
Differences In The Effect Of Flash Card And Video Models On The Level Of Knowledge, Attitude And Compliance Of Pregnant Women In Consuming FE Tablets In Preventing Anemia In UPT Sindang Danau Community Health Center

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Abstract

Anemia is a condition in which the number of red blood cells decreases to meet the body's physiological needs. Anemia can be caused by a lack of nutrients that play a role in red blood cell formation. Anemia during pregnancy can cause complications that negatively impact both the mother and the fetus. Factors that can influence anemia include adherence to iron tablet consumption, which is related to the level of knowledge and attitudes of pregnant women regarding iron tablet consumption. The better the knowledge and attitudes of pregnant women, the better their adherence to iron tablet consumption to prevent anemia during pregnancy, and vice versa. This study aimed to determine whether education about anemia for pregnant women through flashcards and videos could improve the knowledge, attitudes, and adherence of pregnant women regarding iron tablet consumption to prevent anemia. This study was conducted from November to December 2025. This quantitative study used a pre-experimental design with a one-group pretest-posttest design. The sampling technique used was purposive sampling. The sample size for this study was 30 respondents. The instrument used was a questionnaire to assess knowledge, attitudes, and adherence to iron tablet consumption. The statistical test results using the non-parametric Wilcoxon test using SPSS obtained an Asymp. Sig. value of 0.000 or a p-value of <0.05, indicating a difference in the level of knowledge, attitudes, and compliance of pregnant women before and after being provided with counseling using flash cards and videos at the Sindang Danau Community Health Center. It can be concluded that there is a significant difference in the level of knowledge, attitudes, and compliance of pregnant women before and after being provided with counseling using flash cards and videos at the Sindang Danau Community Health Center.

Keywords: Counseling; Knowledge; Attitude; Compliance; Pregnant Women; Iron Tablets; Flash Cards; Videos.

INTRODUCTION

A woman is considered to experience anemia during pregnancy if her hemoglobin level falls below 11 g/dL or her hematocrit level falls below 37% in the first trimester, below 10.5 g/dL or 35% in the second trimester, and below 10 g/dL or 33% in the third trimester. Hemoglobin helps the body perform daily activities while a woman is pregnant. An optimal oxygen supply to the fetus, reduced maternal fatigue and excessive bleeding during childbirth, improved fetal growth and development, and optimal maternal health during pregnancy are all benefits of stable hemoglobin levels in the blood.

(4)

Worldwide, 41% of the population suffers from anemia, with developing countries accounting for 75% of the total, according to the World Health Organization (WHO). The prevalence of anemia ranges from 50–90% in India, a developing country. Of all maternal deaths in India, 19% are caused by anemia. (5)

Among pregnant women in Indonesia, 48.9% experience anemia; this figure increases to 49.5% in rural areas and 48.3% in urban areas. Pregnant women under the age of 25 have an anemia prevalence of 84.6%, while those aged 35 years and above have a prevalence of 57.6%. With a prevalence rate exceeding 40%, this indicates that anemia is quite common in Indonesia and constitutes a significant public health problem. (6)

Maternal age, education, nutritional needs, socio-cultural factors, pregnancy history (including parity and complications), prenatal care services, interpregnancy intervals, gestational age, level of knowledge, and adherence to iron tablet consumption are all potential risk factors for anemia in pregnant women. In general, maternal deaths in the community should be preventable. One of the variables associated with high maternal mortality is anemia. Compared with women whose pregnancies occur at a lower-risk age, women who become pregnant between the ages of 25 and 35

have a 1.8 times higher risk of developing anemia. Lack of understanding, acceptance, and compliance among pregnant women with the recommendation to consume 90 mg iron supplements constitutes a barrier to their administration. (7)

According to the 2018 Basic Health Research Report, only 38.1% of pregnant women in Indonesia consume 90 iron supplement tablets (TTD). Meanwhile, the 2017 Indonesia Demographic and Health Survey (IDHS) reported that only 44% of pregnant women consumed at least the recommended 90 iron tablets, while 5.1% were unaware that they needed to consume them, 29.4% consumed fewer than 60 tablets, 8.9% consumed 60–89 tablets, and 13% did not consume them at all. However, these percentages have remained unchanged over the past decade. Although there was a decline from 81.2% in 2018 to 64% in 2019, the national target of 98% for iron tablet consumption among pregnant women remains difficult to achieve. (9)

Counseling led to an increase in respondents' knowledge, according to a study by Zulianti (2020). As a result of counseling, participants gained more knowledge and were able to fully understand the concepts discussed by the researchers. Maternal attitudes, which were inadequate prior to counseling, improved after counseling using brochures, as reported in a study by Akil et al. (2021).

