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An Overview of Knowledge Levels among Adolescent Girls Regarding Anemia and Prevention in Badung, Bali

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A B S T R A C T

Introduction: Anemia in adolescents in Indonesia remains a significant public health problem, despite government programs aimed at addressing adolescent anemia. Knowledge is one of the factors that influences the success of anemia prevention programs in adolescents. **Objective:** This study aims to describe the level of knowledge regarding iron supplementation and anemia among adolescent girls in the Badung region. **Method:** A survey was conducted using a structured questionnaire among 193 adolescent girls enrolled in a junior high school (SMP) in Badung. The questionnaire consisted of twenty items assessing knowledge related to iron supplementation and anemia. Descriptive statistical analysis was performed based on the measured variables. There are twenty knowledge questions related to blood supplement tablets and anemia. Data analysis was carried out descriptively based on the variables measured. **Results:** The majority of young women's knowledge levels had sufficient knowledge (74.6%), while good knowledge (11.9%) and 13.5% had poor knowledge regarding iron supplementation and anemia. **Conclusion:** Educational interventions are crucial, as adolescent girls represent a high-risk group for anemia but often lack sufficient knowledge. Improving knowledge through targeted education is essential in fostering awareness, comprehension, and early anemia prevention behaviour.

Keywords: anemia, adolescent girls, knowledge level, prevention

INTRODUCTION

Anemia remains a major public health concern among adolescents, particularly iron deficiency anemia. According to the World Health Organization (WHO), approximately 42.3% of women aged 15–59 years and 49% of school-aged adolescents in developing countries suffer from iron deficiency anemia (1-2). In Indonesia, a developing country, the prevalence of anemia among adolescents has been reported at 32% (3). Anemia in adolescent girls can negatively affect cognitive and physical development, reduce productivity, increase susceptibility to infections, and—if the adolescent later becomes pregnant—contribute to adverse pregnancy outcomes such as preterm birth, low birth weight, increased maternal and infant morbidity and mortality, and broader economic consequences(4–7). To address this issue, the Indonesian government has implemented several programs, including weekly iron and folic acid supplementation (WIFAS) for adolescent girls. This program, managed by the Ministry of Health, targets women of reproductive age and school-aged girls by distributing iron-folic acid tablets containing 60 mg of elemental iron and 2.800 mcg of folic acid, administered once a week (8).

Evidence from several developing countries, such as Bangladesh, Vietnam, and India, indicates that this intervention has successfully reduced anemia prevalence (8). Nevertheless, anemia among adolescent girls in Indonesia remains a significant public health challenge. Studies conducted in Iran and India revealed that fewer than 40% of adolescent girls consistently consume iron supplements as recommended (9,10). One of the primary contributing factors to low adherence is the lack of adequate knowledge about iron supplementation and anemia (11). Research has shown a significant relationship between knowledge and medication adherence, which plays a critical role in the success of public health interventions (12,13). Low knowledge levels may increase the risk of anemia, reduce productivity, contribute to irrational treatment practices, and compromise the effectiveness of anemia prevention programs. Research focusing on adolescent girls' knowledge of anemia and iron supplementation in the Badung region of Bali remains scarce.

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Badung is known as the highest-income district in Bali, which may influence health knowledge levels and access to health information. Previous studies in the area have been geographically limited and did not include comparative data from other regions in Bali. Moreover, respondent characteristics can substantially influence study findings. For example, a cross-sectional study conducted in one school in Badung reported a high anemia prevalence of 71.3% among adolescent girls (14). While the study provided an overview of prevalence and risk factors, the analysis of behavioral factors was limited, and there was no in-depth exploration of the girls' knowledge of anemia, including its causes, consequences, and preventive measures. This limited approach fails to provide a comprehensive picture of knowledge variations, leaving a critical gap in understanding the behavioral factors that contribute to anemia prevention in adolescents. Therefore, the present study aims to assess the level of knowledge regarding anemia among adolescent girls in Badung and it may further be used to analyze differences in knowledge that may be influenced by regional and demographic factors.

MATERIALS AND METHODS

This study is an observational research employing a survey method conducted at one of the schools in Bali Province. The study received ethical approval under letter number: 357/KE/III/2024. The population consisted of all seventh and eighth-grade adolescent girls who received iron supplementation (IFA tablets) in a school located in the Badung area. Sampling was conducted using simple random sampling, and the minimum required sample size was calculated using Slovin's formula with a 5% error tolerance. Based on the calculation, a total of 185 respondents was required.

