



Reproductive Health Knowledge on Senior High School Students (General Private School and Religious Public School) in Deli Serdang Regency, Indonesia

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ABSTRACT

The lack of knowledge among adolescents about reproductive health has made them become victims of sexual crimes, especially the females. School is one of the best socialization media for adolescents to overcome this problem through the addition of reproductive health subject in the curriculum. In Indonesia, there are two types of schools, namely public schools and private schools which have different education systems. Therefore, this paper wants to see the extent of the differences in reproductive health knowledge acquired by students of SMA Negeri 1 Delitua (general public senior high school) and SMA Swasta Harapan 3 Delitua (religious private senior high school). The results of this study indicate that there has been no difference in the level of reproductive health knowledge on students of private school and public school. This is discovered from the significant values of both schools. SMA Negeri 1 Delitua has value around 0.214 which is greater than 0.05 value. Meanwhile, SMA Swasta Harapan 3 has value of 0.209, which basically shows the same thing. These two schools also do not have significant differences in aspects of reproductive knowledge. Students get reproductive health knowledge from family, friends, girlfriends or boyfriends and social media. However, they acquire more information about reproductive health from social media because it is more comfortable for them and it does not make them feel embarrassed or insecure by their curiosity.

Keywords: General Private School, High School Students, Religious Public School, Reproductive Health.
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1. Introduction

According to the WHO expert committee, adolescence is defined as the period between 10-19 years of age or the second decade of life. Adolescents comprise 20% of the world's total population. Out of 1.2 billion adolescents world-wide, about 85% of them live in developing countries (Mallehappa, Krishna, & C, 2011). Adolescence is the transition period from childhood to adulthood and is widely recognized as a time of great opportunity. It is also considered as a period with vulnerabilities, in terms

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of both biological (physical and psychological); environmental (national and international politics along with influence of family, community, neighbors, peers and schools) aspects (Aktar, Sarkar, & Jenkins, 2014); general health; reproductive health and sexuality (Agrawal, Fatma, & Singh, 2007).

Sexual behavior is a behavior that arises because of the presence of sexual urges or activities to get pleasure from sexual organs through various behaviors such as fantasizing, holding hands, kissing, hugging and doing sexual intercourse (Kusmiran, 2013). BKKBN Deputy for Family Planning and Reproductive Health, Julianto Witjaksono, released a statement on August 12, 2014, which said that the number of teenagers who had premarital sex showed an increasing trend. Based on the agency's records, Julianto Witjaksono said that 46 percent of Indonesian adolescents aged 15-19 years have had sex. National Census data even shows that 48 to 51 percent of pregnant women are teenagers (BKKBN, 2014).

Adolescence is a period when the reproductive organs and the hormonal system starts functioning; naturally adolescents become very curious about sex. Adolescents' curiosity about sex and reproductive health encourage them to seek more information about it. The curiosity is usually conveyed through conversations with peers, seeking information from pornographic sources, and then practicing it with oneself, boyfriend/girlfriend, friends, or other people. Teenagers rarely involve parents on discussion about deep sexuality topics.

However, it does not make things easier for adolescents either to be exposed by so much information about the topic. The common view that sex is a sensitive thing or taboo makes adolescents reluctant to discuss reproductive health with others. In fact, they feel uncomfortable discussing about sexuality with their own family members. Lack of information about sex results in adolescents trying to find their own access to sex. This creates an unhealthy sexual behavior among teenagers. (Romulo, Akbar, & Mayangsari, 2014).

School is one of the effective socialization media to answer adolescents' curiosity about reproductive health so that there is no deviant behavior. In Indonesia, reproductive health education is integrated into existing curriculum in schools; intra-curriculum, extracurricular, and counseling. Some materials related to reproductive health and adolescence are added into subjects like Biology, Physical Education and Religion. There is no policy regarding the reproductive health curriculum, therefore each school still conducts reproductive health education according to the available capacity and facility. This allows variations in the implementation of adolescent reproductive health education. Diversity in adolescent reproductive health education will cause differences in the output of education, including knowledge, attitude, and behavior related to adolescent reproductive health, such as risky sexual behavior (Masfiah, Shaluhiah, & Suroputro, 2013). This paper takes place in two schools as a comparison object: one general public school and one religious private school in Medan, namely SMA Negeri 1 Delitua and SMA Swasta Harapan 3 Delitua respectively.

