

## **EFFECTIVENESS OF YOUTH REPRODUCTIVE HEALTH PROGRAM (KRR) ON INCREASING KNOWLEDGE OF REPRODUCTIVE HEALTH**

**Ika Wuryani\*, Abela Mayunita**

STIKES Abdi Nusantara, Jl. Swadaya No. 7, Jatibening, Pd. Gede, Bekasi, West Java 17412, Indonesia

\*[ika.wuryani63@gmail.com](mailto:ika.wuryani63@gmail.com)

### **ABSTRACT**

Globally WHO reports more than 1.5 million adolescents and young adults aged 10–24 die nearly 5,000 every day. Half of all causes of death caused by physical and mental health disorders are reported to occur since they were 14 years old. Comprehensive sexual education (CSE) plays a central role in preparing young people for a safe life. The purpose of this study is to provide a reproductive health education program to increase knowledge about good and correct reproductive health for SMAIT Al Hidayah Mancak students. This study is a type of intervention research with experimental quasy design. The location used for this research is at Al-Hidayah IT High School in Winong village, Mancak District, Serang Regency-Banten 2023. This study was conducted in March or April 2023. The research sample was 80 students. The bivariate analysis used in this study was the Chi-Square test. Based on the chi square test obtained results (OR 3.32; 95%CI: 1.19 – 9.24; p value: 0.029) There was a statistically significant difference in students' knowledge before and after counseling. The odds ratio (OR) value is 3.32 this result can be interpreted that the provision of health counseling can increase students' knowledge about adolescent reproductive health up to 3 times.

Keywords: adolescent; adolescent reproductive health; knowledge

### **INTRODUCTION**

The World Health Organization (WHO) defines the age range of adolescents as 10 to 19 years and now the prevalence is about one-sixth of the world's population. However, Adolescence is a very critical and sensitive time for an individual to engage in behaviors that have many risks including in health . Of all the health hazards in adolescents, adolescent sexual and reproductive health is a globally defined health problem that concerns the physical and emotional well-being of adolescents and includes their ability to remain free from unwanted pregnancies, unsafe abortions, STIs (including HIV/AIDS), and all forms of sexual violence and coercion. (Nmadu, 2020)(Hale, 2016)(Morris, 2015)

Previous research has reported that an increase in adolescent sexual activity that is harmful to health is already occurring in almost all countries in the world. However, globally, developing countries will experience greater challenges due to inadequate health care facilities to deal with adolescent reproductive health problems such as unwanted early pregnancy, sexually transmitted infections, abortion, to death from other reproductive diseases caused by deviant behavior of adolescents.(Denno, 2015)(UNAIDS, 2018; Troutman, 2020) Globally WHO reports more than 1.5 million adolescents and young adults aged 10–24 died in 2020, nearly 5,000 every day. Half of all causes of death caused by physical and mental health disorders are reported since they were 14 years old, but most cases go undetected and untreated. Even the birth rate at an early age is quite high at 41 births per 1000 girls aged 15–19 years in 2020 (WHO, 2021)

The prevalence of reproductive health disorders globally includes: HIV in adolescents aged 13-24 years reaches 26%, unwanted pregnancies even more than half of all pregnancies (51% or about 61 million pregnancies each year), and cases of unsafe abortion reach 45% of all women worldwide

who terminate pregnancies have unsafe abortions, which translates to more than 25 million unsafe abortions per year. (Troutman, 2020) Comprehensive sexuality education (CSE) plays a central role in preparing young people for safe, productive, and fulfilling lives in a world where HIV and AIDS, sexually transmitted infections (STIs), unwanted pregnancies, gender-based violence (GBV) and gender inequality still pose serious risks to their well-being. Almost all countries in the world are now increasingly recognizing the importance of equipping young people with the knowledge and skills to make responsible choices in their lives.(Sari, 2021)(WHO, 2021) Based on the results and observation records, SMAIT Al Hidayah has never received a reproductive health education program. So the purpose of this study is to provide a reproductive health education program to increase knowledge about good and correct reproductive health for SMAIT Al Hidayah Mancak students.

## METHOD

This research is a type of intervention research with experimental quasy design or pseudo-experiment with one group pre-post test. In this design, researchers only intervened in one group without any control or randomization. The location used for this research is at Al-Hidayah IT High School in Winong village, Mancak District, Serang Regency-Banten 2023. This study was conducted in March or April 2023. The sampling technique in this study is purposive sampling. Based on the population and also the readiness of students to receive counseling about health, the school and the counseling team will provide counseling to all grade 1 and 2 high school students totaling 80 respondents. Grade 3 students are excluded because they are preparing for exams. The dependent variable or outcome given in this study is an increase in adolescent knowledge about reproductive health and the independent variable or intervention is the provision of reproductive health education. The bivariate analysis used in this study was the Chi-Square test. For decision making Chi-square test with the condition that if the value of  $p > 0.05$  then  $H_0$  is accepted.

## RESULT AND DISCUSSION

Table 1.  
 Characteristics of Respondents by Age (n=80)

Characteristic	f	%
Age of Respondents		
< 17 Years	7	8.8
≤ 17 Years	73	91.3

Tabel 1 based on the results of the characteristic frequency distribution table based on age, it can be seen that almost all respondents are 17 years old, namely 73 respondents 91.3%. While respondents under the age of 17 years there were only 7 respondents or 8.8%. Respondents aged 17 years generally have not turned 18 years old.

