Factors Influencing Risky Actions on Early Adolescent Reproductive Health at SMPN 30 Kerinci

by Mira Eka Putri

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Factors Influencing Risky Actions on Early Adolescent Reproductive Health at SMPN 30 Kerinci

Mira Eka Putri [1] , Ariadi [2] , Yuniar Lestari [3]

[1] Midwifery Postgraduate Program, Andalas University, Padang, Indonesia
[2] Department of Reproductive Health , Andalas University, Padang, Indonesia
[3] Specialist Department of Obstetrics and Gynecology, Andalas University, Padang, Indonesia

Email correspondence : yuniarlestari@med.unand.ac.id

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Abstract

Deviations in sexual behavior often occur among adolescents. The development of the current era makes information disclosure through the media and electronics have a major influence on adolescent sexual behavior . The research objective was to find out the factors that influence risky actions on early adolescent reproductive health at SMPN 30 Kerinci .

This type of analytic descriptive research with a cross sectional design approach. The research was conducted in November - December 2022 at SMPN 30 Kerinci with 77 samples using total sampling technique. Data analysis with chi-square statistical test and multivariate analysis with binary logistic test. Research results risky reproductive health measures 59 people (76.6%) with low knowledge 42 people (54.5%), negative attitudes 48 people (62.3%), the role of parents in reproductive health is not good 43 people (58.8%), the role of health workers on reproductive health is not good 40 people (51.9%) with the role of peers is not good 49 people (63.6%). There is a relationship between knowledge and reproductive health risky actions (p=0.001), there is a relationship between attitudes and reproductive health risky actions (p=0.039), there is a relationship between the role of parents and reproductive health risky actions (p=0.014), there is no relationship between the role of health workers and reproductive health risky actions (p=0.647), there is a relationship between the role of peers and reproductive health risky actions (p=0.027), the most influential factor on early adolescent reproductive health risky actions at SMPN 30 Kerinci is the knowledge factor . The conclusion that there is a relationship between knowledge, attitudes, the role of parents, the role of peers towards risky actions for reproductive health except for the variable role of health workers, there is no relationship. The knowledge variable is the most influential factor on reproductive health risk actions .

Keywords ***: Risky Action , Reproductive Health, Adolescents***

INTRODUCTION

According to WHO, adolescents are residents in the age range of 10-19 years, according to RI Minister of Health regulation number 25 of 2014, adolescents are residents in the age range of 10-18 years and according to the Population and Family Planning Agency (BKKBN) the age range of adolescents is 10 - 24 years old and not married (WHO, 201 8).

Demographic data shows that adolescents are a large population of the world's population, around one-fifth of the world's population are adolescents aged 10-19 years (WHO, 2018). Currently, adolescents are the largest population in the world with a total of 1.8 billion aged 10-24 years (Pulerwitz et al, 2019). Adolescents in Indonesia in 2021 are 46 million

people with a percentage of adolescents aged 10-14 years as much as 51% and those aged 15-19 years as many as 49%. and Total population of Jambi Province in 2019, with the largest population being in the 10-14 year age group of 321,772 people with a composition of 163,092 males and 158,680 females (BPS, 2019). In 2021 the population aged 10-24 years is 911611 people (Jambi Health Profile, 2020).

Hurlock (2012) divides the adolescent phase into early adolescence with ages between 13-17 years and late adolescence. between 17-18 years. Early and late adolescence according to Hurlock have different characteristics because in late adolescence the individual has reached a developmental transition that is closer to adulthood.

Adolescence is a period of rapid growth and development both physically, psychologically and intellectually. The characteristics of adolescents, especially early adolescents, are having a great sense of curiosity , liking adventure and challenges as well as a tendency to dare to take risks for actions without prior consideration. If the decisions taken in dealing with conflict are not appropriate, they will fall into risky behavior and may have to suffer short-term and long-term consequences in various physical and psychosocial health problems (Kemenkes RI, 2017) .

Some cases of risky behavior in adolescents are juvenile delinquency. In Indonesia , the problem of juvenile delinquency is quite concerning for society. In according to the Indonesian Child Protection Commission throughout January to April 2019 there were 37 cases of violence in various ways educational level. Another problem is that teenagers often do student regulations, as the Commission for Protection data reveals Indonesian children, the number of student brawls in Indonesia is increasing, according to data year on year, in 2017 it was 12.9 up to 14 percent in year 2018.

Lately, there have been many problems that have caused anxiety society by teenagers. From light action to violence. Some examples of behavior that raise concern include: skipping school, acts that are merely disturbing (bike parades, etc.) motorbikes), gangs, theft, watching porn videos, sexual harassment, drug abuse, even committing murder (Sulastri, 2020).

Other problems are also related to adolescent reproductive health problems. Adolescent reproductive health is a healthy condition that concerns the reproductive system, functions and processes possessed by adolescents. The definition of healthy here does not merely mean disease-free or disability-free, but also mentally and socio-culturally healthy (Indriyani & Asmuji, 2014).

Based on data from *the Global School Heatlh* Survey, 3.3% of adolescents aged 15-19

years have AIDS; only 9.9% of women and 10.6% of men aged 15-19 years have comprehensive knowledge about HIV AIDS; and as many as 0.7% of female adolescents and 4.5% of male adolescents have had premarital sexual intercourse (RI Ministry of Health, 2019). Jambi Province in 2020 with 169 cases of HIV and 32 cases of AIDS. Jambi City is the district/city with the highest number of cases, namely HIV with 122 cases and AIDS with 28 cases, and there are 4 (four) districts/cities that have no cases of either HIV or AIDS, namely; Muaro Jambi Regency, SungaiFull City, Batang Hari Regency, and Kerinci Regency (Jambi Health Office, 2020).

behavior in adolescents, namely all adolescent behavior that is assumed to have an adverse impact and pose a risk to health, for example low knowledge about reproductive health including those related to Sexually Transmitted Diseases (STDs), dating too deeply including watching immoral videos to trigger behavior free sex, use of contraception before marriage and marriage at a young age, and unsafe abortion (Hidayangsih, 2014).

