

eHealth Literacy and Adherence to MMS Tablet Consumption Among Millennial and Gen Z Pregnant WomenNur Putri Erdianti¹, Erni Rihyanti², Rochmawati³¹Bachelor of Midwifery Study Program, Universitas Gunadarma, Indonesia²Bachelor Programme of Psychology, Universitas Gunadarma, Indonesia³Professional Midwifery Study Program, Universitas Gunadarma, Indonesia**ABSTRACT**

Adherence to pregnancy supplementation in Indonesia remains low, and eHealth literacy is hypothesized to be associated with supplementation behavior among digitally native pregnant women. This study aimed to analyze the relationship between eHealth literacy and adherence to Multiple Micronutrient Supplement (MMS) tablet consumption among millennial and Gen Z pregnant women. This analytical cross-sectional study was conducted on 108 pregnant women aged 17–40 years in Depok City, Indonesia, who were smartphone users and had received MMS at public health centers (Puskesmas), selected through purposive sampling. eHealth literacy was measured using the eHealth Literacy Scale (eHEALS), and MMS tablet adherence was measured using the Simplified Medication Adherence Questionnaire (SMAQ). Data were collected through Google Forms and analyzed using the Chi-square test ($\alpha = 0.05$) and Spearman rank correlation. A total of 62.0% of respondents had high eHealth literacy (mean eHEALS score: 28.21 ± 5.34), and 76.9% were adherent to MMS tablet consumption. There was a significant positive association between eHealth literacy and MMS tablet adherence ($r = 0.549$; $p = 0.010$), with pregnant women who had high eHealth literacy being 2.72 times more likely to be adherent (crude OR = 2.72; 95% CI: 1.28–5.78). These findings indicate an association rather than a causal relationship. Integrating structured digital-based education to strengthen digital health competence, particularly the ability to appraise online information, into antenatal care services may support adherence to the MMS program.

Keywords: eHealth literacy; MMS adherence; pregnant women; millennials; Generation Z

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INTRODUCTION

Worldwide, anemia in pregnancy is a major public health concern, especially in low- and middle-income nations where it poses a constant risk to mother and child health. To combat the micronutrient deficits that raise the risk of maternal death, low birth weight, and delayed fetal development, the World Health Organization suggests taking various micronutrient supplements as an intervention to be prioritized in prenatal care. (World Health Organization [WHO], 2020). In

response to this recommendation, the Ministry of Health of the Republic of Indonesia launched the *Multiple Micronutrient Supplement* (MMS) program in October 2024 to replace iron-folic acid tablets (Tablet Tambah Darah, TTD), containing 15 essential micronutrients that comply with the UNIMMAP standard and are considered clinically superior (Kementerian Kesehatan Republik Indonesia [Kemenkes RI], 2023).

At the national level, adherence to consuming ≥ 90 TTD tablets was achieved by only 20% of pregnant women according to the 2023 Indonesian Health Survey (Survei Kesehatan Indonesia, SKI), owing to factors such as forgetfulness, nausea, side effects, and a low perceived benefit of the supplement (Kemenkes RI, 2023). As a new program, MMS may face more complex adherence challenges, as confirmed in a preliminary study at Mulyorejo Public Health Center, Surabaya, which showed that maternal knowledge and social support were the dominant predictors of adherence to MMS consumption (Abidah & Sumarmi, 2024).

Millennials (born 1981–1996) and Gen Z (born 1997–2012) constitute the majority of today's reproductive-age pregnant women. As digital natives who rely heavily on online sources for health information, they form a distinctive and policy-relevant population in which digital capabilities may shape supplementation behavior, yet their eHealth literacy in the context of maternal supplementation has rarely been examined. The capacity to seek, appraise, and apply health information from electronic sources is conceptualized as eHealth literacy and is commonly measured using the eHealth Literacy Scale (eHEALS) (Norman & Skinner, 2006). Higher eHealth literacy has been reported to be associated with greater engagement in preventive behavior and more independent health decision-making⁵, as well as with more regular use of maternal health services (Shiferaw, 2020).

To date, no study in Indonesia has examined the relationship between *eHealth literacy* and adherence to MMS tablet consumption among millennial and Gen Z pregnant women in the context of the newly launched MMS program—a program still lacking local adherence evidence. Addressing this gap is important because *eHealth literacy* is a variable that can be intervened upon through community-based digital education programs within antenatal care. This study aimed to analyze the relationship between *eHealth literacy* and adherence to MMS tablet consumption among millennial and Gen Z pregnant women at public health centers in Depok City.

