



**ANEMIA PREGNANT WOMEN CONSUMPTION ADDITIONAL BLOOD TABLETS
TO PREVENT STUNTING IN GUNUNG KIDUL DISTRICT**
(Study in the Working Area of the Rongkop Community Health Center)

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Article details:

Published: 31 August 2020



Abstract

The noncompliance of anemic pregnant women in consuming blood-supplemented tablets can increase the risk of a stunting baby. This study aims to describe the non-compliance and causes of non-compliance for pregnant women with anemia in Gunungkidul Regency, the working area of the Rongkop Community Health Center in consuming Blood Plus Tablets to prevent stunting. The research was conducted using qualitative methods. The main informants in this study were 4 anemia pregnant women with criteria aged 15-24 years, pregnancy of the first child, gestational age in the second-third

trimester, and having participated in Antenatal Care services. Triangulation informants in this study were 4 husbands of anemic pregnant women and 1 midwife. The results showed that anemic pregnant women received blood-supplemented tablets from 4 months of gestation. The number of blood added tablets received is 60 to 90 tablets, of which 2 to 7 tablets are not consumed. The non-compliance of anemic pregnant women in consuming more blood-supplemented tablets is due to forgetting to bring them when traveling, forgetting to drink and falling asleep and husbands do not have the heart to wake up. In terms of knowledge, anemic pregnant women do not have sufficient knowledge about the benefits of blood supplemented tablets. The lack of knowledge is not only experienced by anemic pregnant women, but also in the families of anemic pregnant women. As for the factor of family support, anemia pregnant women received more dominant instrumental support, namely the family taking anemic pregnant women to have their pregnancy checked by health workers. So far, the role of health workers has only been giving orders to take medication, while no explanation has been given about the benefits of blood-supplemented tablets and their relation to efforts to prevent stunted babies.

Keywords: Non-compliance, Anemic Pregnant Women, Blood Added Tablets, Stunting

To cite this article :

Tetra Falensia, Antono Suryo Putra, A. K. (2020). ANEMIA PREGNANT WOMEN CONSUMPTION ADDITIONAL BLOOD TABLETS TO PREVENT STUNTING IN GUNUNG KIDUL DISTRICT (Study in the Working Area of the Rongkop Community Health Center) ANEMIA PREGNANT WOMEN CONSUMPTION ADDITIONAL BLOOD TABLETS TO PREVENT STUNTING IN . *International Journal of Health, Education and Social (IJHES)*, 3(8), 14–30.



INTRODUCTION

Yogyakarta Special Region is an area with a prevalence of children under five with stunting of 21.40%. Based on data from the Yogyakarta Special Region Health Profile in 2018, the prevalence rate of stunting from 5 districts in the Special Region of Yogyakarta, Gunung Kidul Regency is the highest stunting prevalence at 18.47%. (Dinkes Provinsi DIY, 2017) The prevalence of stunting in the Regency Gunung Kidul is the highest prevalence of stunting every year. The area that is the biggest contributor to the number of stunting in Gunungkidul Regency is the working area of the Rongkop Community Health Center, which is 387 children under five (38, 96%). According to the Head of the Public Health Section of the Gunung Kidul District Health Office, the biggest contributors to stunting births are pregnant women with anemia and pregnant women less than 18 years old. Anemia is a state of decreased hemoglobin (Hb) levels, decreased red blood cell counts, and impaired oxygen fulfillment. (http://www.who.int/nutrition/publications/micronutrients/guidelines_for_iron_supplementation.pdf)

The state of anemia in pregnant women is characterized by low levels of Hb, which is less than 11 g / dl2. (Maeyer, Dallman, Gurney, Hallberg, Sood, 1989) Anemia is a condition in which the number of red blood cells or the capacity of red blood cells to carry oxygen is not sufficient for meet physiological needs. In Indonesia, 48.9% of pregnant women experience anemia. (Ministry of Health, 2018) In the Special Region of Yogyakarta, 15.21% of pregnant women experience anemia and 18.26% of pregnant women have anemia in Gunung Kidul district. (Dinkes Provisnsi DIY, 2018)

