



REPRODUCTIVE HEALTH EDUCATION AND BULLYING PREVENTION

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ABSTRACT

Adolescence is crucial for developing knowledge and behaviours related to reproductive health. Bullying in schools is a widespread issue that significantly impacts the mental health and overall well-being of adolescents. School-based health education enhances students' understanding of reproductive health topics. This study aims to assess the understanding of junior high school students in Malang Regency regarding reproductive health education and bullying prevention within schools. Respondents in this study amounted to 814 students who used purposive sampling techniques in sampling research. Using a quantitative approach with a cross-sectional study design, this research analyses the relationship between students' ages and their knowledge of reproductive health and bullying prevention. A questionnaire was administered as the research instrument from July to August 2024. Age plays a significant role in the effectiveness of reproductive health education, as younger adolescents typically possess less knowledge than their older peers. Additionally, the prevalence of bullying tends to decrease with age, particularly among older adolescents. The effects of bullying on mental health also vary based on age and gender. Cultural factors significantly influence adolescents' experiences with reproductive health. The study finds a notable relationship between age and knowledge of reproductive health, as well as awareness of bodily changes and reproductive health issues among junior high school students in Malang Regency.

Keywords: bullying; education; reproductive health; school; well-being

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INTRODUCTION

Adolescence is critical for developing knowledge and behaviours related to reproductive health. Effective communication between parents and adolescents is essential for fostering a healthy understanding of these issues. Studies show that many adolescents want more open discussions about sexual and reproductive health with their parents. However, barriers such as embarrassment, lack of knowledge, and cultural norms often hinder these conversations (Busi & Chea, 2017a; Mbachu et al., 2020; Yibrehu & Mbwele, 2020). Cultural attitudes toward sexuality and reproductive health significantly influence adolescents' experiences. In Indonesia, discussions about sex and reproductive health are often considered taboo, leading many to rely on informal sources for information, which can be inaccurate or misleading (Astuti et al., 2019; Solikhah & Nurdjannah, 2015). Adolescents in rural areas often face more significant challenges accessing reproductive health education than their urban counterparts due to societal expectations and norms (Mustofa et al., 2021). This cultural stigma not only discourages open dialogue but also contributes to feelings of shame and isolation among adolescents who may be experiencing reproductive health issues (Astuti et al., 2019). This cultural stigma discourages open dialogue and fosters feelings of shame and isolation among adolescents who may be facing reproductive health issues (Astuti et al., 2019). Moreover, the interplay of cultural norms and insufficient education can lead to high-risk behaviours, such as early sexual initiation and unprotected sex, increasing the likelihood of unintended pregnancies and sexually transmitted infections (STIs) (Kosasih et al., 2021; Wulandari & Wahyuni, 2019).

Bullying in schools is a widespread issue that significantly affects adolescents' mental health and overall well-being. It manifests in various forms, including physical, verbal, and cyberbullying, each having distinct implications for victims. Research indicates that bullying is associated with various adverse mental health outcomes, such as anxiety, depression, and lower self-esteem, which can persist into adulthood (Man et al., 2022a; Neupane et al., 2020; Ngo et al., 2021). Hikmat notes that approximately 80% of adolescents report experiencing some form of bullying, emphasizing the prevalence of this issue (Hikmat, 2024). In Indonesia, about 21% of adolescents in schools report being bullied, which raises concern (Hikmat, 2024). Studies indicate that approximately 21% of adolescents in Indonesian schools report experiencing bullying, which is concerning (Yusuf et al., 2019). The consequences of bullying extend beyond immediate emotional distress; they can lead to long-term psychosocial issues, including difficulties forming healthy relationships and achieving academic success (Rupananda, 2023; Sigurdson et al., 2014). Adolescents who experience bullying are significantly more likely to develop internalizing problems, such as depression and anxiety, compared to their non-bullied peers (Dondo, 2023; Ye et al., 2023).

