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The Role of Family and the Role of Teachers in Reproductive Health Literacy of Adolescent Girls in Coastal Areas in Iwoimendaa District, Kolaka Regency

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ABSTRACT

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Keywords

Role of the Family, The Role of Teachers, Reproduction of Adolescent Girls. **Introduction:** According to data from the Iwoimendaa Health Center, from July to December 2023, there were 9 teenagers who became pregnant outside of marriage. In addition, some women do not pay attention to their reproductive system so that this condition causes disorders in women's reproduction, both in the form of unpleasant odors and sexually transmitted infections. Based on this, researchers are interested in conducting research on the Role of the Family and the Role of Teachers with Reproductive Health Literacy of Adolescent Girls in Coastal Areas in Iwoimendaa District, Kolaka Regency.

Method: Analytical quantitative research with Cross Sectional Study design, independent and dependent variables are measured at the same time. The population is all female teenagers at State Islamic High School 2 Kolaka totaling 180 people and a sample of 125 teenagers, sample determination using the Slovin formula.

Result: The test of the closeness of the relationship shows a phi value = 0.076, which means that there is a very weak relationship between the role of the family and a phi value = 0.535, which means that there is a moderate relationship between the role of teachers and health literacy of adolescent girls in the coastal area of Iwoimendaa subdistrict, Kolaka district.

Conclusion: There is a relationship between the role of the family and the role of teachers with health literacy of adolescent girls in the coastal area of Iwoimendaa sub-district, Kolaka district.

Introduction

Health literacy is the ability of each individual to obtain and process health information in carrying out preventive measures against disease as a provision in making the right health decisions.^[1] Lack of literacy is a major cause of social inequality in society. Health literacy plays a vital role in health promotion and is closely linked to community empowerment.^[2] Individuals who

have good health literacy will be able to maintain their health. Likewise, if the community has good health literacy, then the degree of health (quality of life) will also be good. This includes reproductive health literacy.^[3]

One of the important indicators in the success of health development in a country's society is health status, including reproductive health.^[4] Reproductive health issues are not merely a condition of being free from disease or disability of the system or organs and their functions in a human reproductive process, but reproductive health is said to be good and healthy, a condition in which an individual, both physically, mentally and socially, is in a complete and comprehensive condition.^[5]

The current adolescent population is increasing rapidly and must be a shared concern. Based on data from the World Health Organization (WHO), the total adolescent population is around 16% of the world's population, which is 1.2 billion, with the largest distribution in the Asian continent of 650 million people.^[6] Based on data from the Central Statistics Agency (BPS), the number of teenagers in Indonesia is 46 million people or 17.2% of the population and in East Kalimantan the number of teenagers is around 594,100 people.^[7]

Based on data from the Central Statistics Agency (BPS) of Southeast Sulawesi, the number of teenagers is around 246,034 people, of which around 126,966 are male teenagers and around 119,068 are female teenagers. The high percentage of teenagers in Indonesia must be accompanied by the provision of reproductive health education to prevent teenagers from ignoring reproductive health which can endanger themselves.^[8]

Based on the results of WHO (World Health Organizations) research, it is estimated that currently 27% - 30% of teenagers in the world are between 10-24 years old and 83% of them are in developing countries. And as many as 80 million teenage girls stated that they had had premarital sex which would cause reproductive disorders. With 42 million cases of unwanted pregnancy, 20 million abortions, 340 million STIs and 3,174 cases of sexual violence. This is due to the incorrect source of information obtained by teenagers, therefore teenagers need to get the right knowledge information, in order to have a correct and precise understanding.^[9]

The results of the 2017 Indonesian Demographic and Health Survey of 22,583 teenagers showed that 0.9% of female teenagers and 3.6% of male teenagers had premarital sex. The highest number of first-time sexual intercourse in male and female teenagers was at the age of 17, namely 28.3% of men and 31% of women, then at the age of 16, 22.9% of men and 11.9% of women, and data showed that 16.4% of female teenagers had experienced unwanted pregnancies.^[10] Sexual intercourse at a very young age increases the possibility of someone being infected with HIV, especially if it involves risky sexual partners or multiple partners and low condom use. In addition to the risk of HIV, having sex too early in adolescence also has an impact on unsafe abortions, early marriages, and giving birth at a very young age.^[11]

