


Original Research Paper

The Relationship of Cadre Formation to Increasing Reproductive Health Knowledge at Miftahul Huda Tasikmalaya Islamic Boarding School

Siti Arifah^{1,a,*} , Sylvia Faridatulhuda^{1,b}, Luluk Khusnul Dwihestie^{1,c}

¹Midwifery Study Program, Faculty of Health, University 'Aisyiyah Yogyakarta, Jl. Siliwangi (Ring Road Barat) No. 63 Nogotirto, Gamping, Sleman, Yogyakarta. 55292, Indonesia

 ^asylviafaridatulhuda@gmail.com

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Abstrak

Reproductive Health is a serious problem that is often experienced throughout the life cycle that has become a concern for the government. The formation of adolescent cadres is one form of extension of health workers in conveying reproductive health information. This study aims to determine the formation of adolescent cadres to increase reproductive health knowledge at Miftahul Huda Tasikmalaya Islamic Boarding School, West Java. This research design uses pre-experimental research with one group pretest-posttest design. The data collection technique in this study used a total sampling technique totaling 40 active adolescent students as administrators of Islamic boarding school health posts. The data collection tool in this study was a questionnaire that had been tested for validity and reliability with results of 0.850. The data collection method is carried out using primary data and secondary data. Data analysis using univariate and bivariate analysis with Wilcoxon test. The results of this study show that there is an influence of the formation of adolescent cadres by providing reproductive health counseling on increasing reproductive health knowledge at Miftahul Huda Islamic Boarding School, Manonjaya Tasikmalaya with Wilcoxon's statistical test producing $P 0.000 < (p 0.05)$. There is a significant influence on increasing reproductive health knowledge at Miftahul Huda Islamic Boarding School, Manonjaya Tasikmalaya. It is hoped that adolescent cadres can pass on reproductive health information to their peers so that they can improve adolescent reproductive health.

Keywords : formation of adolescent cadres, increased knowledge, reproductive health.

1. Introduction

Teenagers are candidates for the next generation of the nation who have a great influence on all forms of actions taken. Adolescents are included in the community groups that most often have problems ranging from social problems, behavior, to reproductive health (Wirenviona, R. & Riris, I. D. C, 2020).

According to the World Health Organization (WHO), adolescents are people who are still classified as vulnerable aged 10-19 years. Adolescents according to the Ministry of Health of the Republic of Indonesia in 2009, adolescents are those aged 12-25 years. As for adolescents according to the National Population and Family Planning Board (BKKBN), adolescents are those who are classified as aged 10-24 years and are still unmarried (Ministry of Health, 2016).

Adolescence will experience biological maturity, and the characteristic of adolescents is to have a great sense of curiosity, love adventure and challenges and tend to dare to bear risks without being preceded by mature thinking. This condition can put adolescents in a vulnerable condition if adolescents are not equipped with the right information about the process of mental development and adolescent health (Wirenviona, R. & Riris, I. D. C, 2020).

The rapidly growing problem of adolescents in Indonesia has not been fully reflected in national policy. These include child marriage, high maternal mortality among adolescents, high prevalence of HIV and AIDS, drug abuse, sexual violence and reproductive health (WHO, 2021).

Reproductive health has become a concern for the government. Where reproductive health is one of the serious problems that are often experienced throughout the life cycle. The target of the reproductive health program is all adolescents and families, the goal is to have healthy and responsible behavior (Abrori, Hernawan and Ermulyadi, 2017)

Menstruation is one of the reproductive health problems that are often experienced by adolescents. About 28% of women get their first period by age 13, followed by 26% by age 12 and 23% age 14 years (IDHS, 2017). Menstruation is the discharge of the endometrial lining where, the unfertilized ovum from the reproductive tract in the form of blood. One of the reproductive health disorders associated with menstruation is Dysmenorrhea. (Mouliza, 2020).

The number of dysmenorrhea in the world is very large. More than 50% of women in every country have dysmenorrhea. In the United States an estimated 90% of women have dysmenorrhea and 10-15% have severe dysmenorrhea, which results in being unable to perform any activities and thus reducing quality of life. In the United States, women lose 1.7 million days of work each month to dysmenorrhea. Dysmenorrhea causes 14% of adolescents to be absent from school and do not undergo daily activities (WHO, 2015)

Another reproductive health problem experienced by women is vaginal discharge. In Indonesia, about 90% of women have the potential to experience vaginal discharge, because Indonesia has a tropical climate. The fungus easily develops and results in many cases of vaginal discharge. The results of previous studies, about 31.8% of women aged 15-24 years experienced vaginal discharge. As many as 75% of women have experienced vaginal discharge at least once in their lives and 45% experience vaginal discharge twice or more. Vaginal discharge is at risk of infection that enters the uterus to the ovaries if not treated immediately and it causes fatal events. The adolescent population continues to increase, causing the need for health services for adolescents to become a concern in all corners of the world. Adolescents often lack basic information about reproductive health and access to health services that are affordable, confidential and come from sources that can be accounted for. (Abrori, Hernawan and Ermulyadi, 2017).