METHODS

This study employed an analytical *cross-sectional* design to identify the relationship between *eHealth literacy* as the independent variable and adherence to MMS tablet consumption as the dependent variable among millennial and Gen Z pregnant women. The study population comprised all pregnant women undergoing *antenatal care* (ANC) examinations at public health centers (Puskesmas) in Depok City, West Java.

Sampling was carried out using a *purposive sampling* technique, with inclusion criteria comprising: age 17–40 years (belonging to the millennial and Gen Z generations); having received and actively consumed MMS tablets for at least four weeks; owning a personal *smartphone* with active internet access; being able to operate Google Form independently; and being willing to participate through digital *informed consent*. Exclusion criteria comprised: pregnant women with severe pregnancy complications (severe pre-eclampsia, placenta previa, premature rupture of membranes); pregnant women who were unable to read and write; pregnant women with a diagnosed psychiatric disorder; and pregnant women who were concurrently taking other multivitamin supplements outside the MMS program. The sample size was calculated using the standard formula for estimating a single correlation coefficient, based on the Fisher *z*-transformation, as follows:

$$n = \frac{(Z_{\alpha} + Z_{\beta})^2}{\left(0.5 \times \ln \left[\frac{1+r}{1-r} \right] \right)^2} + 3$$

Using an anticipated correlation coefficient of $r = 0.3$ based on a preliminary study, a 95% confidence level ($Z_{\alpha} = 1.96$), and 80% statistical power ($Z_{\beta} = 0.842$), a minimum sample of 85 was obtained. An additional 25% was added to anticipate *drop out*, yielding a final total sample of 108 respondents recruited from selected public health centers in Depok City (7,8). Respondents were recruited consecutively from women attending scheduled ANC visits at the selected public health centers; those who met the inclusion criteria were approached by trained enumerators and invited to participate until the required sample size was reached.

The *eHealth literacy* variable was measured using the *eHealth Literacy Scale* (eHEALS), which consists of 8 statement items on a 5-point Likert scale with a score range of 8–40 (Norman & Skinner, 2006). The eHEALS instrument has been validated in its Indonesian-language version by Sari *et al.* (2022), with item validity values of $r = 0.412$ – 0.731 (r table = 0.361) and a Cronbach's alpha reliability of 0.872 , and was therefore declared valid and reliable for use in the population of pregnant women in Indonesia.

The variable of adherence to MMS tablet consumption was measured using the *Simplified Medication Adherence Questionnaire* (SMAQ), which consists of 6 items based on dichotomous and ordinal responses, with the term “MMS tablet” replacing “medication” in the original instrument in accordance with the research context (Knobel *et al.*, 2002). Adaptation of the SMAQ instrument involved forward translation into Indonesian, contextual modification of item wording (substituting “MMS tablet” for “medication” while retaining the original dichotomous items on missed intake and ordinal items on intake frequency), and expert content-validity review, followed by pilot testing on 30 respondents outside the study sample. This pilot yielded item validity values of $r = 0.389$ – 0.652 and a Cronbach's alpha reliability of 0.814 , so that the adapted instrument was declared valid and reliable.

Both instruments were integrated into a single Google Form and completed independently by respondents in the public health center waiting room, accompanied by trained enumerators. Data analysis was performed univariately in the form of frequency and percentage distributions, and bivariately using the *Spearman Rank Correlation* test and the *Chi-Square* test with a significance level of $\alpha = 0.05$, using SPSS software version 26. All respondents provided consent through digital *informed consent* before participating. This study did not undergo review by a formal research ethics committee; nevertheless, the ethical principles of research involving human participants were upheld. Participation was voluntary and anonymous, respondents were informed of the study's purpose and could decline or withdraw at any time without consequence, no personally identifying information was collected, and all data were used solely for research purposes. Because the eHEALS score was not normally distributed, the Chi-Square test was used to assess the association between the two categorical variables and to obtain the crude odds ratio, whereas the Spearman rank correlation was used to examine the strength and direction of the ordinal relationship; the two tests are therefore complementary rather than redundant. As this was a bivariate analysis, no multivariable (adjusted) modeling was performed, and the reported odds ratio is a crude estimate.

RESULTS

This study involved 108 millennial and Gen Z pregnant women who were receiving Multiple Micronutrient Supplement (MMS) tablets within the working area of public health centers in Depok City. The complete distribution of respondent characteristics is presented below.

