

INCREASING ADOLESCENT KNOWLEDGE ABOUT REPRODUCTIVE HEALTH THROUGH HEALTH EDUCATION IN SMAK ST. WAENAKENG FAMILY

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Abstract

Adolescents face a variety of sexual and reproductive health challenges, such as unplanned pregnancies and sexually transmitted infections, including HIV infection. This condition can be prevented with access to adequate sexual and reproductive services (including counseling and preventive treatment), adolescents often lack access and lack education in this regard, so their reproductive health challenges are not handled properly and often lead to reproductive health problems. Based on the results of the SDKI survey in 2017, it shows that there are 55% of male adolescents and 1% of women smoke, 15% of male adolescents and 1% of adolescent girls use illegal drugs, 5% of male adolescents drink alcoholic beverages, and 8% of men and 1% of women who have had sexual intercourse during courtship. The method used in this service is to provide counseling on Reproductive Health. Counseling was given to 153 students of SMAK Santa Familia Waenakeng offline at the SMAK Santa Familia Waenakeng Hall. After being given counseling on Reproductive Health, there was an increase in knowledge from the participants who took part in this activity.

Keywords: Knowledge, Youth, Reproductive Health, Health Education

INTRODUCTION

Adolescence is a developmental transition to adulthood that includes rapid changes in the brain and body, often at different levels, and is a time for healthy exploration of identity and independent learning. It can also be stressful or challenging for teens because of these rapid changes (Youth.gov, 2020). Many of them feel uncomfortable discussing reproductive health (RH) issues with their parents. Similarly, parents, health workers, and educators are often unwilling or unable to provide young people with complete, accurate, and age-appropriate reproductive health information. This is often due to parental discomfort about the subject or a false belief that providing information will encourage sexual activity (Liyeh et al., 2021).

Adolescents tend to face various health and social challenges. For example, initiating a sexual activity when they do not have adequate knowledge and skills for protection puts adolescents at higher risk for unwanted pregnancies, unsafe abortions, and sexually transmitted infections including HIV/AIDS. The high prevalence of early marriage and childbearing in some countries is associated with higher maternal mortality and morbidity as well as neonatal and infant mortality in adolescents. In addition, pregnancy during adolescence is associated with a higher risk of health problems such as anemia, sexually transmitted infections, unsafe

abortion, postpartum bleeding, and mental disorders (such as depression). Pregnant adolescents also bear negative social consequences and often have to leave school thereby reducing their employability which leads to long-term economic implications. The need for unmet family planning, especially for child spacing is quite high among adolescents (WHO, 2022).

Population census data in 2020 The number of adolescents (Aged 10-24 years) is 67 million people or 24% of the total population of Indonesia, so Adolescents are an important focus of attention in national development. In the National Priority Program, the BKKBN has contributed to Improving Maternal and Child Health, Family Planning, and Reproductive Health (Kespro), with a strategic focus, one of which is increasing knowledge and access to reproductive health services for adolescents. Reproductive health problems in adolescents are closely related to risky adolescent behavior, including smoking, drinking alcoholic beverages, drug abuse, and having premarital sex. Based on the results of the 2017 IDHS surveys shows that 55% of male adolescents and 1% of women smoke, 15% of male adolescents and 1% of female adolescents use illegal drugs, 5% of male adolescents drink alcoholic beverages, and 8% of men and 1% of women who have used drugs. sexual relations while dating (BKKBN, 2021).

Young people can be labeled as a vulnerable group, as this segment of the population is subject to curiosity, sexual maturity, and a natural tendency towards experimentation, and peer pressure leads to risky behavior (Adefuye et al., 2009). Many girls in developing countries are vulnerable to leaving school, child marriage, early pregnancy, human immunodeficiency virus (HIV), sexual exploitation, coercion and violence, unwanted pregnancy, and unsafe abortion and its complications (Goshu et al., 2021).

The need for a healthy young generation is very valuable for the socio-economic development of the nation. The sexual and reproductive health decisions they make today will affect the health and well-being of their communities and their countries for the future. After the 1994 international conference on population and development in Cairo, many countries began to emphasize youth and youth issues (Liyeh et al., 2021).

One of the efforts that can be done to overcome reproductive health problems in adolescents is to provide sexual education. Sexual education is a way to increase knowledge and change the attitudes and behavior of adolescents in understanding their reproductive health needs. Indonesian culture which is still attached to eastern culture still considers the topic of sexuality to be a taboo issue that must be discussed with children and adolescents. This encourages children and adolescents not to get valid and reliable information so they tend to find out for themselves through social media or other sources of information. Through sexual education that is provided comprehensively, it is hoped that adolescents can have knowledge and awareness about their reproductive health to avoid risky sexual behavior (Dewi & Suhaid, 2022).

SMAK Santa Familia Waenakeng is one of the secondary schools located in Lembor District, West Manggarai Regency, East Nusa Tenggara Province. The students come from various villages in Lembor District and also from several villages outside the Lembor sub-district, also from different family backgrounds, so there are still many teenagers who do not know about reproductive health because of the lack of access to the knowledge provided by the family.

Given the importance of reproductive health education for the health and welfare of

adolescents, we should contribute to increasing adolescent knowledge about reproductive health through the provision of health education so that there is a change in adolescent attitudes and behavior regarding reproductive health and sexuality.

IMPLEMENTATION METHOD

Implementation is done by first contacting and approaching the school, then taking initial data. After taking the initial data, then contracting the implementation time with the school. The activity was carried out in the SMAK Santa Familia Waenakaeng School Hall. The activity was attended by 153 students of class XII SMAK Santa Familia Waenakaeng.

