

## ADOLESCENT REPRODUCTIVE HEALTH AND IMPLICATIONS FOR GROUP COUNSELING

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### Abstract

Adolescent reproductive health is a crucial aspect of development, as it is directly related to their readiness to face physical, psychological, and social changes. This study aims to describe the level of adolescent reproductive health knowledge and its implications for group guidance services. The research method used is quantitative with a descriptive approach, employing a cross-sectional survey technique involving 393 eighth-grade students from three junior high schools in Cikampek. The research instrument was a questionnaire developed based on the ASRH-KASeQ. The results showed that the majority of students 292 individuals, or approximately 74 percent of the total respondents had a moderate level of reproductive health knowledge. These findings serve as the basis for designing a group guidance service implementation plan, in accordance with the Operational Guidelines for the Implementation of Guidance and Counseling (POP BK), aimed at improving students' reproductive health knowledge.

**Keywords:** : reproductive health, group counselling, adolescents

### Introduction

Adolescent reproductive health is defined by the World Health Organization (WHO) as a state of complete physical, mental, and social well-being in all matters relating to the reproductive system, including its functions and processes (Akbar et al., 2021). According to the International Conference on Population and Development (ICPD) held in Cairo from September 5–13, 1994, reproductive health is defined as a state of complete physical, mental, and social well-being in all matters relating to the reproductive system, its functions, and processes (Komisi Nasional Hak Asasi Manusia, 2018). Furthermore, Article 71 of Law Number 36 of 2009 on Health states that reproductive health is a condition of complete physical, mental, and social well-being, not merely the absence of disease or infirmity, in all matters relating to the reproductive system, its functions, and processes in both men and women. Reproductive health is especially important as it provides a strong foundation for the future quality of life of adolescents.

According to Santrock (2019), adolescence begins around the ages of 10 to 13 and lasts until about ages 18 to 22. During this stage, individuals begin to develop a sense of identity and explore their personal values and beliefs (Nurhayati, 2016). One of the developmental tasks during adolescence, according to William Kay (in Yusuf, 2019), is accepting one's own physical body and its diverse qualities. Erik Erikson's psychosocial development theory emphasizes that adolescence, which occurs between the ages of 12 and 21, is a crucial period for forming a personal identity (Ratnasartika Aprilyani et al., 2023). At this stage, individuals face a major challenge: the conflict between identity formation and role confusion. Erikson argues that adolescents who successfully resolve this crisis develop a strong and stable identity, while those who fail may experience

prolonged identity uncertainty, which could affect their future psychosocial development (Torang Siregar et al., 2024).

In the process of identity formation, adolescents need to explore various aspects of life, including personal values, beliefs, aspirations, and life goals that will shape their identity into adulthood (Jannah, 2017). This exploration can occur through a range of experiences such as social interaction, participation in organizations, and exposure to different perspectives that enrich adolescents' understanding of themselves and the world around them. However, not all adolescents receive adequate support throughout this journey. Without proper guidance or a supportive environment, identity confusion may worsen and lead to mental health issues such as increased anxiety, depression, and risky behaviors that could harm themselves or others (Mikraj et al., 2025). Adolescents at the secondary school level also face additional challenges related to understanding biological and emotional changes, as well as the consequences of decisions related to reproductive health (Albyn et al., 2022). Therefore, the social environment especially families and educational institutions plays a vital role in providing adequate support, information, and guidance to help adolescents develop a positive and healthy identity.

Reproductive health education is essential for equipping adolescents with accurate and relevant information about body development, reproductive functions, and the consequences of irresponsible sexual behavior (Azaria et al., 2024). A sound understanding of reproductive health enables adolescents to make wise and responsible decisions regarding their sexual health (M. Mbayang, 2024). This includes awareness of the importance of maintaining reproductive organ hygiene, understanding the risks of unplanned pregnancies, and taking preventive measures against sexually transmitted infections (Nihayatul Hidayah Marisita et al., 2024). Thus, comprehensive education and support from the social environment can help adolescents build a healthy identity both psychosocially and in terms of reproductive health.

