

Husband's Support for Adherence of Pregnant Women Consuming Iron Folic Acid

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Husband's Support for Adherence of Pregnant Women Consuming Iron Folic Acid

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ABSTRACT

Stunting is a global problem, including in Indonesia. UNICEF reports the incidence of stunting in Indonesia that in 2018, almost 3 in 10 children under five years of age were stunted or too short for their age, while 1 in 10 was underweight or too thin for their age. Various efforts to prevent stunting have been carried out by the Indonesian government, one of them is iron supplementation for pregnant women. The success of this program is largely determined by the adherence of pregnant women in consuming iron supplement that they receive. This study aims to determine the effect of husband's support on the adherence of pregnant women in consuming iron supplements. This research is a literature study by reviewing 15 journals related to the influence of husband's support on the adherence of pregnant women in consuming iron supplements. The type of data used is secondary data. The method of data collection is literature study. The method that will be used for the assessment is a literature study. The data obtained were compiled, analyzed, and concluded so as to obtain conclusions regarding the study of literature. Total of 15 articles were reviewed, all of which were written from 2015 – 2021. All articles concluded that there was a significant relationship between husband's support for pregnant women's adherence to iron supplements. Conclusion: Based on previous research, it can be concluded that husband's support increases the adherence of pregnant women in consuming iron supplements.

Keywords: Iron Supplements, Pregnant Women, Husband Support, Adherence, Stunting

INTRODUCTION

The Covid-19 pandemic has had a broad impact on the social and economic life of almost the entire world's population today, including Indonesia. Malnutrition in children is one of the effects that may be felt. Child malnutrition is characterized by stunting, wasting, overweight, and underweight. Globally in 2020 as many as 149.2 million children under the age of 5 years are stunted, 45.4 million are underweight, and 38.9 million are overweight. The number of children with stunting is decreasing in all regions except Africa (WHO, 2021).

Stunting is a growth disorder experienced by children as a result of poor nutrition, repeated infections, socioeconomic conditions, maternal nutrition during pregnancy, and inadequate psychosocial stimulation. Children are defined as stunted if their height for age is more than two standard deviations below the median WHO Child Growth Standards (Ministry of Health, 2018). The incidence of stunting in Indonesia, seen from the results of the 2018 Basic Health Research (Riskesdas) showed that there was a decrease in the proportion of very short and short nutritional status in toddlers. In 2013 the proportion of very short and short toddlers was 37.2% and decreased in 2018 to 30.8% (Riskesdas, 2018). This figure continues to improve, in 2020 according to the 2020 Ministry of Health Performance Report it was reported that the percentage of stunting under five was 24.1% (Ministry of Health 2021).

The success of reducing stunting is influenced by many factors, including the provision of iron folic acid (IFA) obtained by pregnant women. The percentage of pregnant women who received IFA was 73.3%, but the proportion of anemia in pregnant women increased from 37.1% in 2013 to 48.9% in 2018. Pregnant women who IFA were less than 90 tablets. 61.9%



and 38.1% others received IFA of at least 90 tablets during pregnancy period. Anemia experienced by pregnant women based on their age is 84.6% of anemic pregnant women aged 15-24 years. (Risksedas, 2018).

Giving IFA to pregnant women is a very good program, but the success of this program is also largely determined by the adherence of pregnant women in consuming IFA they receive. Factors that influence the compliance of pregnant women in consuming IFA include knowledge, attitudes, and behavior of pregnant women towards adherence to taking IFA; side effects of IFA; and husband's support (Hidayati et al, 2019).

From the above background, this study aims to determine the effect of husband's support on the adherence of pregnant women in consuming IFA.

METHODS

The method in this study is a literature review. A search was conducted through google scholar (<https://scholar.google.com/>) with the keywords husband's support, pregnant women's adherence, and IFA. The search was carried out on July 25, 2021 and obtained results of 1,080 articles on the search engine.

The inclusion criteria in this article search were in the form of research articles (original articles), published in 2012 – 2021, themed about husband's support for pregnant women's adherence to taking IFA, and the full text is available. From these criteria, 15 articles were obtained.

RESULTS

The results showed like this table below. Husband's support has an influence on the adherence of pregnant women in consuming IFA that they receive. Fifteen articles reviewed showed that there was an effect of husband's support on the adherence of pregnant women in consuming IFA with a significance value of $p < 0.05$. The following is shown in the table some of the data of the articles reviewed.