The risk factor for anemia in pregnant women is low iron intake. Pregnant women need iron to prevent anemia and maintain optimal fetal growth. Iron deficiency in pregnant women can have an impact on fetal growth, especially brain cells, which will later affect the child's memory ability and learning process. (WNPG XI, 2018) Low iron absorption can be caused by low consumption of foods with animal protein sources such as liver, fish and meat, but not all people can consume these animal protein sources, so it requires additional iron intake which can be obtained from supplemented blood tablets. (Ministry of Health 2018) Malnutrition in pregnant women has a negative impact on children's intelligence, so pregnant women must have a good nutritional status and must not experience anemia to prevent unqualified generations of the nation. (Juwita, 2018) Anemia in pregnant women is very dangerous because red blood cells will carry nutrients and oxygen to help the growth of the fetus, therefore red blood cells must enough. (Juwita, 2018)

Anemia of pregnant women causes stunted growth and development of babies through disruption of utero placental iron and oxygen intake which can increase the risk of intra-uterine



growth disorders and affect the outcome of the baby born. (Manuaba, 2010) Decrease in hemoglobin (Hb) that occurs in anemic pregnant women can interfere with the delivery of oxygen and nutrients from the mother to the placenta, thus affecting the function of the placenta to the fetus. Decreased placental function can cause disruption in fetal growth and development. Impaired fetal growth in anemic pregnant women greatly affects the length of the baby's body being born (Kartini, 2018)

The risk of stunting can basically be prevented, namely by improving nutrition in the first thousand days of life (1000 HPK), namely the pregnancy period until the child is two years old. (RI Ministry of Health 2017) One of the target groups for specific nutrition intervention activities is pregnant women who experience anemia (Juwita, 2018) The causes of anemia in pregnant women are lack of nutrition and lack of iron in the food consumed by pregnant women. Anemic pregnant women with insufficient nutrition and iron are prone to the risk of giving birth to a stunted baby (Saputri, 2019)

The Indonesian government has actually made efforts to overcome anemia in pregnant women by getting pregnant women to attend Antenatal Care Services (ANC) at least 4 times during pregnancy. One of the ANC services is to provide blood-supplemented tablets of at least 90 tablets to pregnant women during the pregnancy period with the aim of reducing the anemia rate of pregnant women, (Juwita, 2018) bleeding during childbirth, low birth weight babies, and stunting can decrease. (Ministry of Health of the Republic of Indonesia 2018) Providing blood-supplemented tablets is an effective effort to prevent and control anemia in pregnant women due to iron and folic acid deficiency. Blood added tablets are consumed by pregnant women at least 90 tablets during pregnancy. (Minister of Health, 2014) Provision of blood-supplemented tablets is a direct prevention (specific nutritional intervention) with the target of pregnant women to prevent stunting. (Kementerian Desa Pembangunan Daerah Tertinggal dan Transmigrasi, 2017)

In addition to the matter of distributing Blood Plus Tablets to anemic pregnant women, the noncompliance of anemic pregnant women in consuming Blood Plus Tablets is still a problem in itself because it cannot be measured. This problem arises because there is no supervision or monitoring regarding the consumption of blood-supplemented tablets given to anemic pregnant women. (Saputri, 2019) The compliance of anemic pregnant women in consuming blood-supplemented tablets is measured by the accuracy of the number of tablets consumed, the provision of how to consume blood-added tablets, and the frequency of consuming blood-added tablets per day (Wulandini and Triska, 2020) However, the non-compliance of pregnant women with anemia due to the lack of knowledge of pregnant women about how to drink, the impact and benefits of blood supplemented tablets added blood because the tablets are hard to swallow, and



the husband's lack of encouragement to encourage mothers to consume Blood Plus Tablets (Utomo, Nurdianti and Padmawati, 2016)

During prenatal care, pregnant women have routinely received blood-supplemented tablets but the compliance and non-compliance of anemic pregnant women in consuming blood-added tablets is not yet known, even though anemia pregnant women have a high risk of stunting susceptibility. This study aims to describe the non-compliance of anemic pregnant women consuming Blood Plus Tablets to prevent stunting in Gunung Kidul Regency, in terms of aspects of family support, knowledge, and the role of health workers.

METHODS

This research uses a qualitative approach with a case study design. The study involved the main informants with the criteria aged 15-24 years, pregnancy of the first child, gestational age in the second-third trimester, and pregnant women who had attended Antenatal Care (ANC) services. In addition, the researcher also involved supporting informants, namely the husband / family of anemic pregnant women and health workers.

