



PREGNANT WOMEN'S KNOWLEDGE AFFECTS REGULARITY CONSUMPTION ADDITION BLOOD TABLET TO PREVENT ANEMIA WITH LAWRENCE GREEN THEORETICAL APPROACH

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ABSTRACT

Anemia during pregnancy is a serious health problem for society because of its impact on the mother and fetus, including risk of bleeding and death. Therefore, it is needed good knowledge for preventing anemia. This research purpose is to analyze the influence of knowledge on the regularity of mother's consumption of blood-supplementing tablets based on Lawrence Green's theory. Research was conducted on 75 pregnant mothers at the health center in Kalianget and Lenteng, Sumenep Regency. The method used is observational analytic with a cross-sectional approach. Observation of variables is not on the same day and time but is taken at one time, namely data on knowledge and consumption of blood-boosting tablets. Data analysis uses simple regression. The results show a P value = 0.000, indicating that knowledge is significantly influential on the regularity of consumption of supplement blood tablets. This research recommends improvement of education in pregnancy services as a prevention strategy for anemia.

Keywords: anemia; blood supplement tablets; knowledge; Lawrence Green theory; pregnant women

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INTRODUCTION

Anemia in pregnant women has become a global problem which causes an impact on the mother and fetus. Anemia during pregnancy is associated with various symptoms for the mother and the reason for direct death of the mother in all over population of pregnant women (From *et al.*, 2018). It is said that anemia is present if the level of Hb < 11 g/dl in the first and third trimesters of pregnancy and < 10.5 g/dl in the second trimester (Simbolon, Jumiyati & Rahmadi, 2018). Around 75-90% of cases of anemia in pregnant women is iron deficiency anemia. The prevalence of iron deficiency anemia is still high due to the lack of practice in preventing anemia in pregnant women (Oumer & Hussein, 2019). The main factors causing high anemia in pregnant women are other consequences such as eating habits during pregnancy, compliance with iron supplement tablets, and irregularity in following antenatal care (ANC) services (Oumer & Hussein, 2019; English & Sumarmi, 2019).

Maternal mortality rate is a priority issue in the maternal and child health sector. The Maternal Mortality Rate (MMR) is a benchmark for the success of government intervention efforts against maternal health (South Tangerang Health Service, 2020). According to WHO data, in 2017 as many as 295,000 women died during pregnancy, after pregnancy and childbirth. Most of these deaths (94%) occurred in low resource areas. "Low resource" refers to conditions where an area has limitations in various aspects, like economy, infrastructure, health services, education, and access to facilities. In such areas, people often experience difficulty in getting adequate health maintenance, education, and decent job opportunities. This can lead to high unemployment rates and death, especially in the context of public health. These limitations are often related to poverty, social injustice, and lack of investment from governments or international institutions. (*World Health*

Organization , UNICEF, UNFPA, 2019). Number death Mother in Indonesia very high compared to ASEAN countries, namely 305 per 100,000 live births. Based on *Sustainable Development Goals* (SDGs) the MMR target is 70 per 100,000 births life on year 2030 (*Sustainable Development Goals* (SDGs), 2017; WHO, 2022a).

Ministry Health Republic Indonesia on year 2020 stated that the causes of maternal death include bleeding (28.29%), hypertension during pregnancy (23.86%), and disorders of the reproductive system (23.86%). blood circulation (4.94%) (Ministry of Health of the Republic of Indonesia, 2021b). According to research Londok, Lengkong & Superman (2013), bleeding on pregnancy that is often encountered is antepartum bleeding (placenta previa) And solution placenta) And bleeding postpartum (atonia uterus, retention placenta, placental remains, and lower genital tract lacerations). Antepartum and postpartum bleeding is often found in anemic women because No can tolerate lost blood (Rukiyah & Dear, 2019). Risk the occurrence bleeding postpartum increase on woman giving birth Which have anemia heavy (Manuaba, 2013). most general during pregnancy. Anemia considered as factor risk And can result in complications Which threaten life Mother And fetus (Li et al., 2018).