According to the 2013 Indonesian Demographic and Health Survey data, Southeast Sulawesi province is one of the areas with the highest percentage of teenagers who engage in premarital sexual behavior. Teenagers in Kendari City, both male and female, 71% and 71% respectively admitted to having had a boyfriend. Overall, out of 14,681 male and female teenagers who had had a boyfriend, 4% had had sexual intercourse.^[10]

Every day, 100 teenagers have abortions due to pregnancy outside of marriage. If calculated per year, 36 thousand fetuses are killed by teenagers from their wombs. This shows that free sex among Indonesian teenagers is currently very concerning. A survey by the University of Indonesia Health Research Center found that the number of abortion cases in Indonesia each year reaches 2.3 million and 30% of them are carried out by teenagers.^[12]

Data from Southeast Sulawesi province in 2014, the number of women was 1,112,566 and the number of teenagers was 122,869 with 984 cases of vaginal discharge. In 2015, the number of women was 1,220,287 and the number of teenagers was 210,549 with 1024 cases of vaginal discharge. While in 2016, the number of women was 3,210,980 and the number of teenagers was 295,780 with 2086 cases of vaginal discharge.^[13] The Southeast Sulawesi National Population and Family Planning Board in 2013 stated that 60% of unmarried teenage respondents surveyed admitted to having had an abortion when experiencing an unwanted pregnancy.

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Kolaka district data in 2024, the target number of women is 120,862 people and the number of teenage girls is 9,526 people, there were 549 cases of vaginal discharge. Overall, out of 9,526 teenage girls, 5% have had premarital sex. Meanwhile, data in the Iwomendaa sub-district shows that the number of teenagers is 674 people, including 336 boys and 336 girls, where the incidence of vaginal discharge is 112 cases. This is due to the unpredictable tropics which are always hot all the time because they are in coastal areas. As a result, the body automatically sweats often. This condition increases the body's moisture levels, especially in the closed and folded reproductive organs. And according to data from the Iwoimendaa Health Center, from July to December 2023 there were 9 teenagers who became pregnant out of wedlock. In addition, some women do not pay attention to their reproductive system so that this condition causes disorders in women's reproduction, both in the form of unpleasant odors and sexually transmitted infections.

Of the various types of problems seen by young people related to reproductive health, it is believed that schools, health centers, parents and related sectors have a great influence on the reproductive health knowledge of young women.^[14] Based on the data above, the researcher is interested in conducting research on the Role of the Family and the Role of Teachers in Reproductive Health Literacy of Adolescent Girls in Coastal Areas in Iwoimendaa District, Kolaka Regency.

Method

Analytical quantitative research with Cross Sectional Study design, independent and dependent variables are measured at the same time. The population is all female teenagers at MAN 2 Kolaka totaling 180 people and a sample of 125 teenagers, sample determination using the Slovin formula, Sample determination for female students is done using the Slovin formula, because there are 2 high schools in Iwoimendaa District, Kolaka Regency that are the population. The sampling method used in this study is simple random sampling, namely taking sample members from the population randomly without paying attention to the strata in the population.^[15]

Result

Table 1 shows that out of 125 respondents studied, there were 24 respondents with less family role and there were 101 respondents with sufficient family role. Furthermore, out of 24 respondents with less family role, there were 24 respondents with high health literacy and there were no respondents with low health literacy. Among 101 respondents with sufficient family role, there were 89 respondents with high health literacy and 12 respondents with low health literacy. This means that respondents with sufficient family role have more high health literacy. The results of the correlation test showed a phi value = 0.076, which means that there is a very weak relationship between family role and health literacy of adolescent girls in the coastal area of Iwoimendaa sub-district, Kolaka district.

