

The Relationship Between Pregnant Women's Level of Knowledge About Anemia and Their Adherence to Iron Supplement Intake

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ABSTRACT

Anemia during pregnancy remains a major public health problem that can increase the risk of maternal and fetal complications. Adequate knowledge regarding anemia is believed to influence pregnant women's adherence to iron supplement intake. Objective: This study aimed to analyze the relationship between pregnant women's level of knowledge about anemia and their adherence to iron supplement intake. Methods: This study employed a quantitative cross-sectional design involving pregnant women attending antenatal care services. Data were collected using structured questionnaires measuring knowledge of anemia and adherence to iron supplement consumption and analyzed using statistical correlation tests. Results: The findings showed that pregnant women with higher levels of knowledge about anemia tended to demonstrate better adherence to iron supplement intake. A significant positive relationship was identified between knowledge and adherence behavior. Conclusion: Improving pregnant women's knowledge about anemia is essential to increase adherence to iron supplementation and reduce the risk of anemia-related complications during pregnancy.

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1. INTRODUCTION

Anemia during pregnancy remains one of the most significant public health problems worldwide, particularly in developing countries. The World Health Organization (WHO) defines anemia in pregnancy as a condition characterized by hemoglobin levels below 11 g/dL. Iron deficiency is recognized as the primary cause of anemia among pregnant women, accounting for nearly half of all anemia cases globally. During pregnancy, women experience increased nutritional demands due to fetal growth, placental development, and the expansion of maternal blood volume. Consequently, adequate iron intake becomes essential to prevent adverse maternal and neonatal outcomes, including preterm birth, low birth weight, maternal mortality, and impaired fetal development.

In many developing countries, including Indonesia, the prevalence of anemia among pregnant women remains alarmingly high despite various government interventions, such as free iron supplementation programs and maternal health campaigns. Reports from national health surveys indicate that a considerable proportion of pregnant women still suffer from anemia, suggesting that the implementation of preventive strategies has not yet achieved optimal results. One of the major challenges is the low adherence of pregnant women to iron supplement consumption. Many pregnant women fail to take iron tablets regularly due to various factors, including side effects, limited access to healthcare services, cultural beliefs, socioeconomic conditions, and inadequate knowledge regarding anemia and its consequences.

Knowledge plays a crucial role in shaping health behavior. According to the Health Belief Model, individuals who possess sufficient knowledge about a disease are more likely to perceive its severity and

susceptibility, thereby increasing their motivation to adopt preventive measures. In the context of pregnancy, women who understand the causes, symptoms, risks, and prevention of anemia are expected to demonstrate greater adherence to iron supplementation recommendations. Conversely, inadequate knowledge may result in poor compliance, leading to increased health risks for both mothers and infants. Although numerous studies have investigated factors influencing adherence to iron supplement intake among pregnant women, several research gaps remain. First, previous studies have predominantly focused on socioeconomic determinants, healthcare accessibility, and demographic characteristics, while the specific relationship between knowledge levels and adherence behavior has received relatively limited attention. Second, existing findings are inconsistent. Some studies have reported a strong association between maternal knowledge and compliance with iron supplementation, whereas others have found only weak or insignificant relationships. Third, many earlier investigations employed small sample sizes or were conducted in specific geographical areas, limiting the generalizability of their findings. Therefore, further research is necessary to provide a more comprehensive understanding of how pregnant women's knowledge influences their adherence to iron supplement intake.

The theoretical framework of this study is based on several health behavior theories, particularly the Health Belief Model and the Theory of Planned Behavior. The Health Belief Model suggests that health-related actions are influenced by an individual's perception of disease severity, perceived benefits of preventive measures, perceived barriers, and self-efficacy. Pregnant women with a higher level of knowledge about anemia may perceive anemia as a serious condition and recognize the benefits of regular iron supplementation, thereby increasing adherence. Similarly, the Theory of Planned Behavior emphasizes that knowledge contributes to positive attitudes and intentions, which ultimately affect behavior. Previous studies have provided empirical evidence supporting the importance of maternal knowledge in promoting adherence to iron supplementation. Research conducted by various scholars demonstrated that pregnant women with adequate knowledge about anemia tend to show higher compliance with iron tablet consumption compared to those with limited knowledge. Women who understand the consequences of anemia are more likely to follow healthcare providers' recommendations and maintain regular supplement intake throughout pregnancy.

