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DIFFERENCES IN KNOWLEDGE, ATTITUDES, ACTIONS, AND SOURCES OF INFORMATION ON ADOLESCENT REPRODUCTIVE HEALTH

Mira Delvia Basri[1], T. Maulana[2], Sofia Sofia[3], M. Marthoenis[4], Marty Mawarpury[5]
Fakultas Kedokteran, Universitas Syiah Kuala, Banda Aceh, Indonesia

miradelvia23@gmail.com[1], teukumaulana@unsyiah.ac.id[2],
sofia@unsyiah.ac.id[3] marthoenis@usk.ac.id[4], marty@usk.ac.id[5]

ABSTRACT
Adolescence is a critical period during which a person lays the foundation for his reproductive life. Teenagers in pesantren and schools have different environments, so that will affect their knowledge. This study aims to determine and analyze differences in knowledge, attitudes, behaviours, and sources of adolescent reproductive health information between high school girls and young women who stay in Islamic boarding schools in Banda Aceh City. This type of research is comparative with a cross-sectional design. The population is all young women from class X and XI Islamic boarding schools and 330 young women from Banda Aceh City High School and Babun Najah Islamic Boarding School. The sample is the total population. The results of the study obtained differences in knowledge, attitudes, behaviours, and sources of adolescent reproductive health information between high school girls and young women in pesantren. The level of knowledge, attitudes, and sources of information affect reproductive health behaviour/actions. Information source variables are the most influential variables on reproductive health behaviours/actions. This study concludes that knowledge and sources of information are higher in high school children than in pesantren. In contrast, actions/behaviours in high school children are lower than in pesantren.

Keywords: attitudes, behaviour, health, knowledge, reproduction, sources of information.

Corresponding Author: Mira Delvita Basri
E-mail: miradelvia23@gmail.com

INTRODUCTION

Reproductive Health is a state of physical, mental, and social well-being, not solely free from diseases and reproductive disabilities in all matters related to the reproductive system, its functions and processes (Chepkoech et al., 2019). Issues related to sexual and reproductive health among adolescents are a significant concern in developing countries (Permata, 2017 in W. R. Pratiwi et al., 2020). In 2019, there were an estimated 21 million pregnancies among adolescents aged 15–19 years in low- and middle-income countries, of which about 50% were unintended and resulted in around 12 million births. According to the data, 55% of unwanted pregnancies among girls aged 15–19 end in abortion, which is often harmful. Teenage pregnancies (10–19 years) tend to experience a higher risk of eclampsia, puerperal endometritis, and systemic infections than women aged 20–24. Babies of adolescent mothers face a higher risk of low birth weight, premature birth, and severe neonatal conditions (WHO, 2022).

The 2017 Indonesian Demographic and Health Survey (IDHS) results show that adolescent boys aged 15-19 years who have sexual relations are around 3.6% and aged 20-24 years around 14.0%. There are various reasons for teenage boys to have sexual intercourse, with the most

significant percentage being mutual love reasons as much as 46.1%, curious/curious as much as 34%, and just like that as much as 15.4% (BKKBN, 2018). Data from the National Population and Family Planning Agency (BKKBN) on the official website of BKKBN shows that Indonesia is the 37th country with the highest number of teenage marriages in the world at 34%. While in Southeast Asia, Indonesia ranks second after Cambodia, with 23% of married teenagers (Rahman, 2022). According to data from the performance and accountability survey of the adolescent KKBPK (SAKAP) program in 2019 nationally, the knowledge index of adolescent girls aged 15-24 years is known to adolescents who know about knowledge of the fertile period (26.4%), knowledge about age should marry and give birth (54.2%), knowledge of HIV/AIDS and STIs (64.8%), knowledge of drugs and alcohol (94.7%) and knowledge of adolescent reproductive health (KRR) (60%). For Aceh Province, knowledge of adolescent girls aged 15-24 years is known to adolescents who know about knowledge of the fertile period (22.1%), knowledge about age should marry and give birth (50.9%), knowledge of HIV/AIDS and STIs (45.7%), knowledge of drugs and alcohol (94.6%) and knowledge of adolescent reproductive health (KRR) (53.3%) (BKKBN, 2019).