Based on the above description, the researchers are interested in conducting a study entitled "Differences in the Effects of Flash Card and Video Models on the Level of Knowledge, Attitudes, and Compliance of Pregnant Women in Consuming Fe Tablets for the Prevention of Anemia in the Working Area of UPT Puskesmas Sindang Danau."

RESEARCH METHODS

This study was conducted between November and December 2025. The researchers used a one-group pretest-posttest design based on pre-experimental research. Purposive sampling was used. Thirty participants participated in the survey. Flashcards and videos teaching anemia served as independent variables. Adherence, knowledge, and attitudes toward iron tablet consumption served as dependent variables.

A questionnaire measuring adherence, knowledge, and attitudes toward iron tablet consumption was used as the research tool for data collection. Only predetermined, closed-ended questions were used. The Wilcoxon test was used for data analysis.

RESULTS AND DISCUSSION

This offline study successfully recruited 69 participants who agreed to participate by providing their educational information and completing a questionnaire.

Univariate Results

Table 1. Frequency Distribution Based on Pre-test Data of Pregnant Women's Knowledge Level Before Education Using Flashcards and Videos on Anemia.

Level of knowledge	Frequency (n)	Percentage (%)
Low	14	46,6
Moderate	10	33,3
Good	6	20,0
Total	30	100,0

Based on Table 1, the pre-test results show that of the total respondents, 14 had insufficient knowledge, 10 had adequate knowledge (or 33.3% of the total), and 6 had good knowledge (20.0%).

Table 2. Frequency Distribution Based on Post-test Data of Pregnant Women's Knowledge Levels After Education Using Flashcards and Videos on Anemia.

Level of knowledge	Frequency (n)	Percentage (%)
Low	3	10,0
Moderate	16	53,3
Good	11	36,7
Total	30	100,0

Based on the data shown in Table 2, it can be concluded that of the total respondents, 16 had adequate knowledge, 11 had high knowledge (36.7%), and 3 had insufficient knowledge (10.0%).

Table 3. Frequency Distribution Based on Pre-test Data of Pregnant Women's Attitudes Before Education Using Flashcards and Videos on Anemia.

Attitude	Frequency (n)	Percentage (%)
Negative	8	26,7
Moderate	15	50,0
Positive	7	23,3
Total	30	100,0

Based on Table 3, pre-test findings indicate that of the 15 respondents, 7 (23.3%) had a positive attitude and 8 (26.7%) had a negative attitude. The majority of respondents had sufficient knowledge.

Table 4. Frequency Distribution Based on Post-test Data of Pregnant Women's Attitudes After Education Using Flashcards and Videos on Anemia.

Attitude	Frequency (n)	Percentage (%)
Negative	1	3,3
Moderate	6	20,0
Positive	23	76,7
Total	30	100,0

Based on the data shown in Table 4, it can be concluded that of the total respondents, 23 had a positive attitude, 6 had an adequate attitude, and 1 had a negative view.

Table 5. Frequency Distribution Based on Pre-test Data on Pregnant Women's Compliance Before Education Using Flash Cards and Videos on Anemia.

Attitude	Frequency (n)	Percentage (%)
Non-compliant	23	76,7
Compliant	7	23,3
Total	30	100,0

According to Table 5, the majority of respondents (23 out of 30) were found to be non-compliant, while only 7 (23.3%) were found to be compliant.

Table 6. Frequency Distribution Based on Post-test Data of Pregnant Women's Compliance After Education Using Flash Cards and Videos on Anemia.

Attitude	Frequency (n)	Percentage (%)
Non-compliant	9	30,0
Compliant	21	70,0
Total	30	100,0

Post-test findings indicated that 21 respondents, or 70.0%, were compliant, while the remaining 30.0% were non-compliant, as shown in Table 6.

