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Implementation of the Fe Tablet Program for Pregnant Women

Aniesah Amieratunnisa[1]
[1]Universitas Sragen, Sragen, Indonesia

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Corresponding Author:
Author Name : Aniesah Amieratunnisa
Email : amieratunnisa@gmail.com

***Abstrak*:** *The results of the 2018 RISKESDAS stated that 48.9% of pregnant women in Indonesia have anemia. This shows that the prevalence of anemia in pregnant women is still quite high in Indonesia. This figure tends to increase compared to the results of the 2013 RISKESDAS where the prevalence rate was 37.1%. The purpose of the study was to analyze the implementation of the program for providing Fe Tablets to pregnant women in the Jepara Regency Health Center area. This study was conducted qualitatively. The subjects of the study were 14 main informants and triangulation selected based on inclusion criteria and purposively. This study applied an interactive data analysis method. The results showed that the implementation of providing Fe Tablets to pregnant women experienced obstacles. The difference in the high and low levels of providing Fe Tablets to pregnant women was influenced by the understanding of village midwives, IEC media, and the availability of Fe Tablet stock. Suggestions from this study are that health centers need to make more effective innovations in promoting the importance of consuming Fe Tablets during pregnancy and there needs to be improved planning in the district pharmacy warehouse so that the stock of Fe Tablets is always sufficient for all health centers in Jepara Regency.*

Keywords : *Program Implementation; Fe Tablets; Pregnant Women*

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INTRODUCTION

Anemia is a serious health issue that commonly affects toddlers and pregnant women. The World Health Organization (WHO) estimates that 40% of pregnant women worldwide suffer from anemia. Anemia can disrupt fetal development, lead to childbirth with insufficient iron reserves, and result in premature birth. The consequences of anemia in pregnant women can cause complications during delivery, pose risks to the mother's condition, such as unconsciousness, and even lead to death.

The 2018 RISKESDAS (Riskesdas Health Survey) found that 48.9% of pregnant women in Indonesia experience anemia. This shows that the prevalence of anemia among pregnant women

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in Indonesia remains quite high. This rate has tended to increase compared to the 2013 RISKESDAS, where the prevalence was 37.1%. (3) The government's efforts to address iron-deficiency anemia in pregnant women include a program for providing Iron (Fe) Tablets containing iron and folic acid to pregnant women. A minimum of 90 Fe tablets during pregnancy are distributed through village midwifery centers (Polindes), integrated health posts (Posyandu), community health centers (Puskesmas), and involve healthcare workers such as village midwives, nurses, and Posyandu cadres.

Another study by Septiani (2017) showed that healthcare workers have not conducted group counseling optimally, as some health workers provide counseling without using visual aids, such as leaflets. Healthcare workers have also not conducted accurate data collection and reporting on Fe tablet consumption, the facilities and infrastructure at community health centers are not optimal and adequate, and there is a lack of monitoring from healthcare workers regarding the implementation of the Fe supplementation program. These issues have resulted in a low number of pregnant women receiving and consuming Fe tablets.

The coverage of Fe tablet distribution to pregnant women in Jepara Regency in 2020 did not meet the national target of 84.7%. This figure represents a decrease compared to the previous year, which was 95.7%. One of the consequences of the decline in the coverage of Iron (Fe) tablet distribution to pregnant women in Jepara Regency is the increase in cases of Low Birth Weight (LBW) infants. In 2020, the percentage of LBW was 3.3% of live births that were weighed, which represents an increase compared to 2019, where the percentage was 2.32%. In 2020, there were 670 cases of LBW infants, consisting of 329 male infants and 341 female infants, out of 20,297 weighed live births. Based on the explanation above, the researcher is motivated to conduct a study titled "Implementation of Fe Tablet Distribution for Pregnant Women." The purpose of this study is to analyze the implementation of the Fe tablet distribution program for pregnant women in the Puskesmas (Community Health Centers) areas of Jepara Regency.

METHOD

This study adopts a qualitative approach. To collect primary data, the researcher employed in-depth interviews and observations. Secondary data was gathered through document review of the Local Monitoring Report on Maternal and Child Health in Jepara Regency 2020.

The subjects of this study were the implementers of the Fe tablet distribution program at 4 community health centers (Puskesmas) located in Jepara Regency. The primary informants for this research were the coordinator midwives (IU) from each of the four Puskesmas, totaling 4 individuals. The triangulation informants for this study included 4 heads of Puskesmas (ITKP), 4 village midwives (ITB), 2 health cadres (ITKK), and 1 head of the Nutrition Section at the Jepara Regency Health Office (ITD).

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This study applies the interactive data analysis method according to Miles & Huberman. The interactive data analysis model includes data processing through the stages of data reduction, data display, and conclusion or verification.

RESULTS AND DISCUSSION

Human Resource

Human resources continue to play a crucial role in the success of Puskesmas programs. The results of interviews with all informants regarding the understanding of the implementers of the Iron (Fe) Tablet Distribution Program for Pregnant Women are presented in Table 1.

