The relationship between social support and iron tablet adherence (FE) among second-trimester pregnant women at the Annisa Midwife Clinic Sidoarum, Godean, Sleman, Yogyakarta

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Abstract
Compliance is defined as the behavior of a person who consciously follows certain established rules. The accuracy of mothers in consuming iron tablets to increase blood count, at a dose of 1 tablet per day, is referred to as compliance in consuming iron tablets. Non-compliance in consuming iron tablets has various impacts on pregnant women and fetuses. Among the supporting factors, there are reinforcing factors from outside the individual, such as social support, which influence compliance with iron tablet intake in pregnant women. If social support for iron tablet intake is not implemented, it can have a negative impact. Individuals may face various obstacles, ranging from lack of motivation, information, practical assistance, to managing side effects, all of which can reduce compliance with treatment. Introduction: Pregnancy is a crucial period in a woman's life, during which nutritional needs significantly increase to support fetal growth and development and maintain maternal health. One way to achieve this is by taking iron (Fe) tablets. However, compliance with iron tablet intake among pregnant women often poses a challenge. Various factors can influence this adherence, and one factor believed to play a significant role is social support. This study is situated within the broader context of efforts to improve maternal and child health in Indonesia, particularly in addressing anemia among pregnant women. The primary objective of this study is to investigate the relationship between social support and adherence to iron tablet consumption among pregnant women in the second trimester at Annisa Midwife Clinic in Yogyakarta. Methods: This study is a non-experimental, quantitative study with an analytical correlational design, using a cross-sectional approach. The data analysis method used is Kendall's tau. Data were collected using a social support questionnaire and an iron tablet adherence questionnaire. The sampling technique used was simple random sampling. Results: The results of the data analysis using Kendall's tau yielded a significance value of 0.868. Since the p-value >0.05, the alternative hypothesis (Ha) was rejected, and the null hypothesis (Ho) was accepted, indicating no relationship between social support and iron tablet adherence among pregnant women. Conclusion: This study shows that social support does not influence iron tablet adherence among pregnant women.

Keywords: compliance; iron tablets; pregnant women; social support; second trimester

1. Introduction
Compliance is defined as the behavior of a person who consciously follows certain established rules. A mother's accuracy in taking iron tablets to increase blood count, at a dose of 1 tablet per day, is referred to as compliance in taking iron tablets. The success of iron tablets depends on the mother's accuracy in taking them. Compliance can also be interpreted as the degree to which an individual's behavior aligns with medical or health care, including the use of medication according to the instructions on the prescription and at the appropriate time. Maternal adherence to iron tablet consumption (Fe) is influenced by several factors, one of which is social support. Social support can be provided by offering encouragement, making supportive statements, giving recognition, using positive language, providing motivation, attention, and various forms of assistance, both psychological and physical.

According to the World Health Organization (WHO) in 2019, the global prevalence of anemia was 29.9% (95% uncertainty interval (UI) 27.0%, 32.8%) among women of reproductive age, equivalent to more than half a billion women aged 15–49 years. The prevalence was 29.6% (95% UI 26.6%, 32.5%) among non-pregnant women of reproductive age and 36.5% (95% UI 34.0%, 39.1%) among pregnant women. Since 2000, the global prevalence of anemia among women of reproductive age has remained stagnant, while the prevalence of anemia among pregnant women has decreased slightly. (WHO, 2019). Based on the results of the DIY Health Profile, the prevalence of anemia among pregnant women in DIY over the past three years was 16.60% in 2020, 16.50% in 2021, 19.01% in 2022, and 13.80% in 2023. Thus, the prevalence of anemia over the past three years increased from 2021 to 2022 by 2.51%

and decreased from 2022 to 2023 by 5.21%. Therefore, anemia data in Yogyakarta has been unstable from 2020 to 2023. (Kemenkes RI, 2022).

