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RESEARCH ARTICLE

Implementation of Health Promotion Strategies for Compliance with Consuming Blood Supplement Tablets in the Prevention of Anaemia in Adolescent Girls at Sman 3 Bone, Bone Regency

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ARTICLE INFO	ABSTRACT
Received: Nov 17, 2024 Accepted: Jan 9, 2025	Compliance of adolescent girls in consuming blood supplement tablets (TTD) is an important factor in overcoming anaemia. Health promotion strategies are needed to encourage them to adopt healthy behaviours, including routine consumption of blood supplement tablets (TTD).
<i>Keywords</i> Healthy Behaviours Comliance	This study aims to obtain in-depth information related to the implementation of health promotion strategies for compliance with consuming blood supplement tablets in the prevention of anaemia in adolescent girls at SMAN 3 Bone, Bone Regency.
Qualitative Anaemia Adolescents Blood Supplement Tablets	This research method is qualitative with a descriptive approach by conducting in-depth interviews and FGD (Focus Group Discussion) and conducting document searches. The determination of informants in this study was carried out purposively including the head of blue public health centre, health promotion staff and nutrition staff of blue public health centre, the head of SMAN 3 Bone, instructors and members of the PMR SMAN 3 Bone, and teenage girls who routinely consume blood supplement tablets (TTD).
*Corresponding Author: oktaviantid23k@student. unhas.ac.id	The results of the study showed that the implementation of health promotion strategies related to advocacy had been carried out by the school with the health center in the form of an MoU agreement, while the atmosphere building in the school was carried out by members of the PMR (young red cross) through various media (brochures and posters), then the empowerment carried out between the health center and the school included providing socialization related to blood supplement tablets (TTD) and giving responsibility to PMR members to distribute blood supplement tablets (TTD) routinely to female students of SMAN 3 Bone. Then, the partnership that was established was only between the health centre and the school, this was to increase the compliance of female adolescents to consume blood supplement tablets (TTD). The implementation of health promotion strategies for compliance in
	consuming blood supplement tablets (TTD) in preventing anaemia in young women at SMAN 3 Bone has been carried out, although there are several things that still need to be improved. So advocacy is still needed with related parties, empowerment of young women outside of PMR members needs to

be strengthened, and partnerships with parties other than the health centre.

INTRODUCTION

Adolescence is an important transition period from childhood to adulthood, characterised by significant physical, psychological and social changes. In adolescent girls, physiological changes such as menstruation lead to increased iron requirements due to monthly blood loss. If iron needs are not met, adolescent girls are at risk of iron deficiency anaemia, which can impact their physical health, learning concentration and productivity (MOH RI, 2018).

Anaemia is a condition of low haemoglobin levels in the blood, often caused by iron deficiency. It is one of the most common public health problems, especially in developing countries. The prevalence of anaemia among adolescent girls in Indonesia is 48.9% (Riskesdas, 2018), with an increase in prevalence in the 15-19 years age group to 30.4% (SKI, 2023). In South Sulawesi, particularly Bone District, the prevalence of anaemia among adolescent girls is also reported to be high, indicating the need for effective health interventions to address this issue (Puji Pawenrusi et al., 2024).

Supplementary blood tablets (TTD) are one of the main efforts to prevent and treat iron deficiency anaemia in adolescent girls. It contains iron and folic acid, which are important for the formation of haemoglobin and red blood cells. The World Health Organization (WHO) and the Indonesian Ministry of Health recommend regular TTD administration, especially for adolescent girls, to reduce anaemia prevalence by 50% by 2025 (Indonesian Ministry of Health, 2018; WHO, 2024). However, compliance of adolescent girls in consuming TTD is still a challenge. Many adolescents are reluctant to take TTD for various reasons, such as side effects such as nausea and constipation, forgetting, or not feeling the need (Ishak, 2022).

Effective health promotion strategies are needed to increase awareness and compliance of adolescent girls in consuming TTD. Health promotion is an approach that aims to empower individuals and communities to maintain and improve their health. It involves education on the importance of iron intake, the impact of anaemia and how to overcome TTD side effects. In addition, health promotion strategies also involve providing accessible information, social support and policy advocacy to support iron supplementation programmes (Permenkes No. 51, 2016).

