



BLOOD SUPPLEMENT TABLET CONSUMPTION BEHAVIOR AMONG FEMALE ADOLESCENTS AT VOCATIONAL SCHOOL X IN KUBU DISTRICT, KARANGASEM, BALI

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Abstract

The provision of blood supplement tablets is a program from the Ministry of Health that aims to improve the health of adolescent girls which is expected to minimize the incidence of anemia and increase iron content in the body. The implementation of the program at SMK X has reached 100%, which means it has reached the 2017 strategic plan target of 30% in the provision of TTD. However, the location is the place with the highest anemia rate in Karangasem Regency. The purpose of the study was to determine the consumption behavior of blood supplement tablets of adolescent girls of SMK X. The study used mixed methods. Data were collected through questionnaires given to all students, interviews with teachers and health center officers, and FGDs with selected adolescent girls. Data analysis was conducted by univariate analysis (quantitative) and thematic analysis (qualitative). The results showed that the TTD consumption behavior of female students at SMK X was mostly irregular (60%). The majority of schoolgirls' knowledge was in the good category (74.4%) and positive attitude (51.2%). Routine behavior of female students at SMK X was driven by feeling the benefits of TTD, complying with health center recommendations, positive beliefs, parental support, peer support, and health center support. Factors inhibiting informants from consuming TTD routinely were forgetting, fishy smell, rejecting body responses such as feeling nauseous and dizzy after consuming TTD, and negative beliefs. Consistent and strict supervision of TTD consumption and health promotion education on alternatives to consuming TTD are needed

Keywords: Behavior, Iron Supplement Tablets, Teenage Girls, Vocational High School

@Jurnal Ners Prodi Sarjana Keperawatan & Profesi Ners FIK UP 2026

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INTRODUCTION

Anemia is a condition characterized by a lower-than-normal concentration of hemoglobin (Hb) in the blood (WHO, 2023). The distribution of oxygen from the lungs to every part of the body is carried out by red blood cells, which also contain hemoglobin. A person can be said to have anemia if their Hb level is <12 g/dl for females and <13 g/dl for males (Alfiani et al., 2020). Due to the body's high iron requirements, iron deficiency anemia is a very common type of anemia found in adolescent girls. Adolescent girls suffering from anemia may experience concentration disorders, menstrual disorders, fatigue, and decreased energy, which can lead to a decline in academic performance. In addition, the risk of stunting is also a long-term effect of anemia.

The Riskesdas Report notes that in Indonesia in 2018, 32% of adolescent girls aged 15-24 years suffered from anemia (Ministry of Health, 2022). In Bali Province, 27.1% of women were recorded as having anemia (Astini, 2020). In relation to the data on adolescent girls experiencing anemia, it can be categorized that anemia in adolescents is quite high, and appropriate measures are urgently needed. The program of providing iron tablets to adolescent girls is one of the efforts made by the government to overcome anemia.

As part of the implementation of this program, it will be carried out by community health centers in each subdistrict. The iron tablet distribution program is generally conducted once a month in each school. The dosage given to each individual is one tablet per week for one year. However, iron tablets can be consumed by adolescent girls every day during their menstrual period (Aliyah & Krianto, 2023).

According to the Karangasem Health Office in 2023, among 8 sub-districts, the area with the highest prevalence of anemia in adolescent girls is Kubu Sub-district, which is under the jurisdiction of the Kubu II Community Health Center. Kubu Sub-district is located in the northern part of Bali Island with an area of 234.72 km². There are 45,229 male residents and 43,402 female residents.

Kubu District is located at the foot of Mount Agung, making it a supplier of sand and stone materials because it was once a lava flow route during the 1963 Mount Agung eruption. In addition, lack of access to health services, lack of knowledge, unhealthy lifestyles, and the socio-economic conditions of the community have made Kubu Subdistrict one of the areas prone to disease, as evidenced by the highest prevalence of anemia among adolescent girls found at SMK X Kubu Subdistrict, Karangasem Regency (Karangasem Health Office, 2023).

