

ADOLESCENT REPRODUCTIVE HEALTH LITERACY: A PREVENTION SEXUALLY TRANSMISSION DESEASES (STDs)

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Abstract.

Background: Adolescent literacy on reproductive health has a major influence on knowledge, attitudes and behavior of adolescent reproductive health, comprehensive systematic reviews have not been found regarding comprehensive sexuality and reproductive health education. Objectives: This study aims to identify adolescent literacy regarding reproductive health as an effort to prevent STDs.

Methods: This study was conducted through identification of adolescent literacy regarding reproductive health and prevention of sexually transmitted diseases using a questionnaire on adolescents.

Results: The results of interviews with respondents obtained that 69% said they did not know about reproductive health and 40 said they did not know about reproductive health. Questions deepened on sources regarding reproductive health were obtained from 20% of social media, 20% obtained from courses at school, from 2015 BK teachers and parents 1% and 27% not years. Adolescent get reproductive health information from tiktok 20% and only 3% from doctors. Regarding the role of parents in reproductive health literacy, adolescents stated that they were comfortable 27%, uncomfortable 60% and not fully comfortable 13% to discuss reproductive health topics with their parents. Furthermore, it was asked whether the youth considered the need for reproductive health information, 53.5% needed, 13.4% needed, 33.3% felt it was necessary.

Conclusions: Adolescent literacy plays an important role for adolescents so that they can provide a good understanding of health and avoid risky behaviors that have an impact on adolescents including teenage pregnancy, early marriage, STDs. Further research is needed by involving families, health workers and the community to increase public awareness in preparing healthy adolescents.

Key word: adolescents, reproductive health literacy, STDs prevention

Background

Adolescence is a period of searching for identity and a period of high curiosity, including all new things, especially in matters related to sexuality. With today's technological advances, it is very easy for teenagers to access information, even pornographic content. Misinformation about sexuality and reproductive health often results in harm to adolescents, and can even lead to risky behavior for teenage pregnancy, abortion, early marriage, exposure to sexually transmitted diseases and others. This study uses a qualitative study to discuss the problems of sexuality and reproductive health in adolescents.

Belay reported the importance of adolescent knowledge or literacy reproductive health and the things that affect it (1). The 2020 UNFPA report stated that one in four women aged 15-64 years experienced physical or sexual violence from their partner or non-partner⁽²⁾. The fertility rate of adolescents aged 15-19 years was reported to be 36 per 1000 higher found in rural areas where 9.8% of rural girls and 4.7 of urban girls aged 15-19 years had given birth to children, resulting in limited education and opportunities for women to can work. Another worrying condition is the occurrence of teenage pregnancy which is the cause of marriage in adolescents at the age of 15-17 years, with 27% of first births in urban areas and 21% of rural girls. About 1 in 9 girls are married before the age of 18, 49% of girls under 11 years have undergone circumcision or female genital mutilation

In addition to these reproductive health conditions, Indonesia is experiencing an increase in new HIV infections, with an estimated 543,100 people living with HIV (PLWHA), 49,000 new cases and 39,000 AIDS-related deaths in 2018, which is a 25 percent increase between 2010 and 2018, due to the use of addictive substances and the cause of unprotected sex (3).

Knowledge is an important part of the formation of behavior, knowledge can be interpreted as information that is continuously needed by someone to understand experience. The right knowledge can provide good benefits. Likewise with knowledge about HIV/AIDS. People's knowledge of HIV-AID will affect attitudes and behavior, people with less knowledge about HIV-AID will behave and behave away from people who are infected with the disease, this condition is

referred to as literacy on the prevention of communicable diseases $^{(4)}$.

