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Original Article

Hubungan Dukungan Suami dengan Kepatuhan Ibu Hamil dalam Mengonsumsi Tablet Tambah Darah

Relationship Between Husbands' Support and Pregnant Women's Compliance in Consuming Iron Tablets

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ABSTRACT

The high risk of maternal and neonatal complications due to prenatal anemia is a major public health problem. Iron deficiency is a leading cause, given that pregnant women's iron needs exceed the average and are often not met through daily dietary intake. Pregnant women in Indonesia still neglect the government-provided iron and folic acid. Partner support encourages prenatal health behaviors and is a dominant influencing factor. This study targeted pregnant women in the Alalak Selatan Community Health Center (Puskesmas) area to examine the relationship between partner support and adherence to iron tablet consumption.

Thirty pregnant women in their second and third trimesters were randomly selected in a quantitative cross-sectional correlational study. Data were collected through a partner support and iron tablet adherence questionnaire. Spearman's Rho analysis was applied with a significance threshold of 0.05. Results: 80% of respondents reported a lack of partner support, accompanied by non-adherence to iron tablet use. Very strong. A positive relationship was detected between adherence and partner support (p = 0.000; r = 0.667).

Compliance with iron tablet consumption was significantly improved among pregnant women with partner support. Partner involvement can enhance the effectiveness and sustainability of prenatal anemia prevention interventions.

Keywords: *husband support; compliance; iron tablets; pregnant women*

ABSTRAK

Risiko elevasi gangguan bagi ibu dan bayi akibat anemia prenatal menjadi isu kesehatan masyarakat utama. Defisiensi zat besi mendominasi penyebabnya, mengingat kebutuhan besi wanita hamil melebihi rata-rata serta sering tak tercukupi konsumsi makanan harian. Suplemen besi dan asam folat dalam program pemerintah masih diabaikan oleh ibu hamil Indonesia. Dukungan pasangan memicu perilaku kesehatan prenatal serta termasuk faktor pengaruh dominan. Riset ini menargetkan ibu hamil di wilayah Puskesmas Alalak Selatan untuk menguji hubungan antara dukungan pasangan dan kepatuhan konsumsi tablet besi.

Tiga puluh ibu hamil trimester dua dan tiga dipilih secara acak dalam riset korelasional kuantitatif potong lintang. Data dikumpul via kuesioner dukungan pasangan dan kepatuhan tablet besi. Analisis Spearman Rho diterapkan dengan ambang signifikansi 0,05. Hasil: Delapan puluh persen responden melaporkan absennya dukungan pasangan disertai ketidakpatuhan konsumsi tablet besi. Hubungan

positif kuat terdeteksi antara kepatuhan dan dukungan pasangan (p = 0,000; r = 0,667).

Kepatuhan konsumsi tablet besi meningkat signifikan pada ibu hamil yang mendapat dukungan pasangan. Keterlibatan pasangan berpotensi tingkatkan efektivitas dan keberlanjutan intervensi pencegahan anemia prenatal.

Kata Kunci: dukungan suami; kepatuhan; tablet tambah darah; ibu hamil

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Key Findings

- ⇒ Partner support plays an important role in promoting adherence to iron tablet consumption among pregnant women.
- ⇒ Pregnant women who receive support from their partners tend to demonstrate better compliance with recommended iron supplementation practices.
- ⇒ Partner involvement can strengthen efforts to prevent prenatal anemia and improve maternal health outcomes.

Introduction

Anemia in pregnant women remains a significant public health problem because it can have serious consequences for the health of both the mother and the fetus. According to Alemu et al. (2025), anemia is a condition characterized by low hemoglobin levels in the blood, reducing the blood's ability to carry oxygen to body tissues. During pregnancy, iron requirements increase due to fetal growth, placental development, and increased maternal blood volume. However, these increased requirements are often not met through daily dietary intake alone. Research by Rozalia et al. (2022) and Wakano & Sumini (2023) show that most pregnant women experience iron deficiency anemia due to inadequate iron intake and low compliance with iron supplementation.