Research shows that school-based health education significantly enhances adolescents' understanding of reproductive health topics, including the risks associated with early sexual activity and the importance of safe practices (N. P. Dewi et al., 2023; Laili, 2023). Early reproductive health education is essential, as it empowers adolescents to make informed decisions and adopt responsible behaviours regarding their sexual health (Djunaedi & Sulistyorini, 2021; Sumaryani, 2023). Educational interventions have been shown to significantly increase adolescents' knowledge regarding reproductive health, highlighting the effectiveness of targeted programs (Djunaedi & Sulistyorini, 2021). These programs should also include initiatives that promote awareness of bullying, encourage positive peer interactions, and support victims (Rupananda, 2023). This study assesses junior high school students' understanding of reproductive health education and bullying prevention within schools.

METHOD

This study is a quantitative research project employing a cross-sectional design. Its objective is to examine the relationship between junior high school students' ages, their knowledge of reproductive health, and bullying prevention in schools. Respondents in this study amounted to 814 students with purposive sampling technique in sampling research. The research was carried out using a questionnaire designed by the author, which underwent testing for a validity of 0.915 and reliability of 0.981. Participants completed the questionnaire in a closed-ended format. Ethical approval for the study was obtained from the State University of Malang (No. 23.08.6/UN32.14.2.8/LT/2024), and informed consent was secured from all participants. The research was conducted between July and August 2024, involving a sample size of 814 students from grades VII, VIII, and IX at junior high schools in Malang Regency. A purposive sampling technique was utilized, and data analysis was performed using the Kruskal-Wallis Test.

RESULT

Table 1.
Distribution of Respondents by Age

Characteristics	Mean	Min – Max	Std.Deviation
Age	13.40	12.00 – 16.00	0.926

According to the analysis presented in Table 1, the average age of the respondents was 13.40 years, with the youngest participant being 12 years old and the oldest 16 years old.

Table 2.
Distribution of Respondents Based on Level of Knowledge on Reproductive Health, Changes in Body Growth and Development, Gender and Bullying, Reproductive Health Problems, and Reproductive Health Services

Characteristics	f	%
Reproduction health		
Bad	338	41.5
Currently	359	44.1
Good	117	14.4
Changes in Body Growth and Development		
Bad	241	29.6
Currently	463	56.9
Good	110	13.5
Gender and Bullying		
Bad	221	27.1
Currently	431	52.9
Good	162	19.9
Reproductive Health Issues		
Bad	393	48.3
Currently	311	38.2
Good	110	13.5
Reproductive Health Services		
Bad	259	31.8
Currently	412	50.6
Good	143	17.6

The analysis indicates that most respondents possess a moderate level of knowledge in the following areas: 44.1% in reproductive health, 56.9% concerning changes in body growth and development, and 52.9% regarding gender and bullying. Conversely, 48.3% demonstrated a poor understanding of reproductive health issues. Furthermore, 50.6% exhibited a moderate comprehension of reproductive health services.

Table 3.
Details the relationship between age and knowledge in these areas: reproductive health, changes in body growth and development, gender and bullying, reproductive health problems, and reproductive health services

Characteristics	P value
Reproduction health	0.000*
Changes in Body Growth and Development	0.008*
Gender and Bullying	0.539
Reproductive Health Issues	0.015*
Reproductive Health Services	0.115

The statistical tests in Table 3 reveal a significant relationship between age and reproductive health, with a p-value of 0.000. Significant correlations were found concerning changes in body growth and development (p-value = 0.008) and reproductive health problems (p-value = 0.015). The Kruskal-Wallis Test further indicates a positive correlation between gender and bullying (p-value = 0.539) and reproductive health services (p-value = 0.115), although these correlations are relatively weak.

DISCUSSION

Most respondents in this study demonstrated sufficient knowledge about reproductive health, with 359 individuals (44.1%) meeting this criterion. Statistical analyses revealed a significant relationship between age and knowledge of reproductive health. Education on reproductive health is crucial for enhancing individual awareness, especially among adolescents. The effectiveness of this education varies with age; younger adolescents tend to have less

knowledge than their older peers (Lukman, 2021). Studies indicate that effective reproductive health education can mitigate risky behaviours among adolescents, as evidenced by a study showing a positive impact on adolescents' understanding of HIV/AIDS (Hariyawanti et al., 2020). Age also influences attitudes and knowledge regarding reproductive health. Research indicates that older educators possess better knowledge and attitudes toward adolescent reproductive health, suggesting that education should be tailored to the age and educational level of the audience (Susilo et al., 2023). Furthermore, adolescents who receive information from reliable sources tend to have more positive attitudes toward reproductive health, underscoring the importance of utilizing effective information channels (Kusumastuti & Lismidiati, 2022). Therefore, continuous efforts to enhance reproductive health knowledge among adolescents and adult women should use various educational methods appropriate for their age and social context (Kasim, 2022).

