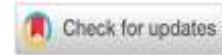




Relationship between knowledge and reproductive health attitudes with early marriage at gowa regency high school



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ABSTRACT

This research is important to carry out to provide information, knowledge, and understanding regarding adolescent reproductive health topics. This study aims to determine the relationship between knowledge and attitudes about reproductive health and early marriage among teenagers in Gowa Regency High School. The population of this study was all class XI at SMA Gowa Regency. The sampling technique was carried out using the simple random sampling technique. This type of research is descriptive correlational research which aims to determine whether there is a relationship between variables. This research design uses a cross-sectional study design. The research instruments used were tests and questionnaires, data collection techniques in multiple-choice questions to measure reproductive health knowledge, and a questionnaire that refers to Likert scale parameters to measure attitudes towards reproductive health and early marriage. This research data analysis technique uses descriptive and inferential data analysis techniques. There is a relationship between knowledge and Reproductive health attitudes and early marriage are significant with a correlation value (R) between variables was 0.789 which is included in the strong correlation category.

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INTRODUCTION

Adolescence is a transition period between childhood and adulthood, even teenagers at this stage have not yet reached mental and sexual maturity. During this period, situations occur that illustrate confusion regarding clear placement where teenagers are neither children nor adults, resulting in various changes that occur. significant, both biologically, mentally, emotionally, and psycho-socially. (Esty et al, 2019). Teenagers will experience rapid physical changes when they



enter puberty. One of these physical changes is the ability to carry out the reproductive process, but many phenomena show that some teenagers do not know and understand reproductive health, for example, menstruation and pregnancy (Ernawati, 2018). Cases surrounding adolescent reproduction are now increasing, due to adolescents' lack of understanding of various aspects of reproduction related to themselves. Improving the quality of adolescent reproductive health can be done by paying attention to health communication problems. Problems that occur in adolescent reproductive health can include sex before marriage, dropping out of school due to pregnancy, irresponsible partners, use of contraceptives, abortion, HIV/AIDS infection, and infectious diseases. sexual activity and the use of illegal drugs which is caused by teenagers' low knowledge about sexuality (Liang et al, 2019).

The reason why teenagers' knowledge about reproductive health is still low is because Firstly, teenagers do not know who to ask and where about reproductive health. Secondly, access to good and correct information about reproductive health is very limited (the role of teachers, parents, peers and the media mass), Third, effective parent-adolescent communication about reproductive health is still considered taboo. Fourth, reproductive health information is not studied in schools as part of the curriculum. Fifth, parents have limited knowledge about reproductive health and sixth, the influence of socio-cultural and religious norms in society does not support teenagers in accessing reproductive health information. Lastly, various information in the media is misleading, causing teenagers' sexual lives to be unhealthy and irresponsible (Intizar & Hamdi, 2021).

Reproductive health is an important element in general health, for both women and men. Reproductive health can also affect the health of babies, children, teenagers, and people beyond the reproductive age (menopause). Understanding the influence of reproductive health on health is not yet widely understood. This is caused by a lack of correct information regarding reproductive health. This lack of information not only occurs among teenagers but also among adults and the elderly. Usually lay people interpret reproductive health only as things related to the reproductive organs (Emilia Ova et al, 2019). Reproductive health as described above covers many aspects of life. Public ignorance regarding reproductive health issues gives rise to new problems caused by unsafe behavior, for example, the emergence of diseases related to reproduction.

There are 4 factors that influence reproductive health, namely socio-economic factors starting from poverty, ignorance about sexual and reproductive development, low education, cultural and environmental factors including beliefs about having many children, lots of luck, and traditional practices that hurt reproductive health. , Biological factors include defects suffered from birth and reproductive defects due to infectious diseases (Permatasari Dian & Suprayitno, 2021). Another influencing factor is psychological factors which include the impact of parental rift on teenagers, depression due to hormonal imbalance, women feeling worthless in men who buy their freedom in material form (Ariyanti et al., 2019). Norms in the family can also be a strong contributor in the socialization of adolescents in terms of sexual behavior, while parents bear the responsibility for providing information and education as well as support that may be needed, especially in the physical and emotional changes during adolescent puberty (Usonwu et al, 2021).

Reproductive health is the end result of a state of physical, mental and social health and freedom in all matters relating to the reproductive system, function and process. Adolescents have the value of hope and the value of ability. If there is an imbalance between these two values, it will cause negative impacts such as frustration which stimulates the younger generation to carry out deviant actions such as problems related to unprotected sexuality, the spread of venereal disease, and even unwanted pregnancies. undesirable among teenagers (Marmi, 2013).

