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Article

The Influence of Health Education on Adolescents Knowledge of Reproductive Health in the Working Area of the UPTD Munjul Health Center

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Abstract. The low knowledge of adolescents about reproductive health can lead to various complex problems and risky behavior for adolescents. This study aims to identify adolescents' knowledge about reproductive health before and after health education is carried out in the working area of the UPTD Puskesmas Munjul Majalengka Regency in 2022. This type of research is a quantitative study with one group pre-test and post-test design. The population is 2467 people and the sample in this study is adolescents in the working area of the UPTD Munjul Health Center, Majalengka Regency, as many as 100 people in 2022. Data collection used a questionnaire. The data analysis technique used is the Wilcoxon test. The results showed that the average knowledge of adolescents about reproductive health before being given health education was 60.29% and after being given health education was 80.71%. The results of the hypothesis test with an alpha error rate of 0.05 obtained a value of p <0.05 meaning that there is an effect of health education on adolescent reproductive health knowledge in the working area of the UPTD Munjul Health Center, Majalengka Regency in 2022. It is hoped that health workers can improve health promotion programs such as counseling to adolescents in particular about the importance of reproductive health in order to optimize better adolescent health services.

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1. Introduction

Teenagers are the foundation for a country because they play an important role as the next generation of the nation. As the next generation of the nation, youth have a great responsibility for the development of their country. In addition to taking great responsibility for the development of their country, adolescents also have a responsibility towards themselves, their families and their environment including a correct understanding of reproductive health for themselves [1-2].

This paper is intended to highlight the promise of the ideal, and the practicalities and possible problems of taking a peer education approach when working with young people in the area of sexual health. The following two quotations usefully encapsulate some of the main issues surrounding peer education. First, a very clear definition of the ideal of peer health education is given by John Sciacca (1987) who is prominent in this field. He states that: "Peer health education is the teaching or sharing of health information, values and behaviours by members of similar age or status groups".

A cautionary note is, however, sounded in the second quotation, which is from a paper about positive youth development programmes in school settings. Meyer et al. (1993) open their review of such programmes with the following statement. They point out that: "The implementation of positive youth development programmes would be simple and neat if human behaviour and environmental contexts could be easily controlled, manipulated and measured" [3-4].

According to WHO, adolescents are those who are in the transitional stage between childhood and adulthood with an age range of 10 to 19 years for adolescents and the term youth with a range of 12 to 24 years [5]. According to the Regulation of the Minister of Health of the Republic of Indonesia Number 25 of 2014, adolescents are residents in the age range of 10 to 18 years and according to the National Population and Family Planning Agency (BKKBN) the age range of adolescents is 10 to 24 years and unmarried [6].

Adolescents' lack of knowledge about reproductive health can lead to various complex problems and risky behaviors for adolescents. The problems that occur in adolescents are related to early marriage, unwanted pregnancies due to premarital sex, sexually transmitted infections, abortion, drugs and HIV [7-8].

Based on data collected from the National Commission for Child Protection in 93.7% of teenagers in Indonesia have had kisses, 62.7% of teenagers who are not virgins, 21.2% have had abortions and 97% of teenagers have watched pornographic films. In addition, the percentage of unwanted pregnancies in Indonesia reached 17.55%, the number of underage marriages reached 2.4 million with 48.9% of marriages under 20 years. So that Indonesia occupies the 7th position in the list of 10 countries with the highest number of child marriages [9].

Meanwhile, in West Java, young people aged 12-24 are experiencing underage marriages, unwanted pregnancies and maternal and infant mortality reaching 28%. The Chairperson of the Indonesian Child Protection Institute (LPAI) of Majalengka Regency revealed that requests for dispensation for child marriage in 2019 in Majalengka Regency reached 127 requests and increased threefold in 2020 to 448 requests, and in 2021 to June it reached 148 requests. The total since 2019 until the end of June there were 723 couples [10].

In addition, in the Working Area of the Munjul Health Center from 2019 to 2021 underage marriage or early marriage is one of the problems that occurs quite a lot, namely as many as 276 cases (10.7%) and unwanted pregnancies with the category of marriage under the age of 20 are 7 cases (8.6%), while for pregnancies out of wedlock in the 15-24 year age category during 2020 to 2021as many as 23 cases (12.2%).

