



Scientific Research in Midwifery and Health Adolescent Reproduction

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ARTICLE INFO

Keywords: Adolescent, Health, Knowledge, Reproduction

Received : 21, Juni

Revised : 23, Juli

Accepted: 25, Agustus

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ABSTRACT

The research method applied is qualitative with a phenomenological approach. Thematic analysis technique was used to analyze the data obtained. The results showed that adolescents' knowledge about reproductive health is still limited and diverse. The majority of adolescents get information from peers and social media, while sources of information from family and school are still lacking. Factors that contribute to risky behavior include lack of comprehensive sexual education, peer pressure, and limited access to reproductive health services. The conclusion of this study highlights the importance of improving comprehensive reproductive health education at school and within the family. In addition, easier and more youth-friendly access to reproductive health services is needed. These effects are expected to reduce risky behaviors and improve overall adolescent reproductive health.

INTRODUCTION

According to the World Health Organization (WHO), adolescents are young people in the age range 10-19 years, according to the Republic of Indonesia Minister of Health Regulation Number 25 of 2014, according to the Ministry of Health (2009), the age category of adolescents is divided into two categories, namely early adolescents 12-16 years and late teens 17-25 years. According to WHO, in the world it is estimated that teenagers number 1.2 billion people or 18% of the world's population (Ministry of Health of the Republic of In 2016).

We living in a global society where the flow of information is developing very quickly and social and behavioral changes have an impact on people's reproductive health, especially teenagers. In English, "adolescent" comes from the Latin verb "adolescere," which means to mature. According to the World Health Organization (WHO), adolescents are defined as the age range between 12 and 24 years. Adolescents are people who change from the moment they show secondary sexual signs until they reach sexual maturity. They are also people who experience a number of life transitions, including changes from socio-economic dependency to independence, psychological development, and identification patterns from childhood to childhood adults (Sarwono Prawirohardjo 2003).

Adolescence is a marked period of important transition from childhood to adulthood with significant physical, emotional, and social changes. One aspect that is experienced change is reproductive health. Good knowledge and understanding of health reproduction is essential to help adolescents cope with and prevent these changes risky behavior that could endanger their health. Adolescence is a time of intense intellectual, psychological, and physical development. Teenager known for its rapid growth and development, which provides them unique temperament wherever they live. Among other properties, they have taste highly curious, enjoys challenges and adventure, and is often willing to take on risk even though they are still young. These characteristics must compete with surrounding resources can satisfy their curiosity. This often results in internal disputes. They will engage in harmful health behaviors and may experience long-term effects long in the form of various physical and psychological health problems if they take inappropriate decisions in handling conflict.

Reproductive health is not just the absence of disease or disorders, but also all conditions physical, mental and social well-being relating to all aspects of the reproductive system, activities and processes (Ministry of Health of the Republic of Indonesia, 2016). In Indonesia, the most common adolescent reproductive health problems are: a) lack of knowledge about reproductive health; b) sexual violence; c) pregnancy and childbirth at age young people at risk; d) unwanted pregnancy leading to abortion; e) lack access to health services; e) lack of incorrect information and risky behavior others (Sallipadang, 2019).

The Indonesian Demographic and Health Survey describes a number of aspects of health problems reproductions, some of which can be seen clearly. For example, Indonesia has relatively high young birth rate, namely 48%. In terms of cases of sexually transmitted infections, 68% adolescent girls and 86% of boys know that they have syphilis, 34% of adolescents girls and 33% of boys know they have gonorrhea, 21% of girls and 12% of men know they have genital herpes, cases of delinquency and teenage promiscuity reaches >45%, teenage sex workers reach 60%, and 20% of the 2.3 million abortion cases that occur every year involve teenagers (Central Statistics Agency, 2023).

According to the Ministry of Health (2023) states that premarital sexual behavior in Teenagers can have a number of detrimental impacts. This includes increased risk contracting sexually transmitted diseases (STDs) such as gonorrhea, syphilis, herpes simplex (genital), chlamydia, condyloma acuminata, and HIV/AIDS. Adolescent girls are also at risk of miscarriage unsafe, anemia, infertility, bleeding or pregnancy poisoning, and non-pregnancy desired. In addition, the psychological impact of these events can cause depression due to dropping out of school, unwanted pregnancies, unhealthy pregnancies, and other problems. It's not just the couple that can be negatively impacted; family reputation and society can be tainted, especially the reputation of parents.

