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THE RELATIONSHIP BETWEEN KNOWLEDGE AND COMPLIANCE LEVELS IN TAKING IRON TABLETS AMONG ADOLESCENT GIRLS

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Abstract

Fe tablets have many benefits for adolescent girls including maintaining and increasing concentration of learning, creating more enthusiastic activitiea, as well as improving memory and learning ability at school. The result of the study conducted at the Adolescent Integrated Healthcare Post (Posyandu) found that 6 out of 10 adolescents did not know about the importance of balanced nutritional intake to prevent anemia and did not routinely take Fe tablets, especially during menstrual periods. This study aims to determine the relationship between knowledge and the level of compliance with taking Fe tablets among adolescent girls at the Adolscent Posyandu. This was a quantitative study with a cross sectional approach. The study population involved all adolescent girls at posyandu as many as 2227 people and the sample size of 96 adolescents were selected using proportional to size technique. The data collection instrument was a questionnaire. Data were analyzed using univariate analysis with frequency distribution and bivariate analysis with chi square test. Less than half (34.3%) of adolescents had poor level of knowledge on Fe tablets and less than half (47.9%) of adolescents had low level of compliance with taking Fe tablets. There was a relationship between knowledge and the level of compliance with taking Fe tablets anong adolescent girls at posyandu with a p value=0.000. It is recommended that healthcare workers through Posyandu conduct counseling activities to adolescents about the benefits of Fe tablets on an ongoing basis to increase their knowledge and compliance in consuming Fe tablets. Furthermore, adolescents are expected to increase their insight by accessing information media or by consulting healthcare workers.

Keywords: *Knowledge, compliance, fe tablet.*

1. INTRODUCTION

Indonesia is currently preparing for the 2045 Golden Generation by addressing the primary nutritional issue in infants and children, namely stunting. The issue of stunting must be resolved as it will impede the momentum of Indonesia's 2045 Golden Generation. Various efforts have been made by the government through Presidential Regulation of the Republic of Indonesia Number 72 of 2027 concerning the Acceleration of Stunting Reduction. Article 3 states that the implementation of the acceleration of stunting reduction targets specific groups, including adolescents, prospective brides and grooms, pregnant women, breastfeeding mothers, and children aged 0 (zero) to 59 (fifty-nine) months. In order to achieve the national target prevalence of stunting, a target of 14% (fourteen percent) has been set to be reached by the year 2024(Kementerian Kesehatan RI, 2021).

Adolescents are a crucial group that the government has identified to ensure freedom from malnutrition and address nutritional needs during adolescence. According to the Regulation of the Minister of Health of the Republic of Indonesia Number 25 of 2014, adolescents are individuals aged 10-18 years (Aminatussyadiah dkk., 2020). Meanwhile, according to the National Population and Family Planning Board (BKKBN), the age range for adolescents is 10-24 years and they are unmarried. The adolescent period is a phase of rapid growth and development, both physically, psychologically, and intellectually (Kementerian Kesehatan RI, 2021). Adolescent girls are at a high risk of experiencing iron-deficiency anemia, and iron deficiency is a primary cause of anemia worldwide (50-80%). This is due to the significant loss of iron during menstruation. Additionally, the situation is exacerbated by a lack of iron intake, as iron is crucial for the accelerated growth and development of adolescent girls' bodies (Kementerian Kesehatan RI, 2021).

According to the World Health Organization (WHO) report in 2021, the global prevalence of anemia ranges between 60-80%, with adolescent anemia contributing substantially, accounting for 60-65% of the total cases. In Asian countries, the prevalence of anemia among adolescent girls ranges from 20-40%, and in Southeast Asia, it is around 30-45%. The WHO recommends a 50% reduction in anemia prevalence by 2025 (Ramlah dkk., 2022). Based on the Basic Health Research (Riskesdas) in 2018, the prevalence of anemia among adolescent girls aged 15-24 in Indonesia was 32%, and in 2021, it increased to 36%. This indicates a rising prevalence of anemia among adolescent girls in Indonesia (Kementerian Kesehatan RI, 2022).