Based on data Service Health Sumenep Regency stated that the incidence of anemia in Sumenep on year 2024 as many as 2,630 pregnant women . Behavior prevention anemia can seen more in with using the *Precede Proceed Model theory approach* . This theory explains behavior individual in health Where there is 3 factor main Which influencing factors, namely predisposing *factors* , supporting factors (*enabling factors*) And factor amplifier (*reinforcing factors*). Factors This prove that behavior somebody No only influenced factor internal but also by external factors (Green & Kreuter, 1991). Based on the phenomena that occur, the characteristics of the Sumenep community still believe in the belief (taboo) that taking blood-boosting tablets can cause large babies and cause excessive blood (high blood pressure) so that pregnant women in Sumenep district do not consume blood-boosting tablets. The purpose of this study is to analyze the influence of knowledge to regularity Mother pregnant in taking supplements tablets blood based on Lawrence Green's theory.

METHOD

This research design is *observational analytical* with approach quantitative *Cross Sectional*. The population of this study were pregnant women at Lenteng Health Center and Health Center You guys get from month December 2024 - February 2025 as much as 75 pregnant women . The sample used in this study were pregnant women in the third trimester who came to the Kalianget Health Center and Lenteng Health Center, namely 36 respondents at the Kalianget Health Center and 39 at the Lenteng Health Center with the following criteria: Inclusion : have received blood-boosting tablets, aged 20-35 years, mothers with parity 2-3 and LILA 23.5 cm or more. The instruments used were a knowledge questionnaire and a questionnaire on the Regularity of Pregnant Women Consuming Tablets. This questionnaire has been tested for validity using Pearson Product Moment which shows that each statement item has a calculated r value between 0.456 - 0.494 and there are no invalid statements. The results of the Cronbach's Alpha reliability test show that all statements are valid. Data analysis used a *simple regression test*.

RESULT

Based on table 1, the frequency distribution of respondents by age shows that the majority of respondents are aged 20-30 years, namely 42 respondents (56%). Based on table 2, the frequency distribution of respondents according to occupation shows that the majority of respondents are housewives, namely 49 respondents (65.3%).

Table 1.
Distribution of Respondents by Age in Sumenep Region

Category	f	%
< 30 Years	0	0
20-30 Years	42	56
>30 Years	33	44

Table 2.
Distribution of Respondents by Occupation in Sumenep Region

Category	f	%
Housewife	49	65.3
Self-employed	15	20
Private	11	14.7

Table 3.
Distribution of Respondents by Education in Sumenep Region

Category	f	%
Elementary school	12	16
Junior High School	19	25.3
Senior High School	33	44
Diploma/Bachelor	11	14.7

Based on table 3, the frequency distribution of respondents according to education shows that almost half of the respondents have a high school education, namely 33 respondents (44%).

Table 4.
Distribution of Respondents Based on Family Income in Sumenep Region

Category	f	%
< Minimum Wage	57	76
>Minimum Wage	18	24

Based on table 4, the frequency distribution of respondents according to family income shows that almost all respondents have a family income <UMR, namely 57 respondents (76%).

Table 5.
Distribution of Respondents Based on the Number of Parities in the Sumenep Region

Category	f	%
2- 3 Times	75	100
≥ 3 Times	0	0

Based on table 5, the frequency distribution of respondents according to parity shows that almost all respondents have 2-3 times parity, namely 75 respondents (100 %).

Table 6.
Distribution of Respondents Based on Hemoglobin (HB) Levels in the Sumenep Region

Category	f	%
Normal ≥ 11 g/dL	12	16
Mild Anemia 10-10.9 g/dL	15	20
Moderate Anemia 7-9.9 g/dL	48	64
A Severe Anemia < 7 g/dL	0	0

Based on table 6, the frequency distribution of respondents according to hemoglobin (HB) levels shows that the majority of respondents have moderate anemia, 7-9.9 g/dL, namely 48 respondents (56%).