Data from the National Family Planning Coordinating Board (BKKBN) and the United Nations Fund for Population Activities (UNFPA) in 2012 indicated that there were 2.3 million cases abortions every year in Indonesia, with 10-30% of these carried out by teenagers. Matter this indicates that between 230,000 and 575,000 minors are estimated have an abortion every year. In a study for DKT Indonesia, a research company global Synovate researched the sexual behavior of teenagers between the ages of 14 and 24. Four hundred and five Twenty teenagers from Medan, Jakarta, Bandung, and Surabaya participated in this research. According to research findings, 64% of teenagers admitted that they had had premarital sex intentionally and contrary to religious norms and ideals. Despite this, their sexual behavior remains unaffected by this awareness. Teenagers doing activities sexual because it is spontaneous and unplanned.

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Meanwhile, data from the National Population and Family Planning Agency (BKKBN) shows that the prevalence of premarital sexual relations among Indonesian teenagers is increasing in recent years. According to the 2017 Indonesian Demographic and Health Survey (SDKI), around 5% of adolescent girls and 8% of adolescent boys aged 15-19 years admitted to having committed sexual intercourse. In addition, the level of modern contraceptive use among teenagers who are actively active Sexual intercourse is still low, with only 35% using effective contraceptive methods. This matter increases the risk of unwanted pregnancy and transmission of STDs among adolescents.

Adolescents in Indonesia are currently involved in dangerous reproductive health behaviors, and the signs are increasingly worrying. Based on the information previously mentioned, it can be concluded that a number of psychosocial factors, including drug abuse, smoking, unwanted pregnancy, juvenile delinquency, violence, and HIV/AIDS, are the causes The main morbidity and mortality that often occurs in adolescents in general. Problems These risk behaviors may be related to each other or may trigger risk behavior problems other. Knowledge about reproductive health is very important in preventing risky behavior. Adolescents who have good knowledge about reproductive health tend to make better decisions regarding their sexual activities. Effective education about Reproductive health can help teenagers understand the consequences of inappropriate sexual behavior be safe, recognize the signs of PMS, and know the correct way to use contraception.

Family is the first and most important environment for a child, which influences their development. The way parents behave, both at work and in life family in general, will influence how their children behave as people old. Idrus (2014) emphasized that parenting styles play an important role in personality formation. Democratic parenting is a type of parenting that sets limits and control over children's behavior while encouraging independence, sociability, realism, humility, and respect for the points of view of others and others. To make their children following their example, parents became more democratic and reasonable in style their nurturing, but still warm and caring.

Adolescent reproductive health workers play an important role in reducing the behavior dangerous health among teenagers. In their capacity as educators, health workers, including midwives and nursing students, help clients, families, communities and staff other health in solving health problems, especially those related to health reproduction, such as teenage pregnancy. Health workers have an obligation to promote consistent and progressive positive health behavior as a motivator. To reduce risk factors associated with the unmet need for safety, health workers who acting as a facilitator must be able to effectively connect the dots between taste needs safe clients and families and help them overcome obstacles on the way to better health.

Public health education, which is a series of experiences to change attitudes, knowledge and behavioral habits related to healthy living, both in individuals and society, is fundamental to understanding internal reproductive health global scale (Nurmala et al, 2018). The main factors in driving behavior change are beneficial related to health is health education. Some educational initiatives are based community activities carried out individually or in groups are sufficient to produce significant increase in knowledge.

According to Sulastri and Astuti (2020), it is very important for health workers and educational institutions to educate teenagers about reproductive health to prevent misinformation. Adolescents have significant health risks and are particularly vulnerable in their lives, as evidenced by the issues raised above. Teenagers must have access and development of basic reproductive health information. To solve their problems and reduce or stop the occurrence of risky behavior in adolescents, adolescents must be given information about the reproductive process and all relevant aspects.

