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Quality Evaluation of the Implementation of the Fe Tablet Program for Pregnant Women at Nasywa Clinic, Kisaran

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ABSTRACT

Globally, the prevalence of iron deficiency remains a significant concern among pregnant women, with an estimated 43.9% affected. The estimated prevalence of iron deficiency in pregnant women is 49.4% in Asia, 59.1% in Africa, 28.1% in the Americas, and 26.1% in Europe. The prevalence of substance deficiency in pregnant women in Indonesia remains relatively high, and deficiency plays a role in contributing to the high maternal and infant mortality rates observed in the country (Paridah, 2022). According to the Health Office profile (2020), the TTD coverage in pregnant women in North Sumatra Province in 2019 was 92.49%, representing a decline from the 2018 figure of 94.30%. The provincial coverage remains below the performance indicator and target for nutrition improvement activities in 2019, which is 95%. Furthermore, there was a reduction in the provision of TTD in four districts/cities. In Kisaran City, for instance, the coverage rate decreased from 93.30% in 2018 to 92.93% in 2019. This study employs a qualitative approach with a phenomenological design, with the aim of elucidating the phenomenon of implementing the Fe tablet program at the Nasywa Clinic in Kisaran in 2022. The study at Nasywa Clinic in Kisaran involved 50 pregnant women. It evaluated the Fe tablet supplementation program in 2022, revealing that health workers' collaboration in procuring and planning Fe tablets, along with midwives' distribution efforts, were crucial. However, the program's coverage did not meet targets, and pregnant women's compliance in taking Fe tablets was less than optimal.

Keywords: *Fe tablets, pregnant women, input factors, output factors*

1. INTRODUCTION

Pregnant women are among the demographic groups most susceptible to malnutrition, given the significant increase in nutritional requirements to support the needs of both the mother and fetus. Pregnancy necessitates an increase in iron intake to augment the number of red blood cells and facilitate the formation of fetal red blood cells [3].

Iron is an essential micronutrient for the human body, playing a crucial role in the synthesis of hemoglobin. The consumption of iron-rich foods or iron supplements is strongly associated with elevated hemoglobin levels in pregnant women. A significant proportion of pregnant women who experience iron deficiency are caused by improper compliance with the prescribed intake of Fe tablets, resulting in a lack of iron absorption in the mother's body [1].

Globally, the prevalence of iron deficiency remains high among pregnant women, with an estimated 43.9% affected. The prevalence of iron deficiency in pregnant women is estimated at 49.4% in Asia, 59.1% in Africa, 28.1% in the Americas, and 26.1% in Europe [6]. The prevalence of nutritional deficiencies among pregnant women in Indonesia remains relatively high, and these deficiencies contribute to a significant burden of maternal and infant mortality (Paridah et al., 2021).

The results of Riskesdas (2018) indicate an increase in the prevalence of anemia among pregnant women in Indonesia, from 37.1% in 2013 to 48.9% in 2018. The majority of cases of anemia were observed in pregnant women within the 14-15 age group (84.6%), followed by the 25-34 age group (33.7%), the 35-44 age group (33.6%), and the 45-54 age group (24%). The prevalence of anemia in Indonesia is higher than the global average for developed

countries. Consequently, anemia in pregnant women remains a significant public health concern, with a prevalence exceeding 20% [6].

In 2014, the Ministry of Health implemented a program to address iron deficiency in pregnant women. This program involved the provision of iron tablets, also known as TTD, to pregnant women at the first contact point, with a dosage of one tablet per day for a period of 90 days. Notwithstanding these initiatives, the coverage of TTD among pregnant women in Indonesia in 2019 remained at 64.0%. This figure has not reached the 2019 Strategic Plan target of 98% [1].

According to the Health Office profile (2020), the coverage of TTD among pregnant women in North Sumatra Province in 2019 was 92.49%, representing a decline from the 2018 figure of 94.30%. Provincial coverage remains below the performance indicator and target for nutrition improvement activities in 2019, which is 95%. Furthermore, there was a decline in the provision of TTD in four districts/cities. For instance, Kisaran City, which had a coverage rate of 93.30% in 2018, saw a reduction to 92.93% in 2019. In light of these challenges, the researcher is interested in conducting a study to evaluate the implementation of the blood additive tablet program for pregnant women at the Nasywa Clinic in Kisaran in 2022.

2. METHOD

This qualitative research employs a phenomenological design to ascertain the phenomenon of the implementation of the Fe tablet program at the Nasywa Clinic in Kisaran in 2022. The study population consisted of 50 pregnant women who had attended the Nasywa Clinic in Kisaran for pregnancy check-ups. The data utilized in this study are both secondary and primary data obtained through direct interviews with respondents or informants and an examination of existing data at the Nasywa Clinic in Kisaran in 2022.

The process of data analysis comprises several stages, namely data collection, data reduction, data presentation, and conclusion drawing or data verification. The stages in data analysis in this activity include: 1) recording all findings through interviews, observations, and documentation; 2) reviewing the notes from the findings and separating the data that the researcher deems important and unimportant, repeating this process to minimize errors; 3) describing the data that has been grouped according to the problem; 4) drawing conclusions from the analysis after verification with the evidence, resulting in a report on the results of the service.

