

Description of the Knowledge Level of Students of SMPN 1 Batang Kapas About Adolescent Reproductive Health

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Abstract. Reproductive health is one of the national and global development targets based on the 2030 sustainable development goals. The prominent problems among adolescents are grouped into three risks or the KRR Triad. Correct knowledge and good understanding of reproductive health can direct a teenager towards responsible sexual behavior. The purpose of this study was to describe the level of knowledge about adolescent reproductive health among students at SMPN 1 Batang Kapas. The research design uses a purely descriptive study using a quantitative approach. The sample in this study were 26 students of SMPN 1 Batang Kapas who fit the inclusion and exclusion criteria. Questionnaires are used as research data collection tools. The data were then analyzed univariately using the SPSS application. The average age of the respondents was 13.23 years with the youngest being 12 years and the oldest being 15 years. Respondents consisted of 8 men (30.76%) and 18 women (69.24%). The level of knowledge about reproductive health is good at 73.08% or 19 people. While the remaining 7 people (26.92%), have a sufficient level of knowledge. The majority of respondents have a good level of knowledge about adolescent reproductive health. This is because respondents have received information about reproductive health before. Provision of information sources is significantly related to adolescent knowledge regarding fertility, sexual intercourse, marriage plans, and the lowest safe age for childbirth so that it will encourage the formation of positive sexual behavior. The level of knowledge about reproductive health in this study is in the good category. It is hoped that this level of knowledge can lead to good reproductive behavior and function.

Keywords: reproductive health; youth; reproduction; level of knowledge; students.

1. Introduction

The 2030 Sustainable Development Goals (SDGs) or which are translated as Sustainable Development Goals are a comprehensive vision issued by the United Nations (UN) to achieve a better world in 2030. The health sector is one of the main sectors in the development of the world's future based on SDGs, this is expressly stated in the third goal of SDGs, namely good health and well-being. In detail there are 13 main targets in the current SDGs goals, of which target 3.7 confirms that efforts must be made to include access to reproductive health services in national strategies and programs. This should include family planning, information and education. By 2030, this goal must be achieved (Bappenas, 2017; Sari et al., 2020).

Reproductive health is a condition of physical, mental and social well-being as a whole in all matters relating to the reproductive system, physiology and processes, not only being free from disease and disability. Adolescent reproductive health is a condition of overall physical, mental and social well-being, which is not only free from disease or disability, in all

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matters relating to the reproductive system and its functions and processes in adolescents (McPherson et al., 2014; Y et al., 2017).

According to the World Health Organization (WHO), youth refers to people aged between 15 and 24 years and are characterized by unique physical, psychological, social, and emotional changes that put their lives at high risk (Arend, 2020). Around 1.8 billion of the world's population are teenagers, with 90% of them coming from developing countries (Miller et al., 2012). National Labor Force Survey (Sakernas), 62.89% of Indonesian youth aged 15–19 years are still in school. In fact, population projections indicate the possibility of a demographic surge in 2030, at which time adolescents will be at reproductive age (Kusumaryani, 2017).

In 2017, the Central Bureau of Statistics surveyed adolescents aged 15-19 years which showed that there were 24,074,997 adolescents in that age group. The results of the 2016 survey show that 22,169,842 youth are in this age group. In 2015, surveys showed that 22,107,723 adolescents were in this age group (BKKBN et al., 2017). WHO estimates that 70% of premature deaths among adults are mostly caused by behaviors that begin during adolescence. In addition, many experts have shown that 17% of young women and 14% of young men between the ages of 20 and 24 are sexually active at the age of 15 (Abiodun and Olu Abiodun, 2016).

Problems that stand out among adolescents are grouped into three risks faced by adolescents or known as the KRR Triad, including sexuality, HIV/AIDS, and drugs (BKKBN and BPS, 2012). Survey data on adolescents conducted by the National Youth Risk Behavior Survey found that 47.8% of students in grades 9 to 12 had had premarital sexual activity. In addition, 35% of high school students are sexually active (CDC, 2013). This is certainly a risk for the growth and development and future of adolescents considering that reproductive health is the core science of human life and is very important for the development of a healthy and sustainable human society (Sauer, 2015).

In Indonesia, risky adolescent behavior starts with dating at the age of 15-19 years. This figure is quite high, namely 33.3% for girls and 34.5% for boys (Kemenkes RI, 2017). In 2015, it was reported that 8.26% of adolescent boys were in the cohort, and 4.17% of girls have had premarital sex (Kusumawardani et al., 2016). Premarital sex can increase the risk of contracting sexually transmitted diseases, the most serious of which is HIV-AIDS. In fact, the proportion of HIV infection among those aged 15–24 years continues to increase in Indonesia, from 18.4% in 2014, to 19.3% in 2015, and 21.0% in 2016 (P2P, 2019).