RESULTS AND DISCUSSION

Non-Compliance of Anemic Pregnant Women in Gunungkidul in Consuming Blood Plus Tablets to Prevent Stunting

The number of anemia pregnant women in the working area of the Rongkop Community Health Center, Gunungkidul Regency is quite high. In 2019, according to data from the Rongkop Community Health Center, the number of anemia pregnant women was 108 people. The high number of anemia pregnant women in Rongkop District raises the risk of stunting babies. Anemic pregnant women are required to consume blood-added tablets to support the health condition of the fetus and mother. Consumption of sufficient blood-supplemented tablets will have a good impact on the fetus and pregnant women, therefore the compliance of anemic pregnant women in consuming blood-supplemented tablets is important. Conversely, the non-compliance of anemic pregnant women in consuming blood-supplemented tablets can harm the condition of the fetus and mother during pregnancy until birth. Not only that, the growth of children in the first 1000 days of life is also threatened.

Compliance of pregnant women in consuming iron tablets is the obedience of pregnant women in consuming iron tablets during pregnancy according to the recommendation of health workers, namely 1 iron tablet a day and a minimum of 90 days during pregnancy. Pregnant women who are not obedient in consuming iron tablets means that they are unable to meet their iron needs in pregnancy. (Erwin, Machmud and Utama, 2018) Compliance is the obedience or



regularity of pregnant women in consuming Fe tablets received from the Public Health Center according to recommendations. Purnamasari, Margawati and Widjanarko, 2016)

In this study, the definition of non-compliance of anemic pregnant women in consuming blood-supplemented tablets is if the number of blood-supplemented tablets consumed by the mother during pregnancy is less than 90 Blood Supplement Tablets. Anemic pregnant women in Gunungkidul Regency, the working area of the Rongkop Community Health Center, who were informants in this study, tended to be disobedient in consuming blood supplemented tablets. The noncompliance of anemic pregnant women was assessed based on gestational age, when they were first given blood-added tablets, and the number of blood-added tablets that had been consumed. Anemic pregnant women are said to be obedient if during their pregnancy they have received extra blood tablets and are consumed every day without interruption.

The consumption pattern of anemic pregnant women in the Rongkop Community Health Center's working area was deemed not compliant, because the informant had never taken extra blood tablets. The assessment is based on the number of tablets received and consumed by pregnant women in the working area of the Rongkop Community Health Center. Non-compliance in taking blood booster tablets reaches 2-7 tablets. Anemic pregnant women in Gunungkidul District, Rongkop Community Health Center Work Area, receive blood-supplemented tablets from 4 months of gestation. The number of blood added tablets received is 60 to 90 tablets, of which 2 to 7 tablets are not consumed. The non-compliance of anemic pregnant women in consuming more blood-supplemented tablets is due to forgetting to bring them when traveling, forgetting to drink and falling asleep and husbands do not have the heart to wake up

The Knowledge Factor

The aspect of knowledge is an important factor in influencing the compliance of anemic pregnant women to consume blood supplemented tablets. Knowledge in this case includes knowledge of the benefits and effects arising from the consumption of blood supplemented tablets. The knowledge possessed by anemic pregnant women has an influence on compliance in the use of antenatal care services and in consuming blood supplemented tablets. Knowledge is one of the factors that influence a person's health behavior (Chotimah and Mukarromah, 2017)

Knowledge plays an important role in determining adherence to consuming iron tablets. With the knowledge of iron, pregnant women will know how to store and use iron. Improving the consumption of iron tablets is one way to improve the quality of nutritional status in pregnant women. The better knowledge about anemia, the higher the compliance of pregnant women in consuming Fe tablets. Pregnant women who have good knowledge tend to be more obedient in



consuming Fe tablets than mothers who have less knowledge, because pregnant women who have good knowledge will have a good awareness of the benefits of Fe tablets. (Utami, Rahmayanti, Astika and Damayanti, 2018)

In the aspect of knowledge, the informants in this study had different knowledge about the blood supplement tablet they received from health workers. Informant A2 admitted that he also did not have sufficient information regarding the blood supplement tablet that he obtained from the health officer of the Community Health Center. What was known by the informants was that the tablet was given by a person who authoritatively had knowledge of medicine and pregnancy, in this case the Midwife from the Community Health Center. When the informant received the medicine, the only information received was about the function of the drug, namely as a blood booster medicine and the daily dosage.