Adolescent reproductive problems apart from having a physical impact, can also affect mental and emotional health, economic conditions, and social welfare in the long term. These long-term impacts not only affect the teenagers themselves, but also the family, society, and nation in the

end. The high rate of pregnancy and abortion among teenage girls is caused by ignorance and unawareness regarding fertile conditions. There are many myths and mistaken assumptions among teenagers that pregnancy will not occur the first time they have sex (Hasanah Hasyim, 2016).

Adolescents have the right to gain knowledge and understanding about pregnancy so that they have responsibility for the situation and conditions they are experiencing. Adolescents also understand their fertility status, so they do not engage in sex outside marriage or casual sex. There are many causes of teenage pregnancy, including peer pressure, proving masculinity, feelings of fear and shame regarding sexual information, involvement in the information media, and an increasingly globalized societal culture. In cases of unwanted pregnancy, it often ends in abortion and the death of both the mother and fetus (Fathkiyah et al, 2020). People with understanding certainly direct themselves not to carry out factors that cause risks and negative impacts on themselves. On the other hand, teenagers who have low understanding tend to lack concern and awareness in protecting and caring for their reproductive organs, which then often ends in sexual violence against teenagers.

Adolescent Reproductive Health (KRR) is an integrated part of health and family planning programs in Indonesia. This integrated program specifically aims to address problems related to early marriage, unwanted pregnancies, tobacco and alcohol consumption, and HIV-AIDS. Most teenagers aged 15-19 years have been exposed to educational institutions for quite a long period schools are institutions that have the potential to provide KRR education (Ministry of Health, 2013).

Early marriage experienced by teenagers under 20 years old is still a phenomenon in several regions of Indonesia, especially in remote areas where there is a lack of access to education. At the beginning of 2023, Indonesia itself was recorded as one of the countries with the most cases of early marriage, namely in 8th place in the world. The highest case of early marriage in Indonesia is Sulawesi which is in 3rd place after Java and Sumatra (United Nations Children's Fund, 2019). During the COVID-19 pandemic, there was a spike in cases of early marriage in several provinces in Indonesia, one of which had the highest spike in cases of early marriage was West Java. In line with this, UNFPA predicts that early marriage will increase by 13 million cases globally in the next 10 years due to the potential for a difficult economic situation which causes many parents to marry off their children to escape their economic burden (Rumiatur et al., 2020).

In early marriages involving teenage girls, there are great risks in terms of health, such as high rates of maternal morbidity and mortality due to complications in pregnancy and childbirth, eclampsia, anemia and cervical cancer, premature birth, children born with low birth weight, mortality, and morbidity as well. higher for children born to young mothers (Fransiska & Sastono, 2020).

Pregnancy at a very young age can increase health risks for women and their babies. This is because the body is not ready to become pregnant and give birth. Pregnancy at an age that is too young has high risks such as increased blood pressure, anemia, premature babies who generally have low birth weight (LBW) because they are not ready to be born (at less than 37 weeks of pregnancy) even women Under the age of 18 who are pregnant and give birth are at risk of dying during childbirth. The reason is, at this young age their bodies are not yet mature and physically ready to give birth (Hermambang et al., 2018).

RESEARCH METHODS

Research Design

This type of research is by the research objective, namely to determine the relationship between knowledge and attitudes about reproductive health and early marriage in Gowa Regency High Schools. The research population was class XI high school students in Gowa Regency with

an average age of 15-17 years. Sampling in this study was carried out using simple random sampling. Data collection instruments were carried out by distributing multiple-choice tests regarding reproductive health knowledge and questionnaires for reproductive health attitudes and attitudes towards early marriage. The data obtained were analyzed using descriptive and inferential data analysis techniques to determine the level of reproductive health knowledge and attitudes towards early marriage using the SPSS 24.0 application.

To categorize students' knowledge of reproductive health, it refers to literature written by Arikunto (2016) regarding research procedures for a practical approach, while the Likert scale category in measuring teenagers' attitudes towards reproductive health and early marriage, refers to literature written by Sugiyono (2017) about quantitative and qualitative research methods.