Table 2 shows that out of 125 respondents studied, there were 23 respondents with a less teacher role and there were 102 respondents with a sufficient teacher role. Furthermore, out of 23 respondents with a less teacher role, there were 3 respondents with low health literacy and 20 respondents with high health literacy. Among the 102 respondents with a sufficient teacher role, there were 9 respondents with low health literacy and 93 respondents with high health literacy. This means that respondents with a sufficient teacher role have more high health literacy. The results of the relationship closeness test showed a phi value = 0.535, which means that there is a moderate relationship between the role of teachers and the health literacy of adolescent girls in the coastal area of Iwoimendaa sub-district, Kolaka district.

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Table 1.
The Role of Families in Health Literacy of Adolescent Girls in Coastal Areas
in Iwoimendaa District, Kolaka Regency

Role of Family	Health literacy				Total		
	Low		Tall		Total		Phi
	n	%	n	%	n	%	
Not enough	0	0	24	100	24	100	
Enough	12	11.9	89	88.1	101	100	0.076
Total	12	29.3	113	90.4	125	100	

 Table 2.

 The role of teachers in health literacy of Adolescent Girls in Coastal Areas in Iwoimendaa District, Kolaka Regency

The Role of Teachers	Health literacy				Total		
	Low		Tall		Total		Phi
	n	%	n	%	n	%	
Not enough	3	13	20	87	23	100	
Enough	9	8.8	93	91.2	102	100	0.535
Total	12	9.6	113	90.4	125	100	

Discussion

The role of the family in reproductive health literacy of adolescent girls

The family is seen as an institution that can fulfill human needs, especially the needs for the development of personality and the development of the human race. If we relate the role of the family to efforts to fulfill individual needs, then the family is an institution that fulfills these needs.^[16] Based on family systems theory, the family is conceptualized as an interconnected system in which members exchange information, perspectives, and emotions, and thereby influence one another.^[17] Family influence on health literacy is an important factor that has received little attention. Family members play a vital role in promoting healthy lifestyles by facilitating access to health resources, developing health-related skills, and increasing understanding of healthrelated issues.^[18]

Based on the results of the research and data analysis on the role of the family in relation to health literacy in adolescent girls, it shows that of the 125 respondents studied, there were 101 respondents with sufficient family roles and 24 respondents with inadequate family roles.

From the questionnaire data, it shows that respondents with sufficient family roles because parents tell their children what the consequences of free association are, supervise and always pay attention to their children's behavior and always warn them to change pads during menstruation. And respondents with less family roles where their parents do not tell their children the consequences of free association, do not always warn their children to routinely change pads during menstruation and do not tell them what changes occur during adolescence.

Furthermore, out of 101 respondents with sufficient family roles, there were 89 respondents with high health literacy and 12 respondents with low health literacy. Among the 24 respondents with insufficient family roles, there were 24 respondents with high health literacy and no respondents with insufficient health literacy. This

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means that respondents with sufficient family roles have higher health literacy.

And according to the data, there are respondents whose family roles are low but their literacy is high because their parents never told their children about the impact of free sex, but they very easily understand and get information that not menstruating is one of the signs of pregnancy.

And there are respondents whose family roles are sufficient but their literacy is low because their parents always pay attention to and supervise their children's behavior and tell them about the impacts of free association but do not explain about deliberate abortion which risks causing damage to the uterus, infection and complications in the reproductive organs.

The results of the correlation test showed a phi value of 0.076, which means that there is a very weak relationship between the role of the family and health literacy of adolescent girls in the coastal area of Iwoimendaa sub-district, Kolaka district. Because parents tell their children what the consequences of free association are, supervise and always pay attention to their children's behavior and always warn them to change pads during menstruation, then respondents find it very easy to understand that adolescent girls usually change pads 2-3 times a day during menstruation.

