

THE EFFECT OF REPRODUCTIVE HEALTH EDUCATION ON ADOLESCENT GIRLS AS A MEASURE TO PREVENT ADOLESCENT SEXUAL BEHAVIOR

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Abstract Reproductive health is a state of complete physical, mental, and social well- being, not merely the absence of disease or infirmity, but also encompasses all aspects related to the reproductive system, its functions, and processes. Adolescence is a period in which an individual develops from the first time they show signs of secondary sexual characteristics until they reach sexual maturity. The research was conducted at SMK X Banyumas. This type of research used a *quasi-experimental* method with a *one-group pretest-posttest* design. The population in this study consisted of 72 adolescent girls. The sampling technique used in this study was random sampling. Based on the results of the bivariate analysis using a *paired T-test* with a sample size of 35 respondents (N=35), the data shows that T-Calculated (23.854) > T-table (0.462) and the p-Value (0.000) < alpha value (0.05), which means that based on the hypothesis that Ha is accepted and Ho is rejected, it can be concluded that there is a difference in the sexual behavior of respondents before and after being given health education about the reproductive system at SMK X Banyumas.

Key words Education, ,Sexual, Behavior

I. INTRODUCTION

Reproductive health is a state of complete physical, mental, and social well- being, not merely the absence of disease or infirmity, but also encompasses all aspects related to the reproductive system, its functions, and processes. Adolescence is a period in which an individual develops from the first time they show signs of secondary sexual characteristics until they reach sexual maturity¹. Adolescence is also referred to as a period of change, including physical changes, changes in attitude, and changes in emotions, body, interests, behavior patterns, and problems in adolescents.

Adolescents are defined as people aged 15-18 years old. Worldwide, it is estimated that there are 1.2 billion adolescents, or 18% of the world's population. For adolescent girls, peak growth occurs approximately 12-18 months before their first menstruation, which is around 10-14 years of age. The transition from childhood to adulthood involves developmental changes, one of which is sexual development. In terms of sexual development, adolescents must be aware of the importance of maintaining reproductive health and the impact of premarital sexual behavior. Promiscuity is sexual behavior that individuals engage in before marriage. Worldwide in 2020, 150,000 adolescents aged 10 to 19 were infected with sexually transmitted diseases. In addition, the latest data shows that 25 percent of adolescent girls and 17 percent of adolescent boys aged 15-19 while in terms of out- of-wedlock pregnancies, at least 10 million unwanted pregnancies occur each year among adolescent girls aged 15-19, and an estimated 5.6 million abortions occur each year among adolescent girls aged 15-19²

Based on a survey by the Indonesian Ministry of Health's Center for Data and Information, among adolescents aged 15-19 years, the largest proportion started dating before they turned 15, namely 33.3% of adolescent girls and 34.5% of adolescent boys. At that age, adolescents who admitted to having kissed were 23.6% of female adolescents and 37.3% of male adolescents, while those who admitted to

touching/stimulating were 4.3% of female adolescents and 21.6% of male adolescents, and those who had premarital sex were 0.7% of female adolescents and 4.5% of male adolescents. Some of these behaviors can lead to the risk of unwanted pregnancies, which can result in abortion or teenage marriage, and the transmission of sexually transmitted diseases. Based on data from the Ministry of Health in 2020, 2.5% of adolescents have been infected with premarital sexually transmitted diseases³

II. RESEARCH METHODS

The research was conducted at SMK X Banyumas. This type of research used a *quasi-experimental* method with a *one-group pretest-posttest* design. The population in this study consisted of 72 adolescent girls. The sampling technique used in this study was random sampling, which is the selection of samples done at random. The sample in this study consisted of 35 people. The inclusion criteria were female adolescents aged 16-18 years who were willing to be respondents. The exclusion criteria were adolescents who were absent or who withdrew as respondents. The research tool used was a questionnaire.

The data analysis technique included univariate analysis, which aimed to explain or describe the characteristics of each research variable. Univariate analysis can only produce the distribution and frequency percentage of each variable⁴. Bivariate analysis used the Paired T-Test.

III. RESULTS AND DISCUSSION

1) Characteristics Based on Respondents

Table 1. Frequency Distribution of Respondent Characteristics Based on Age and Gender of Adolescents at SMK X Banyumas

Characteristics	Respondents	
	Number	%
Age		
• 16 years old	5	14.3
• 17 years old	23	65.7
• 18 years old	7	20
Total	35	100
Gender		
• Female	35	100
Total	35	100

Source: SPSS 26 data processing

Based on Table 1, it can be seen that out of 35 respondents, 5 respondents were 16 years old (14.3%), 23 respondents were 17 years old (65.7%), and 7 respondents were 18 years old (20%). Furthermore, based on gender, there were 35 female respondents (100%).

Table 2. Frequency Distribution of Adolescent Sexual Behavior Before Health Education at SMK X Banyumas

Sexual Behavior	Frequency	%
Good	6	17.2
Fair	0	0
Insufficient	29	82.8

Total	35	100
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Source: SPSS 26 data processing

Based on the results of univariate analysis conducted on adolescents at SMK X Banyumas regarding their level of knowledge and attitudes about reproductive health before the intervention was given, the results showed that the most common category of knowledge was "poor" with 29 respondents (82.8%).

Table 3. Frequency Distribution of Adolescent Sexual Behavior After Health Education at SMK X Banyumas

Sexual Behavior	Frequency	%
Good	32	91.5
Fair	3	8.5
Insufficient	0	0
Total	35	100

Source: SPSS 26 data processing

Based on the research results, after reproductive health education was conducted, the results showed that out of 35 respondents, the majority (33 respondents or 91.55%) fell into the "good" category.

