

THE INFLUENCE OF HEALTH EDUCATION ABOUT REPRODUCTIVE HEALTH ON SEXUAL BEHAVIOR IN ADOLESCENTS AT SERUYAN CENTRAL STATE HIGH SCHOOL 2 SERUYAN DISTRICT

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ABSTRACT

Sexual behavior during adolescence is a form of failure in sexual education that must be carried out during adolescence. Apart from that, negative sexual behavior carried out by teenagers will have an impact on the teenager's future life. One important effort to prevent teenagers from premarital sexual behavior is to educate teenagers about sexual behavior from an early age. The aim of this research is to analyze the effect of health education about reproductive health on sexual behavior in adolescents. In this research, researchers used a quantitative pre-experimental design with a one group pre test and post test design. The sample in this study was some teenagers at Senior High School 2 Seruyan Tengah Seruyan Regency with a total of 84 respondents selected using proportional stratified random sampling. The variable in this research is health education about reproductive health and sexual behavior in adolescents. The data collection instrument uses a questionnaire. Data analysis was carried out using the paired t test. The results, of the Paired t test analysis, it shows that the p-value is $0.000 < 0.05$, so H1 is accepted so it can be concluded that there is an influence of health education about reproductive health on sexual behavior in teenagers at Senior High School 2 Seruyan Tengah, Seruyan Regency. Health education related to sexual behavior is a method of conveying information about sexual behavior that must be conveyed to teenagers. Health education that is carried out correctly and carried out by the right people will be able to transmit correct information regarding sexual behavior and will indirectly prevent teenagers from premarital sexual behavior.

Keywords: Adolescents, Health Education, Sexual Behavior

1. INTRODUCTION

Reproductive health is defined as a state of complete physical, mental and social well-being, not merely free from disease or disability in all matters relating to the reproductive system, as well as its functions and processes (Kumalasari and Andhyantoro, 2018). Teenagers are the future of a country, instilling attention in them will definitely provide great benefits in the future. It would be even better if it were linked to other aspects such as health, nutrition and education which are coordinated and integrated into effective youth development programs so as to increase the success of developing their potential (Bartholomew et al, 2016).

The increasing age of children so that they experience the transition period to adulthood, which is usually called puberty, also increases the influence on their own health. They must face changing health problems such as the spread of sexually transmitted diseases and HIV/AIDS. Health education in the form of counseling and sexual behavior can be an important determinant of basic health both during adolescence and then in adulthood (WHO, 2017). Every premarital adolescent's sexual behavior is influenced by many things, apart from knowledge factors, it is also influenced by cultural factors, other people who are considered important, mass media, educational institutions, religious institutions, and emotions within the individual. Adolescents' premarital sexual attitudes can be positive or negative, positive attitudes tend to support premarital sex, while negative attitudes tend to act towards avoiding premarital sex (Sarwono, 2016).

Currently there are 1.2 billion teenagers worldwide. Nearly 90% live in developing countries. Among adolescents aged 15-19 years in developing countries

(including China), 11% of girls and 5% of boys had had sexual intercourse before the age of 15 years. Casual sex can increase the risk of HIV infection. Every year 1.4 million teenagers die from accidents, childbirth complications, suicide, violence, AIDS and other causes. In Africa, complications of pregnancy and childbirth are the main causes of death among adolescent girls aged 15-19 years. Meanwhile around 11% of all births worldwide, or 16 million people, are to girls aged 15-19 years (UNICEF, 2022).

Data held by the National Epidemiology Network (in Roviana, 2020) from 2015 to 2017, shows that of 1906 students, 58.3% had had dating experience, 31.7% had kissed, 16.9% necked (kissed in the neck area and chest), 13.2% petting (rubbing genitals without intercourse) and 10% had sexual intercourse. This data was collected after 162 students from 8 higher education groups carried out participatory activities in Jakarta, Semarang and Surabaya, regarding reproductive and sexual health among 1906 students. The results of the PKBI Central Kalimantan case study also explain that in 2021, involving 100 students from various universities in Semarang, regarding student sexual behavior, it was found that students carried out dating activities by chatting (100%), holding hands (80%), kissing the cheek or forehead. (69%), kissing the lips (51%), kissing the neck (28%), touching the chest and genitals (22%), and having sexual intercourse (6.2%).

