

Education to Increase Adolescents' Knowledge about Reproductive Health and Premarital Sexuality in Lambako Village

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ABSTRACT

Adolescence is a transition between childhood and adulthood where psychological, physical and human reproductive organ changes occur, which is called puberty. Teenagers need serious attention because they are vulnerable to reproductive health problems, namely premarital sex, drugs and HIV/AIDS and are curious about trying various things, including being active in dating. Based on in-depth observations and interviews, there are still many teenagers who do not know about premarital reproductive and sexual health. Therefore, health education activities are carried out with the aim of increasing adolescent knowledge about the importance of adolescent knowledge about premarital sex. The extension method applied is using *Leaflet*, *talk* and face-to-face discussions. Outreach results showed that the majority of teenagers' knowledge about premarital sex before counseling activities was poor, 11 people (50.4.5%) and 10 people (40.6%) good. After carrying out premarital sexual counseling activities, there was an increase in knowledge where 17 respondents had good knowledge (80.95%). So it can be concluded that reproductive health education activities have an influence on teenagers' knowledge about premarital sex.

Keywords: Counseling, knowledge, teenagers, premarital sexuality

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INTRODUCTION

Adolescence is a transition from childhood to adulthood where physical, emotional and psychological changes occur between the ages of 10-19 years. Teenagers are residents aged 10-18 years. Meanwhile, according to the BKKBN, teenagers are found in the population aged 10-24 years and are not yet married (Ministry of Health of the Republic of Indonesia, 2017). Although there are differences in age ranges, adolescence is associated with the transition from childhood to adulthood. This transition period is a time of preparation for adulthood which will go through several important developmental stages in life such as physical and sexual maturity, social and economic independence, the search for self-identity, increasing abilities.(*skill*) for adult life and negotiation skills(*abstract reasoning*) (Kusumaryani, 2017).^[1]

Basic Health Research 2013 showed that 2.6% of the Indonesian population married at the age of <15 years and 23.9% of the population married at the age of 15-19 years. Pregnancy at age <15 years was 0.02% and at age 15-19 years was 1.97%. The number of teenagers aged 10-24 years in Indonesia is around 64 million or 28.64% of the total population. Around 1 million teenage boys and 200 thousand teenage girls admit that they have had premarital sexual relations. According to the Indonesian Adolescent Reproductive Health Survey conducted by BPS (2017), 48% of teenage boys had kissed, 7% of teenage boys and 2% of teenage girls had had sexual relations before marriage. This figure has increased compared to 2017 BPS data, namely 6% of adolescent boys and 1% of adolescent girls. This is because during adolescence, they have curiosity about sexual relations. However, teenage girls think that sexual relations just happen, without any plan and happen because there is an opportunity that allows teenagers to do this.

Unhealthy dating behavior is increasing among teenagers. The research results show that teenagers aged 14-23 years have a high frequency of having sexual intercourse for the first time (Yanti, 2020). Reproductive health and adolescent sexuality issues in Indonesia are considered not a priority because there are still high cases of out-of-wedlock pregnancies, dating violence and abortion. In 2004, there were 560 cases of unwanted pregnancies in teenagers aged 14 to 24 years, and their knowledge about the risks of sexual intercourse was still low due to a lack of information regarding premarital sex education and reproductive health (Yanti, 2020).

According to PKBI records in 2010, there were 99 teenagers who had premarital sexual relations and 83 teenage girls with cases of premarital pregnancy out of 379 people who consulted about reproductive health at PILAR PKBI. Meanwhile, in 2011 as many as 821 people consulted about reproductive health at PILAR PKBI, 193 people had premarital sexual relations (23%), premarital pregnancy reached 79 people (10%). As many as 52% of those who had premarital sexual relations were aged 15-19 years (PILAR PKBI Jateng, 2022).

The Adolescent Reproductive Health Program (KRR) is a program resulting from the explanation of the mission of the National Family Planning Program, namely preparing quality human resources from an early age in order to create quality families. The KRR program is implemented to increase knowledge, awareness, attitudes and behavior in healthy and responsible teenage life through activities in the form of promotion, advocacy, educational information communication (KIE) on reproductive health issues, counseling, services and other useful activities for adolescent development (Kusmiran, 2021).^[2]

The problem of adolescent reproductive behavior cannot be separated from three vital changes during this period which include physiological changes regarding the growth and maturity of reproductive organs, the process of socialization and changes or development of personality. Efforts in the health sector through outreach are carried out to improve the health status of the community or individuals, be able to encourage themselves and reduce morbidity rates in the community and increase community participation. It is hoped that education about reproductive health can reduce promiscuous sexual behavior among teenagers and provide knowledge to teenagers, especially about premarital sex and reproductive health in general.^[3]

METHOD

Community service activities in Lambako Village, Banggai District, Banggai Laut Regency, Central Sulawesi, took place in the Lambako Village Hall. Activities carried out include Assessment, Health Examination, Counseling and Health Education regarding Premarital Sex which is carried out through the following stages:

1. Preparation activities include:
 - a. Survey activities for places of community service, namely in Lambako Village, Banggai District, Banggai Laut Regency, Central Sulawesi