PKPR (Adolescent Caring Health Services) is a government program implemented by the Health Office (DinKes) at the Regency/City level together with the Provincial Health Office to serve adolescent health and also the puskesmas which is one of the activists in providing education and information about reproductive health in adolescents [11]. Including the Munjul Community Health

Center which has a PKPR program for teenagers in the form of counseling at schools and Islamic boarding schools as well as training for peer counselors so that teenagers can become counselors for their own friends. But due to conditionsThe Covid-19 pandemic has hampered PKPR activities and has not been implemented properly [12-13].

The strategy for increasing adolescent knowledge about reproductive health in this case is through health education. Health education is all activities to provide and improve knowledge, attitudes and practices of both individuals, groups or communities in maintaining and improving their own health [14-15]. Health education can be carried out using several methods, one of which is the question and answer lecture method. The lecture method is a way of presenting learning material through oral narrative delivered by speakers in front of a group of listeners, this method is good for highly educated and low educated facilities [16].

The effective health education can increase adolescent knowledge about reproductive health [17]. This is also supported by research [18], stating that there is an effect of health education lectures on the level of adolescent knowledge about reproductive health of SMP Negeri 2 Tanjung Sari Sumedang students.Based on the results of preliminary studies that have been conducted by researchers on through interviews with 12 adolescents in the Working Area of the Munjul Health Center, it was found that 8 out of 12 people said they had never received reproductive health education [19]. They also said that during a pandemic they used gadgets or cellphones more often,Apart from studying (online), they also use their cell phones more often to watch YouTube, TikTok and Instagram than to view educational articles or videos about reproductive health.

2. Method

This type of research is a quantitative study with a one-group pre-test and post-test design. The sample in this study was 100 adolescents in the working area of the UPTD Munjul Health Center, Majalengka Regency in 2022 out of 2467 total population. The data collection uses a questionnaire. The data analysis technique used is the Wilcoxon test. Research design One group pre test-post test design [20]. The steps of this research are defined as follows:

The results of research on adolescents with a total sample of one hundred adolescents so that the pre-test and post-test data obtained were significant. The data collected from the results of the research were processed using a quantitative method, namely using the Wilcoxon Test. This research is broadly divided into three stages, namely the preparatory stage, the implementation stage and the post-implementation stage.

2.1. Preparation Stage

Conduct a literature study related to the formulation of the problem to be studied. The literature study includes a study of the influence of adolescent knowledge on reproductive health, making research instruments in the form of material on reproductive health in adolescents, conduct research instrument trials, revise the research instrument, and selecting a research sample.

2.2. Implementation Stage

Giving pre-tests to adolescents regarding reproductive health, provide counseling to adolescents related to reproductive health, and then giving a post test to adolescents related to the influence of reproductive health.

2.3. Post-Implementation Stage

Collecting data on pre-test and post-test results, analyzing and processing data on pre-test and post-test results for each teenager, draw conclusions regarding knowledge about adolescent reproductive health, and compile research reports.

