

EFFECTIVENESS OF THE 'CETING' M-HEALTH APPLICATION IN ENHANCING IRON SUPPLEMENTATION ADHERENCE AND HEMOGLOBIN LEVELS AMONG PREGNANT WOMEN

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ABSTRAK: EFEKTIFITAS M-HEALTH "CETING" DALAM MENINGKATKAN KEPATUHAN SUPLEMENTASI BESI DAN KADAR HEMOGLOBIN IBU HAMIL

Latar belakang: Rendahnya kepatuhan konsumsi tablet tambah darah (TTD) menjadi pemicu utama tingginya prevalensi anemia ibu hamil di Indonesia. Teknologi m-Health berupa aplikasi pengingat harian menawarkan solusi inovatif untuk meningkatkan kedisiplinan pasien. Tujuan: Menganalisis efektivitas aplikasi "CETING" (daily reminder) terhadap kepatuhan konsumsi TTD dan kadar hemoglobin (Hb) pada ibu hamil anemia di Puskesmas Takong, Kalimantan Barat. Metode: Studi kuantitatif quasi-experiment dengan non-equivalent control group design pada 50 responden (purposive sampling) yang dibagi menjadi kelompok intervensi (n=25) dan kontrol (n=25). Data dikumpulkan melalui kuesioner kepatuhan dan Hb-meter digital, lalu dianalisis menggunakan uji Wilcoxon Signed Rank dan Mann-Whitney. Hasil: Kelompok intervensi menunjukkan peningkatan signifikan pada kepatuhan (6,32 ke 7,88; $p < 0,001$) dan kadar Hb (10,48 ke 11,12 g/dL; $p < 0,001$). Pada kelompok kontrol, kepatuhan meningkat sedikit (5,48 ke 6,36; $p = 0,042$), namun perubahan kadar Hb tidak signifikan secara statistik (10,32 ke 10,56 g/dL; $p = 0,083$). Analisis antar-kelompok mengonfirmasi efektivitas aplikasi CETING yang signifikan ($p < 0,001$). Simpulan: Aplikasi "CETING" efektif meningkatkan kepatuhan konsumsi TTD dan kadar hemoglobin ibu hamil anemia, sehingga layak digunakan sebagai instrumen pendamping layanan kesehatan maternal di fasilitas kesehatan primer.

Kata kunci: Anemia; M-Health CETING; Kepatuhan; Tablet Tambah Darah

ABSTRACT

Background: Low compliance with iron and folic acid (IFA) supplementation remains the primary driver of maternal anemia in Indonesia. Mobile health (m-Health) reminder applications offer an innovative approach to improve patient adherence. Objective: To evaluate the effectiveness of the "CETING" daily reminder application in enhancing IFA compliance and hemoglobin (Hb) levels among anemic pregnant women at the Takong Community Health Center, West Kalimantan. Methods: This quantitative quasi-experimental study employed a non-equivalent control group design with 50 respondents selected via purposive sampling, divided into an intervention group (n=25) and a control group (n=25). Data were gathered using compliance questionnaires and digital hemoglobinometers, and analyzed utilizing Wilcoxon Signed-Rank and Mann-Whitney tests. Results: The intervention group demonstrated significant improvements in both adherence scores (6.32 to 7.88; $p < 0.001$) and Hb levels (10.48 to 11.12 g/dL; $p < 0.001$). Conversely, the control group exhibited a marginal increase in adherence (5.48 to 6.36; $p = 0.042$) but no statistically significant change in Hb levels (10.32 to 10.56 g/dL; $p = 0.083$). Inter-group analysis confirmed that the CETING application yielded significantly superior outcomes ($p < 0.001$). Conclusion: The "CETING" application successfully improves iron supplementation adherence and hemoglobin levels in anemic pregnant women, making it a viable digital companion tool for primary healthcare facilities.

Keywords: Adherence; Anemia; CETING Application; Hemoglobin; Iron Supplementation.

