Overview Of Pregnant Women's Knowledge About Fe Tablets In The Working Area Of Mpunda Health Center, Bima City, 2023

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ARTICLE INFO	ABSTRACT
Keywords: Knowledge, pregnant women, Fe Tablets	At the Mpunda Community Health Center, Bima City, data shows that anemia in pregnant women in 2019 was 122 cases, then increased in 2020 to 156 cases and decreased again in 2021 to 100 cases. In 2022, data was obtained on 76 cases of pregnant women with anemia, then in 2023, for the period January to June, data was obtained on 36 cases of pregnant women with anemia (Mpunda Community Health Center, Bima City, 2023). RESEARCH OBJECTIVE: To analyze the description of knowledge of pregnant women about Fe tablets in the Mpunda Community Health Center working area, Bima City in 2023. RESEARCH METHOD: This type of research is quantitative research, descriptive correlational research design with a cross sectional approach. The population in this study was 392 pregnant women in the Mpunda Health Center working area in Bima City in 2023. Samples were taken from 80 pregnant women using purposive sampling technique. RESEARCH RESULTS: The research results included pregnant women in the high risk age category (<20 years or >35 years), namely 25 people (31.2%) and the age category that was not at risk, namely 55 people (68.8%). Based on basic education level, there are 20 people (25%), and those with higher education are 60 people (75%). Based on the occupational group, those who are not working (IRT) are 75 people (93.8%), and those who are not working are 5 people (6.2%). Based on the knowledge of pregnant women, those with good knowledge were 41 people (51.2%), those with sufficient knowledge were 31 people (38.8%), and those with poor knowledge were 8 people (10%).
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1. INTRODUCTION

The health of a community in a country can be seen from the death rate, morbidity rate and nutritional status. Maternal Mortality Rate (MMR) is a description of the number of maternal deaths related to pregnancy, childbirth and postpartum. MMR is an indicator that describes a country's development achievements through the Human Development Index (HDI) or human development index (IPM). The prevalence of maternal mortality in developing countries is a measure of the level of health in a country, especially in Indonesia and is one of the countries that has not been able to overcome the high maternal mortality rate.

According to WHO, the maternal mortality rate (MMR) in the world is 303,000 people (WHO, 2019). The Maternal Mortality Rate (MMR) in ASEAN is 235 per 100,000 live births (ASEAN Secretariat, 2020).

According to the family health program at the Ministry of Health, in 2020 the Maternal Mortality Rate (MMR) showed 4,627 deaths in Indonesia. This number shows an increase compared to 2019 of 4,221 deaths (Indonesian Health Profile, 2020). The number of maternal deaths in NTB Province in 2019 decreased by 97 per 100,000 live births, then in 2020 cases of maternal death again increased quite high by 122 per 100,000 live births (NTB Health Profile, 2020).

The Bima City Health Service shows that the number of maternal deaths in 2020 reached 90/100,000 live births, while in 2021 the number of maternal deaths again increased by 192/100,000

live births (Bima City Health Service, 2021).

The SDGs (Sustainable Development Goals) global target regarding the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) by 2030 reduces the maternal mortality rate to 70 per 100,000 live births and ends the deaths of infants and toddlers that can be prevented by all countries trying to reduce the mortality rate. Neonatal is at least 12 per 1000 live births and the under-five mortality rate is 25 per 1000 live births (Indonesian Health Profile, 2019).

The most common causes of maternal death are caused by three main factors, namely bleeding, hypertension in pregnancy or preeclampsia and infection. Bleeding occupies the highest percentage of causes of maternal death, which is caused by anemia in pregnant women and is the main cause of bleeding and infection which are the biggest factors in maternal death.

Anemia in pregnancy has a negative impact on maternal and infant morbidity and mortality. The impact of anemia on the fetus includes intrauterine growth retardation (IUGR), prematurity, babies with congenital defects, low birth weight (LBW), the baby's IQ is not optimal, the baby is easily infected and easily suffers from malnutrition. The impact of anemia on pregnant women includes shortness of breath, fatigue, sleep disturbances, abortion, and increasing the risk of bleeding before and during delivery and even death in the mother (Ministry of Health, 2018).

The prevalence rate of anemia in the world is still high, as evidenced by data from the World Health Organization (WHO), the prevalence of anemia in pregnant women is 40.1%, the prevalence of anemia in pregnant women is estimated to be 48.2% in Asia (WHO, 2016). The prevalence of anemia in pregnant women in Indonesia according to WHO is 42%. Indonesia is one of the developing countries with a low level of health, characterized by still high maternal mortality rates (WHO, 2019).