Based on the population census conducted in Indonesia in 2020, Indonesia's population is 237.6 million people, 63.4 million of whom are teenagers, consisting of 32,164,436 men (50.70%) and 31,279 women. 012 people (49.30%). Data from the Indonesian Ministry of Health (2021), shows that the number of teenagers aged 10-19 years in Indonesia is around 43 million (19.61%) of the total population. About one

million male teenagers (5%) and 200 thousand female teenagers (1%) openly stated that they had had sexual relations. Research conducted by various institutions in Indonesia during the period 2003-2012, found that 5-10% of women and 18-38% of young men aged 16-24 years had had premarital sexual relations with partners their age 3-5 times (Suryoputro, et al. 2016).

Premarital sexual behavior among teenagers, according to data in 4 big cities, namely Medan, Central Jakarta, Bandung and Surabaya in 2019, shows that 35.9% of teenagers have friends who have had premarital sex and 6.9% of respondents have had premarital sex (Republic of Indonesia Ministry of Health, 2019). The World Health Organization (WHO) shows that sexual activity is increasing among young people in the Asia-Pacific region. The 2019 Riskesdas shows that Indonesia is one of the countries with a high percentage of young marriages (rank 37) in the world (Ministry of Health, 2019).

Based on the results of a preliminary study conducted by researchers on 12 October 2023 with 10 teenagers at SMAN 2 Seruyan Tengah, Seruyan Regency, it was found that 7 respondents (70%) had deviant sexual behavior where most of the respondents already had boyfriends and carried out several deviant sexual behaviors such as kissing and some even almost had sexual relations. In this case, it was caused by the low level of reproductive health knowledge obtained by the respondents.

Teenagers' sexual behavior tends to have a permissive attitude among teenagers towards free sexual behavior or sex outside of marriage. Adolescents' permissive attitude towards free sexual behavior is supported by their limited knowledge about adolescent reproductive health (Luthfie R.E, 2018). The Republic of Indonesia Basic Reproductive Health Survey (SDKRI) in Manado City in

2000 showed that respondents' basic knowledge regarding reproductive health was relatively limited. This situation is as 57.78% of respondents do not know the meaning of sexuality. Adolescents' knowledge about reproductive health is very low, namely around 75%. This low knowledge of adolescents has an impact on adolescent sexual behavior towards very dangerous or risky sexual behavior (Aryani, 2015).

Knowledge of adolescent reproductive health in the 15-24 year age range is low in line with the 2020 Riskesdas. Adolescent Reproduction is related to adolescents in the 15-24 year age range. Teenagers are more at risk if many have low knowledge (Pratiwi NL and Basuki H, 2020). With these problems, the Youth Information and Counseling Center (PIK-R) of the National Population and Family Planning Agency (BKKBN) developed a peer age group program (BKKBN, 2018). Reports from the BKKBN stated that the number of PIK-R formed in Indonesia was 2,773 PIK-R, of which 55% were established in schools, 15% in Non-Governmental Organizations (NGOs) and 35% in Karang Taruna (Siswanto, 2018). The existence and role of Peer Educators in the youth environment is very important as a resource on adolescent reproductive health (KRR) for their peers. Skills gained through training can improve communication skills and increase trust in peers who need to fulfill their curiosity about KRR.

Educated teenagers are better able to manage their reproductive health and maintain their own health so that in the end they can apply this to their families. This underlies the importance of education for adolescents, especially reproductive health education with counseling, one of which is an important aspect of overall health for both male adolescents and especially female

adolescents (WHO, 2022). This reproductive health risk is influenced by various interrelated factors, for example cleanliness of reproductive organs, premarital sexual relations, access to health education, sexual violence, influence of mass media, promiscuous lifestyle, drug use, access to affordable reproductive health services, and the lack of closeness between adolescents and their parents and family (PATH, 2020).