Bivariate Results

Table 7. Results of the Normality Test of Pregnant Women's Knowledge in the Pre-Test and Post-Test of Counseling Using Flashcards and Videos About Anemia Using the Shapiro-Wilk Test

Level of Knowledge	P	Description
Before	0,000(<0,05)	Not Normal
After	0,000(<0,05)	Not Normal

Because the data size was less than fifty, the Shapiro-Wilk test was used to ensure normality. Because the knowledge variable did not follow a normal distribution, the Wilcoxon test was applied, as both the pre-test and post-test findings yielded p-values <0.05.

Table 8. Results of the Normality Test of Pregnant Women's Attitudes in the Pre-Test and Post-Test of Counseling Using Flashcards and Videos About Anemia Using the Shapiro-Wilk Test

Attitude	P	Description
Before	0,003(<0,05)	Not Normal
After	0,000(<0,05)	Not Normal

Because the data size was less than fifty, the Shapiro-Wilk test was used to ensure normality. The attitude variable was found not to follow a normal distribution, as the p-values from the pre-test and post-test were less than 0.05. Therefore, the Wilcoxon test was used.

Table 9. Results of the Normality Test of Pregnant Women's Compliance in the Pre-Test and Post-Test of Counseling Using Flashcards and Videos About Anemia Using the Shapiro-Wilk Tes

Attitude	P	Description
Before	0,005(<0,05)	Not Normal
After	0,000(<0,05)	Not Normal

Given the data size was less than fifty, the Shapiro-Wilk test was used to determine normality. Since the compliance variable did not follow a normal distribution, the Wilcoxon test was applied, as the pre-test and post-test findings yielded a p-value <0.05.

Table 10. Frequency Distribution of Differences in Pregnant Women's Knowledge Between the Pre-Test and Post-Test of Counseling Using Flashcards and Videos About Anemia in the Sindang Danau Community Health Center Work Area

Level of Knowledge	Median (Minimum-Maximum)	p value
Before	8,00 (5 - 11)	0,000
After	13,00(11-15)	0,000

The results of the pre-test and post-test showed that the knowledge level of 30 respondents increased (Table 10). With a p-value of 0.000 < 0.05, the Wilcoxon test confirmed that H1 was accepted. Thus, staff at the Sindang Danau Community Health Center (UPT) had different levels of awareness about anemia before and after using flashcards and films.

Table 11. Frequency Distribution of Differences in Pregnant Women's Attitudes Between the Pre-Test and Post-Test of Counseling Using Flashcards and Videos About Anemia in the UPT Community Health Center Work Area

Level of Knowledge	Median (Minimum-Maximum)	p value
Before	38.50 (30 - 47)	0,000
After	45.50 (39 - 52)	0,000

Table 11 shows that the attitude scores of 30 participants increased between the first and second assessments. With a p-value of 0.000 < 0.05, the Wilcoxon test confirms that H1 is accepted. Thus, it is reasonable to conclude that the UPT staff's views on anemia changed between the pre-test and post-test periods after using flashcards and films.

Table 12. Frequency Distribution of Differences in Pregnant Women's Compliance with Pre-Test and Post-Test Counseling Using Flashcards and Videos About Anemia in the Sindang Danau Community Health Center Work Area

Compliance	Median (Minimum-Maximum)	p value
Before	41,50 (33 - 50)	0,000
After	47,50 (39 - 56)	0,000

Table 11 shows that 30 participants experienced an increase in compliance scores between the pre-test and post-test. With a p-value of 0.000 <0.05, the Wilcoxon test confirmed that H1 was accepted. Thus, the anemia counseling session at the Sindang Danau Community Health Center (UPT), which used flashcards and videos, had different compliance levels between the pre-test and post-test.

Discussion

Pregnant Women's Knowledge of Anemia Counseling Using Flashcards and Videos in the Pre-test and Post-test. According to the study findings, fourteen participants (46.6%) had inadequate knowledge before the pre-test, ten (33.3%) had adequate knowledge, and six (20.0%) had good knowledge. A total of 17 respondents (53.3%) showed adequate knowledge, 10 (36.7%) showed good knowledge, and six (10.0%) showed poor knowledge, according to the post-test. According to these findings, some pregnant women's understanding was already low before the counseling session, but improved afterward.