The distribution of iron tablets at SMK X in Kubu District, Karangasem Regency, to female students at the school has reached 100%, which means that the 2017 strategic plan target of 30% for TTD distribution has been achieved. However, SMK X is the location with the highest anemia rate in Karangasem Regency, as

seen in the prevalence rates at SMPN Satap Tianyar Barat (31.5%), SMPN 3 Kubu (40%), and SMPN 2 Kubu (40.19%), while the prevalence of anemia at SMK X reaches 54.1% (Karangasem Health Office, 2023). An individual's behavior in consuming or not consuming iron tablets falls under health behavior. According to Lawrence Green's theory, human behavior is driven by two main factors, namely behavioral causes and non-behavioral causes. This behavior is shaped by three factors, namely predisposing factors, enabling factors, and reinforcing factors.

The purpose of this study was to determine the consumption behavior of iron tablets (TTD) among female adolescents at SMK X in Kubu District, Karangasem Regency, from the aspects of predisposition, facilitators, and reinforcers. Based on the background described above, the proposed research title is "A Description of Iron Supplement Tablet (TTD) Consumption Behavior Among Female Adolescents at SMK X in Kubu District, Karangasem Regency."

METHOD

The research design used was a mixed methods approach (mixed methods) method, which began with quantitative research to examine the knowledge, behavior, and attitudes of adolescent girls towards TTD consumption, followed by qualitative research to explore data more deeply, including perceptions, beliefs, TTD availability, support from schools and health centers, and factors that inhibit and encourage adolescent girls to consume TTD.

Data collection used primary data with quantitative stages using questionnaires distributed to all female students at the school, while qualitative research used focus group discussions with selected female students through purposive sampling and interviews with teachers and health center staff responsible for distributing iron tablets.

Quantitative data analysis uses univariate analysis, which aims to analyze data on a single variable independently without linking one variable to another. Quantitative data is analyzed using SPSS ver 20. Meanwhile, qualitative data analysis uses thematic analysis by transcribing, coding, finding themes, and interpreting the data.

RESULTS AND DISCUSSION

RESULTS

Table 1. Knowledge Related to TTD Consumption Among Adolescent Girls
Frequency

	Number (n)	Percentage (%)
less	32	25,6
good	93	74,4
Total	125	100

Knowledge

The results of the study on 125 respondents showed that the majority of female adolescents at SMK X had good knowledge, with 93 people (74.4%), while 32 people (25.6%) had poor knowledge.

Table 2. Behaviors Related to TTD Consumption Among Adolescent Girls

Behavior	Frequency	
	Number (n)	Percentage (%)
Not consuming	11	8,8
Not Regularly	75	60
Regularly	39	31,2
Total	125	100

The consumption behavior of iron tablets among female adolescents at SMK X was divided into two groups: irregular and regular. Based on the table above, it can be seen that 75 people (60%) of the sample at SMK X did not consume iron tablets regularly.

Table 3. Attitudes Related to TTD Consumption Among Adolescent Girls

	Frequency	
	Number (n)	Percentage (%)
Negatif	61	48,8
Positif	64	51,2
Total	125	100

Attitude

The attitudes of female adolescents regarding iron supplement consumption at SMK X were divided into two categories: negative and positive. Based on Table 5.5 above, it can be seen that 61 female adolescents (48.8%) had a negative attitude, while 64 female adolescents (51.2%) had a positive attitude. Based on the results of the FGD conducted with selected female students (informants), most informants had a uniform view or perception of TTD, saying that blood-boosting tablets are red tablets that are useful for preventing anemia. The following are statements from informants:

“In my opinion, blood booster pills are pills that teenage girls often take to prevent anemia or red blood cell deficiency” (Informant 4)

“In my opinion, blood booster pills are to prevent anemia” (Informant 17)

Meanwhile, regarding the perception of a relationship between TTD and anemia, the informants had varying perceptions. Some informants stated that there is a relationship between the two because women menstruate every month, and drinking TTD can help prevent anemia. However, there were also informants who said that the two are not related because anemia can be prevented not only by consuming TTD but also by consuming meat.