Globally, the World Health Organization (WHO) reports that nearly 40% of pregnant women suffer from anemia, particularly in developing and low-income countries. In Indonesia, the prevalence of anemia in pregnant women has decreased from 48.9% in 2018 to 27.7% in 2023, but this figure remains high and a serious concern in maternal health (Denlla, 2023; Rohmah et al., 2024). The high prevalence of anemia indicates that current management efforts are still suboptimal, particularly increasing pregnant women's compliance with iron supplementation.

Anemia during pregnancy can cause various complications that endanger both the mother and the fetus. In the mother, anemia can increase the risk of miscarriage, premature delivery, postpartum hemorrhage, infection, and even maternal death. In the fetus, anemia can cause intrauterine growth retardation, impaired brain development, low birth weight, and an increased risk of neonatal health problems (Nurislamiyah et al., 2023; Ferra et al., 2025). These broad impacts demonstrate that anemia in pregnant women is not only an individual

problem but also a public health issue that requires comprehensive and sustainable management.

To prevent anemia in pregnant women, the Indonesian government has implemented an iron and folic acid supplementation program through the provision of iron supplements. The Indonesian Ministry of Health recommends that every pregnant woman consume at least 90 iron supplements during pregnancy to meet iron and folate requirements. This program aims to increase hemoglobin levels in pregnant women and reduce the risk of anemia and pregnancy complications. Research by Soraya et al. (2024) shows that regular consumption of iron supplements can increase hemoglobin levels and improve the health status of pregnant women. However, the effectiveness of this program is greatly influenced by the level of compliance of pregnant women in taking iron supplements as recommended.

Various studies have shown that pregnant women's compliance with iron supplementation tablets remains low. Qomariyah (2024) and Ferra et al. (2025) explain that compliance is influenced by various factors, such as education level, knowledge, maternal attitudes, side effects of iron supplements, quality of health services, motivation, and family support. Among these factors, husband's support is crucial because he plays a significant role in decision-making and providing support during pregnancy. Husband's support can take the form of emotional, informational, instrumental, or reward support, which can help pregnant women be more compliant with health recommendations.

Emotional support from a husband in the form of attention, motivation, and empathy can increase a mother's comfort and confidence during pregnancy. Informational support, such as providing knowledge and reminders regarding the importance of iron supplements, can help mothers understand the benefits of iron supplementation. Furthermore, instrumental support, such as providing nutritious food, reminding mothers to take iron supplements, and attending prenatal checkups, can also improve maternal compliance. Research by Rozalia et al. (2022) and Qomariyah (2024) show that pregnant women who receive support from their husbands tend to be more compliant in taking iron supplements than those who receive less support.

Previous research conducted by Soraya et al. (2024) and Roza and Arlis (2022) also found a significant relationship between husband's support and adherence to iron supplementation in pregnant women. However, most previous studies focused only on general factors influencing adherence without specifically exploring the conditions of husband's support in certain regions. Furthermore, there is limited research examining the relationship between husband's support and adherence to iron supplementation in South Kalimantan, particularly in the Alalak Selatan Community Health Center (Puskesmas) in Banjarmasin City. This indicates a research gap that needs further study to obtain a more specific picture based on the characteristics of the local community.

Data from the Banjarmasin City Health Office shows that the Alalak Selatan Community Health Center

(Puskesmas) remains experiencing a high rate of anemia among pregnant women. Based on preliminary observations, researchers found that some pregnant women rarely took iron supplements regularly and had varying levels of support from their husbands. This suggests that husband involvement may be a factor influencing pregnant women's adherence to iron supplements.

Based on this description, research on the relationship between husbands' support and pregnant women's adherence to iron supplementation in the Alalak Selatan Community Health Center (Puskesmas) in Banjarmasin City is important. This research is expected to provide a stronger scientific basis for the importance of husbands' involvement in supporting pregnant women's health. Furthermore, the research results are expected to be used as a reference by health workers and the Community Health Center in developing health promotion programs, counseling, and family-based interventions involving husbands to improve adherence to iron supplementation and reduce the risk of anemia in pregnant women.

Methods

Design, Participants, and Setting

This study used a quantitative approach. Approaching with a cross-sectional correlational design, this design is applied to examine the relationship between independent and dependent variables at a single point in time. The survey was conducted among pregnant women in their second and third trimesters who attended the South Alalak Community Health Center working area. The population included all pregnant women registered at the South Alalak Community Health Center, Banjarmasin City, in their second and third trimesters during the period from December 2025 to January 2026.

