

**THE RELATIONSFOODINTAKE AND
HEMOGLOBIN LEVELS IN FACULTY OF
MEDICINE STUDENTS, INDONESIAN
CHRISTIAN UNIVERSITY, CLASS OF 2021**

ABSTRACT

Background: Lack of protein intake will result in hampered iron transport and reduce the formation of hemoglobin (Hb) as a protein compound found in red blood cells, helpful in transporting oxygen (O₂) and CO₂ carbon dioxide in the body. The level of protein consumption is closely related to hemoglobin, where the protein binds to iron in the body. Food intake correlation with iron intake and if iron intake is insufficient, it can disrupt red blood cell production and cause anemia. The world population with anemia is around 30% or 2.20 billion people, and the global prevalence of anemia is around 51%.

Aims: This research was conducted to determine the relationship between food or iron intake and hemoglobin (Hb) levels.

Methodology: This research uses a descriptive-analytical research design with a cross-sectional approach and uses primary data as a research instrument, which was obtained from the results of blood sampling from students from the Faculty of Medicine, Indonesian Christian University Class of 2021 for laboratory examination using the Hematology Analyzer method and a 2x24 hour Food Recall form. The purposive sampling technique method was used to obtain 72 samples in this study.

Results: The study showed 59 students (81.9%) were not anemic, and 13 (18.1%) were anemic. A total of 12 students (16.7%) had a low iron adequacy score, and 60 students (83.3%) had a sufficient iron adequacy score. There is the relationship between food/iron intake and hemoglobin levels ($p < 0.05$).

Conclusion: there is a significant relationship between iron intake and hemoglobin levels.

Keywords: Hemoglobin, Iron, Anemia, Nutritional Status

1. INTRODUCTION

Hemoglobin is a dye compound protein found in red blood cells that helps transport oxygen (O₂) and carbon dioxide CO₂ in the body. Hemoglobin can be measured using various methods, including the Sahli method, oxyhemoglobin method, and cyanmethemoglobin method, and the amount of Hb/100 ml of blood can be used as an index of the oxygen-carrying capacity of red blood.[1-3]. Hemoglobin can be used widely as a parameter to determine anemia status. Anemia is directly influenced by daily consumption of food that does not contain iron. In general, food consumption is closely related to nutritional status. If the food consumed has good value, then the nutritional status will also be good; conversely, if it lacks nutritional value, it will cause malnutrition and can cause anemia.[3].

Anemia is when the number of red blood cells or the concentration of oxygen carriers in the blood (Hb) is insufficient for the body's physiological needs. Adolescent girls have a higher risk than teenage boys. For young women, this will have a severe impact in the future because they will become mothers-to-be and will become pregnant and give birth to premature babies, low birth weight babies, and can also increase the risk of maternal death. Anemia can cause a decrease in

concentration, learning achievement, immunity, fitness, and productivity in teenagers.[4]. Some factors, including low protein and iron consumption, blood loss, and malabsorption, can cause iron deficiency anemia. Young women are at higher risk of experiencing nutritional anemia because they care too much about body image, so many limit food consumption and follow strict diets. Consumption patterns can be determined by nutritional status. Besides food, blood loss also influences anemia, both cyclically and menstrually. The younger a woman, the shorter the cycle, the longer the duration, and the greater the blood loss, causing their iron stores to be depleted and depleted.[4].