INTRODUCTION

Anemia during pregnancy remains a critical global public health challenge that significantly elevates maternal and perinatal morbidity risks,

such as preterm birth and postpartum hemorrhage (Arshed et al., 2023). In Indonesia, despite the extensive implementation of iron and folic acid (IFA) supplementation programs, the prevalence of

maternal anemia persists due to suboptimal adherence rather than supplement scarcity (Kim et al., 2025). This low adherence is driven by complex factors, including gastrointestinal side effects and cognitive barriers like forgetfulness (Peng et al., 2020). Recent international evidence emphasizes that traditional iron therapy fails to achieve optimal hemoglobin (Hb) synthesis without continuous compliance and strict monitoring mechanisms (Kaveh et al., 2023; Pouls et al., 2021; Zábó et al., 2025). Consequently, conventional face-to-face clinical counseling is often insufficient in rural settings due to heavy healthcare provider workloads and geographical constraints (Eaton et al., 2024).

To overcome these limitations, maternal health management is increasingly adopting mobile health (m-Health) technologies to bridge the communication gap between patients and clinics (Ahmed et al., 2025; Nurherliyany et al., 2022). However, many existing maternal applications are text-heavy and overloaded with complex educational content, which often induces user fatigue and reduces long-term engagement (Irawan et al., 2023; Khatib et al., 2023). The "CETING" application addresses this gap through an ultra-minimalist, action-focused design. Unlike multifaceted educational platforms, CETING functions strictly as a daily automated reminder with a single-click intake confirmation button. This lightweight mechanism eliminates digital fatigue, fosters immediate behavioral accountability, and enables real-time tracking, making it highly adaptive for users with varying digital literacy levels (Glatt et al., 2024; Pratiwi et al., 2024).

In the rural working area of Takong Community Health Center, West Kalimantan, pregnant women face severe monitoring gaps; while conventional health education using the Maternal and Child Health (MCH) Handbook is provided, there is no real-time tracking system to ensure daily supplement intake. Therefore, this study aims to evaluate the operational effectiveness of the CETING application. Specifically, this study measures and compares the changes in IFA adherence scores (via structured observation) and digital hemoglobin levels (g/dL) over a 30-day intervention period between anemic pregnant women utilizing the CETING application and a control group receiving standard care with the MCH Handbook.

RESEARCH METHODS

This quantitative study employed a quasi-experimental approach with a non-equivalent control group design. The research was conducted

in the working area of Takong Community Health Center, West Kalimantan, from February to April 2026. The study population consisted of 81 anemic pregnant women registered between January and December 2025. The sample size was determined using the two-independent-means formula, resulting in 50 respondents selected via purposive sampling. Participants were divided into an intervention group (n=25) and a control group (n=25). To mitigate potential selection bias associated with purposive sampling, strict and objective inclusion criteria were applied, and baseline demographic characteristics were statistically verified to ensure homogeneity between the two groups. Inclusion criteria specified anemic pregnant women utilizing Android smartphones with active internet access, while exclusion criteria ruled out individuals with severe pregnancy complications or comorbid blood disorders.

The intervention group utilized the "CETING" application, a minimalist mobile platform designed to deliver automated daily push notifications at a standardized time (07:00 AM) to remind users to consume their iron and folic acid (IFA) tablets. Upon consumption, users were required to press a single-click confirmation button within the app interface, which logged their compliance data into a secure database in real-time. Conversely, the control group received standard care and routine health education via the Maternal and Child Health (MCH) Handbook. To isolate the effect of the intervention and control for external confounding factors that could influence hemoglobin (Hb) levels, respondents in both groups were instructed to maintain their habitual dietary patterns, and any individuals taking concurrent iron-rich supplements or traditional herbal medicines were strictly excluded from the study.

Adherence was evaluated using a structured compliance questionnaire that was pre-tested to ensure satisfactory construct validity and internal consistency reliability (Cronbach's alpha > 0.70). Hemoglobin levels were measured using a calibrated digital hemoglobinometer operated by trained healthcare personnel to maintain measurement integrity. Measurements for both parameters were taken at baseline (pretest) and after the 30-day intervention period (posttest). Bivariate analysis was performed to evaluate the intervention's effectiveness. The Wilcoxon Signed Rank Test analyzed changes in adherence scores and Hb levels within each group, followed by the Mann-Whitney Test to compare the differences between the groups. Statistical significance was set at a p-value of <0.05.