WHO (2021), Recommends campaigns and promotes and encourages adolescents to go to health facilities. Health workers are required to have a plan for specific developments related to adolescent or reproductive health education. Government Regulation of the Republic of Indonesia Number 61 of 2014 article 3 states that everyone has the right to get quality, safe, and accountable health services in order to be able to give birth to a healthy and quality generation

The results of the 2017 Indonesian Health Demographic Survey (IDHS), related to Adolescent Reproductive Health Knowledge (KRR) show that 32% of adolescent girls aged 14-24 years, do not know the place that is the source of reproductive health information. The majority of adolescent girls discuss reproductive health with peers as much as 62%, which is the highest percentage compared to discussing with family, teachers or health workers. Percentage Women and men who received lessons on reproductive health reached (59% and 55%), family planning (12% and 11%), while HIV AIDS (48% and 46%) and first time were most likely among those with junior high school education (SDKI, 2017).

Adolescent cadres are a group of adolescents from the community and selected by the community and trained by health workers to deal with all forms of adolescent health problems so as to be able to establish cooperation by collaborating and coordinating with health services. The influence and role of peers in making decisions related to reproductive health can be optimized by health workers in adolescent care health programs with the formation of adolescent cadres (Isnawati and Yunita, 2019).

The role of adolescent cadres can be an extension of health workers in maintaining, improving, and preventing the emergence of various diseases that exist in the community. In addition, cadres can also detect public health conditions so that they can provide early care and treatment (Isnawati and Yunita, 2019).

Reproductive health problems in Islamic boarding schools are still high, considering that knowledge about reproductive health is still low, and attitudes towards reproductive health are lacking. Thus, around 68% of adolescents in Islamic boarding schools experience problems in reproductive health (Nisa Mairo, Rahayuningsih and Purwara, 2015).

The lack of information possessed by teenagers in Islamic boarding schools is influenced by the prohibition to have Mobile, laptops, television, Internet use and other means of communication. Thus, information about reproductive health is only obtained from friends and the environment that cannot be accounted for (Halima, Raman, 2014).

God commands people to counsel one another and give the true message. Where, those who believe and do righteous deeds, exhort each other to obey the truth and the advice advises to keep patience (Q.S.Al-'Ashr; 3).

The results of a preliminary study by interviewing one of the administrators at Miftahul Huda Tasikmalaya Islamic Boarding School which was established in 1967 are one of the Salafi Islamic boarding schools with thousands of alumni spread across Indonesia. Apparently, there has been no special education and provision of comprehensive reproductive health materials to the management even from the local health center. Although in Pesantren there are already health workers General Practitioners, Midwives and Nurses, health workers are not always in the pesantren environment and Midwives only provide services on Fridays and Saturdays. Meanwhile, reproductive health problems commonly experienced by students are Urinary Tract Infections, Vaginal Discharge, Dysmenorrhea and Late Menstruation. In 2021, there were 5 female students who had Urinary Tract Infections and 1 female student who had secondary amenorrhea. Meanwhile, in 2022 from January – May there are 15 female students who have Urinary Tract Infections.

From the data obtained, it is necessary to conduct education and guidance related to reproductive health in Islamic boarding schools because the results of previous studies, it turns out that the need for information about reproductive health is very large while the available information is very lacking (Nisa Mairo, Rahayuningsih and Purwara, 2015). Therefore, the formation of adolescent health cadres is one of the most appropriate solutions to increase reproductive health knowledge (Astutiningrum, Riyanti and Ernawati, 2022).

2. Method

The type of research used is quantitative research with Pre-Experimental Design. The design of this study is one group pretest-posttest design , which is a design that does not have a comparison group (control). The independent variable in the study was the formation of adolescent cadres and the dependent variable was reproductive health knowledge. The data collection technique is to use questionnaires that have been tested for validity and reliability which are then analyzed using the Wilcoxon test.