On the situation of adolescent reproductive health, it was found that the first courtship was among adolescents aged 15-17 years, namely around 33.3% and at the age of 15-19 years, 34.5%. At this age, it is feared that they do not have adequate life skills so that they are at risk of having unhealthy dating behavior, including having premarital sex (Ministry of Health RI, 2017).

Deviations in sexual behavior often occur among adolescents because at that time there was a feeling of interest in the opposite sex, and the development of the current era has made disclosure of information through print and electronic media which has a major influence on adolescent sexual behavior. This will affect the reproductive health of adolescents (Nila Maolinda, Sriati, & Maryati, 2012).

Based on BPS data (2020), Jambi Province is in 9th place out of 10 provinces that carry out underage marriages , in Banten at 9.11% , followed by Bengkulu at 8.81%, then Central Java at 8.71 %, and Jambi and South Sulawesi respectively 8.56% and 8.48%. At a young age of marriage in Jambi Province in 2015, it was found that around 15 percent of women aged 20–24 years were married or living together before they were 18 years old in 2015.

Risky reproductive health behavior in adolescents can be caused by several factors. The *precede proceed* theory developed by *Lawrence Green* found that behavior is influenced by three main factors, namely f predisposing *factors* , which are manifested in knowledge, attitudes, beliefs, beliefs, values , lifestyle and so on. Supporting factors (*enabling factors*), which are manifested in the physical environment, the availability or unavailability of health

facilities or facilities, for example health centers, medicines, sterile equipment and so on . The driving factor (*reinforcing factor*) is manifested in the attitude and behavior of health workers or other officers, which is a reference group for community behavior.

According to Budiman & Riyanto (2014), knowledge is the result of knowing and this occurs after people sense a certain object. Knowledge about reproductive health is very necessary for adolescents to prevent reproductive health problems among adolescents (Budiwibowo, 2019).

Attitude is very influential on adolescent reproductive health, how a person behaves shows how knowledgeable that person is too. Attitude is a person's closed response to a certain stimulus or object, which already involves the opinion and emotion factors concerned. (Notoadmojo, 2017).

The role of parents will also influence adolescent reproductive health behavior, because parents are the most influential figures in the lives of adolescents. Communication that exists between parents and adolescents will affect adolescent behavior. Good communication will lead to openness for adolescents about things they need to know, including about sexual behavior so that parents can provide understanding and control of adolescents within the rules that have been set (Sharma et al, 2011).

Peers are a reinforcing factor in adolescent reproductive health behavior. According to Qomarasari (2015), peers have a very dominant contribution from aspects of influence and modeling *in* adolescent sexual behavior with their partners. In Dewi's research (2012), there is a significant relationship between peer influence and adolescent sexual behavior. Adolescents with peer influence have a tendency to engage in risky sexual behavior as much as 1.73 times than adolescents without peer influence. This shows that the greater the influence of peers, the more adolescents have a tendency to engage in risky sexual behavior. The proportion of adolescents with peer influence is 64.2% more than adolescents without peer influence to engage in risky sexual behavior. This is because teenagers spend a lot of time with peers.

Health services for adolescents are an important matter to be given special attention because they can have an impact on adolescent reproductive health. Youth-friendly health services are organized so that youth can access information and health services related to reproductive health, adolescent complaints related to STIs (Sexually Transmitted Infections) and Unwanted Pregnancy (KTD) (Meilan, Maryanah and Follona, 2018).

SMPN 30 Kerinci is one of the secondary schools located in Gunung Raya Kerinci District. In this sub-district there are three junior high schools, namely SMPN 3 Kerinci, SMPN

30 Kerinci and SMPN 42 One Roof Kerinci. SMPN 30 Kerinci is part of the working area of the Lolo Gedang Health Center. As a junior high school, this school has students in the early teens category. As early adolescents, these students are at risk for risky reproductive health behavior because of their high curiosity while they are unable to distinguish between good and bad for the behavior they are doing. Of the 3 SMPNs in Gunung Raya District, one of the cases was found at SMPN 30 Kerinci, namely pregnancy outside of marriage which led to early marriage.

Based on a preliminary study conducted on November 18 , 2021 , through interviews with the Principal of SMPN 30 Kerinci, information was obtained that in 2021 there would be cases of early marriage, where there were students who married while still attending school due to deviations in sexual behavior in these students . . This will affect the reproductive health of students. The results of interviews with 10 students found that on average all students (100%) had been in a relationship. As many as 6 people (60%) do not know about the meaning of reproductive health, and at that age it is feared that they do not yet have adequate life skills, so they are at risk of having unhealthy courtship behavior, including having premarital sex (RI Ministry of Health, 2012). In addition, communication between adolescents and parents regarding reproductive health is also not good so that they tend to be awkward to discuss sexual issues with their parents and prefer to discuss with their peers. The average student stated that there was still a lack of health services for adolescent reproductive health.

Based on the background g di above, the researcher is interested in conducting research on the factors that influence early adolescent reproductive health behavior at SMPN 30 Kerinci.

METHOD

This type of research is *descriptive analytic with a cross sectional* design approach , namely a type of research that emphasizes the time of measurement or observation of the independent and dependent variable data only once observed . The research aims to determine the factors associated with risky actions on adolescent reproductive health.

