

Effect of Counseling Using Flipcharts and Video Media on Increasing Adolescent Reproductive Health Knowledge at Senior High School 1 Muara Pahu

Elysa Sriwidiastuti, Jasmawati, Indah Nur Imamah

Student of Applied Nursing Study Program, Lecturer of the Department of Nursing,
Politeknik Kesehatan Kementerian Kesehatan Kalimantan Timur, Indonesia
elysasriwidiastuti@gmail.com, jaswati@jaswati@gmail.com, indah.imamah@gmail.com

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Abstract

Introduction: The low knowledge of adolescents about reproductive health causes increasingly complex problems. Efforts to prevent deviant behavior such as premarital sex in adolescents need to be given in the hope that it will influence changing their behavior so that adolescent health knowledge can increase. **Objective:** To determine the effect of counseling using flipcharts and video media on increasing adolescent reproductive health knowledge at SHS 1 Muara Pahu. **Methods:** The research design in this study was quantitative using a quasi-experimental design. The research was carried out in February-April 2022. The sample was determined using Simple Random Sampling, so the research sample consisted of 72 respondents. The statistical test used is Paired Simple T-Test if it is obtained t count (p -value) < 0.05 , then the hypothesis H_a is accepted and H_o is rejected. **Result and Discussion:** There is a difference in the increase in knowledge of adolescent reproductive health before and after being given counseling using flipcharts and video media (p Value = 0.00). **Conclusion:** There is an effect of counseling using flipcharts and video media on increasing adolescent reproductive health knowledge at SHS 1 Muara Pahu.

Keywords: Youth; Reproduction; Counseling;

Introduction

Juveniles are residents in the age range of 10-19 years (WHO, 2014). According to the Regulation of the Minister of Health of the Republic of Indonesia Number 25 of 2014, adolescents are residents in the age range of 10-18 years (Bancin et al., 2022). In the next 10-20 years, Indonesia will get a demographic bonus. Adolescents begin to be able to think abstractly, criticize, and want to know new things. If not based on sufficient knowledge, adolescents can try new things related to reproductive health and can have a negative impact (Februanti, 2018)

In the meta-analysis study, it was found that the prevalence of reproductive health problems worldwide experienced by women of childbearing age was 48%. The highest prevalence of reproductive health problems in the world is in Iran 98% and the lowest in France 12% (Janitra et al., 2015). The prevalence of STDs based on continental location is highest in Asia and lowest in Europe. Research on adolescent girls conducted in India found 94.8% experienced PMS symptoms and 65.7% were moderate to severe symptoms. Physical symptoms resulted in disruption of daily activities by 41.7% and 25% missed school. 53% reported experiencing moderate to severe stress. The highest incidence of reproductive tract infections (ISR) in the world is in adolescents (35%-42%) and young adults (27%-33%). The prevalence of ISR in adolescents in the world in 2016 is: candidiasis (25%-50%), bacterial vaginosis (20%-40%), and trichomoniasis (5%-15%) (Rohidah & Nuraliza, 2019)

According to the World Health Organization (WHO, 2016), the lack of knowledge of adolescents about reproductive health has an impact on negative behavior towards sexual outside marriage. Among them are pregnancies before being legal as a married couple. Teenage pregnancy is pregnancy in women who occur at the age of 11-19 years.

Based on population surveys, family planning, adolescent reproductive health and family development among Indonesian adolescents in 2017, the index of adolescent knowledge about adolescent reproductive health based on the age of 15-19 years is still low at 50.8% (Rini & Tjadikijanto, 2018). The knowledge index is assessed from 4 aspects, namely the knowledge index of the fertile period, the age limit for marriage and childbirth, knowledge of HIV / AIDS and STIs and drugs, where the knowledge index of the fertile period is the lowest index. In the aspect of knowledge about HIV/AIDS and STIs, West Sumatra has a knowledge index (69.9%). Regarding knowledge about drugs and alcohol, West Sumatra is the province with the lowest knowledge (82.2%)