The importance of knowledge about reproductive health, teenagers need to receive sufficient information, so they know what things they should do and what they should avoid. By knowing about adolescent reproductive health correctly, we can avoid negative things that may be experienced by adolescents who do not have sufficient knowledge about adolescent reproductive health (Wardah, 2017). Adolescents also need to be aware of the importance of making decisions to refuse any sexual activity that is vulnerable to occurring during adolescence because every sexual activity has negative risks regarding reproductive health. Sexual relations or contact in adolescents under 17 years also poses a risk of the growth of cancer cells in the cervix, sexually transmitted diseases, HIV/AIDS, abortion, and can further cause complications in the form of mental and personality disorders in adolescents (Ernawati, 2017). This risk to adolescent reproductive health can be reduced with good knowledge about Adolescent Reproductive Health (KRR). Knowledge about KRR can be increased with reproductive health education starting from adolescence. Reproductive health education in adolescence not only provides knowledge about reproductive organs, but also the dangers caused by promiscuity, such as sexually transmitted diseases and unexpected or high-risk pregnancies (BKKBN, 2020).

Based on the conditions above, researchers are interested in researching the

influence of health education about reproductive health on sexual behavior in adolescents at seruyan central state high school 2 seruyan district

2. METHODS

In this research, researchers used a quantitative pre-experimental design with a one group pre test and post test design. The author chose this research design to determine differences in sexual behavior among teenagers at at seruyan central state high school 2 seruyan distric before and after the intervention. (Arikunto, 2017) In this study, behavioral measurements were carried out at two different times to determine the results of the influence of reproductive health education on sexual behavior in adolescents at seruyan central state high school 2 seruyan distric. Initial measurement 01 (pre test) is carried out before any treatment or intervention is then given intervention in the form of health education about reproductive health using the counseling method and measurement 02 (post test) which is carried out after the treatment or intervention.

3. RESULTS

1. Table 1 of respondent characteristics

Criteria Based On Age	Frequency	Percent (%)
16 years	38	45,0
17 years	42	50,0
18 years	4	5,0
Total	84	100

Criteria Based On Sex	Frequency	Percent (%)
Man	38	45,0
Woman	46	55,0
Total	84	100

Based on table 1 above, it is known that the characteristics of the respondents. Based on the research results, it is known that half of the research respondents were 17 years old, namely 42 respondents (50.0%). Meanwhile, the characteristics of respondents based on gender show that more than half of the research respondents were women, namely 46 respondents (55.0%)

2. Sexual Behavior before being given health education

Tabel 2. Sexual behaviour being given health education

Criteria	Frequency	Percent (%)
Good	25	29,8
Enough	43	51,2
Not Enough	16	19,0
Total	84	100,0

Based on the research results, it is known that before being given education, more than half of the respondents had sexual behavior in the moderate category, namely 43 respondents (51.2%)

3. Sexual behavior after being given health education

Tabel 3. Sexual behavior after being given health education

Criteria	Frequency	Percent (%)
Good	49	58,3
Enough	32	38,1
Not Enough	3	3,6
Total	84	100,0

Based on the research results, it is known that after being given health education, more than half of the respondents had good sexual behavior, 49 respondents (58.3%).

4. Cross tabulation of age and adolescent sexual behavior before being given health education (pre-test)

Tabel 4 of cross tabulation

Respondent's Age	Respondents Sexual Behavior Before Being Given Health education (pretest)
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	Not Enough		Enough		Good		Total
	f	%	f	%	f	%	
16 Years	7	8,3	20	23,8	11	3,1	38
17 Years	5	6,0	23	27,4	14	6,7	42
18 Years	4	4,8	0	0,0	0	0,0	4
Total	16	19,0	43	51,2	25	9,8	84

From the results of the cross tabulation between age and adolescent sexual behavior before being given health education (pre-test), it was found that the majority of research respondents aged 16 years had sexual behavior in the moderate category, namely 20 respondents (23.8%), for research respondents those aged 17 years mostly had sexual behavior in the moderate category, namely 23 respondents (27.4%), and for research respondents aged 18 years all had sexual behavior in the poor category, namely 4 respondents (4.8%).