2. Literature review

According to the International Conference on Population and Development (ICPD) Cairo in 1994, reproductive health is a complete state of physical, mental and social well-being, including being free from disease or disability in all aspects related to the reproductive system functions and processes (Fatoni, Astuti, Seftiani, Augustina Situmorang, & Purwaningsih, 2015). Reproductive health consists of two words, namely 'health' and 'reproductive'. The word 'health' is an adjective. 'Healthy' is a condition that is free from disorders, abnormalities, or pain / illness in the system, functions and processes of life. The word 'healthy' can also be a noun, which is defined by WHO as follows: "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. 'Health' is an abstract matter because it is intangible but its presence can be felt significantly by humans (Agustina, 2008). Sex education is not only about information regarding sexual intercourse, but also information related to the anatomy of the body, the physiology of the reproductive organs, and others. In addition, an understanding of sex education can also be connected to sexual behavior, sex drive in adolescents, and others.

School-based sexual education does not encourage adolescents to do sexual intercourse, nor increase other sexual activities in adolescents. Instead, it encourages them to stay chaste. The results from previous studies also imply that there is a relationship between reproductive health knowledge of adolescents' dating experiences. In turn, the experience has implications for adolescents' knowledge

about HIV / AIDS and how to avoid HIV / AIDS (Nasution, 2012). This is also supported by the research done at Colomadu N Senior High School. Based on the research, it is found that the majority of adolescents have moderate knowledge about reproductive health. The majority respond negatively on premarital sexual behavior, and there is a positive relationship between students' reproductive knowledge with premarital sexual behavior. Higher knowledge results in more positive behavior, thus the problems related to premarital sexual behavior can be minimized (Kartika & Kamidah, 2013).

Furthermore, Wibowo (2011) stated that religious education is very important to support reproductive health knowledge for adolescents. Research conducted at Madrasah schools shows that the material contained in the Learning Implementation Plan can help adolescents understand reproductive knowledge. The students can know how to purify (*thaharah*) and shave pubic hair; they can also know the negative impact of watching pornographic images and learn about other sex problems. This study concludes that religious schools can provide in-depth reproductive knowledge for students, so that possible sexual deviations can be avoided.

3. Data and method

This paper uses a quantitative approach to find out, analyze and observe the differences in reproductive health knowledge of students in SMA Negeri 1 and SMA Swasta Harapan 3 Delitua. SMA Negeri 1 Delitua is a well-known public school that applies general education system. It is different from SMA Swasta Harapan 3 Delitua, since SMA Swasta Harapan 3 is a private school known for its religion-based education. SMA Swasta Harapan 3 applies and prioritizes religious values in every learning process. Meanwhile, SMA Negeri 1 Delitua only teaches those values through Religion, a subject, in the classroom.

The sampling technique used in this study is *Stratified Random Sampling*. The *Proportionate Stratified Random Sampling* technique is a sampling technique that is used if the population has members or elements that are not homogeneous and proportionally structured, namely students from class X MIA and IIS, class XI MIA and IIS, class XII MIA and IIS. As for finding out the sample size, the slovin formula (Consuelo, 2006) is adopted.

$$n = \frac{N}{1 + ne^2}$$

Thus, the number of respondents for this study are:

Table 1: The number of population and sample

Kelas	SMA Negeri 1 Delitua		SMA Harapan 3 Delitua	
	Population	Sample	Population	Sample
X	370	34	91	24
XI	302	34	106	28
XII	303	28	84	22
Total	975	91	281	74

From the sampling process, it can be concluded that there are 91 respondents in SMA Negeri 1 Delitua and 74 respondents in SMA Harapan 3 Delitua.

4. Result and discussion

4.1 Reproductive health knowledge from the aspect of sex education period

The extent of respondents' knowledge of the sex education from the socialization process is examined in this aspect. Regular sex education is usually received by adolescents from various sources, from parents, friends, girlfriends, or social media.