The low knowledge of adolescents about reproductive health causes increasingly complex problems. Population and Family Planning Agency (BKKBN) survey 50.5% of adolescent girls and 48.6% of adolescent boys know that having sex once can cause pregnancy, while the correct knowledge of fertile period is 33% of adolescent girls and 37% of adolescent boys (BKKBN, 2017). Therefore, efforts to prevent deviant behavior such as premarital sex in adolescents need to be given in the hope of influencing behavior changes such as counseling about reproduction so that adolescent health literacy can increase (Susanti & Indraswari, 2020)

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Prominent problems among adolescents are around Three Adolescent Reproductive Health Problems (TRIAD KRR) namely sexuality, *Acquired Immunodeficiency Syndrome or Acquired Immune Deficiency Syndrome* (AIDS) and Narcotics, Psychotropic and Other Addictive Substances (NAPZA) (Utami, 2015). Based on the results of research by Hafid Mahesa Romulo, et al showed that sexuality problems in adolescents can occur due to low knowledge of adolescents about Adolescent Reproductive Health (KRR). Reproductive health problems that are still a concern today are the high cases of unwanted pregnancy in adolescents due to free sex behavior (Ministry of Health RI, 2015).

Pregnancy that occurs in adolescence is susceptible to pregnancy disorders and other problems associated with pregnancy at a young age. Being too young to conceive poses physical and psychological risks for the mother during pregnancy. In addition to impacting the mother, pregnancy at a young age or adolescence triggers risks for the baby, including premature birth, low birth weight (BBLR). Adolescents need to have knowledge about reproductive health in order to have the right information so that adolescents are expected to have a responsible attitude regarding the reproductive process (Kasim, 2014). The lack of knowledge about reproductive health in adolescents is very detrimental because at this time adolescents experience important developments, namely cognitive, social and sexual (Mona, 2019)

One of the efforts to provide reproductive health information for adolescents is to provide health promotion or counseling. Health counseling is a dynamic behavior change process with the aim of changing or influencing human behavior which includes components of knowledge, attitudes, or practices related to the goal of healthy living both individually, groups and communities, and is a component of health programs

According to research (Simaibang et al., 2021) shows that there is an influence of media turning sheets and animated videos on knowledge and attitudes regarding reproduction and sexuality in elementary school students with a p value = 0.000. In line with Nilasari, (2019) it was found that there was an influence of adolescent reproductive health counseling on respondents' knowledge and attitudes after intervention with the lecture method with a p value = 0.000. Similarly, research (Srikuning, 2015) shows that counseling affects reproductive health knowledge in adolescent girls in Soma Village, Temanggung Regency with a p value = 0.000.

Reproductive and sexual health education in adolescents includes the introduction of reproductive organs and ways to maintain the cleanliness of these reproductive organs. The impact of providing reproductive and sexual health education will be intact if integrated with parents, so that adolescents have a good understanding and do not misinterpret it (Kursistin, 2016). Some factors that can affect sexual behavior and sexual education programs include values that apply in the family, parental relationships and because there is still a lack of information and knowledge about sex from both parents and teachers at school (Kusmiran, E. 2012). Based on preliminary studies conducted on some students said they did not understand about reproductive organs, how to maintain reproductive health, puberty and sexuality, sexually transmitted diseases, HIV / AIDS, and early marriage.

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Based on the above background, the author is interested in examining the effect of counseling using worksheet and video media on increasing adolescent reproductive health knowledge in SHS 1 Muara Pahu.

Method

This type of research is carried out with a quantitative approach, while the research design used to compile this thesis is a quasi *experimental design*. This study aims to determine the difference in adolescent reproductive health knowledge before and after counseling with the media of return sheets and videos in SHS 1 Muara Pahu. The research design can be seen in the table below:

Table 1
Research Design

Kelompok	Pretest	Intervensi	Posttest
E ₁	X _{E1}	X ₁	Y _{E1}
E ₂	X _{E2}	X ₂	Y _{E2}

Information:

E ₁	=	Turning sheet group
E ₂	=	Video groups
X _{E1}	=	<i>Pre-test</i> group of return sheets
X _{E2}	=	<i>Pre-test</i> group video
X ₁	=	Counseling process with turning sheet media
X ₂	=	Video counseling process
Y _{E1}	=	<i>Post-test</i> group of return sheets
Y _{E2}	=	<i>Post-test</i> group video

The study was conducted in February-April 2022. The target population in this study is all students in SHS 1 Muara Pahu as many as 267 students consisting of 126 male students and 141 female students. In this study, sampling with a type of *simple random sampling* is a sampling technique in a random way without paying attention to the strata present in the population members. This method is applied because the members of the population are homogeneous. The sample size in this study was 72 students (male and female) and met the selection criteria included in the sample study. The total subjects required were met.

