

Factors Influencing Reproductive Health Behavior in Adolescents at Wirakarya 2 SHS, Ciparay

Tri Arini Puspa Wati Manik, Neng Mulyani, Ika Khairunnisa, Ajeng, Suci Nurrahmawati

STKINDO Wirautama Bandung, Indonesia
puspamanik123@gmail.com

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Abstract

Introduction: Adolescence is a critical period in the development of reproductive health. Improper reproductive health behaviours can lead to a variety of long-term problems. **Objective:** This study aims to analyse the factors that affect reproductive health behaviour in vocational school adolescents. **Method:** This study uses a quantitative approach with a cross-sectional design. The research sample was 125 students of SMK Wirakarya 2 Ciparay who were selected using stratified random sampling. The research instrument is in the form of a structured questionnaire to measure knowledge, attitudes, and reproductive health behaviours. Data analysis uses Chi-square test and Odds Ratio calculation. **Result and Discussion:** This study was obtained from respondents who had sufficient knowledge (46.4%), positive attitudes (54.4%), and positive behaviours (56.8%). There was a significant relationship between knowledge and reproductive health behaviours ($p=0.011$; $OR=2.404$) and a very significant association between attitudes and reproductive health behaviours ($p=0.001$; $OR=3,809$). Attitude is the most dominant factor influencing adolescent reproductive health behaviour. **Conclusion:** Knowledge and attitudes play a significant role in shaping adolescent reproductive health behaviours. Attitude has a stronger influence than knowledge. A comprehensive educational program is needed that not only increases knowledge but also forms a positive attitude towards reproductive health.

Keywords: Reproductive Health; Adolescents; Knowledge; Attitudes; Behaviour;

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Introduction

Adolescence is a transitional phase characterized by significant physical, psychological, and social changes (Ximenes, Pereira, de Oliveira, da Cruz, & Exposto, 2023); (Del Ciampo & Del Ciampo, 2020). The development of the reproductive organs during this period requires proper understanding and behaviour to maintain long-term reproductive health (Azizah, Rosyidah, & Nastiti, 2020). The World Health Organization (WHO) reported a global decline in the adolescent birth rate from 64.5 per 1,000 women in 2000 to 41.3 per 1,000 women in 2023, but adolescent reproductive health issues remain a global concern.

In Indonesia, data from the 2023 Indonesian Health Survey (SKI) shows that some adolescent girls aged 15-19 years have become pregnant or give birth, indicating risky behaviour. The Central Statistics Agency (BPS) recorded 8.06% of child marriages in 2022, which had an impact on young births. This problem is exacerbated by a lack of knowledge about the anatomy and function of the reproductive organs, as well as how to maintain personal hygiene of the genital area.

Adolescent reproductive health behaviours are influenced by a variety of complex factors, including knowledge, attitudes, cultural values, social norms, peer influences, and family roles (Atik & Susilowati, 2021); (Permatasari & Suprayitno, 2021); (Deswita & Yulianto, 2023). According to Lawrence Green's theory, health behaviour is shaped by predisposing factors (knowledge, attitudes, beliefs), supporting factors (infrastructure, environment), and reinforcing factors (social support).

Vocational High School (SMK) is an important focus because vocational students are often prepared to enter the workforce early, which can affect their social and psychological dynamics. The reproductive health education curriculum in schools is often inadequate or irrelevant to the specific needs of vocational school students (Kamila, Handayani, & Nurhayati, 2021); (Jaya & Kumalasari, 2022); (Nopianto & Yuliani, 2022)

This study aims to analyse the factors that affect reproductive health behaviour in adolescents at SMK Wirakarya 2 Ciparay, focusing on the relationship between knowledge and attitudes towards reproductive health behaviour.

Methods

This study uses a quantitative approach with an analytical survey design and a cross-sectional approach. This design was chosen to measure independent variables (knowledge and attitudes) and dependent variables (reproductive health behaviours) at the same time.

The research was carried out at SMK Wirakarya 2 Ciparay, Bandung Regency, West Java Province in August 2025. The location was chosen based on the availability of SMK adolescent population data and ease of access.

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The research population is all students of grades X, XI, and XII of SMK Wirakarya 2 Ciparay totalling 300 students. The sample size was calculated using the Slovin formula with an error rate of 5%, resulting in 172 respondents. However, the sample that met the criteria and could be analysed was 125 respondents.

The sampling technique uses stratified random sampling based on grade level. The inclusion criteria include active students of SMK Wirakarya 2 Ciparay, willing to participate, and in good health. The exclusion criteria are students who are unwilling to participate or absent during the study.

The research instrument is in the form of a structured questionnaire consisting of: knowledge questionnaire: 10 multiple-choice questions on the definition of reproductive health, anatomy of reproductive organs, menstruation, and personal hygiene, attitude questionnaire: 10 statements on the Likert scale (agree/disagree) about views on reproductive health, behavioural questionnaire: 10 statements with a yes/no choice about daily reproductive health practices. Univariate analysis is performed to describe the frequency distribution of each variable. Bivariate analysis uses the Chi-square test to test the relationship between variables with a significance level of $\alpha=0.05$. The strength of a relationship is measured using the Odds Ratio (OR).