Population and Samples

The population of this research is all class XI at SMA Gowa Regency, Meanwhile, the sampling technique used simple random sampling, the reason is that this technique is an easy and quite simple sampling method and has high external validity because it represents the characteristics of a larger population and from the results of sampling, 260 samples were obtained.

Instruments

The instrument used in this research is multiple choice questions totaling 25 questions to measure knowledge of reproductive health where the indicators include the structure and function of reproduction in humans, mechanisms of reproductive organs, abnormalities in the reproductive system, LGBT, and sexual behavior while the questionnaire on reproductive health variables and questionnaires In the early marriage variable, there are 25 statements each, where the indicators in the reproductive health variable include indicators of menstruation, puberty, fertility, pregnancy, sexual drive, sexually transmitted diseases, and indicators in early marriage, namely there are indicators of education, economic status, culture, relationships. freedom, mass media, religious beliefs, and parental discipline. All instruments used have been tested for their suitability through validation by two expert validators and each validation result from the validator provides a good average validity value, in other words, they are suitable for use as research instruments.

Procedures

In conducting research there are several steps, namely the first is preparation. This stage is the initial stage carried out by researchers before going out into the field to conduct research, namely making proposals, providing guidance, proposal seminars, making research instruments, and validating research instruments by validators. After that, it continues with the research implementation stage, namely the research is carried out by giving tests and questionnaires to students for data collection. Researchers analyzed student's answers regarding the suitability of the data with indicators of students' knowledge regarding reproductive health and attitudes towards early marriage, then the final stage was the stage where the data obtained after conducting research in the field was analyzed using descriptive statistics and inferential statistics to determine the relationship between knowledge and Reproductive health attitudes towards early marriage among teenagers in Gowa Regency High School. This research implies that information is obtained about reproductive health knowledge and attitudes from teenagers. What is meant by teenagers here are students so that they can provide information to future researchers. The procedures carried out in this research can be described in the form of a flow diagram as Figure I.

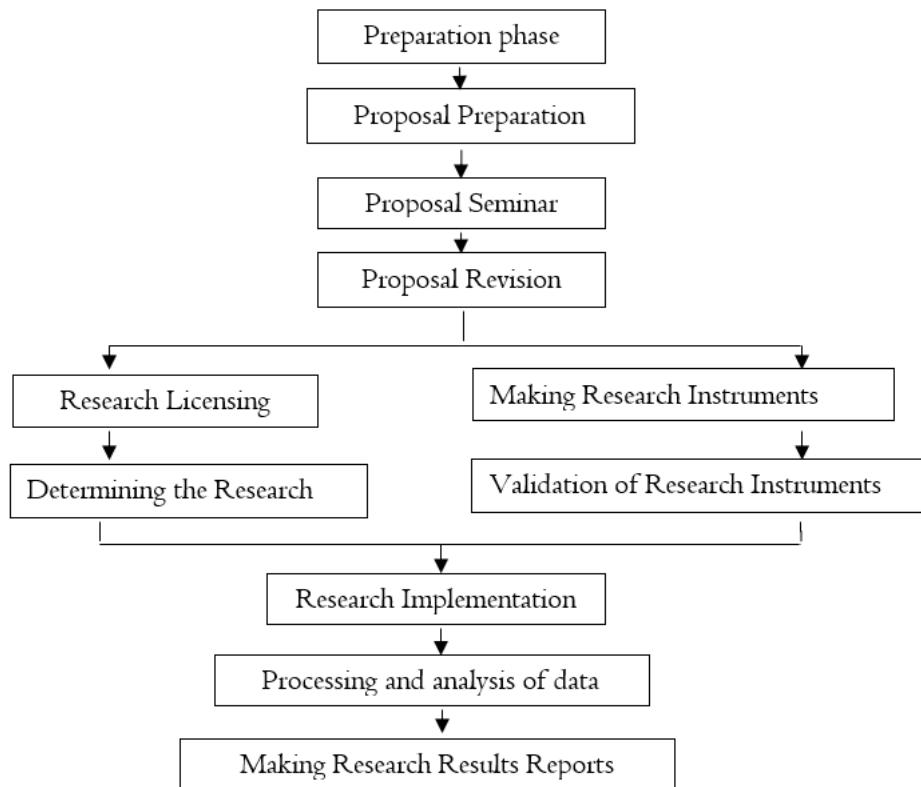


Figure 1. Research Procedures.