The implementation of school-based health promotion strategies, such as at SMAN 3 Bone Regency, is one of the potential solutions to improve TTD consumption compliance. Through educational programmes integrated into the curriculum, students can better understand the importance of regular TTD consumption. In addition, collaboration between teachers, health workers, and parents can create a supportive environment for the success of this programme. With a comprehensive approach and involving various parties, the prevalence of anaemia among adolescent girls in Bone Regency is expected to decrease significantly.

This study aims to evaluate the implementation of health promotion strategies in improving adherence to TTD consumption among adolescent girls at SMAN 3 Bone, Bone Regency. The results of this study are expected to be a reference for the development of health promotion programs that

are more effective in preventing anaemia in adolescent girls.

METHODOLOG

This research is a qualitative study with a descriptive approach using the in-depth interview method. This research was conducted from August to September 2024 in the working area of Puskesmas Biru, Bone Regency, specifically at SMAN 3 Bone. The choice of location was based on the lack of education related to anaemia prevention and suboptimal compliance of adolescent girls in consuming TTD in the area.

Research subjects or informants were selected by purposive sampling based on the principles of adequacy and suitability, so that the data obtained are relevant and representative of the phenomenon under study. The research informants included the Head of Puskesmas Biru, health promotion and nutrition staff of Puskesmas Biru, school principal, PMR coach, female PMR members, adolescent girls who regularly consume TTD, and parents of adolescent girls. This selection considered the collaboration between Puskesmas Biru and SMAN 3 Bone in the TTD distribution programme.

Research data were collected through in-depth interviews, Focus Group Discussions (FGDs), and document searches. In-depth interviews sought information from key informants, such as Puskesmas staff and PMR members of SMAN 3 Bone, regarding health promotion strategies for TTD compliance. FGDs were conducted to understand the views of the group, especially female PMR members, regarding youth empowerment in anaemia prevention. Document searches supplemented the data with relevant archives and records. Data validity was ensured through method triangulation, and data were analysed using the Miles and Huberman model, including reduction, presentation, and verification to produce valid conclusions. This research has received approval from the Research Ethics Committee of the Faculty of Public Health, Hasanuddin University Makassar with recommendation number 1855/UN4.14.1/TP.01.02/2024.

RESULTS AND DISCUSSION

RESULTS

This study discusses the implementation of health promotion strategies to increase the compliance of adolescent girls at SMAN 3 Bone in taking blood supplement tablets as an effort to prevent anaemia. The study lasted for one month, from 5 August to 8 September 2024, including preparation, data collection, and data analysis. The methods used included in-depth interviews, focus group discussions (FGDs), and document searches. The research sites included Puskesmas Biru, which has a working area of one kelurahan and 11 villages, and SMAN 3 Bone with 1,318 students (706 girls and 612 boys), located on Jl. Jendral Gatot Subroto, Kelurahan Biru, Kecamatan Tanete Riattang, Kabupaten Bone.

Initials	Age	Gender	Education	Jobs
	(Year)		Qualification	
EDW	40	Women	S1	Head of Puskesmas Biru, Bone Regency
MA 57	57	Women	S1	Health Promotion Staff at Puskesmas Biru, Bone
MA	57	women	31	Regency
FY	44	Women	S1	Nutrition Staff at Puskesmas Biru, Bone Regency
MS	58	Male	S2	Wakasek Sarana SMAN 3 Bone
ML	47	Male	S1	PMR & UKS coach SMAN 3 Bone
NAS	16	Women	High School (Class XI F7)	Teenage daughter of SMAN 3 Bone

 Table 1. Characteristics of Indepth Interview Informants

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FM	15	Women	High School (Class XI F6)	Teenage daughter of SMAN 3 Bone
RA	16	Women	High School (Class XI F7)	Teenage daughter of SMAN 3 Bone
NA	15	Women	High School (Class XI F5)	Teenage daughter of SMAN 3 Bone
ММ	16	Women	Senior High School (Grade XI)	Teenage daughter of SMAN 3 Bone
RF	16	Women	High School (Class XI F5)	Teenage daughter of SMAN 3 Bone
NH	16	Women	High School (Class XI F5)	Teenage daughter of SMAN 3 Bone
RL	16	Women	High School (Class XI F5)	Teenage daughter of SMAN 3 Bone
ASK	16	Women	Senior High School (Grade XI)	Teenage daughter of SMAN 3 Bone
NI	16	Women	High School (Class XI F5)	Teenage daughter of SMAN 3 Bone
SY	46	Women	HIGH SCHOOL	Parents of students of SMAN 3 Bone
RO	47	Women	HIGH SCHOOL	Parents of Students of SMAN 3 Bone
MI	41	Women	HIGH SCHOOL	Parents of Students of SMAN 3 Bone
SU	48	Women	HIGH SCHOOL	Parents of Students of SMAN 3 Bone
SA	38	Women	HIGH SCHOOL	Parents of Students of SMAN 3 Bone