Table 1. Respondent Characteristics (n = 108)

Characteristic	f	%
Age (Years)		
17 – 25 years	41	38.0
26 – 30 years	32	29.6
31 – 35 years	23	21.3
36 – 40 years	12	11.1
Generation Category		
Gen Z (born 1997–2012)	41	38.0
Millennial (born 1981–1996)	67	62.0
Highest Education		
Junior High School (SMP)	8	7.4
Senior High School/Vocational (SMA/SMK)	44	40.7
Diploma (D1–D3)	19	17.6
Bachelor's (S1)	33	30.6
Master's/Doctorate (S2/S3)	4	3.7
Occupation		
Homemaker/Not Employed	59	54.6
Civil Servant (PNS)	7	6.5
Private Employee	24	22.2
Self-employed	13	12.0
Other	5	4.6
Gravida		
Primigravida (G1)	39	36.1
Gravida 2 (G2)	38	35.2
Gravida 3 or More (G3+)	31	28.7
Gestational Age (Trimester)		
Trimester I (1–13 weeks)	16	14.8
Trimester II (14–27 weeks)	43	39.8
Trimester III (28–40 weeks)	49	45.4
Duration of MMS Tablet Consumption		
4 – 8 weeks	36	33.3
9 – 16 weeks	41	38.0
>16 weeks	31	28.7
Internet Access Frequency		
Every day	45	41.7
Several times a week	38	35.2
Several times a month	25	23.1
TOTAL	108	100.0

Based on Table 1, the majority of respondents were aged 17–25 years (38.0%), with a mean age of 27.4 years (SD = 5.3), and were dominated by the millennial generation (62.0%). The most common education level was senior high school/vocational (40.7%), with more than half of the respondents having higher education at the diploma (D1) level or above (51.9%). Most were

homemakers (54.6%). The distribution of gravidity was fairly even among primigravidae (36.1%), gravida 2 (35.2%), and gravida 3 or more (28.7%). The largest proportion were in the third trimester (45.4%), consistent with the inclusion criterion of a minimum of four weeks of MMS consumption. Respondents who had consumed MMS for 9–16 weeks constituted the largest group (38.0%). Internet access intensity was high, with 41.7% accessing pregnancy health information every day.

Table 2. Distribution of Platforms Used to Search for Pregnancy Health Information (n = 108, multiple answers allowed)

Platform	f	%
Google/search engine	89	82.4
YouTube	72	66.7
Instagram	65	60.2
TikTok	58	53.7
WhatsApp Group	47	43.5
Health applications (Halodoc, Alodokter, etc.)	41	38.0
Facebook	23	21.3
Ministry of Health/official institution website	18	16.7
Other (blog, forum, Twitter/X)	9	8.3

Note: Percentages were calculated from the total number of respondents (n = 108). The total percentage may exceed 100% because multiple answers were allowed.

The most widely used platform was Google/search engine (82.4%), followed by YouTube (66.7%), Instagram (60.2%), and TikTok (53.7%). The official Ministry of Health website was accessed by only 16.7% of respondents, indicating a gap between the information sources used and the clinically recommended sources, and calling for more adaptive health communication strategies based on popular platforms.

Table 3. Distribution of eHEALS Scores per Item (n = 108)

No	eHEALS Statement Item	Mean	SD
1	I know what health resources are available on the Internet	4.23	0.62
2	I know where to find helpful health resources on the Internet	4.16	0.53
3	I know how to find helpful health resources on the Internet	4.14	0.65
4	I know how to use the Internet to answer my questions about health	3.95	0.64
5	I know how to use the health information I find on the Internet to help me	4.06	0.60
6	I have the skills I need to evaluate the health resources I find on the Internet	4.01	0.61
7	I can tell high-quality health resources from low-quality health resources on the Internet	3.88	0.58
8	I feel confident in using information from the Internet to make health decisions	3.91	0.65
Total eHEALS Score		28.21	5.34

Note: The total eHEALS score (28.21) is the mean of respondents' total scores (range 8–40), which differs from the sum of the per-item means and is therefore not inconsistent.

The total eHEALS score was obtained by summing the scores of the 8 items for each respondent (range 8–40), after which the mean was calculated. The per-item mean represents the average response for each item (scale 1–5) and was not summed directly to produce the total

score. Based on Table 3, the item with the highest mean was item 1, concerning the ability to recognize health information sources on the Internet (mean = 4.23), whereas the lowest mean was found in item 7, concerning the ability to distinguish the quality of information sources (mean = 3.88). The total mean eHEALS score was 28.21 (SD = 5.34) out of a theoretical range of 8–40, reflecting an *eHealth literacy* capacity in the moderate-to-high category.