Sampling was carried out at SMPN 30 Kerinci . The time of the research was carried out from the 22nd November 2022 to 07 December 202 2. The population in this study were all students of class VII to class IX of SMPN 30 Kerinci as many as 77 people.

Collecting data in this study was in the form of a questionnaire as a guide for interviews student . The questionnaire contains several statements and questions that have been provided

with answer choices. This questionnaire was self-made by researchers who had tested its validity and reliability.

Data analysis in this study used univariate analysis with the aim of knowing the frequency distribution of levels of knowledge, attitudes, the role of parents , the role of health workers and adolescent reproductive health behavior. Bivariate analysis was carried out on two variables suspected of being related or correlated, between the independent variables and the dependent variable in a computerized way. And multivariate analysis is done to determine which variables are most related or correlated with computerized dependent variable. Data analysis was performed using logistic regression test .

This research passed the ethical test by the research ethics committee of the Andalas University medical faculty with the ethical number 10 33 /UN.16.2/KEP-FK/2022 on November 11 , 2022. All students who were included in this study were given informed consent, an explanation about the research, objectives, benefits, risks, and research techniques to be carried out in the study.

RESULTS

Table 5.1 Frequency Distribution of Respondent Characteristics at SMPN 30 Kerinci

Characteristics of Respondents	Frequency (*f*)	Percentage (%)
Gender :		
Man	27	35,1
Woman	50	64,9
Age :		
14 years	21	27,3
15 years	38	49,4
16 years	18	23,4
Living together		
Grandma and Grandpa	15	19.5
Parent	54	70,1
You	8	10,4
Total	77	100.0

In table 5.1 it can be seen that more than half of the respondents were women (64.9%) and a small proportion were 15 years old (49.4%) with the majority living with their parents, namely 54 people (70.1%) in adolescents at SMPN 30 Kerinci.

Table 5.2 Frequency Distribution of Factors Associated with Actions At Risk for Adolescent Reproductive Health At SMPN 30 Kerinci

Variable	Frequency (*f*)	Percentage (%)
Reproductive Health Measures		
risky	59	76,6
No Risk	18	23,4
Knowledge		
Low	42	54.5
Tall	35	45.5
Attitude		
Negative	48	62,3
Positive	29	37,7
The role of parents		
Not good	43	55,8
Good	34	44,2
The role of health workers		
Not good	40	51.9
Good	37	48,1
Peer role		
Not good	49	63,6
Good	28	36,4
Total	77	100.0

In table 5.2 it can be seen that most of the reproductive health measures are risky, namely 59 people (76.6%), with more than half the knowledge about reproductive health is low, namely 42 people (54.5%), attitudes about reproductive health are mostly negative, namely 48 people (62.3%), more than half of the role of parents on reproductive health is not good, namely 43 people (58.8%), with the role of peers on reproductive health, more than half is not good, namely 49 people (63.6%).

Table 5.3 .1 Relationship Knowledge of Reproductive Health Risk Actions Teenagers at SMPN 30 Kerinci

Knowledge	Reproductive Health Measures			*p-values*	OR	95% CI
	risky	No Risk	Total			

									Low-Upp
	f	%	*f*	%	*f*	%			
Low	39	92.9	3	7,1	42	100			2.5-
Tall	20	57,1	15	42,9	35	100	0.001	9,750	37.6
Amount	59	76,6	18	23,4	77	100 ,0			

Table 5. 3.1 It can be seen that respondents who have reproductive health measures are at risk more have low knowledge (92.9%) compared to respondents who have high knowledge (57.1%). Statistical test results using the *chi square test* at get the value of p =0.001 (p <0.05) which means there is a relationship between knowledge and adolescent reproductive health actions , with an OR value of 9.750 , which means that adolescents with low knowledge are at risk of reproductive health actions at risk of 9.750 times compared to adolescents with high knowledge at SMPN 30 Kerinci.

Table 5.3 .2 Relationship between Attitudes and Health Risk Actions Reproduction Teenagers at SMPN 30 Kerinci

Attitude	Reproductive Health Measures						*p-values*	OR	95%CI Lower-Upper
	risky		No Risk		Total				
	f	%	*f*	%	*f*	%			
Negative	41	85.4	7	14,6	48	100			
Positive	18	62,1	11	37,9	29	100	0.03 8	3,579	1.194-
Amount	59	76,6	18	23,4	77	100			10.729

Table 5.3 .2 It can be seen that respondents who have reproductive health measures are at risk of having more attitudes negative (85.4%) compared to respondents who have an attitude positive (62.1%). The results of statistical tests using the *chi square* test obtained a value of p = 0.03 8 (p <0.05) which means there is a relationship between attitudes and adolescent reproductive health actions , with an OR value of 3.579 , which means that adolescents who have a negative attitude are at risk of taking reproductive health measures as much as 3.579 times the risk compared to adolescents who have a positive attitude at SMPN 30 Kerinci.

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Table 5. 3.3 Connection The Role of Parents with Reproductive Health Risk Actions Teenagers at SMPN 30 Kerinci

The role of parents	Reproductive Health Measures						p-values	OR	95% CI Lower-Upper
	risky		No Risk		Total				
	f	%	*f*	%	*f*	%			
Not good	38	88.4	5	11,6	43	100	0.014	4,705	1.473-15.022
Good	21	61.8	13	38,2	34	100			
Amount	59	76,6	18	23,4	77	100			

Table 5. 3.3 shows that respondents who have reproductive health measures are at greater risk than respondents who have parental roles less well (88.4%) compared to respondents who have a parental role good (61.8%). Statistical test results using the *chi square test* obtained a value of $p = 0.014$ ($p < 0.05$) which mean there is a relationship between the role of parents and adolescent reproductive health actions , with an OR value of 4.705, meaning that adolescents with a poor parental role are at risk for reproductive health measures as much as 4.705 times compared to adolescents with a good parental role at SMPN 30 Kerinci.

