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Teacher and Peer Support of Blood Supplement Tablet Consumption Compliance in Anemia

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ABSTRACT

Anemia in adolescent girls is a public health problem due to iron deficiency triggered by menstruation and rapid growth, with a high prevalence in Junior High School students in Boyolali so that it requires a Blood Supplement Tablet (TTD) supplementation program for prevention. This study aims to analyze the relationship between teacher and peer support for TTD consumption compliance in grade VII students of Junior High School 1, 2, and 6 Boyolali in 2025. The study used a cross-sectional observational analytical design with a sample of 170 female students selected proportionate random sampling from a population of 373 female students aged 12-14 years; data collected through a validated 39-item Likert questionnaire (Cronbach alpha 0.804-0.954) measuring emotional, informational, judgmental, instrumental, and TTD adherence support; univariate analysis for frequency and bivariate distribution of Chi-Square with α=0.05. Univariate results showed equal teacher support (poor 50.6%; good 49.4%), poor peer support (51.2%), low obedience (non-compliance 57.6%; compliance 42.4%). The results of the analysis showed that there was a relationship of teacher support (p=0.000; 95% CI 2.30-8.207) and peer support (p=0.000; CI 95% 1.552-5.482) on TTD consumption adherence. Therefore, there is a need to develop a school-based TTD intervention model that prioritizes the role of teachers and peers.

Keywords: *Anemia; Teacher Support, Peer Support; TTD Consumption*

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INTRODUCTION

The world is facing *a triple burden of malnutrition*, namely chronic energy deficiency (SEZ), anemia, and obesity (1). The World Health Organization through *the 65th World Health Assembly* (WHA) in the 2021 edition of the global anemia estimate stated that anemia is an indicator of poor health and nutrition that affects a country's economic development. *The Sustainable Development Goals* (SDGs) 2030 at target 2.2 target the end of all forms of malnutrition, including the fulfillment of adolescent girls' nutrition by reducing female anemia of global reproductive age by 50% by 2025 (2). Adolescence according to *the World Health Organization* (WHO) is the transition phase from children to adults at the age of 10-19 years. Adolescent girls have a high potential for anemia due to iron deficiency from rapid growth and menstruation (3).

The world's population with anemia amounts to around 30% equivalent to 2.20 billion people, most of whom are domiciled in tropical areas (4). The prevalence of anemia among adolescent girls in Indonesia reached 48.1% which exceeded the national target <25% by 2024 (5). The Central Java Health Office in 2023 recorded 30.45% of adolescent girls who were detected with anemia (6) and data from the Boyolali Health Office in 2025 identified 3,681 female students (22.2%) (7).

This certainly has an impact on short-term and long-term health, where short-term impacts are in the form of focus disorders, decreased fitness and productivity which can have an impact on learning achievement (8). If this continues, the long-term impact when becoming a mother-to-be has the potential to cause bleeding in the childbirth process so as to increase the Maternal Mortality Rate (AKI) (9). Therefore, the government has implemented several programs that have been implemented since 1997 until now, the Blood Supplement Tablet (TTD) program is given 1 tablet/week to adolescent girls aged 12-18 years in school according to the latest regulations, namely SE HK.03.03/V/0595/2016 (10).

Theoretically, health behaviors in the context of TTD consumption compliance can be explained through the PRECEDE-PROCEED model developed by *Lawrence Green* (11). TTD consumption compliance is influenced by several factors, namely *predisposing factors* (age, education and knowledge, especially about anemia and TTD), *enabling*

factors (information, access, and education on TTD), and *reinforsing factors* (support from teachers and peers)(12). Research by Oktaviani et.al (2021) shows that there is a relationship between peers and TTD consumption behavior (p-value = 0.009 and OR = 3.474) (13). Research by Ariani et.al (2024), Hilmiati (2025), and Putra (2026), shows that peer support is related to TTD consumption compliance (p-value 0.000; OR=3.1; CI 95%=1,676-14,025) (14)(15)(16). In addition, teacher support also has an influence because teachers are a figure that can be trusted by students after parents (17). The form of teacher support in Tia Anggraeni's research et.al (2025) is able to maximize in providing information on facilitators, motivators and even innovators, it is believed that it will be able to optimize the adherence to taking blood supplement tablets in adolescents (p-value 0.010; CI 95%= OR 2.394) (18).

