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LEVEL OF AWARENESS OF ADOLESCENT REPRODUCTIVE HEALTH IN BANDUNG CITY

Tingkat Kesadaran Remaja Mengenai Kesehatan Reproduksi di Kota Bandung

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ABSTRAK

Komitmen global untuk membangun masa depan menghadapi megatrend yang dihadapi semua negara adalah menciptakan kesuksesan generasi dengan menekankan penghapusan kemiskinan dan kelaparan, ketidaksetaraan dan ketidakadilan antargenerasi. Kesehatan remaja dipengaruhi oleh nilai, agama, budaya, keluarga dan pelayanan kesehatan untuk mencapai akses layanan kesehatan reproduksi sebagai kunci tujuan pembangunan berkelanjutan. Penelitian ini bertujuan untuk mendapatkan gambaran mengenai deskripsi tingkat kesadaran reproduksi remaja di Kota Bandung, meliputi aspek akses, pemahaman, appraising dan penggunaan layanan kesehatan reproduksi remaja. Penelitian dilakukan dengan cross-sectional design. Instrumen penelitian ini berupa pertanyaan sebanyak 44 pertanyaan, terdiri dari 4 sub komponen meliputi accessing, understanding, appraising dan applying mengenai kesadaran remaja mengenai kesehatan reproduksi yang dikembangkan dari Stormacq. Penelitian dilakukan secara kuantitatif dan kualitatif. Hasil penelitian ini menyimpulkan bahwa akses remaja untuk kesehatan reproduksi remaja berada pada tingkat sedang sebesar 69%, ditemukan akses rendah mengenai kesehatan reproduksi sebesar 11%, sedangkan pemahaman kesehatan reproduksi remaja ditemukan pada tingkat rendah sebanyak 12%. Terkait kemampuan remaja dalam analisis kesehatan reproduksi masih dalam kategori tingkat rendah, sedangkan dalam hal Appraising/assessing reproductive health in the moderate category is 68%. Saran yang disampaikan adalah untuk meningkatkan kesadaran remaja, diperlukan edukasi yang luas, melalui media sosial dilanjutkan dengan konsultasi pribadi yang intensif.

Kata kunci: *kesadaran kesehatan reproduksi, remaja*

ABSTRACT

The global commitment to build the future facing the Megatrends facing all countries is to create generational success by emphasizing the elimination of poverty and hunger, inequality and intergenerational injustice. Adolescent health is influenced by values, religion, culture, family, and health services to achieve access to reproductive health services as the key to the Sustainable Development Goals. This aimed to get an overview of the description of the level of adolescent reproductive awareness in the city of Bandung, including aspects of access, understanding, appraising, and use of adolescent reproductive health services. The research was conducted with a cross-sectional design, this research instrument was in the form of 44 questions, consisting of 4 sub-components including accessing, understanding, appraising, and applying regarding adolescent awareness about reproductive health developed from the Stormacq research. The research was carried out quantitatively and qualitatively. The results of this study concluded that adolescent access to adolescent reproductive health was at a moderate level of 69%, and it was found that low access to reproductive health was 11%. Meanwhile, the understanding of adolescent reproductive health was found at a low level of 12%. Regarding the ability of adolescents to analyze reproductive health, it is still in the category of reproductive health level, while in terms of

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Appraising/assessing reproductive health in the moderate category is 68%. The suggestion was that to increase adolescents' awareness, extensive education is needed, through social media, followed by intensive personal consultation.

Keywords: adolescents, reproductive health awareness

INTRODUCTION

Human development received special attention in the CEDAW International Conference on Population and Population Development in 1981 affirming the health and empowerment of children and women.[1] Each country is committed to creating the future of the young generation by eliminating poverty and hunger, inequality and intergenerational injustice, and acknowledging the challenges countries face the megatrends of demographic transition, environmental crisis, and technological advancement.[2] The government provides optimal reproductive health services for every citizen through education, and information on family planning, which is integrated into reproductive health services in various national health programs in Indonesia.[3,4] Social factors that determine reproductive health are education, gender, poverty, and mobility. The health service system is considered a social determinant of health because of the access, experience, and benefits of health services related to the application of gender values.[5]

