

SOCIALIZATION OF REPRODUCTIVE HEALTH IN ADOLESCENTS SCHOOL FOR STUDENTS, INDONESIAN QUR'AN SCHOOL BANDAR LAMPUNG

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Abstract

Background: Adolescence is a transition period from childhood to adulthood which is marked by the speed of growth and development both physically, mentally, emotionally and socially. The process of adolescent growth and development must receive special attention so that it can be controlled during this phase. Problems that occur in teenagers such as early marriage, premarital sex, pregnancy outside of marriage, abortion, HIV, and AIDS are caused by a lack of information about reproductive health. **The aim of the research:** is to determine the description of adolescent knowledge about reproductive health at the Indonesian Qur'an School in Bandar Lampung. **Research methodology:** descriptive research with a research design using a cross-sectional approach. **The instrument** used is a questionnaire with an ordinal scale. The total sample was 21 teenagers taken using saturated sampling. **Research results:** show that adolescent knowledge about reproductive health is in the good category at 81% (17 people), and poor knowledge is 19% (4 people). Most teenagers' knowledge about reproductive health is sufficient. **Conclusions and Recommendations:** It is hoped that the results of this research will be a consideration for carrying out reproductive health education for school-age adolescents to be aware of the high incidence of sexuality and anxiety in parents. Apart from that, the results of this research can also be a basis for future researchers to develop management interventions to overcome adolescents' lack of knowledge in reproductive health.

Keywords: Growth, Knowledge, Teenagers

Introduction

Reproductive health is a state of complete physical, mental and social well-being, not merely free from disease or disability in something related to the reproductive system, its functions and processes (World Health Organization). Meanwhile, according to the International Conference for Population and Development (ICPD) in 1994, reproductive health is a state of perfect physical, mental and social well-being and not merely the absence of disease or weakness in all matters relating to the reproductive system, its functions and processes (Priatni & Rahayu, 2016).

According to the World Health Organization (WHO), teenagers are a population that is still classified as vulnerable aged 10-19 years. According to the Indonesian Ministry of Health in 2009, teenagers are those aged 12-25 years. According to the National Population and Family Planning Agency (BKKBN), teenagers are those who are classified as aged 10-24 years and are still unmarried (Ministry of Health of the Republic of Indonesia, 2016).

The aim of reproductive health education is expected to prevent and protect adolescents from risky sexual behavior that can affect their reproductive health so that it can prepare adolescents to live a healthy and responsible reproductive life.

Indonesia's population for 2000-2025 released by Bappenas in 2005, the number of teenagers aged 10-24 years reached 64 million in 2007 or 28.6% of Indonesia's population of 222 million. BPS data for 2009 states that the productive age of teenagers is 55% of Indonesia's population of 238,452,952. One of the prominent problems among teenagers is reproductive health problems.

According to a survey by the National Commission for Child Protection (KPAI) from January to June 2008, 97% of teenagers (middle school and high school) had watched pornographic films, 93.7% had kissed, 62.7% were not virgins. It is estimated that 20-25% of all HIV infections in the world occur in adolescents, as well as around 29% of STI cases occurring in adolescents.

Especially in Southeast Asia, health issues are still considered unreasonable to talk about. In Indonesia, which has thousands of islands, the unequal distribution of the population and unequal education have resulted in a lack of health levels (mengesha et al., 2018). During adolescence there is rapid growth and development both physically, psychologically and intellectually. Teenagers have great curiosity, like adventure and challenges and tend to dare to take risks in their actions without careful consideration. If the decisions taken are not appropriate, then they will fall into risky behavior and may have to bear the consequences in terms of various physical and psychosocial health problems. The nature and risky behavior of adolescents requires the availability of caring adolescent health services that can meet the health needs of adolescents, including reproductive health services (Ministry of Health of the Republic of Indonesia, 2016).

The number of teenagers in Indonesia aged 10-24 years has reached 65 million people or 30% of the total population. Around 15 - 20% of school age teenagers in Indonesia have had sexual relations outside of marriage. Indonesia is one of the 10 countries with the highest rate of child marriage in the world with 1,220,900 children married before the age of 18 (Central Statistics Agency, 2020). Every year there are around 2.3 million cases of abortion in Indonesia and 20% of them are abortions carried out by teenagers (Yusfarani, 2020).

Apart from that, problems that often arise in teenagers in the early stages of maturity of their reproductive organs are free sex, pregnancy outside of marriage, drug abuse and contracting sexually transmitted diseases including HIV/AIDS (Maimaznah & Indrawati, 2019).