Data were collected using interview guidelines, FGD guidelines, recording devices, and cameras, with the researcher as the main instrument. There were 20 informants, including the head of the health centre, health and nutrition promotion staff, school principal, PMR coach, 10 adolescent girls, and 5 parents of adolescent girls. Most of the informants were female with the education level of Puskesmas staff and teachers generally S1, while the adolescent girls and their parents had a high school education. The age of the informants ranged from 15-58 years old, with Puskesmas staff, teachers and parents aged 38-58 years old, and adolescent girls aged 15-16 years old (Table 1). All FGD informants were members of PMR who have been regularly taking blood supplement tablets. This suggests that their involvement in the programme is relevant to support the research objectives (Table 2).

No.	Initials	Age	Gender	Class	Description
		(Years)			
1.	RDR	16	Women	X.10	Member of PMR SMAN3 Bone
2.	AADS	16	Women	X.E10	Member of PMR SMAN3 Bone
3.	NAT	16	Women	XI.F12	Member of PMR SMAN3 Bone
4.	ANK	16	Women	X.E9	Member of PMR SMAN3 Bone
5.	SA	16	Women	X.E12	Member of PMR SMAN3 Bone
6.	RNP	16	Women	X.11	Member of PMR SMAN3 Bone
7.	AR	15	Women	XI.F7	Member of PMR SMAN3 Bone
8.	MU	16	Women	X.10	Member of PMR SMAN3 Bone
9.	RNF	15	Women	X.10	Member of PMR SMAN3 Bone
10.	ESS	16	Women	X.E1	Member of PMR SMAN3 Bone

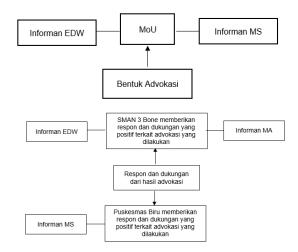
 Table 2: Characteristics of Focus Group Discussion (FGD) Informants
 Informants

The implementation of health promotion strategies to improve adolescent girls' adherence to taking blood supplement tablets (TTD) includes four main themes, namely advocacy, atmosphere building, empowerment, and partnerships. Advocacy includes the advocacy efforts made and the support obtained to support the anaemia prevention programme in schools. Camaraderie focuses on creating a favourable environment for adherence to TTD consumption, awareness-raising activities on the importance of TTD. Empowerment involves efforts to empower adolescent girls to actively participate in the programme, the role of PMR members in improving girls' knowledge and skills related to TTD, and supporting access to TTD and health services. Partnerships include the parties that are collaborated with, such as at SMAN 3 Bone, as well as the form of partnerships that support the anaemia prevention program. These four themes were obtained from in-depth interviews and Focus Group Discussions (FGDs) (Table 3).

	Adolescent Girls at SMAN 3 Bone, Bone Regency.			
No.	Theme	Sub Themes/Categories		
1	Advocacy	Forms of Advocacy carried out		
		Response and support obtained from advocacy results		
2	Atmosphere Building	Efforts to create a favourable environment for adolescent girls'		
		adherence to taking blood supplement tablets		
		Efforts by the health centre and school to involve parents in		
		creating an atmosphere that supports the programme		
		Obstacles encountered in efforts to create a conducive		
		atmosphere		
3	Empowerment	Puskesmas efforts to improve the ability of adolescent girls at		
		SMAN 3 Bone to be actively involved in an anaemia prevention		
		programme		
		Young women's response and participation to empowerment		
		efforts carried out		
		PMR's efforts to ensure increased knowledge and skills of		
		adolescent girls regarding the importance of taking blood		
		supplement tablets		
		Support provided by PMR to facilitate adolescent girls' access to		
		blood supplementation tablets and health services		
4	Partnership	Parties invited to partner to support the anaemia prevention		
		programme for adolescent girls at SMAN 3 Bone		
		Forms of partnership		

