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Association of Knowledge and Compliance of Blood Supplement Tablet Consumption with the Incidence of Anemia in Adolescent Girls

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Abstract

Anemia in adolescent girls can have many adverse effects, such as decreased fitness, reduced academic performance, and increased risk during future pregnancies. One way to prevent it is by taking iron pills, also known as blood-boosting tablets. The research aimed to determine the association between knowledge and compliance with blood supplement tablet consumption and the Incidence of Anemia. The methodology of this research employed an analytical survey design, utilizing a cross-sectional approach. All female students in grades VII, VIII, and IX at Junior High School 10 Sekayu in 2025 were included in the study, totaling 66 students. Data analysis used the Chi-square test with α=0.05 to test the relationship between variables. The results of the study showed a significant relationship between the variable association between knowledge with Anemia Incidence (p-value=0.001). The variable Compliance with Iron Tablet Consumption and the incidence of anemia showed a significant relationship (p-value=0.004). Adherence to iron supplementation has been shown to be crucial for successful anemia prevention, but other factors such as dietary intake, nutritional status, comorbidities, and environmental support are also important. Efforts to improve knowledge and compliance with iron supplement consumption need to be continuously carried out, supported by schools, health workers, and families.

Keywords: Anemia, Knowledge, Compliance, Iron Supplementation, Adolescent Girls.

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1. INTRODUCTION

Flowing within the heart and blood vessels, blood is an essential bodily fluid in humans that acts as a mode of conveyance and fulfills various life-sustaining roles. Red blood cells constitute one element of blood. A condition known as anemia is characterized by a decrease in the quantity of red blood cells (Kementerian Kesehatan RI, 2021).

Anemia represents a widespread global health issue that continues to be common, especially among young women. As stated by WHO (2025), roughly 28% of women globally who are 15 years old or older are affected by anemia, with Southeast Asia reporting the greatest incidence at 42%. According to data, 23% of women of reproductive age in Indonesia experience anemia, which is a greater rate than in Malaysia (21%) and Singapore (22%) (Marfiah et al., 2023).

Based on overall data, many women in Indonesia still suffer from anemia. Due to the monthly occurrence of menstruation, teenage females face a heightened susceptibility to anemia, which stems from increased iron loss. Low hemoglobin in girls aged 11 to 19 is due to a lack of iron stores and a lack of iron-rich foods (Putra et al., 2020). To effectively transport oxygen, hemoglobin is essential, and a decrease in hemoglobin levels, an insufficient number of red blood cells, or the presence of irregular red blood cells impairs the bloodstream's capacity to supply oxygen to the body's tissues (Tuturop et al., 2023).

According to the WHO (2025), individuals aged 10-19 are categorized as adolescents. Teenagers are particularly susceptible to dietary deficiencies because of their accelerated growth spurts and bodily changes. They require a higher nutritional intake than children. However, their dietary patterns often do not meet these needs (Widnatusifah et al., 2020).

Efforts to prevent anemia include consuming iron-rich foods from animal (meat, liver, eggs) and plant (nuts, green vegetables), consuming vitamin C to increase iron absorption, and regularly taking iron supplements, especially during menstruation. Anemia can cause various adverse effects, such as decreased fitness, decreased academic performance, and the possibility of experiencing difficulties while pregnant (Kementerian Kesehatan RI, 2018; Marfiah et al., 2023). One of the government's preventative measures is the provision of free iron supplements through schools (Indriyani, Kusharisupeni, Adawiyah, 2025). The ramifications of anemia for young women are extensive and of great concern. It stunts physical growth and development, makes them susceptible to infection, reduces fitness, and significantly reduces enthusiasm for learning and academic achievement. If anemia is not addressed during adolescence, the risk persists into productive years and pregnancy. It can have unfavorable effects on the well-being of the pregnant individual and the developing baby, potentially leading to early delivery, reduced weight at birth, and susceptibility to diseases, and even increased maternal and infant mortality rates. It can also reduce learning ability and concentration, disrupt growth, reduce physical ability to exercise, and cause a pale complexion (Aulya et al., 2024; Budiarti et al., 2020). Ministry of Health data also shows that adolescent girls who do not comply with iron supplementation are 4.56 times more likely to develop anemia than those who comply (Putri & Astuti, 2023).