Mary Kamau et al. (2019) found that maternal understanding of iron supplementation can be improved through health education or counseling using brochures, which aligns with these results. Iron supplementation behavior may be influenced by maternal understanding. Factors such as maternal age, education level, parity, and source of information can influence maternal knowledge (9).

The extent to which pregnant women consume iron supplements depends on their level of education about anemia and the benefits of these supplements. Consequently, pregnant women are more likely to take iron supplements as directed by their healthcare provider and are more likely to consume all 90 tablets recommended to them (13).

Attitudes of Pregnant Women in the Pre-Test and Post-Test of Counseling Using Flash Card and Video Models on Anemia

Fifteen participants (50.0% of the total) rated their attitudes as fairly good in the pre-test, while seven (23.3%) and eight (26.7%) rated their attitudes as poor. The post-test results showed that one respondent (3.3%), six respondents (20.0%), and twenty-three respondents (76.7%) demonstrated positive attitudes. The findings of this study indicate that some mothers still had negative perceptions regarding Fe tablet consumption prior to the counseling session. However, maternal attitudes toward iron tablet consumption improved after the counseling session.

These findings are consistent with those of Mary Kamau et al. (2019), who stated that maternal attitudes toward iron tablet consumption can be positively influenced by health education or counseling. What pregnant women hear and read influences their decisions regarding how often and how much Fe tablets they consume. Therefore, a mother's attitude toward Fe tablet use is positively correlated with her level of awareness of these supplements.

Because most people believe that healthcare providers will deliver adequate information to pregnant women, there is a positive correlation between attitudes and knowledge during pregnancy. As a result, pregnant women are more likely to perceive the value of consuming Fe tablets, which may lead to better knowledge and adherence to these recommendations (12).

Adherence of Pregnant Women in the Pre-Test and Post-Test of Counseling Using Flash Card and Video Models on Anemia

Of the total respondents, 23 (76.7%) were found to be non-adherent, while 7 (23.3%) were adherent. Post-test results showed that 21 respondents (70.0%) were adherent, whereas 30.0% remained non-adherent. These findings suggest that some women had not been consuming their Fe tablets as prescribed prior to the counseling session. After counseling, mothers were more likely to take their Fe tablets according to the prescribed recommendations.

According to a study by Adila (2021) on adherence among pregnant women at Mitra Delima Clinic, the majority of pregnant women did not adhere to Fe tablet consumption. These findings are consistent with the present study. The fact that 37 participants (44%) did not promptly visit healthcare facilities to obtain additional Fe tablets when their supply ran out, and that 52 participants (61.9%) still forgot to take their Fe tablets during the study, indicates that pregnant women were insufficiently informed about the importance of consuming these tablets. The risk of anemia is higher among pregnant women who do not take Fe tablets as prescribed compared to those who do.

Consistent use of Fe tablets throughout pregnancy is essential for preventing anemia, as stated by Abidah (2019). Maternal adherence to Fe tablet consumption can be assessed by tracking the number of tablets consumed, the method of administration, the timing, and the frequency of use. Iron supplementation is one of the strategies for the treatment and prevention of anemia (Adila, 2021).

Differences in the Knowledge Levels of Pregnant Women in the Pre-Test and Post-Test of Counseling Using Flash Card and Video Models on Anemia in the Working Area of UPT Sindang Danau Community Health Center

Statistical analysis using the non-parametric Wilcoxon test confirmed the acceptance of the hypothesis, with an Asymp. Sig. value of 0.000, or a p-value of less than 0.05. Thus, the knowledge level of pregnant women differed significantly before and after receiving counseling at Puskesmas Sindang Danau.

Hernawati (2022) found a statistically significant difference in respondents' knowledge before and after counseling, which is consistent with the findings of this study. This is because many participants learned the importance of consistently consuming Fe supplements during pregnancy by paying close attention during the counseling sessions.

These findings align with those of Admin (2019), who reported changes in pregnant women's knowledge and attitudes toward Fe tablet consumption before and after health education. Providing additional information about iron tablets can influence respondents' knowledge. After learning about the benefits of Fe tablets, participants tend to reassess how they currently use these supplements.