Univariate Analysis

Univariate analysis aims to explain or describe each research variable Notoatmodjo, (2012). In this study, univariate analysis was used to determine the characteristics of respondents as well as research variables. This study analyzes the frequency distribution of respondents based on gender, age, socioeconomic (work and income of students' parents), and sources of information exposure.

$$p = \frac{f}{n} \times 100\%$$

Information:

p = PREsentation

f = category frequency

n = Total sample

Bivariate Analysis

Bivariate analysis is an analysis conducted on two variables that are thought to be related or correlated Notoatmodjo, (2010). After the normality test and homogeneity test, the average difference test was carried out on the knowledge in each experimental group. Conclusions can be calculated using statistical tests using paired T-Test *or Paired Simple T-Test*, Paired Simple T-Test, *if the significance number (2-tailed) < 0.05* then the hypothesis H_a is accepted and H_o is rejected. If parametric requirements are not met, then you can use a non-parametric test, for *the Paired Simple T-Test* test is the *WilCoxon test* (Dahlan, 2014).

Results and Discussion**Result****Characteristics of Respondents**

The characteristics of respondents in this study include gender, age, parental occupation, parental income, having received information and sources of information. Here is a table of frequency distribution characteristics of respondents of this study:

Table 2

Frequency Distribution of Respondent Characteristics in SHS 1 Muara Pahu in 2022

No.	Characteristic	Total	
		F	%
1	Gender		
	Male	26	35.6
	Female	46	64.4
	Total	72	100
2	Age		
	15-17 Years	67	93.2
	18-19 Years	5	6.8
	Total	72	100
3	Parents work		
	Farmer	22	30.1
	Laborer	4	5.5
	Merchant	9	12.3
	Private Employees	10	13.7
	Civil Servants	10	13.7
	Fisherman	17	24.7
	Total	72	100
4	Parents' Income		
	>3 million	19	26.0
	1-3 Million	22	31.5
	IDR 500 -1 million	15	20.5
	<IDR 500	16	21.9
	Total	72	100
5	Never Been Informed		
	Yes	48	67.1
	No	24	32.9
	Total	72	100
6	Resources		
	Friend	3	4.1
	Teacher	18	24.7
	Nothing	24	32.9
	Media	26	37.0
	ETC	1	1.4
	Total	72	100

The results of the study based on table 2 on the characteristics of respondents showed that the most gender was women as many as 47 people (64.4%), the most parental jobs were farmers as many as 22 people (30.1%), the most parental income was 1-3 million people namely 23 people (31.5%), the majority had received information as many as 49 people (67.1%) and the most sources of information were obtained from the mass media which were 27 people (37.0%).

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Adolescent Knowledge About Reproductive Health

Adolescent knowledge about reproductive health includes knowledge before and after counseling with worksheets and video media. The following is a table of distribution of adolescent knowledge about reproductive health before and after counseling with media return sheets and videos.

Table 3

Knowledge distribution of adolescents before and after being given counseling with feedback sheets and videos at SHS 1 Muara Pahu in 2022

No.	Adolescent Knowledge About Reproductive Health	Pre-test		Post-test	
		F	%	F	%
1	Turning Sheet Group				
	Good	12	16.7	35	48,6
	Enough	17	23.6	1	1.4
	Less	7	9.7	0	0.0
2	Group Videos				
	Good	10	13,9	35	48,6
	Enough	18	25	1	1.4
	Less	8	11,1	0	0.0
	Total	72	100	72	100

The results of the study based on table 3 on adolescent knowledge about reproductive health showed that knowledge before health counseling was carried out category was sufficient (23.6%) for the return sheet group and category was sufficient (25%) for the video group. After counseling with media turning knowledge of adolescents about reproductive health into a good category (48.6%) and after counseling with video media, knowledge became a good category (48.6%).

