

THE RELATIONSHIP BETWEEN KNOWLEDGE AND COMPLIANCE WITH FE TABLET CONSUMPTION WITH THE INCIDENCE OF ANEMIA IN PREGNANT WOMEN AT THE KABANJAHE HEALTH CENTER, KABANJAHE SUB-DISTRICT, KARO DISTRICT KARO YEAR 2023

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ABSTRACT

World Health Organization (WHO) in 2014 the Maternal Mortality Rate (MMR) in the world was 289,000. The number of maternal deaths decreased from 385 in 1990 to 216 in 2015 per 100,000 live births. the prevalence of anemia in pregnant women in the world is around 40.1 percent. The percentage has increased from 2015 by 39.8 percent and 2014 by 39.6 percent (WHO, 2016). Objectives of the study: The purpose of this study was to analyze the relationship between knowledge and compliance of Fe tablet consumption with the incidence of anemia in pregnant women at the Kabanjahe Health Center, Kabanjahe District, Karo Regency in 2023. analytical survey research using a cross sectional study to study the influence between the independent variable and the dependent variable through hypothesis testing. The population of this study were pregnant women at the Kabanjahe Health Center, Kabanjahe District, Karo Regency in 2023 as many as 46 people, total sampling determined the number of samples according to the needs of the study The results of statistical tests with a p value = 0.011 mean that there is a significant relationship between parity on the incidence of anemia in pregnant women. the results of statistical tests with a p value = 0.007 mean that there is a significant relationship between knowledge on the incidence of anemia in pregnant women. the results of the study of the variable adherence to Fe tablet consumption on the incidence of anemia in pregnant women obtained statistical test results with a p value = 0.000, meaning that there is a significant relationship between adherence to Fe tablet consumption on the incidence of anemia in pregnant women. Can be a source of information, motivation for health services and midwives against the incidence of anemia in pregnant women.

Keywords: Factors, knowledge, education, anemia, Fe tablets

INTRODUCTION

MMR is a comparison of MMR during pregnancy, childbirth and the postpartum period which is not caused by other factors such as accidents or incidents of up to 100,000 KH, as stated in the 2020 Ministry of Health report. The perinatal maternal mortality and mortality rate is still high. in non-industrial countries.

The world maternal mortality ratio (MMR) in 2014 was 289,000 deaths per 100,000 live births in 2015. In 2015, there were 216 maternal deaths every day due to complications of pregnancy and childbirth. This disease is responsible for 99 percent of maternal deaths in developing countries. According to WHO (2015), complications during pregnancy, pregnancy and after

pregnancy represent 80% of maternal deaths.

According to data from the Ministry of Health (2020), there were 4,221 cases of maternal death in Indonesia in 2019, down from 4,226 cases in 2018 (Indonesia Health Profile, 2019). Of 54 regions, North Sumatra was ranked fifth with the highest maternal mortality rate in 2019, namely 202 cases, an increase from 186 cases per year in 2018 (Ministry of Health, 2020).

Reasons for immediate obstetric delivery were hypertension during pregnancy (32%), complications after pregnancy (31%), discharge from hospital after pregnancy (20%), fetal loss (4%), and late delivery (1%). Indirectly, diseases such as anemia, malaria, syphilis, HIV, AIDS, etc. cause maternal death (Indonesian Ministry of Health, 2015).

Pregnancy is described by the treatment or fusion of spermatozoa and ovum followed by nidation or execution. According to Prawirohardjo (2016), the first trimester lasts from the first week to the 12th week, the second trimester lasts from the 13th week to the 27th week, and the third trimester lasts from the 28th week to the 40th week (Prawirohardjo, 2016).

Pregnancy marks the start of hemodilution which reaches its peak between weeks 32 and 36. If the hemoglobin level is around 11 gr% then hemodilution will cause physiological disease and Hb 9.5-10 gr% (Tarwoto, 2017).

World Health Organization (WHO, 2016), anemia affects around 40.1% of pregnant women worldwide. This percentage increased from 39.8% in 2015 and 39.6% in 2014, according to WHO (2016). The prevalence of anemia in pregnant women is around 48.2 percent in Asia, 57.1 percent in Africa, 24.1 percent in

America, and 25.1 percent in America. Europe (Astriaana, 2017).

The results of Mandariska's research (2014) entitled "The Relationship between Compliance with Fe Tablet Consumption and the Level of Anemia in Pregnant Women in the Third Trimester at the Kalikajar I Wonosono Community Health Center" show that there is a relationship between compliance with Fe tablet consumption and the incidence of anemia in third trimester pregnant women, compliance with taking Fe tablets with incidence of anemia in third trimester pregnant women.

According to Hidayati and Andyarini's research in 2019 entitled "Relationship of Equality Rate and Gestational Age with the Frequency of Illness in Pregnant Women", there is a relationship between the equality rate and the level of anemia in pregnant women at the Kintamani 1 Kintamani Community Health Center. . The results of the Spearman rank correlation test for the sub-district of Bangli Regency, Bali Province are 0.044 with a p-value.