According to the report from the Health Department of West Java Province, in 2021, 41.8% of the population in West Java Province experienced anemia. In an effort to reduce this figure, the provincial government distributed blood supplement tablets to 1.4 million adolescent girls in West Java Province (Dinas Kesehatan Jawa Barat, 2022). In Sumedang Regency, the prevalence of anemia among adolescent girls is 56.5%, with the Rancakalong District having 45.2% of adolescent girls experiencing iron-deficiency anemia. The existence of an active adolescent integrated health post (posyandu remaja) in the Rancakalong sub-district, which is part of the UPTD Puskesmas Rancakalong, is identified as one of the factors contributing to low knowledge and non-compliance in consuming iron tablets (Dinas Kesehatan Kabupaten Sumedang, 2021).Anemia is a medical condition where the number of red blood cells or hemoglobin is below normal. The hemoglobin threshold to determine whether someone is affected by iron-deficiency anemia is greatly influenced by age. For adolescent girls, typically aged 10-19 years, the threshold is Hb < 12 g/dl. Oral iron supplementation is one approach for the prevention and control of iron-deficiency anemia (Rusmilawaty, & Tunggal, 2018).

Anemia in adolescent girls is a condition characterized by a deficiency of red blood cells in the body, commonly known as anemia, and can affect anyone, including adolescents. However, compared to adolescent boys, adolescent girls are at a higher risk of experiencing anemia. This heightened risk is due to the monthly occurrence of menstruation in adolescent girls. Monthly menstrual cycles make adolescent girls more susceptible to anemia, a condition where the concentration of red blood cells or hemoglobin in the body is lower than usual. This condition can lead to fatigue and fainting. Furthermore, the impact of anemia also results in various conditions for adolescent girls, such as a weakened immune system, making them more susceptible to various infections, decreased concentration in the classroom, decreased academic performance, and reduced fitness and work productivity (Pratiwi, 2018). Given this situation, the effort to provide iron tablets becomes crucial for adolescent girls in their growth process. Aside from minimizing the potential for anemia, which can impact health and

academic performance, providing blood supplements is also essential in preparing the health of adolescent girls for future motherhood. Administering iron tablets to adolescent girls prevents them from giving birth to babies with stunted growth or low birth weight by regularly taking iron tablets, thereby reducing the risk of anemia and the likelihood of newborns being born stunted from these mothers (Pratiwi, 2018).

Iron tablets offer numerous benefits for adolescent girls. Some of these benefits include maintaining and improving concentration in learning, boosting energy levels, enhancing memory, and improving learning abilities in school. Inadequate iron intake during adolescence poses a risk if not properly addressed, especially during the preparation stages for pregnancy and childbirth as they mature (Andani dkk., 2020). The high incidence of iron-deficiency anemia in adolescent girls is attributed to the low level of compliance in consuming blood supplement tablets. The Basic Health Research results indicate that the proportion of adolescent girls receiving iron tablets is 76.2%, while those not receiving iron tablets constitute 23.8%. However, among the 76.2% of adolescent girls receiving iron tablets, only 1.4% consume 52 tablets or more, while 98.6% consume less than 52 tablets. These findings reveal that adolescents exhibit non-compliance in taking iron tablets. Several reasons for adolescents' non-compliance with iron tablet consumption, based on data obtained from health facilities, include a perception of not needing iron tablets (26.1%), forgetfulness (20%), unpleasant taste and smell of iron tablets (22.9%), experiencing side effects (8.9%), and taking them during menstruation (6.6%) (Kementerian Kesehatan RI, 2022).

Compliance is defined as adherence or non-adherence to an order, correction, or provision from a leader. It also signifies an individual's adherence to recommendations, procedures, and actions that need to be performed with precision (Prabandari dkk., 2020). Compliance, or adherence, refers to the extent to which a patient follows the prescribed treatment methods and behaviors recommended by their doctor or others Safarino as cited in (Siregar dkk., 2020). An individual's compliance with an instruction is determined by several factors. According to (Siregar dkk., 2020), compliance is influenced by internal and external factors. Internal factors are those related to the individual, including knowledge, level of education, age, attitude, and motivation. Meanwhile, external factors involve the role of community leaders, healthcare professionals, social support, and information.

Knowledge significantly affects an individual's compliance in taking actions, such as adherence to consuming iron tablets. Adolescents may feel they do not need to take iron tablets due to a lack of awareness regarding the importance of iron tablets for adolescents. Negative attitudes also lead adolescents to neglect and sometimes forget to take iron tablets. If this trend continues, the incidence of anemia among adolescent girls will likely increase (Ramlah dkk., 2022). Adolescents' knowledge about the level of compliance in taking iron tablets is insufficient. When knowledge is lacking, the impact is a high prevalence of anemia in the community. Anemia during adolescence leads to various issues such as decreased concentration in learning, weakness, fatigue affecting adolescents' activities, and long-term consequences that can affect their health during pregnancy later on (Sari, P. dkk., 2019).