3. RESULTS AND DISCUSSION

3.1. Input Indicator

Based on the results of the evaluation of the Fe tablet program for pregnant women at the Nasywa Clinic in Kisaran in 2022, it can be seen in the following table:

Table 1. Input Indicator

No	Variable	Category	Result
1	Officer	Retrieved	Health workers perform their duties in accordance with their competence.
2	Funding	APBD	Clinic funds are sourced from the clinic owner
3	Facilities	Incomplete	There is only a MCH book and registration of pregnant women and no cohort and technical guidelines.
4	tablet Fe	Government	Fe tablets are provided by the clinic owner.

Based on Table 1, the results of input indicators in terms of staff, funding, and supplies are in accordance with the guidelines for giving Fe tablets to pregnant women. Meanwhile, in terms of facilities and infrastructure, they are not in accordance with the guidelines for giving Fe tablets to pregnant women. Based on the results of interviews regarding input indicators, it is strengthened by Respondent AR's explanation.

"If the MCH book and the registry are always there, they are always used, if the others are rarely and almost never used, for example the maternal cohort" (Respondent AR).

3.2 Output Indicator

The results of the output indicators in terms of Fe coverage in 2020 at the Nasywa Clinic in Kisaran in 2022 based on the results of the document obtained the results of Fe coverage of 67.8%. This shows that Fe coverage at the Nasywa Clinic in Kisaran has not yet reached the target of healthy Indonesia in 2019, which is 98%. Meanwhile, in terms of compliance, pregnant women consuming Fe tablets are categorized as quite obedient because they have a compliance rate of ≥ 65%. The results of interviews regarding the level of compliance of pregnant women in consuming Fe tablets conducted on pregnant women at the Nasywa Kiasaran Clinic were strengthened by the explanation of information from respondents DR and AK.

"Yes, sometimes if I remember to take it, if I forget to take it, it's like taking birth control pills every day, I like to forget, even if I remember to take it in the morning, if I remember to take it at night, it's night" (Respondent DR).

"If you drink it, yes every day, but sometimes in 1 month the remaining medicine is 5 or 3 when you forget it, you don't drink it" (Respondent AK).

3.3 Discussion

3.3.1 Input Factor

Klinik Nasywa Kisaran employs a total of 20 health workers, comprising medical doctors, nutrition officers, midwives, nurses, and pharmacists. The head of Nasywa Clinic in Kisaran is responsible for the supervision of health workers involved in the Fe supplementation program, which is under the overall responsibility of the Nutrition Section of the Health Office [6]. The financial resources utilized by Nasywa Clinic are derived from the proprietor of Nasywa Clinic in Kisaran.

The lack of technical guidelines pertaining to the provision of iron tablets to pregnant women has an impact on the process of iron tablet supplementation distribution services, including the dosage of iron tablets for anemic pregnant women. It is anticipated that Nasywa Clinic will establish a policy in the form of a set of technical instructions, which will serve to facilitate the activities of implementing officers in the provision of iron supplements to pregnant women. This is consistent with the findings of Tuju (2013), who asserts that the establishment of cohorts, technical guidelines, and implementation instructions within a program can facilitate the regular execution of the program by implementing personnel at the Nasywa Clinic in Kisaran.

Technical guidelines and implementation instructions can be employed as a framework for the implementation of a program, ensuring its smooth functioning and preventing errors in policy implementation. They can also serve as a reference for policymakers in the development and implementation of policies [5] A program policy necessitates the availability of facilities that can facilitate the conversion of inputs into outputs, encompassing policies, regulations, technical instructions, implementation instructions, and SOPs [4].

3.3.2 Output Factor

The results of the interviews indicate that both pregnant women exhibit a low level of compliance. The reasons for non-compliance with iron tablet consumption can be attributed to several factors, with forgetting being a significant one. Furthermore, pregnant women indicated a lack of awareness regarding the appropriate guidelines for Fe tablet intake and the potential adverse effects associated with Fe tablets. This lack of knowledge among pregnant women about Fe tablets has contributed to the high prevalence of anemia among this demographic. The level of compliance among pregnant women in taking iron tablets can be attributed to various factors, including the monotony associated with the daily consumption of these tablets during pregnancy, the lack of family supervision or reminders, and the unpleasant smell of the tablets, which may deter some pregnant women from taking them [2].

4. CONCLUSION

The results of the service activities and discussion about the evaluation of the program of giving blood supplement tablets to pregnant women at the Nasywah Clinic in Kisaran in 2022 indicate that, with regard to the input factors, the The duties of health workers involved in the iron supplementation program entail a collaborative effort between nutrition and pharmacy officers in the procurement and planning of iron tablets to meet the needs of the puskesmas. Midwives, on the other hand, are responsible for the distribution of iron tablets to pregnant women. The financial resources allocated to the initiative of distributing iron supplements to pregnant women are derived from the personal funds of the clinic proprietor. However, the facilities required for the implementation of this program are still incomplete, as there is a dearth of technical guidelines for program management. With regard to the output factor, it can be stated that the coverage of the Fe tablet program has not reached the target. Furthermore, the level of compliance of pregnant women in taking Fe tablets is said to be less than optimal. The prevalence of anemia in pregnant women has decreased over the past three years, although it remains in the severe anemia category. It is recommended that health workers administer iron supplements to anemic pregnant women in accordance with the instructions in the Indonesian Ministry of Health guidebook for iron supplementation in pregnancy, despite the absence of technical instructions at the puskesmas. This approach could potentially reduce the prevalence of anemia.

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