Among the supporting factors, there are reinforcing factors from outside the individual, such as social support, which influences compliance with iron tablet intake among pregnant women. According to (Mas Ian Rif'ati, et al., 2018), social support refers to the presence of certain individuals who personally provide advice, motivation, guidance, and solutions when an individual faces problems or encounters obstacles in carrying out activities aimed at achieving goals. If social support for FE tablet adherence is not implemented, it can have a negative impact. Signs of social support may face various obstacles, ranging from lack of motivation, information, practical assistance, to managing side effects, all of which can reduce adherence to treatment. Social support comes from important people close to an individual, such as family, teachers, or friends. This statement aligns with Sarason's assertion that social support is derived from close social relationships or the presence of individuals who make an individual feel cared for, valued, and loved (Muthmainah, 2022).

Various studies have identified factors influencing iron tablet adherence among pregnant women. As in the study by Kenang et al. (2018), the results showed that respondents who did not receive family support were less compliant in taking iron tablets compared to those who did receive family support. Based on the chi-square statistical analysis, the p-value was 1.000 ($p > 0.05$), so H0 was accepted, concluding that there was no significant relationship. This is because attitudes and knowledge are already good, and this is also influenced by the role of healthcare workers who have effectively communicated the importance of iron tablets (Fe) to pregnant women. Healthcare workers consistently provide or convey health education when pregnant women collect iron tablets (Fe) at the health center or during Posyandu activities.

Based on the results of a preliminary study conducted by the researcher on June 30, 2024, at the An-Nisa Midwife Clinic on pregnant women, with a total of 260 patients over the past month during the June period. By interviewing 22 pregnant women, it was found that 15 pregnant women were compliant in taking iron tablets because they had received information from healthcare workers and received support from their families and healthcare workers, while 7 pregnant women were non-compliant in taking iron tablets due to a lack of information received and a lack of support from their families and healthcare workers.

Based on the above description, it reinforces the data that there is non-compliance in taking iron tablets, so the researcher is interested in studying "The relationship between social support and compliance in taking iron tablets among pregnant women at the An-Nisa midwife clinic."

2. Methods

Research design refers to the overall framework chosen to integrate various research components in a coherent and logical manner. In this study, the researcher used a quantitative research design with a cross-sectional approach, which is a study of the correlation dynamics between risk factors using an approach, observation, or simultaneous data collection (point-in-time approach). This means that each object under study is observed only once, and this design can analyze cause-and-effect relationships. (Tarmidi Hasan, 2018).

The data sources in this study use primary data collected directly from the field through interaction with the research subjects. Our primary data sources include individuals relevant to the research topic, such as pregnant women in their second trimester, pregnant women who have received information about iron tablets (Fe), pregnant women who have had one ANC visit, and those without severe pregnancy complications requiring special care, such as severe preeclampsia or active bleeding, and side effects during iron tablet consumption.

Data collection techniques are specific methods used to gather information from data sources. For primary data, the researcher used two questionnaires, the first of which was the Social Support Questionnaire (SSQ). This questionnaire was used to measure social support with 27 items. The second questionnaire used to measure compliance with iron tablet intake, consisting of 8 questions. Data collection was conducted over one week at the Annisa Sidoarum Godean Sleman Yogyakarta Midwife Clinic, from March 17, 2025, to March 22, 2025.

Data analysis in this study used univariate analysis to describe the variables by creating frequency distribution tables. Interval-ratio data was used in this study. Further data analysis was conducted using

bivariate analysis. This analysis was performed to examine the relationship between independent and dependent variables. Data analysis used Kendall's tau to identify relationships and test hypotheses between two variables.

3. Results and Discussion

3.1. Results

This study was conducted in the scope of work of the Annisa Midwife Clinic. Responden in this study were second trimester pregnant women. Responden obtained were 40 responden. In this study, responden responden had characteristic in the form of name, age, how many pregnancies, gestational age, education.