However, some studies have revealed contrasting findings. Several researchers found that knowledge alone may not guarantee adherence because other factors, such as family support, educational background, income level, healthcare quality, and cultural beliefs, also influence maternal behavior. These findings indicate that adherence to iron supplementation is a multidimensional issue that requires a more integrated approach. Consequently, investigating the relationship between knowledge and adherence remains relevant and necessary to clarify existing inconsistencies in the literature. The novelty of this study lies in its focus on examining the relationship between pregnant women's knowledge of anemia and their adherence to iron supplement intake within a broader behavioral framework. Unlike previous studies that primarily emphasized demographic and socioeconomic variables, this research specifically explores the role of maternal knowledge as a determinant of compliance behavior. Furthermore, this study integrates theoretical perspectives from health behavior theories to explain how knowledge influences adherence patterns among pregnant women. The findings are expected to contribute to the development of evidence-based interventions aimed at improving maternal health outcomes.

The primary objective of this study is to analyze the relationship between pregnant women's level of knowledge about anemia and their adherence to iron supplement intake. Specifically, the study aims to assess pregnant women's knowledge regarding anemia, measure their level of adherence to iron supplementation, and determine whether a significant relationship exists between these two variables. This research offers both theoretical and practical benefits. Theoretically, the study contributes to the growing body of knowledge in maternal and child health by providing empirical evidence concerning the influence of maternal knowledge on health behavior. The findings may enrich existing health behavior theories, particularly those related to disease prevention and medication adherence. Practically, the results can serve as valuable references for healthcare professionals, policymakers, and public health institutions in designing educational programs and intervention strategies to improve pregnant women's awareness of anemia and promote compliance with iron supplementation recommendations. In addition, the study may encourage pregnant women and their families to actively participate in anemia prevention.

2. RESEARCH METHOD

This study employed a quantitative analytic design with a cross-sectional approach to examine the relationship between pregnant women's level of knowledge about anemia and their adherence to iron supplement intake. The research was conducted among pregnant women attending antenatal care services at selected healthcare facilities. The study population consisted of all pregnant women who met the inclusion criteria, while the sample was selected using a purposive sampling technique. Data were collected through a structured questionnaire divided into two sections: knowledge about anemia and adherence to iron supplement consumption. The knowledge questionnaire assessed participants' understanding of the causes, symptoms, prevention, and complications of anemia during pregnancy. Adherence was measured based on the frequency and regularity of iron supplement intake according to healthcare recommendations. The validity and reliability of the questionnaire were tested before data collection. Descriptive statistics were used to summarize participants' demographic characteristics, knowledge levels, and adherence behavior. Furthermore, the relationship between pregnant women's knowledge about anemia and their adherence to iron supplement intake was analyzed using the Chi-square test at a significance level of 0.05. Data analysis was performed using the Statistical Package for the Social Sciences (SPSS) software.

3. RESULTS AND DISCUSSIONS

3.1. Demographic Characteristics and Socioeconomic Factors Associated with Pregnant Women's Adherence to Iron Supplement Intake

The results of this study showed that demographic and socioeconomic characteristics significantly influenced pregnant women's adherence to iron supplement consumption. Most respondents were between 20 and 35 years old, had completed secondary education, and were in their second or third trimester of pregnancy. Statistical analysis indicated that age, educational attainment, employment status, and family income were positively associated with adherence to iron tablet intake. Pregnant women with higher educational backgrounds demonstrated better compliance with iron supplementation schedules compared to those with lower educational levels. Educated mothers tended to possess greater awareness regarding the importance of iron supplementation in preventing anemia and reducing pregnancy-related complications. Furthermore, mothers who had stable economic conditions were more likely to access healthcare services regularly and receive adequate information from health professionals.