The composition of the global population is currently almost 30% adolescents who are a resource for nation-building. Adolescence is a young person aged 14-21 years which is a period characterized by turmoil and physical, psychological, and social changes that can lead adolescents to unhealthy situations, such as free sex experiments, unsafe sex, and multiple sexual partners.[3,6,7]This has an impact on adolescent reproductive health problems such as early marriage, teenage pregnancies, unsafe abortion, sexually transmitted infections (STIs), HIV and AIDS, and other health and social problems.[7]

Adolescent reproductive health services are affected by environmental conditions. Adolescents, including access to health services, education level, and information resources.[3] Problems have been found in many countries regarding poor sexual and reproductive health services for adolescents.[6,7] It is undeniable that currently, adolescents who have sex need contraceptive, preventive, and treatment services for sexually transmitted infections but do not have adequate access to services, which makes adolescents feel unwanted and,[7] this health service problem is related to administrative activities and organizational structure, as well as the ability of incompetent officers regarding adolescent reproductive health services to cause the low use of reproductive health services by adolescents, which can cause adolescents to lower their understanding of optimal reproductive health.[8] Some of the obstacles to low adolescents in obtaining health services are unadolescent unfriendly health service times, concerns about confidentiality and discrimination, services not meeting adolescents' expectations, and high costs.[9] Not all data health services are easily accessible to adolescents.[3,10]

UNFPA in 2020 stated that one in four women aged 15-64 years experienced physical or sexual violence from their partner or non-partner.[11] It was found that in rural areas, 9.8% of rural girls and 4.7 urban girls aged 15-19 years have given birth, resulting in limited education and opportunities for women to be able to work. Another worrying condition is the occurrence of teenage pregnancy which is the cause of adolescent marriage aged 15-17 years. About 1 in 9 girls are married before the age of 18, 49% of girls under the age of 11 have undergone female *genital mutilation*. In

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addition, Indonesia has experienced an increase in new HIV infections, with an estimated 543,100 people living with HIV (ODHA), due to the use of addictive substances and the causes of *unprotected sex.*[12]

Low health information and the community's economy aggravate adolescent health problems with the occurrence of child marriage (under 19 years old) due to sexual abuse that results in unwanted pregnancy so that children are married at an early age.[13] Child marriage causes discrimination, poverty, low literacy rates, unmet need for contraception, and low education in adolescent reproductive health increasing adolescent pregnancy.[11] As a result of inequality and subordination to the family and society, which causes vulnerability to child marriage, unwanted pregnancy, neglect or divorce, domestic violence.[12] De Groot's research reported that child marriage also resulted in child death, with an OR value = 2.03; This means that maternal mortality (deaths due to pregnancy and childbirth) increases 2-fold in child marriage.[13] Another adverse impact of teenage pregnancy is childbirth complications and infant mortality reported up to 20%-30% of premature births, married children also result in school dropouts and violence from their partners.[14,15] Disconnect from friends and family and community anemia, postpartum hemorrhage, and sexually transmitted diseases.[3]

Knowledge about reproductive health determines a person's attitude and decision to achieve a good degree of health.[16,17] For example, adequate reproductive health education for adolescents can prevent and delay pregnancy to avoid pregnancy complications[18] because adolescents understand the impact of child marriage, therefore it is necessary to transform education for adolescents and structural interventions,in the form of advanced schools for adolescents, the private sector and the community are involved to help adolescents obtain education through adequate financing, social security,[14] community leaders can expand public awareness of gender and the protection of children and women must be prioritized through education and economic strengthening to determine health priorities and equal protection of girls.[13]

Social and cultural values have an impact on intergenerational effects also occurring in socialization around norms and gender that are passed down from generation to generation through observation and repetition of parental behavior.[19] This intergenerational learning process has an impact on adolescent attitudes even in some areas it is taboo to discuss reproductive health.[20] Teenage pregnancy is the cause of teenage marriage aged 15-17 years. Around 1 in 9 girls are married before the age of 18, 49% of girls under the age of 11 have undergone female genital mutilation. In addition, Indonesia is experiencing an increase in new HIV infections, with an estimated 543,100 people living with HIV (PLWHA), due to the use of addictive substances and unprotected sex.[21] Socio-demographic factors such as education, age, gender, income, and health systems are predictive factors for the use of reproductive health facilities by adolescents.[22] Reproductive health services are not yet youth-friendly, and facilities, as well as education related to services for young people and allocation of service time do not meet the needs of adolescents.[23]