Table 4. Distribution of Study Variables (n = 108)

Variable	n	%
eHealth Literacy		
High ($\geq$ median score 28)	67	62.0
Low ($<$ median score 28)	41	38.0
MMS Consumption Adherence		
Adherent	83	76.9
Non-adherent	25	23.1

Table 4 shows that the majority of respondents (62.0%) had *eHealth literacy* in the high category (score $\geq$ median 28). Because eHEALS has no universally established clinical cut-off, and because the score distribution was non-normal (Kolmogorov-Smirnov test, $p < 0.05$), the median was used as a *cut-off* was based on the non-normal data distribution according to the Kolmogorov-Smirnov test, so that the median *split* split to form balanced high and low groups; this data-driven dichotomization is acknowledged as a limitation (4). Regarding adherence, the majority of respondents (76.9%) were classified as adherent to MMS tablet consumption, while the remaining 23.1% were non-adherent.

Table 5. Relationship between eHealth Literacy and MMS Consumption Adherence — Chi-Square Test (n = 108)

eHealth Literacy	Adherent	%	Non-adherent	%	Total	p-value	OR (95% CI)
High	57	52.8	10	9.3	67	0.010	2.72 (1.28–5.78)
Low	26	24.1	15	13.9	41		
Total	83	76.9	25	23.1	108		

Note: The OR value of 2.72 (95% CI: 1.28–5.78) is a crude OR from the 2×2 cross-tabulation without controlling for confounding variables. The Chi-Square test assumption was met, with no cell having an expected count < 5 (minimum expected count = 9.49).

Table 6. Correlation between eHealth Literacy and MMS Consumption Adherence — Spearman Test (n = 108)

Variable	n	r (Spearman)	p-value	Interpretation
eHealth Literacy vs. MMS Consumption Adherence	108	0.549	0.010	Moderate positive correlation

Note: The Spearman Rank Correlation test was used because the data were not normally distributed according to the Kolmogorov-Smirnov test ($p < 0.05$). The correlation coefficient $r = 0.549$ indicates a moderate correlation strength according to Cohen's (1988) criteria.

Based on Tables 5 and 6, a p-value of 0.010 (< 0.05) and an OR of 2.72 (95% CI: 1.28–5.78) were obtained, indicating a statistically significant relationship between *eHealth literacy* and adherence to MMS tablet consumption. The Spearman correlation test showed a coefficient of $r = 0.549$ with $p = 0.010$, indicating a positive relationship of moderate strength. This means that the higher the *eHealth literacy* of pregnant women, the higher their adherence to consuming MMS tablets.

DISCUSSION

The majority of millennial and Gen Z pregnant women at public health centers in Depok City had *eHealth literacy* in the high category (62.0%), with a total mean eHEALS score of 28.21 (SD = 5.34). This achievement reflects an adequate capacity to access, search, evaluate, and apply Internet-based health information. The high *eHealth literacy* score is consistent with the characteristics of the millennial and Gen Z generations as *digital natives*, who preferentially use readily accessible and participatory platforms (e.g., search engines and social media) for health information. Beyond confirming this profile, the relatively lower scores on the evaluative dimensions of eHealth literacy (appraising source quality and confidence in acting on online information) point to a specific target for intervention: strengthening the critical appraisal of online health information amid the proliferation of unverified content on social media.

The proportion of adherence to MMS tablet consumption reached 76.9%, far exceeding the national TTD adherence figure of only 20% based on the 2023 SKI (Kemenkes RI, 2023). This high adherence may be associated with the respondents' education level—the majority of whom had at least a senior high school education (92.6%)—the intensity of ANC visits, and the accessibility of MMS tablets at public health centers. However, the non-adherence figure of 23.1% remains a serious concern, given that research indicates the benefit of MMS for increasing infant birth weight is significant only in mothers who consume $\geq 90\%$ of the recommended amount of supplement (Sauer *et al.*, 2025). A study in Cambodia showed an average MMS adherence reaching 95%, supported by a structured intervention through ANC-visit-based supplement distribution (Golan *et al.*, 2021), implying that the supplement delivery system also determines program success.