Table 7.
Distribution of Respondents Based on Knowledge in Sumenep Region

Category	f	%
Good	19	25.3
Enough	46	61.3
Not enough	10	13.3

Based on table 7, the frequency distribution of respondents according to their knowledge shows that the majority of respondents have sufficient knowledge, namely 46 respondents (61.3%).

Table 8.
Distribution of Respondents Based on Behavior of Regularity in Consuming Blood-Boosting Tablets

Category	f	%
Regular	63	84
Irregular	12	16

Based on table 8 the frequency distribution of respondents according to Behavior of Regularity in Consuming Blood-Boosting Tablets, namely 63 respondents (84%) is regular.

Table 9.
The Influence of Mother's Knowledge on the Behavior of Regularity in Consuming Blood-Enhancing Tablets

Knowledge	Regularity Behavior				Total	
	Taking Blood-Boosting Tablets		Irregular		Σ	(%)
	Regular	(%)	f	(%)		
Good	19	100	0	0.0	19	100
Enough	45	97.8	1	2.2	46	100
Not enough	5	50.0	5	50.0	10	100

P Value 0.000

Based on table 4.12, it is found that all respondents with Good Knowledge have the behavior of regularly consuming blood-boosting tablets, namely 100%. Respondents with sufficient knowledge almost all have the behavior of consuming blood-boosting tablets regularly, namely 97.8% and Respondents with less knowledge half have the behavior of consuming blood-boosting tablets regularly and irregularly, namely 50.0%. Based on the significance value from the table above, the significance is 0.000 (<0.05), so it can be concluded that the maternal knowledge variable has an effect on the behavior of regularity in consuming blood-boosting tablets in Sumenep Regency.

DISCUSSION

Knowledge and Behavior Affect Regularity in Consuming Blood-Boosting Tablets

Based on the results of the study, a significant value was obtained which showed an influence between maternal knowledge and the behavior of regularity in consuming blood-boosting tablets in Sumenep Regency. This indicates that the higher the level of maternal knowledge regarding the benefits and importance of consuming blood-boosting tablets, the higher their regularity in consuming them. In *Lawrence Green's theory*, health behavior is influenced by predisposing, enabling, and reinforcing factors. Belief is included in the predisposing factors that play an important role in shaping a person's behavior. Pregnant women who have strong beliefs about the benefits of blood-boosting tablets tend to be more compliant in consuming them to prevent anemia. Conversely, erroneous beliefs or myths that circulate can cause non-compliance that risks the health of the mother and fetus (Green & Kreuter, 2005).

This study is in line with a study conducted by Diana, R. et al. (2018) which stated that in Madurese society there are various food taboos during pregnancy that can affect the nutritional intake of pregnant women, including compliance in consuming blood-boosting tablets. Local culture and beliefs can be factors that strengthen or inhibit the behavior of supplement consumption for pregnant women. In addition, research by Titaley et al. (2010) showed that cultural beliefs and family traditions have a significant impact on maternal compliance in consuming pregnancy supplements, including blood-boosting tablets. Other factors such as support from health workers and education provided also have an influence in increasing the regularity of iron tablet consumption (Agus & Horiuchi, 2012).

Based on the results of the study and support from previous theories and studies, it can be concluded that education for pregnant women regarding the importance of consuming blood-boosting tablets is very necessary. A culture-based approach is also an aspect that should not be ignored, especially in areas with strong traditions and beliefs such as Sumenep. Therefore, health workers need to improve more interactive and culture-based counseling programs in order to improve the understanding and compliance of pregnant women in consuming blood-boosting tablets regularly. Beliefs with Behavior Affect Regularity in Consuming Blood-Boosting Tablets.

CONCLUSION

Mother's knowledge influences the behavior of regularity in consuming blood-boosting tablets in Sumenep Regency. For further research, it is expected to collaborate with other fields in order to be able to study more specifically the factors that influence the behavior of regularity in consuming blood-boosting tablets to prevent anemia in pregnant women with the Lawrance Green theory approach.

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