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Relationship Between Pregnant Women's Knowledge of Iron (Fe) Tablets and Incidence of Anemia at PMB Shinta, Medan Polonia District, North Sumatera Province

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Abstract: Maternal anemia continues to be a leading public health concern across Indonesia. Among its determinants is limited maternal understanding of iron (Fe) tablets, a gap that can lower supplementation adherence and raise the likelihood of anemia.

Objective: This research examined how pregnant women's knowledge of iron (Fe) tablets relates to the occurrence of anemia at PMB Shinta, Medan Polonia District, North Sumatera Province, during 2025. **Methods:** Using a quantitative cross-sectional approach, the study enrolled every pregnant woman receiving antenatal care at PMB Shinta (n = 30) through total sampling. A structured questionnaire together with hemoglobin testing served as the data-collection instruments, and the data were processed with descriptive statistics and the Chi-Square test. **Findings:** Poor knowledge was recorded in 56.7% of participants, and 60.0% were anemic. Maternal knowledge was significantly linked to anemia (p = 0.013): women in the poor-knowledge group were 10.5 times more likely to be anemic than those with good knowledge (OR = 10.5; 95% CI: 1.889–58.359). **Implications:** These results point to the importance of reinforcing antenatal health education, particularly on the purpose, dosage, timing, and correct intake of iron tablets, so that stronger maternal knowledge can foster supplementation adherence and reduce anemia in pregnancy. **Originality:** By directly testing the association between maternal iron-tablet knowledge and anemia in an independent primary midwifery practice in Medan Polonia, the study contributes up-to-date local evidence to guide targeted, community-based maternal health education.

Keywords: Anemia; Hemoglobin; Iron (Fe) Tablets; Knowledge; Pregnant Women.

INTRODUCTION

Pregnancy brings a series of physiological, anatomical, and biochemical adjustments. Within the hematological system, these include an expanded blood volume, a fall in hemoglobin (Hb) concentration, and a greater iron demand that sustains fetal growth and development. According to the World Health Organization (WHO), roughly 40% of maternal deaths trace back to iron-deficiency anemia through the hemorrhage it

precipitates. Anemia is especially prevalent across Asia and persists as a burden in developing nations, Indonesia among them (World Health Organization, 2024).

Data from the Indonesian Ministry of Health show that anemia prevalence in pregnant women previously climbed from 37.1% to 48.9%, with the latest survey placing it at approximately 27.7% (Kementerian Kesehatan Republik Indonesia, 2022). The condition has continued to weigh on public health in Indonesia both throughout and beyond the pandemic period (Ameline dkk., 2025). Expectant mothers rank among the populations most vulnerable to anemia, largely because of hemodilution, the physiological dilution of blood that accompanies pregnancy.

The Indonesian Health Profile records that provision of at least 90 Blood Supplement Tablets (Tablet Tambah Darah/TTD) to pregnant women reached 86.2% in 2022, up from 84.2% a year earlier, with Bali reporting the strongest coverage (91.7%) and West Papua the weakest (18.4%) (Kementerian Kesehatan Republik Indonesia, 2022). Left unaddressed, anemia carries consequences for pregnant women that range from miscarriage, preterm birth, restricted fetal growth, and low birth weight to hemorrhage and a heightened risk of death for both mother and infant.

Observations at PMB Shinta, Medan Polonia District, North Sumatera Province, suggest that expectant mothers there still hold limited knowledge about adhering to Fe tablet intake. Because some pay little attention to taking iron tablets during pregnancy, they frequently report fatigue, pallor, tiredness, and dizziness. In a preliminary survey of 10 women, 8 showed poor understanding of the benefits of Fe tablets and took them inconsistently, whereas only 2 demonstrated sound knowledge and a compliant attitude toward iron tablet consumption.

Existing research on Fe tablet adherence and anemia can be organized into three strands. The first centers on biological determinants and iron intake. Because iron needs rise steeply in pregnancy beyond what diet alone can supply, Fe tablet supplementation becomes necessary; iron-folic acid supplementation is linked to a lower risk of anemia, though its effectiveness hinges largely on adherence (Saragih dkk., 2022).