Informant A3, said he knew the benefits of blood-added tablets as a blood booster to support pregnancy and the health of his fetus. As for other information regarding side effects and procedures for dealing with side effects, he admitted that he did not get any information from the midwife. Apart from not getting information about the benefits and side effects, informant A3 admitted that she did not even know about her condition as an anemic pregnant woman because the health workers did not tell her and she had never had an HB check. This condition made it clear that the informants' knowledge about blood supplement tablets was still incomplete. Other knowledge about blood booster tablets is only based on what he feels.

Apart from informants A1, A2, and A3, informant A4 is also an anemic pregnant woman who does not yet have knowledge about blood supplement tablets. The informant only knew that the tablet added to blood as a blood stabilizer and HB. Other information regarding the long-term impact if the informant did not consume blood-added tablets was not obtained when she had a pregnancy check-up at the Community Health Center or midwife.

Informants' ignorance about the blood-supplemented tablets that they should take is not only about the benefits, but also the side effects that may arise after consuming the blood supplemented tablets. Consumption of blood booster tablets can cause side effects of nausea in anemic pregnant women. Information about these side effects is actually important to convey so that pregnant women with anemia can be better prepared when these side effects do appear. Even though they did not have knowledge about the side effects of taking blood-supplemented tablets, the informant admitted that he felt drowsy after taking the blood-supplemented tablets. As for nausea, informant A1 did not feel it.

In addition to knowledge about the benefits and side effects, pregnant women with anemia also need to understand the impact that occurs if they do not comply with taking blood-supplemented tablets. Regarding this, informant A1 said that he did not have any knowledge



about the impact if he did not comply with taking blood supplement tablets. However, he felt another impact that arose as a result of his non-compliance in taking the blood supplement tablet.

Lack of consumption of blood-added tablets can have an impact on the condition of the fetus. Regarding this, informant A1 said that he also did not get information from health workers about the impact on the fetus if he did not take blood-added tablets. Although not yet fully aware of the benefits of blood added tablets and their side effects, there were informants who had the initiative to find out about the benefits of blood added tablets via the internet.

In contrast to informant A3, to increase knowledge about medicine, informant A1 actually already has a medicine dictionary, so that he can get information about blood supplement tablets from there. This medicine dictionary is available in the form of a mobile application.

Family Support Factor

Family support factor is an important aspect in influencing the compliance of anemic pregnant women to consume blood supplemented tablets. Family members who support pregnant women will always be ready to provide help and assistance if needed. Families are people who are very close to pregnant women, support in the form of encouragement, motivation, attention, or assistance that can make mothers feel happy, safe and comfortable. So that pregnant women are motivated to improve their health by consuming Fe tablets given by health workers regularly and as an effort to prevent anemia during pregnancy (Juwita, 2018)

Efforts to include the role of the family to help pregnant women in increasing compliance with consuming Fe tablets. Husbands will participate in influencing the mindset of pregnant women and the behavior of pregnant women, including in treating pregnancy. Husbands can create a physical and emotional environment that supports the health and nutrition of pregnant women. Concern in paying attention to the health of pregnant women, especially monitoring the consumption of Fe tablets every day so that it can prevent anemia (Triyani and Purbowati, 2016)

Families who encourage pregnant women to consume Fe tablets will make pregnant women regularly take Fe tablets every day. So that the role of the family is very important for anemic pregnant women to adhere to consuming Fe tablets. Pregnant women who do not get sufficient family support will affect non-compliance in consuming Fe tablets. Pregnant women who do not get sufficient family support will affect non-compliance in consuming Fe tablets (Maisaa, Nelwatia and Neherta, 2011)

Family support in this study focuses more on the support provided by the husband, considering that the husband is the closest person to an anemia pregnant mother. If this aspect is not fulfilled, then family support then refers to the parents of anemic pregnant women, both biological parents and in-laws.



Based on the results of the researchers' interviews with informants, family support for anemic pregnant women to consume blood-supplemented tablets has different degrees. Family support given to anemic pregnant women contributes to adherence to taking blood supplemented tablets. The forms of family support in this study are categorized as follows:

a. Instrumental Support

Instrumental support provided by families for anemia pregnant women in this study includes families taking pregnant women with anemia to check their pregnancies to health workers, families giving extra money to buy fruits in order to assist with drinking blood supplemented tablets, families willing to get water or make juice. to take a blood-supplemented tablet, the family brings a blood-supplemented tablet if they are staying at another place so that anemic pregnant women continue to consume the supplemented blood tablet, and the family wakes up an anemic pregnant woman who overslept before consuming the blood supplemented tablet.