Not only that, UNDESA data shows that Indonesia is currently included in the country with the highest percentage of young marriages in ASEAN after Cambodia and is ranked 37th in the world. This is supported by a statistical survey by BPS which reported the percentage of women in Indonesia aged 20-24 with the age of first marriage being 18 years and under of 25.71% in 2017 (BKKBN et al., 2017; Kemenkes RI, 2017). Sagalova et al found that women who married or gave birth as teenagers, particularly as young adolescents aged 10-14 years, were disadvantaged socio-economically as adults. What's more, their total fertility was much higher. On average, women who marry young have >2 more children than women who marry or become mothers when they are adults (Sagalova et al., 2021).

The problem in the field is that there are still many teenagers who are currently experiencing confusion about what they are experiencing related to physical and mental changes during the adolescent phase which generally they are in middle school age. Most are confused in understanding what is permissible and what is not, such as dating, masturbating, kissing, or other sexually suggestive activities (Kumalasari and Andhyantoro, 2012). Of course, this requires special attention, one of which is efforts improve knowledge.

Adolescent knowledge about reproductive health comes from four main sources: family, peers, schools, and the media (Ariki and Ulandari, 2018). As shown in Diah et al's research, there is a relationship between knowledge and having premarital sex. Specifically, it is stated that there is a significant relationship between reproductive health knowledge and risky behavior which implies that adolescents with high knowledge are more likely to engage in risky behavior (Ningsih and Wijayanti, 2016). According to Fitriyah et al, all adolescents need socialization to recognize sexual urges their nature and show their existence to their environment (Fitriyah et al., 2015).

Correct knowledge and good understanding can lead a teenager towards responsible sexual behavior. The purpose of this study was to describe the level of knowledge about adolescent reproductive health among students at SMPN 1 Batang Kapas.

2. Methods

This research uses a qualitative approach which aims to identify the level of students' knowledge about adolescent reproductive health. The sample in this study were 27 students of SMPN 1 Batang Kapas Class VII, VIII and IX who met the inclusion criteria, including: a. Willing to be a respondent; b. Physically and mentally healthy; c. 12-15 years old; Class VII.1, VIII.1, and IX.1 students of SMPN 1 Batang Kapas; and D. Participant in socialization on reproductive health held by researchers. The exclusion criteria are: a. Not willing to be a respondent; b. Students who are absent from school due to illness, permission, or without information when collecting research data; c. Students other than grades VII.1, VIII.1, and IX.1 SMPN 1 Batang Kapas; and D. Not a participant in socialization on reproductive health held by researchers. The data collection tool in this study was a questionnaire adopted from Cahya Indra Lukmana from Yogyakarta Muhammadiyah University which had previously been tested for validity and reliability. The data obtained were then analyzed univariately using the SPSS 15.0 application.

3. Results and Discussion

3.1. Results

The average age of the respondents is presented in the following table.

Table 1 Distribution of Respondents by Age at SMPN 1 Batang Kapas (n=26)

| Variable | Mean | SD | Min – Max |
|----------|--------|-------|-----------|
| | Median | | |
| Age | 13,23 | 0,908 | 12 |
| | 13,00 | | 15 |

The results of the analysis show that the mean age of the respondents in this study was 13.23 years with a standard deviation of 0.908. The youngest is 12 years old and the oldest is 15 years old. The frequency of sex can be seen in the table below.

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Table 2 Distribution of Respondents by Gender at SMPN 1 Batang Kapas (n=26)

| Gender | Frequency | Percentage |
|--------|-----------|------------|
| Male | 8 | 30,76% |
| Female | 18 | 69,24% |
| Total | 26 | 100% |

The results of the research data analysis showed that of the 26 respondents who participated, the gender distribution in this study was 8 males (30.76%) and 18 females (69.24%).

To find out the level of knowledge of the research respondents, a questionnaire was distributed with a total of 36 questions containing questions about adolescent reproductive health with the options "True" and "False". The results of the study regarding the description of the level of knowledge of SMPN 1 Batang Kapas students about adolescent reproductive health are presented in the following table.