Adolescence is marked by various physical and biological changes, making awareness of reproductive health especially important, particularly at the secondary school level (Khaerani, 2019). Adolescents with adequate knowledge of these issues are better prepared to face these changes for example, understanding the menstrual cycle in females and nocturnal emissions in males, as well as the development of reproductive organs (Sujianto & Astuti, 2019). In addition to understanding physical changes, adolescents must also be taught how to avoid risky behaviors that can impact their reproductive health (Ananda Carolina Br. Purba, 2023). Risky behaviors such as unsafe sexual activity, drug use, and alcohol consumption can harm both reproductive health and overall well-being (Vidiadari & Rismayanti, 2022). With a solid understanding of reproductive health, adolescents can navigate this transitional period with greater confidence and make wiser decisions. This affects not only physical health but also emotional well-being and their overall future.

Lack of awareness about reproductive health has serious implications for increased transmission of sexually transmitted diseases and unplanned pregnancies, including HIV/AIDS, which remains a global concern. According to WHO (2018), it is estimated that around 30% of the total 40 million people living with HIV/AIDS worldwide or approximately 10.3 million individuals are young people aged 15–24. Data from the United Nations Programme on HIV/AIDS (2024) confirms that HIV/AIDS continues to be a major global health issue. As of 2023, an estimated 39.9 million people worldwide were living with HIV, indicating widespread transmission despite significant progress in prevention and treatment efforts. This is further evidenced by approximately 1.3 million new infections.

In Indonesia, the HIV/AIDS situation is also alarming. In 2020, it was estimated that 543,100 people were living with HIV, a decrease compared to previous estimates in

2016. However, according to the STBP 2018 report, HIV prevalence in Indonesia varies greatly across populations. For example, prevalence rates were 25.8% among men who have sex with men, 28.8% among intravenous drug users, 24.8% among transgender women, and 5.3% among female sex workers (Ministry of Health, 2022). Unwanted pregnancies remain a concern in several regions. According to BKKBN data from 2017, West Java Province reported an unwanted pregnancy rate of 10.9% (Fauziah et al., 2022). In 2021, the adolescent birth rate, measured by the age-specific fertility rate for females aged 15–19, was 20.49 per 1,000 women of reproductive age. In 2022, this rate increased to 26.64 per 1,000 (Hermansyah, 2023).

The lack of adolescent understanding regarding reproductive health remains a serious issue, given that adolescence is a critical stage for developing healthy life behaviors. Inadequate knowledge can lead to poor decision-making regarding reproductive health. A study by Sutjiato (2022) conducted among 45 adolescents in Manado found that prior to receiving reproductive health education, only 7 respondents (15.5%) had good knowledge, 23 (51.1%) had moderate knowledge, and 15 (33.3%) had poor knowledge. Similar results were observed in a study by Septiasari et al. (2024) involving 140 students in Lampung: only 52 respondents (37.1%) demonstrated good knowledge, while the rest had limited understanding. These findings underline the need for better access to accurate and comprehensive reproductive health information as a preventive effort for physical, mental, and social well-being.

In a study by Fadhlullah et al. (2019) involving 109 adolescents in Cangkringan District, 22 had good knowledge, 61 had moderate knowledge, and 26 had poor knowledge. Research in South Larompong by Suardi & Pratiwy (2023) found that among adolescents, only 5 respondents (15.6%) had good reproductive health knowledge, 9 (28.1%) had moderate knowledge, and 18 (56.3%) had poor knowledge. A study by Mawarni et al. (2024) on 100 adolescents in Parepare City revealed that 63 respondents had low knowledge, and only 37 had high knowledge. Research conducted at SMP Negeri 13 Jakarta by Mulyati et al. (2024) showed a significant increase in adolescent reproductive health knowledge after outreach efforts. Before the education, 195 respondents (51.31%) had low knowledge, 169 (44.48%) had moderate knowledge, and 16 (4.21%) had high knowledge. After the education, 299 (78.69%) had high knowledge, and 81 (21.31%) had moderate knowledge.

Another study among adolescents in Akcaya Urban Village by Savitryi & Sari (2023) found that 35 respondents (37.2%) had good knowledge, while 59 (62.8%) had poor knowledge. Research by Juniasti & Asriati (2023) in Papua Province found that urban and rural adolescents had mostly moderate knowledge of HIV/AIDS (55.2%), followed by low (24.7%) and high knowledge levels (20.1%). Comparing rural and urban knowledge distribution, rural adolescents more often had high knowledge (13.9%), while urban adolescents more often had moderate (29.4%) and low knowledge (14.4%). These findings suggest that the majority of adolescents in various parts of Indonesia still fall into moderate to low categories in reproductive health knowledge.