The research results (Andani dkk., 2020) indicate a correlation between knowledge and the consumption of iron tablets at SMP Negeri I Kepahiang ($p = 0.013$). Similarly, the findings of the study (Ramlah dkk., 2022) show a correlation between knowledge and compliance in consuming iron tablets among adolescent girls with $p = 0.020$. The research results (Runiari & Hartati, 2020) demonstrate that the analysis using Kendall Tau found a p-value of 0.03, indicating a correlation between knowledge and compliance in taking blood supplement tablets. This research was conducted at the Youth Integrated Health Post (Posyandu Remaja) in the Health Center Unit (UPTD Puskesmas). This choice was made because the Youth

Integrated Health Post is one of the active posts within the UPTD Puskesmas Rancakalong, involving adolescents in its membership and activities. Therefore, the location is highly suitable for this study. The level of youth participation at the Youth Integrated Health Post in UPTD Puskesmas Rancakalong reaches 85%, while in other posts, such as at UPTD Posyandu UPTD Puskesmas Pamulihan, the level of activity is only 67.5%. Additionally, in schools, adolescents are given iron tablets once a week for 10 weeks, but many adolescent girls are not compliant in consuming iron tablets in the school environment. In contrast, at the Youth Integrated Health Post, iron tablets are provided once a week, directly consumed during the meetings, and monitored by the Youth Integrated Health Post leader.

The preliminary survey conducted at the Youth Integrated Health Post in UPTD Puskesmas Rancakalong, Sumedang Regency, revealed that there were 2,227 registered adolescent girls. Out of 10 randomly selected adolescents, it was found that 6 of them were unaware of balanced nutritional intake to prevent anemia and did not regularly take iron tablets, especially during menstruation. On the other hand, the remaining 4 had knowledge about anemia and regularly took iron tablets if obtained from health workers. However, if not provided by health workers, they did not consume the tablets. Based on this description, I am interested in conducting research on "The Relationship between Knowledge and Compliance Levels in Taking Iron Tablets among Adolescent Girls at the Youth Integrated Health Post in UPTD Puskesmas."

2. METHODOLOGY

Design quantitative research with a cross-sectional approach was employed. The population consisted of all adolescent girls in the Health Center Unit (UPTD Puskesmas) Rancakalong, Sumedang Regency, totaling 2,227 individuals. The sample size was 96 adolescent girls, selected proportionally to size. The instrument used was a questionnaire. Data analysis involved univariate analysis with frequency distribution and bivariate analysis using the chi-square test. A paper should contain the description of your study and should be structured in different sections such as: Abstract, Introduction, Methodology, Results, Conclusions, Acknowledgements (if applicable) and References. Please note thattitle and authors list should be coincident with the accepted abstract.

3. RESULTS

This research was conducted to investigate the relationship between knowledge and the compliance level in taking iron tablets among adolescent girls. The study took place in the Health Center Unit (UPTD Puskesmas) Rancakalong, Sumedang Regency, from June 25 to July 23, 2023, with a total of 96 respondents. Data collection was performed using a questionnaire, and the results are presented in the form of tables and narratives as follows:

3.1 Univariate Analysis

Table 1: *Frequency Distribution of Knowledge about Iron Tablets among Adolescent Girls at the Youth Integrated Health Post*

Knowledge about Iron Tablets among Adolescents	Frequency (F)	Percentage (%)
Insufficient	33	34.4
Adequate	34	35.4
Good	29	30.2
Total	96	100.0

Based on Table 1, it shows that adolescents with insufficient knowledge about iron tablets are 33 individuals (34.4%), those with adequate knowledge are 34 individuals (35.4%), and those with good knowledge are 29 individuals (30.2%). This indicates that less than half (34.3%) of adolescent girls at the Youth Integrated Health Post, have less than satisfactory knowledge about iron tablets.

Table 2: *Frequency Distribution of the Level of Compliance in Taking Iron Tablets among Adolescent Girls at the Youth Integrated Health Post*

Compliance Level in Taking Iron Tablets among Adolescents	Frequency (F)	Percentage (%)
Low	46	47.9
High	50	52.1
Total	96	100.0

Based on Table 2, it shows that adolescents with low compliance in taking iron tablets are 46 individuals (47.9%), and those with high compliance are 50 individuals (52.1%). This indicates that less than half (47.9%) of adolescents at the Youth Integrated Health Post exhibit low compliance in taking iron tablets.