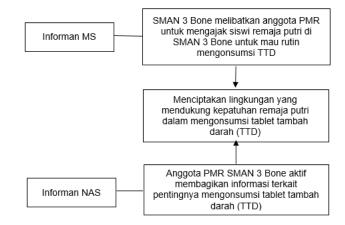
Table 3. Categories of Themes and Sub Themes for the Implementation of Health Promotion Strategies for Adherence to Taking Blood Addition Tablets in Preventing Anaemia among Adolescent Cirls at SMAN 3 Bone Bone Begency

The results showed that the anaemia prevention program at SMAN 3 Bone has followed government policy by prioritising the provision of one tablet per week to adolescent girls. However, the school does not yet have an independent policy regarding this programme, and advocacy conducted by the puskesmas only resulted in a cooperation agreement in the form of an MoU to support the implementation of government policy (Figure 1). The PMR coach was appointed as the person in charge to ensure the smooth running of the programme, as he was considered to have the competence and good relationship with the students. Although the advocacy did not result in a new policy, the support between the puskesmas and the school aims to improve the compliance of adolescent girls in consuming TTD regularly.



Forms and responses of advocacy carried out

Based on the results of interviews and FGDs, the efforts of puskesmas and schools in creating a supportive environment for adolescent girls' adherence to taking blood supplement tablets (TTD) involve various strategies, including information dissemination through media such as brochures and posters as well as the active role of teachers, PMR coaches, and PMR members as agents of change. PMR members have important tasks, such as distributing TTD, providing routine education, and reminding their friends to take TTD. Parental support is also a significant factor in improving adherence, despite obstacles such as students' fear of TTD side effects and parents' lack of knowledge. These constraints were largely overcome through good communication between the school, health centre, students and parents, which gradually increased awareness and adherence to regular TTD consumption (Figure 2).



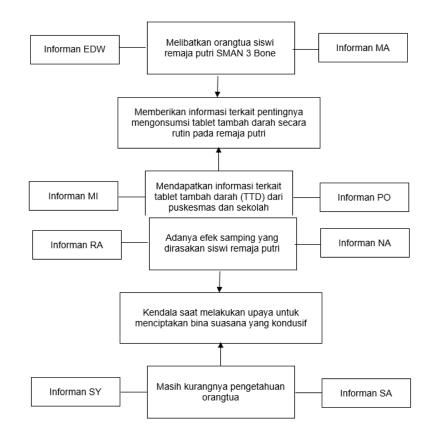


Figure 2. Atmosphere Building

Empowerment in the Anaemia Prevention Program at SMAN 3 Bone is carried out through socialisation on the importance of consuming blood supplement tablets (TTD) and their side effects, by involving PMR members who are assigned to distribute TTD and promote the importance of regular consumption to their friends. The puskesmas and school hold a socialisation once a year and continue to facilitate communication through a WA group to ensure the smooth running of the programme. PMR members act as intermediaries between the health centre and other students, by sharing information through brochures, posters, and informal discussions, and reminding their friends to consume TTD regularly. Additional support is provided through facilities in the UKS room for easy access to TTD for students who need it outside the distribution schedule (Figure 3).



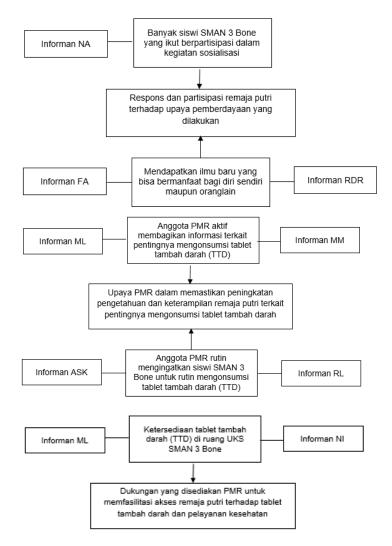


Figure 3. Empowerment

The partnership between the Puskesmas and SMAN 3 Bone in the prevention of anaemia among adolescent girls is well established and structured. The Puskesmas plays a role in providing free blood supplement tablets (TTD) which are distributed every three months, with the help of the Youth Red Cross (PMR) coach and the school coordinating the distribution to the girls. The health centre also conducts socialisation to explain the importance of TTD consumption, potential side effects, and benefits. The school supports the programme by providing facilities, space, and communication media such as informative posters and brochures posted in strategic areas. In addition, the Puskesmas and school maintain good communication to ensure the smooth running of the programme, and are ready to provide support and evaluation for improvement. Although there is no collaboration with other organisations, the partnership between the Puskesmas and the school is considered effective and adequate in preventing anaemia among adolescent girls at SMAN 3 Bone (Figure 4).