LITERATURE REVIEW

According to the World Health Organization (WHO), adolescents are young people in the age range 10-19 years, according to the Republic of Indonesia Minister of Health Regulation Number 25 of 2014, according to the Ministry of Health (2009), the age category of adolescents is divided into two categories, namely early adolescents 12-16 years and late teens 17-25 years. Reproductive health is not just the absence of disease or disorders, but also all conditions physical, mental and social well-being relating to all aspects of the reproductive system, activities and processes (Ministry of Health of the Republic of Indonesia, 2016). The Indonesian Demographic and Health Survey describes a number of aspects of health problems reproductions, some of which can be seen clearly.

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METHODOLOGY

A literature study approach was used in this research, where journals and related data were collected according to the title. The steps included in the literature study method include processing research sources, reading and taking notes, and using library data collection techniques. Literature studies are investigations carried out by scholars by collecting various books, journals and additional information.

RESEARCH RESULT

Sociodemographic characteristics of older adolescent girls and their parents are presented in Sociodemographic and Other Descriptive Characteristics of Older Adolescent Girls. Of the older female adolescents, 229 (28.9%) were in the commerce group, 105 (13.3%) in the science group, and 458 (57.8%) in the humanities group. The proportion of older female adolescents from rural and urban areas was similar (396, 50%). The majority of older adolescent girls (90.3%) identified as Muslim. Of older teenage girls, 75% admit that they watch a lot of TV, and 5% say that they use Facebook. Mothers of older adolescent girls (741, 93.6%) were housewives in every case. Of the older girls, 58.8% said that their mothers usually watch TV, while only 63 (8%) said that their mothers also use Facebook. More than two-thirds (68.6%) of the older adolescent girls in Figure 1 (who demonstrated several SRH-related characteristics) reported knowing nothing about menarche or previous menstruation.

The majority of adolescent girls (65%) admit that the best source of information about SRH is their mother. Additionally, regular communication (at least once a month) regarding SRH issues was reported by 68% of older adolescent girls with their mothers or sisters. Additionally, 30% of older adolescent girls have discussed SRH issues with a doctor or other health professional, and more than half (52%) have read or seen SRH-related content in the media. Various important topics discussed in SRH-related conversations with mothers, sisters and other female relatives are also depicted in Figure 1. The most frequently discussed interpersonal communication topics were STIs (35%), childbirth (29%), sexual harassment (39%), and family planning (53%).

A state of overall physical, mental, and social well-being that is more than the absence of disease or disability related to the reproductive system, its operations, or processes is known as reproductive health. An individual's observation and experience of something new that may be useful for that person will produce knowledge. Knowledge, according to Bloom and Skinner, is a person's ability to express what they have learned through written and verbal responses. Writing or evidence is a response to stimuli in the form of verbal or written questions (Muflihana et al, 2018).

Students who are knowledgeable about reproductive health will be better able to maintain their composure and avoid inappropriate actions against their reproductive organs. Adolescents who do not know enough about reproductive health risks may engage in unsafe sexual behavior. The main reason for teenagers' lack of understanding about reproductive health is unreliable sources of information. In fact, magazines, films, videos, and close friends or peers are the main sources of information for teenagers (Purwatiningsih, 2019).

There is a correlation between age and adolescent reproductive health behaviors, and adolescents in the middle age range of 15 to 19 years are more likely to engage in poor reproductive health-related behaviors than early or late adolescents. This is in accordance with the explanation that in early adolescence, they are still in the stage of forming behavior, and in late adolescence, they understand more because of their broader knowledge. At the middle adolescent stage, they tend to be interested in having relationships with the opposite sex and often make mistakes that can cause concern, especially regarding adolescent reproductive health behavior (Sebayar, Gultom and Sidabutar, 2018)

This is consistent with data showing that the majority of teenagers start dating and want to try sexual activity in mid-teens (Mahda, 2017). Compared to early teens, who are just starting to think about and pay attention to their physical appearance, middle schoolers are more likely to be selective and have an identity and sense of responsibility for themselves. On the other hand, advanced teenagers tend to be more self-aware (Aisyaroh, 2017).

