

Factors Associated with Adherence to Iron-Folic Acid Supplementation among Adolescent Girls in the Working Area of Kedungwuni 1 Community Health Center

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ABSTRACT

Iron deficiency anemia is a major global and national health threat among female adolescents, including in Kedungwuni. Despite extensive iron tablet distribution programs, compliance rates remain highly problematic. This study aimed to analyze the determinants of compliance with Iron-Folic Acid (IFA) tablet consumption through the Health Belief Model (HBM) lens. A quantitative cross-sectional design was conducted among eleventh-grade female students within the work area of Puskesmas Kedungwuni 1. A sample of 250 respondents was selected via proportional random sampling. Data were gathered using validated structural questionnaires and analyzed using Chi-Square and Fisher's Exact tests ($\alpha = 0,05$). The results showed a statistically significant relationship between perceived susceptibility ($p = 0,024$) and perceived barriers ($p = 0,018$) with IFA tablet consumption compliance. Respondents who felt susceptible to the impacts of anemia had higher motivation to comply, whereas perceived barriers such as nausea, dizziness, and the fishy odor of the tablets became the main obstacles that reduced compliance. Variables of knowledge ($p = 0,934$), perceived severity ($p = 0,921$) perceived benefits ($p = 0,634$) self-efficacy ($p = 0,122$), and family support ($p = 473$) were not significantly associated ($\alpha > 0,05$). Compliance is heavily driven by how vulnerable adolescents feel toward anemia and how they manage sensory barriers such as nausea or foul smell.

Keywords: Adolescent Girls, Anemia, Compliance, Health Belief Model, Iron-Folic Acid Tablets

INTRODUCTION

Adolescent girls are at a high risk of developing iron deficiency anemia, driven by the rapid growth spurt phase and routine blood loss during menstrual cycles. Globally, the World Health Organization (WHO) records that the prevalence of anemia in this group reaches 29.4% (Lidianty Datau, et al 2025). On a national scale, the 2018 Basic Health Research (Riset Kesehatan Dasar/Riskesdas) indicates an even higher figure, reaching 32% among adolescents aged 15–24 years (Masrikhiyah et al, 2025). This health issue demands serious attention due

to its short-term impacts, which include decreased immune system function, concentration, and academic performance. Meanwhile, in the long term, anemia in adolescent girls has the potential to trigger anemia during pregnancy, thereby increasing the risk of postpartum hemorrhage, giving birth to low birth weight (LBW) infants, and magnifying the likelihood of stunting in the next generation (Kemenkes, 2018).

At the regional level, the anemia situation also presents concerning figures, particularly in Central Java Province, where the prevalence of anemia among adolescent girls reaches 57.7%. In Pekalongan Regency, specifically within the working area of the Kedungwuni 1 Community Health Center (Puskesmas), a unique gap was identified. Based on health program data, the distribution coverage of Iron-Folic Acid (IFA) tablets for adolescent girls in this area is actually very good, successfully surpassing the national target indicator of over 90%. However, Hemoglobin (Hb) screening results in the field conversely reveal that the incidence of anemia among adolescent girls in this region remains highly elevated, reaching 57.41%, with the highest cases concentrated in three schools: SMKN 1 Kedungwuni, SMAN 1 Kedungwuni, and MA Salafiyah Syafi'iyah Proto. This phenomenon indicates that the high prevalence of anemia is not caused by issues with drug availability or distribution from the puskesmas, but rather by the low compliance of adolescent girls in consuming the distributed IFA tablets..

LITERATURE REVIEW

Anemia is a condition characterized by a red blood cell count or hemoglobin (Hb) level that falls below the normal threshold. In adolescent girls, the normal Hb level is approximately 12 g/dL, while for adolescent boys, it ranges from 12 to 15 g/dL (Miranda, 2024). According to the World Health Organization (WHO), anemia is a pathological condition resulting from a decrease in the number, size, or hemoglobin concentration of red blood cells below an established threshold. This impairment consequently compromises the blood's capacity to transport oxygen throughout the body's tissues. Insufficient hemoglobin levels within red blood cells can cause an individual to appear pale (Mulasari & Suryani, 2024). Adolescent girls are particularly vulnerable to anemia due to monthly blood loss during menstruation, which necessitates a daily iron intake of 14.8 mg as a preventive measure (Winda Tri Novita et al, 2024).