5. Tabel 5 Cross tabulation of gender and adolescent sexual behavior before being given health education (pre-test)

Respondent's Gender	Respondents Sexual Behavior Before Being Given Health education (pretest)						Total	
	Not Enough		Enough		Good		f	%
	f	%	f	%	f	%		
Male	7	8,3	2	2,3	1	1,3	38	45,2
Female	3	3,6	0	0,0	1	1,2	4	4,8
Total	10	11,9	2	2,4	2	2,4	42	50,0

Woman	9	10	2	27	1	16	46	54
		,7	3	,4	4	,7		,8
Total	1	19	4	51	2	29	84	10
	6	,0	3	,2	5	,8		0

From the results of the cross tabulation between gender and adolescent sexual behavior before being given health education (pre-test), it was found that the majority of research respondents who were male had sexual behavior in the moderate category, namely 20 respondents (23.8%), and the majority of female research respondents had sexual behavior in the moderate category, namely 23 respondents (27.4%).

6. Table 6 Cross tabulation of age and adolescent sexual behavior after being given health education (pre-test)

Respondent's Age	Respondents Sexual Behavior After Being Given Health Education (posttest)								Total	
	Not Enough		Enough		Good					
	f	%	F	%	f	%	f	%		
16 Years	2	2,4	1	1,3	2	2,7	2	2,7	38	45,2
17 Years	0	0,0	1	1,4	2	2,8	3	3,8	42	50,0
18 Years	1	1,3	3	3,8	0	0,0	0	0,0	4	4,8
Total	3	3,6	3	3,8	4	4,9	5	5,8	84	100,0

From the results of the cross tabulation between age and adolescent sexual behavior after being given health education (post-test), it was found that the

majority of research respondents aged 16 years had sexual behavior in the moderate category, namely 15 respondents (17.9%), for research respondents those aged 17 years mostly had sexual behavior in the good category, namely 28 respondents (33.3%), and for research respondents aged 18 years, the majority had sexual behavior in the fair category, namely 4 respondents (3.6%)

7. Table 7 Cross tabulation of gender and adolescent sexual behavior after being given health education (pre-test)

Respondent's Gender	Respondents Sexual Behavior After Being Given Health Education (posttest)								Total
	Not Enough		Enough		Good				
	f	%	F	%	f	%	f	%	
Man	2	2,4	15	17,9	2	2,4	3	3,6	45,2
Woman	1	1,2	17	20,2	2	2,4	4	4,8	54,8
Total	3	3,6	32	38,1	4	4,9	8	9,8	100,0

From the results of the cross tabulation between gender and adolescent sexual behavior after being given health education (post-test), it was found that the majority of research respondents who were male had sexual behavior in the good category, namely 21 respondents (25.0%), and the majority of research respondents who were female had sexual behavior in the good category, namely 28 respondents (33.3%)

8. Table 8 Results of the Paired t test statistical test on the influence of health education about reproductive health on sexual behavior among adolescents

Respondent's Sexual Behavior	Before being given health education		After being given health education	
	Frequency	Percent (%)	Frequency	Percent (%)
Good	25	29,8	49	58,3
Enough	43	51,2	32	38,1
Not Enough	16	19,0	3	3,6
Total	84	100,0	84	100,0
Paired sample test		0,44048		
- Mean		0,49943		
- Standard Deviation		0,000		
- Sig (2-tailed)				

From the results of the paired t test with a significance of α (0.05), a sig (2-tailed) value of 0.000 was obtained. Because the sig (2-tailed) value is $0.000 < \text{significance } \alpha$ (0.05), the research hypothesis is accepted, which means there is an influence of health education about reproductive health on sexual behavior in adolescents.

4. DISCUSSION

1. Sexual Behavior in Adolescents At Seruyan Central State High School 2 Seruyan Distric Before Being Given Health Education About Reproductive Health

From the research results, it was found that before being given health education about reproductive health, more than half of the research respondents had sexual behavior in the moderate category, namely 43 respondents (51.2%) and a small percentage of research respondents had sexual behavior in the poor category, namely 16 respondents (19.0%).