In Indonesia, the majority of teenagers (64.9%) have completed junior high school and high school, or secondary education. Adolescent education levels and reproductive health behaviors are directly correlated, and adolescents who complete secondary education are more likely to engage in risky reproductive health behaviors. This is clearly seen in the situation of teenagers who have just started school. It is said that the older one gets, the more mature a person's level of thinking and functional ability becomes, because age influences knowledge (Johariyah and Mariati, 2018). However, in different studies, it was stated that teenagers in middle school and high school have a strong interest in reproductive health and have been involved in various activities related to reproductive health, from liking each other to dating as a way to express affection and attention that may be inconsistent with their sexual orientation. For this reason, it is important to understand and expand knowledge about reproductive health (Susmiarsih, Marsiati and Endrini, 2019).

The responses of male and female adolescents to reproductive health problems are undoubtedly different, and this will influence behavior related to reproductive health. Compared with female adolescents, male adolescents are more likely to engage in risky activities related to reproductive health. In this study, there was a relationship between the gender of the respondent and adolescent reproductive health behavior. Because of the marked differences in the beliefs of adolescent boys and girls, relationships can emerge. For example, women who engage in casual sex are at risk of becoming pregnant, which means that, compared to men, women have a stronger view of protecting their reproductive health. On the other hand, women often feel uncomfortable and embarrassed when discussing reproductive health issues, while men are usually more interested in learning about this topic. Adolescent reproductive health behavior can be influenced by this (Mariani and Arsy, 2017).

Male adolescents are more likely to show deviations in adolescent reproductive health behavior compared to female adolescents, based on male predisposition towards such behavior. This shows that there are looser norms for teenage boys (Maesaroh, Kartikawati and Anugrah, 2019). The research consensus also shows that adolescent males engage in harmful reproductive health behaviors. For example, almost all teenage boys have seen pornography, which can arouse sexual desire in teenagers (Mahda, 2017).

Based on research conducted by Suci Saparini (2022), according to data, almost half (45.5%) of middle class families have more characteristics than families with lower socio-economic status (29.7%), a small portion (24.8%) from upper class families, and the remainder (29.7%) had a higher socioeconomic status. Based on the findings of the analysis, it was found that there is a correlation between adolescent reproductive health behavior and socioeconomic position, and that adolescents in middle to upper socio-economic classes are more likely to engage in dangerous behavior than adolescents in lower socio-economic groups. According to research by Wulandari and Jember (2017), factors such as lifestyle, level of social activity, and attitudes towards sexual and reproductive health services are related to juvenile delinquency in relation to the family's socio-economic status.

Adolescents from higher socioeconomic backgrounds are more likely to be exposed to and influenced by contemporary western lifestyles, which include using illegal drugs, drinking alcohol, and engaging in sexual activity.

Therefore, teenagers from middle to upper class socio-economic backgrounds should receive special attention. The socio-economic conditions of middle to upper class households can cause children to fall into an antisocial environment because teenagers are used to it live in luxury and can easily get everything which makes them less appreciative and take things for granted. Teenagers from families with high socio-economic backgrounds tend to live extravagantly and waste money. Family socio-economic status does not have much influence on adolescent health behavior. This is because friends and use of mass media played a greater role in the study, and most people, from both lower and higher socioeconomic backgrounds, now own smartphones which make information easily accessible. This indicates that adolescent sexual behavior problems are related to the beliefs and personality traits of the adolescents involved, not due to socio-economic problems (Asmin and Mainase, 2020).

Almost all (44.9%) adolescents with family characteristics live in metropolitan areas, while the majority (55.1%) live in rural areas. Research findings show that there is no significant relationship between adolescent reproductive health behavior and place of residence (p-value 0.551 or >0.005). The findings of this study support previous research which shows that adolescent reproductive health behavior is not correlated with where they live (Elvira, Hastono and Misyta, 2019). Furthermore, it was explained that teenagers who live in rural areas have a lower understanding of reproductive health compared to teenagers who live in urban areas who have higher knowledge, which influences their sexual behavior (Nasution et al., 2020). However, many teenagers in urban areas actually receive wrong information

about reproductive health even though access to information there is easier (Puspasari, Sukamdi and Emilia, 2017).