Table 1. Interview Results of Understanding the Implementation of the Fe Tablet Administration Program for Pregnant Women

Question	Lead Informant				Summary
	High Coverage	Low Coverage	High Coverage	Low Coverage	
Understanding of Implementing Midwives Coordinators	Program objectives (+) Minimum Quantity of Fe Tablets (+) Fe Tablet Content (-) Good time to consume (+) Side effects (+)	Program objectives (+) Minimum Quantity of Fe Tablets (-) Fe Tablet Content (-) Good time to consume (+) Side effects (+)	Program objectives (+) Minimum Quantity of Fe Tablets (+) Fe Tablet Content (-) Good time to consume (+) Side effects (-)	Program objectives (+) Minimum Quantity of Fe Tablets (+) Fe Tablet Content (-) Good time to consume (+) Side effects (+)	IU1&IU4 is able to answer 4 questions correctly, while IU2&IU3 only 3 questions All coordinating midwives are incomplete in answering the content of Fe Tablets
Understanding Village Midwives	Program objectives (+) Minimum Quantity of Fe Tablets (+) Fe Tablet Content (-) Good time to consume (+) Side effects (+)	Program objectives (-) Minimum Quantity of Fe Tablets (-) Fe Tablet Content (+) Good time to consume (+) Side effects (-)	Program objectives (+) Minimum Quantity of Fe Tablets (+) Fe Tablet Content (+) Good time to consume (+) Side effects (+)	Program objectives (+) Minimum Quantity of Fe Tablets (+) Fe Tablet Content (-) Good time to consume (+) Side effects (+)	ITB3 is able to answer all questions correctly ITB1 &ITB4 is able to answer 4 questions correctly ITB2 is able to answer 3 questions correctly
Understanding of Health Cadre Implementers	Program objectives (-) Minimum Quantity of Fe Tablets (+) Fe Tablet Content (-) Good time to consume (+)			Program objectives (+) Minimum Quantity of Fe Tablets (+) Fe Tablet Content (+) Good time to consume (+)	ITKK1 is able to answer 3 questions correctly and ITKK4 is able to answer 5 questions correctly

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	Side effects (+)			Side effects (+)	

Source : research data processed in 2024

Based on the results of interviews regarding the content of Fe Tablets, the coordinating midwife was incomplete in answering the content that must be in Fe Tablets. All coordinating midwives stated that the content of Fe Tablets is Ferro or iron.

…" If it's like me, it's a ferros"... (IU3)

…" Ferros and iron"... (IU4)

When asked about the content of Fe Tablets, two village midwives were able to answer completely. Two village midwives are incomplete in answering the content of Fe Tablets.

..."Folic acid, sometimes there is folic acid. It depends on what type it is"... (ITB1)

..."If the iron tablets here have folic acid, vitamins, minerals, it should be complete. Because from the government, God willing, to meet the nutrition of pregnant women"... (ITB4)

Based on the results of interviews regarding the understanding of health cadres about Fe Tablets for pregnant women, all informants were able to correctly answer most of the questions given by the researcher even though they were not detailed. This shows that health cadres already understand the benefits of giving Fe Tablets to pregnant women.

..."The content may contain iron and others, in order to complement the lack of nutritional intake"... (ITKK1)

…" As far as I can see, it contains iron and folic acid"... (ITKK4)

Based on the results of interviews regarding training related to Fe Tablet giving activities for pregnant women that have been attended by the coordinating midwife, one informant stated that he only participated in class training for pregnant women that was still related to Fe Tablet activities for pregnant women. Three informants stated that they received training through meeting activities.

..."There is no special training. But there is already material in the training of pregnant women. I have forgotten about 2-3 years ago from DKK"... (IU1)

..."If it's a special Fe, maybe not. If there is a discussion about pregnant women having to take Fe tablets, usually from meetings, not training"... (IU2)

Based on the results of interviews regarding training related to Fe Tablet giving activities for pregnant women that have been attended by village midwives, all informants stated that they had never participated in training related to Fe Tablet giving activities for pregnant women. One

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informant stated that the material or information was only in the form of a notice and did not lead to training.

..."Nothing. Usually we are with cadres who are just loved like that"... (ITB4)

Based on the results of interviews regarding training related to Fe Tablet giving activities for pregnant women that have been attended by health cadres, all informants stated that they received training through meeting activities. All informants have never participated in training related to the administration of Fe Tablets for pregnant women.

..."If the training is yes, during the meeting, cadres are usually given briefings and materials about pregnant women, about toddlers, that's all"... (ITKK1)

..."The activity or counseling that I participated in about the explanation of Tamblet Fe was at the same time as the JAMILAH evaluation meeting on November 27, 2020"... (ITKK4)

Equipment Resources

The level of productivity of health workers depends on the level of persistence in carrying out their duties, and is inseparable from the supporting facilities in carrying out activities. Equipment resources are one of the supporting means in implementing the Fe Tablet program for pregnant women.

Based on the results of interviews regarding the availability of Fe Tablet stock, three main informants stated that the availability of Fe Tablet stock remains met. One main informant stated that there was a vacancy in the stock of Fe Tablets for 2 months in 2020, precisely in November-December.