Sexual behavior in adolescents is all forms of behavior carried out by a teenager as a result of sexual desire, whether with the

opposite sex or the same sex. These forms of behavior vary, from feelings of attraction to dating, flirting and sexual intercourse. Sexual objects can be people, either the same or the opposite sex, people in their imagination or themselves (Astuti et al, 2021). According to Nugraha (2013; Hairuddin, et al, 2022), sexuality is when people feel and express their basic nature and special sexual characteristics. Adolescence itself is a period of sexual exploration and experimentation, a period of sexual fantasy and reality, a period of integrating sexuality into one's identity. Teenagers have a curiosity and sexuality that can hardly be satisfied. Teenagers think about whether they are sexually attractive, how to have sex, and what their sexual life is like (Santrock, 2012; Rosamali & Arisjulyanto, 2020). Adolescence is a time of sexual exploration and experimentation, a time of sexual fantasy and reality, a time of integrating sexuality into one's identity. Teenagers have a curiosity and sexuality that can hardly be satisfied. Teenagers think about whether they are sexually attractive, how to have sex, and how their sexuality lives (Santrock, 2012; Rosamali & Arisjulyanto, 2020).

According to researchers' assumptions, at adolescence, a person will have an interest in various things and one of them is sexuality. Every teenager will try to explore their own sexuality. Teenagers will evaluate themselves. This tends to be done especially if teenagers feel attracted to other people. The first assessment carried out by teenagers is related to physical condition. Teenagers will evaluate their physical features, such as having an attractive face, a body they can be proud of and so on. They will maximize their existing advantages as an attraction that will appear to the opposite sex. It is not uncommon to find teenagers who diligently play sports or take part in various activities because someone who is interesting to them is in the community. The various efforts made by teenagers to attract attention from the opposite sex will indirectly have an impact on the teenagers themselves. When

teenagers understand and know their strengths and weaknesses, then teenagers will try to maximize the strengths they have and wherever possible to cover or improve the weaknesses they have. This condition will increasingly develop in accordance with the existing environment and the various information received by the teenagers themselves.

The sexual behavior in the adequate category possessed by respondents in the study before being given health education was inseparable from the characteristics of the teenagers themselves such as age and gender. The first factor that influences sexual behavior in adolescents in this study is age. From the research results, it was found that half of the respondents in this study were 17 years old, namely 42 respondents (50.0%). From the results of the cross tabulation between age and adolescent sexual behavior before being given health education (pre-test), it was found that the majority of research respondents aged 16 years had sexual behavior in the moderate category, namely 20 respondents (23.8%), for research respondents Most of those aged 17 years had sexual behavior in the moderate category, namely 23 respondents (27.4%), and for research respondents aged 18 years, all of them had sexual behavior in the poor category, namely 4 respondents (4.8%).

At the age of 17, it is often known as the sweet seventeen age. This term refers to the culture adopted and known by society. Many people, including teenagers, perceive that at the age of 17, a person is considered a teenager. This perception indirectly confirms that when someone is 17 years old or under, they are still considered a child and not yet mature enough. When an individual is 17 years old, that individual believes that they are mature enough. At this age, teenagers think that they are mature enough to decide everything, including being free to choose a partner or boyfriend. It is not uncommon at this age for teenagers to start liking the opposite sex. When teenagers start to be attracted to the opposite sex, they will try

various things including changing themselves (physically and behaviorally) so that the opposite sex they like is also attracted to them.

The next factor that influences adolescent sexual behavior in this study is gender. Based on the research results, it is known that more than half of the research respondents were women, namely 46 respondents (55.0%). From the results of the cross tabulation between gender and adolescent sexual behavior before being given health education (pre-test), it was found that the majority of research respondents who were male had sexual behavior in the moderate category, namely 20 respondents (23.8%), and the majority of research respondents who were female had sexual behavior in the moderate category, namely 23 respondents (27.4%).

The sexual behavior of teenage boys and teenage girls tends to be different. In adolescent boys, sexual interest tends to lead to sexual relations, either directly or indirectly. Meanwhile, for teenage girls, when they are in a relationship with the opposite sex, they prefer to just date, eat together, go to the cinema with the opposite sex and other teenage activities. However, to have direct sexual relations, the tendency of teenage girls will be smaller than that of teenage boys. This is what is quite different between teenage boys and teenage girls in generating a response of attraction to the opposite sex. When a teenager begins to be attracted to the opposite sex, the urge to have sexual relations also increases. This condition will be further aggravated if the person of the opposite sex who is liked by the teenager also does not refuse, considering that at adolescence, the urge to explore their ignorance about something is also quite high. When teenagers are unable to control themselves to avoid free sexual behavior, it is certain that teenagers will fall into free sexual behavior and of course with various risks that can be experienced, such as pregnancy or early marriage. Even worse, teenagers who have sexual relations with the

opposite sex also have the potential to be infected with venereal diseases.