Table 3 Description of the Knowledge Level of Students of SMPN 1 Batang Kapas About Adolescent Reproductive Health (n=26)

| Variable | Categories | Frequency | Percentage |
|-----------|------------|-----------|------------|
| Knowledge | Good | 19 | 73,08% |
| | Enough | 7 | 26,92% |
| | Less | 0 | 0,00% |
| Total | | 26 | 100 |

From the results of univariate data analysis, it was found that out of 26 respondents, it was found that most of the respondents had a good level of knowledge about adolescent reproductive health, namely 73.08% or 19 people. While the remaining 7 people (26.92%), have a sufficient level of knowledge.

3.2. Discussion

Respondents who were involved in this study were young students of SMPN 1 Batang Kapas who met the inclusion criteria of 26 respondents. Participants came from 3 classes consisting of 8 boys (30.76%) and 18 girls (69.24%). The average age of the respondents in this study was 13.23 years with the youngest being 12 years old and the oldest being 15 years old. Therefore, all respondents can be said to be teenagers according to the WHO definition where adolescence is the phase of life between childhood and adulthood, from the ages of 10 to 19 years (WHO, 2020).

The category of knowledge level based on percentage value is divided into 3 levels by Arikunto in Budiman (2013: 10) namely as follows (Budiman and Riyanto, 2013).

1. The level of knowledge is in the Good category if it has a value $\geq 75\%$.
2. The level of knowledge is in the Enough category if it has a value of 56 to 74%.
3. The level of knowledge is in the Less category if it has a value of $<55\%$.

The level of knowledge regarding correct reproduction can lead a person to responsible and rational sexual behavior. So that this can guide a person in making important decisions related to their respective sexuality. Vice versa, wrong knowledge can

lead to misperceptions about sexuality and have an impact on wrong sexual behavior (Kumalasari and Andhyantoro, 2012).

Based on the results of the study, it was found that most of the respondents who were students at SMPN 1 Batang Kapas had good knowledge regarding adolescent reproductive health (73.08%). This shows that the majority of them have a good understanding of adolescent reproductive health. This is in line with research conducted by Bulahari et al which reported the level of knowledge about the reproductive health of Tamako SMAN students in the good category of 87.22% (Bulahari et al., 2015). Mail et al who conducted a similar study at Haliwen Middle School also reported the same thing, where the majority of respondents had a good level of knowledge (84.9%) (Mail et al., 2020). This situation was caused because the respondents had previously obtained information about reproductive health from other sources. This information can be understood well, more or less because it is captured as important and closely related to their future. This was confirmed by a study conducted by Tucunan et al in North Sulawesi Province which reported that information sources were significantly related to adolescent knowledge regarding fertility, sexual intercourse, marriage plans, and the lowest age for safe delivery (Tucunan et al., 2022).

The level of knowledge in the less category was found in 26.92% of other teenagers. This is due to the low level of education about reproductive health among these students. Lack of access to information and the existence of a culture of shame in talking about sexuality can also affect it so that this becomes a taboo for adolescents and has an impact on the lack of awareness to find out correct information about reproductive health (Titiloye and Ajuwon, 2017). The main source of information that can be useful for adolescents can come from parents (Ardhiyanti, 2013). The ease of access to information that exists today is also very influential for adolescents, both print media, electronic media, and online media (Prawira and Lubis, 2013). Peers both at school and outside of school play an important role in the lives of adolescents. Teenagers will be easily influenced and want to imitate the habits of their friends due to unstable conditions and really want to be accepted in peer friendship groups (Ariki and Ulandari, 2018).

Provision of information about reproductive health is urgent so that students can access and understand things they should know about changes that occur in their bodies, especially those concerning sexuality and reproductive health (Dewi M, 2020). This good knowledge will encourage formation of positive behavior. Notoatmodjo et al concluded that information and education are effective in increasing knowledge which ultimately changes a person's behavior in a positive direction towards health (Notoatmodjo, 2014).

4. Conclusions

From the results of research conducted on "Description of the Knowledge Level of Students of SMPN 1 Batang Kapas About Adolescent Reproductive Health", researchers can conclude that: Respondents who took part in the study were 26 people with male sex as many as 8 people (30.76%) and women as many as 18 people (69.24%). The average age of the respondents was 13.23 years with the youngest being 12 years and the oldest being 15 years. The level of knowledge of SMPN 1 Batang Kapas students who were respondents in this study in the good category were 19 people with a percentage of 73.08%, the Enough category was 7 people with a percentage of 26.92%, and no respondents were found in the poor category. It is hoped that this good level of knowledge can lead adolescents to behave positively and be able to carry out the role of a person with good reproductive function so that they do not fall into negative problems related to reproductive health in the future.

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