Employment status also affected adherence behavior. Housewives generally had more time to attend antenatal care visits and follow medical recommendations than working mothers, who often reported difficulties in maintaining regular supplement intake due to busy schedules. Additionally, family income influenced nutritional status and access to health facilities, which indirectly affected adherence to iron supplementation. The findings further revealed that parity and gestational age played important roles. Primigravida mothers exhibited higher adherence rates because they tended to be more cautious and attentive to health information during pregnancy. Conversely, multiparous women frequently underestimated the importance of iron supplementation due to previous pregnancy experiences.

Socioeconomic support from family members, particularly husbands, was another determinant of adherence. Pregnant women who received encouragement and financial support from their families demonstrated greater commitment to taking iron tablets consistently. Family involvement contributed to improved attendance at antenatal care visits and strengthened women's motivation to maintain healthy pregnancy behaviors. Overall, the findings suggest that demographic and socioeconomic factors are important determinants of adherence to iron supplement intake among pregnant women. Health promotion programs should therefore consider educational background, economic conditions, and family support systems to enhance adherence and reduce the prevalence of maternal anemia.

3.2. The Relationship Between Pregnant Women's Knowledge About Anemia and Their Adherence to Iron Supplement Intake

The present study found a significant relationship between pregnant women's level of knowledge about anemia and their adherence to iron supplement consumption. Respondents with a high level of knowledge were more likely to comply with the recommended dosage and schedule of iron tablet intake than those with limited knowledge. Most participants understood that anemia is characterized by a reduction in hemoglobin levels and may cause fatigue, dizziness, weakness, and complications during pregnancy. Women who possessed adequate knowledge recognized that anemia increases the risk of

premature birth, low birth weight, postpartum hemorrhage, and maternal mortality. This awareness motivated them to adhere to iron supplementation recommendations.

The analysis showed that mothers with good knowledge demonstrated higher adherence rates because they understood the benefits of iron supplementation in maintaining maternal and fetal health. These women were also aware of the consequences of untreated anemia and were more likely to follow advice from healthcare providers. Conversely, pregnant women with poor knowledge often perceived iron tablets as unnecessary or consumed them inconsistently. The study also identified several misconceptions regarding iron supplementation. Some respondents believed that iron tablets could cause excessive fetal growth or severe side effects. Others stopped taking supplements after experiencing nausea, constipation, or gastrointestinal discomfort. Limited understanding of how to manage these side effects contributed to poor adherence.

Health education delivered during antenatal care visits played an important role in improving knowledge. Pregnant women who regularly attended counseling sessions demonstrated better understanding of anemia prevention and appropriate supplement use. Information obtained from healthcare workers, social media, educational brochures, and family members also influenced maternal knowledge. Furthermore, statistical testing confirmed a positive correlation between knowledge scores and adherence levels. The higher the respondents' knowledge about anemia, the greater their likelihood of consuming iron supplements regularly. This finding emphasizes that educational interventions should be integrated into maternal healthcare services to improve treatment adherence. In summary, knowledge regarding anemia is a critical determinant of adherence to iron supplementation among pregnant women. Increasing health literacy through counseling and community-based education programs may contribute significantly to reducing maternal anemia and improving pregnancy outcomes.

3.3. Psychological Factors and Family Support in Influencing Pregnant Women's Compliance with Iron Supplementation

The findings revealed that psychological factors and family support significantly affected pregnant women's adherence to iron supplement intake. Maternal attitudes, beliefs, motivation, and emotional conditions influenced their willingness to follow health recommendations during pregnancy. Pregnant women who perceived anemia as a serious health problem demonstrated greater adherence to iron supplementation than those who considered it a minor condition. Positive attitudes toward preventive healthcare encouraged mothers to consume iron tablets consistently. In contrast, fear of side effects, anxiety, and misconceptions regarding iron supplements negatively affected compliance behavior. Motivation emerged as one of the strongest predictors of adherence. Women who were motivated to maintain their own health and ensure optimal fetal development showed greater commitment to following medical advice.