In the family aspect of delivering anemic pregnant women to check their pregnancies to health workers, almost all informants admit that their husbands always deliver them. However, there are times when their husbands are unable to deliver to health workers for a pregnancy checkup, so that the husband's role is replaced by the brother-in-law. When the interview was conducted, there was one informant that the husband could not take, because the husband was working, so he was escorted by his brother-in-law.

On another aspect, namely the family giving more money to buy fruit in order to assist in taking the supplemented blood tablet, the informant admitted that her husband almost always gave extra money to assist him in taking the supplemented blood tablet. However, the provision of extra money was not based on the husband's initiative, but on the request of anemic pregnant women. Generally, anemic pregnant women demand a direct request to buy fruit.

One of the informant's husbands who was the informant of this study confirmed that he always gave his wife more money. But the basis is the wife's request.

In contrast to other informants, Informant A3 said that in terms of consumption of pregnancy support foods, they have no special desires. The money given by her husband, she budgeted and arranged based on the needs of fruit, vegetables and side dishes and other kitchen needs.

The husband of informant A1 confirmed this. While still working, he always gave extra money for his wife's needs. This he did before the Covid-19 virus came to Indonesia. But now, when his job is affected by Covid-19, he is only able to give money as he can. In line with informant A3, informant A4 said that during her pregnancy, her husband had also



provided extra money for pregnancy support needs. However, the husband did not say to buy fruit, vegetables or vitamins that support pregnancy, but only said that the money was arranged and used to buy what his pregnant wife wanted.

Based on the results of the researchers' interviews with four informants, it was concluded that pregnant women with anemia in the working area of the Rongkop Gunungkidul Community Health Center who were informants in this study had received instrumental support. This conclusion is based on the recognition of informants who are always accompanied by their families, in this case their husbands, when they have their pregnancies checked by health workers or the Community Health Center. In addition, all informants admitted that they had been given extra money to meet nutritional needs during pregnancy, although the husband did not specifically mention it. Here, there is a clear division of roles between husband and wife in financial arrangements. Husbands give money to their wives which the wives arrange according to their household needs.

b. Informational support

The informational support provided by the family for anemic pregnant women in this study includes reminding the family about the importance of consuming supplemented blood tablets, reminding anemic pregnant women to take blood supplemented tablets if they forget, suggesting taking blood supplement tablets regularly, advising pregnant women with anemia when lazy to take blood booster tablets, informing about the procedure for taking blood booster tablets.

In the aspect of reminding anemic pregnant women about the importance of consuming blood-supplemented tablets, several informants in this study used arguments for the health of their babies.

Another informant, namely informant T2, who is the husband of informant A2, also said somewhat different things. He reminded his wife with the argument that taking blood booster tablets is a recommendation from the midwife, so it must be done. Informant A4 said a different confession, who admitted that he was often reminded of the importance of taking blood-supplemented tablets for the health and safety of himself and the baby. The husband relates it to the period of birth, because lack of blood can endanger the safety of the mother and child during the birth process. Informant T3 also did the same thing, who is the husband of informant A3. He even made verbal advances to his wife to want to take the tablet that the midwife had given him. As for the T1 informant, because his wife was considered to be disciplined and independent, he rarely reminded her about the importance of taking blood booster tablets.



On the aspect of reminding anemic pregnant women to take extra blood tablets if they forgot, the T3 informant said that he often took the initiative to prepare blood plus tablets and water for taking medication. Meanwhile, the T3 informant said that her husband rarely reminded her when she forgot, it was her mother who reminded her, considering that she is the only child in her family. The more attention she receives comes from her biological mother, rather than from her husband. However, there were times when both parties forgot about it, so that on that day, the anemic pregnant woman who was the research informant did not take blood booster tablets.

In the aspect of suggesting to routinely consume blood-supplemented tablets, advising pregnant women with anemia when they are lazy to consume blood-supplemented tablets, the family does not provide significant support, because the factor of noncompliance of anemia pregnant women who became informants in this study was more dominated by forgetfulness.