Table 2: Reproductive healthknowledge from the aspect of sex education period

No.	Indicator	School	Category					Mean	SD
			1	2	3	4	5		
1	I receive sex education from online media	SMA Negeri 1	31 (34.1%)	34 (37.4%)	21 (23.1%)	5 (5.5%)	0 (0%)	2.00	.894
		SMA Swasta Harapan 3	17 (23.0%)	18 (24.3%)	27 (36.5%)	9 (12.2%)	3 (4.1%)	2.50	1.101
2	I receive sex education from friends/peers	SMA Negeri 1	17 (18.7%)	29 (31.9%)	13 (14.3%)	21 (23.1%)	11 (12.1%)	2.78	1.323
		SMA Swasta Harapan 3	10 (13.5%)	20 (27.0%)	25 (33.8%)	16 (21.6%)	3 (4.1%)	2.76	1.070
3	I get information about sex education from my family	SMA Negeri 1	10 (11.0%)	34 (37.4%)	19 (20.9%)	16 (17.6%)	12 (13.2%)	2.85	1.229
		SMA Swasta Harapan 3	10 (13.5%)	21 (28.4%)	21 (28.4%)	10 (13.5%)	12 (16.2%)	2.91	1.273
4	In my opinion, sexual intercourse with my lover /opposite sex will not cause pregnancy if it is done only once	SMA Negeri 1	31 (34.1%)	23 (25.3%)	7 (7.7%)	10 (11.0%)	20 (22.0%)	2.62	1.576
		SMA Swasta Harapan 3	11 (14.9%)	16 (21.6%)	6 (8.1%)	17 (23.0%)	24 (32.4%)	3.36	1.495
5	Using condom during sexual intercourse will prevent sexually transmitted disease (STD)	SMA Negeri 1	15 (16.5%)	23 (25.3%)	21 (23.1%)	19 (20.9%)	13 (14.3%)	2.91	1.305
		SMA Swasta Harapan 3	10 (13.5%)	23 (31.1%)	18 (24.3%)	11 (14.9%)	12 (16.2%)	2.89	1.288

Source: Research data. 2017

The first statement is 'receiving sex education from online media'. Around 71.5 percent of respondents from SMA Negeri 1 agree and strongly agree to this statement. There are 27 respondents (36,5%) in SMA Harapan 3 who answer this statement with neither agree nor disagree. The next one is the statement on receiving sex education from their peers. About 50.6 percent respondents from SMA Negeri 1 agree on this. However, 25 respondents (33.8%) gave neither agree nor disagree answer to this statement. Thirdly, the statement that students 'receive sex education from the family'. There are 44 respondents (48.4%) from SMA Negeri 1 who agree with this. In contrast, students from SMA Swasta Harapan 3 who agree to this statement are 21 respondents (28.4%), while 21 other respondents (28.4%) said they neither agree nor disagree. The next statement mentions that pregnancy would not occur if sexual intercourse was only done once. There are 31 respondents (34.1%) from SMA Negeri 1 and 24 respondents (32.4%) from SMA Swasta Harapan 3 who strongly agree to that. The respondents from both school agree that using condoms during sexual intercourse will prevent sexually transmitted diseases, namely 23 respondents (25.3%) from SMA Negeri 1 and 23 respondents (31.3%) for SMA Swasta Harapan 3.

4.2 Reproductive healthknowledge from the aspect of reproduction period

The reproductive period or the biological development is a time where adolescents are very vulnerable. It is usually shown by extreme changes on physical appearance. For example, the women begin to have menstruation. As for men, their voice start to get lower caused by the growth of Adam's apple. It is important to protect the adolescents' reproductive health and preventing diseases. Therefore, the research about adolescent knowledge of the reproductive period needs to be conducted.