RESEARCH RESULTS

Tabel 1
Responcen characteristics

Characteristics	Intervention (n=25)	%	Control (n=25)	%
Age				
At Risk (<20 or >35 years)	4	16.0	5	20.0
Not at Risk (20–35 years)	21	84.0	20	80.0
Education Level				
Primary School	3	12.0	5	20.0
Junior High School	4	16.0	3	12.0
Senior High School/Higher Ed	18	72.0	17	68.0
Occupation				
Unemployed (Housewives)	23	92.0	25	100.0
Employed	2	8.0	0	0.0
Gestational Age				
Trimester I (0–12 weeks)	3	12.0	6	24.0
Trimester II (13–27 weeks)	14	56.0	13	52.0
Trimester III (28–40 weeks)	8	32.0	6	24.0
Parity (Number of Children)				
Primipara (1 child)	9	36.0	11	44.0
Multipara (2–4 children)	15	60.0	12	48.0
Grandemultipara (>4 children)	1	4.0	2	8.0

The baseline characteristics of respondents were comparable between the two groups. The majority of respondents were in the low-risk age category (84.0% intervention; 80.0% control) and were predominantly high school or higher education graduates (72.0% intervention; 68.0% control). Most respondents were unemployed (housewives),

accounting for 92.0% in the intervention group and 100% in the control group. Regarding clinical profiles, more than half of the participants were in their second trimester of pregnancy (56.0% intervention; 52.0% control), with a majority belonging to the multipara category (60.0% intervention; 48.0% control).

Tabel 2
Normality Test Result

Normality Test	Period	Shapiro-Wilk	df	p-value	Interpretation
Intervention Group Adherence	Pre-test	0.892	25	0.012	Not Normally Distributed
	Post-test	0.701	25	0.000	Not Normally Distributed
Control Group Adherence	Pre-test	0.910	25	0.028	Not Normally Distributed
	Post-test	0.925	25	0.041	Not Normally Distributed

Tabel 3
Analysis of Intervention

Variable	Group	Period	n	Mean	Median	Min–Max	Wilcoxon (Z)	Wilcoxon (p)	Mann-Whitney (Mean Rank)	M-W (Z)	M-W (p)
IFA Adherence	Intervention	Pre	25	6.32	6.00	2–8	-4.201	<0.001	32.40	-3.872	<0.001
		Post	25	7.88	8.00	7–8					
	Control	Pre	25	5.48	6.00	2–8	-2.032	0.042	18.60		Effect size (r) 0.55
		Post	25	6.36	6.00	4–8					
Hemoglobin (g/dL)	Intervention	Pre	25	10.48	10.50	9.8–10.8	-4.012	<0.001	33.20	-4.215	<0.001
		Post	25	11.12	11.10	10.5–11.9					
	Control	Pre	25	10.32	10.50	8.1–10.8	-1.732	0.083	17.80		Effect size (r) 0.60
		Post	25	10.56	10.60	8.1–11.1					

The Shapiro-Wilk normality test confirmed that all adherence and hemoglobin data violated the assumption of normality ($p < 0.05$), validating the use of non-parametric equivalents. The Wilcoxon Signed-Rank test demonstrated a significant post-intervention increase in IFA adherence scores for both the intervention group (6.32 ± 7.88 ; $p < 0.001$) and the control group (5.48 ± 6.36 ; $p = 0.042$). However, a critical divergence was observed in clinical outcomes: hemoglobin levels increased significantly only within the intervention group (10.48 to 11.12 g/dL; $p < 0.001$), while the control group exhibited no statistically significant change (10.32 to 10.56 g/dL; $p = 0.083$).

To quantify the magnitude of the intervention's impact, Rosenthal's r was calculated as the effect size indicator. The Mann-Whitney Z -statistics revealed a large effect size for both post-test IFA adherence ($r = 0.55$, $p < 0.001$) and post-test hemoglobin levels ($r = 0.60$, $p < 0.001$). These findings firmly establish that the m-Health "CETING" application yields a substantial, clinically meaningful improvement in maternal anemia status compared to standard care alone.

DISCUSSION

Analysis of CETING application effectiveness on IFA adherence

The findings demonstrate that while both groups experienced increased adherence, the intervention group using the CETING application showed a significantly higher statistical improvement compared to the control group. This suggests that conventional education via the MCH Handbook alone is insufficient to ensure long-term discipline. The CETING application functions as a consistent "cue to action," bridging the gap between knowledge gained from the handbook and the actual behavior of tablet consumption (Kaveh et al., 2023; Rohani et al., 2022). Mobile health (m-Health) architectures are increasingly recognized as pivotal modalities to bridge communication and monitoring gaps in maternal care, particularly within resource-constrained or primary healthcare ecosystems (Ahmed et al., 2025).