Parent adolescent discussions about reproductive health are essential for a safe transition to adulthood. Despite parents having good knowledge and positive attitudes, the frequency of such discussions remains low due to cultural taboos, fear, poor communication skills, and misconceptions that talking about sex encourages sexual behavior. This highlights the urgent need for more comprehensive reproductive health education among adolescents. These efforts align with Sustainable Development Goal (SDG) 3 (Good Health and Well-being) and SDG 4 (Quality Education), supporting the achievement of adolescent reproductive health through better hygiene, health, and well-being (World Health Organization, 2018).

According to data from the Central Statistics Agency of Karawang Regency (2023), in 2022 the Cikampek District recorded 1,959 cases of HIV/AIDS and 12 cases of sexually transmitted infections (STIs). These figures indicate that HIV/AIDS remains a significant public health issue in the region, with relatively high case numbers compared to other districts in Karawang Regency. This is consistent with a report from the Karawang AIDS Commission (KPA), which recorded 824 cases of HIV/AIDS in Karawang from January to November 2024 (Khumaini, 2025). These high numbers indicate that HIV/AIDS prevention and control efforts still require serious attention, especially in high-case areas like Cikampek. In response to this situation, the researcher plans to conduct a study on the level of reproductive health knowledge among secondary school students in the City of Cikampek.

## Method

This study employed a quantitative approach with a descriptive design to provide an objective overview of the level of reproductive health knowledge among junior high school students. The quantitative approach was used because it allows researchers to define what to study, formulate specific questions, collect numeric data from participants, analyze the data statistically, and conduct the study in an unbiased and objective manner (Creswell, 2012). Descriptive methods aim to systematically describe a phenomenon based on scientific information derived from the research subject or object (Ma'ruf, 2015).

The data collection used a cross-sectional survey technique, which is a method in which the researcher distributes surveys to a sample or an entire population to describe attitudes, opinions, behaviors, or characteristics (Sugiyono, 2013; Creswell, 2012). The population consisted of 928 eighth-grade students from three public junior high schools in the Cikampek area: SMPN 2 Kotabaru (478 students), SMPN 4 Kotabaru (340 students), and SMPN 3 Jatisari (110 students). Based on the Isaac and Michael sampling table with a 1% margin of error, a sample size of 393 respondents was determined and distributed proportionally across the three schools.

The instrument used was a questionnaire adapted from the *Adolescent Sexual and Reproductive Health Knowledge, Attitude, and Self-Efficacy Questionnaire (ASRH-KASeQ)* developed by Setiyorini, Sitaresmi, and Nisman (2024). The questionnaire consisted of 40 items that measured knowledge in four domains: puberty and adolescent development, sexually transmitted infections (STIs), responsible sexual behavior and decision-making, and protection from sexual harassment.

The empirical validation of the adolescent reproductive health knowledge questionnaire was conducted with 393 eighth-grade junior high school students. The validity and reliability tests of the instrument were carried out using the Rasch model through the Winsteps application version 3.73. The empirical testing process included unidimensionality analysis, item validity analysis, item and respondent statistics, and rating scale analysis.

Expert validation was initially conducted by Setiyorini et al. (2024) as the original developers of the instrument. A panel of five experts comprising professionals in adolescent health promotion, behavioral change, pediatric gynecology, and adolescent nursing was consulted based on research topic relevance and team recommendations. The panel reviewed each questionnaire item by considering content clarity, structure, grammar, appropriateness for adolescents, and logical sequence. Following their input, several items were revised or reordered. Additionally, five new items (K8, K13, K20, K22, and K35) were added to the knowledge domain, increasing the total number of items to 40. Before being implemented, the researcher conducted a second expert validation involving Prof. Dr. Anne Hafina Adiwinata, M.Pd., and Rina Nurhudi, M.Pd., to ensure

consistency and relevance. The result confirmed that the instrument met the content validity requirements to measure adolescent reproductive health knowledge.

Content validity was analyzed using item fit statistics from the Rasch model. Fit was determined based on three criteria: outfit mean-square values between 0.5 and 1.5, outfit z-standard values between -2.0 and 2.0, and point-measure correlations between 0.4 and 0.85 (Boone et al., 2014). An item was considered valid if it satisfied at least one of these criteria. Based on this analysis, most items were declared valid and used in the study, while a few were excluded due to misfit.