No.	Author (Year)	Metode, Subject (Total)	Result
1	Fenti Nurani (2015)	Observasi, Ibu hamil (51)	Husband's support for pregnant women's adherence with IFA consumption (86,4% P =0,000)
2	Anisafitri (2016)	Observasi, Ibu hamil (32)	Husband's support for pregnant women's adherence with IFA consumption (95% P =0,000)
3	Anjarwati (2016)	Observasi, Ibu hamil (50)	Husband's support for pregnant women's adherence with IFA consumption (70% P =0,000)
4	Rabiatunnisa (2017)	Observasi, Ibu hamil (45)	Husband's support for pregnant women's adherence with IFA consumption (42,2% P =0,002)
5	Banar Astuti (2017)	Observasi, Ibu hamil (90)	Husband's support for pregnant women's adherence with IFA consumption (66,7% P =0,000)
6	Tating Nuraeni (2017)	Observasi, Ibu hamil (170)	Husband's support for pregnant women's adherence with IFA consumption (56,7% P =0,002)
7	Mirna Apriliani (2018)	Observasi, Ibu hamil (55)	Husband's support for pregnant women's adherence with IFA consumption (34,6% P =0,031)
8	Alvy Nur Hidayati (2019)	Observasi, Ibu hamil (42)	Husband's support for pregnant women's adherence with IFA consumption (89,5% P =0,019)

DISCUSSION

Husband's Support

Fifteen journals that have been reviewed show that husband's support affects the adherence of pregnant women in consuming IFA they receive. According to Musbikin (2008) in Nutrition and Public Health, the husband's support for pregnant women can be in the form of social support, psychological support, information support, and emotional support. This social support can be realized in the form of materials such as financial readiness, information support can be in the form of finding information about pregnancy so that they are able to provide a good response when discussing with mothers about pregnancy and everything related to pregnancy such as the use of IFA, and psychological support such as accompanying when going check pregnancy. While emotional support includes two supports, namely internal family social support such as support from husband/siblings and external social support from the family.

All articles reviewed, obtained husband's support data through a questionnaire instrument. There is no standard instrument to measure husband's support, so each researcher makes their own instrument and conducts validity and reliability tests before taking data.

Adherence of Pregnant Women Consuming IFA

Adherence is an important part of the success of the program for giving IFA to pregnant women to prevent stunting in children. Adherence of pregnant women in consuming IFA is influenced by various factors. Research conducted by Aminin (2017) shows that the adherence of pregnant women in consuming IFA in Tanjungpinang City is influenced by education and knowledge. Sri Hartatik (2013) in her research entitled Factors Affecting Adherence of Pregnant Women Consuming IFA at UPT Puskesmas Bantur showed that attitudes, behavior, motivation, and side effects of IFA affected the adherence of pregnant women in consuming IFA.

Sukidjo Notoatmodjo (2014) in his book entitled Health Behavior Science states that behavior is the totality of a person's appreciation and activity which is the joint result of various factors, both internal and external. Knowledge and attitudes will affect a person's behavior. While education is a form of effort to behave conducive to health. Meanwhile, according to Notoatmodjo (2014) motivation is the main requirement for the community to participate. Without motivation, it is difficult for the community to participate in all programs, including the consumption of IFA for pregnant women. Motivation must come from the community itself. Motivation is driven by individual factors and social factors. Individual factors mean that motivation comes from within the individual itself, namely growth or maturity, intelligence, and personal factors, while social factors come from other individuals who are able to provide encouragement to the individual (in this case pregnant women) such as husband, family, healthcare provider, and motivation from community/ environment.

The adherence of pregnant women in consuming IFA is divided into two, namely the adherence of pregnant women in taking IFA at health service facilities and the adherence of pregnant women in consuming IFA. Knowing the level of adherence of pregnant women in consuming IFA can be done with a pill count, check list, or through a adherence questionnaire. In all reviewed journals, the compliance of pregnant women in consuming blood-added tablets was measured using a questionnaire. A standardized questionnaire that can be used by researchers in measuring adherence can use MMA (Morinsky Medication Adherence), a questionnaire about adherence using 8 standard questions. However, the weakness of this questionnaire is that researchers cannot use it for free because they have to pay a certain amount of money as a license to the inventor (<http://www.moriskyscale.com/>). All of the articles reviewed used a compliance questionnaire by making their own questions and conducting validity and reliability tests before the questionnaire was used.

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Husband's Support for Adherence of Pregnant Women Consuming IFA

Husband's support affects the compliance of pregnant women in consuming IFA. It is important for pregnant women to take IFA during pregnancy because pregnant women are susceptible to iron deficiency and can cause bleeding during delivery, which is one of the causes of the high maternal mortality rate in Indonesia. So to protect pregnant women from malnutrition and prevent iron deficiency anemia, it is necessary to consume IFA (Kemenkes, 2014). IFA for pregnant women needs to be done to prevent anemic pregnant women who can give birth to babies with low birth weight, miscarriage, premature birth, the risk of bleeding before and/or during delivery which causes the death of the mother and baby. Babies in the womb can experience growth and development disorders, cannot reach optimal height, and children become less intelligent (Ministry of Health, 2014). Based on the Regulation of the Minister of Health Number 88 of 2014 concerning Standards for IFA for Women of Childbearing Age and Pregnant Women, IFA are given to pregnant women every day during their pregnancy or a minimum of ninety tablets.

The magnitude of the benefits adherence from IFA to pregnant women, therefore various efforts to improve the compliance of pregnant women in consuming IFA need to be pursued. Increasing public knowledge about IFA needs to be done in order to be able to provide support to pregnant women in consuming IFA. It is also important for young men to get counseling about the importance of IFA so that one day when they become husbands they are able to provide full support to their pregnant wives in consuming IFA.

CONCLUSION

Husband's support affects the adherence of pregnant women in consuming IFA.

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