The following is the informant's statement:

“Iron tablets are very good to take regularly every week because we teenage girls lose blood every month and if we take iron tablets regularly, we can prevent anemia...” (Informant 10)

“There is no connection, because iron supplements and anemia are different and because I have never experienced anemia because I eat meat, so there is no connection” (Informant 19)

Regarding the perception of the importance of adolescent girls consuming TTD regularly and their vulnerability to anemia, most had the same perception, namely that it is very important for adolescent girls to consume TTD regularly to prevent anemia. The following are the informants' statements:

“In my opinion, it is very important to take TTD regularly because we menstruate and when we are deficient in blood, our concentration decreases, so we must consume TTD...” (Informant 2)

Meanwhile, there were informants who had different perceptions because, according to them, blood deficiency or preventing anemia can be overcome by consuming nutritious foods.

“Well, in my opinion, it's not that important because... well... anemia or teenage girls who are deficient in blood can consume other healthy foods to increase their iron intake, besides using or drinking TTD...” (Informant 14)

Regarding the trust that informants had while consuming TTD, it was found that informants had trust, either from someone else or from their own experience. In FGD group 1, all informants had positive trust. An example is informant 2, who had positive trust in TTD. Therefore, they regularly consumed TTD. The following are statements from informants:

“If I may say so, before drinking TTD, I believed that after drinking TTD, I would be able to focus more on my studies and my face would not look pale...” (Informant 2)

In contrast to the above statement, FGD group 2 tended to have negative beliefs, such as informants 15, 16, and 20, who had negative beliefs about TTD. The following are statements from informants:

“I heard from my friend that drinking TTD can...e make us fat, increase our food portions because our appetite is greater than usual...” (Informant 15)

“There is a belief, I once heard from someone else, that drinking TTD can... um... make menstruation difficult... uh, cause menstruation to last longer than usual, so I don't drink it regularly” (Informant 16)

“I also heard from others that TTD is made from real blood and can delay menstruation” (Informant 20)

TTDs are readily available at schools and health centers. Students who have not received their TTDs on distribution day can pick them up independently from the teacher's room or request them directly from the health center. TTD distribution has been carried out regularly. The health center distributes TTD, consisting of 4 tablets per student, to the teachers. However, if there are no obstacles for health center staff to distribute TTD directly to the school, the staff

will distribute 1 tablet per week, totaling 4 tablets per month.

In implementing the TTD program for adolescent girls in each school, the health center also provides support, such as providing information about the benefits of TTD, recommendations for consuming TTD, and the side effects of drinking TTD. In addition to providing information, the health center also conducts annual anemia screening with the aim of detecting anemia in adolescent girls. However, according to the students, awareness campaigns are rarely conducted, and screening has not reached all students.

The school strongly supports the iron supplement program for adolescent girls because of the importance of iron consumption in preventing anemia. The teacher responsible for distributing the supplements has routinely given out four tablets, as recommended by the community health center. The distribution is also assisted by homeroom teachers and student representatives from the student council to ensure greater effectiveness and efficiency. Additionally, as part of the support for the iron tablet distribution program, the school previously established a schedule for taking iron tablets together every Saturday morning, accompanied by free mineral water provided by the school. However, the implementation was halted because the activity had not been made a permanent school program, and there was no budget for it, so it will now be resubmitted so that it can be implemented optimally. The most common barriers to taking TTD are forgetfulness, the fishy taste and smell, feeling dizzy and nauseous after taking TTD, and negative beliefs about TTD. The following are statements from informants:

“What makes me rarely consume TTD is that after consuming it, I feel dizzy and nauseous” (Informant 14). Meanwhile, the supporting factors that informants experienced while consuming TTD were support from parents, siblings, friends, and health center staff. Other supporting factors included having a positive belief in TTD, having experienced its benefits, and complying with health center recommendations.

DISCUSSION

1. Overview of TTD Consumption Behavior Among Adolescent Girls

The Ministry of Health recommends that adolescent girls take 1 tablet of TTD per week, for a total of 4 tablets per month (Indonesian Ministry of Health, 2020). However, not all adolescent girls at SMK X have been regularly taking TTD in accordance with the recommendations or advice given.

Based on the results of a study with a total of 125 respondents from grades X and XII, it was found that most respondents, 117 people (96.7%), answered that they had received information about TTD from Kubu II Community Health Center (Puskesmas) staff. According to the results of interviews with

health center staff, the education provided to female students at SMK X covered how to prevent anemia, the effects of anemia, the side effects of taking TTD, and how to take or recommendations for taking TTD.