Regarding knowledge of physical changes and development during puberty, 463 respondents (56.9%) reported sufficient understanding. Statistical analyses showed a significant relationship between age and knowledge of bodily growth and development. Reproductive health education provided in schools can enhance adolescents' understanding of reproductive organ care and awareness of reproductive diseases (Juwita et al., 2023). Reproductive health education must begin early, even during school years before menarche, to prepare children for the forthcoming physical and psychological changes (C. P. L. Dewi, 2023). Knowledge about gender issues and bullying was found to be moderate, with 431 respondents (52.9%) having sufficient awareness. Statistical tests revealed no significant relationship between age and knowledge of gender and bullying among junior high school students in the Malang district. The prevalence of bullying may decrease with age, particularly among older adolescents (Abdirahman et al., 2013; Çalışkan et al., 2019). Research suggests that age plays a crucial role in understanding bullying dynamics, especially regarding gender. Bullying often escalates in early adolescence, particularly among boys. Olweus (1993) noted that bullying behaviour tends to increase at the onset of puberty, typically occurring between the ages of 9 and 11, as adolescent boys seek influence and respect from their peers (Doğar & Karaca, 2019).

Males are more likely to engage in physical and verbal bullying, while females are often involved in social or emotional bullying, such as exclusion or spreading rumours (Antoñanzas et al., 2023). The impact of bullying on adolescents' mental health varies by age and gender. Adolescents under 15, typically in junior high school, exhibit different psychological effects than those over 15, who are generally in senior high school (Man et al., 2022). Additionally, bullying prevention behaviours tend to decrease with age, as younger adolescents are more likely to stand up for victims than their older counterparts (Iotti et al., 2022; Jungert et al., 2020). This indicates that interventions aimed at improving bullying prevention behaviours should focus on younger age groups. In this study, knowledge of reproductive health problems was poor in 393 participants (48.3%). Statistical analysis showed a significant relationship between age and reproductive health issues. These problems present a significant public health concern for adolescents as they navigate sexual development and relationships. The prevalence of these issues varies by age, with younger adolescents facing challenges different from those of their older peers (Mekie et al., 2020). Reproductive health literacy plays a crucial role in addressing these challenges. Enhancing reproductive health literacy among unmarried adolescents can significantly reduce the incidence of reproductive health issues and increase health service utilization (Ma et al., 2021).

The study found that 412 individuals (50.6%) understood reproductive health services adequately. Statistical analysis revealed no significant relationship between age and knowledge of these services. Adolescents are particularly vulnerable to various reproductive health issues, including sexually transmitted infections (STIs), unintended pregnancies, and unsafe abortions. Barriers to accessing sexual and reproductive health services significantly impact adolescents, many of whom lack the necessary information and resources to make informed health decisions (M. Tilahun et al., 2012). The stigma surrounding the pursuit of reproductive health services often discourages young people from seeking available resources, thereby increasing their health risks (Busi and Chea, 2017). Additionally, cultural factors significantly influence adolescents' experiences with reproductive health. Parents frequently avoid discussing these topics, fearing it might encourage sexual experimentation among their children (Busi and Chea, 2017). Access to adolescent-friendly reproductive health services is essential to meet the unique needs of young individuals. Many adolescents need to be made aware of the services available to them, which can lead to the underutilization of these essential resources (Ali, 2023; Tilahun et al., 2021).

CONCLUSION

This study identified a significant relationship between age, knowledge of reproductive health, changes in body growth and development, and reproductive health issues among junior high school students in Malang Regency. Effectively addressing reproductive health and bullying prevention among adolescents necessitates a comprehensive strategy that enhances health literacy, improves access to services, and encourages open communication about sexual health and bullying, particularly within school and home environments. Additional research is crucial to examine further the impact of reproductive health education and bullying in schools over an extended period and to investigate effective coping mechanisms for preventing reproductive health challenges and bullying among adolescents.

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