it was found that respondents who had good knowledge adhered to the consumption of Fe tablets, namely 16 (64%) compared to those with poor knowledge,
namely 10 (47.6%). The results of the chi-square statistical test with the continuity correction test obtained a value of $P = 0.413$, so it can be concluded that there is no significant relationship between knowledge and compliance with Fe tablet consumption. From the analysis results, the value of $OR = 1.956$ (95% CI = 0.599-6.358) is obtained, meaning that good knowledge has a 1.956 greater chance of complying with the consumption of Fe tablets compared to poor knowledge.

This is in line with research conducted by Andiani and Surasno in 2021 (20) states that there is no significant relationship between knowledge and adherence to consumption of Fe tablets with a value of $P = 0.927$, the hypothesis $H_a$ is rejected, meaning that there is no significant relationship between knowledge and adherence to consumption of Fe tablets. Research by Mulyani et al. in 2022 (21) also said that there was no significant relationship between knowledge and adherence to the consumption of Fe tablets expressed by $P = 0.117$.

This is not in line with other studies conducted by Mardhiah and Marlina in 2019 (22) state that there is a significant relationship between knowledge and adherence to the consumption of Fe tablets with $P = 0.036$. Research according to Siregar et al. in 2019 (23) also said that there was a significant relationship between knowledge and adherence to the consumption of Fe tablets with a value of $P = 0.003$.

Knowledge is a key component that shapes a person’s actions significantly. Knowing leads to knowledge, and knowing occurs as soon as one perceives a particular object. The human senses, including sight, hearing, smell, taste, and touch, are used for sensing. Most of what we know about the world comes from our eyes and ears (24). Knowledge is related to compliance because compliance is an important domain for the formation of behavior (13).

Pregnant women are less aware of the importance of Fe tablets for themselves because they play a role in preventing impaired fetal growth and development in the womb. Pregnant women do not know the impact of iron deficiency and side effects from consuming Fe tablets and taking Fe tablets should be taken together with vitamin C. Accurate information and counseling provided by health workers is very important because more and more people know about pregnant women who are pregnant. Taking Fe tablets the better (25).

Lack of knowledge causes many pregnant women to be unaware that they are deficient in iron. Because many pregnant women stop taking Fe tablets because of the side effects they cause. Therefore, mothers need to be given accurate information and appropriate counseling to increase their knowledge and adherence to Fe tablets (26).

Increasing awareness and knowledge about Fe tablets can be the first step in preventing iron deficiency anemia in pregnant women and preventing babies with low birth weight (LBW) and other impacts that will be caused if there is iron deficiency (27).

Good knowledge can help form habits that help pregnant women meet their need for iron-rich foods. Due to having a thorough awareness of iron deficiency anemia and the steps that must be taken
to prevent it, mothers who know Fe tablets for pregnant women will be less likely to get iron deficiency anemia (16).

Based on the results of this study, it was found that 20 respondents (71.4%) adhered to taking Fe tablets with their husband's support, compared to 6 (33.3%) who did not get support from their husbands. The results of the statistical test of the chi-square test with the continuity correction test obtained a value of $P = 0.025$, so it can be concluded that there is a significant relationship between husband's support and adherence to consumption of Fe tablets. From the results of the analysis, the value of $OR = 5.000$ ($95\% CI = 1.393-17943$), means that respondents who get their husband's support have a 5.000 greater chance of complying with taking Fe tablets than respondents who do not get their husband's support.

This is in line with other research conducted by Hidayati et al. in 2019 (11) states that there is a significant relationship between the husband's support and adherence to consumption of Fe tablets with a value of $P = 0.019$. Then the hypothesis is accepted, meaning that there is a significant relationship between the husband's support and adherence to consumption of Fe tablets. Research by Martina and Susanti in 2019 (28) also said that there was a significant relationship between the husband's support and adherence to the consumption of Fe tablets expressed by $P = 0.000$.

Compliance with consuming Fe tablets in pregnant women serves to prevent the occurrence of iron deficiency anemia in pregnant women, especially in pregnant women in the second trimester and third trimesters because at this time the need for iron in the body increases. This requires the support of the husband as the closest person to pregnant women to increase adherence to consuming Fe tablets. The lack of support provided by the husband will affect the health of pregnant women, one of which is consuming Fe tablets. Because the husband plays an important role in making a decision and his actions in the life of his partner (29).

Support from husbands can motivate pregnant women to continue consuming Fe tablets. To reduce non-adherence to the consumption of Fe tablets, the husband's support can provide encouragement and enthusiasm for pregnant women to adhere to the consumption of Fe tablets (11, 30).

Support from the family, especially the husband, can make pregnant women more enthusiastic despite the changes that occur during pregnancy, such as increasing pregnancy visits and taking iron supplements to maintain a healthy pregnancy. The husband's role is very important in helping pregnant women understand the value of iron (Fe) supplements and their benefits for the mother and fetus, and the husband must be able to provide or explain this information to his wife (30).

Pregnant women who have greater partner (husband) support will be happier, more optimistic, and feel more valued as future mothers. So that pregnant women always maintain the health of both their health and the health of the fetus by consistently taking Fe tablets, eating healthy food, and routinely checking for pregnancies to medical personnel (31).
Husband's support provides benefits and a significant impact on pregnant women's compliance with consuming Fe tablets. The extent of the husband's influence is usually evident in the decisions made about the health of the expectant mother, particularly in terms of finances, transportation, partner communication, emotional support, and the amount of time given to the mother-to-be for such maternity care services. such as pregnancy checks, nutrition, and health care. Thanks to the husband's support, expectant mothers will feel valued and can increase their intake of iron and avoid iron deficiency anemia (32). Therefore, the husband's support is very important to increase pregnant women's compliance in consuming Fe tablets.

CONCLUSION AND SUGGESTIONS

In a study conducted on 46 respondents, it can be concluded that the variable associated with adherence to consumption of Fe tablets in pregnant women in the Working Area of the Cirendeu Health Center is husband's support P = 0.025 OR value = 5.000. The variable that is not related to adherence to the consumption of Fe tablets in pregnant women in the Working Area of the Cireundeu Health Center is Knowledge P = 0.413 OR value = 1.956.

With this research, the advice that researchers can give to health centers is to routinely monitor the adherence of pregnant women in consuming Fe tablets and to develop effective intervention programs in increasing compliance with Fe tablet consumption in pregnant women by involving the husband's role, such as providing education, social support, as well as messages of effective communication.

REFERENCES