The second strand examines behavior and adherence. Even where Fe tablet distribution programs operate, adherence among pregnant women stays low and remains pivotal to preventing anemia (Kassa dkk., 2019). Poor adherence is commonly driven by side effects such as nausea, vomiting, and constipation, alongside forgetfulness and monotony (Hardido dkk., 2023) and within Indonesia it differs from one region to another and

continues to pose difficulties (Laila, 2025; Rabiattunnisa & Mujahadatuljannah, 2024). The third strand foregrounds knowledge, which is positively tied to Fe tablet adherence and to broader anemia-prevention efforts (Balcha dkk., 2023; Utari & Al Rahmad, 2022). Several Indonesian studies report a significant association between maternal knowledge or attitudes and adherence (Agnes Kusumasari dkk., 2021; Andira & Sulastri, 2025) and antenatal nutrition education has been found to raise adherence while lowering anemia (Engidaw et al., 2025). Yet most Indonesian work has related knowledge to self-reported Fe tablet adherence, or has been carried out in community health centers (puskesmas) and hospitals; comparatively little has directly measured the link between maternal knowledge and a biologically verified anemia outcome (through hemoglobin testing) in an independent primary midwife practice (Praktik Mandiri Bidan/PMB). This study's contribution lies in supplying local, Hb-based evidence from a PMB in urban Medan Polonia to support targeted, midwife-led education, which is the gap it sets out to address.

Accordingly, this study aims to examine how pregnant women's knowledge of iron (Fe) tablets relates to the occurrence of anemia at PMB Shinta, Medan Polonia District, North Sumatera Province, in 2025. More specifically, it gauges the level of maternal knowledge, establishes the share of women who are anemic on the basis of hemoglobin testing, and evaluates the magnitude and direction of the association through bivariate analysis.

The study is intended to add scientific value by furnishing empirical evidence on how maternal knowledge helps prevent anemia in pregnancy, and to give health workers a foundation for shaping more focused education. Its hypotheses are stated as follows: H_a , maternal knowledge of iron (Fe) tablets is significantly related to the incidence of anemia; H_0 , no such significant relationship exists.

RESEARCH METHOD

The analysis focused on pregnant women who came for antenatal care (ANC) at PMB Shinta, Medan Polonia District, North Sumatera Province, during 2025. The work adopted a quantitative analytic, cross-sectional design in which the independent and dependent variables were assessed simultaneously, an approach selected because it fits the goal of testing the knowledge-anemia relationship at one moment in time.

Primary data formed the principal source, gathered firsthand from participants through a structured questionnaire that measured knowledge of iron (Fe) tablets, complemented by hemoglobin (Hb) test results used to identify anemia.

The population consisted of every pregnant woman attending ANC at PMB Shinta, 30 in all. With total sampling applied, this entire population of 30 also served as the sample. Between May and June 2025, data were obtained through interviews, a structured questionnaire, and hemoglobin (Hb) testing. Maternal knowledge of iron (Fe) tablets was treated as the independent variable and anemia as the dependent variable, the latter classified, following WHO criteria for pregnant women, as anemic when Hb fell below 11 g/dL and non-anemic at 11 g/dL or above. How knowledge was sorted into good and poor categories is described in the Instruments subsection that follows.

A self-developed, 20-item multiple-choice questionnaire captured maternal knowledge of iron (Fe) tablets. In line with the knowledge categorization approach, scores were labeled good when they reached at least 50% and poor when below 50%. Reliability testing conducted before data collection indicated good internal consistency (Cronbach's $\alpha = 0.80$).

Hemoglobin (Hb) was measured with an Easy Touch GCHb point-of-care digital analyzer, regardless of gestational age (across every trimester), and anemia was defined by the WHO cut-off for pregnant women, namely Hb under 11 g/dL.

Ethical clearance for the study was granted by the Ethics Committee of STIKes Mitra Husada Medan (approval No. 360/KEP-MHM/VII/2025). Before data collection, every participant was briefed on the study's objectives and procedures and then gave written informed consent. Taking part was voluntary, and participant confidentiality was preserved from start to finish.

Analysis proceeded on two levels: a univariate step summarized each variable as a frequency distribution, and a bivariate step applied the Chi-Square test, with Continuity Correction for the 2×2 table, at a 95% confidence level. Association strength was reported as an odds ratio accompanied by its 95% confidence interval, and any relationship with a p-value at or below 0.05 was deemed significant.