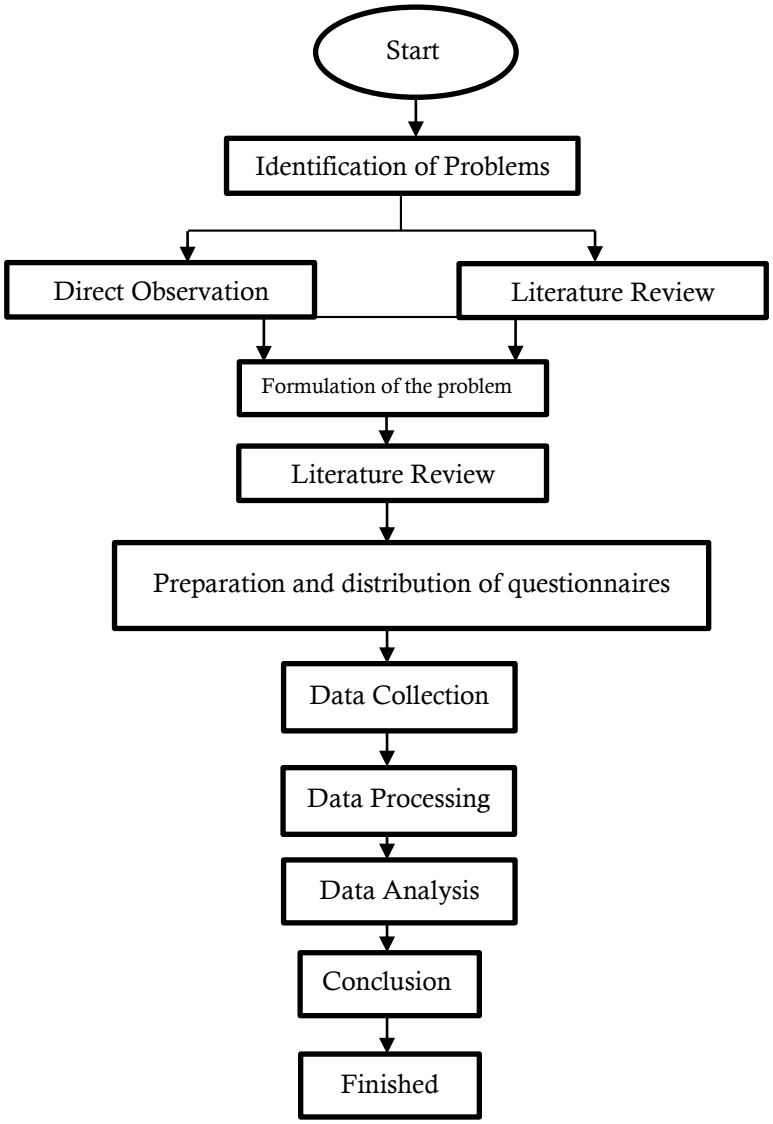

Figure 1. Flowchart of research

3. Results and Discussion

The results of this study were conducted to determine the effect of health education on adolescents' knowledge of reproductive health. This research was conducted in the working area of the UPTD Puskesmas Munjul, Majalengka Regency, with 100 respondents who met the inclusion criteria. The results of this study are described in the form of tables and narratives as follows:

3.1. Univariate Analysis

3.1.1. Knowledge of Adolescents About Adolescent Reproductive Health Before Being Given Health Education.

Table 1 shows that before health education about adolescent reproductive health was carried out, 42 respondents (42%) had insufficient knowledge, 39 respondents (39%) had sufficient knowledge and 19 respondents had good knowledge (19%). This means that less than half (42%) of adolescents have

insufficient knowledge of reproductive health in the Munjul Health Center UPTD work area in 2022 prior to conducting health education.

Table 1. Knowledge of adolescents about reproductive health before being given health education in the Working Area of the UPTD Munjul Health Center, Majalengka Regency in 2022

No	Categori	Frekuensi (F)	Persentase (%)
1.	Not enough	42	42.0
2.	Enough	39	39.0
3.	Good	19	19.0
	Total	100	100.0

3.1.2. Respondents Knowledge Of Adolescent Reproductive Health After Being Given Health Education

Table 2 shows that after conducting health education on adolescent reproductive health, 7 respondents (7%) had insufficient knowledge, 9 respondents (9) had sufficient knowledge%) and good knowledge of respondents as many as 84 people (84%). This means that most (84%) of adolescents' knowledge about reproductive health in the Munjul Health Center UPTD work area in 2022 after carrying out health education has improved.

Table 2. Respondents' knowledge of reproductive health after being given health education in the UPTD Work Area of the Munjul Health Center, Majalengka Regency, in 2022

No	Categori	Frekuensi (F)	Persentase (%)
1.	Not enough	7	7.0
2.	Enough	9	9.0
3.	Good	84	84.0
	Total	100	100.0

3.1.3. Average Knowledge of Adolescents About Reproductive Health Before and After Being Given Health Education

In the Table 3 can be seen that the average (mean) value of adolescent knowledge about reproductive health before being given health education was 14.55 (69.29%) out of 100 people with a standard deviation of 13.455. Lowest value 33.33 and the highest score is 95.24. Meanwhile, the average (mean) value of adolescent knowledge about reproductive health after being given health education was 16.95 (80.71%) out of 100 people with a standard deviation of 10.465. The lowest value 47.62 and the highest value is 100.00.