Table 3: Reproductive health knowledge from the aspect of reproduction period

No.	Indicator	School	Category					Mean	SD
			1	2	3	4	5		
1	I understand the meaning of reproduction and reproductive health	SMA Negeri 1	22 (24.2%)	41 (45.1%)	28 (30.8%)	0 (0%)	0 (0%)	2.07	.742
		Swasta Harapan 3	15 (20.3%)	33 (44.6%)	25 (33.8%)	1 (1.4%)	0 (0%)	2.16	.759
2	Parents have given me education on reproductive health (menstruation, wet dream, STD, etc.)	SMA Negeri 1	14 (15.4%)	40 (44%)	27 (29.7%)	7 (7.7%)	3 (3.3%)	2.40	.953
		Swasta Harapan 3	14 (18.9%)	33 (44.6%)	21 (28.4%)	5 (6.8%)	1 (1.4%)	2.27	.896
3	Parents have taught me how to prevent and control Reproductive Tract Infection (RTI)	SMA Negeri 1	3 (3.3%)	30 (33.0%)	42 (46.2%)	11 (12.1%)	5 (5.5%)	2.84	.885
		Swasta Harapan 3	5 (6.8%)	21 (28.4%)	33 (44.6%)	12 (16.2%)	3 (4.1%)	2.82	.927
4	Parents have given me information about diseases related to reproductive health, i.e. cervical cancer, prostate cancer, syphilis, etc.	SMA Negeri 1	15 (16.5%)	32 (35.2%)	40 (44.0%)	1 (1.1%)	3 (3.3%)	2.40	.893
		Swasta Harapan 3	13 (17.6%)	28 (37.8%)	29 (39.2%)	3 (4.1%)	1 (1.4%)	2.34	.864
5	In my opinion, men and women have to stay chaste	SMA Negeri 1	56 (61.5%)	13 (14.3%)	12 (13.2%)	6 (6.6%)	4 (4.4%)	1.78	1.172
		Swasta Harapan 3	42 (56.8%)	18 (24.3%)	7 (9.5%)	3 (4.1%)	4 (5.4%)	1.77	1.129

Source: Research Data. 2017

Based on Table 3, the respondent's answers on various statements can be seen. Most of them understand what reproduction and reproductive health mean. It is found that 69.3% of respondents from SMA Negeri 1 and 64.9% respondents from SMA Harapan 3 give agree and strongly agree as answers for the statement, respectively. Most of respondents receive knowledge about reproductive health (menstruation, wet dream, STD, etc.) from their parents. There are 59.4% (SMA Negeri 1) and 63.5% (SMA Harapan 3) of respondents in respective school who agree with the second statement. But, when it comes to RTI, parents do not give much information about it. There are 42 respondents (46.2%) from SMA Negeri 1 and 33 respondents (44.6%) from SMA Harapan 3 who do not obtain such knowledge from their parents. On the other hand, they get some informations about diseases related to reproductive health such as cervical cancer, prostate cancer, syphilis etc. from several sources. There are 32 respondents (35.2%) from SMA Negeri 1 and 28 respondents (37.8%) from SMA Harapan 3 who stated that their parents had given them those informations. However, the majority of respondents neither agree nor disagree on the fourth statement. There are 40 respondents (44%) from SMA Negeri 1 and 29 respondents (39.2%) from SMA Harapan 3 who give such answer. Then, according to the fifth statement, most of respondents think that it is very important for them to stay chaste and keep their virginity. There are 56 respondents (61.5%) from SMA Negeri 1 and 42 respondents (56.8%) from SMA Harapan 3 who agree to this statement.

4.3 Reproductive health knowledge from the aspect of preventive health service

The last aspect is preventive health service. This aspect examines on how respondents keep their reproductive organs healthy based on the knowledge they already received.

Table 4: Reproductive health knowledge from the aspect of preventive health service