RESULT

Respondent Characteristics

The characteristics examined were age, education, and occupation. Table 1 shows that most participants fell in the 36-45 age band (21 respondents; 70.0%), with the remainder

aged 20-35 (9 respondents; 30.0%). For education, senior high school was the most common level attained (17 respondents; 56.7%), trailed by junior high school (7; 23.3%), primary school (4; 13.3%), and a bachelor's degree (2; 6.7%). By occupation, 17 respondents (56.7%) were employed and 13 (43.3%) were not.

Table 1. Characteristics of Pregnant Women at PMB Shinta, Medan Polonia District, in 2025

Characteristic	Frequency (n)	Percentage (%)
Age		
20-35 years	9	30.0
36-45 years	21	70.0
Education		
Primary school	4	13.3
Junior high school	7	23.3
Senior high school	17	56.7
Bachelor's degree	2	6.7
Occupation		
Employed	17	56.7
Unemployed	13	43.3
Total	30	100.0

Pregnant Women's Knowledge and the Incidence of Anemia

As Table 2 presents, the univariate results indicate that poor knowledge predominated (17 respondents; 56.7%), whereas 13 respondents (43.3%) were classified as having good knowledge. With respect to anemia, Table 3 shows that most women were anemic (18 respondents; 60.0%), against 12 (40.0%) who were not.

Table 2. Knowledge Category of Pregnant Women at PMB Shinta in 2025

Knowledge	Frequency (n)	Percentage (%)
Good	13	43.3
Poor	17	56.7
Total	30	100.0

Table 3. Anemia Incidence Category at PMB Shinta in 2025

Incidence of Anemia	Frequency (n)	Percentage (%)
Not Anemic	12	40.0
Anemic	18	60.0
Total	30	100.0

The Relationship Between Knowledge and the Incidence of Anemia

Table 4 shows that, of the 30 respondents, 9 mothers (30.0%) combined good knowledge with the absence of anemia, while 14 (46.7%) paired poor knowledge with

anemia. Read within each knowledge group, 9 of the 13 good-knowledge mothers (69.2%) were free of anemia, whereas 14 of the 17 poor-knowledge mothers (82.4%) were anemic. The Chi-Square test verified a significant association (Pearson $\chi^2 = 8.167$, $p = 0.004$; Continuity Correction $p = 0.013$, < 0.05), with an odds ratio of 10.5 (95% CI 1.889–58.359). Maternal knowledge of iron (Fe) tablets is therefore significantly related to anemia: as a woman's knowledge improves, her likelihood of anemia declines.

Table 4. The Relationship Between Pregnant Women's Knowledge of Iron (Fe) Tablets and the Incidence of Anemia at PMB Shinta in 2025

Knowledge	Not Anemic		Anemic		Total		p-value
	n	%	n	%	n	%	
Good	9	30.0	4	13.3	13	43.3	0.013
Poor	3	10.0	14	46.7	17	56.7	
Total	12	40.0	18	60.0	30	100.0	

Knowledge, or cognition, is a central domain in shaping how a person behaves (Notoatmodjo, 2017) and conduct grounded in knowledge tends to endure longer than conduct that is not. A person's knowledge is molded by education, exposure to mass media, information, and experience; where education is low, the capacity to absorb information, Fe tablets included, is correspondingly reduced (Niza dkk., 2022).

How well a mother engages with health workers likewise shapes adherence: more frequent contact and antenatal checks bring more information her way, making compliance more likely (Yismaw dkk., 2022). Even knowledgeable women may still become anemic if they take Fe tablets irregularly, since iron demand surges in the later trimesters beyond what food can provide (Saragih dkk., 2022). Structured nutrition education, for its part, has been shown to lift adherence and bring down anemia (Engidaw dkk., 2025).

These results align with Fauzianty et al. (2024), who reported a significant link between maternal knowledge and adherence to blood supplement tablets ($p = 0.012$), and with further studies concluding that greater maternal knowledge accompanies higher adherence and lower anemia (Andira & Sulastri, 2025; Utari & Al Rahmad, 2022).