Table 1. respondent characteristics

Characteristics of respondents	Frequency (F)	Precentage (%)
Age of pregnant women		
20-30	25	62.5%
31-40	15	37.5%
Total	**40**	**100%**
How many pregnancies		
1	17	42.5%
2	17	42.5%
3	5	12.5%
4	1	2.5%
Total	**40**	**100%**
Gestational age		
14-17 weeks	14	35%
18-21 weeks	9	22.5%
22-26 weeks	17	42.5%
Total	**40**	**100%**
Education		
Elementary School	1	2.5%
Junior High School	4	10%
High School	12	30%
vocational high school	16	40%
D3	1	2.5%
Bachelor's Degree	5	12.5%
Master's degree	1	2.5%
Total	**40**	**100%**

Based on Table 1 regarding the frequency distribution of respondent characteristics at the Annisa Midwife Clinic in Yogyakarta based on age, the majority were pregnant women aged 20-30, with 25 respondents (62.5%). Characteristics of respondents based on pregnancy stage show that the majority are in their first pregnancy (17 respondents, 42.5%) and second pregnancy (17 respondents, 42.5%). Characteristics of respondents based on gestational age show that there are 17 respondents (42.5%) with a gestational age of 22-26 weeks. Characteristics of respondents based on education show that there are 16 respondents (40%) with the highest level of education being vocational high school.

Table 2. Description of the frequency distribution of social support variables

Social support	Frequency (F)	Percentage (%)
Not supportive	2	4.5
Support	40	95.2
Total	**42**	**100.0**

Based on Table 2, the level of satisfaction with support among respondents was measured based on the type of social support, namely no support for 2 respondents (5%) and supportive social support for 38 respondents (95%).

Table 3. Description of the frequency distribution of variable adherence to taking iron tablets (Fe)

Adherence to taking iron tablets	Frequency (F)	Percentage (%)
Low	3	7.5%
4	4	10%
5	7	17.5%
6	14	35%
7	8	20%
8	4	10%
Total	**40**	**100.0**

Based on Table 3, out of 40 pregnant women respondents, 14 respondents (35%) were found to have high compliance, and 3 respondents (7.5%) had low compliance.

Table 4. Kendall's Tau Correlatoin Test Results Social Support Relationship with Adherence to Taking Tablets (Fe)

		Value	Asymptotic Standardized Error[a]	Approximate T[b]	Approximate Significance
Ordinal by Ordinal	Kendall's tau-b	-.023	.138	-.166	.868
N of Valid Cases		40			

Based on the test results in Table 5, it is known that the relationship between social support and compliance with taking iron tablets, according to the results of Kendall's tau statistics, obtained a sign value (2-tailed) of 0.868. This shows that the significance value is greater than 0.05. Thus, there is no relationship between social support and compliance with taking iron tablets at the Annisa midwife clinic.

3.2. Discussion

Based on the results of research conducted at the Annisa Midwife Clinic, there were 40 respondents who were pregnant women in their second trimester. The following is a discussion of the description of social support and compliance with taking FE tablets.

3.2.1. Characteristics of respondents at Annisa Midwife Clinic

Based on the research results in Table 1, it was found that the majority of respondents were pregnant women in the age category of 20–30 years old, totaling 25 respondents (62.5%), and those in the age category of 31–40 years old, totaling 15 respondents (37.5%).

Based on the results in Table 1, it was found that 17 respondents (42.5%) were in their first pregnancy, followed by 17 respondents (42.5%) in their second pregnancy, 5 respondents (12.5%) in their third pregnancy, and 1 respondent (2.5%) in their fourth pregnancy.

Based on the results in Table 4.1, it is known that the gestational age range from week 14 to week 17 was 14 respondents (35%), the next gestational age range was from week 18 to week 21 with 9 respondents (22.5%), and finally, the pregnancy age range from week 22 to week 26 had 17 respondents (42.5%).

Based on the results in Table 1, it is known that the highest level of education among pregnant women was elementary school with 1 respondent (2.5%), followed by junior high school with 4 respondents (10%), followed by high school with 12 respondents (30%), vocational high school with 16 respondents (40%), associate's degree with 1 respondent (2.5%), bachelor's degree with 5 respondents (12.5%), and finally master's degree with 1 respondent (2.5%).