2. Sexual Behavior in Adolescents At Seruyan Central State High School 2 Seruyan Distric After Being Given Health Education About Reproductive Health.

From the research results, it was found that after being given health education, more than half of the research respondents had sexual behavior in the good category, namely 49 respondents (58.3%) and a small percentage of research respondents had sexual behavior in the poor category, namely 3 respondents (3.6 %).

Sexual behavior during adolescence is often difficult to resolve and find a solution. This cannot be separated from adolescence itself, where adolescence is a time of searching for self-identity and exploration. Adolescent sexual behavior cannot be separated from the environment in which adolescents live and interact. This is because at adolescence, teenagers will be influenced by the social environment they have. When teenagers are in an academic environment, the focus of teenagers also tends to be academic. When teenagers spend more of their time participating in religious activities, it is certain that teenagers will also tend to be religious (Rizki et al, 2021).

According to researchers' assumptions, sexual behavior displayed and carried out by teenagers is something that is normal and occurs. This tends to be related to adolescence itself. Sexual behavior in adolescents basically tends to be more negative than positive. This is due to the curiosity that teenagers themselves have regarding sexuality and everything related to sex. In the beginning, teenagers only had to hold hands, so their sexual desires were satisfied. When teenagers dare to hold hands with members of the opposite sex, they are certain to start engaging in early sexual behavior. This condition has the potential to escalate and lead to something further, such

as trying to hold your partner's body, especially sensitive parts. Conditions like this will be made worse when the teenager's opposite sex/partner does not refuse.

One effort to reduce the risk of promiscuous sexual behavior in teenagers is by providing health education to teenagers. Health education related to sexual behavior is still a matter of debate among the public, including among practitioners. Sexual education is sometimes still taboo to discuss or convey directly. This is because people in Indonesia still adhere to their eastern traditions. When there is a discussion regarding sexual behavior, there usually tends to be a debate between accepting or rejecting it. Likewise with the delivery of sexual behavior education to teenagers. Many parties still have problems with this. Various reasons were put forward to justify the perceptions of each party. However, it cannot be denied that health education related to sexual behavior in adolescents will have an impact on the perceptions and knowledge possessed by adolescents. It is not uncommon for teenagers to have a positive attitude towards information about sexual behavior that is conveyed to them.

Several factors that influence changes in sexual behavior among adolescents are age and gender. The first factor that influences the results of the delivery or implementation of health education related to sexual behavior is age. From the results of the cross tabulation between age and adolescent sexual behavior after being given health education (post-test), it was found that the majority of research respondents aged 16 years had sexual behavior in the moderate category, namely 15 respondents (17.9%), for research respondents those aged 17 years mostly had sexual behavior in the good category, namely 28 respondents (33.3%), and for research respondents aged 18 years, the majority had

sexual behavior in the fair category, namely 4 respondents (3.6%).

Adolescence is an age full of exploration. However, during adolescence, any information received tends to be taken seriously by a teenager. When teenagers are 16 years old and over, their thinking patterns tend to be realistic. Teenagers are willing and able to accept any new information presented to them. When teenagers get new information, the information will start to enter the teenager's brain. Teenagers, who are identical to high school students, tend to have more logical thinking patterns regarding the new information they get. A teenager will digest the information about sexual behavior that is conveyed to them. Next, teenagers will weigh the good and bad sexual behavior that they might have previously done. When teenagers choose to have a positive attitude towards this information, it is possible that teenagers will have positive attitudes towards sexual behavior.