DISCUSSION

The present study shows that maternal knowledge of iron (Fe) supplementation bears a significant relationship to anemia. Women who were well informed more often escaped anemia, whereas the majority of those with poor knowledge were anemic. An odds ratio of

10.5 signals that the poor-knowledge group faced a markedly greater chance of anemia than the well-informed group. Knowledge thus emerges not simply as a cognitive trait but as a meaningful driver of preventive health behavior in pregnancy.

That 56.7% of participants held poor knowledge points to enduring shortfalls in maternal health education even where antenatal services are available. When women grasp too little about why iron supplementation matters, when tablets should be taken, what side effects may arise, and how to manage them, their adherence can suffer. Health behavior theory casts knowledge as the groundwork for attitude formation and behavior change, so a thin knowledge base may sap the motivation needed to take iron supplements consistently across pregnancy. Niza et al. (2022) reached a comparable conclusion, noting that lower educational attainment and restricted access to health information fed poorer knowledge of iron supplementation among pregnant women.

These findings sit comfortably alongside earlier work from Indonesia and elsewhere. (Fauzianty dkk., 2024). found that better-informed pregnant women adhered significantly more to blood supplement tablets, and Andira and Sulastris (2025) likewise concluded that stronger maternal knowledge improves iron-supplementation adherence and, in turn, lowers anemia risk. Evidence from abroad reinforces the pattern: systematic reviews show that knowledge-based interventions and maternal education reliably raise adherence to iron-folic acid supplementation throughout low- and middle-income countries (Engidaw dkk., 2025; Saragih dkk., 2022).

Knowledge may be decisive, yet it is hardly the only influence on anemia. Several well-informed respondents were nonetheless anemic, a sign that adequate knowledge does not invariably yield the best health outcomes. As iron requirements climb physiologically, most sharply in the second and third trimesters, they can outstrip dietary intake whenever supplementation is erratic. Beyond that, gastrointestinal side effects, forgetfulness, weak family support, socioeconomic pressures, and poor access to quality antenatal care can all erode adherence even among knowledgeable women (Hardido dkk., 2023; Saeed dkk., 2024) The implication is that education must be paired with ongoing counseling, family engagement, and routine monitoring of iron tablet intake.

The comparatively high anemia prevalence recorded here (60.0%) further signals that the condition remains a pressing maternal health issue in this setting. Such a figure accords with reports that pregnancy-related anemia persists as a major public health concern in many low- and middle-income countries, Indonesia among them (Kementerian Kesehatan

RI, 2025). Recent Indonesian evidence likewise finds maternal anemia still widespread despite national iron-supplementation programs, implying that program success rests not on tablet distribution alone but also on strengthening maternal understanding and adherence (Ameline dkk., 2025).

In practical terms, the results underscore why antenatal health education deserves reinforcement. Midwives and other providers should offer structured counseling covering the benefits of iron supplementation, ways to ease side effects, dietary habits that aid iron absorption, and the value of completing the full recommended regimen. Backing these efforts with regular follow-up, reminder systems, and family involvement can improve adherence and, ultimately, lighten the burden of maternal anemia. Comprehensive measures of this kind should help secure better outcomes for mother and fetus while advancing national efforts to curb anemia among pregnant women.

CONCLUSION

Most pregnant women at PMB Shinta fell into the poor-knowledge category (17 respondents; 56.7%) and were anemic (18 respondents; 60.0%). The Chi-Square test returned a Pearson p-value of 0.004 (Continuity Correction 0.013; odds ratio 10.5, 95% CI 1.889–58.359), pointing to a significant relationship between maternal knowledge of iron (Fe) tablets and anemia. In short, the stronger a woman's knowledge, the less likely she is to be anemic.

The study reinforces empirical support for knowledge as a determinant of anemia prevention in pregnancy. Practically, it highlights how targeted education from health workers, midwives above all, can build maternal knowledge, encourage Fe tablet intake, and lower anemia.

Several limitations apply: a modest sample of 30 respondents, a single study site, and a cross-sectional design that precludes causal inference. Future studies would do well to draw on larger samples, several locations, and a longitudinal design so that the findings can be generalized with greater confidence.

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AUTHORS' NOTE

The authors declare that there is no conflict of interest regarding the publication of this article. The authors confirmed that the paper was free of plagiarism.

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