Adolescent girls' compliance in consuming Iron-Folic Acid (IFA) tablets is influenced by five perceptual variables within the Health Belief Model (HBM). First, perceived susceptibility makes them aware of the risk of developing anemia if they neglect IFA supplementation. The

psychological factors influencing the self-discipline of adolescent girls in consuming IFA tablets can be analyzed through these five dimensions of the HBM (Septiara et al, 2024). On one hand, risk awareness (perceived susceptibility) and an understanding of the severe consequences of anemia such as lethargy, weakened immunity, and academic decline (perceived severity) act as strong internal drivers. This motivation is further reinforced by the belief that supplementation is effective in maintaining academic focus and preventing stunting (perceived benefits). Although this preventive practice often encounters physical barriers like unpleasant taste or nausea (perceived barriers), their ultimate consistency is determined by self-efficacy the commitment and confidence that they can maintain this routine independently (Dinkes, 2024).

In addition to personal perceptions, the behavior of this group is also shaped by cognitive aspects and the social environment. A comprehensive understanding of the pathophysiology of anemia, as well as the importance of elemental iron and folic acid, serves as a predisposing factor underlying their actions. This theoretical foundation is subsequently reinforced by parental involvement as an enabling/reinforcing factor through daily reminders, provision of resources, and emotional support to ensure the routine is not neglected. The synergy between comprehensive knowledge and a supportive environment drives optimal compliance, whereby female students systematically meet the program's recommended dosage: one tablet weekly throughout the year, and daily consumption during menstruation (PERMENKES, 2014).

This study integrates internal psychological aspects (Health Belief Model) and external frameworks (Lawrence Green's Theory) to comprehensively unravel the root causes of non-compliance among adolescent girls. Practically, the empirical data generated will contribute to the Kedungwuni 1 Community Health Center (Puskesmas) and partner schools (SMKN 1, SMAN 1, MA Salafiyah) in designing precise interventions. Educational strategies will be directed toward techniques to minimize physical barriers (such as fishy taste and nausea) and strengthen self-efficacy, moving beyond a mere focus on logistic drug distribution targets. Based on the theoretical background described above, the research question of this study is: what are the factors associated with compliance in consuming iron-folic acid tablets among adolescent girls in the working area of the Kedungwuni 1 Community Health Center?

METHODS

This study utilized an analytical quantitative method with a cross-sectional design approach. The research population comprised all adolescent girls within the working area of the

Kedungwuni 1 Community Health Center (Puskesmas). The sample size was determined using the Slovin formula, yielding a total sample of 250 female students. A proportional random sampling technique was employed across three schools, with the sample distributed as follows: 113 students from SMKN 1 Kedungwuni, 89 students from SMAN 1 Kedungwuni, and 48 students from MA Salafiyah. The respondents' characteristics collected for this study included age and school origin. Alat ukur atau instrumen yang digunakan untuk pengumpulan data primer adalah kuesioner. A questionnaire was utilized as the instrument to gather primary data. The questionnaire had undergone validity testing, demonstrating significance values of $p < 0,05$ and reliability testing, yielding a Cronbach's alpha value of $> 0,60$, thus it was declared valid and reliable for research implementation. Data analysis was processed using statistical software, consisting of univariate and bivariate analyses. For the bivariate analysis, the Chi-Square test ($\alpha = 0,05$) was applied to the variables of perceived susceptibility, perceived barriers, perceived severity, knowledge, and family support. Meanwhile, Fisher's Exact test was utilized as an alternative for the variables of perceived benefits and self-efficacy due to expected cell counts of less than < 5 . This study also complied with human subject protection guidelines, having obtained official ethical clearance under number 115/B.02.01/KEPK/IV/2026 prior to field data collection.

RESULTS

Univariate Analysis

The respondents in this study consisted of 250 adolescents who met the inclusion and exclusion criteria established by the researcher. The frequency distribution table of the 250 respondents based on age and school origin is presented below.