Data shown by UNICEF, in 2005 as many as 71,000 adolescents aged 10-19 years died from the HIV virus, this number increased to 110,000 adolescents in 2012. During the period 2005-2012 there has been an increase of 50 percent (UNICEF, 2017). Based on data from the Indonesian Ministry of Health, until 2015 there were 28,060 HIV-infected adolescents (15.2 percent). A total of 2089 people (3 percent) of whom are already with AIDS (4)

Regulation of the Minister of Health of the Republic of Indonesia Number 21 of 2013 concerning HIV and AIDS Control, the community can participate in HIV and AIDS prevention efforts by promoting healthy living behaviors, increasing family resilience, preventing stigma and discrimination against HIV-infected people and their families, and to key population communities, forming and developing AIDS Concerned Citizens, and encouraging community members who have the potential to carry out risky acts of contracting HIV to check themselves into KTS service facilities (5)

Objective and Benefits of research. Risky sexual behavior for adolescents has become a global concern, due to the lack of sexuality and reproductive health education. By knowing the causes and impacts of low reproductive health education, it is hoped that a comprehensive and integrative program can be made to effectively change adolescent sexual knowledge, educate adolescents not to engage in risky behavior, so that adolescents have adequate knowledge to avoid and be able to act to prevent teenage pregnancy or be infected with diseases. sexual exchange, as a result of having unprotected sex, limited access to contraceptive facilities and services, and unsafe abortion ⁽⁶⁾.

Methods

To obtain data on adolescent literacy on sexuality and reproductive health, the authors conducted interviews with adolescents aged 12 to 18 years. Covers youth literacy on sexuality and reproductive health, sources of information on sexuality and reproductive health. The role of parents in explaining sexuality and reproductive health. The results of interviews with respondents obtained that 69% said they did not know about reproductive health and 40 said they did not know

about reproductive health. Questions deepened on sources regarding reproductive health were obtained from 20% of social media, 20% obtained from courses at school, from 2015 BK teachers and 1% parents and 27% not years. Teenagers get reproductive health information from tiktok 20% and only 3% from doctors. Regarding the role of parents in reproductive health literacy, adolescents that they were comfortable uncomfortable 60% and not fully comfortable 13% to discuss reproductive health topics with their parents. Furthermore, it was asked whether the youth considered the need for reproductive health information, 53.5% needed, 13.4% needed, 33.3% felt it was necessary.

Most of the youth did not know correctly about sexuality and reproductive health, the sources of information obtained were also not all answered from reliable sources, such as parents or teachers. Only a small proportion of teenagers get reproductive health education from their parents, which is done casually while joking. Other sources are obtained from the internet and their peers. This is because teenagers feel more open and don't feel ashamed if they bring up personal things to their friends rather than to their parents.

Results And Discussion

Definition of Adolescent is a person in the age range of 10-19 years, according to the Regulation of the Minister of Health of the Republic of Indonesia 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 and not married yet. Adolescence is a period of transition or transition from childhood to adulthood (7). WHO provides a conceptual definition of adolescents, which includes biological, psychological. and socioeconomic criteria. According to WHO adolescence is a period in which: 1. Individuals develop from the first time he shows secondary sexual signs until he reaches sexual maturity. (biological criteria) 2. Individuals experience psychological development identification patterns from childhood to adulthood. (socio-psychological criteria) 3. There is a transition from full socio-economic dependence to a relatively more independent state. (socioeconomic criteria). According to Pieget says that psychologically adolescents are the age at which individuals interact with adult society, the age at which children no longer feel under the bonds of older people but at the same level at least in terms of rights From this understanding, it can be concluded that adolescence is a period of transition from children to adulthood, where physically they have experienced maturity, but psychological and social aspects have not been able to be independent.

The developmental tasks of adolescence (ages 11/12 - 18 years) According to Havighurst, the tasks of adolescent development include: 1) Achieving new, more mature relationship patterns with peers of different sexes in accordance with the beliefs and moral ethics that happens in society. 2) Achieve social roles according to gender, in line with the social and cultural demands of the community. 3) Accept the unity of the organs of the body/physical condition as male/female and use them effectively according to their respective natures. 4) Accept and achieve certain responsible social behavior in the midst of society. 5) Achieve emotional freedom from parents and other adults and begin to be "yourself". 6) Prepare to achieve certain careers (positions and professions) in the field of economic life. 7) Prepare to enter the world of marriage and family life. 8) Obtain a set of values and an ethical system as a guide for behavior and develop an ideology for the purposes of civic life (8).