3.2.2. Social Support

Based on Table 2, the level of satisfaction with support among respondents was measured based on the type of social support, with 2 respondents (5%) indicating no support and 38 respondents (95%) indicating support. All 38 respondents supported pregnant women in taking iron tablets. This aligns

with research conducted by Deny Wahyuni (2018), who stated that in her study, family support was high, with 34 respondents (61%). Thus, families are caring and understanding of the condition of pregnant women, such as accompanying them to the health center or clinic and helping with household chores.

In this study, the respondents' ages ranged from 20-30 years and 31-40 years. Those providing social support in this study were in the 20-30 age range, with the majority being 24 respondents (96%). Meanwhile, among those who did not provide support, there was 1 respondent (4%) in the 20-30 age group and 1 respondent (6.7%) in the 31-40 age group. In terms of pregnancy, social support was provided in the first pregnancy by 16 respondents (94.1%), in the second pregnancy by 16 respondents (94.1%), in the third pregnancy by 5 respondents (100%), and in the fourth pregnancy by 1 respondent (100%). In the first pregnancy, 1 respondent (5.9%) did not receive support, and in the second pregnancy, 1 respondent (5.9%) did not receive support. At 14–17 weeks of pregnancy, 12 respondents (85.7%) received social support, at 18–21 weeks of pregnancy, 9 respondents (100%) received social support, and at 22–26 weeks of pregnancy, 17 respondents (100%) received social support. At 14–17 weeks of pregnancy, 2 respondents (14.3%) did not receive social support. In terms of education, the highest level of social support was found among vocational high school students, with 15 respondents (93.8%) receiving support, while 1 respondent (6.3%) did not receive support.

Social support refers to the presence of others who can be relied upon for help, encouragement, and acceptance when an individual experiences difficulties interacting with their environment. Essentially, social support is a helpful relationship that provides information and tangible assistance when an individual is experiencing problems or difficulties, making them feel cared for, valued, and loved. Individuals who receive social support will find it easier to adapt to their environment because they will always feel less alone when facing any challenges. (Maimunah, 2020)

Social support is information and feedback from others that indicates that a person is loved and cared for, valued, and respected, and is involved in a network of reciprocal communication and obligations. According to Taylor's theory, social support is feedback from others about someone who is loved and valued. In line with Wills' theory, according to Wills' theory, social support is directed at comfort, care, or help someone receives from another person or group. This theory is in line with the theory. (Tryatni, Asti, Rozali, 2019)

Several factors contributed to pregnant women's consumption of iron tablets, including spousal support, with 40 respondents (nearly all respondents) choosing their husbands, with 36 respondents (90%) indicating that spousal support was a form of care that prompted husbands to frequently remind respondents to take iron tablets, thereby helping pregnant women become more disciplined. (Widya Nengsih et al., 2022). The role of the husband is crucial, as it helps increase knowledge about the importance of iron tablets for pregnant women and their benefits for both the mother and the fetus. Additionally, the husband can convey the importance of iron tablets to his wife.

Support from the mother was the next most common choice among respondents, with 30 respondents (76%) selecting this option. This is because pregnant women believe that a mother’s personal experience allows her to provide deeper understanding and empathy. Additionally, this support helps pregnant women feel more calm, confident, and prepared to face the physical and emotional changes that occur during pregnancy.

Support from the father was the next choice for respondents, with 24 respondents (57%) choosing support from the father. This support can be material and emotional, providing comfort, a father's love, and ensuring the availability of financial resources. Support from the mother-in-law was chosen by 21 respondents (50%), support from the father-in-law by 23 respondents (55%), support from siblings by 28 respondents (67%), support from friends was chosen by 21 respondents (50%), support from neighbors by 17 respondents (41%), and finally support from healthcare workers by 16 respondents (38%).

