



# Control Behaviors of Fathers and Pregnant Women on Adherence of Pregnant Women to Take Blood Supplement Tablets

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| <p><b>Track Record Article</b></p> <p>Accepted: 28 June 2024<br/>Revised: 15 June 2024<br/>Published: 30 June 2024</p> <p><b>How to cite :</b><br/>Yanuaringsih, G. P., Wigati, P. W., &amp; Sutrisni. (2024). Control Behaviors Of Fathers And Pregnant Women On Adherence Of Pregnant Women To Take Blood Supplement Tablets. <i>Contagion: Scientific Periodical Journal of Public Health and Coastal Health</i>, 6(1), 764–775.</p> | <p style="text-align: center;"><b>Abstract</b></p> <p><i>Anemia prevention programs in pregnant women often involve the consumption of blood supplement tablets in pregnant women, and an understanding of the role of fathers and pregnant women in supporting adherence is essential to improve the effectiveness of such programs. In certain populations, such as pregnant women, anemia can have a serious impact on health and development. In pregnant women, anemia can increase the risk of premature birth, low birth weight, and maternal death. The aim of the study was to determine which factors of paternal and maternal control behaviors were correlated with maternal adherence to blood supplementation tablets. This research was conducted quantitatively with a cross-sectional approach. The sample included 214 married couples in Kediri City which was taken using random sampling technique in March 2024. Data were collected using a questionnaire that included questions on paternal and maternal control behaviors, compliance with blood supplementation tablet consumption. Univariate and bivariate were the two stages of data analysis, chi-square test was used for bivariate analysis. The results showed that paternal control behaviors (paternal knowledge, support) and maternal control behaviors (self-efficacy, attitudes, side effects) had values <math>&gt;0.05</math> which means there is no correlation with pregnant women's adherence to taking blood supplement tablets, while father's control variables (trust, father's attitude) and mother's control variables (media exposure, mother's knowledge) <math>&lt;0.05</math>, which means there is a correlation with pregnant women's adherence to taking blood supplement tablets. his finding confirms that the role and control measures of fathers are critical to support pregnant women's adherence to taking blood tablets.</i></p> <p><b>Keyword: Adherence, Blood Supplementation Tablets, Control Behavior, Father, Pregnant Women</b></p> |
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## INTRODUCTION

The blood supplementation tablet program in Indonesia is one of the strategic efforts launched by the government to address the problem of anemia, especially among adolescent girls, pregnant women, and women of childbearing age. Anemia is a serious health problem in Indonesia, with a high prevalence among these groups, which can lead to various health complications such as fatigue, impaired fetal development, and increased risk of maternal mortality (Falensia et al., 2020). For pregnant women, the blood supplementation program is given from the first visit to the health facility and continued routinely every day for up to 90 tablets throughout pregnancy. The goal is to prevent anemia which can increase the risk of complications during pregnancy and childbirth, such as premature birth, low birth weight, and maternal and infant mortality (Muthoharoh et al., 2022).

Targeted coverage of blood supplementation among pregnant women in Indonesia is critical to reducing anemia rates. According to the latest data from WHO, daily supplementation with iron and folic acid tablets is highly recommended for pregnant women to prevent maternal anemia, puerperal sepsis, low birth weight, and premature birth. WHO specifies that pregnant women should consume between 30 mg to 60 mg of elemental iron and 400 µg of folic acid daily during pregnancy (Kassa et al., 2019). In Indonesia, the target coverage of blood supplementation tablets for pregnant women is often around 90% or more, although actual achievement can vary depending on factors such as accessibility of health services, awareness of pregnant women, and support from health workers (Palupi et al., 2023).

One of the international health problems is anemia that occurs in pregnant women, anemia that occurs in pregnant women can affect the health of the fetus and the pregnant mother (Purnama & Hikmah, 2023). The World Health Organization (WHO) reports that more than 41% in 2021 of pregnant women worldwide experience anemia. This condition is caused by deficiencies in folic acid, vitamin B12, and iron, both of which are essential to form erythrocytes and fetal growth (Putri et al., 2022). Anemic pregnant women can experience serious complications such as premature birth, low birth weight (LBW) and a higher risk of maternal mortality (Zani et al., 2020).

If pregnant women experience anemia, it can have a significant impact on the health of the mother and her fetus (Sari et al., 2020). Some symptoms caused by anemia in pregnant women include fatigue, shortness of breath, palpitations, insomnia, and decreased endurance (Saputri et al., 2021). In addition, anemia in pregnant women can also increase the risk of fetal health problems such as low birth weight, abortion, shorter gestational age, and fetal death (Alkhasawneh et al., 2020).