Table 5. 3.4 Connection The Role of Health Workers With Reproductive Health Risk Actions Teenagers at SMPN 30 Kerinci

The Role of Health Officers	Reproductive Health Measures						p-values	OR	95%CI Lower-Upper
	risky		No Risk		Total				
	f	%	*f*	%	*f*	%			
Not good	32	80	8	20	40	100	0.647	1,481	0.513-4.282
Good	27	73	10	27	37	100			
Amount	59	76,6	18	23,4	77	100			

Table 5. 3.4 shows that respondents who have reproductive health measures are at greater risk of having the role of a health worker who is not good enough (80%) compared to respondents who have a role of a health worker good (73%). The results of statistical tests using the *chi square* test obtained a value of $p = 0.647$ ($p > 0.05$), which means there is no relationship between the role of health workers and adolescent reproductive health measures with an OR value of 1.481, meaning that adolescents with a less good role of health workers are at risk of having reproductive health measures at risk as much as 1.481 times compared to the role of good health workers at SMPN 30 Kerinci.

Table 5. 3.5 Connection The Role of Peers With Risky Actions Reproduction health Teenagers at SMPN 30 Kerinci

The Role of Peers	Reproductive Health Measures						*p-values*	*OR*	*95%CI Lower-Upper*
	risky		No Risk		Total				
	f	%	*f*	%	*f*	%			
Not good	42	85.7	7	14,3	49	100			
Good	17	60,7	11	39,3	28	100	0.027	3,882	1,289-11,692
Amount	59	76,6	18	23,4	77	100			

Table 5. 3.5 shows that respondents who have reproductive health measures are at greater risk than respondents who have peer roles less well (85.7%) compared to respondents who have the role of peers good (60.7%). The results of statistical tests using the *chi square* test obtained a value of $p = 0.027$ ($p < 0.05$), which means there is a relationship between the role of peers and adolescent reproductive health actions , with an OR value of 3.882, meaning that adolescents with less good peer roles are at risk o having reproductive health actions is at risk of 3.882 times compared to the role of good peers at SMPN 30 Kerinci .

Table 5. 4 The Most Influential Factors for Risky Actions on Reproductive Health

Variable	*p* value	Information
Knowledge	0.001	Candidate
Attitude	0.03 8	Candidate
The role of parents	0.0 14	Candidate
The Role of Health Officers	0.647 _	No Candidate
The Role of Peers	0.0 27	Candidate

Table 5. 4 it can be seen that the variables of knowledge, attitudes, the role of parents, and the role of peers have a *p value* <0.25 so that these variables qualify for multivariate analysis and the variable role of health workers has a *p value> 0.25* so they do not qualify as candidates a t. The following is a full multivariate analysis model .

Table 5. 5 . *Full model* multivariate analysis of variables that most influence Adolescent Reproductive Health Actions at SMPN 30 Kerinci

Variable	*p* value	POR	95% CI	
			Lower	*Upper*
Knowledge	001	17,368	3.206	94,093
Attitude	.037	5.102	1.103	23,593
The role of parents	005	10,716	2040	56,282
Peer role	.049	4,242	1009	17,838

The statistical test results in table 5.5 show the *full model* for multivariate analysis, the first variable that is excluded is the role of peers because *the p-value* is the largest. After the peer role variable was removed, a logistic regression analysis was carried out again as shown in table 5. 6

Table 5. 6 Final Multivariate Modeling

Variable	*p* value	POR	95% CI	
			Lower	*Upper*
Knowledge	001	1 6.619	3. 182	86,802
Attitude	.0 18	5,899	1. 349	2 5 . 799
The role of parents	.00 4	9,576	2.0 38	45,001

Table 5. 6 It can be seen that knowledge is the most influential variable compared to other variables with POR = 16.619, which means that respondents who have high knowledge have 16.619 times the chance to have good reproductive health measures compared to respondents who have low knowledge.

DISCUSSION

Univariate analysis

Reproductive Health Actions

health is a condition in which the physical, mental and social aspects are intact, not only free from disease or disability in all aspects related to reproductive health, its systems and processes.

The results of the questionnaire analysis where data were obtained that as many as 44% of students stated that they did not wear underwear made from absorbing sweat , as many as 44% of students stated that when they felt they had complaints about reproductive health , they did not immediately go to the local health officer , as many as 42% of students stated that they did not wash their genitals/privates with clean water after urinating and defecating and as many as 42% of students stated that after urinating/boiling they did not dry their genitals with a dry tissue or towel.

It is during adolescence that actions that pose a risk to reproductive health must be further improved, especially *personal hygiene* of the reproductive organs. *Personal hygiene* of the reproductive organs is a component of personal *hygiene* as an important role in determining status one's health, especially avoiding infection in the reproductive organs, so it is important for adolescents to maintain the cleanliness of the genital organs properly (Hartoyo & Susanto, 2021)

analysis of this research concerns action reproductive health of students who are at risk, this will be able to cause problems with their reproductive health because there are still many students who do not maintain the cleanliness of the genital organs properly, this student's actions can be caused due to the lack of information obtained , especially about reproductive health because these students are still at risk. early adolescent phase. Thus, to be able to reduce risky actions in students, very good information about reproductive health is needed so that adolescents have a good understanding and can prevent the threat of reproductive health diseases in adolescents.