The activity is divided into several sessions, the first session begins with an opening followed by a prayer reading. After that, the students were asked to fill out the pretest sheet which contained questions that measured the extent of the student's knowledge regarding reproductive health, the students were given 10 minutes to fill out the pretest sheet, and then the sheets were collected again. This first session lasted 30 minutes.

The second session was the core activity, namely the provision of material on reproductive health, the provision of this material was interspersed with icebreaking with the aim that students were not bored with the material provided and could return to concentration after the material was delivered and then continued with a discussion session. This second session lasted for 90 minutes.

The last session was the closing session, after the discussion was over, it continued with the distribution of post-test questionnaires to assess knowledge scores before and after the reproductive health materials were given. The session was also closed by giving prizes to participants who could answer questions during the discussion session correctly and then closed with a prayer.

RESULTS AND DISCUSSION

This health education has been carried out at SMAK Santa Familia Waenakeng with material on Reproductive Health with a total of 153 participants. The counseling was carried out offline in the SMAK Santa Familia Waenakeng Hall. The activity was divided into several sessions, the first session began with a prayer led by Ms. Dionesia O. Laput, SST., M.Kes (Picture 1) then continued with an opening from the school represented by Mr. Rofinus Ndulu (Picture 2).



Figure 1. Prayer Reading



Figure 2. Message from the School

After the remarks and opening from the school, the activities of the first session were followed by filling out a questionnaire (Figure 3) containing questions related to the knowledge of the participants about reproductive health, and the following results were obtained:

1. Profile of Extension Participants

Table 1. Frequency Distribution of Gender and Age of Extension Participants

Characteristics	Frequency	Percentage
Gender		
Men	60	39,22
Women	93	60,78
Amount	153	100
Age		
Early Adolescence (12-15 years)	0	
Middle Ages (16-18 years)	153	100
Late Adolescence (19-21 years)	0	
Amount	153	153

Based on the table above, it is known that most of the counseling participants were female students and all of the counseling participants were in their middle teens.

2. The level of knowledge of participants about Reproductive Health before being given reproductive health materials

Table 2. Frequency Distribution The level of knowledge of participants about Reproductive Health Before the Intervention was given

Characteristics	Frequency	Percentage (%)
Well	7	4,58
Enough	25	16,34
Not enough	121	79,08
Amount	153	100

Based on the results of filling out the questionnaire before being given health education described in the table above, it was found that only 7 (4.58%) participants had good knowledge, 25 (16.34%) participants had sufficient knowledge, and as many as 121 (79.08%) participants who have less knowledge.



Figure 3. Participants Fill in the Questionnaire

After the participants filled out the questionnaire, it was continued the second session, namely the presentation of the material on reproductive health (Figure 4.) which was delivered by Natalia Damaiyanti Putri Raden, M.Keb. The material presented begins with an explanation of who is a teenager, the condition of teenagers in Indonesia today, then the material continues with a discussion about the introduction of adolescent reproductive organs and the changes that occur when a person enters puberty and how to care for the reproductive organs, up to the last material. about reproductive problems in adolescents and how to prevent them. Between sessions of delivering this material, ice-breaking is also interspersed (Figure 5) so that students do not feel bored when listening to the material. After the material delivery session, a discussion session was opened where participants were allowed to provide questions and responses related to the material that had been previously described (Figure 6). The participants seemed enthusiastic and enthusiastic in asking questions. Some of the questions asked by participants were, Will men also experience menopause? Does circumcision have risks and at what age should men start circumcision?, Can teenagers use contraception?, Why do some women feel pain during menstruation and how to handle it? This second session lasts for 90 minutes



Figure 4. Provision of Reproductive Health Materials



Figure 5. Ice Breaking



Figure 6. Discussion Section

The last session was the closing session, after the discussion session ended, participants were then asked to fill out a questionnaire containing questions to measure the level of participants' knowledge about reproductive health after being given education on reproductive health and the following results were obtained:

1. The level of knowledge of participants about Reproductive Health after being given reproductive health materials

Table 3. Frequency Distribution The level of knowledge of participants about Reproductive Health after being given the Intervention

Characteristics	Frequency	Percentage (%)
Well	148	96,73
Enough	5	3,27
Not enough	0	0
Amount	153	100

The results of filling out the questionnaire after being given health education described in the table above showed that there was a change where 148 (96.73%) participants had good

knowledge, 5 (3.27%) participants had sufficient knowledge, and no participants had poor knowledge. . Based on the results above, it can be concluded that counseling can increase students' knowledge regarding reproductive health.

It is important to have meetings with youth and provide health education as an opportunity to provide prevention services (Nordin et al., 2010). The most appropriate time for early preventive sexual and reproductive health counseling is before the adolescent's first sexual experience or first sexual experience (known in the literature as “Sexual Debut”) (Maria et al., 2017).

Research (Buzarudina, 2013) states that health education using image media and counseling can increase knowledge because it is easily absorbed and understood by participants. This means that health education is an effective and easy way to increase knowledge and understanding. Counseling carried out in an institutional environment (school) is an effective place to provide health education. This is because students can ask questions freely, without feeling taboo or awkward in expressing understanding to make health education more effective and able to have a positive impact and have impact on increasing knowledge (Zayanti et al., 2017). The results of research by Tilahun et al (2021) and Motuma (2016) show that schools and teachers are the main sources of information about RH services.

CONCLUSION

Community service in the form of reproductive health counseling at SMAK Santa Familia Waenakeng went well and smoothly with 153 participants participating in the activity. The counseling materials provided are who is a teenager, the condition of teenagers in Indonesia today, the introduction of adolescent reproductive organs, the changes that occur when a person enters puberty, how to take care of the reproductive organs, the last material about reproductive problems in adolescents and how to prevent them. . All processes have been carried out well so that there is an increase in participants' knowledge.

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