In an effort to improve maternal and child health, the prevention and control of anemia in pregnant women has become a major focus (Triharini et al., 2018). One of the most common prevention methods is blood supplementation tablets, which contain iron and other essential nutrients (Yanti & Resiyanthi, 2022). Adherence of pregnant women to blood supplementation tablets remains a major problem (Karyuni et al., 2020).

Various factors influence this level of adherence, such as the support and participation of husbands or fathers (Irmawati et al., 2022). Fathers' role in supporting pregnant women's adherence to taking blood supplement tablets can play an important role in the success of anemia prevention programs (Alfianti et al., 2023). Fathers' behavior towards pregnant women's adherence to taking blood supplementation tablets is also an important factor in improving the effectiveness of maternal health interventions (Dewi et al., 2020). This is in

accordance with previous research which states that the role of fathers such as knowledge, attitudes, support greatly influences the compliance of pregnant women in taking blood supplement tablets (Irmawati et al., 2022; Putri et al., 2022; Umrana et al., 2023).

As the owner of a body that carries and supports new life, it is very important for pregnant women to take care of their own health and that of their fetus (Rumzi et al., 2022). Physical and psychosocial factors, such as desire, knowledge, and attitudes towards health, affect the likelihood of pregnant women taking blood supplement tablets (Saudah et al., 2020). In addition, the role of fathers as supporters and life partners must be considered. Pregnant women can be motivated to continue taking blood supplement tablets due to the support and active involvement of fathers (Umrana et al., 2023). To participate, fathers should provide emotional support, give reminders, and create an environment that supports the positive actions of pregnant women (Dewi et al., 2020).

The incidence of anemia in Indonesia was 37.1 in 2021 and an increase in 2023 of 48.9%. Although Kediri City continues to grow, the prevalence of anemia in pregnant women is still a significant public health problem. Anemia can affect maternal health and fetal development, and therefore, preventive measures are crucial to improve maternal and child well-being. There were 194 pregnant women who received blood supplementation tablets in Kediri City in 2023 (Dinas Kesehatan Kota Kediri, 2023).

Research at the Gulele Sub-district Government Community Health Center (Puskesmas) in Addis Ababa, Ethiopia described maternal education, knowledge about anemia, exposure to information, health problems, and forgetfulness all correlated with adherence behavior (Tegodan et al., 2021). Another study conducted in Surabaya City described a correlation between family participation or support with adherence to blood supplementation tablets consumption (Triharini et al., 2018).

Previous research has discussed variables that influence pregnant women's adherence to blood supplementation tablets use, but little research has specifically investigated the role of paternal and maternal control behaviors in this regard. This gap provides the basis for further research to improve understanding of the variables that influence pregnant women's adherence to blood supplementation tablets use. Similar results in a study in Jimbaran Village, Puspo Subdistrict, Pasuruan Regency, found a link between husband support and maternal adherence to blood supplementation tablets use (Indawati & Sumini, 2023). The main objective of this study was to gain an understanding of how paternal and maternal control behaviors correlate with pregnant women's adherence to blood supplementation tablets.

## METHODS

The research design is quantitative observational, this study uses a cross-sectional approach, this research can collect data systematically and analyze the relationship between paternal and maternal control behavior with pregnant women's adherence to blood supplement tablets. This study used two variables: the independent variable consisted of paternal and maternal control behaviors, while the dependent variable was adherence to blood supplement tablets consumption. Independent variables related to father and mother education consist of 2 categories, namely less which includes elementary school education, junior high school while good includes high school and college. Household income category consists of 2 categories, namely less which includes <2,243,422 and good includes income > 2,243,422. This study involved couples of pregnant women in Kediri City in march 2024. Based on the calculation of statistical needs with a confidence level of 95% and the desired level of accuracy, the sample was selected by random sampling from antenatal clinics and health centers in Kediri City with a population of 480 married couples with a sample size of 214 calculated using the Slovin formula. The inclusion criteria in this study were mothers who had a partner, were at the research location, mothers who did not have symptoms of hypotension, while the exclusion was one of the partners refused to be interviewed, was in a sick condition and was not at the location.

Interviews were used to collect information about paternal and maternal control behaviors and pregnant women's compliance with the use of blood supplement tablets. The source of data for this research was obtained from secondary data as a support for the research and primary data collected directly by the researcher using interview techniques to respondents during the research process. The questionnaire consisted of 2 (two) main stages. The first stage relates to the profile/characteristics of the respondents, while the second stage will assess the control behavior of fathers and pregnant women and the compliance of pregnant women in the use of blood supplement tablets.