Regarding TTD consumption behavior, the study found that 75 people (60%) did not consume TTD regularly, compared to 39 respondents (31.2%) who did consume TTD regularly. This finding is in line with the data from the anemia screening conducted by the Kubu II Community Health Center, which found that anemia among female adolescents at SMK X was quite high at 54.1% (Karangasem Health Office, 2023).

2. Predisposing Factors in Adolescent Girls Towards TTD Consumption

Predisposing factors are aspects that facilitate certain behaviors and exist within the individual. In this study, the predisposing factors examined included the knowledge, attitudes, perceptions, and beliefs of adolescent girls regarding TTD consumption.

This study found that the knowledge of adolescent girls at SMK X regarding TTD consumption was at a good level, as 74.4% of respondents had good knowledge, while 25.6% of respondents had poor knowledge about TTD consumption. Of the 15 statements on the questionnaire, the most correct answers were regarding the definition of anemia, recommendations for drinking TTD, the benefits of TTD, and the effects of anemia on adolescent girls. This condition may be due to the education provided by the Kubu II Community Health Center to female students at SMK X. The results of this study are consistent with the research conducted by Rahayuningtyas, Indraswari & Musthofa (2021), which states that having good knowledge does not always lead to behavioral change in a person and that knowledge alone is not enough to make a person behave in a healthy manner.

A total of 51.2% of respondents had a positive attitude toward iron supplementation. Most respondents strongly agreed with the statement regarding the benefits of iron supplementation and the purpose of health centers in providing iron supplementation, which is to prevent anemia in adolescent girls. In addition, respondents also agreed that adolescent girls are prone to anemia, respondents were aware of the effects of anemia, and accepted the TTD distribution program in schools by taking TTD regularly.

However, according to the results of the FGD, adolescent girls were unable to consume TTD regularly due to obstacles such as forgetfulness, the unpleasant taste of TTD, and feeling dizzy and nauseous after taking TTD. The results of this study are consistent with the research by Putri, Purwanto & Asbon (2024), which states that even though respondents have a positive attitude toward iron tablet consumption, it does not mean they will be compliant in taking iron tablets because adolescent girls often forget to take them.

Perception is a process whereby individuals interpret and understand the information they receive. In this study, most informants had a uniform perception of TTD. Informants agreed that TTD is a red tablet that is beneficial in preventing anemia in adolescent girls. However, regarding the perception of a relationship between TTD and anemia, some informants stated that there was a relationship, while others said that there was no relationship between TTD and anemia. It was found that informants believed there was a relationship between TTD and anemia caused by monthly menstruation in adolescent girls, so taking TTD could prevent anemia. On the other hand, informants who thought there was no relationship between the two argued that they had never experienced anemia, even though they did not take TTD and only consumed meat.

Research informants on the importance of adolescent girls consuming TTD regularly and their vulnerability to anemia were divided into two groups: informants who believed that it was very important for adolescent girls to consume TTD to prevent anemia, and informants who had a different perception, namely that it was not necessary to consume TTD because anemia could be prevented by eating nutritious foods. In addition, informants who had consumed TTD regularly claimed to feel the benefits of TTD, namely feeling more refreshed and less tired, which was one of the motivators for adolescent girls to continue consuming TTD regularly. This statement is supported by research by Chusna, Sulistiawati & Irwanto (2021) that the better the perception of adolescent girls, the stronger their intensity of TTD consumption.

In this study, each informant had their own beliefs regarding TTD consumption. According to research by Estiyani (2020), when someone has strong beliefs, it will raise awareness of the risk of disease, causing that person to maintain their health by consuming TTD regularly.

This statement is in line with the results of the study, which show that the informants' beliefs about TTD consumption are divided into positive and negative beliefs, based on personal experience or the experience of others. Informants who have positive beliefs about TTD said that before drinking TTD, they believed that it would provide benefits for the body, such as helping them focus better when studying and preventing their faces from looking pale.

Another informant also stated that he believed consuming TTD could make the body feel fresher, thereby keeping it in prime condition, and that this belief encouraged regular consumption of TTD. However, there were informants who had negative beliefs about TTD consumption, such as that drinking TTD would increase appetite, leading to weight gain, that TTD could cause menstrual problems, and that TTD was made from real blood, which ultimately became one of the reasons that

prevented informants from consuming TTD regularly.