- b. Application for community service activity permit to Lambako Village Head
 - c. Administrative management (correspondence) and preparation of tools and materials as well as accommodation
 - d. Preparation for the location for health education activities using one of the halls in Lambako Village, Banggai District, Banggai Laut Regency, Central Sulawesi
2. Health Education Activities (Extension)
 - a. Opening and introduction to the Head of Lambako Village, Banggai District, Banggai Laut Regency, Central Sulawesi and his staff as well as Pregnant Women who are the targets of the activity
 - b. Distributing Pre-Test Questionnaires on Adolescents' Knowledge and Attitudes towards Premarital Sex
 - c. Counseling regarding "Premarital Sex
 - d. Discussion/question and answer session with health education participants regarding Premarital Sex
 - e. Distributing Post Premarital Sex Test Questionnaires
3. Closing
 - a. Providing souvenirs to participants who asked questions and were able to answer questions raised by the committee
 - b. Group photo with counseling participants (all participants who attended the activity)
 - c. Say goodbye to the Head of the Village and all participants who were directly involved in the extension activities
 - d. Preparing reports on community service activities

This community service is carried out in the form of direct health education in Lambako Village. This activity was attended by teenagers who were the targets of this activity, which was carried out for 3 days from 7 to 9 April 2023. The method used in this activity was to provide media material using *Leaflet*, lectures and discussions directly to teenagers about reproductive health knowledge regarding premarital sex. *Leaflet* used to ask questions *pretest* before counseling and *posttest* after counseling. Meanwhile, the lecture and discussion method is to provide education about the importance of reproductive health knowledge regarding premarital sex from an early age and to see *feedback* from teenagers to the counseling delivered.

RESULT

Table 1. Adolescents' knowledge about reproductive health regarding premarital sex before being given counseling

No	Category	Amount	Present
1.	Good	10	40,6 %
2.	Enough	0	0
3.	Less	11	50,4 %
	Amount	21	100 %

Based on the results of the table above, it can be seen that before being given counseling, 11 (50.4%) of the teenage participants in Lambako Village still had insufficient knowledge about reproductive health regarding premarital sex.

Table 2. Adolescents' knowledge about reproductive health regarding premarital sex after being given counseling

No	Category	Amount	Present
1.	Good	17	80,95%
2.	Enough	4	19,5 %
3.	Less	0	0 %
	Amount	21	100 %

Based on the results of the table above, it can be seen that after being given counseling, 17 (80.95%) teenage participants in Lambako Village had good knowledge about reproductive health regarding premarital sex.

DISCUSSION

Socialization and counseling regarding reproductive health knowledge regarding premarital sex in Lambako Village was carried out after observing environmental conditions and the behavior of surrounding teenagers. After the problem of lack of knowledge among teenagers about the importance of reproductive health regarding premarital sex was discovered from an early age, socialization and counseling was carried out. Adolescent participants were given education on how to use it *leaflet* (Fig. 1) and done *pretest* and *posttest* to find out how much knowledge they have regarding reproductive health regarding premarital sex. After that next with a lecture and discussion process (Fig. 2).



Figure 1. Leaflet reproductive health education regarding premarital sex in adolescents



Figure 2. Lectures and discussions with teenagers

Activities to provide health education in Lambako Village using media *leaflet* using lecture and discussion methods has been proven to increase teenagers' knowledge about reproductive health regarding premarital sex. The truth of this statement can be seen from Table 1 which

shows that before being given counseling, 11 (50.4%) teenagers' knowledge about reproductive health and premarital sex was still in the poor category. Most teenagers have knowledge limited to the physical characteristics of sexual development and the impact of premarital sexual behavior. However, there are still teenagers who do not understand the forms of premarital sexual behavior. This is due to a lack of education about sex at home and at school. Meanwhile, in Table 2, after counseling, 17 (80.95%) teenage participants had good knowledge about reproductive health regarding premarital sex.

According to Nurmayansyah, teenagers are more interesting to ask knowledge about sexual behavior and reproductive health to peers rather than to parents or teachers. Most of the women are pregnant in age Teenagers admit that they don't communicate enough with their parents about reproductive health issues. Most of them don't have friends to confide in at home and own feelings of loneliness and indifference from parents. A number of This is what makes them have sex without protection and without fear (Samanoet *al.*,2017).

Implementation of socialization about knowledge Reproductive health and premarital sex in the youth environment must be implemented in all villages in Banggai Laut, especially places isolated the hard to reachable to access education. This is because there is still a lack of education about reproductive health and premarital sex, especially for teenagers.

CONCLUSION

Counseling for 21 teenagers was carried out in Lambako Village, Banggai District. Before being given counseling there were 11 (50.4%) teenagers with poor knowledge and after being given counseling there was an increase to 17 (80.95%) teenagers with good knowledge. Knowledge outreach activities about reproductive health regarding premarital sex have been proven to increase knowledge among teenagers. With increasing knowledge, it is hoped that teenagers can reduce the incidence of early marriage. Subsequent counseling activities placed more emphasis on preventing premarital sex from an early age.

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