..."There was a vacancy for 2 monthly mba in 2020. So we buy it at our own pharmacy because the pharmacy warehouse is empty. We also educate pregnant women to buy their own at pharmacies such as sangobion, they already know"... (IU4)

..."The empty stock in November-December is because the shopping mechanism uses e-catalogs. In November-December it was indeed empty. After opening the application, no one was selling. So indeed Jepara is all empty. Finally, we are forced to buy it ourselves at the pharmacy. That's the budget from the health center, because pregnant women have to take tablets to increase blood"... (ITKP4)

..."It seems that this month is already there. God willing, it has started to be given this year. The vacancy is the end of the year, mid-December." … (ITB4)

IU4 Health Center is included in the Health Center with Fe Tablet coverage for pregnant women has not reached the target in 2020, so it is very unfortunate if the stock of Fe Tablets is vacant. The health center finally replenished its own stock of Fe Tablets by buying them at pharmacies with

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funds from the Regional Public Service Agency (BLUD). The triangulation informant of the head of the nutrition section of DKK also confirmed that there was a vacancy in the stock of Fe Tablets in November-December 2020 at the DKK Jepara pharmacy warehouse.

..."The obstacle is because we focus on stunting. Because for the procurement of nutritional drugs, it is the central or provincial government, not the district. So it was empty for a few months, only at the end of December it came. So there were several protests from the health center. Because according to central regulations, we are asked to focus on stunting. Maybe there has been no procurement from the center. We recommend puskesmas to buy their own with BLUD funds, not much, only 1-2 months"... (ITD)

Based on the results of interviews regarding facilities and infrastructure, all infor

Fragmentasi

Fragmentasi adalah tersebarnya tanggungjawab kebijakan ke dalam unit-unit sebuah organisasi. Hal ini It is hoped that it will make it easier for the implementers of the program to provide Fe Tablets for pregnant women because thus the implementation can be carried out by all implementers but with the same control so that the policies implemented do not go out of the path set by the program policymakers.

Based on the results of in-depth interviews on the responsibilities of the health office in providing Fe Tablets to pregnant women, all informants stated that the Health Office had carried out its responsibilities well in the program of giving Fe Tablets to pregnant women. The Health Office has been good at planning and procuring Fe Tablets stock for pregnant women even though there was a stock vacancy for two months.

…" Already responsible. Because there are no significant changes"... (IU1)

…" In planning and procuring stock, I see that it is good and not sloppy"... (IU2)

The triangulation informant of the Nutrition Officer et al also thinks that all parties involved in the provision of Fe Tablets for pregnant women have carried out their responsibilities.

..."Village midwives, nutrition officers, pharmacies, and cadres in the village also play an important role in reminding about Fe tablets. Already responsible"... (ITD)

Based on the results of interviews with the main informants, coordinator midwives and triangulation informants of village midwives and health cadres regarding their understanding of the Fe Tablet program for pregnant women, it can be concluded that the understanding of village midwives affects the implementation of the Fe Tablet program for pregnant women. This can be seen from the understanding that village midwives of high-coverage health centers are better than low-coverage health centers. This is different from the results of a study from Tuju et al. (2013)

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which stated that there was no significant relationship between resources and the implementation of the Fe (iron) value tablet program.

The availability of Fe Tablets stock also affects the implementation of the program. This can be seen from the occurrence of stock shortages in November-December 2020 in low-coverage health centers. The results of the research by Dewantoro and Muniroh (2017) also show the same results, where the availability of iron tablets at the Kalijudan Health Center in July-August 2017, turned out to be in short supply than needed. One of the causes of empty Fe Tablet stock is that the management of Fe Tablet order time is not well planned.

Educational facilities and infrastructure affect the implementation of the Fe Tablet program for pregnant women. Puskesmas with high coverage use animated video media in the waiting room. This is in line with the results of research by Susanti and Anggriawan (2020) which showed a significant difference in iron tablet consumption compliance after educational intervention through video.

Fragmentation is one of the characteristics that can drive the performance of the organizational structure in a better direction. Based on the results of in-depth interviews with the main informant and triangulation informant, it can be concluded that the Jepara Regency Health Office has carried out its responsibilities well in the program of giving Fe Tablets to pregnant women. The mismatch between drug planning and procurement is not always due to limited funds. Although the available funds are sufficient, the procurement of drugs that is carried out only once a year is often not able to prevent the occurrence of drug vacancies. Other issues such as delays in delivery and dissatisfaction with the auction winner also contributed to this situation.

CONCLUSIONS

The implementation of Fe Tablets for pregnant women has encountered obstacles. The difference in the high and low coverage of Fe Tablets for pregnant women is influenced by the understanding of village midwives, KIE media, and the availability of Fe Tablet stock. The limitation in the research is that the research was carried out during the Covid-19 pandemic, so researchers are required to use strict health protocols, including wearing masks and maintaining distance, so patience is needed in explaining the research process to informants. The suggestion from this study is that health centers need to make more effective innovations in promoting the importance of consuming Fe Tablets during pregnancy and there is a need to improve planning at the district pharmacy warehouse so that the stock of Fe Tablets is always sufficient for all health centers in Jepara Regency. Researchers are further expected to research on other variables in different places.

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