3. Enabling Factors in Adolescent Girls Regarding TTD Consumption

The enabling aspect is the aspect that enables TTD consumption behavior in adolescent girls, which, in this study, examines the availability of TTD for female students. In this study, it was found that TTD provided by the Kubu II Community Health Center at SMK X was routinely distributed in the amount of 4 pills per person, with a dosage of 1 pill per week or 4 pills per month. Distribution was sometimes carried out directly by health center staff once a week, with a total of 1 pill to the school for a full month. However, if the health center is unable to distribute the pills directly, they are entrusted to the teacher in charge so that the teacher can distribute them to all female students at SMK X. If the pills are distributed by the teacher, the female students will immediately receive 4 pills to take for a month.

Based on interviews with teachers in charge of distributing TTD, it is clear that the school strongly supports this program and always keeps a stock of TTD left over after distribution in the teachers' room. TTD remains if, on the day of distribution, there are students who are absent from school, so they can pick it up independently in the teachers' room.

According to a statement by the health center officer, TTD is also available at the health center and allows young women to pick it up independently at the Kubu II Health Center. However, the female students at SMK X are not aware of the information regarding the stock of TTD that can be picked up independently at school or at the health center because the school and health center rarely provide information regarding this availability to all female students, so no SMK X female students have ever picked up TTD from the teacher's room or health center personally. Although the availability of TTD at the school and health center is good and is always distributed regularly every month, this has not led to a change in behavior for the students at SMK X to consume TTD regularly.

The results of this study are consistent with research conducted by Fitriana & Dwi Pramardika (2019) that sufficient availability of TTD does not guarantee that every adolescent girl will regularly consume TTD, while the results of this study contradict the research by Nurmadinisia and Kanti Prasasti (2023), which states that there is a correlation between the availability of TTD and low regular TTD consumption behavior.

4. Reinforcing Factors in Adolescent Girls Regarding TTD Consumption

Reinforcing factors are factors that reinforce behaviors originating from outside the individual. In this study, reinforcing factors consisted of support from the community health center and school, which led adolescent girls to decide to consume TTD. According to community health center staff, the community health center has implemented a program to

distribute TTD to schools within its working area, particularly at SMK X, on a regular and maximum basis. Even when the assigned staff member was unable to attend and distribute TTD directly, the health center still made efforts to distribute TTD in accordance with the recommended consumption of 4 tablets per month to all female students by entrusting the TTD to the responsible teacher.

The health center also conducted anemia screening at SMK X to detect anemia in adolescent girls. However, based on the results of the FGD with student informants, it was found that not all students underwent screening due to the shift system, and the health center stated that limited screening equipment also prevented them from continuing the screening. In addition to screening, the health center also provided support for the TTD distribution program in the form of education and socialization. The socialization materials provided included the benefits of consuming TTD, the recommended consumption of TTD, which is 1 tablet per week (4 tablets per month), and the side effects of consuming TTD, such as black stools. However, this education was not provided regularly due to obstacles such as a lack of human resources, incompatibility between school schedules and health center schedules, and health center staff having busy schedules or being occupied with other health programs.

It can be said that most female students at SMK X have received support from health center staff, although one form of support, namely screening activities, has not been able to reach all female students, which also means that the support provided by the health center in this study has not been maximized. This study is in line with research by Ristanti, Fatimah & Meinasari KD (2023) which found that there is a relationship between the role and support of health workers and compliance with TTD consumption, whereby in addition to being communicators and facilitators, health workers should also act as counselors and motivators, as well as dispel myths or negative beliefs that exist among adolescents so that adolescent behavior towards TTD consumption improves.

Female adolescents at SMK X also receive support from the school. The support provided by the school for the TTD distribution program at SMK X includes distributing TTD regularly after receiving 4 tablets from the community health center, providing sufficient human resources and mutual assistance in distribution with the help of homeroom teachers and student representatives, providing education on the importance of taking TTD, and conducting joint TTD drinking activities held every Saturday morning. The joint TTD consumption activity is facilitated by the school by providing free mineral water. However, this activity has not been consistently implemented because the joint TTD consumption program has not become a permanent school program, thus hindering the activity's implementation budget.