In the survey conducted by UNPAD 2021, a total of 126 respondents, known to be 54 people or 43%, admitted to having carried out risky behaviours infected with HIV. A total of 57 people (45%) admitted that they had never engaged in risky behaviours, and 15 people or 12% responded that they "probably" had already engaged in risky behaviours (UNPAD, 2021). Research conducted at SMA Negeri 1 Lhoksukon, North Aceh Regency, on factors related to free sex behaviour in adolescents, from the results of multivariate analysis showed two variables related to free sex behaviour in adolescents, namely sex education and social media variables, among these two variables, the most dominant related to adolescent free sex behaviour is the sex education variable (Fauziyah et al., 2022).

Education in indonesia has a general education model and a pesantren education model. Most adolescents attend school, making them one of the places to receive education, including reproductive health education, sexuality, and health behaviours (Mairo et al., 2015). The Islamic boarding school education model that emphasizes religious teachings has five subjects. The book of fiqh teaches about reproductive health, such as menstrual problems, intifada, puerperium, and jima, so there is no need to include reproductive health in a separate curriculum (Nasrulloh & Dwiandiani, 2017).

Based on an initial survey conducted on adolescent girls in high schools and Islamic boarding schools in Banda Aceh City, information was obtained that there are still many adolescent girls who do not know their reproductive health problems properly. Even the lack of information sources in pesantren due to regulations and prohibitions on watching television, carrying smartphones and laptops, as well as other media information sources, makes it difficult for young women to get information about reproductive health because pesantren are worried that their students will be affected by the information they receive and are not in line with religious teachings. Therefore, researchers are interested in researching knowledge, attitudes, actions and sources of information on reproductive health behaviour between adolescent girls in high school and girls in Islamic boarding schools in Banda Aceh City, Aceh Province.

Based on the background description above, the purpose of this study is to find out and analyze the differences in knowledge, attitudes, behaviours and sources of adolescent reproductive health information between high school girls and young women who stay in Islamic boarding schools in Banda Aceh City. So this study helps provide more detailed information about adolescent girls'

knowledge, attitudes, and behaviours related to reproductive health. By knowing the differences between high school girls and young women who stay in boarding schools, this research can provide better insight into each group's needs and challenges and strengthen awareness of the importance of reproductive health education for adolescent girls. To raise girls' awareness of reproductive health, the results of this study can help inform targeted and effective health policies and programs.

METHOD

This study is a comparative study with a cross-sectional design. The population in this study was all adolescent girls of pesantren class X and XI and young women of SMA Kota Banda Aceh. Based on data from the Dayah Aceh Education Office, it is known that the number of Islamic boarding schools that have Aliyah levels in Banda Aceh City is 5 Islamic boarding schools and based on data from the Banda Aceh City Education Office, the number of high schools is 29 high schools. Samples for each group were taken by voting, and one pesantren and one high school were taken. Babun Najah Islamic boarding school and SMA 8 were obtained from the vote results. Based on data from Babun Najah Islamic Boarding School, it is known that the population of Aliyah-level students is 165 people. The research sample was 330 students consisting of SMA 165 and Pesantren 165. Statistical analysis of independent sample t-test and linear regression, using SPSS, provided that if the value of $p< 0.05$, then Ha is accepted; otherwise, if $p > 0.05$, Ha is rejected.

RESULTS AND DISCUSSION

Univariate Analysis

Table 1 shows the average knowledge score is 12.05 with a median score of 12. The highest value is 15, and the lowest is 7. A standard deviation value of 1.80, smaller than the mean, indicates homogeneous knowledge. The average attitude score was 63.66, with a median score of 65. The highest value is 75, and the lowest is 45. A standard deviation value of 7.56, smaller than the mean, indicates a homogeneous attitude. The average information source score is 4.95, with a middle score of 5. The highest value is eight, and the lowest is 2. A standard deviation value of 2.23, smaller than the mean, indicates a homogeneous density attitude. The average reproductive health behaviour/action score was 6, with a median score of 6. The highest value is eight, and the lowest is 2. A standard deviation value of 1.42, smaller than the mean, indicates homogeneous behaviour/action.