Respondent characteristics, paternal and maternal control behaviors, and the level of adherence to taking blood supplement tablets will be evaluated through descriptive analysis. Chi square test will be used to evaluate the association between paternal and maternal control behaviors and adherence to blood supplement tablets. Data analysis conducted using the SPSS application. This study has obtained ethical eligibility with No 022/24/II/EC/KEP/UNIK/2024 from the Kadiri University Research Ethics Commissi.

## RESULTS

### Univariate Analysis

**Table 1 Characteristics of Respondents (n=214)**

| Characteristics of Respondents |              | f          | %          |
|--------------------------------|--------------|------------|------------|
| Father's education             | Less         | 43         | 20,1       |
|                                | Good         | 171        | 79,9       |
| Mother's Education             | Less         | 72         | 33,6       |
|                                | Good         | 141        | 66,4       |
| Father's occupation            | Non-employee | 113        | 52,8       |
|                                | Employee     | 101        | 47,2       |
| Household income               | Less         | 106        | 49,5       |
|                                | Good         | 108        | 50,5       |
| Paritas                        | Multipara    | 175        | 81,8       |
|                                | Primipara    | 39         | 18,2       |
| <b>Total</b>                   |              | <b>214</b> | <b>100</b> |

Table 1 illustrates the characteristics of the respondents based on the sample, the most fathers who have good education are 79.9% and the least fathers who have less education are 20.1%. The most samples based on mother's education were mothers who had good education at 66.4% and the least were mothers who had less education at 33.6%. Based on occupation, the highest were fathers who had non-employee jobs (laborers/farmers) at 52.8% and the least were those who had jobs as employees at 47.2%. Based on household income, the highest household income was good at 50.5% and the lowest household income was less at 49.5%. Based on parity, the most were multiparous at 81.8% and the least were primiparous at 18.2%.

### Bivariate Analysis

**Table 2 Determinants of paternal and maternal control behaviors for pregnant women's adherence to taking blood supplement tablets**

| Determinants                | Adherence to taking blood supplement tablets |       |           |      |       |     | P-Value | PR (95% CI)         |
|-----------------------------|--|-------|-----------|------|-------|-----|---------|---------------------|
|                             | Non-compliant                                |       | Compliant |      | Total |     |         |                     |
|                             | n  | %     | n         | %    | n     | %   |         |                     |
| <b>Self Efficacy Mother</b> |  |       |           |      |       |     |         |                     |
| Not Sure                    | 69   | 68,4  | 26        | 26,6 | 95    | 100 | 0,967   | 1,062 (0,582-1,937) |
| Sure                        | 85   | 85,5  | 34        | 33,5 | 119   | 100 |         |                     |
| <b>Mother's attitude</b>    |  |       |           |      |       |     |         |                     |
| Negative                    | 79   | 77,0  | 28        | 30,0 | 107   | 100 | 0,648   | 1,204 (0,662-2,188) |
| Positive                    | 75   | 77,0  | 32        | 30,0 | 107   | 100 |         |                     |
| <b>Side Effects</b>         |  |       |           |      |       |     |         |                     |
| There are side effects      | 15   | 16,6  | 8         | 6,4  | 10    | 100 | 0,605   | 0,701 (0,281-1,752) |
| No side effects             | 139  | 137,4 | 52        | 53,6 | 191   | 100 |         |                     |
| <b>Media Exposure</b>       |  |       |           |      |       |     |         |                     |
| Not exposure                | 89   | 80,6  | 23        | 31,4 | 112   | 100 | 0,016*  | 2,203 (1,196-4,057) |
| Exposure                    | 65   | 73,4  | 37        | 28,6 | 102   | 100 |         |                     |