Table 1. Frequency Distribution of Respondent Characteristics

No	Indicator	n	%
1.	Age		
	15	88	35,2
	16	138	55,2
	17	24	9,6
	Total	250	100%
2.	School Orgin		

SMKN 1 Kedungwuni	113	45,2
SMAN 1 Kedungwuni	89	35,6
MA Salafiyah Safi'iyah Proto Kedungwuni	48	19,2
Total	250	100%

Table 1 indicates that regarding age group, the majority of respondents were 16 years old, accounting for 138 adolescents (55.2%), while the largest proportion of respondents based on school origin was from SMKN 1 Kedungwuni, with 113 adolescents (45.2%). In this specific section, the researcher presents the summarized results of the univariate and bivariate analyses of the factors associated with compliance in consuming iron-folic acid (IFA) tablets among adolescent girls in the working area of the Kedungwuni 1 Community Health Center in the following table:

Table 2. Frequency Distribution Based on Variables

Variable	Frequency (f)	Presentage (%)
Iron-Folic Acid Tablet Compliance		
Compliant	207	82,8%
Non-compliant	43	17,2%
Perceived Susceptibility		
High	218	87,2%
Low	32	12,8%
Perceived severity		
High	118	47,2%
Low	132	52,8%
Perceived benefits		
High	228	47,2%
Low	22	52,8%
Perceived barriers		
High	182	72,8%
Low	68	27,2%
Self-Efficacy		
High	239	95,6%
Low	11	4,4%

Family support		
Supportive	104	41,6%
Unsupportive	146	58,4%
Knowledge		
Good	220	88,0%
Poor	30	12,0%
Total	250	100%

Based on Table 2, out of 250 respondents, 207 (82.8%) were compliant with iron-folic acid (IFA) tablet consumption, while 43 (17.2%) were non-compliant. Regarding perceived susceptibility, 218 respondents (87.2%) reported high perceived susceptibility, and 32 (12.8%) reported low perceived susceptibility. In terms of perceived severity, 118 respondents (47.2%) demonstrated high perceived severity, whereas 132 (52.8%) demonstrated low perceived severity. Based on perceived benefits, 228 respondents (91.2%) showed high perceived benefits, and 22 (8.8%) showed low perceived benefits. Regarding perceived barriers, 182 respondents (72.8%) experienced high perceived barriers, while 68 (27.2%) experienced low perceived barriers. In terms of self-efficacy, 239 respondents (95.6%) possessed high self-efficacy, and 11 (4.4%) possessed low self-efficacy. For family support, 104 respondents (41.6%) perceived their families as supportive, whereas 146 (58.4%) perceived their families as unsupportive. Lastly, based on knowledge, 220 respondents (88.0%) had good knowledge, and 30 (12.0%) had poor knowledge.

Bivariate Analysis

Table 3. Cross-Tabulation Between Perceived Susceptibility and Compliance with Iron-Folic Acid (IFA) Tablet Consumption Among Adolescent Girls in the Working Area of Kedungwuni 1 Community Health Center

IFA Tablet Compliance								
Perceived Susceptibility	Non compliant		Compliant		Total		P Value	CC
	f	%	f	%	f	%		
Low	31	96,9	1	5,5	32	100,0	0,024	0,141
High	176	80,7	42	19,3	218	100,0		
Total	207	82,8	43	17,2	250	100,0		

Based on Table 3, the Chi-square analysis yielded a p-value of 0.024 ($p < 0.05$), indicating a significant relationship between perceived susceptibility and compliance with iron-folic acid (IFA) tablet consumption among adolescent girls in the working area of Kedungwuni 1 Community Health Center. Furthermore, the contingency coefficient (CC) value of 0.141 indicates a weak relationship strength between the two variables.

Table 4. Cross-Tabulation Between Perceived Severity and Compliance with Iron-Folic Acid (IFA) Tablet Consumption Among Adolescent Girls in the Working Area of Kedungwuni 1 Community Health Center

IFA Tablet Compliance								
Perceived severity	Non compliant		Compliant		Total		<i>P Value</i>	CC
	f	%	f	%	f	%		
Low	109	82,6	23	17,4	132	100,0	0,921	0,006
High	98	83,1	20	16,9	118	100,0		
Total	207	82,8	43	17,2	250	100,0		

Based on Table 4, the Chi-square analysis yielded a p-value of 0.921 ($p > 0.05$), indicating no significant relationship between perceived severity and compliance with iron-folic acid (IFA) tablet consumption among adolescent girls in the working area of Kedungwuni 1 Community Health Center. Additionally, the contingency coefficient (CC) value of 0.006 indicates a very weak relationship strength between the two variables.