The click-confirmation feature in the CETING app creates a psychological effect of personal accountability for the respondents. This aligns with the theory that simple, routine m-Health interventions are more effective at behavioral change than complex, passive information (Eaton et al., 2024; Falah et al., 2022; Peng et al., 2020). The use of reminder media is proven to minimize negligence or forgetfulness, which are frequently

cited as the primary reasons for non-adherence among pregnant women in rural areas like Takong (Gomes et al., 2021; Ludin et al., 2023). Standardized, simple automated cues possess a distinct advantage in establishing routine health habits and promoting behavioral modification across diverse digital literacy levels (Glatt et al., 2024).

Critical analysis of platform limitations

Despite its operational efficacy, an analytical critique of the CETING application reveals specific platform vulnerabilities. Unlike multifaceted maternal health applications that offer extensive, multi-layered features, CETING's minimalist design circumvents the risk of digital fatigue and user cognitive overload, which often prompt rapid application abandonment (Khatib et al., 2023). However, its reliance on a self-reported single-click confirmation mechanism introduces a potential honesty bias, as patients can confirm consumption without actually ingesting the tablet. Additionally, the platform is restricted to the Android operating system and necessitates intermittent internet connectivity to synchronize real-time data tracking, thereby limiting its usability in extreme low-resource sub-districts with unstable telecommunication infrastructures.

The relationship between adherence and hemoglobin level improvement

The most crucial finding in this study is the difference in clinical outcomes regarding hemoglobin (Hb) levels. The intervention group showed significant Hb improvement, whereas the control group showed no statistically significant change. This indicates a "threshold effect" in iron therapy; the moderate increase in adherence observed in the control group was insufficient to significantly raise Hb levels (Washington et al., 2023). Physiologically, iron intake requires strict dose consistency and sustained compliance over time to achieve adequate systemic iron stores necessary for effective hemoglobin synthesis (Susilawati et al., 2021).

Furthermore, hemoglobin fluctuation is heavily moderated by external dietary factors and individual bioavailability mechanics. The physiological efficacy of oral iron supplementation is highly susceptible to external dietary enhancers and inhibitors; for instance, co-ingestion with ascorbic acid (Vitamin C) significantly upregulates absorption, whereas dietary components such as tannins in tea, polyphenols in coffee, and calcium can structurally inhibit iron bioavailability (Zábó et al., 2025). While respondents in both arms were instructed to adhere

to their habitual dietary patterns to control variables, unmeasured differences in daily nutrient consumption and localized dietary habits represent external confounding factors that may account for variance in hematological recovery.

This study acknowledges several limitations that should be noted. First, the 30-day intervention window presents a relatively brief timeline to fully observe exhaustive hematological recovery and long-term behavioral sustainability. Second, the small sample size (n=50) confined to a single rural primary healthcare facility restricts the immediate generalizability of these findings to broader urban or heterogeneous maternal cohorts. Lastly, physiological confounders such as dietary inhibitors were monitored through behavioral compliance instructions rather than direct metabolic markers or biochemical nutritional tracking.

CONCLUSION

The "CETING" application is highly effective in enhancing iron supplementation adherence and elevating hemoglobin levels among anemic pregnant women. Automated daily digital reminders provide a superior approach to improving maternal anemia status compared to conventional, passive educational methods alone.

SUGGESTION

Based on the findings of this study, community health centers and regional health offices are advised to establish operational protocols to integrate automated digital reminder platforms into routine antenatal care (ANC) workflows as a mandatory companion to the MCH Handbook, thereby streamlining real-time monitoring of high-risk pregnancies for midwives without compounding manual workloads. Furthermore, to ensure long-term technological sustainability, future iterations of the "CETING" application should expand cross-platform compatibility (such as developing an iOS version), incorporate offline functionalities like automated SMS fallback notifications for rural areas with unstable internet connectivity, and integrate patient compliance logs directly into the clinic's Electronic Medical Records (EMR) system. Additionally, future clinical researchers are recommended to extend the intervention evaluation timeline beyond 60 days to monitor long-term behavioral retention and utilize objective nutritional biomarkers, such as serum ferritin levels, to provide a more comprehensive assessment of iron-deficiency anemia recovery.

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