Definition Sexuality education is defined as a culturally appropriate and relevant approach to teaching about sex and relationships by providing scientifically accurate, realistic, non-judgmental information. Sex education provides opportunities to explore one's own values and attitudes and to build decision-making, communication and risk reduction skills about many aspects of sexuality. Comprehensive definition of reproductive health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes.

Literacy education is an effort to empower the community as a powerful weapon to fight injustice, poverty and health problems. Which with literacy shows the revival and depth of socioeconomic development ⁽⁹⁾. The causes of low reproductive health literacy are because adolescents consider parents' attention to be low, difficulty speaking to parents to understand adolescent problems and differences in parental and adolescent values affect the behavioral and emotional health of adolescents. Ackard's 2006

research examined the importance of improving parent-child relationships to prevent risky behavior in adolescents (10). Factors causing the low literacy skills of students are: 1). Selection of textbooks, 2) misconceptions, 3) low reading skills, 4) non-contextual learning, 5) learning environment and science (11).

Law No. 36 of 2009 concerning Health stipulates that everyone has the right to obtain correct and accountable information, education, and counseling regarding reproductive health. Government Regulation 61 of 2014 concerning reproductive health has included adolescent reproductive health as one type of service which is an and/or a series of activities aimed at adolescents in order to maintain reproductive health. In Article 11 No. 1 states that adolescent reproductive health services aim to prevent and protect adolescents from risky sexual behavior and other risky behaviors that can affect reproductive health and prepare adolescents to lead a healthy and responsible reproductive life. In article 12 it is explained that the service is carried out, one of which is the provision of communication, information, and education in the formal and nonformal education process. A series of regulations have shown the importance of implementing reproductive health education.

Ideally community leaders and health workers work together to raise awareness throughout the community ⁽²⁾. Open discussion within the family about reproductive health issues leading to increased awareness about reproductive health issues and reducing risk behaviors among adolescents ⁽¹²⁾ shows importance to youth. Parents who have demonstrated good reproductive health knowledge and positive attitudes towards reproductive health. Indonesia is one of the countries that participates in reducing the number of early marriages.

The government should ensure youth access to integrated services provided by trained health workers. Sex education programs should be scaled up and offer accurate and comprehensive information while building skills to negotiate sexual behavior. Health workers should be equipped to provide accurate and balanced sexual education, including information on contraception and condoms so that young people have the means to protect themselves, provided is in the context of healthy sexuality, without stigma or judgment. Health workers are also well placed to provide

services for those in need to address their high risk and specific problems of anemia, malaria, HIV, and STDs. These predictors can be addressed through home sex education, regular training of health care providers on youth-friendly service delivery, and policy reforms ⁽¹³⁾ Preventive and overcoming diseases due to risky behavior targeting adolescents need an integrative approach involving stakeholders with individual and social approaches ⁽¹⁴⁾.

The implementation of youth-friendly sexual and reproductive health education by paying attention to confidentiality, privacy, affection, and individual rights as young adolescents should be considered, sexual education and reproductive health programs that are more in line with the needs of adolescents can impact on effective knowledge transformation. A comprehensive sexual education program, based on educational theory, gender equality, observing changes in adolescent emotions and behavior, develops strategies to support sexual education among the younger generation both at home and at school. Some of the reasons put forward for this failure in reproductive health education are: 1). Limited sexuality education programs in schools and little government emphasis, 2). Limited time and space, 3). Inadequate teaching and learning materials, 4). Inadequate traditional teaching methods effective, 5). Lack of policies, 6). Inadequate skilled skills, and 7). Taboos against socio-cultural values such as talking about sex in public in some countries (6)