|                           |     |       |    |      |     |     |        |               |
|---------------------------|-----|-------|----|------|-----|-----|--------|---------------|
| <b>Mother's Knowledge</b> |     |       |    |      |     |     |        |               |
| Less                      | 88  | 78,4  | 21 | 30,6 | 109 | 100 | 0,006* | 2,476 (1,333- |
| Good                      | 66  | 75,6  | 39 | 29,4 | 105 | 100 |        | 4,599)        |
| <b>Father's knowledge</b> |     |       |    |      |     |     |        |               |
| Less                      | 46  | 46,1  | 18 | 17,9 | 64  | 100 | 1,000  | 0,994 (0,518- |
| Good                      | 108 | 107,9 | 42 | 42,1 | 150 | 100 |        | 1,906)        |
| <b>Father's trust</b>     |     |       |    |      |     |     |        |               |
| Negative                  | 19  | 27,3  | 19 | 10,7 | 38  | 100 | 0,002* | 0,304 (0,147- |
| Positive                  | 135 | 126,7 | 41 | 49,3 | 176 | 100 |        | 0,627)        |
| <b>Father's support</b>   |     |       |    |      |     |     |        |               |
| Less                      | 73  | 74,8  | 31 | 29,2 | 104 | 100 | 0,683  | 0,843 (0,464- |
| Good                      | 81  | 79,2  | 29 | 30,8 | 110 | 100 |        | 1,532)        |
| <b>Father's attitude</b>  |     |       |    |      |     |     |        |               |
| Negative                  | 142 | 137,4 | 49 | 53,6 | 191 | 100 | 0,047* | 2,656 (1,102- |
| Positive                  | 12  | 16,6  | 11 | 6,4  | 23  | 100 |        | 6,406)        |

Table 2 illustrates, mothers who do not follow the rules (non-compliant) consumption of blood supplement tablets most are mothers who have confidence in self-efficacy as much as 85.5%, compared to mothers who are not confident in self-efficacy by 68.4%, based on the analysis obtained a value of 0.967 which means there is no relationship / correlation between maternal self-efficacy with adherence to taking blood supplement tablets.

Mothers who did not comply with the consumption of added blood tablets were as much as positive maternal attitudes and negative maternal attitudes by 77.0%, based on the analysis resulting in a value of 0.648 which indicates that there is no correlation between maternal attitudes and compliance with added blood tablet consumption. Mothers who did not comply with the consumption of added blood tablets were mostly mothers with no side effects at 137.4%, compared to mothers with side effects at 16.6%, and data analysis illustrated a value of 0.605 which means there is no correlation between side effects and compliance with added blood tablet consumption. Mothers who did not follow the rules / adhere to the consumption of added health tablets were mostly pregnant women who were not exposed to the media by 80.6%, compared to mothers who were exposed to the media by 73.4% and an analysis value of 0.016 which means there is a correlation between media exposure and maternal compliance with added health tablet consumption, with an PR value of 2.203 which means that mothers who are exposed to the media are likely to adhere to consuming added health tablets 2.203 times when compared to those who are not exposed to the media.

The most mothers who did not comply with the consumption of added liquid tablets were mothers who had a less level of knowledge as much as 78.4%, compared to mothers who had good knowledge of 75.6% with an analysis value of 0.006 which had a correlation between maternal knowledge and compliance with consuming added liquid tablets, an PR value of 2.476 which means that mothers who have good knowledge have a chance of adherence to the

consumption of added liquid tablets as much as 2.476 times. The most mothers who do not consume added liquid tablets are those who have fathers with good knowledge of 107.9%, compared to fathers with less knowledge of 46.1%, with an analysis value of 1.000 which indicates that there is no correlation between father's knowledge and mother's compliance in consuming added liquid tablets.

Mothers who are most non-compliant with added health tablet consumption are mothers who have fathers with positive trust at 126.7%, compared to fathers with negative trust at 27.3%, with an analysis value of 0.002 which indicates there is a correlation between father's trust and maternal compliance in consuming added health tablets. PR of 0.304 which means that fathers who have positive trust have a 0.304 times chance of maternal adherence to consumption of added health tablets. Mothers who are not compliant with the consumption of added health tablets are most likely to get high support from their fathers by 79.2%, compared to low support from their fathers by 74.8%, based on the analysis, the value is 0.683 which does not have a correlation between father's support and maternal adherence to consumption of added health tablets.

The most non-adherent mothers consuming added health tablets are those who get a negative father's attitude of 137.4%, compared to a positive father's attitude of 16.6%, with an analysis value of 0.047 which indicates that there is a correlation between father's attitude and maternal compliance with added health tablet consumption, an PR value of 2.656 illustrates that a positive father's attitude has a chance of maternal compliance in consuming added health tablets 2.656 times compared to a negative father's attitude.

## **DISCUSSION**

The results of the study illustrate that the variables of Media Exposure, Mother's Knowledge, Father's trust, Father's attitude are related to the compliance of pregnant women in taking blood supplement tablets. While the variables of Mother's Self Efficacy, Mother's attitude, Side Effects, Father's knowledge, Father's support are not related to the compliance of pregnant women in taking blood supplement tablets.