Table 5. Cross-Tabulation Between Perceived Benefits and Compliance with Iron-Folic Acid (IFA) Tablet Consumption Among Adolescent Girls in the Working Area of Kedungwuni 1 Community Health Center

IFA Tablet Compliance								
Perceived Benefits	Non compliant		Compliant		Total		<i>P Value</i>	CC
	f	%	f	%	f	%		
Low	19	86,4	3	13,6	32	100,0	0,634	0,029

High	188	82,5	40	17,5	218	100,0
Total	207	82,8	43	17,2	250	100,0

Based on Table 5, the Chi-square analysis yielded a p-value of 0.634 ($p > 0.05$), indicating no significant relationship between perceived benefits and compliance with iron-folic acid (IFA) tablet consumption among adolescent girls in the working area of Kedungwuni 1 Community Health Center. Additionally, the contingency coefficient (CC) value of 0.029 indicates a very weak relationship strength between the two variables.

Table 6. Cross-Tabulation Between Perceived Barriers and Compliance with Iron-Folic Acid (IFA) Tablet Consumption Among Adolescent Girls in the Working Area of Kedungwuni 1 Community Health Center

IFA Tablet Compliance								
Perceived Barriers	Non compliant		Compliant		Total		<i>P Value</i>	CC
	f	%	f	%	f	%		
Low	50	73,5	18	26,5	68	100,0	0,018	0,148
High	157	86,3	25	13,7	182	100,0		
Total	207	82,8	43	17,2	250	100,0		

Based on Table 6, the Chi-square analysis yielded a p-value of 0.018 ($p < 0.05$), indicating a significant relationship between perceived barriers and compliance with iron-folic acid (IFA) tablet consumption among adolescent girls in the working area of Kedungwuni 1 Community Health Center. Additionally, the contingency coefficient (CC) value of 0.148 indicates a weak relationship strength between the two variables.

Table 7. Cross-Tabulation Between Self-Efficacy and Compliance with Iron-Folic Acid (IFA) Tablet Consumption Among Adolescent Girls in the Working Area of Kedungwuni 1 Community Health Center

IFA Tablet Compliance					
Self-Efficacy	Non compliant	Compliant	Total	<i>P Value</i>	CC

	f	%	f	%	f	%		
Low	11	100,0	0	0,0	11	100,0	0,122	0,097
High	188	82,0	43	18,0	239	100,0		
Total	207	82,8	43	17,2	250	100,0		

Based on Table 7 of the Chi-Square analysis results, which showed a p-value of 0,122 $>(\alpha)$ 0,05, there is no significant relationship between self-efficacy and compliance with iron tablet (TTD) consumption among adolescent girls in the working area of Kedungwuni 1 Public Health Center. Furthermore, the contingency coefficient (CC) value of 0.097 indicates a weak relationship between the two variables.

Table 8. Cross-Tabulation Between Family Support and Iron Tablet Consumption Compliance Among Adolescent Girls in the Working Area of Kedungwuni 1 Public Health Center

IFA Tablet Compliance								
Family Support	Non compliant		Compliant		Total		P Value	CC
	f	%	f	%	f	%		
Unsupportive	123	84,2	23	15,8	146	100,0	0,473	0,045
Supportive	84	80,8	20	19,2	104	100,0		
Total	207	82,8	43	17,2	250	100,0		

Based on Table 8, the Chi-square analysis yielded a p-value of 0.473 ($p > 0.05$), indicating no significant relationship between family support and compliance with iron-folic acid (IFA) tablet consumption among adolescent girls in the working area of Kedungwuni 1 Community Health Center. Additionally, the contingency coefficient (CC) value of 0.045 indicates a very weak relationship strength between the two variables.