Data Analysis

The data analysis technique in this research uses descriptive data analysis techniques and inferential data analysis techniques. Descriptive analysis techniques were carried out to determine the frequency distribution and percentage of each variable, both dependent and independent variables. Meanwhile, inferential data analysis techniques are carried out in several stages, namely the normality test, linearity test, then hypothesis test. The types of hypothesis testing used are descriptive hypothesis testing and also inferential hypothesis testing

RESULTS

a. Reproductive Health Knowledge of High School Adolescents in Gowa Regency

The results of the descriptive analysis of the reproductive health knowledge variable of The results of the descriptive analysis of the reproductive health knowledge variable of high school adolescents in Gowa Regency obtained the lowest (minimum) value of 40.00; The highest (maximum) value is 92.00 and the average (mean) value is 61.69 standard mean deviation. From the research results, the categorization of Reproductive Health knowledge values of high school students in Gowa Regency is obtained as shown in Table I.

Table. I. Categorization of the Value of Reproductive Health Knowledge

Interval	Category	Frequency	Persentase
81 – 100	Very Good	12	4,6
61 – 80	Good	144	55,4
41 – 60	Enough	102	39,2
21 – 40	Less	2	0,8
≤ 20	Very Less	0	0
Total		260	100%

Based on Table 1. the value of reproductive health knowledge shows that 36 people (13.8%) are in the good category, 100 people (38.4%) are in the sufficient category, and 124 people (47.6%) are in the poor category. If seen from the highest frequency and also the average value obtained, it can be categorized that the reproductive health knowledge of high school teenagers in Gowa Regency is in the poor category.

b. Reproductive Health Attitudes of High School Adolescents in Gowa Regency

The results of the descriptive analysis of the reproductive health attitude variable obtained the lowest (minimum) value of 61.00, the highest (maximum) value was 90.00, and the average (mean) value of 81.47 standard mean deviations. From the research results, a categorization of the reproductive health attitude values of high school students in Gowa Regency was obtained as shown in Table 2.

Table 2. Categorization of Reproductive Health Attitudes

Interval	Category	Frequency	Persentase
81,3-100	Very Good	146	56,2
62,5-81,3	Good	113	43,5
43,8-62,5	Enough	1	0,4
25-43,8	Not Enough	0	0
Total		260	100%

Based on the data in Table 2 above, there are 4 categories of reproductive health attitudes of high school teenagers in Gowa Regency, namely the very good category with 146 people (56.2%), the Good category with 113 people (43.5%), the fair category with 1 person (0.4%), and none of them were in the bad category.

c. Attitudes to Early Marriage among High School Adolescents in Gowa Regency

The results of descriptive analysis of the variable Attitudes towards the early marriage of high school teenagers in Gowa Regency obtained a minimum value of 58.00; The maximum value is 95.00 and the average value is 81.73 standard mean deviation. From the research results, a categorization of early marriage attitude values for high school students in Gowa Regency was obtained as shown in Table 3.

Table 3. Categorization of early marriage attitude values

Interval	Categori	Frequency	Persentase
81,3-100	Very Good	139	53,4
62,5-81,3	Good	117	45
43,8-62,5	Enough	4	1,5
25-43,8	Not Enough	0	0
Total		260	100%

Based on the data in Table 3 above, there are 4 categories of attitudes toward early marriage among high school teenagers in Gowa Regency, namely the very good category with 139 people (53.4%), the good category with 117 people (45%), the fair category with 4 people (1.5%), and none of them are in the bad category.

d. The relationship between knowledge and attitudes about reproductive health and early marriage among teenagers in high schools in Gowa Regency

To see the relationship between the variables of reproductive health knowledge and reproductive health attitudes and early marriage attitudes, the F-test formula or multiple correlation test was used together, and then compared the correlation coefficient and determination coefficient values to see the closeness of the relationship using the SPSS 26 for Windows application with the results. can be seen in Table 4.

Table 4 Multiple Correlation F-Test Results between Variables XI and X2 on Variable Y

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
I	Regression	148.628	2	1156.47	13.311	.000 ^b
	Residual	8426.06	257	86.88		
	Total	8574.68	259			

a. Dependent Variable: Attitude to early marriage (Y)

b. Predictors: (Constant), Reproductive health knowledge (X1), reproductive health attitudes (X2)

Based on Table 4 above, the significance value of the F test results between the reproductive health knowledge variable (X1) and the reproductive health attitude variable (X2) with the early marriage attitude variable (Y) is $0.000 < 0.05$ and the Fcount value is $13.311 > F_{table} 3.030$, indicating that There is a relationship between knowledge and attitudes about reproductive health and early marriage among teenagers in Gowa Regency High School, so that based on decision making references, H_a is accepted and H_0 is rejected. The close relationship and contribution of variables X1 and X2 to variable Y can be seen through the SPSS model summary output in Table 5.