3.2 Bivariate Analysis

Table 3: *Relationship between Knowledge and Compliance Levels in Taking Iron Tablets among Adolescent Girls*

Knowledge Level among Adolescents	Compliance Level in Taking Iron Tablets among Adolescents				Total		ρ value
	Rendah		Tinggi				
	N	%	N	%	N	%	
Insufficient	29	87,9	4	12,1	33	100	0,000
Adequate	11	32,4	23	67,6	34	100	
Good	6	20,7	23	79,3	29	100	
Total	46	47,9	50	52,1	96	100	

Based on Table 3, it shows that the proportion of adolescents with insufficient knowledge and low compliance in taking iron tablets is 87.9%, which is higher than the proportion of adolescents with adequate knowledge and low compliance at 32.4% and the proportion of adolescents with good knowledge and low compliance at 20.7%. The

statistical test results using the chi-square test at α = 0.05 obtained a ρ value of 0.000, meaning that ρ value < α. Therefore, the null hypothesis is rejected, indicating that there is a relationship between knowledge and compliance levels in taking iron tablets among adolescent girls.

4. DISCUSSION

4.1 Description of Knowledge about Iron Tablets among Adolescent Girls at the Youth Integrated Health Post

The results of this study are lower compared to the research conducted by (Saridewi & Ekawati, 2019) regarding the relationship between knowledge and compliance in consuming Iron Supplement Tablets in Ngamprah, which indicates that almost half of the respondents (46.6%) have insufficient knowledge about iron supplement tablets. However, it is higher than the research conducted by (Wahyuningsih & Qoyyimah, 2019)) on the relationship between knowledge about anemia and compliance in consuming iron supplement tablets among adolescent girls in Karanganom, showing that the knowledge level about anemia in adolescent girls is inadequate (24.0%). Knowledge is the result of knowing and occurs after individuals sense a particular object. This sensing occurs through the human sensory organs, namely sight, hearing, smell, taste, and touch. Most human sensing is obtained through the eyes and ears. Cognitive knowledge is a crucial domain in shaping an individual's overt behavior (Notoatmodjo, 2017).

Knowledge is the result of remembering something, including recalling events that have been experienced, whether intentionally or unintentionally. This happens after individuals make contact or observations of a specific object (Sudarma, 2018). Knowledge is a justified true belief. An individual justifies the truth of their belief based on observations of the world. So, when someone creates knowledge, they create an understanding of a new situation by adhering to justified beliefs. In this definition, knowledge is a construction of reality, rather than something abstractly true. The creation of knowledge is not just a compilation of facts but a unique human process that is challenging to simplify or imitate. Knowledge creation involves feelings and belief systems, which can be unconscious (Oktaviani, 2018).

Knowledge about iron tablets encompasses everything known by adolescents regarding iron tablets. Iron tablets contain iron, which is beneficial for the body, specifically for increasing red blood cells or hemoglobin. In addition to iron tablets, iron can also be obtained from food. Typically, iron tablets can be consumed at a dosage of 1 tablet during menstruation or 1 tablet per week. Efforts to enhance adolescents' knowledge about the benefits of iron tablets involve healthcare professionals conducting continuous educational activities at community health posts (posyandu). This aims to reduce the incidence of anemia among adolescents. Adolescents are encouraged to actively access various information sources, both from educational activities and various media, in order to improve their compliance in consuming iron tablets.

4.2 Description of the Level of Compliance in Taking Iron Tablets among Adolescents at the Youth Integrated Health Post

The results of this study are higher compared to the research conducted by (Runiari & Hartati, 2020), which found that non-compliance in consuming iron tablets among adolescents is 30.5%. However, it is lower than the research conducted by (Safitri & Ratnawati, 2022) on the level of knowledge about anemia and compliance in

consuming iron tablets among adolescent girls, indicating non-compliance among adolescents at 95.9%. Nevertheless, it is slightly lower than the findings of the study conducted by (Saridewi & Ekawati, 2019) on the relationship between knowledge and compliance in consuming Blood Supplement Tablets in Ngamprah, showing that 48.7% of respondents were non-compliant in taking blood supplement tablets.