2.1 Research Design

The type of research used is quantitative research by design Pre Experiment Design. Where, there are still external variables that affect the formation of dependent variables. The type of design of this study is One Group Pretest-Posttest Design i.e. a design that does not have a comparison group (control), but has made the first observation (Pretest) that might test for changes that occur after an experiment or program (Sulistyaningsih, 2011).

2.2 Research Variables

Variable is a form set by the researcher studied with a scheme so that information is obtained in the form of data and processed with statistics so that conclusions can be drawn (Sujarweni, 2016). The independent variable is a variable that affects other variables, meaning that if the independent changes its diet will result in changes in other variables (Sugiyono, 2015). In this study the independent variable was the formation of adolescent cadres. The dependent variable is an affected variable, meaning that the dependent variable changes due to changes in the dependent variable is reproductive health knowledge. Variations of confounding in research include work, interests, culture and environment, social emotions, mass media.

2.3 Operational Definition

Table 1. Operational Definition

No	Operational Definition	Measuring Instruments	How to Measure	Measurement Results	Scale
1	Formation of Santri Youth Cadre	Counseling Event Unit, PPT, Leaflet, Module.	Reproductive Health Education	-	
2	The level of knowledge is seen from the results of adolescent knowledge scores before and after being given menstrual health management material.	Questionnaire	Fill out the questions in the questionnaire with true and false statements. 1= If the answer is correct, 0 = If the answer is incorrect.	1. Good, if the answer score is correct 80-100 %. 2. Enough, if the answer score is correct 60-79 % 3. Low if score <60%. (Bloom Theory)	Ordinal

(Sugiyono, 2010).

2.4 Sample

The sampling technique used in this study uses the Technique Total Sampling . Total Sampling is a type of sampling in total where in this study the sample amounted to 40 people who met the inclusion and exclusion criteria.

2.5 Data Collection Tools and Methods

The tool used in the data collection method is a questionnaire of 17 questions that have been tested for validity and reliability with a value of 0.850. Questionnaire form using close ended That is, with an answer that has been determined by choosing a true or false answer and not given the opportunity to give another answer. Incorrect questions are given a score of 0 and correct questions are given a score of 1. Data collection methods using Techniques pretest and posttest by providing counseling after filling out pretest. Analysis of the result data is carried out by test Wilcoxon.

3. Result and Discussion

3.1. Result Research Site Overview

Miftahul Huda Islamic Boarding School is an Islamic boarding school located in Tasikmalaya Regency, precisely in Pasir Panjang Embassy, Kalimanggis Village, Manonjaya District. Miftahul Huda Islamic Boarding School is categorized as a traditional pesantren with the method of yellow book education and Sorogan. Based on information obtained at the Miftahul Huda Islamic Boarding School, the number of students was 4,370 with an age range of 9-32 years, of which 2570 female students and 1,800 male students.

Miftahul huda Islamic Boarding School has several areas of specialization that support the creativity of its students in the fields of da'wah and communication, entrepreneurship, agriculture, and art. In terms of health, Islamic boarding schools already have health post facilities with General Practitioners, Nurses and Midwives

which only on Fridays open health services. There is no field of specialization that facilitates students to find out health information, making it possible for the formation of reproductive health cadres as a place for adolescents to get comprehensive health information.

3.2. Characteristics of Respondents

The respondents in this study were 40 adolescent girls aged 18-21 years who were registered as administrators of Islamic boarding school health posts at Miftahul Huda Tasikmalaya Islamic Boarding School.

Table 2. Repondent characteristics by age

No	Age (Years)	Total (N)	Percentage (%)
1	18	6	15
2	19	14	35
3	20	13	32,5
4	21	7	17,5
	Sum	40	100

(Secondary,2023)

Based on table 2 above, the most respondents are 19 years old, namely 14 people (35%) and respondents at least 18 years old as many as 6 people (15%).

3.3. Discussion Univariate Analysis

Univariate analysis in this study consists of dependent variables and independent variables, namely the formation of adolescent cadres to increase reproductive health knowledge, through counseling by taking preliminary data Pre Test and final data post test which was conducted on Friday, September 25, 2022. As for the description of the results Post and Pre Test regarding the reproductive health of adolescent students at Miftahul Huda Islamic boarding school as follows:

Table 3. Frequency distribution of Pre Test and Post Test results of reproductive health counseling

Classification	Score	Pre Test		Post Test	
		Frequency	%	Frequency	%
Good	>80	5	12,5	29	72,5
Enough	79-60	28	70	11	27.5
Less	<60	7	17,5	0	0
Total		40	100	40	100

(Primary,2023)

Based on table 3, it shows that out of 40 respondents after being given reproductive health counseling, there was an increase in the good category of 45% and no adolescents received less score scores.