Access to Information with Adolescent Reproductive Health Behavior (KRR)

In research conducted by Suci (2022), there is a significant relationship between exposure to information access and adolescent reproductive health behavior. Adolescents who are exposed to information have a 5.432 times higher risk of having negative adolescent reproductive health behavior (KRR). Teenagers who access 1 to 3 sources/media of information are at risk 6,316 times higher than those who do not access much information, who are only at risk 4,371 times. This shows that if teenagers access information from 1 to 3 sources/media, their reproductive health behavior tends to be negative. This negative behavior can be caused by information media, the influence of friends, and the living environment. Easy and abundant access to information, whether from print, electronic or online media, greatly influences adolescent behavior, including reproductive health issues (Thaha and Yani, 2021).

The media often provides information to teenagers that influences their behavior regarding reproductive health (Solehati, Rahmat, and Kosasih, 2019). According to research (Nurzaman, 2018), teenagers who get information from more than three sources usually have strong knowledge, which will undoubtedly influence their behavior regarding reproductive health compared to teenagers who get information from less than three sources. Apart from that, teenagers' lifestyles are also influenced by the ease of internet access they often use. However, this sophistication and convenience also has several drawbacks, such as the opportunity for teenagers to access pornographic sites that contain writing or images that are actually illegal according to government regulations. If the information they find on these sites does not match their emotional and mental condition, they can satisfy their curiosity by having premarital sex (Agustin, Susanti and Gumilar, 2021).

Reproductive health care will be difficult for teenagers to obtain because they often do not have basic knowledge about reproductive health (Rahma, 2018). As a result, the media significantly influences the spread of misinformation, which in turn influences knowledge to be inaccurate. Increased exposure to information from the media important matters relating to the sexual desires of teenagers are encouraged to continue seeking information from various sources by their sexuality (Wahdini et al., 2021). According to research by Sidabutar, Sitorus, and Gustiasari (2019), teenagers' understanding of reproductive health in North Sumatra Province is significantly correlated with their exposure to KRR information. It is assumed that adolescents, if given accurate information, will have knowledge that will impact responsible behavior, especially related to with the reproductive process.

Adolescents' awareness of reproductive health in Sidoharjo Village is influenced by several factors, including gender, number of sources of information, and use of parental roles, according to Ernawati (2018). This indicates that the source of information is very important to consider. Sources of information include books, movies, videos, peers, and even easy websites accessed on the internet. Teenagers are more receptive to information from peers, but very little of it who receive information from parents or schools regarding sexual and reproductive health (Ani Yuniarti and Indra Lukmana, 2017). This is in line with research by Rianto, Priwahyuni, and Saputra (2018) who found that the media and peer pressure had a negative effect on adolescent sexual behavior at SMA Negeri 1 Siak Kecil. If teenagers don't get the information information about reproductive health from medical professionals, they will look for sources alternative knowledge through misleading images, friends, or films.

Obtaining information through the media can influence teenagers' attitudes and behavior, including KRR's behavior. The influence of media on teenagers' attitudes and behavior can be positive or negative. Media with accurate information content will have a positive impact on teenagers, meanwhile otherwise it could have a negative impact. Despite the accuracy of sites offering information about reproductive health online is not always guaranteed, but access to information about reproductive health still is Many are obtained via the internet. To prevent respondents from becoming confused when accessing online reproductive health information, explanations from people who really understand health reproductives – parents, educators, medical personnel, and the like – must be provided.

In terms of reproductive health problems, teenagers are greatly influenced by educational conditions health and health promotion functions. These problems include Lack of understanding, information, and education about reproductive health; low internal attitudes and behavior implementing reproductive health; and lack of support from peers, family, school, community, cross-sectors, and policy. Initiatives for health promotion must be able to see or learn more about the reproductive health requirements of teenagers by exposing them on accurate health information from various sources and information media.

Health Knowledge in Minimizing Risky Behavior on Reproductive Health Teenager Domains of knowledge, or cognitive functions, are very important in determining a person's behavior. Therefore, initiatives are needed to increase youth knowledge (Thaha and Yani, 2021). The aim of Adolescent Reproductive Health Education (KRR) is to provide information to teenagers about HIV/ AIDS, Sexually Transmitted Infections (STIs), anatomy and physiology of the reproductive system, unwanted pregnancies, and their impacts. To better equip individuals to do so healthy reproductive activities (physical, mental, economic and spiritual), KRR also teaches students how to cultivate healthy reproductive behavior (Thaha and Yani, 2021).