Table 3. The average knowledge of adolescents about reproductive health before and after health education is carried out in the UPTD Work Area of the Munjul Health Center, Majalengka Regency, in 2022

	N	Mean	SD	Minimum-Maximum
Before	100	14.55	13.455	33.33-95.24
After	100	16.95	10.465	47.62.100.00

3.2. Bivariate Analysis

The normality test in this study uses the Kolmogorovsmirnov normality test because it has a large sample. Based on the results of the normality test above, it can be concluded that the data before and after the intervention is not normally distributed because $p < 0.05$. So in conclusion this study cannot use the t-test but instead uses the Wilcoxon test which has been explained previously that the Wilcoxon test. Used when the t-test conditions are not met. The effect of reproductive health

education on attitudes to premarital sex in adolescents at darul fatwa jatinangor high school, Sumedang regency in 2022.

Table 4. Normality test

Before			After		
Statistic	N	P value	Statistic	N	P value
0.101	100	0.013	0.124	100	0.001

Based on the results of the above study, the average value of adolescent knowledge about reproductive health prior to health education was 14.65 (69.76%) with a standard deviation of 13.45. While the results of the average knowledge of adolescents about reproductive health after health education is 16.95 (80.71%) with a standard deviation of 10.465. The Wilcoxcon test results obtained a value of p = 0.000. This means that there is an influence of health education on adolescent knowledge about reproductive health in the working area of the UPTD Munjul Health Center, Majalengka Regency, in 2022.

Table 5. Results of the Wilcoxon Test on the effect of health education on adolescent knowledge about reproductive health in the working area of the Munjul Health Center UPTD in 2022

	Mean	SD	SE	Pvalue	N
Before	14.65	13.455	1.34554	0.000	100
After	16.95	10.465	1.04656		100

3.2.1. Knowledge of Adolescents Before Being Given Health Education About Reproductive Health

The results of the study it was found that less than half (43.0%) of adolescents in the working area of the UPTD Puskesmas Munjul in 2022 before carrying out health education had insufficient knowledge about reproductive health with an average value of 14.55 (69.29%).So the researchers assume that the lack of knowledge of adolescents about reproductive health is due to a lack of exposure to information that can be obtained by adolescents both from health workers and from other parties.

Adolescents' lack of knowledge about reproductive health can trigger things that are detrimental to adolescents such as free sex, sexual violence, abortion, and sexually transmitted diseases (STDs) and other deviant behavior. This also has an impact on the high number of early marriages, unwanted pregnancies (KTD) and pregnancies outside of marriage which are reproductive health problems in the working area of the UPTD Munjul Health Center, Majalengka Regency. So that the knowledge of adolescents about reproductive health needs to be improved.

Self-knowledge or knowledge is the result of human sensing or the result of someone knowing an object through its five senses such as the sense of hearing and the sense of sight. Knowledge is neithersomething that already exists and others just have to accept it but that knowledge as a formation that must be continuously improved by someone who is experiencing a reorganization of new understandings every time. The importance of knowledge about reproductive health, adolescents need to receive sufficient information, so that adolescents know what to do and what to avoid. By knowing about adolescent reproductive health correctly, we can avoid negative things that teenagers might experience [7][21].

To increase adolescents' knowledge about reproductive health, it is necessary to develop youth reproductive health programs through health education such as counseling, guidance and counseling, prevention, handling problems related to adolescent reproductive health (KRR). According to the BKKBN, the adolescent reproductive health program is to assist adolescents to have knowledge,

awareness, attitudes and responsible reproductive health behavior, through advocacy, promotion, IEC, counseling and services to adolescents who have special problems. Adolescent reproductive health material includes aspects of adolescent life related to knowledge, attitudes and behavior in sexual life and family [22-23].

3.2.2. Knowledge of Adolescents after being Given Health Education about Reproductive Health

The results of the study it was found that more than half (84.0%) of adolescents in the working area of the UPTD Puskesmas Munjul in 2022 after carrying out health education had good knowledge about reproductive health with an average score of 16.95 (80.71%). After conducting health education on reproductive health, adolescents in the Munjul Health Center UPTD Work Area have a better understanding of reproductive anatomy and physiology and various reproductive problems such aspregnancy, sexually transmitted diseases (STD), HIV/AIDS, unwanted pregnancies (KTD) and their impacts, as well as the development of healthy reproductive behavior to prepare oneself to carry out healthy reproductive functions (physical, mental, economic, spiritual). In addition, in the current digital era, adolescents can more easily access information about reproductive health from print, electronic and online media.