Table 4. Frequency distribution of Pre-Test and Post-Test results of reproductive health counseling

Knowledge	N	Mean	Min	Max
Pretest Knowledge	40	71,22	53	88
Posttest Knowledge		83,32	71	100

(Primary,2023)

Based on table 4 values *Pre Test* showed that the sample was 40 respondents with a mean value of 71.22, a minimum value of 53 and a maximum value of 88. Result *posttest* shows a mean value of 83.32, a minimum value of 71 and a maximum value of 100. Judging from the distribution of these data, there is an increase in the average value, minimum value and maximum value.

Table 5. Frequency distribution of Adolescent Knowledge Level After Reproductive Health Counseling

Knowledge	Frequency	%
Increase	34	85
Remain	6	15
Decreased	0	0
Total	40	100

(Primary,2023)

Based on table 5 shows that of the 40 respondents after being given reproductive health counseling, most of them experienced an increase of 34 people (85%).

3.4. Bivariate Analysis

Bivariate analysis was used to determine the effect of adolescent cadre formation on increasing reproductive health knowledge at Miftahul Huda Tasikmalaya Islamic Boarding School. In this study, differences in the level of knowledge before and after reproductive health education were identified using bivariate analysis by Wilcoxon Test due to abnormal data distribution.

Table 6. Frequency distribution of Adolescent Knowledge Level After Reproductive Health Counseling

Indicators	Negative Ranks	Positive Ranks	Ties	Sig 2 tailed
Knowledge	0	34	6	0,00

(Primary,2023)

The results of the study based on table 6 above can be known after the provision of reproductive health counseling, as many as 34 respondents experienced an increase in knowledge with an increased value, 6 respondents had a fixed value, and there was no decrease in the value of the results *pre* and *post test*. Value *SIG 2 tailed* < 0.05 so it can be stated that H_0 was rejected and H_a was accepted because the probability value is smaller than or <0.05 so that there is a relationship between the influence of the formation of health cadres on increasing reproductive health knowledge at Miftahul Huda Tasikmalaya Islamic Boarding School.

3.5. Discussion

The data generated from filling out the questionnaire is then processed and analyzed to be used as a discussion by looking for correlations or comparisons of previous researchers. The discussion is carried out based on hypotheses and research objectives. This study was conducted to determine the increase in knowledge of adolescent reproductive health cadres before and after being given reproductive health counseling. Data analysis carried out looks at the results of Pretest and posttest to teenage students at Miftahul Huda Manonjaya Islamic Boarding School.

3.5.1 Knowledge of adolescent cadres before being given reproductive health counseling.

The results of the pre-test data analysis in table 4.2 found that reproductive health knowledge in the good category with a value range of >80 as many as 5 respondents (12.5%), the category is quite vulnerable 60-79 28 respondents (70%) and the less category with vulnerable <60 as many as 7 respondents (17.5%). This shows that reproductive health knowledge is not good.

Knowledge is the result of knowing, and this happens after someone senses a certain object, Without knowledge one has no basis to make decisions and determine actions on the problem at hand. Factors that affect a person's knowledge include internal factors such as interests and physical conditions, external factors such as society and facilities and factors of the Belakar approach, namely strategies and methods in learning. So it can be interpreted that knowledge is a predisposing factor that affects one's behavior (Swajarna, 2022).

According to Notoatmoko (2020), knowledge is a result of knowing which in this case people will sense a certain object. Handayani (2011) found the fact that there is a relationship between knowledge of attitudes and there is a relationship between attitudes and one's behavior. In this case, poor

reproductive health knowledge also results in attitudes and behaviors in maintaining reproductive health (Halima, Raman, 2014).

Reproductive health in question is the concept of reproductive health, the concept of menstruation, menstrual care, menstrual disorders and their handling and vaginal discharge. Meanwhile, the factors that influence knowledge are education, occupation, age, age interests, education, experience, culture and environment (Notoatmodjo, 2014).

In line with research conducted by Fitria Yulastini and Evalini Fajriani (2021), the level of knowledge of adolescents in understanding reproductive health is 23% (13 people) of adolescents in the good category, sufficient knowledge is 43% (24 people) and knowledge is less than 34% (19 people) so it is necessary to carry out reproductive health education in adolescents.

Research conducted by Queen Khoirun Nisa Mairo, Sri Endang Rahayuningsih, Benny Hasan Purwara (2015), that the incidence of reproductive health in Islamic boarding schools is still high with knowledge about reproductive health is still low. Where, as many as 68% of adolescents have problems in their reproductive health, attitudes towards reproductive health are still lacking, and the most related factor is peer communication.