Conveying information for adolescents to provide knowledge for determining adolescents' attitudes towards them has proven to be very effective.[17] Understanding the development of sexuality in adolescents can have an impact on adolescents. [22] This can be done through non-formal education for adolescents to create adolescent awareness to prevent child marriage**,** gender equality and sexuality[18,19], and power sharing,[20] non-

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formal education such as counseling in the community shows a wider range of education, not limited to time, not bound to the structure of formal education, time-bound means carried out according to the needs of adolescents.[21] Education contributes to adolescents for self-improvement. [23]

This study aims to obtain a description of the level of adolescent reproductive awareness in the city of Bandung, including aspects of access, understanding, and use of adolescent reproductive health services. Currently, people in Indonesia still adhere to the belief that children are a burden to the family so that they must be married immediately even though they are still children, thus reducing the economic burden of parents on their children. [24]

The low awareness of adolescents regarding reproductive health, for example, adolescents' ability in interpersonal communication has not been able to convey to refuse child marriage because of limitations such as the information obtained is still lacking, accompanied by the utility of adolescent health services is not utilized optimally, causing low awareness of reproductive health so that it has a negative impact on adolescents. Adolescent knowledge about marriage needs to be provided from adolescence including reproductive health, intensity, method, time, setting, target, and childbirth and its implications for both individuals and the wider community.[25]

Efforts to provide awareness and abilities to empower adolescents, especially can prevent child marriage [33] accompanied by the participation of adolescents in various activities as a form of adolescent human rights appreciation and critical pedagogy (dialogical) for adolescents.[24,26]

METHODS

This study used a cross-sectional design. In this study, the researcher filled in data on understanding, access, appraising and applying adolescent reproductive health in the Bandung city area. As for this study, the population is all teenagers in the Banadung city area. The sample of this study is based on the inclusion and exclusion criteria as follows; inclusion criteria are adolescents in the city of bandung, willing to be a respondent, present during data collection, have a gadget that can access the internet. The sample is determined by setting the conditions and conditions that are stated in the flyer, so that the age criteria are included in the requirements to be able to use age, domicile in Bandung, have access to the internet in filling out the google form, as many as 105 adolescents were obtained.

This research instrument is in the form of 44 questions, consisting of 4 sub-components, including accessing, understanding, appraising, and applying regarding adolescent reproductive health awareness developed from the research of Stormacq, C. et al.[27] Research data collection was conducted in October 2024 in Bandung City, referring to ethical review no. 34/KEPK/EC/X/2024. The research was carried out in the Bandung City area. Data analysis processed using Microsoft Excel was carried out through the univariate data analysis stage to determine the distribution of data on respondent characteristics and categories of adolescent level of understanding of access, understanding, appraising, and applying adolescent reproductive health.

Furthermore, the quantitative data is grouped into three categories, namely, low, medium, and high categories. Categories are grouped according to the reference value of the group on each component, by calculating based on the mean value and standard deviation value of each component, using the formula:

Moderate	M+1SD≤X
Medium	M-1SD ≤ X < M+1SD

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Low	X<M-1SD

In addition to quantitative data, this study also explored qualitative data, which was carried out in a sequential explanatory manner, namely taking quantitative research data first using questionnaires, then collecting qualitative data through interviews with several respondents and data analysis, which aimed to strengthen the results of quantitative research conducted in the first stage.

RESULT

Based on Table 1 the results of the study, it was found that the characteristics of adolescents were found to be in the age range of 15-18 years (medium teens), in this age group, adolescents are in high school education. The division of three groups was carried out referring to the division of adolescents based on maturity, age, and psychology.

Table 1. Characteristics of Adolescents

No	Youth Groups	Boys		Girls		Total	
		n	%	n	%	n	%
1	Early Teens (10-14 th)	5	13,2	10	14,9	15	14,3
2	Medium Teens (15-18 th)	20	52,6	31	46,2	51	48,6
3	Advanced Teens (19-24 th)	13	34,2	27	40,2	40	38,1
	Total	38		67		105	

Table 2 shows category of level awereness of adolescent reproductive health awareness. Adolescent access has reproductive health in the moderate category, as well as the understanding aspect which is 68%. Appraising in the medium category is also 63%. As well as applications in the medium category.