Table 2.  
 Characteristics of respondents by gender (n=80)

Characteristic	f	%
Gender		
Male	27	
Woman	53	

Table 2 the majority of respondents based on table 2 are female, namely 53 people or 91.3%. While the men only numbered 27 people.

Table 3.

Cross-tabulation results between health education scores before and after counseling (n=80)

Score Before Health Education	Score After Health Education			
	Below average	%	Above average	%
Below Average	18	22.5	24	30
Above Average	7	8.8	31	38.8
Total	25	31.3	55	68.8

Table 3 based on the cross-tabulation table, there was an increase in the knowledge of SDIT Al-Hidayah students, before counseling only 38 students or 47.5% had answers above the average, while after counseling the number of students who had scores above the average increased to 55 students or 68.8%.

Table 4.

Chi-Square Analysis Results (n=80)

Health Education Score	Chi Square Test			
	Odds Ratio (OR)	P - Value	95% Confident Interval	
Before and after health counseling	3.32	0.029	1.19	9.24

Table 4 based on the *chi square* test table,  $p$  – value results of  $0.029 < 0.05$  were obtained which stated that there was a statistically significant difference in student knowledge before and after counseling. The *odds ratio* (OR) is 3.32 this result can be interpreted that the provision of health counseling can increase students' knowledge about adolescent reproductive health up to 3 times compared to before health counseling (OR 3.32; 95%CI: 1.19 – 9.24;  $p$  value: 0.029).

All respondents were middle teenagers. Adolescence is a period of development which is a transition period from childhood to adulthood. Middle adolescent teenagers aged 15-18 years this stage teenagers need friends, teenagers are happy if many friends admit it. There is a tendency to love oneself, by liking friends who are the same as himself, besides that he is in a state of confusion because he does not know which one to choose which is sensitive or indifferent, crowded or alone, optimistic or pessimistic, idealistic or materialist (Ade tyas Mayasari, 2021). Youth is the most potential human resource (HR) as a bud and successor for the nation. According to WHO, one in five humans living in this world is a teenager (Age 10-19 years) and 85% are in developing countries. Therefore, adolescence needs to be taken seriously in order to become a human being who has meaningful usefulness for a nation and can improve its maximum quality and ability (Aritonang, 2015).

Research shows that adolescence is very good if given health counseling or additional positive science, because at this time adolescents will easily absorb information and also have a fairly high curiosity. The knowledge of respondents is certainly greatly influenced by various information obtained by the respondents themselves. Such is the case with knowledge that is the result of knowing from humans, and this happens after people have sensed a certain object. Sensing occurs through the five human senses, namely the senses of sight, hearing, smell, taste and touch. As knowledge is gained from the eyes (Dini, 2020) The results of the chi square test found that there was a statistically significant difference in students' knowledge before and after counseling. This result is in line with research (Ernawati, 2018) which states that based on the results of the Chi

Square test, a significant relationship was found between counseling and increasing adolescent knowledge about reproductive health, besides that a significant influence on knowledge is also shown from gender, the number of sources of information and the use of parents as sources of adolescent reproductive health information (Chirwa-Kambole, E. et al., 2020). Counseling is still an effective method in providing reproductive health education to adolescents. The counseling method is believed to be able to increase adolescent knowledge and change adolescent behavior to improve their health status independently (Shapu et al., 2020). Health counseling is one method used to increase one's knowledge and abilities through learning practice techniques or instruction with the aim of changing or influencing human behavior individually, groups, and communities to be more independent in achieving healthy life goals. The role of the material provider in this counseling is to deliver material related to adolescent reproductive health (Ariyanti, 2019).

There are two major theories that explain how knowledge can be received by a person, including the transfer of knowledge between researchers, research distribution agents (promoters) and targets who in this case are adolescents (Roden et al, 2020). Model integration has six processes ranging from the information processed by the researcher to its utilization by the user. These steps include: 1) information discovery, 2) information compilation, 3) knowledge dissemination, 4) knowledge acceptance, 5) knowledge adoption, and 6) knowledge utilization. The dissemination of knowledge is associated with the transfer of research results to the community (Sharma, 2021). Dissemination is a complex process whose success depends simultaneously on several dimensions such as the characteristics of the dissemination agent (e.g., its credibility), the characteristics of the target (e.g., personal motivation to use the results of the study), the communication channels used (e.g., collaboration networks), the format of communication (e.g., presentations, reports), as well as the resources allowed for this activity (e.g., time, human and financial resources). Knowledge acceptance refers to the user's first contact with the knowledge generated, adapted and disseminated by the researcher. The success of this step rests largely on the previous step. Knowledge adoption is the next step in the knowledge transfer process referring to the individual's path to decision making (Raudeliūnienė et al. 2018)

## **CONCLUSION**

There was a statistically significant difference in students' knowledge before and after counseling. The odds ratio (OR) value is 3.32 this result can be interpreted that the provision of health counseling can increase students' knowledge about adolescent reproductive health up to 3 times.

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