Providing information is one of the primary objectives of health education. Explaining, informing, recommending, and addressing respondents' health concerns can help researchers or health education professionals improve knowledge levels (2). Particularly in the case of anemia, delivering information through videos and flash cards can substantially enhance respondents' knowledge.

Differences in the Attitudes of Pregnant Women in the Pre-Test and Post-Test of Counseling Using Flash Card and Video Models on Anemia in the Working Area of UPT Sindang Danau Community Health Center

Statistical analysis using the non-parametric Wilcoxon test produced an Asymp. Sig. value of 0.000, or $p < 0.05$, indicating that the null hypothesis (H_0) was accepted. Thus, it is reasonable to conclude that pregnant women's attitudes toward health education and Fe tablet consumption changed before and after the intervention.

The findings of this study are consistent with those of Makmun and Ismarwati (2018), who reported that public opinions change after receiving education on health issues or Fe supplementation. Health education or information about Fe tablets increases attitude scores. This may occur because pregnant women benefit significantly from increased information and understanding of the importance of Fe tablet consumption through health education programs.

Pregnant women's opinions regarding Fe tablets changed before and after receiving health education (Samuel Kimani, 2019). Pregnant women's attitudes, thoughts, and perceptions toward Fe tablets shifted in a more positive direction following health education, making them more likely to consume the tablets as recommended.

Differences in the Adherence of Pregnant Women in the Pre-Test and Post-Test of Counseling Using Flash Card and Video Models on Anemia in the Working Area of UPT Sindang Danau Community Health Center

The hypothesis was accepted based on statistical analysis using the non-parametric Wilcoxon test, which yielded an Asymp. Sig. value of 0.000, or a p-value of less than 0.05. Therefore, it can be concluded that pregnant women's adherence differed before and after receiving health education at Puskesmas Sindang Danau.

Consistent with other studies, this research confirms that there is a correlation between hemoglobin levels and patient adherence to consuming Fe tablets as prescribed (Mandariska, 2014). Hemoglobin levels were higher among pregnant women who consistently consumed Fe tablets. Adherence was assessed based on four aspects of Fe tablet use: quantity, method, timing, and frequency.

Forty pregnant women in this study consumed Fe tablets as prescribed and did not experience anemia; however, one woman consumed the tablets as prescribed but not daily due to forgetfulness. This study found that 27% of pregnant women experienced anemia due to non-adherence to Fe tablet consumption, while 16% still experienced anemia despite following iron tablet consumption guidelines. It is possible that some pregnant women who consumed Fe tablets as prescribed (90 tablets) continued to experience anemia because they consumed the tablets together with substances such as tea or coffee, which inhibit iron absorption. The study concluded that many pregnant women experienced anemia because they did not consume Fe tablets as prescribed.

CONCLUSION

The results showed that among pregnant women who received counseling using flashcards and videos, their pre-test knowledge levels were rated as poor by 14 participants (46.6%), moderate by 10 participants (33.3%), and good by 6 participants (20.0%). Conversely, pregnant women who received counseling using flashcards and videos had post-test knowledge levels rated as moderate (17 respondents, or 53.3%), good (10 respondents, or 36.7%), or low (3.0%).

A total of 15 pregnant women (50.0%) who used flashcards and videos for counseling reported moderate views, 7 reported positive attitudes (23.3%), and 8 reported negative attitudes (26.7%). Meanwhile, 23 pregnant women (76.7%) had positive attitudes, 6 had intermediate attitudes (20.0%), and 1 had negative attitudes (3.3%) after receiving counseling using flashcards and videos.

In a pre-test measuring pregnant women's compliance with counseling using flashcards and videos, 23 participants (76.7%) were found to be non-compliant, while 7 participants (23.3%) were found to be compliant. The majority of respondents complied with the counseling using flashcards and videos. Twenty-one respondents (70.0%) and thirty percent of the total complied after the test.

At the Sindang Danau Community Health Center, there were variations in the level of knowledge, attitudes, and compliance with iron tablet consumption between pregnant women before and after counseling with Asymp. Sig. 0.000 (P-value <0.05), as well as between the two groups.

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