Every pregnant woman should consume a minimum of 90 blood supplement tablets (TTD) during pregnancy to avoid anemia. In 2019, 64.0% of pregnant women in Indonesia were served by TTD organizations. The 2019 Renstr target of 98% was not achieved by this figure. 23.7% North Sumatra Although the government has attempted to control the weakness of pregnant women by giving pregnant women 90 Fe tablets during pregnancy with the aim of reducing the number of cases of anemia, the number of cases of anemia remains at a rate.

Through Hb screening, the government implements a strategy to distinguish anemia during pregnancy in pregnant women. Implementation of

administration guidelines during pregnancy, especially administration for anemia. There is a basic standard of giving pregnant women 90 Fe tablets, and there are interviews with guidance for pregnant women, including advice on how to survive illness during pregnancy. Although efforts have been made to overcome the problem of anemia in pregnant women, government policies to overcome it include providing a minimum of 90 iron tablets during pregnancy. Over a long period of time (Ministry of Health of the Republic of Indonesia), it seems that this program needs to be assessed for its feasibility considering the still high prevalence of frailty in pregnant women (Ministry of Health of the Republic of Indonesia, 2015).

In 2023, there will be 485 pregnant women and 225 expectant mothers in the Kabanjahe Welfare Center workroom, considering the results of meetings with health workers. There were 13 pregnant women who experienced anemia from January to April 2023. Even though pregnancy prevention and screening

METHOD

After collecting, managing and analyzing the data obtained, the results of the research obtained by the author on "The Relationship between Characteristics of Respondents of Fe tablet consumption with

programs have been implemented, pregnant women still experience weakness. Fe tablets are given multiple times, at least 30 tablets per visit. after talking with pregnant women who checked their pregnancies at the Community Health Center. According to the KIA book documentation, four of the 13 pregnant women we spoke to experienced iron deficiency during their pregnancy.

Pregnant women were given Fe tablets, but only one pregnant woman consistently took them, and about 80% of iron-deficient mothers showed side effects of weakness such as fatigue, motion sickness, and sometimes nausea. The majority of pregnant women are not aware of the impact and causes of anemia during pregnancy. Due to the many household chores and childcare responsibilities, pregnant women who do not take Fe tablets often forget. Fe tablets can cause nausea in other pregnant women, causing feelings of laziness and apathy. The author is interested in understanding the problems described in the previous description entitled "The Relationship between Information and Consistency of the Use of Fe Tablets with the Incidence of Weak Pregnant Women at the Kabanjahe Community Health Center", based on the description above."

the incidence of anemia in pregnant women At the Kabanjahe Health Center, Kabanjahe District, Karo Regency in 2023." obtained data on the number of 46 respondents with the following results:

Bivariate Analysis

Bivariate Results

Table 4.1 Frequency Distribution of Respondent Characteristics

Characteristics of Respondents	Frequency (n)	Percentage(%)
Parity		
High Risk	15	32,6
Low Risk	31	67,4
Total	46	100
Knowledge		
Less	22	47,8
Good	24	52,2
Total	46	100
Compliance		
Non-compliant	17	37
Compliant	29	63
Total	46	100
Incidence of Anemia		
Mild Anemia	23	50
No Anemia	23	50
Total	46	100

Based on table 4.1 shows that the majority of pregnant women's parity is low risk as many as 31 people (67.4%). the majority of

pregnant women's knowledge is good as many as 24 people (52.2%), the majority of pregnant women's knowledge is good Compliant pregnant women consume Fe tablets as many as 29 people (63%), the majority of the incidence of anemia is mild anemia as many as 23 people (50%)

Table 4.3 Cross Tabulation of the Relationship between Parity, Knowledge and Compliance with Fe Tablet Consumption with the incidence of Anemia

Variable	Incidence of Anemia				<i>p</i> <i>value</i>
	Anemia		No Anemia		
Parity					
High risk ≥ 3	12	52,2	3	13,1	0,011
Low risk < 3	11	47,8	20	86,9	
Total	23	100	20	100	
Knowledge					
Less	16	69,6	6	26,1	0,007
Good	7	30,4	17	73,9	
Total	23	100	23	100	
Adherence to Fe Tablet Consumption					
Not Compliant	15	65,2	2	8,7	0,000
Compliant	8	34,8	21	91,3	
Total	23	100	23	100	

Based on table 4.3 shows that the variable parity on the incidence of anemia in pregnant women obtained statistical test results with a p value = 0.011, meaning that there is a significant relationship between parity and the incidence of anemia in pregnant women at Puskesmas Kabanjahe Kabanjahe District Karo Regency in 2023 ". Based on the results of the study of knowledge variables on the incidence of anemia in pregnant women, the results of statistical tests with a p value = 0.007 mean that there is a relationship between parity and the incidence of anemia in pregnant women There is a significant relationship between knowledge and the incidence of anemia in pregnant women at the Kabanjahe Health Center, Kabanjahe District, Karo Regency in 2023 ". Based on the results of research on the variable of compliance with Fe tablet consumption on the incidence of anemia in pregnant women, the results of statistical tests with a p value = 0.000 mean that there is a significant

RESULT AND DISCUSSION

The relationship between parity and the incidence of anemia in pregnant women.