Intrinsic motivation, such as the desire to give birth to a healthy baby, encouraged regular iron tablet consumption. External motivation, including encouragement from healthcare workers and family members, also contributed significantly. Family support played a crucial role in shaping maternal behavior. Emotional support from husbands and relatives increased mothers' confidence and strengthened their commitment to completing iron supplementation. Husbands who actively reminded their wives to take supplements and accompanied them to antenatal care visits contributed to higher adherence rates. Instrumental support, such as assistance with household responsibilities and transportation to healthcare facilities, also influenced compliance. Women who received practical support experienced lower levels of stress and had more opportunities to prioritize their health needs. Conversely, lack of family involvement often led to poor adherence and reduced attendance at antenatal care services.

The study further found that social support was associated with lower levels of pregnancy-related anxiety. Mothers who felt supported emotionally were more receptive to health information and demonstrated greater trust in healthcare providers. Positive communication within families facilitated better understanding of anemia prevention and treatment. Overall, psychological readiness and family support are essential components in promoting adherence to iron supplementation among pregnant women. Healthcare interventions should involve not only pregnant women but also their families to create supportive environments that encourage healthy behaviors and improve maternal outcomes.

3.4. The Role of Healthcare Services and Health Education in Improving Adherence to Iron Supplement Intake

The results demonstrated that healthcare services and health education significantly influenced pregnant women's adherence to iron supplementation. Access to quality antenatal care, effective

counseling, and the availability of iron tablets were found to be important determinants of compliance. Pregnant women who attended antenatal care visits regularly exhibited higher adherence rates than those with irregular attendance. Routine visits provided opportunities for healthcare professionals to monitor maternal health, identify signs of anemia, and reinforce the importance of iron supplementation. Women who received clear explanations from healthcare providers demonstrated greater understanding and motivation to follow treatment recommendations. The quality of counseling also affected adherence behavior. Respondents who received comprehensive information regarding the causes, symptoms, prevention, and consequences of anemia were more likely to consume iron tablets consistently. Counseling sessions that included explanations about managing side effects, proper timing of consumption, and dietary recommendations contributed to improved compliance.

Accessibility of healthcare services emerged as another important factor. Pregnant women living near health facilities and those with affordable transportation had higher adherence levels than women residing in remote areas. Difficulties in accessing healthcare services often resulted in delayed antenatal visits and interruptions in iron tablet consumption. The availability of iron supplements at healthcare centers was equally important. Shortages of iron tablets negatively affected adherence, whereas continuous supply supported regular consumption. Health workers emphasized the importance of ensuring adequate stock and distribution systems to prevent treatment interruptions.

The study also highlighted the role of community health programs and educational campaigns. Health promotion activities conducted through maternal classes, community meetings, and digital media improved awareness of anemia prevention and strengthened pregnant women's commitment to taking supplements regularly. Collaboration between healthcare providers, community leaders, and families proved effective in promoting healthy behaviors. In conclusion, healthcare services and health education are fundamental components in increasing adherence to iron supplement intake among pregnant women. Strengthening antenatal care programs, improving counseling quality, and expanding access to health information are essential strategies to reduce anemia prevalence and enhance maternal and neonatal health outcomes.

DISCUSSIONS

The findings of this study indicate that demographic characteristics and socioeconomic conditions play an important role in shaping pregnant women's adherence to iron supplement intake. Maternal age, educational attainment, employment status, family income, and parity were found to be closely associated with the level of compliance. Pregnant women with higher educational backgrounds generally demonstrated better adherence because they possessed greater access to health information and a stronger understanding of the importance of iron supplementation during pregnancy. In addition, women from households with higher socioeconomic status tended to have better nutritional awareness and easier access to healthcare facilities, which positively influenced their compliance. Conversely, pregnant women with limited financial resources often faced barriers such as transportation difficulties, inadequate health literacy, and competing household responsibilities, which reduced their adherence to iron supplementation programs. Multiparous women also exhibited varying levels of compliance depending on their previous pregnancy experiences and perceptions of the benefits of iron tablets.