No.	Indicator	School	Category					Mean	SD
			1	2	3	4	5		
1	My parents have suggested/advised me to check my health condition to doctor	SMA Negeri 1	23 (25.3%)	21 (23.1%)	24 (26.4%)	21 (23.1%)	2 (2.2%)	2.54	1.167
		SMA Swasta Harapan 3	19 (25.7%)	16 (21.6%)	24 (32.4%)	11 (14.9%)	4 (5.4%)	2.53	1.185
2	Routine self-examination (e.g. breast) is needed to prevent cancer	SMA Negeri 1	11 (12.1%)	24 (26.4%)	23 (25.3%)	12 (13.2%)	21 (23.1%)	3.09	1.347
		SMA Swasta Harapan 3	20.3%	23.0%	27.0%	12.2%	17.6%	2.84	1.365
3	Pap smear test (cervical screening to detect cancerous process or cells) is needed even though I have had PCV vaccine	SMA Negeri 1	5 (5.5%)	32 (35.2%)	29 (31.9%)	3 (3.3%)	22 (24.2%)	3.05	1.259
		SMA Swasta Harapan 3	11 (14.9%)	17 (23.0%)	29 (39.2%)	5 (6.8%)	12 (16.2%)	2.86	1.242
4	Pap smear test depends on woman's need who is over 30 years old	SMA Negeri 1	12 (13.2%)	22 (24.2%)	35 (38.5%)	3 (3.3%)	19 (20.9%)	2.95	1.285
		SMA Swasta Harapan 3	6 (8.1%)	17 (23.0%)	32 (43.2%)	8 (10.8%)	11 (14.9%)	3.01	1.129
5	Self-examination on reproductive health is done routinely	SMA Negeri 1	13 (14.3%)	20 (22.0%)	34 (37.4%)	11 (12.1%)	13 (14.3%)	2.90	1.221
		SMA Swasta Harapan 3	11 (14.9%)	18 (24.3%)	25 (33.8%)	11 (14.9%)	9 (12.2%)	2.85	1.213

Source: Resource Data. 2017

A total of 35 respondents (47.3%) from SMA Harapan 3 have checked the health of their reproductive organs to the doctor. Meanwhile, 44 respondents from SMA Negeri 1 (48.4%) also had done the same. Respondents consider having their reproductive organs examined by a doctor as taboo and they rarely do it. Only few of them have done it due to several personal reasons and they were accompanied by parents or friends. Those who want to check the health of their reproductive organs come from middle to upper economic class families and their education level also affects this action. There were several examinations conducted by respondents such as self-examination for cancer prevention. It is done by 38.5% of respondents from SMA Negeri 1 and 43.3% of respondents from SMA Harapan 3. There are 37 respondents (40.7%) from SMA Negeri 1 who have had the Pap Smear test, while 29 respondents (39.2%) from SMA Harapan 3 have never done it. It can be seen that respondents do not do self-examination routinely as mentioned by 34 respondents (37.4%) from SMA Negeri 1. Meanwhile, 29 other respondents (39.2%) from SMA Harapan 3 stated that they routinely did this examination.

4.4 The t-test analysis

The t test in this study aims to determine the differences in the level of reproductive health knowledge between general schools and religious schools. In this study, the general school is SMA Negeri 1 Delitua, while the religious school is SMA Harapan 3 Delitua. The results can be seen in the table below.

Table 5: Independent samples test

		Levene's Test for Equality of Variances		t-test for Equality of Means		95% Confidence Interval of the Difference				
		F	Sig.	t	Df	Sig. (2- tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Reproductive Health Knowledge	Equal variances assumed	.439	.508	1.261	163	.209	1.978	1.569	-1.120	5.076
	Equal variances not assumed			1.248	149.046	.214	1.978	1.585	-1.154	5.111

Source: Primary Data, 2017

The basis of decision making in the table above is explained by Ho: and Ha:. Ho: means there is no difference between the average knowledge of reproductive health in general schools and religious schools. Meanwhile, Ha: means there is a difference between the average knowledge of reproductive health in general schools and religious schools. From the results of the t-test, it can be seen that if the significance value or Sig. (2-tailed) > 0.05, then Ho is accepted and Ha is rejected. If the significance value or Sig. (2-tailed) < 0.05, then Ho is rejected and Ha is accepted. Thus, according to the result, the value of Sig. (2-tailed) is 0.209 > 0.05 and 0.214 > 0.05, which means Ho is accepted and Ha is rejected. From the statement, it can be concluded that there is no difference in the level of reproductive health knowledge between general schools and religious schools. These two schools turn out to have the same significant value or the answer is the same, so there is no striking difference at all. The significant value of SMA Negeri 1 Delitua is around 0.214 which is greater than 0.05, while the value on SMA Swasta Harapan 3 is 0.209, which indicates the same thing.