According to the Indonesian Ministry of Health, it has been revealed that several health problems are being experienced, which could threaten the future of Indonesian teenagers. One of the problems faced by Indonesian teenagers is nutritional problems; namely, around 12% of teenage boys and 23% of adolescent girls experience anemia, primarily due to iron deficiency. Anemia is still a nutritional problem with the highest incidence rate compared to other malnutrition problems[5]. Nutrition has a vital role in the blood formation process in the body. If these nutritional requirements are not met immediately, it can cause the health problem of anemia, which will get worse. Protein is essential in transporting iron in the body (transferrin). Therefore, a lack of protein intake will result in the transportation of iron being hampered, which can cause iron deficiency. The level of protein consumption has a close relationship with hemoglobin. In addition, foods that are high in protein, especially animal protein, contain a lot of iron[6,7]. Iron in the body will bind to the protein. In the research results of HusnulKhatimah (2017), there was a relationship between protein intake and the incidence of anemia in young women at MAN 1 Surakarta. Protein is vital in transporting iron in the body to form red blood cells in the bone marrow. If protein intake is lacking, it will result in obstacles in the transfer of iron to the bone marrow and can disrupt red blood cell production[8,9].

Other factors that can influence hemoglobin levels in teenagers include external factors, knowledge of the teenager, age of the teenager, and characteristics of the teenager's parents, namely the education and occupation of the teenager's parents themselves, as well as age. Age can also affect hemoglobin levels because as each teenager gets older and grows, it is influenced by the teenager's ability to choose what they want to eat. So this can affect nutrition in teenagers.[10]. Meanwhile, the education of a teenager's parents can influence the job of the teenager's parents. In contrast, the mother's economic needs and intelligence can influence the food the mother must prepare for the family. This also affects the teenager's nutrition.[11]. Efforts to create quality Indonesian humans must be carried out by paying attention to human conditions from an early age. Teenagers are a source of potential and the nation's successors. Based on the description that has been explained, researchers are interested in knowing the relationship between iron (Fe) intake and hemoglobin (Hb) levels in adolescents aged 15-24 years. [11].

2. MATERIAL AND METHODS

This research uses a descriptive-analytical design with a cross-sectional approach to determine the relationship between iron/food intake and hemoglobin levels in adolescents studying at FK UKI Class of 2021. The research data collection location will be at the FK UKI Laboratory in July-August 2022. This research uses primary data as a research instrument. Primary data was obtained from blood sampling from students from the Faculty of Medicine, Indonesian Christian University Class of 2021.

The research population used was some students from the Faculty of Medicine, Indonesian Christian University Class of 2021, and the sampling technique was purposive sampling. Only samples that met the inclusion and exclusion criteria were used, and 72 samples were used in this research.

Data collection was carried out using primary data, data taken using blood samples and questionnaires taken from FK UKI students Class of 2021 in 2022: 1) Laboratory examination, used to determine anemia status using the Hematology Analyzer method; 2) 2x24 hour Food Recall Form, used to determine the type and amount of energy consumed during 24 hours. The amount of food consumed was asked carefully using URT tools (spoon, glass, plate, etc.) to obtain quantitative data. The data obtained from the food recall form is processed and entered into the Nutrisurvey for analysis and then compared with the nutritional adequacy figures; 3) Questionnaire, used to collect and determine student identity, age, gender, and previous medical history.

Processing the collected data will use the SPSS ver.22 for Windows (Statistical Package for the Social Science) program with the following management steps: 1) Editing stage (Check the completeness of the data so that the data obtained is correct information); 2) Coding (This is done to change the data obtained by providing codes in the form of numbers to facilitate the data processing process); 3) Entry (At this stage, the data will be processed by computer for analysis); 4) Cleaning (Data that has been processed and rechecked to ensure there are no errors and is ready for analysis). This research uses univariate and bivariate analysis. Univariate analysis will identify data sets in the form of frequencies, highest values, minimum values, and maximum values of the research variables. Bivariate analysis analyzes the relationship between dependent and independent variables and determines whether significant differences exist between two or more group variables.

3. RESULTS AND DISCUSSION

Sampling was carried out using the purposive sampling technique, where the sample selection was based on inclusion criteria determined by the researcher, and the number of respondents was 72 students. The sample in this study were

students from the Faculty of Medicine, Indonesian Christian University, Class of 2021. An overview of the distribution of subjects based on characteristics can be seen in Tables 1 and 2.