Table 5. Correlation and Determination Coefficient between Variables XI and X2 on Variable Y

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
I	.497 ^a	.247	.229	5.726

a. Predictors: (Constant), Reproductive health knowledge (X1), Reproductive health attitudes (X2)

Table 5 above shows the correlation or relationship value (R) between the variables reproductive health knowledge (X1) reproductive health attitudes (X2) and early marriage attitudes (Y), namely 0.497 which is in the interval 0.40-0.599 so it is in the category " currently". The coefficient of determination (R²) as the contribution value of variables X1 and X2 to variable Y is 0.247. The R² value shows the contribution of reproductive health knowledge and reproductive health attitudes to attitudes towards early marriage of 0.247 or 24.7%, while the remaining 75.3% is the contribution of several other factors which also play a role in influencing attitudes towards early marriage among teenagers in Gowa Regency High School.

DISCUSSION

a. Knowledge of Adolescent Reproductive Health in Senior High Schools in Gowa Regency

Knowledge is information that a person knows and is aware of, knowledge is a phenomenon that humans encounter and obtain through mental observation or sensing. Knowledge is closely



related to a person's level of health. The higher a person's knowledge, the easier it is for them to accept the concept of healthy living independently. If a teenager's knowledge level is good, their health level will also be good (Suharti & Surmiasih, 2016). Knowledge can also influence a person's attitude. A person with good knowledge about reproductive health tends to have good attitudes or behavior regarding reproductive health and various types of casual sex (Sahertian Betty, 2017).

In general, someone enters adolescence without adequate knowledge about reproductive health, so most teenagers fall into deeper and deeper ignorance. Not only that, parents also have a big influence on a child's knowledge, parents who have good education regarding reproductive health will definitely provide good sources of information regarding reproductive health and provide education about various kinds of dangers regarding the impact of health. reproduction itself.

Based on the research results, the frequency obtained from the educational characteristics of the respondents' parents was that 18 people had completed elementary school (6.9%), 46 people had completed junior high school (17.7%), 155 people had completed high school (59.6%), had completed SI as many as 35 people (13.5%), 6 people (2.3%) did not finish school, for father's education and for mother's education, namely 24 people finished elementary school (9.2%), 44 people graduated from junior high school (16, 9 %), 147 people (57.6 %), 36 people (14.5 %) finished high school, 9 people (3.4 %) did not finish school.

From the frequency of parental education characteristics of the respondents, it can be seen that the average parent's education is in the high school graduate category, some even have not finished school, so it can be concluded that one of the factors in teenagers' lack of knowledge regarding reproductive health comes from low education. parents, because parents who have higher education will also provide good knowledge to their children, provide education and lessons that they do not get from the learning curriculum at school.

Most teenagers think that parents have an important role for them because the values instilled by parents can influence teenagers' knowledge. They think that if parents can provide an understanding of reproductive health knowledge to their children, then these children tend to control their sexual behavior which can affect the reproductive organs, this happens because basically the best sex education is given by the parents themselves and can also be realized through the lifestyle of the parents in a family (Bulahari et al, 2015).

b. Adolescent Reproductive Health Attitudes in High Schools in Gowa Regency

Attitude is an individual's tendency to act, in the form of a closed response to certain stimuli or objects. Attitude is not yet an action or activity but is a predisposition to a behavior. Attitude is a readiness to react to objects in a certain environment as an appreciation of something, behavior can be influenced by knowledge and attitudes which are able to show shifts in values and norms (Sirupa et al, 2016).

The results of descriptive analysis on the reproductive health attitude variable obtained were the lowest (minimum) value of 61.00, the highest (maximum) value of 90.00, and the average (mean) value of 81.47. There are 4 categories of reproductive health attitudes, namely very good, good, fair and not good with the distribution of frequencies and percentages as follows: 146 people (56.2%) are in the very good category, there are 113 people (43.5%) in the good category, there is 1 person (0.4%) in the fair category and not a single person in the bad category. From the data from the descriptive analysis, it was obtained that the average reproductive health attitude of teenagers in Gowa Regency High Schools was in the very good category so it can be concluded that the majority of high school teenagers in Gowa Regency have good reproductive health attitudes.

