

## CERAMAH DAN PENGETAHUAN REMAJA TENTANG KESEHATAN REPRODUKSI

### LECTURES AND YOUTH KNOWLEDGE ON REPRODUCTIVE HEALTH

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#### Abstrak

Remaja merupakan peralihan dari masa kanak-kanak menjadi dewasa yang artinya, proses pengenalan dan pengetahuan kesehatan reproduksi sebenarnya sudah dimulai sejak dini. Menurut data Kemenkes, angka kehamilan pada remaja umur 15-19 tahun sebesar 1,97%. Angka kematian ibu di Gorontalo tercatat dialami ibu yang masih remaja. Menurut studi pendahuluan, masih ada remaja yang tidak melanjutkan pendidikan dasar di SMP karena terlibat pernikahan dini. Pendidikan kesehatan reproduksi banyak diberikan melalui ceramah. Tujuan penelitian ini adalah untuk mengidentifikasi pengetahuan remaja tentang kesehatan reproduksi. Adapun sampel penelitian diambil menggunakan teknik purposive sampling sebanyak 30 orang remaja. Instrumen yang digunakan adalah kuesioner yang diberikan sebelum dan sesudah pemberian pendidikan kesehatan reproduksi. Analisis data menggunakan uji Wilcoxon dengan hasil p value sebesar 0,001 lebih kecil dari alpha 0,005 yang berarti ada pengaruh metode ceramah terhadap pengetahuan remaja tentang kesehatan reproduksi. Diharapkan remaja bisa membentuk kelompok sebaya untuk menghidupkan kegiatan konseling pada remaja.

**Kata kunci:** Ceramah; Kesehatan; Pengetahuan; Reproduksi; Remaja.

#### Abstract

Adolescence is a transition from childhood to adulthood, which means that the process of introduction and knowledge of reproductive health has actually started from an early age. According to data from the Ministry of Health, the pregnancy rate for adolescents aged 15-19 years is 1.97%. The maternal mortality rate in Gorontalo is recorded to be experienced by mothers who are still teenagers. According to a preliminary study, there are still teenagers who do not continue their basic education in junior high school because they are involved in early marriage. Adolescent reproductive health education is mostly given through lectures. The purpose of this study was to identify adolescent knowledge about reproductive health. The research sample was taken using a purposive sampling technique as many as 30 teenagers. The instrument used is a questionnaire given before and after the provision of reproductive health education. Data analysis used the Wilcoxon test with p value of 0.001 smaller than alpha 0.005, which means that there is an influence of the lecture method on adolescent knowledge about reproductive health. It is hoped that teenagers can form peer groups to turn on counseling activities for teenagers.

**Keywords:** Lecture; Health; Knowledge; Reproduction; Youth.

Received: January 27<sup>th</sup>, 2021; 1<sup>st</sup> Revised December 2<sup>nd</sup>, 2021; Accepted for  
Publication : February 28<sup>th</sup>, 2022.

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## 1. INTRODUCTION

According to the World Health Organization (WHO), Adolescents are individuals aged 12-24 years. Adolescence is a transition from childhood to adulthood which means that the process of introduction and knowledge of reproductive health has actually begun at this time.(1) According to Rahyani (2012), adolescent sexual behavior, especially premarital is the most important risk factor for disability and death in poor countries. Premarital sex in adolescent has increased during the 20<sup>th</sup> century. The result of the 2007 Indonesian Adolescent Reproductive Health Survey (SKRRI) showed that 6.4% of boys and 1.3% of teens had premarital sex. (2)

Delaying sexual intercourse first became a very important strategy to reduce the negative risk of poor adolescent sexual health indicators.(3) Early sexual intercourse is associated with the incidence of STIs, unplanned pregnancy, depression, dropping out of school, having more than one sexual partner and having unprotected sex (without the use of contraceptives).(4)

The main objective of the reproductive health program is to increase awareness, independence, responsibility, and vigilance of adolescents in regulating their reproductive functions and processes. Reproductive health can be achieved optimally by applying the points in the main objectives of the reproductive health program. Based on these objectives, the expected final result is the fulfillment of reproductive rights.(5)

According to Gyan (2013), teenage pregnancy can have negative impact on the

health of adolescent and their babies, as well as on socioeconomic conditions. Pregnancy at a young or adolescent age includes the risk of premature birth, low birth weight, postpartum hemorrhage, which can increase maternal and infant mortality. Childbirth to mothers under age of 20 years old has contributed to high mortality rate of neonatal, postnatal, infant and under five children in mothers aged less than 20 years old is higher than those aged 20-39 years.(6)

The lecture method is the process of delivering messages to a group of targets and is a very effective method for all targets, both highly educated and low educated. The advantage of the lecture method is that it is applied to both high and low-educated targets, it does not require complicated preparation, it is enough to prepare classrooms and seats for the audience, the activities can already be carried out.(7)

## 2. METHOD

This type of research uses a quasi-experimental design with a pre-test and post-test only control group design with a cross-sectional study approach. This research design aims to measure the effect of treatment on the experimental group by comparing each group. This research was conducted in August 2021. The population of this study was all students of SMP Muhammadiyah 2 Gorontalo City. The sampling technique was carried out by purposive sampling, and the number of willing samples was obtained as many as 30 students.