A total of 30 participants were selected from the eligible population. The sampling technique used was incidental sampling, in which WHO subjects who met the inclusion criteria were selected based on their availability during data collection. Inclusion criteria were pregnant women living in the South Alalak Community Health Center work area, with a gestational age of 12–36 weeks, able to communicate well, and willing to participate. Exclusion criteria included pregnant women in the first trimester (gestational age <12 weeks), those with severe illness, those who were absent during data collection, or those who refused to participate.

The variables in this study consisted of husband's support as an independent variable and pregnant women's compliance in consuming iron tablets as a dependent variable. The study was conducted in the South Alalak Community, Banjarmasin Community Health Center, South Kalimantan, from December 2025 to January 2026. Ethical approval obtained was from the Research Ethics Committee of Muhammadiyah University of Banjarmasin (No. 652/UMB/KE/XII/2025). Participant safety was ensured by adhering to ethical principles, including respect for autonomy, confidentiality, non-harm, and beneficence.

Instruments

The instruments used in this study were structured questionnaires consisting of two parts to measure the

dependent variable (pregnant women's compliance in consuming iron tablets) and the independent variable (husband's support). Both instruments were adapted from the original study by Qomariyah (2024) and adjusted to suit the needs of this research.

The husband support questionnaire was designed to assess the extent to which husbands support pregnant women's iron tablet consumption. It consists of ten statements covering aspects of appreciation, knowledge, and emotional support. The adherence questionnaire was used to measure the extent to which pregnant women follow health care provider recommendations about taking iron tablets. It included six statements related to method of consumption, dose, and frequency.

All items in both questionnaires were answered with "Yes" or "No." A score of 1 was given for "Yes" and 0 for "No." Husband support was categorized as unsupportive (score 0–4) and supportive (score 5–9). Pregnant women's compliance was categorized as compliant (score 4–6) and noncompliant (score 0–3).

The instruments were tested for validity and reliability prior to the study. The validity test involved 20 pilot participants using Pearson Product Moment Correlation. The results showed that 9 items in the Husband Support Questionnaire were valid and 1 item was invalid, while all items in the Compliance Questionnaire were valid. Reliability testing using Cronbach's Alpha showed values of 0.981 for Husband Support and 0.976 for Compliance, indicating that the instruments were reliable for this study.

The questionnaire and supporting tables are provided in the appendix after the references as additional materials. This study does not include additional media such as learning materials, flip books, or pamphlets.

Data Collection and Analysis

Data collection strategies are implemented by the researcher to obtain the information needed to achieve the objectives of the study. Sugiyono (2023) emphasizes that reliable data collection is a key element in research, making this a crucial process. In this study, pregnant women in their second and third trimesters were surveyed using a structured questionnaire. The research instrument consisted of a questionnaire on husband support and pregnant women's compliance in consuming iron tablets.

After data collection, several processing steps were carried out, including editing, coding, data entry, cleaning, and scoring. The editing process ensured that the questionnaires were completed completely and consistently. Coding was done by assigning values to responses, where "Yes" was scored 1, "No" was scored 1, and "No" was scored 0. The data were then processed into SPSS (Statistical Package for the Social Sciences). Data cleaning was carried out to identify and correct errors or duplications. The final step was scoring, which involved calculating a total score to determine the category of pregnant women's compliance in taking iron tablets and husband's support.

Data analysis was conducted using SPSS version 25 in two stages: univariate and bivariate analysis. Univariate analysis was used to describe husband support and pregnant women's compliance in consuming iron tablets

through frequency distribution. Bivariate analysis was conducted using the Spearman Rho test with a significance level of 0.05 to examine the relationship between variables. A p-value of less than 0.05 was considered statistically significant, while a p-value of ≥0.05 was considered insignificant.

Ethical Approval

A comprehensive explanation of the study's purpose, benefits, and procedures was provided to all participants prior to data collection. Informed consent was obtained from each respondent after they received a full explanation and demonstrated understanding, as evidence of their agreement to participate. The informed consent document emphasizes that participation was voluntary and free from any form of coercion. Participants were also informed of their right to withdraw from the study at any time without any consequences.