Knowledge of Adolescents About Reproductive Health

Knowledge is a result of curiosity through sensory processes, especially in the eyes and ears for certain objects. Knowledge is an important domain in the formation of open risk actions or open behavior (Agus and Budiman, 2013). Knowledge is the result of human sensing or the result of knowing someone to an object through the senses it has (eyes, nose, ears, and so on). At the time of sensing to produce this knowledge is strongly influenced by the intensity of perceptual attention to objects. Most of human knowledge is obtained through the sense of

hearing (ears) and the sense of sight (eyes). A person's knowledge of objects has different intensities or levels (Notoatmodjo, 2014).

It can be seen in the research that most students have low knowledge about reproductive health. In line with Lukmana (2019) on junior high school students in Yogyakarta. The results showed that 64% of students had sufficient knowledge about reproductive health. Also in line with research conducted by Pandey et al (2017) on female students at SMP Negeri 4 Manado City. The results showed that 62.6% of students had poor knowledge. Also almost the same as research conducted by Pasay-an (2020) in the Philippines found that students' knowledge of reproductive health was low

In contrast to research conducted by Titiloye & Ajuwon (2022) in Sudan, he found that 89.9% of adolescents had good knowledge of adolescent reproductive health. It is also different from the research conducted by Az-Zuhra et al (2021) regarding the description of reproductive health knowledge in adolescents in the city of Banda Aceh. The results showed that adolescents with high reproductive health knowledge were 89.2% (181 people) and adolescents with low reproductive health knowledge were 10.8% (22 people).

The results of the questionnaire analysis where data were obtained that 52% of students did not know about physical changes in young women such as the start of breast development in adolescents, 49% of students did not know about sexually transmitted infections which are diseases that are transmitted through sexual intercourse, 48% of students did not know about the causes AIDS is the HIV virus (*Human Immunodeficiency Virus)* , 45% of students do not know about the transmission of HIV/AIDS which can also be caused by using needles, making unsterile tattoos together and 45% of students do not know about teenage girls who are menstruating and can get pregnant if you have sex.

The low knowledge of these students can be caused by the fact that the information obtained by students about adolescent reproductive health is still not optimal . In accordance with the opinion of Adiansyah (2017) that the information obtained has a major contribution to the high or low knowledge of adolescents about reproductive health. Reproductive health information is mostly obtained by adolescents from non-formal sources that allow mistakes to occur adolescents' understanding of how good reproductive health should be. These sources include peers, mass media, and other sources. The impact of the lack of formal resources obtained by adolescents causes adolescents to have the wrong perception of maintaining good and correct reproductive health.

In addition, student knowledge can also be caused by other factors such as socio-economic factors, culture, religion, education and experience. As stated by Notoatmodjo (2014) that several factors that can influence knowledge are socio-economic, cultural, religious, educational, and experience.

The researcher's analysis of this study considers students' low knowledge of reproductive health This can be caused because students in grades VII and VIII have not received subject matter about sexually transmitted diseases and HIV/AIDS. Refers to Middle school curriculum, especially in biology lessons, material about sexually transmitted diseases is given to class IX students. Topics taught to class IX students include the male reproductive system, female reproductive system, development embryos, reproductive hormones, and sexually transmitted diseases (STDs). In class VII and VIII students the information about the reproductive system that students get is the same as the material given to students in grade 6 elementary school (SD), includes human growth and development, physical changes the human body during puberty, and human reproduction.

Attitudes of Adolescents About Reproductive Health

Attitude is a reaction or response of someone who is still closed to a particular stimulus or object, which already involves the opinion and emotion factors concerned. Newcomb, a social psychologist, stated that attitude is a readiness or willingness to act. (Notoatmodjo, 20 14)

It can be seen in the research that quite a lot of students have an unfavorable attitude towards reproductive health. In line with research conducted by Maolinda et al (2021) at SMAN 1 Margahayu. The results showed that as many as 45% of students had a negative attitude. This research is also almost the same as research conducted by Pandey et al (2017) at SMP Negeri 4 Manado City. The results showed that 57.65 students behaved less well. It is also almost the same as a study conducted by Pasay-an (2020) in the Philippines, which found that adolescents have an unfavorable attitude towards reproductive health.

The results of the questionnaire analysis showed that 44% of students agreed with the statement that reproductive health education does not need to be given at school or at home as early as possible, 42% of students disagreed with the statement that adolescents do not need to be introduced to reproductive organs in order to take care of themselves, 42% of students agree with the statement that as a teenager, it is helpless if you get a touch that stimulates sex , 42% of students agree with the statement that information received in the media does not need to be

filtered even though not all information is positive, 39% of students disagree with the statement that I avoid readings / pictures / films that lead to pornography.

According to Septiani (2019) that attitudes are influenced by various factors In addition to knowledge, one of them is environmental factors. own environment serves as a control to influence attitudes towards the incidence of sexual risky acts. The environment is the surrounding conditions that affect development and behavior someone's behavior. If someone in response to the environment still hold fast on religious guidance and norms that apply in society, the orientation is will direct his behavior towards his own good. Conversely, if in responding to that environment he follows the impulses of his passions and lower thoughts then behavior will tend to be negative. This student's unfavorable attitude shows the student's poor response to reproductive health.

According to the researcher's analysis, students' attitudes towards reproductive health which are still negative can be caused by students' ignorance about reproductive health and the impact if they act badly gives the impression that students do not care about reproductive health so that it gives rise to unfavorable attitudes towards students. This needs to be addressed to prevent unfavorable impacts on students' reproductive health attitudes later.