A person's level of awareness regarding adolescent reproductive health is influenced by various factors kinds of circumstances. Teenage behavior in terms of sexual activity will ultimately be influenced by this element of knowledge (Kartikasari, Ariwinanti, and Hapsari, 2019). Reproductive health education can help teenagers not to behave deviantly, including engaging in behavior sexual freedom, according to Wardani and Kurniasari (2017). On the other hand, teenagers do not accept it counseling or teaching about reproductive health is generally more likely to get pregnant outside his will. Accurate sexual information can guide someone to carry out appropriate sexual activities be responsible and reasonable, and support them in making personal decisions matters relating to the sexual desires of teenagers are encouraged to continue seeking information from various sources by their sexuality (Wahdini et al., 2021).

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Adolescents who lack knowledge about reproductive health tend to shows unhealthy sexual behavior (Ashari, Hidayah and Rahmatica, 2019). Information that what teenagers receive also influences their knowledge (Rahma, 2018). In simple terms, way Adolescents' understanding of reproductive health will also have an impact on their behavior apply the knowledge they have acquired (Dewi and Wirakusuma, 2017). Deviation Sexual behavior originates from a lack of information and supervision about reproductive health teenager. Education about adolescent reproductive health is a useful instrument for promote and prevent attitudes and understanding regarding the moral formation of adolescents (Susanti, 2020).

According to BKKBN, the aim of the adolescent reproductive health program is to support adolescents in acquiring the knowledge, skills, attitudes and behavior needed to responsible and healthy reproductive life through advocacy, promotion, IEC, counseling and support for teenagers with certain problems. Adolescent Reproductive Health Magazine covers aspects of adolescent life related to knowledge, attitudes and practices sexual life and family life. To ensure that adolescents have adequate knowledge about health reproduction, communication, information and education (KIE) materials about the causes and consequences of sexual behavior, what to do, as well as information about service facilities who are willing to help in the event of an unwanted pregnancy or contracting an infection and Sexually transmitted diseases are very necessary as a first step in prevention.

The triad of KRR-Drugs, HIV/AIDS, and Sexuality-are three dangers to health adolescent reproduction which is currently the government's concern (Solehati, Rahmat, and Kosasih, 2019). These risks are included in the scope of adolescent reproductive health. A strong desire to have a partner and feelings of intense love and affection related to intimacy with the opposite sex supports behavior related to reproductive health, forcing adolescents to make decisions that ultimately determine the course of their own lives. Hidayangsih defines risk behavior in adolescents as any behavior that considered to have bad and dangerous impacts on health, such as lack of knowledge.

Regarding reproductive health, including sexually transmitted diseases (STDs), and dating relationships who are too intense and involved in immoral video content that encourages sexual behavior uncontrolled, using contraception before marriage, marrying at a young age, and having an unsafe abortion (Bawental, Korompis and Maramis, 2019). Today's teenagers often become victims of ignorance regarding unsafe sexual behavior during this period their growth. Unwanted pregnancy is one of these concerns, because it can result in early marriage (Buaton, Sinaga, and Sitorus, 2019). The knowledge a person receives is one of three influencing factors how their attitudes are formed. Researchers argue that the information teenagers receive will shape their attitudes, especially if the information comes from someone they know consider it important. The more information teenagers have about the KRR Triad – sex, drugs, and HIV/ AIDS – the more positive their attitudes will be. On the other hand, teenagers' attitudes will be less positive if the less knowledge they get about the KRR Triad (Sexuality, Drugs, and HIV/AIDS).

Reproductive health education from an early age is needed to ensure that adolescents receive accurate and correct information. It's time for parents and educators to do it honest, transparent, and professional conversations about topics related to sexuality and reproduction. School-based sexual education does not result in sexual intercourse earlier or increased sexual activity in teens, according to an analysis of 35 studies that carried out in industrial and developing countries. On the contrary, this actually has an impact on delay in adolescent sexual relations.