Judging from the results of the examination at the Kabanjahe Community Health Center, it shows that the variable equation for the occurrence of weakness in pregnant women has measurable test results with a p value = 0.000, meaning that there is an important relationship between parity and the incidence of anemia in pregnant women at the Kabanjahe Community Health Center. This research is in line with the research directed by Lestari and Agustina (2020) in Jember which shows that there is a relationship between parity and the occurrence of iron deficiency in pregnant women with a p value of 0.012.

Another study conducted by Handayani (2017) in Palembang showed

that there was a very large relationship between age and the incidence of anemia in pregnant women with a factual test value of $p = 0.002$. With a statistical test value of $p = 0.074$, the results of a different study by Sinaga, Plora (2019) show that there is no statistically significant relationship between parity and the occurrence of anemia in pregnant women.

Anemia is more likely to occur in mothers who give birth more often and do not pay much attention to good diet during pregnancy. This is because nutrients will be shared between mother and fetus during pregnancy, and the mother's body has not had time to meet the need for iron which is released into the blood when giving birth to a large number of children when the baby is born. mothers are pregnant again, and many of those children need iron. Welfare stakes for the growth of mother and child in the first, fourth and subsequent births. Because the mother has never been pregnant before and the fetus will try to enter the new birth canal, the health risks associated with pregnancy and giving birth for the first time are greater. However, scar tissue on the uterus due to multiple pregnancies can weaken the uterus if you give birth too often. The theory that parity influences the incidence of anemia in pregnant women is supported by research findings conducted in the field..

The Relationship between Compliance with Fe Tablet Consumption and the Incidence of Anemia in Pregnant Women

Judging from the results of the examination at the Kabanjahe Community Health Center, it shows that the variable equation for the occurrence of weakness in pregnant women has measurable test results with a p value = 0.000, meaning that there is an important relationship between knowledge and the incidence of anemia in pregnancy at

the Kabanjahe Community Health Center." This research is in accordance with research directed by Lestari and Agustina (2020) in Jember which shows that there is an equal relationship with the occurrence of iron deficiency in pregnant women with a p value of 0.012.

Sukmawati's research (2019) at the Haurpanggung Community Health Center obtained a p value of 0.112 for the relationship between parity and the prevalence of anemia in pregnant women there. The statistical test value of $p = 0.023$ shows that there is a significant relationship between parity and the incidence of anemia in pregnant women in Astriana's (2017) research.

Another study conducted by Handayani (2017) in Palembang showed that there was a very large relationship between age and the frequency of weakness in pregnant women with a factual test value of $p = 0.002$. With a statistical test value of $p = 0.074$, the results of a different study by Sinaga, Plora (2019) show that there is no statistically significant relationship between parity and the occurrence of anemia in pregnant women.

In this regard, researchers came to the conclusion that the behavior of pregnant women is greatly influenced by their awareness of anemia. Pregnant women who do not have adequate knowledge about anemia will adopt unhealthy lifestyle choices to prevent anemia during pregnancy. Pregnant women who need information about anemia make pregnant women consume less iron-rich foods during pregnancy.

Compliance with Fe Tablet Consumption on the Occurrence of Anemia

"This research is in line with research by Soniwati (2020) in Palangkaraya. The results of the study showed a significant relationship between adherence to taking Fe tablets and the occurrence of anemia in

pregnant women with a p value of 0.000," the results of the study. The statistical test for the variable compliance with Fe tablet consumption on the incidence of anemia in pregnant women was obtained with a value of $p = 0.000$. This shows that there is a significant relationship between compliance. Research Dolang, M.W. (2020) found a p-value relationship of 0.000 between the incidence of anemia in pregnant women and compliance with taking Fe tablets.

Consume iron tablets appropriately. The behavior of pregnant women who follow all the instructions given by health experts while consuming iron tablets is called compliant consumption in this study. The relationship with the use of iron tablets was obtained by calculating the remaining tablets. Fe tablets containing iron should be consumed by pregnant women to help increase hemoglobin levels and the number of red blood cells so that they can help overcome anemia during pregnancy. Fe is needed to increase iron absorption and reserves. Blood supplement tablets (Fe tablets) can be used to get the Fe you need if you cannot get it from food. It is better to give small doses of blood supplement tablets over a long period of time than to give large doses all at once. The use of Fe tablets is greatly influenced by the awareness and consistency of pregnant women. Pregnant women who are aware of the dangers of iron tablets tend to take the medication as directed.

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