Result and Discussion

Result

Respondent Characteristics, of the 125 respondents, the majority were women (88.0%) and men (12.0%). The distribution by grade level shows an even distribution: class X (33.6%), class XI (32.8%), and class XII (33.6%).

Table 1

Distribution of Reproductive Health Knowledge, Attitudes, and Behaviours

Variable	Category	Frequency (n)	Percentage (%)
Knowledge	Good (76-100%)	32	25.6
	Moderate (56-75%)	58	46.4
	Less (<56%)	35	28.0
Attitude	Positive	68	54.4
	Negative	57	45.6
Behaviour	Positive	71	56.8
	Negative	54	43.2

Table 2

The Relationship of Knowledge to Reproductive Health Behaviours

Knowledge	Reproductive Health Behaviours		Total	P-value	OR (95% CI)
	Positive (%)	Negative (%)			
Good	24 (75.0)	8 (25.0)	32	0.011	2.404 (1.087-5.315)
Enough	34 (58.6)	24 (41.4)	58		
Less	13 (37.1)	22 (62.9)	35		
Total	71 (56.8)	54 (43.2)	125		

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Table 3

The Relationship of Attitudes to Reproductive Health Behaviours

Knowledge	Reproductive Health Behaviours		Total	P-value	OR (95% CI)
	Positive (%)	Negative (%)			
Positive	49 (72.1)	19 (27.9)	68	0.001	3.809 (1.898-7.729)
Negative	22 (38.6)	35 (61.4)	57		
Total	71 (56.8)	54 (43.2)	125		

Discussion

The results showed that most respondents (46.4%) had sufficient knowledge about reproductive health, while only 25.6% had good knowledge. These findings are consistent with the research of Widyastari et al. (2020) which shows that the knowledge of reproductive health of Indonesian adolescents still needs to be improved, especially related to reproductive anatomy, menstruation, and personal hygiene.

Low knowledge can be caused by limited sources of accurate information, social stigma towards the discussion of reproductive health, and the lack of optimal educational programs in schools. This is in line with the research of Sari & Rokhanawati (2018) which identified limited access to information as the main factor in low knowledge of adolescent reproductive health.

Most respondents (54.4%) showed a positive attitude towards reproductive health, but 45.6% still had a negative attitude. The negative attitudes that are still high show that there are socio-cultural barriers in Indonesian society related to the discussion of reproductive health. According to Suryoputro et al. (2019), this negative attitude is influenced by traditional values that consider the discussion of reproductive organs as taboo.

Most of the respondents (56.8%) have shown positive behaviours, such as doing good personal hygiene and seeking reproductive health information. However, 43.2% of respondents still exhibited negative behaviour, indicating the need for a comprehensive intervention.

There was a significant relationship between knowledge and reproductive health behaviours ($p=0.011$). Respondents with good knowledge showed the highest proportion of positive behaviour (75.0%), followed by sufficient knowledge (58.6%), and lack (37.1%). An OR value of 2.404 indicates that adolescents with good knowledge have a 2.4 times greater tendency to behave positively.

These results support the Health Belief Model theory which states that knowledge is the basis for the formation of health behaviours. Similar findings were reported by Astuti & Widyaningsih (2020) who found a significant relationship between reproductive health knowledge and personal hygiene behaviours in adolescent girls.

The relationship between attitudes and reproductive health behaviours was very significant ($p=0.001$). Respondents with a positive attitude showed a higher proportion of positive behaviours (72.1%) than negative attitudes (38.6%). An OR value of 3.809 indicates that adolescents with a positive attitude have a 3.8 times greater tendency to behave positively.

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These findings are consistent with the research of Maharani & Yaunin (2019) who found attitude to be a strong predictor of adolescent reproductive health behaviour. These results support the theory of Reasoned Action which states that attitude is a direct determinant of the intention to behave.

Dominant factors: bivariate results showed that the attitude variable was the most dominant factor influencing reproductive health behaviour, indicated by stronger relationship strength ($p=0.001$ vs $p=0.011$) and higher OR values (3.809 vs 2.404) than knowledge. This suggests that although knowledge is important, the formation of positive attitudes has a greater influence on adolescent reproductive health behaviours.

Conclusion

The most of respondents had sufficient knowledge (46.4%), positive attitudes (54.4%), and positive behaviours (56.8%) towards reproductive health. There was a significant relationship between knowledge and reproductive health behaviours ($p=0.011$; $OR=2,404$). There was a very significant relationship between attitudes and reproductive health behaviours ($p=0.001$; $OR=3,809$). Attitude is the most dominant factor influencing adolescent reproductive health behaviour.

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