Normality Test

The normality test aims to find out that the sample data comes from a population that is normally distributed or not. Good data and worthy of use in this study are data that are normally distributed, in this study researchers used the normality test with the *Kolmogorov-Smirnov test*. The following *Kolmogorov-Smirnov test results* can be seen from the following table:

Turning Sheet Normality Test

Table 4

Normality Test of Turning Sheets in Adolescent Group at SHS 1 Muara Pahu in 2022

Group	N	p-value	Conclusion
Pre-Test Turning sheet	36	0,146	Normal
Post-Test Turning sheet	36	0,053	Normal

Based on Table 4 of the normality test using the *Kolmogrov-Smirnov* method, all data on counseling with return sheets, both pre-test and *post-test*, >0.05 , it can be concluded that the extension data with return sheets in this study have been normally distributed.

Video Normality Test**Table 5**

Video Normality Test on adolescent group in SHS 1 Muara Pahu Year 2022

Group	N	p-value	Conclusion
<i>Pre-Test</i> Video	36	0,808	Normal
<i>Post-Test</i> Video	36	0,597	Normal

Based on Table 4.4 in the normality test using the *Kolmogrov-Smirnov* method, significantly all data on counseling with video pre test and post test > 0.05 , it can be concluded that the data of counseling with video in this study has been distributed normally.

Homogeneity Test

The homogeneity test is used to determine whether the data from the results of research in the experimental class and the control class have the same variance value or not. It is said to have the same/not different (homogeneous) variance value if the significance level is ≥ 0.05 and if the significance level is < 0.05 then the data is concluded not to have the same / different variant value (not homogeneous).

Table 5

Homogeneity Test on adolescent group in SHS 1 Muara Pahu in 2022

Group	N	p-value	Conclusion
<i>Pre-Test</i> Turnover sheets and videos	72	0,313	Normal
<i>Post-Test</i> Turnover sheets and videos	72	0,585	Normal

The significance of homogeneity of 0.313 (≥ 0.05) indicates that the *Pre Test* variables in the return and video groups are homogeneous, with a *Levene Statistic* of 1.031.

The significance of homogeneity of 0.585 (≥ 0.05) indicates that the *Post Test* variables in the return and video groups are homogeneous, with a *Levene Statistic* of 0.301.

Because the value obtained from the homogeneity test of the two variables (Pre Test and Post Test) has a significance level of ≥ 0.05 , the data has the same / no different variance value (homogeneous). Furthermore, data analysis will be carried out with the *Paired Simple T-Test*.

ANOVA Descriptive Test**Table 6**

ANOVA Descriptive Test

No	Variable	N	Mean	p-value
1	Flip Sheet			
	<i>Post-Test</i>	36	47.292	0,034
2	Videos			
	<i>Post-Test</i>	36	26,621	0.001

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Based from the comparison of the average knowledge of adolescent reproductive health between the return sheet and the video, it can be concluded that counseling with the return sheet (47,292) is higher than counseling with the video (26,621).

Paired Simple *T-Test*

After going through the normality and homogeneity test, the hypothesis test can be used. The hypothesis test used in this study is a parametric statistical test, namely *the Paired Sample T-test* because it comes from two interrelated variables. This test is used to determine whether or not there is an average difference between two groups of paired samples. It means two samples but obtained two different treatments.

The following are the results obtained from the *Paired Sample T-test* listed in the table below:

Table 7
Average Knowledge Level of Adolescent Reproductive Health in
SHS 1 Muara Pahu in 2022

No	Variable	N	Mean	Std. Dev	Std. Error Mean
1	Flip Sheet				
	<i>Pre-Test</i>	36	66.89	16.262	2.710
	<i>Post-Test</i>	36	90.03	8.368	1.395
2	Videos				
	<i>Pre-Test</i>	36	66.49	12.851	2.113
	<i>Post-Test</i>	36	86.49	8.040	1.322

Based on table 7, the average result of adolescent reproductive health knowledge before counseling was given to the backsheet group of 66.89 after counseling using media with backsheet media to 90.03. Meanwhile, in the video group, the average result of adolescent reproductive health knowledge before counseling was given to the video group of 66.49 after being given counseling using media with video media to 86.49.