The next factor is gender. A teenager's gender often has a significant influence on the behavior of teenagers. Apart from that, gender can also influence the new information conveyed to teenagers. From the results of the cross tabulation between gender and adolescent sexual behavior after being given health education (post-test), it was found that the majority of male research respondents had sexual behavior in the good category, namely 21 respondents (25.0%), and the majority of research respondents who were female had sexual behavior in the good category, namely 28 respondents (33.3%).

For teenage girls, information related to sexual behavior is taboo for them to receive. It is not uncommon for many teenage girls to refuse to receive health education regarding sexual behavior during adolescence. This cannot be separated from the role of parents of teenagers themselves. When parents have instilled moral values from an early age in

their children, it is possible that during the child's growth period, they will make life guidelines for every teaching and upbringing given by the parents. It is also not uncommon to find teenage girls who refuse to get to know their members of the opposite sex better. This indirectly proves that health education related to sexual behavior during adolescence is becoming increasingly important because by getting clearer information and from the right people, teenagers will tend to have a more positive attitude regarding sexual behavior.

3. The Effect of Health Education About Reproductive Health on Sexual Behavior in Adolescents

Based on the results of the Paired t test analysis, it shows that the p-value is $0.000 < 0.05$, so H1 is accepted so it can be concluded that there is an influence of health education about reproductive health on sexual behavior in adolescents at Seruyan Central State High School 2 Seruyan District.

The literature highlights the significant influence of health education about reproductive health on adolescent sexual behavior. The study by Santelli et al. (2017) shows that comprehensive reproductive health education programs can increase adolescents' knowledge of sexual health risks, help them make wiser decisions, and ultimately reduce unsafe sexual behavior. This study, involving a large number of adolescents, emphasizes that reproductive health education is not just about providing information, but also providing the skills and support necessary for adolescents to manage their sexual health well.

Other research conducted by DiClemente et al (2018) highlights that reproductive health education can have a long-term impact on adolescent sexual behavior. The results of this study indicate that adolescents who received reproductive health education had a greater tendency to maintain safe sexual behavior for years after the intervention. This reflects the importance of providing a solid

foundation in the early stages of adolescent development to establish positive and responsible behavioral patterns in the long term. Other resources, such as the adolescent reproductive health guidelines from WHO (2018), also emphasize that reproductive health education does not only cover biological aspects, but also involves social, emotional dimensions and interpersonal skills. Therefore, reproductive health education at seruyan central state high school 2 seruyan district needs to be prepared with a comprehensive approach and involves various aspects to achieve maximum positive impact on adolescent sexual behavior.

Based on the broader literature, studies more specifically show a positive relationship between reproductive health education and changes in adolescent sexual behavior. Research by Kirby et al. (2016) emphasized that reproductive health education programs that focus on developing interpersonal skills and decision-making skills have a positive impact on delaying sexual debut and reducing unsafe sexual activity. In addition, a meta-analysis by Harden et al (2019) illustrates that integrated reproductive health education in the school curriculum can create a positive effect in reducing teenage pregnancy rates and the spread of sexually transmitted diseases. This meta-analysis includes a large number of studies from a variety of contexts, providing a robust picture of the effectiveness of reproductive health education as a prevention strategy for adolescent sexual health risks. Furthermore, guidelines from UNFPA (United Nations Population Fund) and UNESCO (United Nations Educational, Scientific and Cultural Organization) state that comprehensive reproductive health education in schools can make a significant contribution to empowering adolescents to make healthy and wise decisions regarding behavior. their sexual.

According to researchers, reproductive health education has a positive impact on adolescent sexual behavior. Comprehensive programs, including information about

sexual health risks, interpersonal skills development, and decision making, have been shown to be effective in increasing youth knowledge and reducing unsafe sexual behavior. Good support from family, school and social environment also plays an important role in creating a long-term impact. These studies provide a strong basis for the development of a reproductive health education program at seruyan central state high school 2 seruyan district, by emphasizing the need for a holistic approach that not only provides information, but also forms skills and positive attitudes towards sexual health.

Teenagers are considered a risk group for having premarital sexual relations because teenagers have a high level of curiosity and a desire to explore everything that is new for teenagers. Conditions like this are basically a normal thing to happen considering that during adolescence, individual development occurs quite rapidly. A variety of information can be received by teenagers where each piece of information will be a choice for the teenager himself. In order to ensure that teenagers have positive perceptions, attitudes and behavior regarding sex, teenagers need appropriate education, especially regarding sexual behavior.