The results of this study are not in line with the opinion that mothers' self-efficacy will affect their understanding and belief in the benefits of added blood tablet consumption. A mother who has a very high level of self-efficacy may be more likely to understand the importance and benefits of regular consumption of added health tablets (Amir & Djokosujono, 2019). A mother with a high level of self-efficacy will be more able to face and overcome difficulties that may arise in adhering to the added health tablets consumption schedule (Yunika & Komalasari, 2020). The results of this study differ from Amir's research which illustrates

that there is a correlation between self-efficacy and adherence to added health tablets consumption (Amir & Djokosujono, 2019).

The attitude that mothers have towards maternal compliance with the consumption of added blood tablets can also reflect the level of awareness and concern for the health of the mother and the health of the child in the womb. Positive attitudes about prevention and health care can also increase compliance (Sonata et al., 2023). However, the results are not in line with research in East Aceh District which shows there is a correlation between maternal attitudes and adherence to taking added blood tablets (Utari & Al Rahmad, 2022).

Side effects that are perceived by mothers as annoying or uncomfortable can affect maternal adherence to the use of blood supplement tablets (Sari et al., 2020). Concern about side effects can be a psychological barrier that prevents mothers from continuing to use blood supplement tablets (Alkhasawneh et al., 2020). This result is similar to a study conducted at RSIA Avisena which illustrates that there is no correlation between the side effects felt by mothers and adherence to the consumption of blood supplement tablets (Palupi et al., 2023).

The media can be a key source of information for mothers (Nasution, 2023) about the benefits, risks and side effects of blood supplement tablets. If mothers receive positive and supportive information about blood supplement tablets through the media, this may lead to an increase in their knowledge and positive attitudes about adherence (Srivastava et al., 2019). The knowledge that fathers have about the importance of blood supplement tablets consumption and health benefits for pregnant women can form emotional support (Umrana et al., 2023). Support and motivation provided by fathers are important factors in motivating mothers to remain compliant. 18 Based on the literature review illustrates that knowledge has a relationship with adherence to blood supplement tablets consumption (Nabila & Andriani, 2023).

If fathers believe in information and education about blood supplement tablets, this may influence mothers to do the same (Sonata et al., 2023). Getting information from reliable sources can help mothers form positive perceptions about blood supplement tablets (Triharini et al., 2018). Fathers' beliefs about the health benefits of blood supplement tablets may influence mothers' attitudes and adherence. If fathers believe that blood supplement tablets provide significant health benefits, mothers may be more motivated to use them (Dewi et al., 2020).

Fathers can provide emotional support, such as encouraging, praising, and recognizing the mother's efforts to maintain her health. This emotional support can improve maternal morale and adherence (Rockliffe et al., 2021). A sense of shared responsibility can be created



if fathers are actively involved in the health care process, including the consumption of blood supplement tablets, and motivate mothers to remain adherent because they feel supported and jointly involved in the effort (Nurseptiana & Lestari, 2023). This study is in line with previous studies that described no relationship between father support and adherence to blood supplement tablets consumption (Nengsih et al., 2022).

Fathers' positive attitudes and emotional support can increase maternal motivation and adherence. This attitude creates a supportive environment, where the mother feels emotionally and morally supported in her efforts to maintain her health (Alfianti et al., 2023). Fathers who demonstrate understanding and awareness of the importance of blood supplement tablets consumption can motivate mothers. A shared understanding of the health benefits that may be obtained from blood supplement tablets can also strengthen compliance awareness (Yanti & Resiyanthi, 2022). In line with the study at Puskesmas Dasan Agung, Mataram City illustrates the relationship between attitude and compliance with blood supplement tablets consumption (Yunika & Komalasari, 2020).

Mothers can be motivated to remain consistent if their fathers help them overcome problems that may arise with the consumption of blood supplement tablets. Problem solving and barrier resolution can be part of this support. Fathers' positive attitudes increase motivation and provide the psychological support needed to remain adherent (Irmawati et al., 2022). Involving fathers in reproductive health care and providing positive support can strengthen maternal adherence to blood supplement tablets consumption. A supportive and understanding father's attitude will benefit the health of the mother and child and create an overall healthy family (Indawati & Sumini, 2023).

## CONCLUSIONS

This study shows that fathers' attitudes and beliefs play an important role in improving maternal adherence. Media exposure and maternal knowledge are also very important factors for maternal adherence. whereas mother's attitude, mother's self-efficacy, side effects, father's knowledge, father's support have no relationship with mother's compliance in taking blood supplement tablets.

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