Anonymity was maintained to protect the confidentiality of participants' identities and personal information. No names were recorded, and all data were used solely for research purposes. This study adheres to ethical principles, including do no harm, respect for autonomy, fairness, and beneficence. Ethics approval was obtained from the Research Ethics Committee of Muhammadiyah University of Banjarmasin (No. 652/UMB/KE/XII/2025).

Results

Table 1 presents the characteristics of pregnant women in the South Alalak Community Health Center working area, Banjarmasin. Most respondents were aged 20–35 years (93.3%), while only a small proportion were younger than 20 years (3.3%) or older than 35 years (3.3%). Regarding educational attainment, the largest proportion of respondents had completed junior high school (43.3%), followed by senior high school (33.3%), while smaller proportions had not completed elementary school (16.7%), completed elementary school (3.3%), or graduated from college/university (3.3%).

All respondents were housewives (100.0%) and identified as Muslim (100.0%). Based on parity, most respondents were multigravida (73.3%), whereas 26.7% were experiencing their first pregnancy. Concerning husbands' educational background, the majority had completed senior high school (46.7%), followed by junior high school (40.0%), elementary school (10.0%), and college/university education (3.3%).

With respect to husbands' occupations, more than half worked in the private sector (56.7%), while others were employed as farmers or laborers (10.0%), civil servants (10.0%), or in other occupations (23.3%). Most respondents reported receiving insufficient support from their husbands (80.0%), whereas only a minority reported receiving adequate support (20.0%).

Regarding compliance with iron tablet consumption, the majority of pregnant women were classified as non-compliant (90.0%), while only a small proportion were compliant (10.0%). These findings suggest that both husband support and adherence to iron supplementation remain important concerns among pregnant women in the study area.

Table 1. Characteristics of Pregnant Women in the South Alalak Community Health Center Working Area, Banjarmasin (N = 30)

Variable	Category	n (%)
Age	< 20 years	1 (3.3)
	20–35 years	28 (93.3)
	> 35 years	1 (3.3)
Maternal Education	Did not complete elementary school	5 (16.7)
	Elementary school graduate	1 (3.3)
	Junior high school graduate	13 (43.3)
	Senior high school graduate	10 (33.3)
	College/University graduate	1 (3.3)
Maternal Occupation	Housewife	30 (100.0)
Religion	Islam	30 (100.0)
Parity	Primigravida (first pregnancy)	8 (26.7)
	Multigravida	22 (73.3)
Husband's Education	Elementary school graduate	3 (10.0)
	Junior high school graduate	12 (40.0)
	Senior high school graduate	14 (46.7)
	College/University graduate	1 (3.3)
Husband's Occupation	Farmer/Laborer	3 (10.0)
	Private employee	17 (56.7)
	Civil servant	3 (10.0)
	Other occupations	7 (23.3)
Husband's Support	Not supportive	24 (80.0)
	Supportive	6 (20.0)
Compliance with Iron Tablet Consumption	Non-compliant	27 (90.0)
	Compliant	3 (10.0)

Table 2. Relationship between Husband Support and Pregnant Women's Compliance in Consuming Iron Tablets in the South Alalak Community, Banjarmasin Community Health Center Working Area

Husband Support	Compliance of pregnant women in consuming iron tablets						P value	R
	Not obey		Obedient		Total			
	F	%	F	%	F	%		
Does not support	24	100%	0	100%	24	100%	0,000	0.667
Support	3	50%	3	50%	6	100%		
Total	27	90%	3	10%	30	100%		

Based on **Table 2,** all respondents (100%) who did not receive husband support were classified as non-compliant in taking iron tablets. Among the respondents who received husband support, despite receiving support, 3 respondents (50%) were non-compliant, and 3 respondents (50%) were compliant.

The test results showed that pregnant women who received husband support tended to be more compliant in

taking iron tablets according to recommendations ($p = 0.000$; $p < 0.05$). The correlation coefficient ($r = 0.667$) indicated a strong positive relationship between the variables, meaning that husband support was associated with higher compliance among pregnant women.

Overall, pregnant women who received husband support were more compliant with iron tablet consumption ($p = 0.000$; $r = 0.667$). Husband support plays an important role in improving pregnant women's compliance.