Teenagers in general have a high curiosity, which often gives rise to their desire to experiment, fantasize and even dare to contradict themselves. Information through the media has

also caused many changes in the sexual attitudes of teenagers in general, there is also sexual exploitation on television, magazines, video clips, online media and even films that are accessed for free on social media which can influence teenagers to engage in free sexual activities (Cahyani et al, 2020).

Factors that influence attitudes are personal experience, influence of other people, culture, mass media, and emotions. Adolescents who have a good attitude regarding reproductive health will also influence the adolescent's attitude in having a positive attitude or not supporting early marriage (Rahayu et al, 2021).

c. Attitudes towards Early Marriage of Teenagers in High Schools in Gowa Regency

Lack of knowledge, and living in a rural area are one of the factors that can influence a person's reasons for marrying at an early age who are still relatively young. An increase in the number of early marriages will have a high-risk impact on early pregnancy as well (Oktavia et al, 2018).

An increase in the number of early marriages will have a high-risk impact on early pregnancy as well. Young women's knowledge about maturing marriage age is limited and this will cause them to be more likely to have negative attitudes. Underage marriages are also very vulnerable to divorce, the result of early divorce in cases of underage marriages puts them in a position that is not ideal, when teenagers should feel love and receive protection, they instead have to face divorce cases caused by underage marriages which take away their lives. in front of a teenager (Oktrarianita et al, 2022).

The results of the descriptive analysis on the adolescent attitude variable towards early marriage obtained were the lowest (minimum) value of 58.00, the highest (maximum) value of 95.00, and the average (mean) value of 81.73. There are 4 categories of reproductive health attitudes, namely very good, good, fair, and not good with the distribution of frequencies and percentages as follows: A total of 139 respondents (53.4) were in the very good category, there were 117 people (45%) in the good category, there were 4 people (1.5%) in the fair category and not a single respondent was in the not good category. So, from the results of the descriptive analysis of the attitudes of high school teenagers in Gowa Regency towards early marriage, they have very good attitudes in responding to early marriage itself.

d. Relationship between Reproductive Health Knowledge and Attitudes and Early Marriage Attitudes among Adolescents in Gowa Regency High Schools

Based on the results of the F test, the significance value of the F variable between the reproductive health knowledge variable (X1) and the reproductive health attitude variable (X2) with the early marriage attitude variable (Y) is $0.000 < 0.05$, and the Fcount value is $13.311 > Ftable 3.030$, indicating that there is a relationship. between knowledge and attitudes about reproductive health and early marriage among teenagers in Gowa Regency High School.

The close relationship between the independent variable and the dependent variable can be seen in table 1.10 above showing the correlation or relationship value (R) between the variables reproductive health knowledge (X1) and reproductive health attitudes (X2) and early marriage attitudes (Y) which is 0.497 which is in the interval 0.40-0.599 so it is in the "medium" category. The coefficient of determination (R²) as the contribution value of variables X1 and X2 to variable Y is 0.247. The R² value shows the contribution of reproductive health knowledge and reproductive health attitudes to attitudes towards early marriage of 0.247 or 24.7%, while the remaining 75.3% is the contribution of several other factors which also play a role in influencing attitudes towards early marriage among teenagers in Gowa Regency High School.

Based on theory, the higher a person's education, the greater the level of knowledge that will ultimately be implemented in that person's attitude..When a teenager has good knowledge and attitudes towards reproductive health, that teenager will also protect himself so that he does not fall into cases of early marriage, because the teenager understands the negative impacts that will arise if he marries at a too early age (Waroh, 2020).

This is in line with the results of research by Nurhikmah, et al (2021) which states that there are still many teenagers who marry early because teenagers still have low knowledge of the impact of early marriage on reproductive health which is not yet mature and there is still a culture of early marriage in society, as well as The influence of peers who encourage teenagers to have sex prematurely, resulting in teenagers getting pregnant out of wedlock, is a reason for early marriage.