Based on these results, it is known that there has been an increase in knowledge of adolescent reproductive health after counseling both with worksheet media and video media.

Table 8

The effect of counseling using worksheet and video media on increasing knowledge of adolescent reproductive health in SHS 1 Muara Pahu in 2022

Variable	N	<i>Pre-test</i>		<i>Post-test</i>		<i>p-value</i>
		<i>Mean</i>	<i>Std. Dev</i>	<i>Mean</i>	<i>Std. Dev</i>	
Flip Sheet						
Knowledge	36	66.89	16.262	90.03	8.368	0.00
Videos						
Knowledge	36	66.49	12.851	86.49	8.040	0.00

Based on table 8 shows that the significance value in the return sheet group was $0.00 < 0.05$, then H_0 was rejected and H_a was accepted, meaning that the hypothesis states that there is a difference in increasing adolescent reproductive health knowledge before and after counseling with the return sheet media in SHS 1 Muara Pahu.

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A significance value was also obtained in the video group of $0.00 < 0.05$, then H_0 was rejected and H_a was accepted, meaning that the hypothesis states that there is a difference in increasing knowledge of adolescent reproductive health before and after counseling with video media at SHS 1 Muara Pahu.

Discussion

1. Characteristics of Respondents

The results of the study based on table 2 on the characteristics of respondents showed that the most gender was women as many as 47 people (64.4%), the most parental jobs were farmers as many as 22 people (30.1%), the most parental income was 1-3 million people namely 23 people (31.5%), the majority had received information as many as 49 people (67.1%) and the most sources of information were obtained from the mass media which were 27 people (37.0%).

2. The difference in increasing knowledge of adolescent reproductive health before and after counseling with the media of return sheets and videos

The results of the study based on table 3 on adolescent knowledge about reproductive health showed that knowledge before health counseling was carried out category was sufficient (23.6%) for the return sheet group and category was sufficient (25%) for the video group. After being given counseling with media turning adolescent knowledge about reproductive health into a good category (48.6%) and after being given counseling with video media, knowledge became a good category (48.6%).

Based on table 6, the average result of adolescent reproductive health knowledge before counseling was given to the backsheet group of 66.89 after counseling using the backsheet media to 90.03. Meanwhile, in the video group, the average result of adolescent reproductive health knowledge before counseling was given to the video group was 66.49 after counseling using video media to 86.49. Both treatments increased knowledge in respondents, but the difference in average knowledge before and after in the experimental group was lower. The average difference between respondents conducted counseling with video media was 20.00 while counseling with worksheet media was an average difference of 23.14.

In accordance with Notoatmojo (2010) states that knowledge is the result of knowing, where the process of knowing occurs after people sense a certain object. Sensing occurs through the five human senses, namely: the senses of sight, hearing, smell, taste and touch. Most human knowledge is acquired through the eyes and ears.

Turning sheet media is a prop that resembles a picture album. It usually contains sheets measuring about 50 cm x 75 cm, or 38 cm x 50 cm, arranged in a certain order and stubbornly at the top. There are also small ones of approximately 21 cm x 28 cm. Below the picture, written messages that can be read by the communicant. Turning sheets are used by turning the illustrated sheets one by one (Suiraoaka and Supariasa, N, 2012). The advantages of this media are that the content of the subject matter can be prepared in

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advance, the order of presentation can be arranged precisely, charts can be picked and exchanged appropriately and are easy to prepare.

According to the author's assumption, the return sheet media provides more opportunities for respondents and researchers to be able to interact and conduct direct questions and answers per chart, so that it can be more easily understood about the material presented. While video media, although more interesting to see, because it contains images and sounds, it has disadvantages, that is, when playing the video, images and sounds will continue so that not all respondents are able to follow the information to be conveyed through the video.