Primary data collection was carried out with the approach of respondents who had met the inclusion requirements and then provided

an explanation of the objectives and procedures for the action, the confidentiality of the data provided and the respondent's rights to fill out the consent form. Before giving the material, a questionnaire was distributed to be filled in by the youth. The provision of adolescent reproductive health materials was carried out using the lecture method through 5 sessions on reproductive health materials. The lecture method is carried out online and offline. Then measurements were made by distributing pre-test and post-test questionnaires. Furthermore, the data collected is then processed and analyzed using statistical tests.

The data that has been collected first is processed by editing, coding, scoring, tabulating, data entry and cleaning. The data that has been processed is then analyzed by using univariate data analysis. After the data were analyzed univariately followed by bivariate data analysis.

The statistical test used is the Wilcoxon test. This test is used after analyzing whether the data collected is normally distributed. According to the Shapiro Wilk test, it was found that the data distribution was normal.

### 3. RESULTS AND DISCUSSION

#### 3.1.Results

Table 1. Frequency Distribution of Respondents by Adolescent Age

Age	Person	Percentage
12 years old	1	3
13 years old	14	47
14 years old	12	40
15 years old	3	10
Amount	30	100

Based on table 1, the data shows that the most adolescent age group is 13 years old, which is 47%.

Table 2. Frequency Distribution of Respondents by Gender

Gender	Person	Percentage
Man	17	57
Women	13	43
Amount	30	100

Based on table 2, the distribution of the most respondents according to gender was male as many as 17 people or by 57%.

Table 3. Frequency Distribution of Respondents by Study Group

Class Group	Person	Percentage
IX	17	57
VIII	13	43
Amount	30	100

Based on table 2 the distribution of respondents according to the study group is class IX which consists of 17 people or 57%.

Table 4. Knowledge Level of Students about before being given a lecture

Student Knowledge Level	Person	Percentage
Less	14	47
Enough	13	43
Good	3	10
Amount	30	100

Based on table 4, data shows that the level of knowledge of adolescents about reproductive health is in the less category as many as 14 people or 47 percent

Table 5. Level of Student Knowledge about after being given a lecture

Student Knowledge Level	Person	Percentage
Less	8	27
Enough	14	47
Good	4	13
Amount	30	100

Based on table 5, it is obtained that the level of knowledge of students about

reproductive health is in the sufficient category as many as 14 people or 47%.

Table 6. The Effect of the Lecture Method on Students' Attitudes About Adolescent Reproductive Health

Variable	N	Mean	SD	Negatif Rank	Positif Rank	Asymp. Sig. (2-Tailed)
Pre Test	30	69.3333	15.63227			
Post Test	30	78.6667	15.86219	3	25	0.001

The average score of students' attitudes towards adolescent reproductive health before the intervention was 69.3333 and after the intervention was 78.6667.

states that there is an increase in adolescent knowledge about adolescent reproductive health education.(8) Increasing adolescent knowledge through reproductive health education for female adolescents with the lecture method through audiovisual media on adolescent knowledge.(9) Where there is a level of knowledge of the majority of adolescents before being given health education through the lecture method in the sufficient category as many as 21 students or 60%. This result is meaningful because there is an increase in the knowledge of the majority of teenagers to be good as many as 32 students or 91.4%.(10)

### 3.2. Discussion

Based on the results of the research presented in table 6, it was found that there was an effect of health education through lectures on the level of knowledge of adolescents about reproductive health. This was indicated by a significance value of 0.001 which was smaller than the p alpha value of 0.005.

Based on table 6 which presents the average score of students who filled out the questionnaire, it shows that there is a difference in the average score of students before and after being given an intervention in the form of a lecture on reproductive health, describing a difference of 9 points from before the lecture compared to after the lecture.(11)

This is in line with the results of research from Hariyatmoko (2018) which shows that there is an influence of the lecture method on increasing knowledge about adolescent reproductive health in a high school which illustrates that there is an increase in adolescent knowledge that is evenly distributed due to more varied material delivery factors using power point media and Question and answer.(7)

This is in line with the results of Madjid's research (2016) which states that there is a difference in the average value of high school students after receiving health education interventions through lectures which is indicated by a p-value of 0.000. Madjid's

According to the research results presented in table 5, it is stated that the level of knowledge of adolescents about adolescent reproductive health is in the sufficient category. This is in line with the results of research conducted by Fitriana (2020) which

research (2016) using the Mann Whitney test also shows that there is a difference in the average value before being given treatment in the form of the simulation game method and the lecture method with a p value of 0.003. simulation games and lectures. (5)

#### 4. CONCLUSION

Most of the respondents have sufficient knowledge about adolescent reproductive health. There is an influence of the lecture method on adolescent knowledge. It is hoped that the school can form peer groups to activate adolescent reproductive health counseling activities.

#### ACKNOWLEDGMENT

The author would like to thank the Director of the Politeknik Kesehatan Kementerian Kesehatan Gorontalo as the head of the institution who has given permission and support for this research.

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