This study uses an integrated Model of Health Literacy that explains the relationship between health awareness and reproductive health and the factors that affect the level of awareness (antecedents) and related health outcomes (consequences), including 'Access, which means that access is the ability of individuals to explore, explore, and find information about reproductive health carried out by adolescents; the second is Understand refers to an individual's understanding of the reproductive health information that he has obtained. Meanwhile, Appraise is the competence of adolescents in interpreting, selecting, assessing, and evaluating the reproductive health matters that they have obtained, and apply means as the competence of adolescents to be able to convey matters related to reproductive health to make the best decisions for their health.[27]

Table 2. Distribution of the level of adolescent reproductive health awareness

No	component	Category						Total	
		Low		Medium		Moderate		n	%
		n	%	n	%	n	%		
1	Access	12	11	72	69	21	20	105	100
2	Understanding	13	12	71	68	21	20	105	100
3	Appraising	11	10	66	63	28	27	105	100
4	Application	14	13	71	68	20	19	105	100

Source: Primary Data, 2023

The results of interviews with adolescents, regarding behaviors related to adolescent health are presented as follow

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A gay teenager.

A teenager feels more comfortable because he feels understood and the surrounding environment that has a same-sex lover. At school, they have a group of friends who have same-sex attraction. Routine religious learning and various information about lesbian, gay, bisexual, and transgender.

In the teenager confused the teenager, he felt that he wanted to change to no longer like the same sex. According to him, this is the wrong thing. However, his close friend is a same-sex lover, so it is difficult for the teenager to change.

> *“ The problem is that my friends are the same, we have a group like that..., one school is also already in the same school."*
> *"If your parents don't know... because I'm afraid."*
> *Teen A, 15 years old*

Adolescents' Risk Behaviors

Another experience was when teenagers in one of the posyandu said that the majority of teenagers had risky sexual behaviors that were rampant in the neighborhood.

> *"Teenagers are dating here a lot of tea; if you don't date rich, you don't sell like tea. Then friends also get together to discuss their girlfriends or crushes, so they have an average."*
> *Youth B, 16 years old*

> *"Here the tea, paid 5000 also wants to be used, not because it is cheap but because the environment is really rich."*
> *Teen C, 17 years old*

Teenage victims of sexual violence

The problem in this case, is that the teenager has problems with peers and family. Youth organizations are a positive forum for teenagers. One of the young women in the area is known to attend meetings more often until late at night because she feels uncomfortable at home. After being approached, the teenager was able to tell that he was a victim of sexual violence committed by a close relative.

> *"Because I suspected that there was something that made this teenager uncomfortable at home, it turned out to be true. After being detained, this teenager felt unsafe at home."*
> Chairman of the Youth Organization,

Sexual violence that caused the teenager to become pregnant and give birth. According to the settlement of the case, it could not be followed up because the victim's mother protected the perpetrator.

Smoking in Teens

Another experience is the incidence of smoking in adolescent girls. The teenager said he smoked secretly in the bathroom if he was feeling stressed. He also felt like quitting, but his close friends were smokers, so he was accepted in the environment of hanging out with fellow teenagers.

> *"I know this is dangerous for my health because I also feel that I am not strong enough to run; I lack appetite too."*
> *Teen D, 15 years old*

DISCUSSION

Access refers to the ability to search, find and obtain health information. The results of the study show that adolescent access to adolescent reproductive health is at a moderate level of 69% and adolescent access is 11%. This provides information to us that there are still many adolescents in the city of Bandung who have difficulty accessing reproductive health in the city of Bandung. This condition is also found in other countries, for example, facing many obstacles in accessing services in the form of adolescent health service hours that are not in accordance with adolescent school hours because during the working hours of the health center, adolescents are still in school. In addition, some of the conditions that are discussed in the field are that

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adolescents often feel worried about privacy, as well as discrimination (especially among girls who are sexually active because they are afraid of information leakage to parties outside them).[9]

Reproductive health awareness refers to the competence, encouragement of individuals, and communities in obtaining, understanding, assessing, and applying health information to make judgments and make decisions in their daily health regarding health services, disease prevention, and health promotion to maintain or optimize the quality of life of themselves and the wider community. This shows that knowledge related to health is part of awareness and knowledge. In this study, reproductive health awareness is related not only to physical health, but also psychological, social in healthy reproductive health.[28] The causes of the low use of reproductive health facilities by adolescents are cognitive accessibility and psychosocial accessibility. The cognitive accessibility, for example, lack of knowledge about sexuality and awareness of the importance of reproductive health services, Perceived barriers in psychosocial accessibility, for example, feeling ashamed, shame caused by a negative culture regarding premarital sex, fear of parents knowing because of low confidentiality from health workers. In addition, geographical accessibility is a cause of low use of health facilities by adolescents.[29]