Table 9. Cross-Tabulation Between Knowledge and Compliance with Iron-Folic Acid (IFA) Tablet Consumption Among Adolescent Girls in the Working Area of Kedungwuni 1 Community Health Center

IFA Tablet Compliance								
Knowledge	Non compliant		Compliant		Total		<i>P Value</i>	CC
	f	%	f	%	f	%		
Good	25	83,3	5	16,7	30	100,0	0,934	0,005
Poor	182	82,7	38	17,3	220	100,0		
Total	207	82,8	43	17,2	250	100,0		

Based on Table 8, the Chi-square analysis yielded a p-value of 0.934 ($p > 0.05$), indicating no significant relationship between family support and compliance with iron-folic acid (IFA) tablet consumption among adolescent girls in the working area of Kedungwuni 1 Community Health Center. Additionally, the contingency coefficient (CC) value of 0.005 indicates a very weak relationship strength between the two variables.

DISCUSSION

Perceived Susceptibility

The bivariate analysis results indicated a statistically significant relationship between perceived susceptibility and compliance with iron-folic acid (IFA) tablet consumption ($p = .024$). Adolescent girls with a high perception of susceptibility demonstrated a higher tendency to be compliant (19.3%) compared to those who perceived themselves as not susceptible (3.1%). This finding aligns with the core premise of the Health Belief Model, which posits that individuals are more likely to adopt preventive health behaviors if they perceive themselves to be at risk for a specific disease. Furthermore, this study supports prior research (Hamidah et al, 2021), which reported a significant association between perceived susceptibility and adherence to iron supplementation among adolescents. However, the contingency coefficient value ($CC = .141$) indicates that the strength of this relationship is very weak. Empirically, the data revealed that although 87.2% of the adolescents already perceived themselves as susceptible to anemia, the vast majority (80.7%) remained non-compliant in consuming IFA tablets. The researcher synthesizes that while cognitive awareness regarding anemia risks among adolescent girls in the working area of Kedungwuni 1 Community Health Center has been well-

established due to information exposure, this perceived susceptibility remains a passive psychological concern. It has not yet successfully transformed into active preventive behavior because it is severely hindered by immediate physical barriers encountered during tablet consumption.

Perceived Severity

Statistical results indicated that there was no significant relationship between perceived severity and compliance with IFA tablet consumption ($p = .921$). The proportion of non-compliance in the low perceived severity group (82.6%) was nearly identical to that in the high perceived severity group (83.1%). This finding contradicts the conventional Health Belief Model (HBM) framework, which assumes that higher perceived fear of a disease's adverse effects leads to greater health compliance. Furthermore, this outcome diverges from a study by (Ayu et al., 2025), which identified a significant relationship regarding the perceived severity variable. The researcher assesses that for adolescent girls aged 15–18 years, the long-term impacts of anemia such as the risk of pregnancy complications or giving birth to stunting infants in the future are perceived as distant and abstract threats. Because the adverse effects of anemia are neither instantly felt nor immediately life-threatening, the severity of this condition is discounted, thereby failing to trigger the internal motivation required to disciplinedly consume IFA tablets on a weekly basis.

Perceived Benefits

Fisher's Exact Test revealed that perceived benefits had no significant relationship with compliance with IFA tablet consumption ($p = .775$). Although a vast majority of the respondents (91.2%) held high perceived benefits toward IFA tablets, the non-compliance rate within this group remained dominant at 82.5%. This finding differs from the study conducted by (Ayu et al., 2025), which stated that adolescents who perceive the benefits of iron supplementation demonstrate significantly higher compliance levels. The researcher analyzes that a gap occurs between knowledge of supplement benefits and actual action. Theoretically, adolescent girls understand that IFA tablets are beneficial for physical fitness and concentration during study; however, these expected benefits are immediately invalidated when faced with the direct physical discomfort experienced upon swallowing the tablets. In other words, beliefs regarding long-term benefits fail to compete with the immediate aversion to short-term side effects.