Recognizing the importance of this activity, the teacher responsible for distributing TTD is still trying to discuss it further with the school internally so that it can become a regular program that encourages female students there to consume TTD regularly. Even though the school has provided support, it does not guarantee that female students will consume TTD regularly. These findings are in line with research by Rahayuningtyas, Indraswari & Musthofa (2021), which states that there is no relationship between school support and TTD consumption behavior among adolescent girls.

According to the results of the FGD, adolescent girls are unable to consume TTD regularly due to obstacles such as forgetfulness, the unpleasant taste of TTD, and feeling dizzy and nauseous after drinking TTD. These research findings align with the study by Putri, Purwanto & Asbon (2024), which states that even though respondents have a positive attitude toward TTD consumption, it does not mean they will be compliant in consuming iron tablets because adolescent girls often forget to take TTD.

5. Factors Hindering and Supporting Adolescent Girls' Consumption of TTD

TTD consumption behavior among adolescent girls is also caused by two factors, namely internal inhibiting and supporting factors. Based on the results of the FGD, there are various reasons that inhibit informants from consuming TTD. Informants who have consumed TTD regularly sometimes also experience difficulties in drinking TTD because they forget. However, these obstacles can be immediately overcome by informants by making a schedule to drink TTD on the same day every week so that they can drink TTD according to schedule.

Informants who did not consume TTD regularly admitted to experiencing obstacles, such as the fishy taste of TTD and feeling dizzy and nauseous after consuming TTD, so the informants chose not to consume TTD again and did not try to overcome these obstacles because they preferred to consume nutritious foods rich in iron rather than having to consume TTD.

The supporting factors obtained by informants in consuming TTD came from the support of parents and siblings, peers, and support from the health center. Support from parents took the form of messages such as not wasting the TTD that had been given. Support from friends included messages that TTD was provided free of charge, so it was better to just drink it. Support from siblings came because the informant's sibling had anemia, so the informant's sibling strongly supported regular consumption of TTD to avoid anemia. Support from the health center included providing information that regular consumption of TTD was very beneficial for the body in preventing anemia.

These findings are in line with research by Ningtyias, Quraini & Rohmawati, (2020)

which states that adolescent girls who feel little encouragement or support and feel more inhibited from regularly consuming TTD products tend to find it difficult to engage in such behavior, and vice versa.

CONCLUSION

Based on the results and discussions obtained in this study, it can be concluded that female students at SMK X are divided into two groups regarding TTD consumption behavior, namely regular and irregular, with 60% of female students not regularly consuming TTD and 31.2% regularly consuming it. 74.4% of female students at SMK X have good knowledge, 51.2% have a positive attitude towards TTD consumption, The informants had the same perception of TTD in general, namely that it is a red tablet to prevent anemia. The perception of the relationship between TTD and anemia obtained in this study was that there was a relationship and no relationship. The perception of the importance of consuming TTD and susceptibility to anemia was also found to be twofold, namely very important (to prevent anemia) and not important (anemia can be prevented with iron-rich foods). informants' beliefs about TTD consumption were also divided into positive beliefs, such as believing in the benefits that will be felt after drinking TTD, and negative beliefs, namely that TTD is made from real blood, makes the body fat, and causes longer menstruation.

TTD availability has been distributed regularly to all female students, amounting to 4 tablets. Female students can also obtain TTD independently at the health center. The school keeps a stock of TTD that has not been collected by female students if they are absent during distribution. The health center provides support in the form of education, regular distribution of TTD, and screening, even though it has not reached all female students at SMK X. The school supports regular TTD consumption by encouraging students to drink TTD together at school, although this has currently been suspended due to limited funds. The school also provides education about TTD consumption and distributes TTD regularly with the help of homeroom teachers and student representatives. Factors that support TTD consumption include feeling the benefits of TTD, complying with health center recommendations, having positive beliefs about TTD, support from parents, peer support, and support from the health center. The inhibiting factors for regular TTD consumption include forgetfulness, the unpleasant smell of TTD, bodily reactions that reject TTD consumption such as feeling nauseous and dizzy after consuming TTD, and negative beliefs about TTD.

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