The results of this study indicate that health education conducted for adolescents in the Munjul Health Center UPTD Work Area can increase adolescent knowledge about reproductive health. One of the factors that influence the good knowledge of a person is information, where information can affect a person's knowledge, that is, previously lack of knowledge after being given information, there is an increase in the person's knowledge [12][24]. Reproductive health is a state of complete physical, mental and social health. While education itself is the addition of one's knowledge and abilities through learning practice techniques or instructions with the aim of changing or influencing human behavior [12]. So that reproductive health education is an effort to increase knowledge and abilities in adolescents regarding physical, mental and social health in achieving healthy living goals (BKKBN, 2019).

WHO said that the provision of health education is an effort to create conducive community behavior by taking actions to maintain and improve their health levels [25]. Besides that, re-optimizing PKPR (Adolescent caring health services) must be carried out routinely and continuously in the Munjul Health Center UPTD Working Area with counseling to schools and Islamic boarding schools as well asPeer counselor training so that youth can become counselors.

3.2.3. The effect of Health Education on Adolescent Knowledge about Reproductive Health in The Munju Health Center UPTD Work Area in 2022

In this study, the average knowledge of adolescents about reproductive health prior to health education was14.55 (69.29%) with a standard deviation 13.45 and the average result of adolescent knowledge about reproductive health after health education is 16.95 (80.71%) with a standard deviation of 10.465.

Prior to health education, adolescent knowledge about reproductive health was lacking. The lack of exposure to the information they get about reproductive health results in a lack of knowledge of adolescents about reproductive health and after being given health education adolescents gain knowledge and understanding of reproductive health and become more aware of the importance of reproductive health for themselves so that they can improve their health status and avoid various problems that cause risky sexual behavior in reproductive health.

The results of the Wilcoxon test, the P value is 0.000 <0.05, so Ha is accepted, which states that there is an influence of health education on adolescent knowledge about reproductive health in the working area of the UPTD Puskesmas Munjul, Majalengka Regency, in 2022. This is in line with the theory of knowledge according to [16] that formal education and informal can affect the level of one's knowledge. Because according to the theory one of the factors that influence the good knowledge of adolescents about reproductive health is in terms of educational factors. According to [26] various

factors that might influence health education are the provision of materials, mediaCounseling and targets to be given the intervention.

This research is in accordance with research [27] which states that there is an effect of knowledge about adolescent reproductive health before and after health education is carried out, with the obtained (p = 0.003) which can be concluded that there is an effect of knowledge about adolescent reproductive health before and after do health education. The results of the same study conducted by [28-29] also showed that the level of significance of adolescent knowledge about reproductive health before and after being given health education to subjects was p=0.003. This means that there is a significant influence between health education on adolescent knowledge about reproductive health. The health education carried out in this study is one of the efforts of the youth health program which in its implementation can use the lecture method in the form of material in PowerPoint media, so that the material delivered to respondents can be well received and delivered according to the expected goals.

4. Conclusion

Based on the results of research that has been conducted in the working area of the UPTD Puskesmas Munjul Majalengka Regency regarding the effect of health education on adolescent knowledge about reproductive health, it can be concluded as follows, first, Less than half (42%) of adolescent knowledge before being given health education about reproductive health in the working area of the UPTD Munjul Health Center, Majalengka Regency in 2022 has insufficient knowledge with an average value of 14.55 (69.29%). Second, Most of the knowledge (84%) of adolescents after being given health education about reproductive health in the UPTD work areaMunjul Health Center in Majalengka Regency in 2022 has good knowledge with an average value of 16.95 (80.71%). Three, The results of the Wilcoxon test obtained a P value = 0.000 <0.05, so Ha was accepted which stated that there was an effect of health education on adolescents' knowledge about reproductive health in the working area of the UPTD Puskesmas Munjul, Majalengka Regency in 2022.

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