According to data from the Bima City Health Service, the number of anemia in pregnant women shows that in 2020 it reached 463 pregnant women, then decreased in 2021 by 295 pregnant women and in 2022 pregnant women experienced a decrease of 278 pregnant women (Bima City Health Service, 2023). The Mpunda Health Center in Bima City shows data on anemia in pregnant women in 2019 as many as 122 cases, then increasing in 2020 to 156 cases and decreasing again in 2021 to 100 cases. In 2022, data was obtained on 76 cases of pregnant women with anemia, then in 2023, for the January to June period, data was obtained on 36 cases of pregnant women with anemia (Mpunda Community Health Center, Bima City, 2023).

In Indonesia, the number of pregnant women who consume blood supplement tablets (TTD) is still very low, where only 52.23% of pregnant women consume blood supplement tablets.<90 tablets during pregnancy, and 31.30% of pregnant women consume ≥90 blood supplement tablets during pregnancy (Indonesian Health Profile, 2017). This illustrates that the awareness and willingness of pregnant women to consume blood supplement tablets is still less than the expected target (100%) (Directorate General of Nutrition and KIA, 2017).

The impact of iron deficiency in pregnant women can cause serious complications for mothers both during pregnancy, childbirth and postpartum, namely it can cause abortion, premature parturition, prolonged labor, post partum bleeding due to uterine atony, shock, infections both intra partum and post partum. Giving Fe tablets to pregnant women is also one of the regular procedures for pregnant women provided by midwives during visits 1 to 4. Where the number of iron supplements given during pregnancy is 90 tablets (Fe3). Nationally, the coverage of pregnant women in 2016 who received ≥ 90 Fe tablets was 40.2%, and those who received ≤ 90 Fe tablets was 53.1%. Meanwhile, West Nusa Tenggara Province was ranked fourth (92.70%). (Indonesian Ministry of Health. 2017).

The anemia prevention program carried out is providing blood supplement tablets, namely Fe preparations, which aim to reduce the rate of anemia in pregnant women. Prevention of anemia in pregnant women is carried out by giving 90 Fe tablets to pregnant women during their pregnancy period. Giving iron (Fe) tablets is one of the health services provided to pregnant women in an effort to improve the quality of their pregnancy and prepare for a healthy and safe birth. 90 iron (Fe) tablets are given during pregnancy, each giving 30 tablets (Fe1), 60 tablets (Fe2) and 90 tablets (Fe3) (Ministry of Health, 2010).

Based on my preliminary study at the Mpunda Community Health Center in May, out of 12

pregnant women, only 5 people had knowledge. Therefore, I am interested in conducting research regarding the description of pregnant women's knowledge about Fe tablets at the Mpunda Community Health Center in 2023.

2. METHOD

This type of research is quantitative research, descriptive correlational research design, namely research that analyzes the relationship between pregnant women's knowledge about Fe tablets and the incidence of anemia using a *cross sectional* that is, the researcher studies the relationship between the independent variable and the dependent variable with each research subject only being observed once and measurements are made on the subject's character status or variables at the time of the examination (Notoatmojo, 2018). The population in this study is all pregnant women in the working area of the Mpunda Community Health Center, Bima City in 2023, totaling 392 people.The sampling technique used in this research is a random sampling technique, namely a random sampling technique without paying attention to strata in the population

3. RESULTS AND DISCUSSION

General data

a. Age of Pregnant Mother

Table 1 Age frequency distribution of pregnant women in the Mpunda Community Health Center Working Area, Bima City in 2023

Age	Frequency	Presentase (%)
Risky	25	31,2%
No Risk	55	68,8%
Total	80	100,0%

Based on table 1, the characteristics of respondents based on age group are mostly between 20-35 years (68.8%), and the number at risk of <20 > 35 years is 25 respondents (31.2).

b. Education

Table 2 Frequency distribution of educational levels of pregnant women in Mpunda Community Health Center Working Area, Bima City in 2023

Education	Frequency	Presentase (%)
Base	20	25%
Height	60	75%
Total	80	100.0%

Based on table 2, the characteristics of respondents based on level of education, the majority of respondents were highly educated, namely 60 respondents (75%). And the number of respondents with basic education level was 20 respondents (25%).

c. Work

Table 3 Frequency distribution of work for pregnant women in the Mpunda Community Health Center Working Area, Bima City in 2023

Work	Frequency	Presentase (%)
Doesn't work	75	93.8%
Work	5	6.2%
Total	80	100.0%

Based on table 3, the characteristics of respondents based on occupational groups were the largest with 5 respondents (6.2%) and the number who did not work was 75 respondents (93.8).