The Role of Parents on Adolescent Reproductive Health

The role of parents on students' reproductive health is not good. In line with research conducted by Maina et al (2020) in Kenya, it was found that the role of parents is very bad for adolescent reproductive health. This is also in line with research conducted by Fora et al (2021) at SMP Negeri 16 Kupang . The results of the study showed that as many as 26% of students stated that their parents had little role in reproductive health. This is also in line with research conducted by Titiloye & Ajuwon (2022) in Sudan, which found that 82.2% of parents had a negative role in adolescent reproductive health.

The poor role of parents can be seen from the results of the questionnaire analysis, where it was found that 47% of students disagreed with the statement that my parents did not teach me about how to care for the reproductive organs, 44% of students disagreed with the statement that my parents forbade me to dating, 43% of students disagree with the statement that my parents are warm people and can be invited to discuss including discussions about reproductive health, 43% of students disagree with the statement that my parents listen to my stories about the opposite sex / friends / girlfriends or topics sexual orientation and 2% of students disagreed with the statement that my parents did not monitor my reproductive health.

In simple terms, the role of parents can be explained as the obligation of parents to children. Among them is that parents are obliged to fulfill their rights (needs) of their children, such as the right to train children to master ways take care of yourself, such as how to eat, defecate, talk, walk, pray, really makes an impression on the child because it is closely related to development himself as a person. The attitude of parents greatly influences the development of children. Acceptance or rejection, compassion or indifference, patience or haste, protectiveness or direct indulgence affect children 's emotional reactions (Hasbullah, 2011).

According to Oktaviani (2017) that parents are a source of information about reproductive health for adolescents. Providing information from parents can be done through religious education, creating a warm and pleasant home atmosphere, and education about the norms of decency in society.

Most teenagers think their parents are important people to them. Therefore, education about risky actions for reproductive health including about sex education is best done by parents to their children (Bulahari, Korah, & Lontaan, 2015). Communication between parents and adolescents is the process of conveying messages or information in the form of beliefs, attitudes, values, expectations and knowledge. Parents are expected to be able to provide an overview or views regarding reproductive health risk actions that do not deviate, such as one regarding sexual risk actions. Parents inform teenagers about good and bad sexual behavior so that they can prevent teenagers from committing premarital sexual risks . Parents who are less able to communicate with children will cause conflict so that it has an impact on adolescent sexual risky actions (Wanufika, Sumarni, & Ismail, 2017).

The researcher's analysis of this research found that there were statements by students that their parents played a poor role in their reproductive health. Even though the role of parents is very important in influencing the activities of adolescents in terms of reproductive health practices. Therefore, there is a need for education from the health sector to parents about the need to play their role in adolescent reproductive health so that adolescents feel cared for and no longer receive distorted information about reproductive health from other parties.

The Role of Health Workers on Reproductive Health

The role of health workers in reproductive health is lacking. In line with research conducted by Kaali et al (2018) in Ghana found that the role of health workers was very lacking in adolescent reproductive health. Also in line with the research conducted by Arista D & Yolanda RN. (2020) on adolescents at RT 11 Surulangun, Muratara Regency, South Sumatra

Province in 2020. The research results showed that 58.3% of students stated that the role of the officer was not supportive. Also in line with research conducted by Shildiane (2017) on adolescents living in the Neighborhood Resocialization of Argorejo City of Semarang which shows that out of 63 respondents, most of the respondents with the role of health workers who not good as many as 39 respondents (62%) and with the role of officers good health as many as 24 respondents (38%).

The number of students who stated that the role of health workers was not good can be seen from the results of the questionnaire analysis where it was found that 47% of students stated that health workers did not accompany any health care service activities (PKPR) in their schools , 43% of students stated that health workers did not conduct health education reproduction in their school , 36% of students stated that their school did not have youth counseling services , 35% of students stated that their school did not have a Youth Care Health Service Agency (PKPR) under the auspices of local health officers and 32% of students stated that health workers had never inform if there are seminars or counseling activities on reproductive health in schools .

Based on the analysis of the questionnaire, it can be seen that the role of health workers in accompanying adolescents at school is very low. Based on the observations of researchers, it appears that health workers play a greater role in posyandu and puskesmas activities and it is seen that health workers rarely visit schools.

Even though the role of these officers is very important to teach adolescents about reproductive health education which covers all problems in the world of adolescents by parties who certainly understand this concept, both parents and teachers at school. Reproductive health education needed by adolescents can range from self-image related to self-confidence, sexual knowledge and behavior to other health problems and juvenile delinquency such as reproductive organ problems, brawls, violence, crime and consumption of drugs and alcohol (Rahmah, 2018).

The role of health workers as educators plays a role in implementing guidance or counselling, education to clients, families, communities, and health workers including midwife/nursing students regarding prevention health problems, especially those related to health reproduction including actions that pose risks to reproductive health among adolescents. All roles of health workers can be carried out in the Service Program Adolescent Care Health (PKPR), which is a health service to adolescents through special treatment tailored to the wishes, tastes, and needs of adolescents (Ramadani, 2015).

The researcher's analysis of the research results shows that the role of health workers in adolescent reproductive health is still not good, this is because officers are not maximal in carrying out their role in providing comprehensive education to adolescents. Efforts that can be made to increase the role of health workers for adolescents is involving health workers in an effort to provide information or counseling regarding action risky sexual behavior among adolescents so that adolescents get good information about risky sexual acts and get an idea of what adolescents should do to maintain reproductive health.