Many teenagers are trapped in this problem, which is proven by the increasing cases of rape, pregnancy out of wedlock, abortion, sexual violence and deaths of mothers and children due to unpreparedness during the first pregnancy. Adolescents generally have low levels of information and lack of understanding regarding reproductive health. This is because many people think that knowing about sexuality is still considered taboo and dirty. The quality of reproductive health is influenced by several factors. The three main factors that are very influential are health status, cultural practices, and facilities and infrastructure that support health. First, health status is related to a teenager's nutrition and is a concern because sick teenagers tend to experience problems with their reproductive function and processes. Second, the influence of cultural practices in society which to this day is still a "scourge" in reproductive health problems, one of which is the cultural practice of early marriage. Third, the government is increasingly equipping health facilities and infrastructure to facilitate the community's need for reproductive health.

The results of a survey conducted at the Indonesian Qur'an School in Bandar Lampung show that there are still many santri and female students who do not know about reproductive health. Various problems related to reproductive health can be reduced with good and correct knowledge about Adolescent Reproductive Health (KRR). KRR education can be realized in the form of counseling, guidance and counseling related to preventing and handling KRR problems. One of the efforts made by the Government to make this happen is by providing adolescent Reproductive Health

Services which are specifically stated in articles 11-12 of Government Regulation Number 61 of 2014 concerning Reproductive Health. Apart from that, the National Population and Family Planning Agency (BKKBN) also formed a program targeting teenagers called the Planning Generation Program (GenRe) which aims to enable teenagers to plan careers and marriage in accordance with the adolescent health cycle (Minister of Law and Human Rights of the Republic of Indonesia, 2014; Mustari & Indriyana, 2018).

Several studies show that there is an influence of providing adolescent reproductive health education on knowledge about sexual behavior (Widiyanto et al., 2013). This is also supported by research conducted by Badriah et al., (2015) with the results that there is a relationship between knowledge and attitudes about adolescent reproductive health, where good knowledge has a 1.4 times chance of having a positive attitude. Apart from that, Dahro et al., (2019) also said that there is an influence of reproductive health education in adolescents on adolescent sexual behavior. The results of surveys conducted by WHO in several countries show that good and correct information can reduce reproductive problems in adolescents (Yusfarani, 2020). Based on this background, this service was carried out with the aim of providing health education about reproductive health so that teenagers know how to behave and behave healthily during their physical maturation process, so that teenagers will grow into healthy adults, have healthy offspring and live quality.

Method

This service activity was carried out at the Indonesian Al-Qur'an School in Bandar Lampung. Counseling is given for 1 day involving 21 female students. This activity is carried out through counseling about reproductive and sexual health using power point media. The methods used include delivery of material, question and answer and discussion.

The stages of this service activity include: 1) location survey, 2) discussions with female students at the Bandar Lampung Indonesian Al-Qur'an School, 3) arranging permits to conduct counseling, 4) conducting reproductive and sexual health education. This begins with filling out a pre-test questionnaire and ends with a post-test questionnaire in order to find out before and after the reproductive health education is carried out by the team, whether there is a significant comparison or not.

Results

This community service activity is carried out by conducting a location survey. The service team met with the administrators of the Bandar Lampung Al-Qur'an School and coordinated with the community health center to seek information about adolescent reproductive health at the Bandar Lampung Al-Qur'an School. So far, the activities carried out at the youth Posyandu are still in the form of Collaboration and Innovation Service Journals. Health checks, and there is still minimal education regarding reproductive health and sexuality. The results of interviews with teenagers at the Al-Qur'an School in Bandar Lampung show that they still have minimal knowledge about reproductive health and sexuality. The next stage is to arrange permits to provide counseling about reproductive health and sexuality.

3.1 Table

Table 1 Frequency Distribution Based on the Age of the Qur'an School Students

Age	Frequency	Percentage (%)
10	1	4.8
11	1	4.8
12	5	23.8
13	7	33.3
14	2	9.5
15	2	9.5
16	3	14.3
Total	21	100.0

Variable	Mean	Median	Minimum - Maximum
Age	20	20	17 – 23

The number of counseling participants who took part in reproductive health education activities at Indonesian Koran schools was 21 people. Because it is only specifically for female students, there are only a few students who take part in reproductive health education.