Disease prevention, according to Levell and Clark can be done through several levels of prevention at the community level, namely at the stage before the occurrence of a disease (Prepathogenesis Phase) and at the Pathogenesis Phase stage. In this Prepathogenesis Phase, it can be used through primary prevention activities. Primary prevention is carried out with two activities, namely: (a) Health Promotion or health improvement, through several activities, as follows: 1. Health education 2. Public health counseling such as: counseling about the goals of reproductive health literacy 3. Observation of adolescent growth and development both physically and mental, etc. (b) General and specific protection, is a health effort to provide special and general protection to a person or society, among others: 1. Immunization for HPV 2. Personal hygiene 3. Self-protection from transmission of sexually transmitted diseases. At this stage of pathogenesis, two prevention

activities can be carried out, namely: (a) Secondary prevention, namely prevention of people who are still or currently sick, with two groups of activities: (c) Early diagnosis and prompt treatment and Disability limitation, namely the PMS test. and immediate treatment (b) Tertiary prevention (tertiary prevention), namely efforts to prevent disease after recovering from illness and experiencing disability, including: (a) Advanced health education (b) Work therapy (c) Social rehabilitation village (d) Awareness of the community (e) Rehabilitation institutions and community participation. In the case of STDs, antiviral drugs are given to suppress the virus and increase the body's capacity for people living with HIV and detect infection oportunis, such as tuberculosis and others. Tertiary prevention efforts begin when the disability or inability to heal occurs until it is stable / permanent or irreversible. In this prevention can be implemented through a rehabilitation program to reduce disability and increase the efficiency of the patient's life. This rehabilitation activity covers medical and social aspects. Tertiary prevention is carried out in the advanced phase of the pathogenesis of a disease or health disorder. (5)

Reproductive health education as a primary prevention effort is a protective factor for the occurrence of sexually transmitted diseases, poor reproductive health outcomes, and other social consequences. However, knowledge alone is not enough; Social skills and competencies to promote and maintain healthy living are also important. These competencies are collectively defined as Health Literacy, which is defined as "the knowledge, motivation competence to access, understand, assess and apply health-related information in healthcare settings, disease prevention and health promotion"(15)

Efforts to improve reproductive health services for adolescents are very important to ensure that adolescents obtain medically accurate health information and quality health in the environment where they live, go to school, socialize, and participate in youth development programs, facilitating access to seek information and health services. In addition, demystifying the clinic by going on tours is important for adults who can make referrals and provide information about available services and youth who need services ⁽⁶⁾. Involving the Youth Life Circle by incorporating sexuality and reproductive health lessons into

youth activities and involving parents or other trusted adults in the administration of the activity curriculum. (3) Youth Family Development is an activity that involves youth as peer educators by empowering youth in youth posyandu activities in the community as a source of learning.

The existence of the influence of the implementation of HIV/AIDS prevention education programs on adolescent attitudes, that attitudes can change in a way, including through information messages that can produce changes in the cognitive component of individual attitudes. The characteristics of adolescents who are unstable and easily influenced by the environment, it is necessary to inculcate a variety of positive information to support the cognitive development of adolescents. It is hoped that adolescents will have positive knowledge (cognitive) which will continue to other aspects of attitude, namely positive (affective) feelings that arise in adolescents, so that it also affects the tendency of adolescents to behave (conatively) positive, namely trying to prevent risky behavior exposed to HIV (16).

Conclusion

Adolescence is a stage of development that requires attention as an investment in the nation's future. Causes Deviations can occur due to lack of knowledge, care and monitoring from parents, teachers and the community. Efforts by involving individuals, families, youth communities and the community need to work together to develop friendly, friendly and private literacy and health services for the physical and mental health of adolescents. Involvement of youth in educational activities as well as adult support is important to be carried out on an ongoing basis in every society.

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