5. Discussion

The low level of knowledge among adolescentson reproductive and sexual health can occur because of the low level of communication between parents and adolescents. Taboo culture, shame and lack of communication skills give negative effect on communication between parents and teenagers about sexual behavior. Being open and having positive beliefs towards the parents about sexuality can influence teenagers' decisions regarding sexual behavior (Gustina, 2017). The Deputy of Family Welfare and Family Empowerment states that reproductive health will be included in the national education curriculum, so that adolescents could be taught about their reproductive health, considering that it affects premarital sexual behavior (Raudhati & Novianti, 2014). In principle, adolescent reproductive health education (PKRR) for students aims to provide therightknowledgeabout sexuality and reproduction (Citrawathi, Faktor Determinan Pelaksanaan Pendidikan Kesehatan Reproduksi Remaja (PKRR) di SMP, 2013). There are several factors that influence knowledge about reproductions, including family, peers, social media and forum or social event where informations could be processed into knowledge.

Parents do teach religious values to their children. Students at religious schools have better understanding on some religious values taught by their parents. General school is lacking of this value, especially reproductive health knowledge associated with religious teachings. It seems that in religious school, reproductive health knowledge is taught more extensively. In general school, reproductive health education is only given from subjects such as Science or Biology. Moreover, socialization on the impact of dysfunctional reproductive health is also given in religious. The impact is associated with sin or sanction hereafter.

However, the results show that both schools do not have significant differences in aspects of reproductive knowledge. This is clearly seen in the significant values. The values of SMA Negeri 1 Delitua

is around 0.214 which is greater than 0.05 value. SMA Swasta Harapan 3 has significant value of 0.209 which indicates the same thing. Thus, the difference is not large. Students in both general public school and religious school have acquired reproductive health knowledge from family, friends, girlfriends/boyfriends, and social media. However, the main sources of information for adolescents are from social media, friends and girlfriends. It is still considered a taboo for students to ask their parents or telling them stories about reproductive health. It makes both students and parents uncomfortable due to existing norm or culture.

6. Conclusion

Many problems that arise regarding sexual deviations among adolescents are caused by the low level of their knowledge about reproductive health. In addition, the culture in the community considers discussing reproductive health as taboo or inappropriate. Schools become the right media for socialization to help improving students' understanding of this knowledge. There are no significant differences on reproductive health knowledge acquired by students in general public school or religious school. As shown by the results, it turns out that these two different types of schools have the same significant value. Thus, there is no striking difference at all. The significant value of SMA Negeri 1 Delitua is around 0.214 which shows greater than 0.05 values. SMA Swasta Harapan 3 has significant value of 0.209, which indicates the same thing. Students get information about reproductive health knowledge through social media or friends. The results also imply that good communication is needed between parents and children so that families can become the main source of information regarding reproductive health. Therefore, sexual deviations can be prevented.

References

- Agrawal, S., Fatma, A., & Singh, C. M. (2007). A Study of Knowledge and Attitude of Adolescent Girls Towards Reproductive Health and Related Problems. *Indian J. Prev. Soc. Med*, 1 (2), 36-41.
- Agustina, F. M. (2008). Tinjauan Filsafat Kesehatan Reproduksi. *Jurnal Kesehatan Masyarakat*, 3 (3), 127-132.
- Aktar, B., Sarkar, M., & Jenkins, A. (2014). Exploring Adolescent Reproductive Health Knowledge, Perceptions, and Behavior, Among Students of Non-Government Secondary School Supported by BRAC Mentoring Program in Rural Bangladesh. *Journal of Asian Midwives*, 17-33.
- Basrowi, & Juariyah. (2010). Analisis Kondisi Sosial Ekonomi dan Tingkat Pendidikan Masyarakat Desa Srigading, Kecamatan Labuhan Maringgai Kabupaten Lampung Timur. *Jurnal Ekonomi dan Pendidikan*, 7 (1), 58.
- BKKBN. (2014). Retrieved Oktober 3, 2016, from Remaja Pelaku Seks Bebas Meningkat. <http://www.bkkbn.go.id/ViewBerita.aspx?BeritaID=1761>.
- Citrawathi, D. M. (2013). Faktor Determinan Pelaksanaan Pendidikan Kesehatan Reproduksi Remaja (PKRR) di SMP. *Seminar Nasional UNDIKSA III*, (pp. 316-322).
- Consuelo. (2006). *Pengantar Metode Penelitian*. Jakarta: UI Press.
- Ekasari, F. (2007). Pola Komunikasi dan Informasi Kesehatan Reproduksi Antara Ayah dan Remaja. *Jurnal Kesehatan Masyarakat Nasional*, 2 (1), 26-32.
- Fanny, N. (2015). Pengaruh Latar Belakang Pendidikan Orangtua Terhadap Pengetahuan Kesehatan Reproduksi Pada Mahasiswa Akbid Citra Medika Surakarta. *Jurnal Kebidanan dan Ilmu Kesehatan*, 39-52.
- Fatoni, Z., Astuti, Y., Seftiani, S., Augustina Situmorang, W., & Purwaningsih, S. S. (2015). Implementasi Kebijakan Kesehatan Reproduksi di Indonesia Sebelum dan Sesudah Reformasi. *Jurnal Kependudukan Indonesia*, 10 (1), 65-74.
- Gustina, E. (2017). Komunikasi Orangtua-Remaja dan Pendidikan Orangtua Dengan Perilaku Seksual Beresiko Pada Remaja. *Journal Public Health*, 6 (2), 131-136.
- Handayani, S. (2016). Pengetahuan Agama Berhubungan dengan Perilaku Seksual Pada Remaja di SMA Negeri 1 Soppeng Riaja Kab Barru. *Jurnal Kesehatan Masyarakat*, 1 (4), 1-5.
- Huriah, T., & Nisma, H. (2008). Pengaruh Pendidikan Kesehatan Reproduksi Oleh Kelompok Sebaya (Peer Group) Terhadap Pengetahuan Kesehatan Reproduksi Remaja di SMP Negeri 2 Kasihan Bantul Yogyakarta. *Jurnal Kedokteran dan Kesehatan*, 4 (2).