Table 2 Pre-test knowledge scores

Knowledge	Frequency	Percentage (%)
Good	14	66.7
Bad	7	33.3
Total	21	100.0

Based on the pre-test results, the information that was understood by the students participating in the education was the meaning of reproductive health, reproductive processes, reproductive body parts, menstruation (menstruation). With a frequency of good knowledge of 66.7% and bad knowledge of 33.3% after the pre-test was carried out, the next activity was counseling providing related material regarding the meaning of reproductive health, reproductive processes, reproductive body parts, and menstruation (Menstruation).

Table 3 Post-test knowledge scores

Knowledge	Frequency	Percentage (%)
Good	17	81.0
Bad	4	19.0
Total	21	100.0

Based on the post-test results, the knowledge level of participants who had poor knowledge was 19%, and those who had good knowledge was 81%. After the counseling was carried out, there was an increase in the frequency of good knowledge, namely 81%.

3.2 Graphics/Images

The following is documentation when the service team conducted an initial survey and coordinated with partners:



Figure 1. Group photo with the boarding school administrators

Outreach activities about reproductive health and sexuality are carried out using questionnaires and video media. The following is documentation of the implementation of these activities:



Figure 2. Reproductive health education activities

Apart from using a projector, this service also uses the method of filling out discussion and question and answer questionnaires. Many of the participants who took part in this activity were initially shy, but as the activity progressed they began to open up in discussing reproductive health and sexuality. The following is documentation when the extension activities were carried out:



Figure 3. Extension activities using the questionnaire filling method

Discussion

Schools are places that have a high level of effectiveness for carrying out health promotion in the form of community service for adolescents, because they can guide adolescent decision making and behavior. Several debates about sexuality and pregnancy during adolescence are very necessary, making this a major factor in interventions between parents, educators and health workers in monitoring children's development as well as seeking full attention to their growth and development (Almeida et al., 2017).

Adolescents tend to experience high and critical curiosity, which causes them to need a good mindset to face health crises, one of which is free sex (Ministry of Health of the Republic of Indonesia & United Nations Population Fund, 2016).

The general results of the implementation of activities can be seen based on the following components:

First, the success of the target number of participants

The success of the target number of training participants can be said to be very good. All female students came (100%).

Second, achieving the goals of health education

Achievement of training objectives can be said to be good (80%). There is an increase in participants' knowledge about the health of reproductive organs through the education provided during service, so that there is a change in knowledge before and after service.

Third, Achievement of planned material targets

The achievement of the planned material targets can be said to be good (80%). All training materials can be delivered by the service team within a limited time.

Fourth, the participant's ability to master the material

Participants' ability to master the material can be said to be good (80%). Delivery of material is carried out with illustrations and demonstrations that support participants' ability to understand and master the aims and objectives of the material presented by the team.

Overall, Community Service activities at the Bandar Lampung Indonesian Qur'an School related to increasing students' knowledge about reproductive organ health are going well, in accordance with the assessment of the 4 components mentioned above.

Community Service was carried out in December 2023 for all 21 female female students regarding knowledge of reproductive organ health with the result that increased knowledge was achieved.

Based on the pre-test results, the information that was understood by the students participating in the education was the meaning of reproductive health, reproductive processes, reproductive body parts, menstruation (Menstruation). With a frequency of good knowledge of 66.7% and bad knowledge of 33.3% after the pre-test was carried out, the next activity was counseling providing related material regarding the meaning of reproductive health, reproductive processes, reproductive body parts, and menstruation (Menstruation).

It is true that the results of a survey conducted by the community service team and community health center at the Indonesian Qur'an School in Bandar Lampung show that there are still many santri and female students who do not know about reproductive health and sexuality.

Conclusion

Activities carried out regarding health education for school-age adolescents are running well and effectively. The provision of materials, discussion sessions and also questions and answers from participants were also very interactive and enthusiastic.

There were 21 participants in this activity, and the location of the activity was in the Indonesian Qur'an School Hall in Bandar Lampung. This activity was carried out by students from the Public Health Study Program at Malahayati University.

The topics presented relate to; Adolescent reproductive health; Menstruation; and Personal Hygiene

The activity began with filling out a pre-test questionnaire, providing material, discussion and also a question and answer session. Then after that, fill in the post-test questionnaire and analyze the results from filling in the pre-test and post-test and it was found that knowledge increased from 66.7% frequency of good knowledge to 81% frequency of good knowledge about reproductive health and sexuality.

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