Based on a preliminary study at the Primary Health Care of Boyolali 1, the results were obtained that the proportion of anemia among adolescent girls is among the highest in Boyolali Regency in 2024. In addition, the results of the literature search have not been obtained by publicists who research on TTD Compliance in the work area of the Primary Health Care of Boyolali 1. The highest anemia data in the work area of the Primary Health Care of Boyolali 1 is Junior High School 1 Boyolali (42%), Junior High School 2 Boyolali (68%), and Junior High School 6 Boyolali (79%). Thus, this study aims to analyze the relationship between teacher support and peer support for the adherence to the consumption of blood supplement tablets in grade VII students at the school.

METHOD

This study is using a quantitative approach that applies an observational analytical design using a *cross-sectional* approach. The location of the research was determined in the working area of the Primary Health Care of Boyolali 1, precisely in the three schools with the highest burden of anemia cases, namely Junior High School1, Junior High School2, and Junior High School6 Boyolali, with an implementation period of December 2025 to January 2026. The status of anemia is collected from the screening report of Hemoglobin level that conducted by Puskesmas Boyolali 1 in 2024. The research population included all female students in grade VII in the three schools totaling 373 people, with a sample of

170 students selected using *proportionate random sampling techniques*. Before the process of collecting data, the researchers asked permission to the school management and the parents. The teachers accompanied the students during the collecting data period.

Table 1.
Calculation of the number of respondents in each school

School Name	Total Population (N)	Sample Calculation (n)	Number of Samples (N_i)
Junior High School1 Boyolali	175	$=\frac{175}{373}\times150$	70
Junior High School2 Boyolali	113	$=\frac{113}{373}\times150$	45
Junior High School6 Boyolali	85	$=\frac{85}{373}\times150$	35
Total	373	-	150

Source: Primary Data

The inclusion criteria in this study are adolescent girls in grade VII at Junior High School 1, 2, and 6 Boyolali Regency who are willing to agree to informed consent to become research respondents, Adolescent girls in grade VII at Junior High School 1, 2, 6 Boyolali Regency who are generally healthy without medical conditions that limit participation in the study, get blood supplement tablets, participating in the hemoglobin examination organized by primary health care. The results of the examination showed that the anemia status of adolescents at Junior High School 1 Boyolali was 42%, Junior High School 2 Boyolali was 68%, and Junior High School 6 Boyolali was 79%. Data was collected through filling out an independent questionnaire containing 39 questions including indicators of teacher support, peer support, and compliance with Blood Supplement Tablet (TTD) consumption. This instrument uses a Likert scale with a score range of 1 to 5 and has been declared valid and reliable based on previous tests with *Cronbach's Alpha values* of 0.954 for teacher support, 0.911 for peer support, and 0.804 for TTD consumption compliance, respectively. The data analysis process was carried out in two stages, namely univariate analysis to describe the frequency distribution of respondent characteristics and research variables, and bivariate analysis using the *Chi-Square* test to test the relationship between variables at a confidence level of 95% (α =

0.05). The results of the research are then presented in the form of tables and descriptive narratives to facilitate the interpretation of the research results. This research has received ethical approval from the Ethics Committee of the Faculty of Health Sciences, University of Muhammadiyah Surakarta with number No.1792/KEPK-FIK/XII/2025.

RESULTS

Characteristics of Research Subjects

Based on Table 1, the characteristics of the respondents in this study came from three schools, namely Junior High School 1 Boyolali, Junior High School 2 Boyolali, and Junior High School 6 Boyolali. All respondents were grade VII students who were identified based on age, anemia status, and menstrual status.

Table 2
Respondent Characteristics

Characteristics of respondents	Category	Frequency	
		n	%
Class VII	Junior High School Boyolali 1	77	45,29
	Junior High School Boyolali 2	48	28,24
	Junior High School 6 Boyolali	45	26,47
Age	12 years	41	24,1
	13 years	102	60
	14 years	27	15,9
Status anemia	Yes	159	93,5
	No	11	6,5
Menstrual status	Already	139	81,8
	Not yet	31	18,2
Not menstruating and having anemia		8	4,7

Source: Primary Data, 2025

Based on table 2, it is known that the largest distribution of respondents comes from Junior High School 1 (45.29%). Based on the age distribution of respondents, the 13-year-old age group has the highest percentage (60%). In contrast, the lowest age group is 14 years old having a percentage (15.9%). The percentage of respondents who experienced anemia was as much as (93.5%). Meanwhile, respondents who did not experience anemia had a percentage of (6.5%). Based on menstrual status, the majority of respondents from

the three schools have experienced menstruation with a percentage of (81.8%) having experienced menstruation and (18.2%) not having menstruated.