The study utilized a questionnaire consisting of two sections: (1) respondent characteristics and (2) respondent knowledge. Respondent characteristics included data on age and parental income. Knowledge-related questions comprised twenty statements concerning anemia and iron supplementation. The instrument was adapted from the study by Yana et al. (2023)(7) and underwent face validity testing by experts in the field of community pharmacy. The validation results indicated that the questions were understandable and did not require any modifications or additions. The timing, location, and number of respondents were determined in coordination with and upon approval of the school authorities. The researcher explained the data collection procedures and emphasized that participation was voluntary and would not affect students' grades or academic performance. All individual data were aggregated for analysis purposes. Respondents who were absent during data collection were contacted via the provided phone numbers and asked for their availability. If, after three contact attempts, a respondent did not respond or did not agree to participate, they were excluded from this study.

Data Analysis

All data from each respondent were aggregated and analyzed descriptively using the Statistical Product and Service Solutions (SPSS) software. The results of the respondents' characteristics and knowledge (based on answers that matched the correct key for each question) were presented in the form of frequency (n) and percentage (%). The total knowledge scores of each respondent were compiled and calculated as a percentage (%), which was then categorized into the following levels: Poor (≤ 55%), Moderate (56–75%), and Good (76–100%).

RESULTS AND DISCUSSION

A total of 193 adolescent girls agreed to participate in this study out of 195 eligible participants (response rate: 98.9%) who received weekly iron and folic acid supplementation (IFAS) at a junior high school in the Badung region. The data were analyzed descriptively to present the respondents' characteristics and their level of knowledge regarding anemia and iron supplementation. Respondent characteristics included age and parental income, while knowledge was assessed using twenty validated questions. The findings provide an overview of the knowledge score distribution and highlight the variation in adolescent girls' understanding of anemia prevention in the region.

Respondent Characteristics

In this study, the majority of respondents were 13 years old (46.1%), and most of their parents had a monthly income of ≥ IDR 3,318,628 (58.5%), as presented in Table 1.

Table 1. Respondent Characteristics

Respondent Characteristics		n	%
Age	12	40	20,7
	13	89	46,1
	14	62	32,1
	15	2	1,0
Parents' Income	≥ 3.318.628	113	58,5
	< 3.318.628	80	41,5

Note: Regional Minimum Wage in Badung region: Rp. 3,318,628

Respondent Knowledge

The results of this study showed that nearly all respondents were aware that adolescent girls require higher iron intake than boys, and that adolescent girls with anemia should regularly consume iron and folic acid supplements (1 tablet per week), with 97.4% answering correctly. A total of 95.3% of respondents recognized that paleness in the face, lips, skin, nails, palms, and eyelids are signs of anemia. Additionally, 173 respondents (89.6%) understood that anemia is a condition in which hemoglobin (Hb) concentration falls below 12 g/dL, as presented in Table 2.

Table 2. Respondent Knowledge

Statement	Answer Key	n	%
Anemia is a condition in which the hemoglobin (Hb) concentration falls below 12 g/dL.	C	173	89,6
Low blood pressure is a cause of anemia.	I	24	12,4
One physical sign of anemia is yellowing of the eyeballs.	I	92	47,7
Anemia in adolescents can negatively affect both academic and non-academic performance at school.	C	153	79,3
Iron is absorbed more efficiently when taken with	C	145	75,1

vitamin C-rich drinks.			
Parasitic worms (helminths) in the body do not cause anemia.	I	83	57,0
Anemia can be prevented by consuming animal-based foods such as red meat.	C	141	73,1
Heavy menstrual bleeding does not cause anemia.	I	94	48,7
Adolescent girls with anemia should take iron and folic acid tablets regularly (1 tablet per week).	C	188	97,4
Iron tablets can increase appetite.	I	86	44,6
Pregnant women with anemia may give birth to low birth weight (LBW) babies.	C	153	79,3
Adolescent girls require more iron than boys.	C	185	95,9
Malaria can cause anemia.	C	130	67,4
Anemia during pregnancy does not affect fetal health.	I	152	78,8
One side effect of taking iron tablets is black-colored stool.	C	75	38,9
A persistent cough lasting more than 3 weeks (tuberculosis) does not cause anemia.	C	117	60,6
Anemia can impair height growth, resulting in suboptimal stature.	C	137	71,0
Paleness in the face, lips, skin, nails, palms, and eyelids is a sign of anemia.	C	184	95,3
Hemoglobin is formed from iron and protein.	C	161	83,4
Hemoglobin is formed from carbohydrates and iron.	C	99	51,3

Note: C:Correct, I:Incorrect

Respondent Knowledge Level

The results of this study revealed that 144 out of 193 respondents (74.6%) had a moderate level of knowledge regarding anemia and iron supplementation. Meanwhile, 13.5% of respondents demonstrated a low level of knowledge, and 23 respondents (11.9%) exhibited a high level of knowledge. These findings more detail is presented in Table 3.