One government measure to reduce the incidence of anemia is the free distribution of iron supplementation through schools, particularly among junior high and high school students. However, compliance with iron supplementation and knowledge about the importance of preventing anemia remain low. Many adolescent girls are unaware of the importance of regularly consuming iron supplementation, even when it is available free of charge at school. This lack of knowledge impacts consumption behavior, resulting in a persistently high prevalence of anemia.

However, the level of compliance and knowledge regarding iron supplementation consumption among adolescent girls remains low, resulting in a high incidence of anemia (Septiasari, 2020). A preliminary survey at Junior High School 10 Sekayu in 2024 found that

out of 66 female students, 22 had mild anemia despite the distribution of iron supplementation. The purpose of this study was to determine the relationship between knowledge and compliance regarding iron supplementation consumption and the incidence of anemia among adolescent girls at Junior High School 10 Sekayu in 2025.

2. RESEARCH METHOD

This study used an analytical survey design with a cross-sectional approach. The study was conducted at Junior High School 10 Sekayu, South Sumatra, from March to May 2025. The study sample consisted of all 66 female students in grades VII, VIII, and IX. Ethical approval was granted by the Health Research Ethics Committee, Health Polytechnic of the Ministry of Health of Palembang, Number: 0652/KEPK/Adm2/IV/2025 dated April 29, 2025. Primary data were obtained through a questionnaire that measured the level of knowledge and compliance with consuming Iron Supplement Tablets, which had been tested for validity and reliability (Reliability=0.668; validity>0.361) (Arrahiyam, 2024). Hemoglobin levels were measured using the EasyTouch Hemoglobin device to determine anemia status (Hb <12 g/dl) based on the guidelines of the Indonesian Ministry of Health (2021). Knowledge and compliance levels were obtained directly from respondents through a questionnaire prepared by the researcher and distributed to respondents. Knowledge variables: 1. Enough (value 56-100%), 2. Less (value <56%). Compliance variables: 1. Compliant, if taking iron tablets once a week for one month (4 tablets), 2. Non-compliant, if taking iron tablets is irregular and does not finish the given iron tablets. Data analysis used univariate examination for characteristic description and bivariate analysis using the Chi-square test with $\alpha = 0.05$ to test the relationship between variables (Priandana, 2023).

3. RESULTS AND DISCUSSION

Table 1. Distribution of the Frequency of Anemia Incidence, Knowledge, and Compliance with Iron Supplement Consumption.

Variable		Frequency (%)	Total
Incidence of Anemia	Anemia	41 (62.1)	66 (100)
	Not Anemia	25 (37.9)	
Knowledge	Enough	32 (48.5)	66 (100)
	Less	34 (51.5)	
Compliance with Iron Supplement Consumption	Compliance	24 (36.4)	66 (100)
	Non-Compliance	42 (63.6)	

Table 1 shows that for the knowledge variable, 34 respondents (51.5%) had Less knowledge and 32 respondents (48.5%) had enough knowledge. For the Compliance variable, 24 respondents (36.4%) complied, and 42 respondents (63.6%) were non-compliant.

Table 2. Association between knowledge and Compliance with Iron Supplement Consumption and the Incidence of Anemia.

Variable		Anemia (n/%)	Not Anemia (n/%)	Total	p-value
Knowledge	Enough	13/40.6	19/59.4	32	0.001
	Less	28/82.4	6/17.6	34	
Compliance	Compliance	9/37.5	15/62.5	24	0.004
	Non-Compliance	32/76.2	10/23.8	42	

Table 2 shows that 13 respondents (40.6%) have enough knowledge and have experienced anemia. Meanwhile, 28 respondents (82.4%) had less knowledge and experienced anemia. The chi-square test showed a significant relationship between knowledge

and anemia (p-value = 0.001). Table 2 shows that 9 respondents (37.5%) were compliant and experienced anemia, while 32 respondents (76.2%) were non-compliant. The chi-square test showed a significant association between adherence to iron supplementation and anemia (p-value = 0.004).