The revised instrument blueprint contained items organized into four main domains: puberty and adolescent development, sexually transmitted infections, responsible sexual behavior and decision-making, and protection from sexual harassment. Each sub-aspect was represented by specific item numbers aligned with valid results.

Statistical summaries of item and respondent performance were also obtained. The respondent analysis showed a person mean score of 0.96 logits, indicating that most participants tended to agree with the knowledge statements. Cronbach's Alpha for the instrument reached 0.85, suggesting excellent reliability. Person reliability was measured at 0.84 and item reliability at 0.99, showing strong internal consistency. Separation indices revealed three respondent knowledge levels (low, moderate, high) and twelve item difficulty levels, indicating high measurement precision.

Unidimensionality testing confirmed the instrument measured a single dominant construct. The raw variance explained by measures was 30.6%, categorized as adequate. The residual contrasts (from the first to the fifth) ranged from 2.8% to 4.3%, indicating good item independence and minimal dimensional overlap.

Lastly, rating scale analysis indicated that response categories functioned as expected. The observed average increased from -0.22 for a score of 0 to 1.57 for a score of 1, showing that higher scores aligned with greater knowledge and that the scale was clearly understood by respondents.

## Result and Discussion

The reproductive health knowledge of junior high school students in Cikampek was generally analyzed using the Rasch model with the Winsteps 3.73 application. The purpose of the analysis was to provide an overall picture of students' reproductive health knowledge based on predetermined categories. The overall distribution is presented in Table 1.

**Table 1.** *Overview of Adolescent Reproductive Health Knowledge*

Category	Frequency	Percentage
Low	58	15%
Moderate	292	74%
High	43	11%

Based on the analysis of Table 1, 58 students (15%) fell into the low knowledge category, 292 students (74%) were categorized as moderate, and 43 students (11%) were categorized as high. Further analysis across four key domains of adolescent reproductive health knowledge revealed disparities. In the domain of sexually transmitted infections (STIs), 78% of respondents were categorized as having moderate knowledge. Meanwhile, the domain of responsible sexual behavior and decision-making had the highest percentage of low knowledge responses (14%). In contrast, 21% of students demonstrated high knowledge in the domain of protecting adolescents from sexual harassment.

When analyzed by gender, male students generally had lower reproductive health knowledge than their female counterparts. Among the 180 male respondents, 21% had

low knowledge, 67% moderate, and 13% high. Among the 213 female respondents, only 10% were in the low category, while 81% were moderate and 9% were high.

These findings indicate that most adolescents have a foundational understanding of puberty-related changes and the importance of reproductive health. Students with moderate knowledge levels were generally aware of physical and psychological changes during puberty and recognized the need to maintain reproductive organ health. Adolescents were beginning to understand healthy dating relationships, the dangers of STIs, and the importance of resisting peer pressure. However, their ability to prevent and manage risky situations remained limited. Better knowledge enables adolescents to make wise and responsible decisions regarding their sexual health (Adila et al., 2025).

The 15% of students with low knowledge levels suggest limited access to reproductive health information or barriers to comprehension. This could be due to a lack of open communication between adolescents and parents, as well as strong peer influence (Redayanti et al., 2023). Additionally, adolescents with low academic achievement and weak learning motivation are more vulnerable to risky sexual behavior (Johara & Wicaksono, 2024). In contrast, the small group of students with high knowledge (11%) showed responsible attitudes toward reproductive health and adolescent sexual behavior. These students were well-informed about early pregnancy risks and prevention, and demonstrated greater mental preparedness in facing biological and social transitions during adolescence (Yusuf, 2019).

Overall, most respondents demonstrated moderate knowledge across all reproductive health aspects. While this suggests a basic understanding, it is not yet sufficient to support consistent positive behavioral change. The weakest domain was responsible sexual behavior, with 14% of respondents having low knowledge in this area. This indicates a lack of understanding regarding self-control, mutual consent in relationships, and sexual risk. Sujianto (2019) emphasizes that critical thinking and communication skills are essential for healthy decision making. Without these skills, adolescents are more susceptible to risky behaviors.