In the aspect of informing about the procedure for taking blood supplemented tablets, the family did not provide significant support because all the informants in this study already knew about the procedure for taking blood supplemented tablets. The procedure for consumption in this case includes dosages, namely once a day, the right time to drink, namely before going to bed or at night, and restrictions that should not be done when taking medicine, for example drinking with tea, milk and coffee.

c. Assessment Support

The assessment support provided by the family for anemic pregnant women in this study includes the family feeling happy if anemic pregnant women will consume blood supplemented tablets regularly, the family provides motivation for anemic pregnant women to continue taking blood supplemented tablets even though they feel nauseous after taking the blood supplemented tablets. and give praise if the mother takes a tablet with blood.

In the aspect of expressing pleasure from the family, anemia pregnant women who were informants in this study did not get it, because their husbands were not good at expressing their joy when they saw their wives obediently consume blood-added tablets.

Although he did not express his pleasure directly, informant T2 expressed it in other ways. Namely by fulfilling the wife's request, this is not only a form of fulfillment of needs but also a form of appreciation for the wife's compliance with taking blood-added tablets.

Another informant, who is the husband of informant A1, said that he was not able to express his happy feelings about his wife's compliance in taking blood supplement tablets.

Furthermore, the T1 informant added that his wife was already independent in caring for the pregnancy. His role as a husband is only as a supervisor and a friend to ask for additional blood tablets to the Community Health Center when they run out.



The same thing happened to informant A1. During pregnancy and taking blood booster tablets, she also received less direct praise from her husband, because her husband admitted that he was not able to express praise directly.

Based on the results of interviews with the three informant husbands, it was concluded that the husband did not give praise to anemic pregnant women who took blood supplement tablets because they were not good at expressing their happy feelings directly.

As for the motivation aspect given by the family to anemic pregnant women, based on the results of the researcher interviewing the informant's husband, there is only one informant who can be assessed as having motivated anemic pregnant women to consume blood added tablets.

In providing motivation, the T3 informant used the baby in the womb as a source of motivation. This is understandable and effective, because it can make a mother-to-be heart melt quickly. As for the aspect of praise given by the family to anemic pregnant women, the three husbands of the informants in this study were also less able to express it verbally.

d. Emotional Support

The emotional support given by the family for anemic pregnant women in this study includes the family taking the time to listen to complaints of anemic pregnant women after consuming blood supplemented tablets and helping prepare blood-added tablets to be taken by anemic pregnant women.

Based on these categories, of the four informants that the researcher interviewed, the three informants admitted that they had received emotional support in the form of hearing complaints related to pregnancy. Informant A4 said that during pregnancy she often chatted with her husband. But a topic that is often discussed is about baby development. Another informant, the husband of informant A3, admitted that he always listens when his wife complains. He was sufficient in responding to his wife's complaints.

As for the husband of informant A2, said he also always tries to listen to his wife's complaints. Not only listening, he also immediately gave a solution to his wife's complaint.

Meanwhile, informant A1 was different from other informants. She admitted that she never complained to her husband about her pregnancy. Informant A1's decision did not complain to the husband because according to him his husband had a tough character, so if he complained, the response given by the husband contained verbal violence.

Participating in preparing blood booster tablets is a small and simple step, but reflects support for anemic pregnant women to comply with consumption. Regarding the family aspect of helping to prepare blood supplement tablets to be taken by anemic pregnant women, informant A1 said that her husband actually often reminded her to take blood booster tablets



because she had KEK. Informant A1 only weighed 41 kg, then increased to 43 kg, and two months later his weight did not increase, so he continued to eat a lot and consume vitamins and take tablets with blood added.

Another informant, namely the husband of informant A2, said that he had also brought drinking water and tablets with blood for his wife. Besides helping to the technical level as a form of support for his wife, the T2 informant also often reminded his wife to take blood booster tablets, even though he himself did not really understand the benefits of the medicine. The basis used by the T2 informant was that the blood supplement tablet was recommended by the midwife to be taken, so that he, as a husband, also reminded his wife to obey the medicine that was given by the midwife.

Another informant, the husband of informant A3, has more concern for his wife who is an anemic pregnant woman. He almost always sees his wife taking blood booster tablets, because he is the one who prepares both the water and the medicine.

Based on the results of the researchers' interviews with informants, it can be concluded that not all anemia pregnant women get emotional support in the form of hearing complaints and being helped to prepare medicines. Only one informant received complete emotional support, that is, his complaints were heard and assisted in preparing the medicine. This, although it does not guarantee the compliance of anemic pregnant women in consuming blood-supplemented tablets, it has become a driving force for anemic pregnant women to comply. In addition, the husband's involvement in overcoming blood deficiency and the risk of stunting for anemic pregnant women is significant.