The incidence of anemia of 62.1% in teenage girls at Junior High School 10 Sekayu is quite high and a serious concern. This aligns with WHO (2025) and Marfiah et al. (2023), which states the high risk of anemia in adolescent girls in Southeast Asia. This is inconsistent with research by Suffara et al., 2025 which stated that there was no relationship between the level of knowledge and compliance with the consumption of Iron Supplement Tablets for anemia with hemoglobin levels ($p>0.05$) because most of the knowledge was good. This study is inconsistent with Putri and Fitriani, 2024, with the result that there was no significant relationship between the level of knowledge and anemia status, with a p-value of 1.00 ($p>0.05$), because most of the knowledge was good.

This study aligns with research by Runiari and Hartati (2020), which demonstrated a connection linking understanding with sticking to iron pill schedules ($p=0.03$). This study aligns with Contesa, Wathan, and Yunola (2022) study, which found a relationship between knowledge and the incidence of anemia in female students (p-value 0.000). This study aligns with Hayati et al., 2025 study, which found a nificant relationship between the menstrual cycle and the incidence of anemia (p-value 0.000). This study aligns with Quraini et al. (2020) study, which found a relationship between adherence to iron supplementation and the incidence of anemia (p-value 0.000). Research by Putra et al. 2020 found that increased adherence to iron supplementation led to more normal or improved hemoglobin levels, and there was a relationship between adherence to iron supplementation and the incidence of anemia (p-value 0.007). This study aligns with Handayani and Budiman (2022) study, which found a relationship between iron consumption and the incidence of anemia in adolescents (p-value $0.01<0.05$).

This finding is also supported by research by Kusnadi, 2020 that found that adolescent girls with good knowledge were more vigilant in preventing anemia than those with poor knowledge. Generally, after continuously consuming iron tablets for more than four weeks, hemoglobin levels will increase by approximately 2 g/dL (Simbolon et al., 2023). This is because iron requirements increase during puberty and menstruation, which, if not balanced with adequate iron intake, can lead to anemia (Putra et al., 2020). Furthermore, a poor diet and the consumption of fast food, which adolescents enjoy, are risk factors for decreased iron status. According to research by Desnita Safitri, Munah, and Widya, 2025, schools schedule group iron supplementation sessions to facilitate monitoring of students' progress.

Research by Quraini et al., (2020) showed that respondents expressed a desire to regularly consume iron supplements and were able to control their behavior. 14.6% of respondents were unwilling to comply with iron supplementation. It can be seen that despite the ease of consuming iron supplements, these adolescents lack the intention to do so regularly.

Lack of knowledge (51.5%) is the main predisposing factor for low adherence to iron supplements (Rozak et al., 2025). Good knowledge is important for developing positive attitudes and consumption behaviors. However, this study found that some students with sufficient knowledge still experienced anemia, indicating other factors such as dietary intake or impaired iron absorption. Low adherence (63.6%) attributed non-adherence to mild side effects, lack of motivation, and insufficient supervision by teachers and family (Quraini et al., 2020).

According to research by Handayani and Budiman, 2022, 62% of adolescent girls did not consume iron tablets, 66% of adolescent girls experienced anemia, and cross-tabulation showed that 78.8% of adolescent girls were non-compliant with iron tablet consumption and

experienced anemia. This indicates a relationship between iron tablet compliance and the incidence of anemia in adolescent girls.

The positive relationship between knowledge and compliance with the incidence of anemia statistically reinforces the need for intensive nutrition education interventions and monitoring of tablet consumption by health workers in schools. This education should be combined with the provision of healthy foods rich in iron and vitamin C to support absorption. Similarly, adherence to iron tablet consumption was significantly associated with the incidence of anemia (p=0.023). Mothers with moderate adherence were more likely to be anemic than mothers with low adherence. The results of this study confirm that the prevalence of anemia among adolescent girls Junior High School Number 10 at Sekayu is very high (62.1%). This high figure aligns with various studies reporting the vulnerability of adolescent girls to anemia due to menstrual blood loss and increased iron requirements during growth.

Most respondents lacked knowledge about anemia and the benefits of taking iron tablets. This aligns with the theory that individuals with low knowledge are less likely to take preventative measures (e.g., diligently taking iron tablets), thus maintaining a high risk of anemia despite effective government programs. This lack of knowledge leads to a lack of commitment to supporting prevention programs, such as frequently forgetting to take iron supplements, not understanding the dosage, or ignoring mild, manageable side effects.