Table 1. Univariate Analysis of Knowledge, Attitudes, Sources of Information and Reproductive Health Behaviors/Actions of Adolescent High School and Islamic Boarding School in Banda Aceh City (n = 330)

Variable	Means	Median	SD	Min - Max
Knowledge	12.05	12	1.80	7 – 15
Attitude	63,66	65	7.56	45 – 75
Resources	4.95	5	2,23	2 – 8
Behaviour/action	6.08	6	1.42	2 - 8

Before analyzing the differences using the sample independent test t-test and linear regression test, the data normality test was first carried out using the skewness and kurtosis tests. The researcher conducted a normality test with Skewness and Kurtosis $\text{Zskew} = \frac{\text{Statistik Skewness}}{\text{Standart Error Skewness}}$ dan $\text{Zkurt} = \frac{\text{Statistik Kurtosis}}{\text{Standart Error Kurtosis}}$.

The standard data requirement is if the Zskew and Zkurt values are < ± 1.96. Based on the data above, it can be concluded that the data has a normal distribution, so the data normality test requirements are met.

Table 2. Distribution of Data Normality with Skewness and Kurtosis Answers of Respondents' Knowledge, Attitudes, Sources of Information and Behavior/Reproductive Health Actions of High School and Islamic Boarding Schools in Banda Aceh City (n=330)

Variable	Skewness		kurtosis		Zskew	Zkurt
	Statistics	std. Error	Statistics	std. Error		
Knowledge	-.319	0.134	-.407	0.268	-2.38	-1.51
Attitude	-.626	0.134	-.022	0.268	-4.67	-0.08
Resources	0.133	0.134	-1,514	0.268	0.99	-5.64
Behaviour	-.603	0.134	-.030	0.268	-4.5	-0.11

Based on table 3, the average knowledge score of high school students is 12.58, higher than that of pesantren students, 11.53. The average attitude score of high school students is 62.75, lower than that of pesantren students, 64.58. The average high school student information source score is 5.96, higher than the pesantren student score of 3.93. High school students' average behaviour/action score is 5.79, lower than that of pesantren students, 6.39.

Table 3. Differences in Reproductive Health Knowledge, Attitudes, Sources of Information and Behavior Between High School Adolescents and Islamic Boarding Schools in Banda Aceh City

Variable	Research time		P-value
	SENIOR HIGH SCHOOL mean ± SD	Boarding school mean ± SD	
Knowledge	12.58 ± 1.60	11.53 ± 1.85	0.0001
Attitude	62.75 ± 9.37	64.58 ± 5.01	0.027
Resources	5.96 ± 2.57	3.93 ± 1.81	0.0001
Behaviour	5.79 ± 1.55	6.38 ± 1.21	0.0001

To determine the effect of the dependent variable independently carried out with a linear regression test, the results of the analysis where table 4 shows the significance value shows there is an influence of reproductive health knowledge (P value = 0.0001), attitudes (P value = 0.0001) and information sources (P value = 0.0001) on adolescent reproductive health behaviour.

Table 4. The Influence of Knowledge, Attitudes and Information Sources on Reproductive Health Behavior/Measures of High School and Islamic Boarding School Adolescents in Banda Aceh City

Reproductive Health Behavior/Measures	Coef-B	std. Err.	t	P-value	Betas	R-square
Knowledge	0.16	0.42	3,8	0.0001	0.20	0.43
Attitude	0.06	0.010	7.0	0.0001	0.36	0.13
Resources	0.35	0.29	12,3	0.0001	0.56	0.31

Table 5 shows variables with a p-value of < 0.05, namely knowledge, attitudes and sources of information that affect behaviour; among the three variables, information sources (p-value = 0.0001) with a coefficient of β 0.36 are the most influential variables on adolescent reproductive health behaviour/actions.