Social support, including spontaneous support, has a significant influence on maternal health behaviors. The presence of social support can improve adherence to health recommendations such as prenatal iron supplementation, as described in the Health Belief Model (HBM) (Becker & Rosenstock in Rostanty et al., 2025). Husband support includes emotional support (encouragement and psychological motivation), informational support (reminders and guidance), and instrumental support (practical assistance). These forms of support help pregnant women overcome common problems such as nausea or forgetting to take iron tablets. Qualitative studies have shown that pregnant women are more consistent in taking iron tablets due to emotional support and reminders from their husbands.

Previous studies have confirmed similar findings. Sinta Roza and Izzawati Arlis (2022) found a significant correlation between husband support and pregnant women's compliance with iron tablet consumption ($p < 0.05$).

Discussion

The results of this study indicate a statistically significant relationship between husband's support and pregnant women's compliance in taking iron supplements. Pregnant women who receive greater support from their husbands tend to be more compliant in taking iron supplements as recommended by health professionals. These findings indicate that husband's support plays a crucial role in shaping maternal health behaviors during pregnancy, particularly in preventing anemia through regular iron supplementation.

Theoretically, social support is a crucial factor influencing pregnant women's health behaviors. Based on the Health Belief Model (HBM), social support can increase individual motivation and strengthen belief in the benefits of health interventions, including adherence to iron supplementation (Becker & Rosenstock in Rostanty et al., 2025). In this study, husbands' support was shown to increase pregnant women's awareness and motivation to continue taking iron supplements regularly despite facing various challenges during pregnancy.

Husband's support can be emotional, informational, or instrumental. Emotional support encompasses attention, empathy, motivation, and psychological encouragement, ensuring the mother feels valued and cared for during pregnancy. Instrumental support includes tangible assistance, such as reminding mothers to take their iron supplements, attending prenatal checkups, and providing nutritious food. Meanwhile, informational support involves providing knowledge and

advice on the importance of iron supplements for maternal and fetal health. These forms of support are crucial because many pregnant women experience challenges such as nausea, dizziness, boredom, and forgetting to take their iron supplements regularly. With the husband's involvement, these challenges can be minimized, improving maternal compliance.

The results of this study align with several previous studies. Research by Roza and Arlis (2022) showed a significant relationship between husband's support and pregnant women's compliance with iron tablet consumption. A study in Jombang also found that husband's support was associated with pregnant women's compliance with iron tablet consumption. Furthermore, several other studies have shown that family support, particularly from husbands, plays a significant role in increasing adherence to iron supplementation and reducing the risk of anemia during pregnancy. These findings strengthen the evidence that husband's involvement is a crucial factor in the success of iron supplementation programs for pregnant women.

However, the results of this study also showed that the majority of respondents did not receive support from their husbands (80%) and were non-compliant in taking iron supplements (90%). These findings need to be interpreted critically as they may reflect social and cultural factors that influence the health behaviors of pregnant women. In some families, pregnancy is still considered the woman's responsibility, resulting in low husband involvement in prenatal care. Furthermore, low levels of education, limited access to health information, and minimal education from health professionals for husbands may contribute to low husband awareness of the importance of iron supplements during pregnancy.

Although the results support theory and previous research, this study has several limitations. The study used a cross-sectional design, which only describes the relationship between variables at a single point in time and cannot definitively explain cause-and-effect relationships. The relatively small sample size and the use of accidental sampling techniques may also limit the generalizability of the study results to a broader population. Furthermore, the use of questionnaires as a data collection tool can introduce subjectivity bias because respondents' answers depend on the honesty and understanding of each individual. Therefore, future research is recommended to use a larger sample size, use a more representative sampling method, and include other variables such as maternal knowledge, family income, culture, and access to health services.

Despite its limitations, this study makes an important contribution to the development of obstetrics and maternal health, particularly regarding the prevention of anemia in pregnant women. This study confirms that husbands' support is not only statistically related to adherence to iron supplementation, but also a psychosocial factor influencing pregnant women's health behaviors. These findings can serve as a basis for health workers to develop family-based interventions in antenatal care services, such as health education, integrated

health service post (Posyandu) activities, and pregnancy classes that actively involve husbands. With increased husband involvement, it is hoped that pregnant women's adherence to iron supplementation will improve, thereby reducing the risk of anemia during pregnancy.