Role of Health Workers

Health workers have an important role in encouraging compliance of pregnant women with anemia in consuming blood-supplemented tablets. The factor that influences the compliance of pregnant women in consuming Fe tablets is the behavior of health workers in which knowledge can be further enhanced if the health worker is able to provide nutrition education, especially about the benefits of iron tablets and the health of pregnant women (Erwin, Machmud and Utama, 2013)

Effective interaction or communication between health workers and pregnant women is a determinant of success in helping to solve health problems. Effective interactions can reduce patient doubts and increase patient compliance. In this study, 76.9% of the good interactions with health workers were adherent in consuming iron (Fe) tablets during pregnancy.

However, the role of health workers actually does not always play a significant role if pregnant women with anemia already have sufficient knowledge, (Purnamasari, Margawati and



Widjanarko, 2016) so that for anemia pregnant women who lack knowledge about added blood tablets, the role of health workers is very necessary considering Encouragement from other people, such as health workers, neighbors, or close friends can be the supporting capacity for anemic pregnant women to consume blood-added tablets (Triyani and Purbowati, 2016)

The role of health workers in this study was assessed based on several aspects, namely health workers explaining why anemic pregnant women get blood-added tablets, explaining the benefits of blood-supplemented tablets, explaining the impact if the mother does not consume blood-supplemented tablets, explaining the procedure for consuming blood-supplemented tablets, and explains about the side effects that will occur if you take the blood supplement tablet.

Based on the researcher interview with the informant, he admitted that he did not get any explanation regarding the Blood Plus Tablet from the health officer. However, even though they did not get sufficient explanation about the added blood tablet from the health staff, the informant had previously attended a class on pregnant women held by the Community Health Center. In the class of pregnant women, the informants received an explanation of what to do during pregnancy and what not. In addition, pregnant women are also informed about how to deal with soreness, about food, nutrition, and what to eat and what not. Although they did not get an explanation about the benefits and side effects of consuming blood-supplemented tablets, A1 informants actually received an explanation about stunting from health workers.

Another informant, informant A2, admitted that the absence of a complete explanation from the health officer regarding the tablet. According to him, the midwife never explained in detail about the added blood tablet. So far, according to his confession, he has only been given information about the dosage of blood added tablets. However, even though they did not receive an explanation regarding the added blood tablet, the informants were advised to consume lots of fruits, vegetables and fish to support pregnancy.

Informant A3, said that during the examination of his womb to the midwife, he also never received a complete explanation regarding the added blood tablet. He only received information from the midwife about the time to take blood-supplemented tablets, namely at night. As for the reason why he had to consume it at night, the health worker did not provide further explanation. The health workers also did not tell the informants about side effects, taboo, and anemia. However, the informant Tika already knows the benefits of blood-supplemented tablets and the side effects of not taking blood-supplemented tablets. High curiosity then encouraged informants to find out more with the help of the Google search engine.

Although the informant already knew about the benefits of blood-added tablets, according to his confession, he did not know more about stunting. Including the blood supplement tablet



which plays an important role in preventing the occurrence of stunted babies in anemic pregnant women.

CONCLUSION AND RECOMMENDATION

Based on the explanation of the research results in the previous chapter, the researcher draws the following conclusions:

1. An anemic mother in Gunungkidul Regency. The working area of the Rongkop Community Health Center in this study received blood-supplemented tablets from 4 months of gestation. The number of blood added tablets received was 60 to 90 tablets, of which 2 to 7 tablets were not consumed. The non-compliance of anemic pregnant women in consuming more blood-supplemented tablets is due to forgetting to bring them when traveling, forgetting to drink and falling asleep and husbands do not have the heart to wake up.
2. In terms of knowledge, anemic pregnant women do not yet have sufficient knowledge about the benefits of blood supplement tablets that they receive from health workers. The lack of knowledge is not only experienced by anemic pregnant women, but also in the families of anemic pregnant women. As for the factor of family support, anemia pregnant women received more dominant instrumental support, namely the family taking anemic pregnant women to have their pregnancy checked by health workers. So far, the role of health workers in the non-compliance of pregnant women with anemia in consuming blood-supplemented tablets has only been the party giving orders to consume drugs, while the explanation of the benefits of blood-supplemented tablets and their relation to efforts to prevent stunted babies is not explained comprehensively to pregnant women with anemia.



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