Access to reproductive health is inaccessible to adolescents obtaining information from other untrustworthy sources. As a result of incomprehensive, selective or discriminatory youth welfare services and include low access to service support and partnerships. According to Braeken, et al (2012) health services can be carried out through services in hospitals, health centers or health service places, but can also be done in schools or through non-formal education in the community. Youth-friendly adolescent health services are essential for effective services, agreeing on a place and time according to the needs of adolescents.[9]

To improve adolescent health services, one important thing is the skills and attitudes of health workers, adolescent-friendly services require friendly and well-trained officers, namely officers who like adolescents and accept adolescents, including humanist health service skills, do not discriminate between attitudes in service to adolescents, and health workers have a broad understanding and protect adolescents. An important thing in adolescent health services is the participation of youth, adolescents can be involved in providing peer counseling as co-counselors, condom distributors and or referring to complex problems. Youth can create activities to involve youth in activities that get youth to come to service. This is done by starting to identify envoys to be involved in adolescent reproductive health services or participation by involving adolescents as cadres in adolescent health services so that adolescents become reformers in adolescent activities so that the sustainability of the program is maintained for the long term.[9]

The competence of health workers in reproductive health services should apply the values and attitudes of officers professionally, including committing to providing optimal reproductive health services by health service standards, professionally, maintaining confidentiality, not discriminating in providing health services to adolescents, especially for adolescents with disabilities with low access to health services. An important part of health services is the provision of informed choise and informed consent by giving some of the best considerations for adolescents. Apart from being a health worker, another indispensable function is as an advisor who proactively conveys aspirations to the government regarding the conodation of adolescents in the

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field, as well as conveying the role of adolescents in the administration as agents that must be involved with wide access for adolescents. Another important role as an educator is to provide education to the community, especially among adolescents, in order to provide information on the importance of maintaining adolescent reproductive health which is carried out from an early age, such as practicing personal hygiene, avoiding the use of addictive substances, including smoking, and avoiding free sex. In addition, it also collaborates and collaborates with the media and uses social media as part of the mass reproductive health campaign. Health workers also play a role as researchers who actively and meticulously collect adolescent health data to convey information to relevant stakeholders.

The delivery of adolescent reproductive health education can no longer be stopped in the midst of a worrying adolescent health situation, especially for girls. A 2007 study in Malawi, 90% of adolescents have HIV, only 51% of women and 65% of men know that abstinence, fidelity, and using condoms are 3 ways to avoid infection.[5] this data shows that the prohibition of abstinence alone is not enough for adolescents, mass campaigns carried out jointly by many parties can spread education reproductive health with a wider reach by teachers, teachers and other government officials, because reproductive health problems also have an impact on people's social lives, such as violence, rape, and dating.[30]

Understanding reproductive health is very important to see the next impact, namely child marriage, so it needs to be done through an educational process including knowledge, understanding, attitudes and experiences from various aspects through reproductive health education. 36 The formation of healthy attitudes and behaviors in reproductive health is greatly influenced by the sociocognitive process of a person building a personal and social identity.

This formation is carried out through the stages of mental processes, namely three interactive psychological processes involving cognitive, evaluative; and affective. In the affective formation of social identity, it is closely related to emotional attachment to fellow adolescents or adolescent peers, this is the identity of the adolescent group, which is the self-perception as a representation of the group.[31] As positive evaluations of social groups increased, affective commitment and emotional attachment to the group also increased, and the relationship between self-concept and group identity became stronger.[32] In the process of understanding information, understanding of personal meaning is important to master through learning experiences, this is done by learning interaction between students and observation of the surrounding environment.[33]

The current sources of reproductive health services or information are highly variable based on generation, reproductive status, and depth of experience outside the community, by the sources and beliefs embraced by adolescents and society. Sources of information include radios, leaflets, billboards, etc [17] The search for access to health service information can be obtained through informal networks, traditional workers are a source of information that plays an important role in this region. Informal networks, such as friends and family, play a role in the flow of sexual and reproductive health both in cities and villages. The family approach is one of the most important approaches in women's reproductive health, namely a mother to another mother, as well as a mother to her daughter.[34] In addition, schools and local communities can be resources for information in the community available to adolescents, such as church, youth groups, women's organizations that help teens discuss

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with parents that may help the communication gap between adolescents and parents, and peer group counseling can help young adolescents learn how to respond to peer pressure.[35]