Based on table 4.6 shows that the significance value in the return sheet group was $0.00 < 0.05$, then H_0 was rejected and H_a was accepted, meaning that the hypothesis states that there is a difference in increasing adolescent reproductive health knowledge before and after counseling with the return sheet media in SHS 1 Muara Pahu. A significance value was also obtained in the video group of $0.00 < 0.05$, then H_0 was rejected and H_a was accepted, meaning that the hypothesis states that there is a difference in increasing knowledge of adolescent reproductive health before and after counseling with video media at SHS 1 Muara Pahu.

This is in line with the results of Simaibang's research (2021) which states that there is an influence of turnback media and animated videos on knowledge and attitudes regarding reproduction and sexuality in elementary school students in East Jakarta.

Nilasari's research (2019), on the *Effect of Adolescent Reproductive Health Counseling with the Lecture Method on Knowledge and Attitudes in students of SMKN 1 Poncol Magetan Regency*, found that there was an influence of adolescent reproductive health counseling on increasing respondents' knowledge and attitudes after the intervention.

The results of this study are also in line with Srikuning (2015) which shows that counseling affects reproductive health knowledge in adolescent girls in Soma Village, Tumenggung Regency. Likewise, Butar-butur's research (2018) concluded that there is an influence of providing structured education (with videos, modules, and powerpoints) about menstruation on students' knowledge and attitudes in facing menarche at 106453 Sukadamai Elementary School, Medium Badagai Regency.

Prabandari's research (2018), concluded that there is an influence of providing counseling with video media and booklets on the level of knowledge of adolescent reproductive health at SMK 2 Muhammadiyah Bantul. This result is also in line with Benita's (2012) research, which concluded that counseling affects the level of knowledge of adolescent reproductive health of Gergaji Christian Junior High School students.

Research conducted by Nguyen, (2013) obtained the results that health promotion about reproduction with video media helps increase knowledge.

Based on the results of the study, it was concluded that the return sheet and video media can affect the increase in one's knowledge of something certain because the return sheet and video media are displayed according to the information and needs to be addressed.

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Thus, the media of turning sheets and videos should be used widely and specifically to be a medium in conveying information to a person or group. Both media are able to develop a person's knowledge, which in turn can provide a change from not knowing to knowing even better, which can have an impact on the attitude and behavior of the person.

Research Limitations

1. The results of this study only analyzed the effect before and after counseling on increasing knowledge about adolescent reproductive health, sexually transmitted diseases, and maturation in marriage, without assessing the possibility of other independent variables that could arise.
2. The intervention was only carried out once without any follow-up intervention (repeated) and continuous monitoring, so it is uncertain whether the increase in respondents' knowledge is temporary and can be applied to adolescent attitudes in daily life
3. The intervention time lag and post-test were intermittent for two days without any additional interventions that allowed biased research results.
4. In the counseling intervention with the media of the turning sheet took place, there were questions and answers by students when delivering material that was not understood. This is different from counseling with video media taking place without any pause, the question and answer process after the material has been delivered. Actually, the treatment / method of counseling is the same.
5. Turning sheets are of greater significance than video because video media image and audio quality are inadequate and attention is less directed.

Conclusion

The characteristics of respondents in SHS 1 Muara Pahu are that the most gender is female (64.4%), the most parental work is farmers (30.1%), the most income of the elderly is 1-3 million (31.5%), the majority have received information (67.1%) and the most sources of information obtained from the mass media (37.0%). There are differences in increasing knowledge of adolescent reproductive health before and after counseling with media sheets in SHS 1 Muara Pahu (pValue-0.000).

There are differences in increasing knowledge of adolescent reproductive health before and after counseling with video media at SHS 1 Muara Pahu (pValue-0.000). There is a difference in the average increase in adolescent reproductive health knowledge before and after counseling with the media of return sheets and videos. Where counseling with worksheet media is more influential than using video media.

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Elysa Sriwidiastuti, Jasmawati, Indah Nur Imamah/**KESANS**

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