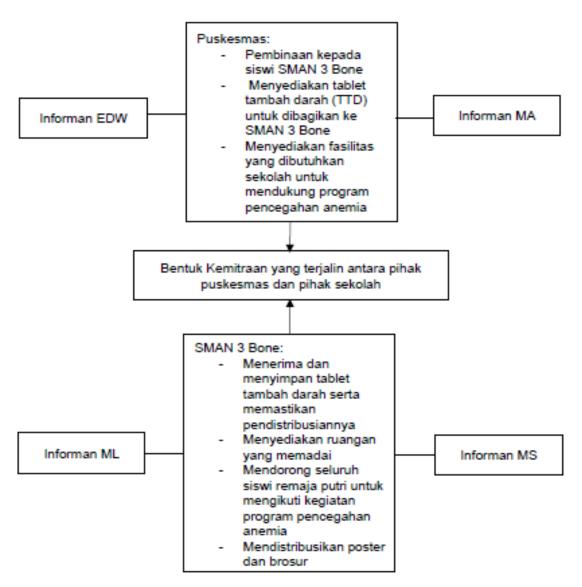


Figure 4. Partnership

DISCUSSION

The concept of change that occurs in individuals and groups is strongly influenced by various factors such as policies, organisational changes, political dynamics, and economic conditions. An enabling environment for behaviour change is a critical element to ensure the success of health programmes, especially those that focus on promoting healthy behaviours. One of the main strategies used to support this behaviour change is advocacy. In the context of health promotion, advocacy has a significant role in increasing support from various parties that have influence on the success of health programmes (Arsyad et al., 2024). This strategy creates awareness among stakeholders about the importance of supporting certain health programmes, especially in the school environment, which is a strategic place to reach adolescents.

The application of advocacy in health promotion is evident in the anaemia prevention programme at SMAN 3 Bone. The programme is implemented by the puskesmas in collaboration with the school to ensure that adolescent girls receive the necessary interventions, including the provision of blood supplement tablets (TTD). The advocacy conducted by the puskesmas covers various schools under its scope of work, such as SMAN 3 Bone and several other schools in the Biru Puskesmas area. However, this advocacy has not resulted in any new policies at the school level. Instead, these advocacy efforts were outlined in a Memorandum of Understanding (MoU) between the health centre and the school. The MoU contains various agreements that support the implementation of the programme, including routine health services, UKS/M coaching, periodic distribution of blood supplement tablets, and health education related to clean and healthy living behaviour (PHBS). The contents of the MoU reflect a shared commitment to creating a healthy school environment and supporting anaemia prevention efforts.

Adolescent girls are highly susceptible to anaemia, mainly due to increased iron demand during menstruation. Significant iron loss due to monthly menstruation can lead to iron deficiency if not balanced with adequate iron intake through food or supplements. Research shows that adolescent girls can lose around 12-15 mg of iron each month during menstruation (Desi et al., 2022). This condition makes them a priority group for health interventions such as the provision of TTD. Blood supplementation tablets not only prevent anaemia but also improve students' concentration, physical fitness and learning achievement. It also plays a role in preventing long-term health complications, such as the risk of anaemic pregnancies that can affect both mother and baby (Amareta & Ardianto, 2018).

The success of the anaemia prevention program at SMAN 3 Bone relies heavily on the involvement of various parties, including teachers, PMR coaches, and PMR members. Teachers have a strategic role as enabling factors that provide motivation and role models for students to adopt healthy behaviours (Nurjannah & Azinar, 2023). As a respected figure by students, teachers are able to encourage behaviour change through the delivery of relevant and persuasive information. In addition, the PMR coach at SMAN 3 Bone played an equally important role by coordinating anaemia prevention activities and ensuring TTD distribution was on schedule. The role of the PMR coach as a liaison between the puskesmas and the school is key in maintaining the sustainability of the programme.