Table 5. Multivariate Analysis of the Most Influential Factors on Reproductive Health Behavior/Measures of High School and Islamic Boarding School Adolescents in Banda Aceh City

Reproductive Health Behavior/Measures	Coef-B	std. Err.	t	P-value	Betas	R-square
Knowledge	-0.023	0.038	-.599	0.550	-.029	
Attitude	0.042	0.009	4,777	0.0001	.222	0.36
Resources	0.324	0.031	10,338	0.0001	.509	

Differences in Reproductive Health Knowledge between High School Students and Islamic Boarding Schools

The results of research data analysis with an independent sample t-test showed a significant difference in reproductive health knowledge between high school students and Islamic boarding schools with a different level of 1 where the knowledge of high school students was better than pesantren. The different levels of knowledge between high school and pesantren students may be due to prolonged exposure to different primary sources of information. In line with research, Good knowledge about reproductive health in terms of personal hygiene during menstruation in public school students (96%) is greater than 86% of Islamic boarding school students ($p < 0.03$) (Malihah et al., 2019).

High school girls get most of their reproductive health knowledge from social media. Young women in Islamic boarding schools learn about reproductive health from classics and the media when they are off school but limited. Reproductive health education in pesantren is for the benefit of worship and moral implementation in the family and association. However, rational understanding, such as menstruation and maintaining the cleanliness of the reproductive organs, has not been given. This is why knowledge about adolescent reproductive health in Islamic boarding schools is still low.

Differences in Attitudes towards Reproductive Health between High School Students and Islamic Boarding Schools

The study results obtained a lower attitude score of high school students -1.8 than pesantren, which is in line with the results of statistical tests obtained. There is a significant difference in the attitude of high school students with Pesatren students towards reproductive health. The results of this study show that although pesantren students have shared knowledge about reproductive health, they have a better positive attitude; this can be influenced by religious education, which is more dominant in pesantren students.

In line with research **s**hows, the median achievement level of respondents' attitudes toward pesantren is 88.40, more significant than respondents in public schools, which is 78.00 with a significant difference with a value of $P<0.001$ (Astuti & Harni, 2018). A study in Zimbabwe found that adolescents fear pregnancy and its potential social, financial, educational and health impacts (Chikovore et al., 2013).

According to researchers, groups of students who attend school and live in Islamic boarding schools have the opportunity to develop a more positive attitude. Based on Islamic religious values, Pesantren always contains elements of right and wrong in each subject. Pesantren develop religious attitudes through worship with ukhuwah and a combination of religious nuances. Students are expected to have a strong character and the ability to firmly reject all associations and actions that can harm themselves and others.

Differences in Reproductive Health Information Sources between High School Students and Islamic Boarding Schools

Sources of reproductive health information for adolescents can be obtained from schools, media, officials, and personal relationships, among others. The source of reproductive health information for adolescents in high school with a mean value of 5.96 compared to the respondent group in Pesantren 3.93. There were significant differences in information sources between the group of respondents in high school and the presenter. In public schools, information and the pace of technological development and wave flows are very accessible and impossible to contain positive and negative information because high school students are free to access all information media.

In line with research, In his research nationally, 70.5 per cent of adolescents had received KRR information at the school level (Iswarati, 2011). The proportion of adolescents who have received information from these schools varies; the lowest percentage is in Central Sulawesi (36%) and North Maluku (55.1%), while relatively high in Yogyakarta (83.7%), DKI Jakarta (83.4%), Bali (81.8%), and East Java (80.8%). In public schools, information and the pace of technological development and wave flows are easily accessible, and it is impossible to contain both positive and negative information because high school students are free to access all information media.

Differences in Reproductive Health Behavior Reproductive Health between High School Students and Islamic Boarding Schools

The results showed a significant behavioural material of behaviour/action between high school students and Pesatren students on reproductive health, where the behaviour of female students in pesantren was better than in high school. In line with research mentioned that young women in Islamic boarding schools have better reproductive readiness compared to young women in high school (Rahmiwati, 2013). In contrast to research, she concluded that the behaviour of adolescent girls regarding reproductive health still needs to be corrected in cleaning their reproductive organs (of Riyanto et al., 2017).

Teenagers interact for 24 hours in Islamic boarding schools with a community of peers. Health problems in Islamic boarding schools still require attention from various parties involved, both in access to health services, healthy behaviour, and environmental health (Mairo et al., 2015).

In line with research, Iran shows that although most adolescents do not have sex before marriage, a significant minority are sexually active before marriage, with enormous heterogeneity based on sex and geographical region (Farahani, 2020). These results are also in line with research, which states that there is a very significant negative relationship ($p = 0.007$) between religiosity and sexual behaviour of teenagers who are dating, namely the higher the religious knowledge of the teenager, the lower his sexual behaviour and vice versa (Susmiarsih et al., 2019). Thus, religious knowledge affects the premarital sexual behaviour of adolescents, and religious people will fear committing acts that are contrary to and prohibited in their religion.