Perceived Barriers

Bivariate analysis demonstrated a statistically significant relationship between perceived barriers and compliance with IFA tablet consumption ($p = .018$). The group of respondents with high perceived barriers showed a substantially higher rate of non-compliance (86.3%) compared to the low perceived barriers group (73.5%). This empirical finding confirms the HBM framework, which posits that perceived barriers serve as the most potent and significant predictor in evaluating health behavior change. This result aligns with research by (Hamidah et al, 2021) , which identifies the side effects of physical complaints as the primary barrier to iron supplement non-adherence among adolescent populations. The researcher synthesizes that perceived physical barriers specifically nausea, dizziness, and the strong metallic odor of IFA tablets constitute the most dominant determinant driving down compliance rates among adolescents within the working area of Kedungwuni 1 Community Health Center. The developmental characteristics of adolescents, who tend to avoid physical discomfort, lead them to choose to discard or store the tablets distributed at school rather than consuming them. This barrier is further exacerbated by internal factors such as forgetfulness and weak clinical or school-based monitoring systems when the scheduled tablet consumption time arrives.

Self-Efficacy

The results indicated that self-efficacy had no significant relationship with compliance with IFA tablet consumption ($p = .122$). The majority of the respondents (95.6%) actually perceived themselves as having high self-efficacy, yet their actual behavior remained non-compliant with tablet consumption (82.8%). This finding does not align with the modified HBM framework, which positions self-efficacy as a primary determinant of autonomous health actions. The researcher observes a phenomenon of overconfidence (false self-assurance) among the adolescents. This outcome is consistent with research by (Ayu et al., 2025), which indicates that while adolescents feel capable and confident about routinely consuming IFA tablets when completing questionnaires, this self-efficacy falters during weekly implementation. This drop occurs due to a lack of behavioral control and operational reinforcement needed to overcome laziness and the monotony of long-term supplement consumption.

Family Support

Statistical analysis demonstrated that family support did not have a significant relationship with compliance with IFA tablet consumption among adolescent girls ($p = .473$). The univariate

data indicated that 58.4% of the families fell into the non-supportive category. This bivariate finding contradicts Lawrence Green's behavioral theory regarding reinforcing factors, as well as previous study results by (Anggraeni et al., 2025), which stated that active parental support significantly influences adherence to adolescent nutritional interventions. The researcher synthesizes that the non-significant relationship occurs because the IFA tablet distribution program in the working area of Kedungwuni 1 Community Health Center is entirely school-based. Consequently, a disconnection in information occurs, wherein parents at home are not involved, remain unaware, and do not monitor whether their children consume the tablets. This lack of attention and suboptimal nutritional support at the family level ultimately places the full burden of compliance on the self-awareness of the adolescent girls, whose behavioral consistency remains highly unstable.

Knowledge

The variable of knowledge regarding anemia and IFA tablets was not statistically significantly related to consumption compliance ($p = .934$). Interestingly, 88.0% of the respondents possessed a level of knowledge categorized as "Good," yet the non-compliance rate within this group remained at a critical level of 82.8%. This result differs from research by (Yanti et al., 2024), which consistently associates a good level of knowledge with a high degree of compliance with IFA tablet consumption. The researcher asserts that a high level of cognitive knowledge is necessary but not sufficient; awareness is essential, yet awareness alone is inadequate to alter behavior. Adolescent girls are highly knowledgeable and frequently exposed to formal education concerning the definition and prevention of anemia. However, this high level of knowledge remains passive and isolated within cognition, proving completely ineffective in overcoming the negative physical sensations (nausea and metallic odor) experienced directly through sensory perception during tablet consumption. Compliance is no longer governed by what adolescents "know," but rather by how they manage the "physical barriers" associated with IFA tablet consumption.

CONCLUSION

This study concludes that compliance with Iron and Folic Acid (IFA) tablet consumption among adolescent girls within the working area of Kedungwuni 1 Community Health Center is significantly related only to perceived barriers and perceived susceptibility. Perceived barriers in the form of post-consumption physical complaints—such as nausea, dizziness, and

the metallic odor of the tablets—constitute the primary and most potent determinant hindering compliance, whereas the perceived susceptibility currently held by the majority of adolescents remains passive and has not consistently driven actual behavior. Conversely, the variables of perceived severity, perceived benefits, self-efficacy, family support, and knowledge levels proved to have no significant relationship with compliance with IFA tablet consumption. A high level of cognitive knowledge and theoretical understanding of IFA benefits is proven to be immediately invalidated when adolescents are faced with actual physical discomfort upon swallowing the tablets. Meanwhile, the lack of relationship with family support is attributed to the tablet distribution program being entirely school-based, which disconnects the flow of information and prevents active monitoring by parents at home..

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