Table 1. Characteristics of 2021 Class of Indonesian Christian University Faculty of Medicine Students Based on Gender

Gender	Frequency (n)	Percentage (%)
Male	24	33.3
Female	48	66.7
Total	72	100

The data in Table 1 shows the characteristics of all research respondents. Based on gender, from a total of 72 respondents, there were 24 male respondents (33.3%), and the largest number of respondents were 48 female respondents (66.7%).

Table 2. Characteristics of 2021 Class of Indonesian Christian University Faculty of Medicine Students Based on Age

Age	Frequency (n)	Percentage (%)
18 year	21	29.2
19 year	37	51.4
20 year	14	19.4
Total	72	100

Data in Table 2 shows that the majority of research respondents were 19 years old (51.4%), and the rest were 18 years old (29.2%) and 20 years old (19.4%).

Univariate Analysis

Based on the results of univariate analysis, hemoglobin levels were described in Table 3 below.

Table 3. Overview of Hemoglobin Levels

Hemoglobin Levels	Frequency (n)	Percentage (%)
Low	13	18.1
Normal	59	81.9
Total	72	100

Based on the table above, it was found that 18.1% of the 72 research samples had low hemoglobin levels, namely 13 people. Meanwhile, 81.9% of the 72 research samples had normal hemoglobin levels, namely 59 people.

Iron intake was obtained using the 2x24-hour food recall method. Iron consumption is calculated using NutriSurvey software, and then the iron adequacy figure is examined.

Data from univariate analysis of the description of food/iron intake is shown in Table 4.

Table 4. The Description of food/Iron Intake

Food/Iron Intake	Frequency (n)	Percentage (%)
not enough	12	16.7
enough	60	83.3
Total	72	100

Based on the table above, it was found that 16.7% of the 72 research samples had insufficient food intake and correlation with iron adequacy rates (<80% RDA), namely 12 people, while 83.3% of the 72 research samples had sufficient iron adequacy rates (≥80% RDA), namely 60 people. The 2x24 hour food recall results show that many respondents consume food sources of iron as a source of iron intake.

Bivariate Analysis

Bivariate analysis was carried out to determine the relationship between food/iron intake and hemoglobin levels in UKI Medical Faculty students in the class of 2021, with the results as presented in Table 5 below.

Table 5. Relationship between food/Iron Intake and Hemoglobin Levels in Class of 2021 UKI Medical Faculty Students

Hemoglobin levels	Iron Intake				Total	p-value
	Not enough		Normal			
	f	%	f	%		
Low	9	75	4	7	13	0,00
Normal	3	25	56	93	59	00
Total	12	100	60	100	72	0

Statistical tests revealed that there was a statistically significant relationship between food/iron intake and hemoglobin levels in students at the Uki Faculty of Medicine Class of 2021, with a value of $p = 0.000$ ($p < 0.05$). Therefore, it can be said that there is a significant relationship between iron intake and hemoglobin levels in students at the UKI Faculty of Medicine Class of 2021.

The sample in this study were individuals registered in the 2021 class of the Indonesian Christian University Faculty of Medicine who were active students. This research sample showed an age distribution where 51.4% of the participants were 19. According to WHO, teenagers are residents in the age range of 10-19 years. According to the Republic of Indonesia Minister of Health Regulation Number 25 of 2014, teenagers are residents in the age range of 10-18 years, and according to the Population and Family Planning Agency (BKKBN), the age range for teenagers is 10-18 years. 24 years old and not married. According to the 2010 Population Census, the number of people aged 10-19 years in Indonesia is 43.5 million, or around 18% of the world's population. The youth group is estimated to be 1.2 billion or around 18% of the world's population. Adolescence is a developmental stage marked by the emergence of secondary sexual characteristics and attaining sexual maturity as determined by biological markers. Adolescence is an important developmental stage marked by significant changes, challenges, and transitions, during which individuals attempt to establish their self-identity. Physiological changes that occur during adolescence have an impact on the well-being and nutrition of adolescents. Providing balanced nutrition that meets adolescents' special needs can facilitate optimal growth and development.