CONCLUSION

Based on the results of the research and discussion previously described, conclusions can be drawn, namely: The results of the descriptive analysis of the reproductive health knowledge variable for high school adolescents in Gowa Regency obtained the lowest (minimum) score was 40.00; The highest (maximum) value was 92.00 and the average (mean) value was 61.69. If seen from the highest frequency and also the average value obtained, then the reproductive health knowledge of high school teenagers in the Gowa Regency can be categorized in the good category. The results of the descriptive analysis of the reproductive health attitude variable obtained the lowest (minimum) value was 61.00, the highest (maximum) value was 90.00, and the average (mean) value was 81.47. The results of the descriptive analysis of the attitude variable toward early marriage among high school teenagers in Gowa Regency obtained a minimum value was 58.00; The maximum value was 95.00 and the average value was 81.73. So it can be concluded that there is a relationship between knowledge and attitudes about reproductive health and early marriage among teenagers in Gowa Regency High School, which has a significant relationship in the strong category.

REFERENCES

- Ariyanti, S., Sariyani, & Utami. (2019). Penyuluhan kesehatan reproduksi remaja untuk meningkatkan pengetahuan siswa di SMP negeri 3 selemadeg timur. *Indonesian Journal Community Empowerment (IJCE)*, 2(1), 5-11. Retrieved from <https://doi.org/10.35473/ijce.v1i2.312>
- Arikunto, S. (2016). *Prosedur penelitian suatu pendekatan praktik*. Edisi Revisi. Jakarta: PT. Rineka Cipta.
- Cahyani, A., Agusshyvana, & Nugroho. (2021). Hubungan Pola komunikasi orang tua asuh dengan pengetahuan dan sikap kesehatan reproduksi remaja panti asuhan kabupaten klaten tahun 2020. *Jurnal Kesehatan Reproduksi*, 12(1), 15-25. Retrieved from <https://doi.org/10.58185/jkr.v12i1.4>
- Ernawati H. (2018). Pengetahuan kesehatan reproduksi remaja di daerah pedesaan. *Indonesian Journal for Health Sciences*, 2(1), 58-64. Retrieved from <https://journal.umpo.ac.id/index.php/IJHS/article/view/820/0>
- Emilia, O., Prabandari, & Supriyati. (2019). *Promosi kesehatan dalam lingkup kesehatan reproduksi*. Gadjah Mada University Press. Yogyakarta.
- Esty, Indah, & Fathul. (2019). Pelatihan keterampilan konseling sebaya dalam bidang kesehatan reproduksi remaja. *Jurnal Ilmiah Tentang Pengabdian Masyarakat*, 5(1), 87-96. Retrieved from <https://journal.umpr.ac.id/index.php/pengabdianmu/article/view/1140>
- Fathkiyah, Masturoh, & Atmoko. (2020). Edukasi kesehatan reproduksi remaja. *Abdimas Mahakam Journal*, 4(1), 84-89. Retrieved from <https://doi.org/10.24903/jam.v4i1.776>

