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

Yusniatin, Ratna Umi Nurlila, Ari Nofitasari

Mandala Waluya University, Indonesia

Correspondence: niayusniatinstrkebmkm@gmail.com

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ABSTRACT

Introduction: According to data from the Iwoimendaa Community Health Center, nine teenagers became pregnant outside of marriage between July and December 2023. Furthermore, some women neglect their reproductive systems, leading to reproductive health problems, including unpleasant odors and sexually transmitted infections. Therefore, the researchers investigated the role of families and teachers in improving reproductive health literacy among adolescent girls in the coastal areas of Iwoimendaa District, Kolaka Regency.

Method: This quantitative analytical research used a cross-sectional study design, with independent and dependent variables measured simultaneously. The population was all 180 female adolescents at State Islamic High School 2 Kolaka, and the sample consisted of 125 adolescents. The sample was determined using the Slovin formula.

Result: The correlation test shows a phi value of 0.076, which means there is a very weak relationship between the role of the family and 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.

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 for making appropriate

health decisions.^[1] Lack of literacy is a major cause of social inequality in society. Health literacy plays a crucial role in health promotion and is closely linked to community empowerment.^[2] Individuals with good health

literacy will be able to maintain their health. Likewise, if the community has good health literacy, its health status (quality of life) will also improve. 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 state 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 where an individual, both physically, mentally and socially, is in a complete and comprehensive condition.^[5]

The current adolescent population is growing rapidly and should be a matter of shared concern. According to World Health Organization (WHO) data, adolescents constitute approximately 16% of the world's population of 1.2 billion, with the largest distribution in Asia, at 650 million.^[6] Based on data from the Central Statistics Agency, 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]

According to data from the Central Statistics Agency in Southeast Sulawesi, the number of adolescents is approximately 246,034, with approximately 126,966 boys and 119,068 girls. The high percentage of adolescents in Indonesia must be accompanied by reproductive health education to prevent them from neglecting their reproductive health, which could lead to self-harm.^[8]

Based on research by the WHO (World Health Organization), it is estimated that currently 27% - 30% of adolescents worldwide are aged between 10-24 years and 83% of them are in developing countries. And as many as 80 million adolescent girls stated that they have had premarital sexual relations which will cause reproductive disorders. With cases of unwanted pregnancies reaching 42 million, abortions reaching 20 million, STIs reaching 340 million and sexual violence reaching 3,174 cases. This is due to the inaccurate sources of information that adolescents receive, therefore adolescents need to receive correct information and knowledge, so they have a correct and accurate understanding.^[9]

The results of the 2017 Indonesian Demographic and Health Survey of 22,583 adolescents showed that 0.9% of female adolescents and 3.6% of male adolescents had engaged in premarital sex. The highest rates of first sexual intercourse among male and female adolescents were at age 17, at 28.3% of males and 31% of females, respectively. Then at age 16, at 22.9% of males and 11.9% of females, data showed that 16.4% of female adolescents had experienced an unwanted pregnancy.^[10] Having sex at a very young age increases the risk of HIV infection, especially if it involves high-risk sexual partners or multiple partners and low condom use. In addition to the risk of HIV, having sex too early in adolescence also leads to unsafe abortions, early marriage, and early childbirth.^[11]

According to 2013 Indonesian Child Health Survey data, Southeast Sulawesi province is one of the regions with the highest percentage of adolescents engaging in premarital sexual behavior. Of adolescents in Kendari City, both male and female, 71% and 71%, respectively, admitted to having had a boyfriend or girlfriend. Overall, of the 14,681 male and female adolescents who had had a boyfriend or girlfriend, 4% had engaged in sexual intercourse.^[12]

Every day, 100 teenagers undergo abortions due to premarital pregnancies. Annually, 36,000 fetuses are killed by teenagers. This demonstrates the alarming prevalence of promiscuity among Indonesian teenagers. A survey by the University of Indonesia's Health Research Center found that the number of abortions in Indonesia reaches 2.3 million annually, with 30% of these cases involving teenagers.^[12]

According to data from Southeast Sulawesi province in 2014, the number of women was 1,112,566 and the number of adolescents was 122,869, with 984 cases of vaginal discharge. In 2015, the number of women was 1,220,287 and the number of adolescents was 210,549, with 1,024 cases of vaginal discharge. In 2016, the number of women was 3,210,980 and the number of adolescents was 295,780, with 2,086 cases of vaginal discharge.^[13] On 2013 in the Southeast Sulawesi that 60% of unmarried teenage respondents surveyed admitted to having had an abortion when experiencing an unwanted pregnancy.

Kolaka Regency data for 2024 shows that the target population is 120,862 women and 9,526 adolescent girls, with 549 cases of vaginal discharge. Overall, of the 9,526 adolescent girls, 5% have engaged in premarital sex. Meanwhile, data from Iwomendaa District shows that there are 674 adolescent girls, including 336 boys and 336 girls, with 112 cases of vaginal discharge. This is due to the unpredictable tropical climate, which is always hot throughout the year due to the coastal area. As a result, the body automatically sweats frequently. This condition increases body moisture levels, especially in the closed and folded reproductive organs. According to data from the Iwomendaa Community Health Center, from July to December 2023, nine adolescent girls became pregnant out of wedlock. Furthermore, some women neglect their reproductive systems, leading to reproductive health problems, including 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 cross-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 adolescents at State Islamic High School 2 Kolaka totaling 180 people and a sample of 125 adolescents, 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 which 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 of the 125 respondents studied, there were 24 respondents with insufficient family roles and 101 respondents with sufficient family roles. Furthermore, of the 24 respondents with insufficient family roles, there were 24 respondents with high health literacy and there were no respondents with low health literacy. Among the 101 respondents with sufficient family roles, there were 89 respondents with high health literacy and 12 respondents with low health literacy. This means that respondents with sufficient family roles had more high health literacy. The results of the relationship closeness test showed a phi value = 0.076, which means there is a very weak relationship between family roles and health literacy of adolescent girls in the coastal area of Iwoimendaa sub-district, Kolaka district.