Univariate Analysis

a. Knowledge level

Table 4 Frequency distribution of pregnant women's knowledge about Fe tablets in the Mpunda Community Health Center Working Area, Bima City 2023

Knowledge	Frequency	Presentase (%)
Less	8	10%
Enough	31	38,8%

Knowledge	Frequency	Presentase (%)
Good	41	51,2%
Total	80	100.0%

Based on table 4, it shows that of the 80 pregnant women, the majority of pregnant women's knowledge about Fe tablets was with a low level of knowledge, namely 8 respondents (10%), with sufficient knowledge, namely 31 respondents (38.8%), and with good knowledge, namely as many as 41 respondents (51.2)

Discussion

Age

Based on table 1, it can be seen that of the 80 pregnant women at the Mpunda Community Health Center, Bima City, most were aged 20-35 years, a total of 55 respondents (68.8%). Where at the age of <20-35> years there were 25 respondents (31.2%). As you get older, your maturity in thinking and working will increase and you will have more experience than those below you, and you will find a lot of information so you can increase your knowledge. The results of this research are supported by research by Fuadi (2013) that in early adulthood, mothers' thoughts Pregnant women are able to choose what is good for themselves. They are able to think about the health of themselves and the child they are carrying by consuming Fe tablets.

Education

Based on table 2, it can be seen that of the 80 pregnant women at the Mpunda Community Health Center, Bima City, the majority were mothers with higher education, namely 60 respondents (75%) and primary education, namely 20 respondents (25%). In the research results, the majority of respondents had a high level of education because the majority of the population did not understand the importance of education. Most people only complete their education up to middle school or high school because most of them have inadequate facilities to go to a higher level of schooling. This is in accordance with Mubarak's (2011) theory that the level of education greatly influences insight and knowledge.

Work

Based on table 3, it can be seen that of the 80 pregnant women at the Mpunda Community Health Center, Bima City, the majority were mothers who did not work or domestic workers, namely 75 people (93.8%) and those who worked were 5 respondents. The severity of a mother's work will also affect her body condition and will ultimately affect her health status. Working mothers have a tendency to get less rest and consume unbalanced food, so they are at greater risk of suffering from anemia than mothers who don't work. According to research from Hukmiah (2013), the mother's employment status determines her pregnancy check-up behavior. Mothers who do not work or housewives tend to regularly check their pregnancies compared to mothers who work as civil servants or private employees. This is because mothers who do not work tend to have more opportunities to come for check-ups compared to mothers who work. In this way, mothers who do not work have time to check themselves and get Fe tablets at the health service.

Knowledge of pregnant women about Fe Tablets

The results of the knowledge research were obtained based on table 4 The majority of pregnant women had a good level of knowledge, namely 51.2%, adequate knowledge, namely 27.8%, and those who had a poor level of knowledge, namely 23.8%. Insufficient knowledge can be caused by various complex and mutually influencing factors.

The large number of respondents who have levels sufficient knowledge, possibly influenced by the amount the number of respondents included in the age group 20-35 years. From the research results, based on the age characteristics of the respondents, there are63.7% of respondents. In this age group, explanations and information provided by health workers and various media can still be received and understood easily.

This is in accordance with the theory according to Natoatmodjo (2003). influencing knowledge, namely, level of education, occupation, age, information, socio-economic culture. Knowledge is an important factor in forming a person's behavior, because from experience and research it has been proven that behavior that is based on knowledge will be more lasting than behavior that is not based on knowledge (Notoatmodjo, 2003) With increasing knowledge of pregnant women about Fe Tablets,

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it is hoped that there will be changes in behavior in a direction that supports health

4. CONCLUSION

Based on the results of research regarding the description of pregnant women's knowledge about Fe tablets, the following conclusions were obtained: Most of the respondents' ages were between 20-35 years, namely 55 people. Most of the respondents' education was tertiary, namely 49 people. Most mothers' jobs are housewives, namely 75 people. The majority of pregnant women's knowledge about Fe tablets was 41 people

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