Tabel 3. Respondent Knowledge Level

Respondent Knowledge Level Category	n	%
Poor	26	13,5
Moderate	144	74,6
Good	23	11,9

Note: Poor: ≤ 55%, Moderate: 56%-75%, Good: 76%-100%

The majority of respondents in this study were 13 years old (46.1%) and came from families with a monthly income of ≥ IDR 3,318,628, which exceeds the regional minimum wage (RMW). This result contrasts with studies conducted in Denpasar and Makassar, which reported that the majority of respondents' parents had incomes below the RMW (7,15). This discrepancy may reflect economic disparities between regions. Badung, known as one of the wealthiest regencies in Bali, likely contributes to the higher household income observed among respondents. These results also align with the targeted age group for the government's iron supplementation program (12–18 years) (8). In general, respondents demonstrated good awareness that adolescent girls require more iron than boys and that girls with anemia should take iron supplements (IFA tablets) regularly, one tablet per week (97.4%). This is consistent with an observational study by Yana et al. (2023), which found that over 90% of respondents had similar knowledge levels (7). Menstruating adolescent girls are at increased risk of iron deficiency due to monthly blood loss. Therefore, weekly iron supplementation is recommended to improve hemoglobin levels, iron status, and prevent anemia. Weekly iron supplementation has been shown to be an effective strategy in reducing anemia prevalence, improving hemoglobin levels and iron reserves, increasing productivity, and alleviating common anemia symptoms such as fatigue (16). Weekly iron tablets offer a practical and preventive approach for adolescent girls at risk of iron deficiency anemia (17). In this study, 95.3% of respondents recognized clinical signs of anemia such as paleness in the eyelids, face, lips, nails, skin, and palms. This is in line with the findings of Yana et al. (2023), which reported that nearly all respondents recognized pallor as a key symptom of anemia (7). However, this result contrasts with studies conducted in India and Ghana, where only a small proportion of respondents identified pallor as a sign of anemia (18,19). These discrepancies may be attributed to differences in the scope and effectiveness of health education, the degree of stakeholder engagement, and the implementation of government-supported health promotion initiatives. A total of 173 out of 193 respondents (89.6%) demonstrated knowledge that anemia is defined as a condition in which hemoglobin (Hb) levels fall below 12 g/dL. Anemia refers to a reduction in the absolute number of circulating red blood cells or a state in which red blood cells are insufficient to meet the physiological needs of the body. These findings align with the survey conducted by Indriasari et al. (2022), which reported that 42.7% of respondents correctly identified the hemoglobin threshold indicative of anemia(15). However, only 12.4% of respondents understood that low blood pressure is not a direct cause of anemia. Hypotension typically results from inadequate blood perfusion or circulatory disturbances and is not directly related to anemia. In contrast, anemia is primarily caused by blood loss or insufficient production of red blood cells (hemoglobin). Nutritional deficiencies in vitamin B12, folate, and iron can impair red blood cell production, which in turn may contribute to hypotension. Overall, the majority of respondents (74.6%) demonstrated a moderate level of knowledge. This is consistent with previous studies that also found most participants had moderate knowledge regarding iron supplementation and anemia (20–22). Nevertheless, 13.5% of respondents were found to have a low level of knowledge, which is also in line with findings from other studies reporting limited awareness among adolescents (15,23).

Knowledge level is a critical factor influencing treatment success. Knowledge is the result of learning and occurs after an individual perceives a particular object; evidence from experience and research indicates that behaviors based on knowledge tend to be more enduring than those not grounded in