- Fransiska, N., & Saptono, P. (2020). Pengetahuan dan sikap remaja tentang perkawinan usia dini (studi di desa pendern, kecamatan kembang, kabupaten jepara). *Jurnal Hasil Pengabdian Masyarakat*, *1*(2), 165-171. Retrieved from <https://journal.unnes.ac.id/sju/edugeo/article/view/41167>
- Hasanah, H. (2016). Pemahaman kesehatan reproduksi bagi perempuan: sebuah strategi mencegah berbagai resiko masalah reproduksi remaja. *Jurnal Studi Gender*, *11*(2), 229-252. Retrieved from <https://journal.walisongo.ac.id/index.php/sawwa/article/view/1456/1080>
- Hermambang, Ummah, C., Gratia, S., Sanusi, Ulfa, M., & Nooraeni. (2021). Faktor-faktor yang mempengaruhi pernikahan dini di indonesia. *Jurnal Kependudukan Indonesia*, *16*(1), 47-55. Retrieved from <https://doi.org/https://doi.org/10.14203/jki.v16i1.502>
- Intizar, R., & Hamdi, A. (2021). Efek infeksi interaksi penggunaan media sosial dan pengetahuan kesehatan reproduksi terhadap perilaku seksual beresiko remaja. *Jurnal Ilmiah Kesehatan*, *1*(2), 35-45. Retrieved from <https://doi.org/10.56873/jpkm.v6i3.3687>
- Kementrian Kesehatan RI. (2013). *Riset kesehatan dasar (RISKESDES)*. Kementrian Kesehatan RI.
- Liang, M., Simelane, S., Fortuny Fillo, G., Chalasani, S., Weny, K., Salazar Canelos, P., Jenkins, L., Moller, A. B., Chandra-Mouli, V., Say, L., Michielsen, K., Engel, D. M. C., & Snow, R. (2019). The state of adolescent sexual and reproductive health. *The Journal of adolescent health : official publication of the Society for Adolescent Medicine*, *65*(6S), S3–S15. Retrieved from <https://doi.org/10.1016>
- Nurhikmah, Carrolin, T.B., & Lubis, R. (2021). Faktor-faktor yang berhubungan dengan pernikahan usia dini pada remaja putri. *Jurnal Kebidanan*, *7*(1), 17-24. Retrieved from <https://ejournalmalahayati.ac.id/index.php/kebidanan/article/view/3110>
- Okrarianita, Pratiwi, A., & Febriawati. (2022). Tingkat pengetahuan dan sikap remaja terhadap pendewasaan usia perkawinan. *Jurnal Kesmas Asclepius*. *4*(1), 19-25. Retrieved from <https://doi.org/10.31539/jka.v4i1.3706>
- Oktavia, R., Agustin. Magai, M., Widiyawati, A., & Cahyati. (2018). Pengetahuan resiko pernikahan dini pada remaja umur 13-19 tahun. *Higeia Journal of Public Health Research and Development*, *2*(2), 239-248. Retrieved from <https://doi.org/10.15294/higeia.v2i2.23031>
- Permatasari, D., & Suprayitno. (2021). Pendidikan kesehatan reproduksi pada remaja. *Jurnal Emphaty Pengabdian Kepada Masyarakat*, *2*(1), 8-12. Retrieved from <https://doi.org/10.37341/jurnalempathy.v2i1.46>
- Rahayu, S., Suciawati, & Indrayani. (2021). Pengaruh edukasi tentang kesehatan reproduksi remaja terhadap pengetahuan dan sikap seksual pranikah di SMP yayasan pendidikan cisarua bogor. *Journal for Quality in Women's Health*, *4*(1), 1-6. Retrieved from <https://jqwh.org/index.php/JQWH/article/view/101>
- Rumiatur, D., Kurniawati, R., Ismiyati, & Sutomo. (2020). Analisis kebutuhan dan layanan kesehatan reproduksi remaja perempuan dalam menghadapi pubertas pada masa pandemi. *Journal of Midwifery and Health Research*, *2*(1), 28-34. Retrieved from <https://doi.org/10.36743/jmhr.v2i1.464>
- Sahertian, B. (2017). Booklet kesehatan reproduksi remaja, solusi mengatasi kompleksitas masalah kesehatan reproduksi remaja di sekolah menengah pertama negeri 20 kecamatan baguala kota ambon. *Global Health Science Journal*, *2*(3), 309-318. Retrieved from <https://jurnal.csdforum.com/index.php/GHS/article/view/154>
- Sirupa, A., Wantania, & Suparman. (2016). Pengetahuan, sikap, dan perilaku remaja tentang kesehatan reproduksi. *Jurnal e-Clinic*, *4*(2), 1-7. Retrieved from <https://ejournal.unsrat.ac.id/index.php/eclinic/article/view/14370>

- Sugiyono. (2017). *Metode penelitian kuantitatif, kualitatif, dan R&D*. Bandung : Alfabeta, CV.
- Suharti, & Surmiasih. (2016). *Rendahnya pengetahuan kesehatan reproduksi sebagai penyebab perilaku seks bebas pada remaja*. Stikes Aisyah Pringsewu. Kelumbayan.
- United Nations Childrens Fund (UNICEF). (2019). Fenomena pernikahan dini di indonesia perspektif hukum keluarga islam. *Jurnal Al Wasith: Jurnal Studi Hukum Islam*, 5(2), 107-123. Retrieved from <https://jurnal.unugha.ac.id/index.php/wst/article/view/11>
- Usonwu, I., Ahmad, R., & Tyler. (2021). Parent-adolescent communication on adolescent sexual and reproductive health in sub-saharan africa: qualitative review and thematic synthesis. *Journal of Reproductive Health*, 18(2), 2-15. Retrieved from <https://doi.org/10.1186/s12978-021-01246-0>
- Waroh, K. (2020). Hubungan antara pengetahuan remaja tentang kesehatan reproduksi dengan pernikahan dini di desa panggung kecamatan sampan. *Jurnal kebidanan*, 12(1), 58-65. Retrieved from <https://doi.org/10.36456/embrio.v12i1.2361>