One government effort to address anemia in adolescent girls is by providing Iron Supplement Tablets to them through community health centers. These tablets consist of four pills to be taken weekly for one month (Septiasari, 2020). In line with research Astuti et al. (2023), iron supplementation is effective for adolescent girls at a dose of 200 mg elemental and 0.25 mg folic acid for one week, one tablet for three weeks. Adolescent girls are considered compliant with iron supplementation if they take it for three weeks, or three iron supplementation tablets.

Knowledge plays a crucial role in the incidence of anemia, as a lack of knowledge about the risks of anemia can increase the incidence of anemia in adolescent girls. Lack of nutritional knowledge leads to a lack of iron-rich foods, which leads to low hemoglobin levels (Yunita et al., 2020). Knowledge is the result of a person's understanding of something from a stimulus that answers the question "what?" Anemia is a condition in which the number of red blood cells decreases and hemoglobin levels decrease (Indriyani, Kusharisupeni, and Adawiyah., 2025). Individual factors, genetics, and environmental factors such as trauma are the most common factors influencing the incidence of anemia, especially in adolescents. One factor that can influence the incidence of anemia is knowledge, particularly knowledge about anemia itself (Yulianti et al., 2024).

Good nutritional knowledge about anemia will influence adolescent girls' ability to choose foods high in iron, avoid foods that can inhibit iron absorption, and improve their ability to consume iron supplements (Nasichah & Sulistyowati, 2023). It is recommended to regularly consume one iron tablet weekly, accompanied by a balanced diet containing protein, iron, and vitamin C to optimize iron absorption (Pamangin, 2023).

Anemia is a global public health concern affecting almost one-third of the world’s population. This adverse health condition arises when the red blood cell count or the concentration of haemoglobin within them falls below normal. It can appear at any stage of the human life cycle, impairing the oxygen supply to tissues. However, the increased physiological demand for iron during growth, menstruation, and pregnancy of adolescent girls and reproductive-aged women makes them more vulnerable to anemia (Ara et al., 2024; Sunuwar et al., 2020; WHO, 2025).

Despite regular iron consumption, anemia can still occur if there are other vitamin deficiencies or if the body has multiple chronic diseases, genetic disorders, or nutrient absorption disorders. However, even if iron intake is not met through diet and the body is normal, anemia is not affected. Anemia during adolescence reduces girls’ learning capacity and

physical performance as well as their work capacity and ability to earn income later in life. When anaemic adolescent girls become pregnant–hopefully once they have completed their growth and become adult women – they are exposed to additional risks as anemia during pregnancy is associated with increased risk of maternal mortality, premature delivery, low birth weight and perinatal mortality; moreover, infants born to anaemic mothers also have a higher risk of anemia in the first 6 months of life (Nuraina & Sulistyoningsih, 2023).

The results of the study showed a very high proportion of anemia (62.1%) among adolescent girls at Junior High School Number 10 Sekayu. The majority of respondents had insufficient knowledge and were non-compliant with iron supplementation. Both factors were statistically significantly associated with the incidence of anemia. Good knowledge about anemia and the benefits of iron supplements should lead to effective anemia prevention behaviors. However, if this information is not internalized or implemented effectively (e.g., due to forgetfulness, feeling healthy, or uncomfortable side effects), the risk of anemia remains high. Adherence to iron supplementation has been shown to be crucial for successful anemia prevention, but other factors such as dietary intake, nutritional status, comorbidities, and environmental support are also important.

This study's limitations include the sample size of only one school and the inability to test the OR/RR. It is hoped that future researchers will expand research on the incidence of anemia with a larger sample size and develop in-depth analysis techniques.

4. CONCLUSION

From this study, it can be concluded that there is a significant relationship between knowledge and the incidence of anemia (p-value = 0.001). There is a significant relationship between adherence to iron supplementation and anemia (p-value = 0.004). This significant relationship between the two variables is due to the majority of respondents having insufficient knowledge and non-adherence to iron supplementation. Suggestions for schools and health workers should enhance nutrition education programs and supervise iron tablet consumption regularly. Future studies should include dietary intake and nutritional status to better identify contributing factors to anemia.

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