



#### Available online at www.sciencedirect.com

## **ScienceDirect**



Procedia - Social and Behavioral Sciences 222 (2016) 160 - 168

ASLI QoL2015, Annual Serial Landmark International Conferences on Quality of Life ASEAN-Turkey ASLI QoL2015

AicQoL2015Jakarta, Indonesia. AMER International Conference on Quality of Life The Akmani Hotel, Jakarta, Indonesia, 25-27 April 2015 "Quality of Life in the Built & Natural Environment 3"

# Husband Influences on Pregnant Women Who Following Consumption Iron Supplementation Program

Sudjatmiko Setyobudihono<sup>a\*</sup>, Ermina Istiqomah<sup>b</sup>, Sri Adiningsih<sup>c</sup>

<sup>a</sup>Department of Nursing Science, Cahaya Bangsa Health School, Banjarmasin 70248, Indonesia <sup>b</sup>Psychology Study Programme, Medicine Faculty, University of Lambung Mangkurat, Banjarmasin, Indonesia <sup>c</sup>Public Health Study Programme, Public Health Faculty, University Airlangga, Surabaya, Indonesia

#### Abstract

The purpose of this qualitative study was to understand the role of the husband on the decision-making of pregnant women to consume iron tablets based on local cultural wisdom. Depth-interviews were conducted with a sample of 40 people, gestational age above 25 weeks and has attended programs at least 90 days. Husband's permission, obedient to the teachings of religion, compromise decision, and the husband's special position are the key attribute that based on the interview. There are important roles of the husband in influencing the decisions taken by a pregnant woman to undergo iron supplementation consumption program.

© 2016 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND license (http://creativecommons.org/licenses/by-nc-nd/4.0/).

Peer-review under responsibility of AMER (Association of Malaysian Environment-Behaviour Researchers) and cE-Bs (Centre for Environment- Behaviour Studies, Faculty of Architecture, Planning & Surveying, Universiti Teknologi MARA, Malaysia.

Keywords: Pregnant women; iron tablets; local wisdom; the role of the husband

<sup>\*</sup> Corresponding author. Tel.: +62-815-680-7799; fax: +62-511-3258-8200. *E-mail address*: sudjatmikosetyobudihono16@gmail.com

#### 1. Introduction

Lack of motivation is one of the causes of the problem of non-compliance (Hugtenburg et al., 2013) and lack of motivation to be the cause of non-compliance with the treatment process iron anemia in pregnant women taking iron tablets (Banhidy et al., 2011). Failure of treatment of anemia with iron tablets indicated due to low motivation and a lack of awareness of the usefulness (Goonewardene et al., 2012). More than 80% of countries in the world have a prevalence of anemia in pregnant women above 20%, it is a problem of public health (Goonewardene et al., 2012). The incidence of iron deficiency anemia in pregnant women in Indonesia is 51%. Thus, more than 2.4 million pregnant women in Indonesia suffer from anemia of 4 million pregnancies in 2010 (WHO, 2011).

The risk of iron deficiency anemia in pregnant women is greater than the other state and pregnant women received iron supplementation for at least 90 days during pregnancy, drinking one iron tablet every day for at least 90 days of gestation and 40 days after birth, either with or without combination with folate in the form of tablets or vitamin pregnancy (Stoltzfus, 2011). The use of tablets in the form of iron deficiency anemia prevention program is still regarded as one of the best and effective way (Zhou et al., 2006). The best gift is the iron tablets as early as possible during pregnancy, although the cumulative micronutrient intake (CMI) higher in late pregnancy than in early pregnancy (Roberfroid et al., 2011).

In Indonesia, tablets each containing 200 mg of ferrous sulfate or the equivalent of 60 mg of elemental iron and 0.25 mg of folic acid, generic iron tablets packaged in packs of white color, containing 30 tablets per pack. Iron tablet generic price must not exceed the highest retail price (HRP) (Ministry of Health of the Republic of Indonesia, 2003). There are indications that the practice of granting tablet iron supplementation as countermeasures pregnant anemia is not consumed (Johnson and Graham, 2011). In South Kalimantan, according to data from Indonesia Health Profile shows claim giving iron tablets to pregnant women in 2011 reached 85.4%, the percentage of mothers who reported taking iron tablets for more than 90 days only 21.2%. So there are still large enough to swallow a tablet of pregnant women who are not regular iron (Department of Health of Republic of Indonesia, 2010).

#### 1.1. Social influence in pregnant women

Humans are rational beings and use of information that may be for him, systematically. They think about the implications of their actions before they decide to do or not do certain behaviors (Idris & Ayop, 2013; Ost, 2014). Social influences on one can change one's behavior in order to keep running a treatment process and people who have a higher status, usually more influential than the lower status (Wild et al., 2006). Theory of social power (French & Raven, 1959) provides an overview of attributes that influence a person's behavior, namely: (1) reward, they regard as a source of reward or praise, (2) coercive, they regard as a source of punishment or coercion, (3) legitimate, they believe that a person has the right that certifies they perform certain behaviors, (4) referent, they identify with or as a person, and (5) expert, they have the perception that the person has knowledge or special experience for them (French and Raven, 1959; Raven, 2008).

Women have the power weaker than men even when she has a larger resource (West & Zimmerman, 1987). The behavior of pregnant women with anemia cannot be separated from the influence of the social environment (Stoltzfus, 2011). Husband is an individual who has an important role as a determinant of behavior of pregnant women with anemia in decision taking medicine supplement iron. Every long-term treatment regimens can bring up the problem of the level of treatment adherence (Mathes, et al., 2014). Understanding the behavior associated with treatment compliance can provide information about the various things that cause one's motivation (Wroe, 2002; Faizi, Azaria & Maleki, 2013). There is evidence of barriers in society in receiving a treatment associated with differences in understanding between patients and health care providers in defining illness and the behavior of passive obedience due to cultural differences between the two. The circumstances seem to make patients become non-compliant and explain the cause of the patient ignores the examination schedule and the existing health care system (Chang et al., 2009).

### Download English Version:

# https://daneshyari.com/en/article/1107686

Download Persian Version:

https://daneshyari.com/article/1107686

<u>Daneshyari.com</u>