Distribution of Frequency of Teacher Support, Peer Support, and Consumption of Blood Supplement Tablets (TTD)

Teacher support and peer support play a role as *a reinforcing factor* in encouraging healthy behavior in accordance with *L. Green*'s theory. The first table presents the indicators of emotional, informational, assessment, and physical/instrumental support on the variables of teacher support and peer support as follows:

Table 3
Distribution of Teacher Support and Peer Support Indicators

Variabel	Indicator	Question Number	Category			
			Less good		Good	
			N	%	N	%
Teacher Support	Emotional support	1, 3, 8, 11	90	52,9	80	47,1
	Informational support	2, 5, 10, 12	103	60,6	67	39,4
	Assessment support	4, 9, 13, 15	50	29,4	120	70,6
	Physical/instrumental support	6, 7, 14, 16	107	62,9	63	37,1
Peer Support	Emotional support	1, 9, 10	106	62,4	64	37,6
	Informational support	4, 6, 8, 16	111	65,3	59	34,7
	Assessment support	2, 7, 12, 14	142	83,5	28	16,5
	Physical/instrumental support	3, 5, 11, 13	94	55,3	76	44,7

Source: Primary Data, 2025

Based on table 3, teacher support in the form of assessment support has the highest percentage (70.6%). The form of research support is in the form of teachers providing advice and invitations to consume Blood Supplement Tablets (TTD). Furthermore, peer support in the form of physical/instrumental support has the highest percentage (83.5%). The form of assessment support is in the form of friends inviting and asking about the compliance of Blood Supplement Tablets (TTD). Table 3 below presents the distribution of teacher support frequencies. Teacher support is the attitude and actions of teachers who provide assistance to students in the form of emotional, informational, assessment and physical support that function to increase

student obedience in consuming blood supplement tablets (TTD). In its implementation, the variables include the categories of poor and good as follows:

Table 4
Distribution of Teacher Support Frequencies

Variable	Category	Frequency	
		N	%
Teacher support	Less good	86	50,6
	Good	84	49,4
Peer Support	Less good	87	51,2
	Good	83	48,8

Source: Primary Data, 2025

Based on Table 4, the distribution of the frequency of teacher support with the good category is 49.4% and peer support with the good category is 48.8%.

Table 4 below illustrates the distribution of iron supplemental adherence. Compliance with taking iron supplements is measured based on the total accuracy of the tablets taken, the correctness of the method of administration, and the frequency of daily administration.

Table 5
Frequency Distribution of Blood Supplement Tablet Consumption Compliance

Variable	Category	Frequency	
		N	%
Consumption of Blood Booster Tablets	Non-compliant	98	57,6
	Obedient	72	42,4

Source: Primary Data, 2025

Based on Table 5, it shows the distribution of the frequency of compliance with the respondents' Blood Plus Tablet Consumption of 42.4%.

Bivariate Analysis

The table below presents the results of bivariate analysis to see how the relationship between teacher support and peer support is related to the level of compliance of students

in consuming blood supplement tablets using the chi-square test because the data we have is categorical data so that the following results are displayed:

Table 6
***Chi-Square* Test Results**

Teacher support	TTD consumption compliance				Total		P-value	OR (CI 95%)
	Non-compliant		Obedient		N	%		
	n	%	n	%				
Not Good	64	74,4	22	25,6	86	100	0,000	4,278 (2,230-8,207)
Good	34	40,5	50	59,5	84	100		
Peer Support								
Not Good	61	70,1	26	29,9	87	100	0,000	2,917 (1,552-5,482)
Good	37	44,6	46	55,4	83	100		

Source: Primary Data, 2025

Table 6. The test results showed that students with poor teacher support and non-compliance with TTD consumption were 74.4% and the peer support variable was not good and did not comply with TTD consumption 70.1%. A p-value of teacher support was obtained of 0.000 (p-value<0.05) and an OR of 4.278 with a CI of 95% (2.230-8.207) so that it can be said that there is a significant relationship between teacher support for TTD consumption compliance. Where teacher support had an effect of 4,278 on TTD consumption compliance. The p-value of peer support for TTD consumption adherence was 0.000 (p-value<0.05) and OR 2.917 with a CI of 95% (1.552-5.482) so it can be said that there is a significant relationship between peer support for TTD consumption adherence. Where peer support had an effect of 2.917 on TTD consumption compliance.