PMR members were also actively involved in this programme. They not only help distribute TTD to adolescent girls, but also act as agents of change who convey important information about anaemia and the importance of TTD consumption to their peers. Relationships with peers are known to have a major influence on adolescent behaviour, including in terms of maintaining health (Utomo et al., 2020). Thus, the involvement of PMR members is one of the important strategies in creating collective awareness about the importance of health in the school environment.

However, the implementation of this programme is not free from challenges. One of the main obstacles is schoolgirls' fear of TTD side effects, such as nausea, dizziness, or changes in menstrual patterns.

Some schoolgirls admitted that they were reluctant to consume TTD regularly because they were worried about the impact on their bodies. In addition, parents' lack of understanding about the importance of TTD was also an obstacle. Some parents were hesitant to support their children to consume TTD due to lack of knowledge about its benefits and safety. To overcome these obstacles, the school and community health centre made various educational efforts to students and parents. This education is not only done in the form of counselling, but also through media such as brochures, posters, and group discussions. This approach has proven effective in improving students' understanding and compliance with TTD consumption (Dwiyana et al., 2024; Irianti & Sahiro, 2019).

Creating a conducive atmosphere in the school and home environment is an important element in supporting the success of this programme. Teachers, PMR coaches and parents play a key role in creating an environment that supports healthy behaviours. Teachers often provide positive reinforcement to students to motivate them to adopt new behaviours, while the PMR coach oversees the implementation of the programme at school. Parents are also involved through direct communication or counselling to ensure they support the programme from home (Kristiani & Sitepu, 2024). Support from the family is one of the important factors in shaping sustainable TTD consumption habits. Parents who support their children to consume TTD regularly can help overcome psychological or social barriers that may be faced by adolescent girls.

The empowerment of PMR members is also an important part of the programme strategy. PMR members are not only tasked with assisting with TTD distribution, but are also given the responsibility to promote the importance of anaemia prevention in the school environment. They are trained to deliver health information to peers in an effective way, using easy-to-understand language, and utilising various communication media such as social media, group discussions, and posters. With this role, PMR members become one of the prime movers in creating collective awareness about the importance of health among adolescents. In addition, PMR members also act as positive role models for their peers, thus directly influencing peer behaviour.

The partnership between the health centres and schools is an important foundation for the success of this programme. This collaboration allows the puskesmas to provide logistical support such as the distribution of TTD, the provision of educational posters and brochures, and the organisation of socialisation activities in schools. Schools also play a key role by providing the necessary facilities and resources to support programme implementation, such as UKS rooms and other supporting equipment. The MoU agreed between the puskesmas and the school reflects the commitment of both parties to work together for the success of the programme (Herlina, 2018; Sulaiman, 2021). This good partnership is a clear example of how synergy between various parties can improve the effectiveness of health programmes.

One of the innovative steps in this programme was the development of attractive promotional media to increase student participation. The puskesmas provided posters and brochures containing important information about anaemia and the benefits of TTD, which were posted in various strategic corners of the school. PMR members were involved in distributing these materials to their friends, as well as providing additional explanations if needed. In addition, the use of social media such as WhatsApp groups was also utilised to deliver regular reminders regarding TTD consumption. This medium proved to be effective as it allowed for quick and direct interaction between the health centre, PMR coaches and students.

The anaemia prevention programme at SMAN 3 Bone has had a significant positive impact. Despite facing various obstacles, a collaborative approach involving various parties was able to increase the awareness and compliance of female students with TTD consumption. This programme provides evidence that an integrated and sustainable health promotion strategy can deliver optimal results. By strengthening the support of all parties involved, this programme can become a model that can be implemented in other schools to prevent anaemia in adolescent girls more broadly. Furthermore, the success of this programme confirms the importance of a holistic approach involving education, empowerment and partnerships to effectively achieve public health goals.

CONCLUSIONS: The implementation of health promotion strategies at SMAN 3 Bone has been carried out with various approaches. The puskesmas and school have advocated through an MoU to implement an anaemia prevention programme, although there is no policy regarding blood supplement tablets in schools. Efforts to increase students' compliance with anaemia prevention were also made. In addition, atmosphere building activities include distribution of brochures, installation of posters, and dissemination of information by PMR members as well as parental

involvement to support the programme. Empowerment is done through socialisation and education to schoolgirls. Partnerships between puskesmas and schools were also established to support the implementation of the anaemia prevention programme.

CONFLICT OF INTEREST: None

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