3.2.3. Compliance with FE Tablet Intake

Based on Table 3, out of 40 pregnant women respondents, 14 respondents (35%) had a compliance level of 6, which means high compliance. For low adherence, there were 3 respondents (7.5%). This aligns with the study by Septi Kurniawati et al. (2023), which reported that 70 respondents (51%) adhered to taking iron tablets, while 68 respondents (49%) did not adhere.

In this study, the age group of pregnant women with high compliance in taking iron tablets (Fe) was found to be in the 20-30 age range, with 16 respondents (64%). In the 31-40 age range, there were 10 respondents (66.7%). For low compliance, there were 2 respondents (8%) in the 20-30 age group and 1 respondent (6.7%) in the 31-40 age group. In the second pregnancy, more respondents were compliant with iron tablet (Fe) intake, with 14 respondents (82.3%), while low compliance was found in the first pregnancy, with 2 respondents (11.8%). At 22–26 weeks of pregnancy, 10 respondents (58.8%) had high compliance, 6 respondents (35.2%) had moderate compliance, and 1 respondent (5.9%) had low compliance. During the 18–21-week pregnancy period, 7 respondents (77.8%) had high compliance, 1 respondent (11.1%) had moderate compliance, and 1 respondent (11.1%) had low compliance. At 14–17 weeks of pregnancy, 9 respondents (64.3%) had high compliance, 4 respondents (28.5%) had low compliance, and 1 respondent (7.1%) had very low compliance. For education, high compliance was found in the last level of education, namely vocational high school, with 12 respondents (75.1%), while low compliance was found in the last level of education, namely master's degree, with 1 respondent (100%).

Compliance with iron tablets refers to the extent to which pregnant women adhere to the recommendations of health workers. Compliance with iron tablets is measured by the accuracy of the number of tablets consumed, the correct method of consumption, and the frequency of daily consumption. Several factors that can influence compliance with iron tablets include antenatal care (ANC) visits, tablet supply, side effects and benefits experienced by the mother after taking iron tablets, counseling from health workers, family support, traditional beliefs, forgetfulness, and the mother's knowledge of iron tablets. (Rabiatunnisa & Mujahadatuljannah, 2024)

Characteristics related to compliance with iron tablet intake are based on knowledge. Good maternal knowledge during pregnancy about the importance of consuming iron tablets can encourage mothers to have good iron tablet consumption patterns during pregnancy. Providing information about anemia can increase mothers' knowledge about anemia, as knowledge plays a very important role, so it is hoped that pregnant women will comply with iron tablet consumption. (Yunita et al., 2018)

Compliance is further influenced by antenatal care (ANC) activities. As the mother's gestational age increases, the likelihood of her having contact with healthcare facilities, receiving iron tablet supplements, and receiving explanations from healthcare workers also increases. Therefore, if pregnant women visit ANC more frequently, it is expected that they will be more compliant in consuming iron tablet supplements (Gusti, 2023).

Another factor influencing compliance with iron tablet consumption is motivation. Good motivation for taking iron tablets stems from the desire to prevent anemia and maintain the health of the pregnant woman and her fetus; however, this desire typically arises only when advised by healthcare workers, not from the individual's own initiative. The better the motivation, the more compliant pregnant women will be in taking iron tablets because motivation is an internal human condition, such as desires and hopes that drive individuals to behave in order to achieve their desired goals (I Wayan Mursi, 2018).

3.2.4. The Relationship between Social Support and Compliance with Taking Iron Tablets

Based on the results of the test in Table 4, it is known that the relationship between social support and compliance with iron tablet intake, according to the results of Kendall's tau statistic, obtained a sign (2-tailed) value of 0.868. This indicates that the significant value is greater than 0.05. Thus, there is no relationship between social support and compliance with iron tablet intake at the Annisa midwife clinic.

This study aligns with Kenang (2018) titled "Factors Associated with Pregnant Women's Adherence to Iron Tablet Consumption at Sawang Health Center, Siau Tagulandang Biaro District," where the chi-square statistical analysis yielded a p-value of 1.000 ($p > 0.05$), so the null hypothesis (Ho) is accepted, concluding that there is no association.