understanding (24). Insufficient knowledge may lead to adolescent girls' misunderstanding and non-adherence to health interventions. Consequently, they may fail to recognize the signs and symptoms of anemia, remain unaware of their own condition, or neglect preventive actions. Adolescent girls are at a high risk of anemia, which can result in decreased productivity. If left untreated, anemia during adolescence may persist into pregnancy, worsening maternal and fetal outcomes. These include increased risks of delivering low birth weight or premature babies, neonatal anemia, stunting, postpartum hemorrhage, and elevated maternal and infant mortality rates (8). Furthermore, limited knowledge may undermine the effectiveness of government programs that distribute iron supplementation to adolescent girls. This study also identified notable associations between respondent characteristics and knowledge levels. Respondents from families with monthly incomes ≥ IDR 3,318,628 tended to have higher knowledge levels, with most in the moderate to good category. In contrast, those from families earning < IDR 3,318,628 showed a higher proportion of low knowledge levels. This suggests that socioeconomic background influences access to health information and adolescents' understanding of anemia. Age-related differences were also observed. Respondents aged 14 and 15 generally had higher knowledge levels compared to those aged 12 and 13. This may be due to increased exposure to health-related content through school curricula or life experience as they grow older. Additionally, social and cultural factors unique to the Badung region may have influenced the findings. For example, in Balinese culture, family plays a central role in health-related decision-making. Adolescents often rely on their mothers or other family members for information, including that about anemia and its prevention. This dependence may hinder independent access to health knowledge. Moreover, adolescents with limited knowledge were less likely to consume adequate amounts of animal protein, vegetables, and fruits—key dietary sources of iron and other essential nutrients (25). Therefore, improving knowledge remains essential to raise awareness among adolescent girls, enhance preventive practices, and support the success of national anemia reduction programs. This study has several limitations. First, the questionnaire was assessed only for face validity, which may affect its ability to accurately and reliably measure knowledge levels. Second, the research was conducted only in one district of Badung, limiting the generalizability of the findings to other populations, especially out-of-school adolescents or those from different socioeconomic backgrounds. Third, the potential for social desirability bias was not measured, meaning that respondents may have provided answers perceived as socially acceptable rather than reflective of their actual understanding. Despite these limitations, the study provides an initial overview of the knowledge levels among adolescent girls in Badung and highlights the need for future research using more comprehensive methodological approaches.

CONCLUSION

In this study, 13.5% of adolescent girls were still found to have low levels of knowledge, although the majority (74.6%) demonstrated a moderate level of knowledge. Educational efforts employing diverse approaches are necessary to improve adolescent girls' understanding and to strengthen anemia prevention among this population. Such efforts are also essential to support the success of national programs targeting anemia reduction in adolescent girls. These findings are relevant for policymakers and stakeholders, highlighting the need to develop strategies for integrating comprehensive, school-based health education programs into the formal curriculum, with active involvement from families and communities. The implementation of iron supplementation programs should also be reinforced through behavior change communication strategies to enhance adherence among adolescents. Furthermore, this study provides preliminary data that can serve as a foundation for future research employing more advanced analytical approaches to explore determinants of knowledge gaps and other contributing factors. Expanding the study to include out-of-school adolescents and incorporating qualitative methods would offer deeper insights into the influence of environmental and behavioral factors on anemia prevention efforts. Such research is critical to reducing the burden of anemia among adolescents, particularly girls, in Indonesia and other regions with similar socio-demographic conditions.

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Articles

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Articles

Cost-Effectiveness Analysis of The Antibiotic Ampicillin and Cefuroxime for Bronchopneumonia Patients Toddlers at Secondary Hospital in Surabaya
Dewanti Wardhani, Favian Rafif Firdaus, Yunita Nita, Abdul Rahem
955

The Knowledge and Practice in the Self-Medication Use of Topical Benzoyl Peroxide and Clindamycin
Riska Auliah Anjarwati, Ayuk Lawuningtyas Hariadini, Tamara Gusti Ebtavanny
866

An Overview of knowledge level of adolescent girls about anemia disease and prevention in Badung area, Bali

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Abstract

Introduction: Adolescent anemia in Indonesia is still a high health problem, despite the implementation of government programs related to adolescent anemia prevention. Knowledge is one of the factors and influences the success of anemia prevention programs in adolescents. **Objective:** To provide an overview of knowledge related to blood supplement tablets and anemia in adolescent girls in Badung area. **Methods:** A survey study using a questionnaire was conducted on 193 adolescent girls enrolled in one of the junior high schools in Badung. There were twenty knowledge questions related to blood supplement tablets and anemia. Data were analyzed descriptively based on the variables measured.

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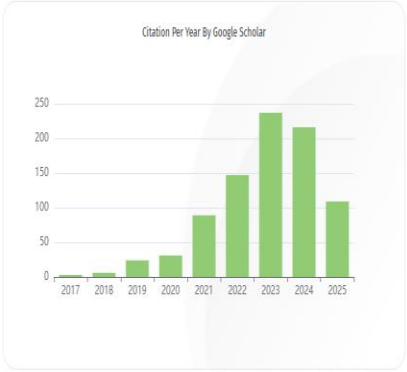

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