- Kartika, R. C., & Kamidah. (2013). Hubungan Pengetahuan Remaja Tentang Kesehatan Reproduksi dengan Perilaku Seks Pranikah Pada Siswa Kelas XI di SMA N Colomadu. *Gaster- Jurnal Kesehatan* , 77-84.
- Kurniawati, d. (2012). Hubungan Antara Komunikasi Orangtua-Anak Remaja Tentang Kesehatan Reproduksi Dengan Perilaku Seks Pranikah di SMA Negeri 1 Salaman Kabupaten Magelang. *Jurnal Unimus* , 131-139.
- Kusmiran, E. (2013). *Kesehatan Reproduksi Remaja dan Wanita*. Jakarta: Salemba Medika.
- Malleshappa, K., Krishna, S., & C, N. (2011). Knowledge and Attitude About Reproductive Health Among Rural Adolescent Girls In Kuppam Mandal: An Intervention Study. *Biomedical Research*, 22 (3), 305-310.
- Masfiah, S., Shaluhiah, Z., & Suroputro, A. (2013). Pendidikan Kesehatan Reproduksi Remaja (PKRR) Dalam Kurikulum SMA dan Pengetahuan & Sikap Kesehatan Reproduksi Siswa. *Jurnal Promosi Kesehatan Indonesia*, 8 (1), 69-78.
- Nasution, S. L. (2012). Pengaruh Pengetahuan Tentang Kesehatan Reproduksi Remaja Terhadap Perilaku Seksual Pranikah Remaja di Indonesia. *Widyaiset*, 15 (1), 75-84.
- Peter, J. H. (2003). *Service Management in Managing The Image*. Jakarta: Trisakti University.
- Prihatingrum, A. (2015). Hubungan Komunikasi Seksual Orangtua-Remaja dan Perilaku Seksual Berisiko Mahasiswa Universitas Negeri Yogyakarta. *E Jurnal Bimbingan dan Konseling* .
- Raudhati, & Novianti. (2014). Pengetahuan Kesehatan Reproduksi Dengan Sikap Remaja Tentang Seksual Pranikah. *Lentera*, 14 (10), 1-4.
- Romulo, H. M., Akbar, S. N., & Mayangsari, M. D. (2014). Peranan pengetahuan Kesehatan Reproduksi Terhadap Perilaku Seksual Remaja Awal. *Ecopsy* .
- Solikhah, & Nurdjannah, S. (2015). Knowlegde and Behaviour about Adolscent Reproductive Health in Yogyakarta. *International Journal of Public Health Science*, 4 (4), 326-331.