The study results indicate that respondents without family support were less compliant in taking iron tablets (Fe) compared to those with family support. Within the family, the mother has the greatest influence on pregnant women. Therefore, any changes experienced by the mother will impact the family itself. The most important person for a pregnant woman is her husband. If the woman receives attention and affection from her partner during pregnancy, she will find it easier to adjust during pregnancy and reduce the risk of childbirth complications.

Other factors influencing social support include the size of one's social network; the larger the network, the greater the potential for social support. Biological factors include hormonal changes, the mother's physical health before and during pregnancy, mental health history, psychological factors such as thought patterns and perceptions about pregnancy, coping abilities, body image, and self-identity. Additionally, environmental and socio-economic factors include economic status, housing conditions and living environment, access to healthcare services, employment and work environment, cultural and social norms, and exposure to hazardous environments. Lastly, lifestyle factors include dietary patterns, physical activity, sleep quality, substance use, and stress. (Mardhiah & Marlina, 2019)

A mother's adherence to increasing her intake of supplements can help her meet the required hemoglobin levels in her blood. Iron and folic acid intake in pregnant women can help prevent anemia. Mothers' adherence may rely on their partners and families, but sometimes families are stressed by the mother's condition, leading her to not consume supplements appropriate to her needs. Adequate iron intake is the most critical factor in a mother's success in preventing anemia during pregnancy. Iron intake is important given the extra needs of pregnant women. Family participation is important in improving mothers' adherence to iron tablet consumption. (Mayasari et al., 2023)

This study is inconsistent with the research (Rahma et al., 2020) titled "The Relationship Between Knowledge and Spousal Support with Pregnant Women's Adherence to Iron Tablet Consumption in the Pengaron Health Center Work Area." The statistical test using the Chi-square test yielded a p-value of $0.000 < \alpha$ (alpha) $= 0.05$, so the alternative hypothesis (Ha) was accepted, indicating a relationship between spousal support and compliance with iron tablet consumption in the Pengaron Health Center Work Area in 2020. The results of this study indicate that there is a relationship between husband support and pregnant women's compliance with iron tablet (Fe) consumption in the Pengaron Health Center Work Area in 2020. This explains that the higher the husband's support for pregnant women, the higher the compliance of pregnant women in consuming iron tablets (Fe) during pregnancy.

Iron tablets are not a drug indicated for treating illness, but rather as a supplement needed by pregnant women to meet the need for iron during pregnancy. Possible side effects and efforts to overcome them. Side effects are not dangerous and are mild. Therefore, iron tablets must be taken properly and regularly, there is no need to worry or fear the effects. How to take it, it is best to drink it with water, do not drink it with milk, coffee or tea, and it is best to drink it at night. In addition, information on storing iron tablets also needs to be conveyed properly, because iron tablets can experience oxidation if stored in an open place, exposed to humid air, if this happens then the iron tablets become ineffective. (Chalik & Hidayati, 2019)

From Table 4 above, it can be seen that the cross-tabulation between social support and compliance with iron tablet consumption shows no support for compliance with iron tablet consumption at low (0 respondents), moderate (1 respondent), and high (1 respondent) levels. Meanwhile, compliance was supported at low (0%), moderate (13 respondents), and high (27 respondents) levels.

4. Conclusion

This study aims to analyze the relationship between social support and pregnant women's compliance in taking iron tablets (Fe) at the Annisa Sidoarum Godean Sleman Yogyakarta Midwife Clinic. Based on data analysis, it was concluded that no significant relationship was found between the level of social support received by pregnant women and their adherence to iron tablet (Fe) consumption. Although social support is an important aspect of overall maternal health, this finding identifies that social support, in the context of this study, is not the primary predictor of adherence to iron tablet (Fe) consumption. These results highlight the need for further exploration of other factors that may have a greater influence on iron tablet (Fe) consumption compliance among pregnant women in the region, such as knowledge levels, accessibility, or personal motivation.

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