The Role of Peers on Reproductive Health

The role of peers in reproductive health is also not good. In line with research conducted by Labego et al (2020) at SMA Negeri 1 Tagulandang. The results showed that 78.6% of students stated that the role of peers was quite good. In line with research conducted by Kunaryanti et al (2020) at SMP N 2 Sidoharjo, the results of the study show that 56.8% of respondents have a bad friend role.

The unfavorable role of peers can be seen from the results of the questionnaire analysis, where it was found that 55% of students stated that what they had done with their girlfriends, they usually told their friends, 48% of students stated that my friends considered it normal for teenagers at my age dating , 47% of students stated that they got a lot of information about teenage sexuality from friends , 44% of students stated that they followed friends' opinions to have a boyfriend and 43% of students stated that they received information about sexual relations the first time from friends.

Peers are individuals or groups of functional units that influence adolescents. Adolescent groups have specific orientations, values, norms, and agreements that specifically apply only to that group (Stanhope & Lancaster, 2004). Peer groups as a social environment for adolescents have an important role for the development of their personality and peer groups allow adolescents to develop their own identity (Yusuf, 2014).

The poor role of peers in these students will have an unfavorable impact on students because it can make students take the wrong path and act at risk of production health which is at risk. In accordance with the opinion of Santrock (2007) that peer groups can also be a threat to adolescent development if adolescents cannot sort out adolescent group members properly, but peer groups can be used as a source of information about adolescent self-life.

According to the researcher's analysis regarding the role of peers is not good, this must be addressed immediately because in general adolescents will be more easily influenced by

peers so that it can lead to actions that pose risks to reproductive health. In this case, it is necessary to have the role of parents in providing supervision of adolescent reproductive health.

Bivariate Analysis

Relationship between Knowledge and Action on Early Adolescent Reproductive Health at SMPN 30 Kerinci

The results of the analysis show that there is a relationship between knowledge and actions at risk for adolescent reproductive health at SMPN 30 Kerinci with statistical test results p<0.05. In line with research conducted by Aura et al (2022) in Colombia found that there is a relationship between knowledge and adolescent reproductive health actions . Also in line with research conducted by Pandey et al (2017), the results of the study show that there is a relationship between knowledge and reproductive health. Also in line with research conducted by Fora et al (2021), the results of the study show that there is a relationship between knowledge and reproductive health practices. Another study was conducted by Gustiawan et al (2021) the results of the study showed that there is a relationship between knowledge and actions that pose risks to adolescent reproductive health.

It is proven in research that there is a relationship between knowledge and adolescent reproductive health actions. This can be caused by the low knowledge of students, so students do not know that the actions they take are at risk of reproductive health. In accordance with the opinion of N ursalam in Untari (2017) explained that the background knowledge factor is basically only a complement to explain more deeply the determinants of human risky actions. This matter can be based on factors other than knowledge.

Adolescents generally enter their teenage years without adequate knowledge about sex and during courtship relationships, that knowledge not only does not increase, but will increase with wrong information so that it will be at risk for actions that pose a risk to adolescent reproductive health (Untari, 2017) .

Based on this, according to the researcher's analysis of this research, it is proven that the level of student knowledge will affect reproductive health. If students have good knowledge, there will be a tendency for students to act on reproductive health not at risk. Conversely, if students have poor knowledge, there will be a tendency for students to act reproductive health at risk. Thus, so that actions that pose a risk to students' reproductive health are not at risk, it is necessary to make efforts to increase students' knowledge to be better. One

of them is through health education, youth reproductive health seminars , and assisting youth in increasing knowledge about adolescent reproductive health.

Correlation between Attitudes and Actions on Early Adolescent Reproductive Health at SMPN 30 Kerinci

The results of the analysis showed that there was a relationship between attitudes and risky actions for adolescent reproductive health at SMPN 30 Kerinci with the results of statistical tests obtained p <0.05 . In line with research conducted by Maina et al (2020) in Kenya found that there is a relationship between the role of parents and adolescent reproductive health measures. Also in line with research conducted by Aura et al (2022) in Colombia found that there was a relationship between attitude and adolescent reproductive health measures. Also in line with research conducted by Pandey et al (2017), the results of the study show that there is a relationship between attitudes and reproductive health. Also in line with research conducted by Fora et al (2021) on students of SMP Negeri 16 Kupang . The results of the study show that there is a relationship between attitudes and reproductive health practices.

There is a relationship between attitudes and reproductive health actions at risk for students. This can be caused by students' poor response to reproductive health, so students think that they do not need to pay attention to reproductive health so that there will be a tendency for students to act reproductive health at risk. In accordance with the opinion of Notoatmodjo (2014) that a person's attitude will influence a person's actions where a negative attitude has a tendency to act unfavorably while a positive attitude tends to act is good (Notoatmodjo, 2014).

Based on this, according to the researcher's analysis , with good student attitudes , students will respond well to their reproductive health and will not take risky reproductive health actions. Conversely, if the attitude is not good, students will be at greater risk in carrying out risky reproductive health actions. Thus to minimize risky reproductive health actions, it is necessary to form a good attitude of students towards reproductive health.

The Relationship between Parental Role and Adolescent Reproductive Health Measures at SMPN 30 Kerinci

The results of the analysis showed that there was a significant relationship between the role of parents and risky actions on adolescent reproductive health at SMPN 30 Kerinci with the results of statistical tests obtained *p value* <0.05 . In line with research conducted by Fora et al (2021) regarding risk factors associated with adolescent reproductive health practices in

students of SMP Negeri 16 Kupang . The results of the study show that there is a relationship between the role of parents and reproductive health practices.