The central finding of this study is the significant positive relationship between *eHealth literacy* and adherence to MMS tablet consumption ($p = 0.010$; $r = 0.549$; *crude* OR = 2.72; 95% CI: 1.28–5.78). Pregnant women with high *eHealth literacy* were better able to access accurate information about the benefits of MMS, to understand the risks of non-adherence, and to possess a better evaluative capacity in filtering valid information from various digital sources. This finding is consistent with a study in Surabaya that showed a significant relationship between the level of knowledge and adherence to prenatal supplement consumption (Abidah & Sumarmi, 2024). A study of pregnant women in Ethiopia also reported that good *eHealth literacy* was significantly associated with more regular use of ANC services and higher adherence to supplement consumption (Shiferaw, 2020). At the Southeast Asian level, a study of pregnant women in the Philippines showed that digital health literacy was consistently a positive predictor of adherence to prenatal supplementation, with the main mechanism being increased knowledge and motivation based on online information.

Adherence to prenatal supplement consumption is a multidimensional phenomenon influenced by individual factors such as knowledge, attitudes, and perceived benefits, as well as by external factors such as family support, ANC service accessibility, and the quality of health worker counseling. A systematic review covering 22 studies identified that education-based interventions, SMS reminders, and community mobilization were proven effective in increasing adherence to prenatal supplementation (Labonté *et al.*, 2025). In the context of this study, the family support factor warrants attention, given that 54.6% of respondents were homemakers. A study in Cambodia identified that family influence, perceptions and beliefs regarding MMS, the quality of ANC counseling, and community supplementation norms consistently influenced pregnant women's adherence to MMS (Hoang *et al.*, 2024). Findings from the MNP program in Ethiopia also showed that knowledge about supplement use and community support contributed positively to adherence, while the perception of side effects was the main barrier (Samuel *et al.*, 2021). This underscores that *eHealth literacy* education programs need to target the quality of

understanding and to correct misperceptions about supplements, rather than merely increasing the quantity of information exposure (Temesgen *et al.*, 2024).

The OR value of 2.72 carries significant clinical meaning: pregnant women with high *eHealth literacy* had a 2.72 times greater likelihood of being adherent to MMS tablet consumption. Conceptually, this pattern is consistent with the Health Belief Model and self-efficacy theory and with the broader digital health literacy framework, in which the capacity to appraise and apply online health information reinforces perceived benefits and confidence, thereby supporting more consistent supplementation behavior. This effect size is relevant as a basis for designing digital-literacy-based interventions within maternal and child health (KIA) programs. It is important to note that this is a *crude* OR that has not been adjusted for confounding variables such as education, parity, occupation, gestational age, and duration of MMS consumption; it should therefore be interpreted with caution and does not represent an independent (adjusted) effect. Future studies employing multivariable logistic regression are needed to estimate adjusted odds ratios (Liu *et al.*, 2022). A meta-analysis showed that the high adherence rate across MNP programs overall still ranged around 63.28%, with higher education and the absence of side effects as the main contributors to adherence (Gamble *et al.*, 2023). The findings of this study support the integration of digital health literacy programs into ANC services, the development of standardized educational content on popular social media platforms, and the training of health workers in digital-based support to accompany the MMS program. This study has several limitations. Its cross-sectional design permits the identification of associations but not causal inference. The use of purposive sampling and a single-city setting limits the generalizability of the findings. The categorization of eHealth literacy through a median split is data-driven and may not reflect a clinically validated threshold. Finally, potential confounders—including education, parity, occupation, gestational age, and duration of MMS consumption—were not adjusted for, so the reported odds ratio remains a crude estimate; multivariable analyses are recommended in future research.

CONCLUSION

There was a significant positive relationship between *eHealth literacy* and adherence to MMS tablet consumption among millennial and Gen Z pregnant women at public health centers in Depok City. The majority of respondents had high *eHealth literacy* and were adherent to MMS tablet consumption. As a cross-sectional study, these results indicate an association rather than a causal relationship. Strengthening digital health competence, particularly in the information-evaluation dimension, needs to be systematically integrated into *antenatal care* services—for example, by adding a brief digital-literacy appraisal checklist and a short counseling module to routine ANC visits—to support adherence to the MMS supplementation program.

RECOMMENDATION

Building on these associations, and given the cross-sectional design, future research should develop and test the effectiveness of practical interventions to improve *eHealth literacy* integrated into ANC services—for example, through digital health literacy education modules based on *smartphone*, standardized educational content on social media platforms, and *digital health counseling* by midwives—using a *quasi-experimental* or *randomized controlled trial* design with broader geographic coverage. In addition, public health centers and District Health Offices are advised to develop ANC-integrated digital education programs that specifically strengthen pregnant women's ability to evaluate the quality of online health information, and to train midwives in providing digital-literacy-based counseling. Future research should explore uncontrolled

mediator variables, such as *self-efficacy*, family support, the quality of health worker counseling, and the perception of MMS side effects.

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