Research shows that individuals who benefit from higher levels of family involvement in health issues are more likely to receive health-related support and care from family relationships. This support contributes to their increased levels of health literacy, thereby reducing the likelihood of developing reproductive health problems, especially in adolescents.^[19]

This research is in line with other research, that there is a relationship between reproductive health literacy and the role of the family in female students of Senior High School 10 Fajar Harapan Banda Aceh in 2022 with a p-value of 0.000.^[20] According to a study, who found that mothers play a greater role than other individuals in terms of reproductive health, and that children talk more about their difficulties on a regular basis.^[21]

The role of teachers in reproductive health literacy of adolescent girls

Students' health literacy is shaped and influenced by their social cognitive mediators.^[22] This cognitive social mediator is a learning process or internalized value. Therefore, the learning process or increasing student health literacy is important to grow and develop, and teacher health literacy is needed as one of the learning resources.

Teachers have an important role in providing reproductive health information and education for adolescents. After parents, teachers are the second person who spends the most time and has the maximum opportunity to communicate and educate adolescents in this important aspect of life.^[23]

Teenagers, especially the early adolescent group, spend a lot of time at school and idolize their teachers as role models.^[23] Therefore, teachers can be the best counselors for the various physical and mental changes that occur during this age period. Other studies have also found that teachers are the main source of information about reproductive health after friends.

Based on the results of the study and data analysis, it shows that out of 125 respondents studied, there were 102 respondents with sufficient teacher roles and 23 respondents with insufficient teacher roles. Where according to respondent data, the teacher's role is sufficient because teachers always provide information about maintaining cleanliness during menstruation, to avoid juvenile delinquency such as brawls, alcohol, promiscuity and drugs, while for respondent data, the teacher's role is lacking because teachers rarely provide information about sexually transmitted diseases and adolescent reproductive health.

Furthermore, out of 102 respondents with sufficient teacher roles, there were 93 respondents with high health literacy and 9 respondents with low health literacy. Among the 23 respondents with insufficient teacher roles, there were 20 respondents with high health literacy and there were 3 respondents with insufficient health

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literacy. This means that respondents with sufficient teacher roles have higher health literacy.

According to the data results, there are respondents whose teacher's role is lacking and their literacy is high because teachers rarely provide information to students about physical changes in adolescents and sexually transmitted diseases, but they very easily understand that adolescent reproductive health is a health condition that concerns reproductive organ problems, the readiness of which begins at adolescence, marked by the first menstruation in female adolescents.

And there are also respondents who say the role of teachers is sufficient and their literacy is low because teachers always provide information about sexually transmitted diseases but it is very difficult to understand that deliberate abortion is at risk of causing damage to the uterus, infection and complications in the reproductive organs.

The results of the correlation test showed a phi value of 0.535, which means there is a moderate relationship between the role of teachers and health literacy of adolescent girls in the coastal area of Iwoimendaa sub-district, Kolaka district. Because teachers always provide information about maintaining cleanliness during menstruation, to avoid juvenile delinquency such as brawls, alcohol, free association and drugs and students very easily understand that adolescent girls during menstruation usually change pads 2-3 times a day and it is very easy to understand that cleaning the genitals properly is by wiping from front to back.

Although the potential of teachers as a source of reproductive health information for adolescents is great, their role is not yet optimal. This is as shown in the results of a study in Bangladesh which found that students and teachers felt uncomfortable with learning about reproductive health issues in the classroom.^[24] The results of another study conducted on high school teachers in Semarang City showed that although teachers have a good perception of reproductive

health education, teachers are still reluctant and taboo when teaching sex education.^[24]

This research is in line with other research, with a p-value of 0.046, this study shows that female students at Senior High School 10 Fajar Harapan, Banda Aceh City in 2022 have a relationship between teacher support and reproductive health literacy.^[20] According to research, adolescents especially those in the early youth group are working hard in their studies and look to their teachers as role models, teachers can be ideal counselors. Other research findings confirm this, with teachers, following peers, being the primary source of knowledge about reproductive health. Although there are many opportunities for teachers to educate adolescents about reproductive health, this is not seen as the best approach.^[25]

Conclusion

There is a relationship between the role of the family and the role of teachers with the health literacy of adolescent girls in the coastal area of Iwoimendaa sub-district, Kolaka district. So that the health center in the working area of Iwoimendaa sub-district should always be active in conducting socialization related to reproductive health, especially for adolescent girls, because adolescent girls are the most disadvantaged.

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