Understanding

The ability of individuals to understand the health information accessed is interpreted as understanding; The characteristics of adolescent-friendly health services offered by WHO are the integration of health facilities with health service delivery technology which is the main strategy to improve adolescent health information more widely, including social media, so that it is accessible, acceptable, fair, appropriate and effective, gender fair and serves as a channel for access to sexuality health, reproductive health and family planning.[6]

Irvine (2004) was the first to explain the importance of sexual and reproductive health literacy and how it affects adolescent sexual behavior. Health behavior can be defined as any activity that is carried out to prevent or detect disease or to improve health and well-being.[36] Furthermore, there are many studies on health behavior to explain the determinants of health behavior and the process of changing health behavior, based on the theory of Health Behavior as a framework in explaining health behavior. Where this theoretical framework of behavior change becomes a framework for thinking about changing and intervening in health treatment, especially the need for reproductive health as a basis in developing health education and counseling to the community.[37]

Understanding reproductive health in adolescents is sexual identity, gender, stigma, structural factors, and social support are factors that play a very big role in determining a person's decision-making, an adolescent can be influenced by behavior, identity and stigma, including information and support from school, peers, and social media that adolescents believe can affect adolescent decision-making. Information and knowledge can be said to be determinants of health behavior that affect adolescents' skills and confidence in making decisions or actions for the good of their personal health and the community in changing people's lifestyles. Through adequate health literacy, it can prepare tools to create good alternatives and communicate them in reproductive health services. Good reproductive health skills and competencies can improve individual competence in conducting analysis, assessment, and decision-making or empowerment, in changing sexual behavior.[37] Another strategy that can provide a large outreach is to provide short message services or chat bots.[17]

Through education with a wide reach, the provision of reproductive health information is carried out with wider access while maintaining individual rights in privacy, and body integrity, and human rights.[17] Based on the level of adolescent understanding in this study, it shows that adolescents need access to quality reproductive health services, through comprehensive educational efforts, especially comprehensive reproductive health education by paying attention to gender aspects.[38]

Appraising

Health behavior theory explains the understanding of health behavior, which aims to develop individual abilities in developing and assessing interventions that target public health in individuals and communities.[37] One of the efforts that can be developed is through the use of mobile technology and implementing a curriculum based on reproductive health competencies, supported by the competence of adolescent-friendly health workers.

So that access to information dissemination becomes wider for reproductive health services, by considering efforts to improve health

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services for girls and women to avoid child marriage, explaining the best time to get pregnant, namely in the healthy period of 20-35 years, and the active participation of couples in marriage. A broader and far-reaching intervention is to correct socio-cultural values that do not benefit the child access to education, especially for girls, is a contribution to women's welfare in the empowerment of individuals, families, and communities[35,39]

Application

A person's ability to interpret, select and assess the information he has obtained is said to be Appraise. Through reproductive health information that has been passed on a teenager must be able to have control over his personal life, this can be done through the economy, household responsibilities and this has an effect on contributing to reducing discrimination against women, good reproductive health. [35]

Confidentiality of providing reproductive health information services is an important thing that requires that young people provide the privacy they need personally such as waiting rooms, entertainment such as television, soundproof rooms. All health workers who provide reproductive health services carry out adolescent health services professionally by strictly maintaining service privacy.[40] One of the activities that can be organized by preparing innovation services that can be developed is through consultation with professionals through the web for people who consult the internet, consult with health professionals. The dissemination of health information is aimed at helping adolescents with limitations to access health services or information, as well as helping to overcome difficulties or limitations in understanding, assessing Health information is very important in determining the well-being of individual adolescents.[27]

CONCLUSION

Based on the discussion, it can be concluded that the level of adolescent reproductive health awareness of access to health information and services is in the moderate category. 11% at a low level, adolescent understanding of reproductive health was found to be in the low category of 12%, the ability of adolescents regarding the analysis/application of reproducible health for their health is still in the low category of 10%, appraising/assessing reproductive health in the moderate category is 68%.

Based on the conclusions prepared, several suggestions that can be conveyed are for stakeholders to expand access to information for the public, especially for adolescents, which can be done widely through social media from responsible institutions so that content can be accounted for. It can be designed as an electronic information media or print media. Intensive private consultation channels such as short messages or chatbots are provided that allow privacy to be maintained so that access constraints, understanding and appraising and applying can be improved for adolescents.

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