Table 2 shows that of the 125 respondents studied, there were 23 respondents with insufficient teacher roles and 102 respondents with sufficient teacher roles. Furthermore, of the 23 respondents with insufficient teacher roles, there were 3 respondents with low health literacy and 20 respondents with high health literacy. Among the 102 respondents with sufficient teacher roles, there were 9 respondents with low health literacy and 93 respondents with high health literacy. This means that respondents with sufficient teacher roles had higher health literacy. 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 the health literacy of adolescent girls in the coastal area of Iwoimendaa sub-district, Kolaka district.

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

The Role of the Family	Health literacy				Total		Phi
	Low		Tall		n	%	
	n	%	n	%			
Not enough	0	0	24	100	24	100.0	0.076
Enough	12	11.9	89	88.1	101	100.0	
Total	12	29.3	113	90.4	125	100.0	

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		Phi
	Low		Tall		n	%	
	n	%	n	%			
Not enough	3	13	20	87	23	100.0	0.535
Enough	9	8.8	93	91.2	102	100.0	
Total	12	9.6	113	90.4	125	100.0	

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, particularly those for personality development 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 those 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] The family's influence on health literacy is an important factor that has received little attention. Family members play a crucial role in promoting healthy lifestyles by facilitating access to health resources, developing health-related skills, and increasing understanding of health-related issues.^[18]

Based on the results of 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 there were 24 respondents with inadequate family roles.

From the questionnaire data, it shows that respondents with sufficient family roles because their 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 sanitary napkins 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 regularly change sanitary napkins during menstruation and do not tell them what changes occur during adolescence.

Furthermore, of the 101 respondents with sufficient family involvement, 89 had high health literacy and 12 had low health literacy. Among the 24 respondents with insufficient family involvement, 24 had high health literacy and none had low health literacy. This indicates that respondents with sufficient family involvement had 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 easily understand and get information that not menstruating is a sign of pregnancy.

And there are respondents whose family role is 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 there is a very weak relationship between the role of the family and the 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 sanitary napkins during menstruation, then respondents easily understand that adolescent girls during menstruation usually change sanitary napkins 2-3 times a day.

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 members. This support contributes to increased health literacy, thereby reducing the likelihood of developing reproductive health problems, particularly among adolescents.^[19]

This research is in line with other research, that there is a relationship between reproductive health literacy and family roles in female students of State Senior High School 10, Fajar Harapan City, Banda Aceh in 2022 with a p-value of 0.000.^[20] In accordance with a study by Emilia and Prabandari, which found that mothers play the biggest role compared to 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 social cognitive mediator is the learning process or internalized values. Therefore, the learning process or improving students' health literacy is important, and teacher health literacy is needed as a learning resource.

Teachers play a crucial role in providing reproductive health information and education to adolescents. After parents, teachers are the second

most likely individuals to spend the most time with and have the greatest opportunity to communicate with and educate adolescents in this important aspect of life.^[23]

Teenagers, especially early adolescents, 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 primary source of information about reproductive health after peers.

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

Furthermore, of the 102 respondents with sufficient teacher involvement, 93 had high health literacy and 9 had low health literacy. Of the 23 respondents with insufficient teacher involvement, 20 had high health literacy and 3 had low health literacy. This indicates that respondents with sufficient teacher involvement had higher health literacy.

And 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 female students about the physical changes of a teenager and about sexually transmitted diseases, but they very easily understand that adolescent reproductive health is a health condition that concerns reproductive organ problems, whose readiness begins from adolescence, marked by the first menstruation in female teenagers or wet dreams for male teenagers.

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 for them to understand that deliberate

abortion carries the 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 hygiene during menstruation, to avoid juvenile delinquency such as brawls, alcohol, promiscuity and drugs and students very easily understand that adolescent girls during menstruation usually change sanitary napkins 2-3 times a day and very easily understand that cleaning the genitals properly is by wiping from front to back.

Despite the significant potential of teachers as sources of reproductive health information for adolescents, their role is still not optimal. This is demonstrated by research in Bangladesh, which found that both students and teachers felt uncomfortable 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 research conducted by Rahmadhani et al., with a p-value of 0.046, this study shows that female students at Public High School 10 Fajar Harapan, Banda Aceh City, in 2022, had a positive relationship between teacher support and reproductive health literacy.^[20] According to research by Diniaty, adolescents especially those in early adolescence, strive for academic success and view their teachers as role models. Other research findings confirm this, with teachers, following their peers, being the primary source of knowledge about reproductive health. While there are many opportunities for teachers to educate adolescents about reproductive health, this is not considered the best approach.^[25]

Conclusion

There is a relationship between the role of the family and teachers in the health literacy of adolescent girls in the coastal area of Iwoimendaa

sub-district, Kolaka Regency. Therefore, the community health centers in the Iwoimendaa sub-district should actively promote reproductive health, especially for adolescent girls, as they are the most vulnerable.

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