DISCUSSION

This study shows that there is a significant relationship between teachers' support for TTD consumption adherence. The results of this study are in line with the research of Nurjanah et.al (2023) and Hayuti (2024) where teacher support has an effect of 4,278 on TTD consumption compliance (19) (20). There is emotional, informational, judgmental, and physical/instrumental support. It is known that 70.6% of respondents need

informational support in this study. Asmara et.al (2026) research on motivation for TTD consumption compliance states that informational support plays an important role in increasing the motivation of adolescent girls to consume TTD (21). This is consistent with the study by Damayanti et al., (2025) which reported that the low provision of routine information by teachers about TTD causes female student non-compliance (22). In his research, Thifal (2023) on adolescent girls in East Kalimantan Province showed that there is an effect of providing effective education in improving attitudes in preventing anemia and the importance of consuming blood-boosting tablets for adolescents (23). In the study, Pou *et.al* (2024) said that information support from schools included teachers in the form of counseling on the benefits of foods containing Fe and Fe supplementation (24). The form of teacher support is in the form of information, advice, experience, model behavior and learning facilitators in the classroom (25). Therefore, it is important to increase adolescent girls' understanding of anemia nutrition, the causes and impacts of anemia, as well as foods that can inhibit iron absorption and are delivered in an attractive way using a creative approach with the support of the school (26).

As for the preventive efforts that can be carried out by teachers to prevent anemia, one of which is regarding the school assistance program in the implementation of TTD Rematri at SMAN 1 Kintamani, it was found that there are 75% of students who have increased from the program (27). Another study by Fauzia Nuraina & Sulistyoningsih, (2023) shows weak monitoring from schools and health workers so that further improvement is needed. In her research, Novaria (2025) provided suggestions to improve the implementation of the Anemia Case Care School Program (SEPEKAN) policy, such as the activation of Adolescent Health Cadres (KKR) for the distribution of TTD (28).

Peer Support

The results of the study showed that there was a relationship between peer support and TTD consumption compliance. This is in line with Abdulsalam Othman et al., (2023) and Rahman (2025) who reported a significant relationship between peer support and TTD consumption in adolescent girls ($p<0.05$) (29)(30). In this study, the peer support that contributed the most to this study was in the form of assessment support in the form of feedback, motivation and discussion about TTD consumption. Where peer support had

an effect of 2.917 on TTD consumption compliance. Peer support indicators in this case include informational, emotional, judgmental, physical/instrumental. Emotional support can be in the form of caring for friends reminding to consume TTD. So it is related if emotional support is low, in the study of Dewi et al., (2025) indicated that low peer emotional support contributes to a decrease in motivation for healthy behavior in adolescent girls (31). In addition to emotional support, the need for information-based support, according to the research of Maria ulfa et.al (2025) There is a relationship between peer support and the behavior of consuming blood-boosting tablets in adolescent girls at SMA IT Al-Mumtaz Pontianak p-value of 0.001 (32). Then, in the highest assessment support indicator in this study 83.5%, which proves that adolescents have a tendency to imitate or emulate the behavior of peers. This has a correlation with Rina et.al's research (2024) which states that there is a relationship between peers in consuming TTD at a p-value of 0.027 which is strengthened by the statement about the period of identity search, where the influence of friends greatly affects adolescents in their behavior (33).

Peers can explain information to people in need about what should be done so as to encourage the adolescent to regularly consume TTD (34). In Petrus' et.al (2024) research, it provides solutions that involve training for peer counselors on the benefits of TTD, socialization about the importance of TTD consumption. This is strengthened by research by Defintasari (2020) which stated *that peer group support* with adherence to the consumption of blood supplement tablets in adolescent girls at SMA N 1 Banguntapan p-value 0.000 and a correlation of 0.508 (35). Therefore, Putra and Dwi (2026) suggest that Young Women choose a positive *peer group support* environment to increase compliance with Fe tablet consumption, this shows *that peer group support* is effective in increasing compliance with TTD consumption (15).

CONCLUSIONS AND RECOMMENDATIONS

The results showed that the compliance with the consumption of Blood Supplement Tablets (TTD) in grade VII students at SMP Negeri 1, 2, and 6 Boyolali was significantly influenced by the support of the school social environment, especially the role of teachers

and peers. The high or low level of TTD consumption compliance is determined not only by individual knowledge, but also by the quality of support, motivation, and example provided by teachers and peer groups in the school environment. Based on these results, it is recommended that schools strengthen the role of teachers through continuous education, regular monitoring, and motivation related to TTD consumption. In addition, schools need to encourage the formation and strengthening of peer groups that are active in providing support and being role models in TTD consumption. This effort is expected to increase compliance with TTD consumption in a sustainable manner and contribute to reducing the incidence of anemia in adolescent girls.

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