In sexual behavior education, teenagers will be given and exposed to various materials related to sexuality, the benefits and risks they can face. It does not rule out the possibility that teenagers prefer it when they are directly educated about sexuality. This is because information related to sexuality that is packaged in the form of health education is rarely available to teenagers. Apart from the perception that sexual education is still taboo, there are also many parties who reject and do not want health education related to sexual behavior to be conveyed to teenagers.

Health education related to sexual behavior is a series of educational activities carried out in a planned and structured manner. The material presenter must also understand in detail the issues surrounding

sexual behavior. This is because every health education activity that contains material about sexual behavior has its own appeal for teenagers. Through this activity, teenagers can get the information they need, even though in its implementation many teenagers are embarrassed to ask questions or are afraid to ask questions. However, it is through health education activities that teenagers will get the right information about sexual behavior.

Teenagers who get information related to sex and everything in it from the right people will tend to make teenagers satisfied with the information they receive. This condition will be worrying when teenagers get sexual information from peers or even other people who are incompetent. It is also possible that the information conveyed will tend to have a negative impact on the teenagers themselves. When this happens to teenagers, it is possible that teenagers will tend to have negative attitudes. Teenagers will try to independently explore various information about sexuality. It is also not uncommon for teenagers to access various pornographic sites or watch films that are not appropriate for their age just to satisfy their curiosity via smartphones (social media) or television. Conditions like this will be even more dangerous if a teenager gets information from the opposite sex. Curiosity makes teenagers continue to find out what they want and does not rule out the possibility that teenagers can practice what they know. Teenagers can be trapped in premarital sex, one of which is the result of a lack of knowledge about reproductive health which has an impact on a person's attitude in dealing with an incident. Lack of knowledge about reproductive health in adolescents who have begun to fully develop sexual maturity will make it difficult for adolescents to control the stimuli that cause them to engage in deviant sexual behavior.

Apart from the role of health education, the role of parents also has a very large contribution to sexual behavior in adolescents. The role of parents is important for teenagers, so that teenagers will be more

open to parents than their peers, and make it easier for parents to monitor. The failure of the family to play its role as the starting place for teenagers' lives is a factor that causes the prevalence of premarital sexual behavior among teenagers. The family, especially parents, should be the controller of their children's movements, both through in-depth religious education and implementing it in daily life, but if this function is not carried out properly, it can trigger various deviations. For this reason, it is deemed necessary for teenagers to understand their reproductive health, so that teenagers know their bodies and reproductive organs correctly, both physical and psychological changes, and are able to protect themselves from various risks that threaten their health and safety, and can prepare for a healthy and bright future. , develop responsible behavior and attitudes regarding the reproductive process.

The effectiveness of reproductive health education programs can be greatly influenced by local and cultural context. Therefore, further research and evaluation conducted locally will be key to adapting the program to suit the unique needs of youth at at seruyan central state high school 2 seruyan distric. A personalized approach, involving the active participation of adolescents and involving the role of parents and the community, will be an effective strategy in achieving sustainable and positive results on adolescent sexual behavior.

Based on the results in table 4.5, it is known that respondents with an age range of 16 -18 years had sexual behavior in the poor category as many as 18 respondents before being given education and after being given education, it was found that 3 respondents still had sexual behavior in the poor category (table 4.6) because the respondents still remained. making friends, dating and holding hands with members of the opposite sex according to age characteristics. Meanwhile, according to gender characteristics in table 4.7, it was found that 18 respondents with sexual behavior in the

poor category were found before receiving health education. After being given sexual behavior health education in the poor category, 3 respondents were found because the respondents were still friends, dating and holding hands with the opposite sex.

5. CONCLUSION

1. The majority of respondents had moderate sexual behavior, 43 respondents (51.2%) before being given the intervention.
2. The majority of respondents had good sexual behavior, 49 respondents (58.3%) after being given the intervention.
3. There is an influence of health education about reproductive health on sexual behavior in adolescents at seruyan central state high school 2 seruyan distric.

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