Student awareness can be increased by providing education about sexually transmitted diseases and reproductive health. In order to create a healthy and high-quality future generation, it is hoped that this increase in information can change respondents' attitudes and make them more concerned about sexually transmitted diseases and reproductive health. More education about adolescent reproductive health and STDs should be provided, especially in schools, because these young people are very vulnerable to early marriage, unsupervised sexual relations, and PMS. One of the activities that can influence changes in respondent behavior is counseling health, which also influences changes in knowledge and attitudes. Teenagers learn about reproductive health and related issues through counseling activities. Adolescents who receive reproductive health counseling are more likely to understand the value of reproductive health and refrain from having sex too early. According to the United Nations Educational, Scientific and Cultural Organization (2009), sexual education can increase the values, knowledge and abilities that adolescents need to make responsible sexual behavior decisions.

Notoatmodjo (2014) identified three techniques for modifying behavior, especially knowledge- based behavior: enforcing regulations or other forms of coercion, educating the public about reproductive health, and encouraging dialogue and involvement. People will act according to their knowledge and become more aware because they have knowledge.

Knowledge includes the storage of information that can be obtained through direct or indirect means and stored in memory. As a result, respondents who received counseling about reproductive health had better knowledge compared to respondents who did not receive counseling. To progressively and continuously incorporate sexual education into natural science subjects – especially biology, health, religion, morality, and ethics in behavior – schools must not separate the integrated education system from the sexual education curriculum. Moral and religious education must take priority over sexual education so that students can understand sexual education as a science that should not be applied too early. Strong religious education must be provided simultaneously with the process of providing sexual education.

Providing sexual education to children once or twice is not enough, but must be done gradually and regularly. For this reason, most curricula in schools should include sexual education. Parents and educators are expected to have sufficient knowledge about adolescent reproductive health, dispel myths, and warn of the risks associated with irresponsible sexual behavior. To avoid undesirable consequences, educational programs for teenagers in general and even younger ones should not be condescending or incompetent, simply providing answers even if those answers are wrong.

On the other hand, information must be conveyed wisely and with weight (i.e. accurate and precise information). Each culture has a significant impact on the difficulty of setting accurate and precise standards. Differences in family, geography, religion, era, time, and village can influence what is considered good, bad, and right or wrong. Because there is still a strong taboo on discussing sexual matters among parents, especially in rural areas, it is difficult to make sexual education programs part of the formal education system in schools and leave sexual education programs to parents. Therefore, general information for adolescents must be disseminated by qualified experts (doctors, psychologists, educators, etc.) through lectures, counseling, extracurricular activities, and mass media adapted to the local context.

Dangerous adolescent social views and behavior can be triggered by parental disputes at home, parents who consider adolescents' curiosity about reproductive health as unimportant or taboo, and the prevalence of violence against minors. Parents and educators are very concerned that teaching teenagers about the development of reproductive organs and their functions could encourage them to have sex before marriage. Premarital sexual behavior is also influenced by domestic violence, school environmental conditions, the influence of playmates, and the unpreparedness of educators in providing appropriate programs and quality in reproductive health education. Today's teenagers must learn to accept and be responsible for their own actions and the actions of those around them in order to have a positive future. This can be achieved by providing accurate knowledge about sexuality. In accordance with Notoatmodjo (2014), favorable sentiments do not always translate into real behavior. In line with Green's statement that attitudes shape behavior, Roer and Schoemaker state that behavior follows interest and real action is taken after assessing attitudes, namely new forms of behavior. Therefore, attitudes are related to knowledge, so it is understandable that good knowledge will create good attitudes as well.

CONCLUSIONS AND RECOMMENDATIONS

This study highlights the importance of understanding reproductive health in preventing risky behavior that impacts adolescent reproductive health. Findings show that increasing adolescents' knowledge regarding reproductive health significantly reduces their involvement in risky behaviors such as premarital sexual relations, drug abuse, and unsafe sexual practices. Comprehensive and effective educational programs on reproductive health have been proven to be able to increase awareness and understanding of adolescents, which ultimately contributes to the prevention of reproductive health problems. The implementation of sustainable education programs and support from various parties, including families, schools and the government, is very important to ensure the sustainability of these prevention efforts. Therefore, reproductive health education is the main key in forming a healthy young generation who behaves positively towards their reproductive health.

ADVANCED RESEARCH

Still conducting further research to find out more about Scientific Research in Midwifery and Health Adolescent Reproduction.

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