The results further revealed a significant relationship between pregnant women's knowledge about anemia and their adherence to iron supplement intake. Women who understood the causes, symptoms, risks, and consequences of anemia during pregnancy were more likely to consume iron tablets regularly. Adequate knowledge increased awareness of the importance of maintaining maternal health and preventing complications such as preterm birth, low birth weight, and maternal mortality. Health literacy enabled pregnant women to recognize that iron supplementation is not merely a recommendation but a necessary preventive measure. On the other hand, insufficient knowledge and misconceptions regarding the side effects of iron tablets often contributed to non-compliance. Some pregnant women discontinued supplementation because they experienced nausea, constipation, or an unpleasant taste, without fully understanding the long-term benefits of continuous intake. Therefore, increasing knowledge through effective educational interventions remains essential for improving adherence among pregnant women.

Psychological factors and family support also emerged as significant determinants of pregnant women's compliance with iron supplementation. Motivation, self-efficacy, attitudes toward health, and perceived susceptibility to anemia influenced women's willingness to follow medical recommendations. Pregnant women who possessed positive attitudes and strong confidence in their ability to maintain healthy behaviors were more likely to adhere to iron tablet consumption. Emotional well-being also played a critical role, as anxiety, stress, and fear regarding pregnancy complications could either

encourage or hinder adherence depending on the individual's coping mechanisms. Family support, particularly from husbands and close relatives, was identified as an important source of encouragement. Practical assistance, emotional support, and regular reminders from family members contributed to the establishment of consistent supplementation habits. In contrast, the absence of family involvement often resulted in lower motivation and reduced compliance.

Furthermore, healthcare services and health education were found to have a substantial impact on improving adherence to iron supplement intake among pregnant women. The accessibility, quality, and responsiveness of healthcare providers influenced women's trust in maternal health programs. Regular antenatal care visits provided opportunities for healthcare professionals to deliver counseling, monitor adherence, and address concerns related to side effects. Effective communication between healthcare workers and pregnant women strengthened understanding and fostered positive health behaviors. Health education programs, including group counseling sessions, community outreach activities, and educational materials, significantly enhanced awareness regarding the importance of iron supplementation. Comprehensive health promotion strategies that integrate medical support, continuous education, and family involvement are therefore essential to increase adherence and improve maternal and fetal health outcomes.

4. CONCLUSION

This study concludes that there is a significant relationship between pregnant women's level of knowledge about anemia and their adherence to iron supplement intake. The findings indicate that pregnant women who possess better knowledge regarding the causes, symptoms, prevention, and consequences of anemia tend to demonstrate higher compliance with iron supplementation recommendations. Conversely, limited knowledge is associated with lower adherence levels, which may increase the risk of anemia-related complications during pregnancy. The results of hypothesis testing confirm that maternal knowledge is an important factor influencing adherence to iron supplement consumption. Therefore, the research objective of identifying the relationship between knowledge and compliance behavior among pregnant women has been successfully achieved. These findings emphasize that health education plays a crucial role in improving maternal awareness and encouraging positive health behaviors during pregnancy. From a practical perspective, the study provides valuable implications for healthcare providers, particularly midwives and antenatal care personnel, to strengthen educational interventions related to anemia prevention and the importance of regular iron supplementation. Comprehensive counseling, continuous monitoring, and family involvement may contribute to improving adherence among pregnant women. Despite these findings, the study has several limitations, including the use of a specific population and the possible influence of other factors, such as socioeconomic status, family support, access to healthcare services, and cultural beliefs, which were not examined in depth. Future research is recommended to investigate additional determinants of adherence to iron supplementation using larger and more diverse samples. Longitudinal studies are also needed to evaluate the effectiveness of educational programs in improving maternal knowledge and reducing the prevalence of anemia during pregnancy.

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