In the domain of sexually transmitted infections, 78% of respondents were categorized as having moderate knowledge. While they had a general awareness of STIs, they lacked deep understanding of transmission methods, preventive strategies, and the importance of regular health checkups. Nurhayati et al. (2024) advocate for a gender-based and contextualized sex education approach to improve relevance and effectiveness for adolescents. In the domain of sexual harassment protection, 21% of students showed high awareness. This is a positive sign and likely influenced by public campaigns and education through social media. However, more systematic and comprehensive educational strategies are needed. Families and schools play a key role in building awareness (Putri & Elizar, 2023). In the puberty and adolescent development domain, 71% of respondents demonstrated moderate knowledge. Although they were aware of physical and emotional changes, they lacked a deep understanding of biological and psychosocial processes. This gap may lead to anxiety or deviant behavior. Therefore, open communication between adolescents, parents, and teachers is highly recommended to facilitate a positive transition through adolescence.

Group guidance is one of the core services in school counseling, designed to help students develop knowledge, attitudes, and positive behavior through structured group interaction. In the context of adolescent reproductive health, this service plays a key role in providing accurate information, shaping healthy attitudes, and preventing risky behavior during puberty. Implementing group guidance focusing on reproductive health at the junior high school level is especially relevant, considering adolescence is a critical period of physical and psychosocial growth. Through this service, students are expected

to understand changes in their bodies, maintain personal health, and develop a sense of responsibility toward their behavior.

This is consistent with research by Rustian & Saraswati (2015), who found that 74% of students at SMP Islam Sultan Agung 1 Semarang had a strong perception of the importance of reproductive health. This reflects a relatively high level of basic awareness among students. However, the same study also noted shortcomings in understanding specific aspects, especially related to sexually transmitted diseases (STIs). Although students generally had positive perceptions, many lacked an in-depth understanding of STI types, modes of transmission, and effective prevention strategies.

This knowledge gap suggests that adolescent reproductive health education remains partial and has not fully covered essential components of risk prevention. It also reflects potential limitations in delivery methods, which may be too one-directional and fail to actively engage students. Therefore, more interactive and participatory reproductive health education is needed not only to convey information but also to develop critical awareness, responsible attitudes, and healthy decision-making skills.

Several studies support the effectiveness of experiential-based approaches. Fatimatuzzahroh et al. (2024) demonstrated that group guidance using self-management techniques effectively improved personal hygiene behaviors among female students at the Al-Fath Islamic Boarding School in Cilegon. This approach allowed students to learn to manage their behavior independently and internalize values of cleanliness and responsibility through self-monitoring, stimulus control, and positive reinforcement.

Ramadina (2021) found that group guidance using discussion techniques was effective in increasing reproductive health understanding among ninth-grade students at SMP Negeri 1 Bonang Demak. Sakinah (2021) showed that the role-playing technique improved positive attitudes toward reproductive health among students at SMP Muhammadiyah 2 Comal. Through symbolic role-play simulations, students were challenged to think critically, collaborate, and express emotions in a healthy way.

Supriyati (2022) noted that using sociodrama in group guidance significantly increased students' understanding of the dangers of free sex while also encouraging students to share personal experiences related to sexual harassment. Anjani et al. (2023) showed that the home room technique in group counseling effectively enhanced sex education knowledge among seventh-grade students at SMP Negeri 15 Malang.

Nurdiahri & Naqiyah (2016) confirmed that using educational games like *The Red Ribbon* in group guidance increased students' motivation to actively learn about reproductive health and HIV/AIDS. Through experience-based and collaborative approaches, students not only acquired cognitive knowledge but also developed emotional and social awareness to protect themselves in high-risk environments.

## Conclusion

Overall, this study reveals that junior high school students in Cikampek generally possess a moderate level of reproductive health knowledge, particularly in the areas of puberty, STIs, responsible sexual behavior, and protection from sexual harassment. Although this indicates a basic understanding, significant gaps remain, especially in STI prevention and sexual decision-making. These findings emphasize the need for improved, participatory reproductive health education. Group guidance in schools emerges as a strategic approach to foster responsible attitudes, critical thinking, and self-awareness among adolescents. Strengthening the involvement of families, educators, and communities is also essential to ensure consistent support and accurate information. This study has limitations, as it focused only on eighth-grade students from three schools in Cikampek, limiting the generalizability of results. Furthermore, it did not explore external

factors such as family influence, media, or peer dynamics that may affect students' reproductive health knowledge.

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### Author Contributions Statement

AZF contributed as the main author and initiator in writing and completing this article. AHA contributed as a supervising lecturer who guided the research process and ensured its academic quality. RNR contributed as a supervising lecturer who provided input in instrument validation and supported the completion of this article.

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