The lack of information possessed by teenagers in Islamic boarding schools is influenced by the prohibition to have Mobile phone, laptops, television, Internet use and other means of communication. Thus, information about reproductive health is only obtained from friends and the environment that cannot be accounted for (Halima, Raman, 2014).

3.5.2 Knowledge of adolescent cadres after being given reproductive health counseling.

Results of value post test to youth cadres at Miftahul Huda Manonjaya Tasikmalaya Islamic Boarding School which were given to 40 respondents. Obtained average score Pretest 71.22 and post test 83,32. This shows an increase in knowledge of adolescent cadre formation towards increasing reproductive health knowledge at Miftahul Huda Manonjaya Tasikmalaya Islamic Boarding School. The increase in knowledge of about 85% shows a significant increase in knowledge from initially not knowing to knowing.

The results of the study illustrate that the action or intervention of forming health cadres by providing reproductive health counseling provided can affect the level of knowledge that is expected to overcome health problems in line with Lawrence Green's theory that educational goals are descriptions of behaviors to be achieved so that they are expected to overcome existing health problems.

The results of this study are in line with the results of research conducted by Astutiningrum, et al, 2022 where there was an increase in adolescent reproductive health knowledge from the sufficient category of 24 children to 20 children followed by the formation of reproductive health adolescents. WHO (2021), Recommends campaigns and promotes and encourages adolescents to go to health facilities. Health workers are required to have a plan for specific developments related to adolescent or reproductive health education. Government Regulation of the Republic of Indonesia Number 61 of 2014 article 3 states that everyone has the right to get quality, safe, and accountable health services in order to be able to give birth to a healthy and quality generation.

3.5.2 Knowledge of adolescent cadres after being given reproductive health counseling.

Based on the results of data analysis, it is known that the blade Asymp Sig. (2-tailed) 0.000 where the p value is smaller than 0.05 so it can be concluded that H_a is accepted and H_o is rejected which means there is a relationship between the influence of adolescent cadre formation on increasing reproductive health knowledge. These results show that the formation of adolescent cadres is as expected and has a significant influence on increasing the knowledge of adolescent students at Miftahul Huda Tasikmalaya Islamic Boarding School, so that the purpose of providing reproductive health education is achieved, namely an increase in value Post and pre test. This is in line with research conducted by Fitria Yulastini and Evaliana Fajriani (2021) in which there is an increase in adolescent knowledge about reproductive health, so that adolescents get the right information as a provision for behaving and behaving healthily during the physical maturation process. Providing information through counseling is an educational activity carried out by spreading messages, instilling beliefs, so that people are not only aware, know and understand, but also want and can do a recommendation that has something to do with health. Counseling in the health sector is usually carried out by means of health promotion or health education (Hulu et al., 2020). Green, L.W and Kreuter (2019) define that health

promotion is a combination of educational, policy, regulatory and organizational efforts to support activities and living conditions that benefit the health of individuals, groups or communities in which case there is an influence of health promotion on knowledge.

3.6. Research Limitations

The limitation in the implementation of this study is that in presenting reproductive health education information, it does not maximize the use of projectors, considering that in the middle of activities projectors will be used in other classes, but can be handled by providing leaflets as a substitute medium for health promotion. Another limitation of this study is that cadres who have been given reproductive health are not studied until they reach the stage of providing education to other friends.

4. Conclusion

Based on the results of research on "Formation of Adolescent Cadres to Increase Reproductive Health Knowledge at Miftahul Huda Manonjaya Tasikmalaya Islamic Boarding School", it can be concluded that reproductive health counseling for health cadres before counseling or pre-test knowledge of 5 people in the good category and 28 people. Reproductive health knowledge of health cadres after counseling or post test 29 people in the good category and 11 people in the sufficient category.

The results of the hypothesis test of cadre formation on increasing reproductive health knowledge at the Miftahul Huda Manonjaya Tasikmalaya Islamic boarding school with a p value of 0.00 where the p value is smaller than 0.05 so that it can be concluded that H_a is accepted and H_o is rejected which means there is an influence of the formation of adolescent health cadres on increasing reproductive health knowledge before and after being given health education Reproduction.

The formation of adolescent health cadres at the Miftahul Huda Tasikmalaya Islamic boarding school with 40 members where there is a management structure of Trustees, Chairman, Secretary, Treasurer and Members as well as the preparation of a Work Plan which obtained an agreement to hold reproductive health education every month in the third week of Friday.

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