With the role of good parents, students will be able to communicate well with their parents so that parents can direct them in carrying out good reproductive health actions . (Darajat, 2012)

In accordance with the opinion of Bulahari et al (2015) that most adolescents consider their parents to be important people to them. Therefore, education about risky actions for reproductive health, including about sex education, is best done by parents to their children. Communication between parents and adolescents is the process of conveying messages or information in the form of beliefs, attitudes, values, expectations and knowledge. Parents are expected to be able to provide an overview or views regarding reproductive health risk actions that do not deviate, such as one regarding sexual risk actions. Parents inform teenagers about good and bad sexual behavior so that they can prevent teenagers from carrying out risky premarital sexual acts. Parents who are less able to communicate with children will cause conflict so that it has an impact on adolescent sexual risky actions (Wanufika, Sumarni, & Ismail, 2017).

Based on this, according to the researcher's analysis of this study , where the role of good parents will be able to limit students from bad outside influences so that students' risky actions will be controlled and students will act reproductive health is not at risk.

The relationship between the role of health workers and early adolescent reproductive health measures at SMPN 30 Kerinci

The results of the analysis showed that the role of officers was not significantly related to risky actions on adolescent reproductive health at SMPN 30 Kerinci with the results of the statistical test $p > 0.05$. In contrast to research conducted by Kaali et al (2018) in Ghana found that the role of health workers greatly influences adolescent reproductive health. It is also different from the research conducted by Shildiane (2017) with the title factors related to the sexual risky actions of adolescents living in the Argorejo Resocialization Environment, Semarang City. The results of the study show that there is a relationship between the role of health workers and actions that pose risks to adolescent reproductive health.

The role of officers does not seem to influence the actions of adolescent reproductive health. Significantly, this can be caused by the lack of the role of officers in providing

information about adolescent reproductive health to students so that students do not feel the role of officers in their reproductive health actions.

Even though the role of health workers is very important for students, as stated by Meilan et al (2018) that health services for adolescents are an important matter to be given special attention because they can have an impact on health. juvenile reproduction. Youth-friendly health services are organized so that youth can access information and health services related to reproductive health, adolescent complaints related to STIs (sexually transmitted infections) and unwanted pregnancies (KTD).

Health services targeted at adolescents consist of promotive, preventive, curative and rehabilitative efforts such as counseling, counseling, PKHS, peer counselor training, health checks, supporting examinations, referral services, and holding dialogue or discussion events with adolescents. The lack of adolescent responsibility for the health of their reproductive organs is caused by a lack of adolescent knowledge and proper information about the health of the reproductive organs (Debbiyantina, 2016).

Based on this, according to the researcher's analysis of this study, it is necessary to increase the role of health workers in preventing risky actions on adolescent reproductive health, such as involving the role of officers in PKPR activities at schools in the form of assistance by local health workers so that students will more easily access information about reproductive health so that risky reproductive health actions for students can be minimized.

The Relationship between Peer Roles and Early Adolescent Reproductive Health Measures at SMPN 30 Kerinci

The results of the analysis show that there is a peer relationship with risky actions on adolescent reproductive health at SMPN 30 Kerinci with the results of statistical tests obtained *p value* <0.05 . In line with research conducted by Akuiyibo et al (2021) in Nigeria found that there is an influence of peers on adolescent reproductive health . Also in line with research conducted by Labego et al (2020) at SMA Negeri 1 Tagulandang. The results of the study show that there is a relationship between the role of peers and risky premarital sexual behavior, which is also in line with research conducted by Kunaryanti et al (2020) on young women at SMP N 2 Sidoharjo. The results of the study show that there is a relationship between the role of peers and adolescent reproductive health.

Teenagers are very open to peer groups. They holding discussions about romance, philosophy of life, recreation, jewelry, clothing, for hours. Peer influence becomes a very strong bond . The role of peers in adolescents is very large in the daily lives of adolescents. Teenagers are

more out of the house with their peers as a group, the influence of friends - peers on attitude, talk, interests, and actions are at greater risk of family influence.

According to the researcher's analysis , this can be caused by: the risky actions of peers in the group become a reference or norm of behavior expected in group. Peer dating style is a model or reference used by a teenager in courtship .

Multivariate Analysis

results show that multivariate analysis , knowledge as the most influential variable compared to other variables with a value of POR = 16.619 which means that respondents who have high knowledge have 16.619 times the chance to have good reproductive health measures compared to respondents who have low knowledge .

influence found on the knowledge variable indicates that knowledge is the basis of a person in carrying out one's actions. If the knowledge is good, it will give birth to a good response so that it will act at risk properly.

Likewise with students' knowledge of reproductive health, where with good knowledge students will have a good attitude towards reproductive health, not easily affected by unfavorable environments such as peer factors. Will give birth to adolescents who have principles in their lives so that they become the basis of reference for adolescents in carrying out reproductive health actions that are not at risk.

In this study there were several things to increase the risk of good adolescent reproductive health actions such as adolescents knowing that physical changes in young women, one of which is breast development, sexually transmitted infections are transmitted through sexual intercourse, knowing about the transmission of HIV/AIDS, and knowing about youth Menstruating women can get pregnant if they have sex.

CONCLUSION

The results showed that there was a relationship between knowledge, attitudes, the role of parents, the role of peers towards risky actions for reproductive health except for the variable role of health workers, there was no relationship. The knowledge variable is the most influential factor on reproductive health risk actions .

suggested to the school to activate Youth Care Activity Services (PK PR) activities at schools in collaboration with local health workers. Parents can position themselves as partners to confide in for their children regarding personal issues such as good communication and

listening to each other and control so that adolescents are not mistaken in receiving health information, especially reproductive health, and seeking information related to adolescent reproductive health together.

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