The results of this study showed that 60 respondents had sufficient food/iron intake ($< 80\%$ RDA), including 56 respondents (93%) with normal hemoglobin levels and four respondents (7%) with low hemoglobin levels. Based on the 2x24 hour food recall results, many respondents had insufficient food/iron intake. Consumption of foods containing iron is found in animal products such as meat, fish, and poultry as a source of heme iron, while non-heme iron sources are found in nuts, fruit, vegetables, grains, tofu dairy products, cheese, and eggs. Sources of iron that come from heme iron sources from animal products can be absorbed better than non-heme iron. Therefore, if iron intake is insufficient and the frequency of absorption inhibitors (inhibitors) consumption is more frequent than the consumption of iron sources, it can cause low iron levels in the body and trigger iron deficiency anemia. Consuming foods containing iron shows that adequate iron intake is good. Iron plays a vital role in the formation of hemoglobin. Iron deficiency can interfere with the formation of hemoglobin, which can cause anemia.[16]

Based on morphological features, anemia is classified into three types of anemia:

- 1) Normochromic normocytic anemia
This type of anemia is characterized by a decrease in hemoglobin (Hb) values below normal limits but mean cell volume (MCV) and mean cell hemoglobin (MCH) values within normal limits. Normochromic normocytic anemia is caused by acute bleeding, hemolysis, and metastatic infiltrative diseases of the bone marrow. There was a decrease in the number of erythrocytes not accompanied by changes in hemoglobin concentration
- 2) Macrocytic anemia
Macrocytic anemia, where macrocytic means the size of the red blood cells is larger than normal. It is normochromic because the hemoglobin concentration is normal (MCV is increased, MCHC is normal). Usually found in megaloblastic anemia (vitamin B12 deficiency, folic acid), as well as non-megaloblastic macrocytic anemia.
Hypochromic microcytic anemia
Hypochromic microcytic anemia, where microcytic means small and hypochromic means it contains less than average amounts of hemoglobin (less MCV, less MCHC). Causes of hypochromic microcytic anemia:
 - a. Decreased iron: Iron Deficiency Anemia.
 - b. Reduced globin synthesis: Thalassemia and Hemoglobinopathy.
 - c. Reduced heme synthesis: Sideroblastic Anemia[52,53]

The results of the Chi-Square statistical test showed a significant value of $p = 0.000$ ($p < 0.05$). So, a significant relationship was found between iron intake and hemoglobin levels in UKI Faculty of Medicine students in the Class of 2021. The relationship between iron intake and hemoglobin levels in this study was caused by the lower the iron intake consumed,

the lower the Hb levels of teenagers, and vice versa if increasing iron intake will increase Hb levels in the body. This research is in line with research by Seviana Winda Wati, Ria Purnawian Sulistiani, and Rr. Annisa Ayuningtyas in 2022, namely that a significant relationship was found between iron intake and hemoglobin levels in Bachelor of Nutrition students at the Muhammadiyah University of Semarang with a value of ($p=0.000$). [16] The results of this research were also obtained in line with research conducted by Cynthia Almaratus Sholicha and Lailatul Muniroh in 2019, which showed a strong relationship between iron intake and hemoglobin levels. [17] The higher the iron intake, the higher the hemoglobin level. This shows that the level of iron adequacy in female students has a significant relationship with hemoglobin levels.

4. CONCLUSION

Based on the description of the research results and discussion, there is a significant relationship between iron intake and hemoglobin levels in students at the Faculty of Medicine, Indonesian Christian University Class of 2021

ETHICAL APPROVAL (WHEREEVER APPLICABLE)

The research protocol has been provided by the Health Research Ethics Commission, Faculty of Medicine, Indonesian Christian University with an ethical clearance letter number, namely No. 20/Research Ethics/FK UKI/2020

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