Adherence originates from the word "patuh," which means obedient, willing to comply, and disciplined. Adherence is a form of behavior that arises from the interaction between healthcare providers and patients, leading the patient to understand and agree to the plan and carry it out with all its consequences (Notoatmodjo, 2017). Adherence is defined as obedience or disobedience to an order, correction, or provision from a leader. Compliance also represents an individual's obedience to a recommendation, procedure, and meticulous execution (Sudarma, 2018). Adherence or compliance is the level at which a patient implements the treatment methods and behaviors recommended by their doctor or others (Safarino in (Mahirawati, 2017).

Adherence to iron tablets is crucial to minimize the potential for anemia, which can impact health and academic performance. The administration of blood supplement tablets also aims to prepare the health of adolescent girls before becoming mothers. Providing iron tablets to adolescent girls prevents them from giving birth to infants with short stature (stunting) or low birth weight (LBW). By consistently taking iron tablets, it is expected to reduce the potential for anemia and prevent infants from being born stunted (Pratiwi, 2018). Efforts to improve adherence among adolescents in consuming iron tablets involve healthcare professionals providing education through Posyandu activities. This education emphasizes the importance of iron tablets for adolescents to prevent anemia and enhance concentration for those still attending school. Adolescents are encouraged to consume tablets regularly according to the recommendations to avoid anemia or other adverse effects due to iron deficiency.

4.3 The Relationship between Knowledge and Compliance Level in Taking Iron Tablets among Adolescent Girls

Based on the research findings, there is a correlation between knowledge and the compliance level in taking iron tablets among adolescent girls, with a ρ value of 0.000. This correlation may be attributed to the notion that good knowledge leads to good actions; the better the knowledge, the better the compliance in consuming iron tablets, guided by a solid understanding. These results are consistent with a study conducted by (Andani dkk., 2020) on the relationship between knowledge and attitudes of adolescent girls towards iron tablet consumption at SMP Negeri I Kepahiang, showing a correlation between knowledge and iron tablet consumption (p=0.013). Similarly, findings from (Ramlah dkk., 2022) study in 2022 on the relationship between knowledge, attitudes, and compliance in consuming iron tablets among adolescent girls in the Minasa UPA Makasar Health Center area indicate a correlation between knowledge and compliance (p=0.020).

The results of this study align with the research conducted (Runiari & Hartati, 2020) on knowledge and compliance in taking iron tablets among adolescent girls, demonstrating a correlation between knowledge and compliance in taking iron tablets. Moreover, (Safitri & Ratnawati, 2022) the knowledge level about anemia and compliance in consuming iron tablets among adolescent girls indicates. The results of this study align with the theory that an individual's compliance with an instruction is determined by several factors. According to (Siregar dkk., 2020), compliance is influenced by both internal and external factors. Internal factors include individual-

related aspects such as knowledge, educational level, age, attitude, and motivation. On the other hand, external factors involve the role of community figures, healthcare professionals, social support, and information.

The findings of this research are consistent with the theory that knowledge significantly influences an individual's compliance with actions, one of which is adherence to consuming iron tablets. Adolescents may feel they do not need to take iron tablets due to insufficient knowledge about the importance of iron tablets for adolescents. Negative attitudes also lead adolescents to neglect and sometimes forget to take iron tablets. If this continues, the incidence of anemia among adolescent girls will likely increase (Ramlah dkk., 2022). The results of this study align with the theory that adolescents' knowledge about the level of compliance in consuming iron tablets is still insufficient. If knowledge remains lacking, the impact is that the occurrence of anemia in society is still relatively high. Anemia during adolescence leads to various issues such as decreased concentration, weakness, fatigue that disrupts adolescent activities, and has long-term consequences affecting the health of adolescents during pregnancy later on (Sari, P. dkk., 2019).

It is evident that there is a relationship between knowledge and the level of compliance in taking iron tablets among adolescents. Therefore, healthcare professionals can utilize community health posts (posyandu) to provide educational activities or counseling to adolescents about iron tablets. Implementing a routine program for providing iron tablets to adolescents who have dropped out of school can ensure that they receive and consume iron tablets regularly. Adolescents need to be proactive in seeking information about iron tablets from media or healthcare professionals and should adhere to the recommended consumption schedule to prevent anemia or other adverse effects due to iron deficiency.

5. CONCLUSIONS

A. Less than half (34.3%) of adolescent girls at the youth integrated health post have insufficient knowledge about iron tablets.
B. Less than half (47.9%) of adolescent girls at the youth integrated health post exhibit low compliance in taking iron tablets.
C. There is a relationship between knowledge and the level of compliance in consuming iron tablets among adolescent girls with a ρ value = 0.000.

6. ACKNOWLEDGEMENTS

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