



Why Faith is more important than knowledge in preventing teenage anemia

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ABSTRACT. Teenage anaemia remains a serious public health problem with far-reaching consequences such as stunting and low birth weight of offspring, as well as cognitive impairment and reduced academic performance. A comprehensive understanding of the behavioural factors that influence the behaviour of teenage girls is essential to address this issue. In order to uncover the complex pathways influencing anaemia prevention behaviour, this editorial highlights the value of incorporating the Health Belief Model (HBM), a recognised theoretical framework that explains how individual beliefs and perceptions influence health behaviours, into a path-oriented approach. By looking at concepts such as perceived vulnerability, importance, benefits and barriers, as well as action cues and self-efficiencies, this approach provides important information for designing targeted and well-informed interventions. By emphasising the psychological aspects of healthy behaviour, the HBM provides a strong basis to enable young people to adopt and maintain behaviours that reduce the risk of anaemia, ultimately leading to improved personal and social health © 2025 Published by Public Knowledge Project (PKP).

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Introduction

With effects that extend well beyond adolescence, including cognitive development, educational performance and even health of future generations, adolescent anaemia remains a persistent and often underestimated public health problem (WHO, 2011; Akseer et al. 2017) Despite their importance, adolescent girls who do not actively engage in preventive behaviours often do not benefit from nutrition and iron supplementation programmes (WHO, 2018).

According to Berek and Nahak (2025), a recent observational analysis study of 103 secondary school girls conducted from May to August 2024 provides important and timely insight into what really drives behavioural change and why knowledge alone is not translating into action. Based on the Health Belief Model (HBM), a well-known theoretical framework for understanding health behaviors (Rosenstock, 1974; Janz and Becker, 1984), the study found a striking difference: almost 70 percent of the participants had poor knowledge of prevention, while almost 78 percent had good knowledge of anaemia. The paradox underscores a fundamental truth of public health: awareness is important, but not enough. More important are the underlying assumptions, perspectives and situational factors that determine whether knowledge is applied (Faraj, 2024; Munira and Viwattanakulvanid, 2021).

The key role played by HBM constructs in influencing behaviour has been demonstrated by a path-analysis. Significantly, perceived threat - which includes both perceived severity and vulnerability - is the main motivator. Adolescents were more likely to take preventive measures if they genuinely thought that anemia might affect them personally and if they recognised the seriousness of the condition (Awuah et al. 2021); (Fentie and et all. 2020). Similarly, strong self-efficacy, low perceived barriers, consistent prompts (from peers, parents or healthcare providers) and perceived benefits of prevention influenced behaviour directly and positively (Hidayati et al. 2022) and (Lutfiasari and et al. 2023).

Perhaps the most instructive is the indirect role of knowledge; rather than directly improving behaviour, it increases self-efficacy or confidence that one can act (Kleppang et al.2016). Muturi and et all, 2023) This discovery shifts the emphasis from information dissemination to empowerment. Adolescents benefit more from being told how to do a task and reminded that their actions count than from being told what to do (Puspitasari et al, 2022).

There are obvious policy and practice ramifications to these findings. Programs to prevent anemia must go beyond lectures and pamphlets. They ought to be rethought as comprehensive, behavior-based programs that: Present anemia as a genuine and pertinent threat rather than a remote or unimportant ailment; Emphasize the immediate, palpable advantages of prevention (e.g. G. enhanced vitality, focus, and appearance); proactively tackle obstacles, whether they be logistical (e.g. G. access to foods high in iron), social (e.g. G. stigma), or mental health (e.g., lack of motivation) (Garg et al., 2024; Sari et al., 2022);

Encourage self-efficacy through positive reinforcement, peer support, and skill development (Lutfiasari et al. 2023); Use reliable sources as dependable "cues to action," such as parents, teachers, and medical professionals (WHO, 2014). This study serves as a reminder that long-lasting change starts in the mind as well as the body as we work toward global nutrition targets and adolescent health equity. Mixed-methods research should be incorporated into future initiatives to better examine the structural, emotional, and cultural aspects of health behavior (Subedi et al. 2023). Only then will we be able to create interventions that have a lasting impact.

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