Table 4. The Effect of Reproductive Health Education on the Sexual Behavior of Adolescents at SMK X Banyumas

Paired T-Test

Variable	Mean	N	T-Table	Calculated T	P-Value
Pre-test	1.14	35	0.462	23.854	0.000
Post-test	29.5				

Source: SPSS 26 data processing

Based on the results of the bivariate analysis using a paired T-test with a sample size of 35 respondents (N=35), the data shows that T-Calculated (23.854) > T-table (0.462) and the p-Value (0.000) < alpha value (0.05), which means that based on the hypothesis that Ha is accepted and Ho is rejected, it can be concluded that there is a difference in the sexual behavior of respondents before and after being given health education about the reproductive system at SMK X Banyumas.

Characteristics of Adolescent Respondents

a. Age

Based on Table 1, it can be seen that out of 35 respondents, 5 respondents were 16 years old (14.3%), 23 respondents (65.7%) were 17 years old and 7 respondents (20%) were 18 years old. Knowledge is influenced by several factors, including age. Age is a limitation or measure of life that affects a person's physical condition⁵. Age describes physical, psychological, and social maturity, which influence the teaching and learning process. This means that age is one of the factors that influence the absorption of information, which

ultimately affects a person's knowledge acquisition. Late adolescence has a broad meaning, encompassing mental, emotional, sexual, and physical maturity. This period is a time of transition from adolescence to adulthood.

b. Gender

Based on univariate analysis, it can be seen that 35 respondents (100%) of the vocational high school students in Banyumas are female.

Gender is the biological difference between females and males since birth

c. Sexual Behavior of Adolescents Before Receiving Health Education at SMK X Banyumas

Based on the results of univariate analysis conducted on adolescents at SMK X Banyumas regarding their level of knowledge and attitudes about reproductive health before the intervention was given, the results showed that the majority of respondents had insufficient knowledge, with 29 respondents (82.8%).

This is in line with Ludwrig Sikuning's 2015 study, "The Effect of Reproductive Health Counseling on Reproductive Health Knowledge Among Adolescent Girls in Soma Village, Temanggung Regency," which found that the level of knowledge and attitudes about reproductive health among adolescent girls before receiving health counseling was still lacking.

d. Sexual Behavior of Adolescents After Receiving Health Education at SMK X Banyumas

Based on the results of the study, after conducting health education on reproduction, the results showed that out of 35 respondents, the majority (32 respondents or 91.5%) were in the good category.

These research results are in line with Notoatmodjo's opinion, which states that new behavior, especially in adolescents, begins in the cognitive domain in the sense that the subject first knows about stimuli in the form of external material objects, which then triggers an inner response in the form of an attitude. Finally, the stimulus, namely the object that has been fully known and realized, will trigger a further response in the form of an action towards the stimulus or object. Knowledge is the first step for someone to determine their attitude and behavior, so the level of knowledge is the first step for someone to determine their attitude and behavior, so the level of knowledge greatly influences the acceptance of a program⁴

Based on the results of the Bivariate Analysis using *a paired T-test* with a sample size of 35 respondents (N=35), the data shows that T-Calculated (23.854) > T-table (0.462) and the p-Value (0.000) < alpha value (0.05), which means that based on the hypothesis that Ha is accepted and Ho is rejected, it can be concluded that there is a difference in the sexual behavior of respondents before and after being given health education about the reproductive system at SMK X Banyumas.

The results of the analysis of the research data on the level of knowledge explain that the respondents had low knowledge in *the pretest* and improved with an increase in the level of knowledge in *the posttest*. Thus, the hypothesis stating that reproductive health education has an effect on the level of reproductive health knowledge in adolescent girls can be accepted. The increase in knowledge proves that knowledge is the result of a person capturing information through sensory perception of an object, which in this study was provided through education. This study explains that there is a clear difference in the level of knowledge before and after the education was provided. The increase in knowledge about

reproductive health before and after the education was provided is in line with Ameliana Puspita's 2018 study, "The Effect of Reproductive Health Counseling for Adolescents on Knowledge about Adolescent Sexual Behavior at SMA X Bandar Lampung in 2018," which showed a significant improvement with the provision of reproductive health education.⁶

The results of this study are also in line with previous studies that reproductive health education can increase children's awareness of self-protection⁷. These findings support the principle that intervention-based health education can improve the ability of individuals, including children, to recognize risks and take preventive measures⁸

On the other hand, parents play a major role in supporting the implementation of reproductive health values outside of school. Research shows that parental involvement in children's education, especially in sensitive issues such as reproductive health, has a positive correlation with increased understanding and reinforcement of attitudes taught at school⁹. That one of the efforts that can be made to prevent child sexual abuse is through parental involvement¹⁰. In addition, parental involvement in this matter can be seen as one of the functions and roles of the family, as stipulated in Law No. 23 of 2022 concerning Child Protection Rights, which states that "Child protection is all activities carried out to guarantee and protect children and their rights so that they can live their lives, undergo the process of growth and development, and participate in accordance with human dignity"¹¹.

The effect of education in increasing knowledge about adolescent reproductive health which states that counseling has a significant effect on the level of knowledge of early adolescents about reproductive health¹². The above discussion explains that reproductive health education has a significant effect on changes in the level of knowledge among female adolescents at SMK X Banyumas.

I. CONCLUSION

Based on the discussion, it can be concluded that the provision of education can influence the level of knowledge among female adolescents at SMK X Banyumas.

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