Based on the researchers' interpretation, low husband involvement during pregnancy is one of the main causes of low compliance among pregnant women in taking iron supplements. Pregnant women who do not receive support from their husbands tend to have lower motivation, are more forgetful, or worry about side effects such as nausea and dizziness. Conversely, pregnant women who receive support from their husbands tend to be more confident, comfortable, and motivated to maintain their own and their fetus' health by regularly taking iron supplements. Therefore, husband support should be considered a crucial component in improving pregnant women's compliance with iron supplementation programs during pregnancy.

Conclusion

The findings indicate that pregnant women who receive support from their husbands tend to be more compliant in consuming iron tablets as recommended during pregnancy. Husband's support plays an important role in encouraging positive health behaviors and promoting adherence to iron supplementation. Therefore, greater involvement of husbands in maternal health programs may contribute to improving compliance with iron tablet consumption among pregnant women and support efforts to prevent anemia during pregnancy.

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Conflict of Interest

There is no conflict of interest.

Author Contribution

Gita Wulanda Sari: Conceptualization, Methodology, Investigation, Data Curation, Formal Analysis, Validation, Writing – Original Draft, Writing – Review & Editing.

Darmayanti Wulandatika: Methodology, Supervision, Formal Analysis, Validation, Writing – Review & Editing.

Siti Maria Ulfa: Supervision, Validation, Writing – Review & Editing.

Hj. Mariani: Validation, Writing – Review & Editing.

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Appendix

Kuesioner Dukungan Suami
Berilah tanda check (√) pada jawaban yang paling sesuai dengan diri anda.

NO	Dukungan Suami	Ya	Tidak
1.	Suami mendampingi Anda ketika mengonsumsi tablet tambah darah		
2.	Suami tidak memberikan perhatian terhadap keluhan yang dirasakan saat mengonsumsi tablet tambah darah		
3.	Suami menunjukkan kekhawatiran terhadap efek yang mungkin timbul setelah Anda mengonsumsi tablet tambah darah		
4.	Suami tidak menanyakan apakah Anda telah menerima tablet tambah darah saat pemeriksaan kehamilan		
5.	Suami memberikan dorongan agar Anda patuh mengonsumsi tablet tambah darah dengan memberikan pujian saat Anda akan meminumnya		
6.	Suami selalu mengantarkan Anda ke fasilitas kesehatan terdekat untuk memperoleh tablet tambah darah		
7.	Suami anda menyarankan agar saat mengkonsumsi tablet tambah darah, sebaiknya disertai dengan buah atau jus yang kaya vitamin C.		
8.	Suami tidak menyiapkan tablet tambah darah saat Anda akan mengonsumsinya		
9.	Suami tidak mengantarkan Anda saat melakukan pemeriksaan kehamilan		

(Qomariyah, 2024)

Kuesioner Kepatuhan Ibu Hamil Dalam Mengkonsumsi Tablet Tambah Darah. Berilah tanda check (√) pada jawaban yang paling sesuai dengan diri anda.

NO	Kepatuhan Ibu Hamil Dalam Mengkonsumsi Tablet Tambah Darah	Ya	Tidak
1.	Saya selalu mengambil tablet tambah darah dari petugas kesehatan sesuai jadwal yang ditentukan.		
2.	Saya mendapatkan penjelasan mengenai cara mengonsumsi tablet tambah darah dari petugas kesehatan		
3.	Saya sebaiknya mengonsumsi 1 tablet tambah darah setiap hari selama kehamilan dan 40 hari setelah melahirkan untuk mencegah anemia		
4.	Saya rutin mengonsumsi tablet tambah darah karena khasiatnya yang penting untuk pertumbuhan janin		
5.	Saya tetap mengonsumsi tablet zat besi (Fe) meskipun mengalami sedikit mual		
6.	Saya mengonsumsi tablet tambah darah ketika diingatkan oleh anggota keluarga		

Kuesioner Dukungan Suami 9 pernyataan	("Ya" = 1, "Tidak" = 0). Skor total Tidak Mendukung (0-4) dan Mendukung (5-9).
Kuesioner Kepatuhan Ibu Hamil dalam Mengonsumsi Tablet Tambah Darah 6 pernyataan	jawaban ("Ya" = 1, "Tidak" = 0). Skor total menjadi Tidak Patuh (0–3) dan Patuh (4–6).