According to researchers, female students in pesantren have better reproductive health behaviours because they are subject to pesantren regulations and dormitory rules. Islamic boarding school students are also very protective of association with the opposite sex who are not their mahram, in contrast to high school students whose daily association with the opposite sex and their association is not fully controlled.

The Influence of Knowledge on Reproductive Health Behaviors/Measures

Reproductive health education is very important for adolescents to help adolescents to understand and realize science. The study's results showed the influence of reproductive health

knowledge on adolescent reproductive health behaviour. The contribution of the influence of knowledge factors on adolescent reproductive health behaviour by 40% and the remaining 60% were influenced by other variables that were not studied. Both show positive values, meaning that the higher the influence of reproductive health knowledge, the better adolescent reproductive health behaviour will be.

In line with research, he concluded that there is a relationship between knowledge and adolescent dating behaviour with a contingency coefficient of 0.202 which means that it has a weak relationship (Robi'i Pahlawan & Wijayanti, 2018). This study supports the results of Astuti & Sukasno's research, namely that the better the level of adolescents' knowledge about reproductive health, the less they will deviate from premarital sexual behaviour (Udani & Kodri, 2018). There was also a significant relationship between the level of knowledge about reproductive health and sexual behaviour, namely sexual behaviour at higher risk in adolescents with low knowledge levels than adolescents with medium and high knowledge levels (Pratiwi & Basuki, 2010).

Influence of Attitudes on Reproductive Health Behaviors/Measures

Lawrence Green states that behaviour is influenced by two factors, namely, from within, namely attitude. The study obtained the influence of attitudes towards reproductive health on adolescent reproductive health behaviour. An R square value of 0.13 shows that the contribution of attitude influence on adolescent reproductive health behaviour is 13%, and the remaining 87% is influenced by other variables that are not studied. Both show positive values, meaning that the higher the influence of attitudes towards reproductive health, the better the adolescent reproductive health behaviour.

One part of reproductive health is not having casual sex. Research examining the relationship between parental roles, peer influence, and attitudes towards premarital sexual behaviour in students of SMA Negeri 1 Jamblang, Cirebon Regency concluded that there is a relationship between attitudes and premarital sexual behaviour (Mariani & Murtadho, 2018).

Action is not the same as attitude. A ttitude is simply the tendency to act towards an object in a way that shows signs of liking or disliking that object. Attitude is only part of behaviour. Health behaviours are a person's (organism) reactions to disease, health systems, food and environmental stimuli (Pakpahan et al., 2021).

The Influence of Information Sources on Reproductive Health Behaviors/Measures

Equipping students with adequate reproductive health knowledge can lead to optimal health outcomes. The study results showed that there are barriers for students in pesantren in accessing formal health information sources. Research shows that there is an influence of information sources on reproductive health on adolescent reproductive health behaviour. An R square value of 0.31 indicates that the ability of the independent variable to explain the dependent variable is 31%. In contrast, the rest is explained by other factors outside the model.

In line with research, there is a relationship between the source of information and the risky sexual behaviour of adolescents in Sumbersari District, Jember Regency. The value of the correlation coefficient (r) of the Spearman test in this study is r = -0.194, meaning that the direction of the relationship is negative and the strength of the relationship is feeble (Alfarista, 2013). Support previous research mentions a relationship between mass media and adolescent dating behaviour by using (Robi'i Pahlawan & Wijayanti, 2018). The unavailability of accurate information about reproductive health forces young people to seek access and explore independently. This is what

adolescents are looking for, information that is not necessarily true, accurate, and truthful, which in the end, can lead adolescents to unhealthy reproduction (Sunarsih et al., 2020).

CONCLUSION

To increase student knowledge and change students' attitudes about reproductive health in adolescents, it is hoped that the Banda Aceh City health office can cooperate with schools and day education bodies by conducting health counselling on reproductive health more intensely and continuously, using language that is easier to understand and using attractive health promotion media.

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