



THE EFFECT OF PROVIDING REPRODUCTIVE HEALTH VIDEO MEDIA ON ADOLESCENT BEHAVIOR AT SD INPRES BAKUNG 1 MAKASSAR CITY IN 2022

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ABSTRACT

This study aims to determine the effect of providing reproductive health video media on adolescent behavior at SD Inpres Bakung 1 Makassar City. This type of research is quantitative analytic research using a quasi-experimental approach. The research design is two groups pretest-posttest. The population in this study were all students at SD Inpres Bakung 1 Makassar City, and a sample of 74 people was divided into two groups, namely 37 people in the intervention group and 37 people in the control group. The sampling technique used inclusion and exclusion criteria. The data collection technique was through direct interviews using a questionnaire. This research was conducted from March to April 2022. Data analysis used the Mann-Whitney statistical test. The results showed that there was a significant effect of video media on student knowledge with a p-value of 0.011, there was no significant effect of video media on student attitudes with a p-value of 0.102, and there was no significant effect of video media on student behavior with a p-value of 0.180. The results showed that there was a significant effect of 2x video media on students' knowledge with a p-value of 0.000, there was a significant effect of 2x video media on students' attitudes with a p-value of 0.000, there was a significant effect of video media on student behavior with a p-value of 0.005. It was concluded that students must maintain and improve their behavior regarding reproductive health. It is hoped that future research will use different media to measure adolescent behaviour regarding reproductive health.

INTRODUCTION

Education in schools plays an important role in increasing knowledge for students, as well as about sex education. Sex education is needed that is implemented with material on the introduction of sexual organs, forms of violations, dangers or impacts. Children often independently tries to find knowledge to satisfy their curiosity if not diversity. This desire is based on his age which is a transitional period in which enormous physical and psychological changes occur. According to Khoirunisa 2016, along with physical and hormonal changes that increase libido, adolescents need channelling in certain forms of behaviour, as well as having a great interest in sexual activity. The increased sexual interest in adolescents encourages the adolescents themselves to always seek information in various forms. Sources of information can be obtained freely from peers, books, films, videos, and even by easily opening websites via the internet. Still, very few adolescents receive sexual (reproductive) education from teachers or parents, so it is not uncommon for adolescents to go to the stage of the test. This also has an impact on teenagers adopting deviant behaviour through unhealthy associations and information that is not directed.

Early initiation of sexual activity and lack of adequate knowledge and skills to avoid risky behaviour places adolescents at higher risk of experiencing unwanted pregnancies, unsafe abortions and sexually transmitted infections, including Human Immunodeficiency Virus (HIV)/acquired immunodeficiency syndrome (AIDS). As well as other risky behaviours in adolescents, such as smoking and abuse of Narcotics, Psychotropics and Addictive Substances (NAPZA) (World Health Organization, 2009). If at the age of adolescents experience failure, it is likely that adolescents will experience failure in the journey of life; conversely, if adolescents experience success, they are very good at entering the next stage.

Knowledge of good adolescent reproductive health can protect adolescents from reproductive health problems, sexual violence, and sexual exploitation. Unfortunately, knowledge of adolescent reproductive health is still lacking, especially among early adolescents who are still in elementary school. Research in Sleman Yogyakarta shows the level of knowledge of reproductive health in elementary school children is good knowledge 61.8%, 23.53% sufficient, and 14.7% less (Widodo & Nita, 2019). Qualitative research in Makassar on adolescents aged 10-20 years who have health problems, both married and single, shows that adolescents still have low knowledge about reproductive health, including sexually transmitted diseases. Instead, they know about the use of contraception and traditional methods of abortion. In dating, teenagers admit that they usually make direct physical contact, such as holding hands, hugging, kissing and activities that can lead to further actions, such as sexual intercourse (Hidayangsih, 2014).

The low knowledge of adolescents about reproductive health puts them at risk of practising unsafe sexual behaviour, which can result in sexually transmitted infections or unwanted pregnancies (Pahlevi, 2020). Knowledge of adolescents who do not know about premarital sex behaviour, it is possible if it makes them wrong in behaving and then having behaviour towards sexuality. In addition to these factors, it can also be caused by adolescents having the perception that sex is a way of expressing love, so for the sake of love, a person gives up sexual relations with a girlfriend before marriage (Yusfarani, 2020).

Teenagers engage in sexual activity at too early an age which can cause various kinds of sexually transmitted diseases and the risk of pregnancy at too young age. Pregnancy at too young an age can increase the risk of complications during pregnancy and childbirth, leading to the risk of death for mother and child. About 2.52 per cent of youth in Indonesia are married under the age of 16. Out of 100 young women, around 6 of them had given birth before they were 20 years old. (Indonesian youth statistics (Central Bureau of Statistics of Indonesia, 2020). In total, there are still around 23.07 percent of adolescents whose age of first marriage is under 19 years. When viewed by gender, the percentage of young women whose age of first marriage is under 19 is around 32.39 per cent, while boys are 6.67 per cent (Central Bureau of Statistics of Indonesia, 2019). According to the National Population and Family Planning Agency, it is

estimated that every year approximately 15 million adolescents aged 15-19 years give birth, 4 million have abortions, and nearly 100 million are infected with sexually transmitted diseases (STDs) that can be cured. Globally 40 per cent of all cases of HIV infection occur in young people aged 15-24. The latest estimate is that every day there are 7,000 young people infected with HIV. The percentage of cases positive for HIV and AIDS by age group less than 4 years 3.2 per cent, 5-14 years 2.1 per cent, 15-19 years 5.8 per cent, 20-29 years 43.6 per cent (Ditjen P2P, Ministry of Health Republic of Indonesia, 2020). 2017 shows that adolescents' knowledge of reproductive health is inadequate. This is indicated by the percentage of knowledge of adolescents about the fertile period of women, namely only 33 per cent of young women and 55 per cent of young men.

The percentage of adolescents in Indonesia who do not know how sexually transmitted diseases (STD) are transmitted is 68.8 per cent for young women and 66.6 per cent for young men. Comprehensive knowledge of HIV-AIDS among Indonesian youth is only 12 per cent for young women and 10.6 per cent for young men. This is a very worrying number and will increase the risk of increasing the prevalence of HIV-AIDS in young people of the next generation and other reproductive problems. As many as 55 out of 100 adolescents in the age group of 10-14 years are married, 1 in 100 adolescents aged 10-14 years have given birth to between 1-2 children, and 10 out of 1000 adolescents aged 10-14 years are divorced. Marriage at a young age will contribute to the high birth rate. As many as 7 per cent of women aged 15-19 years have given birth with a fertility rate of 48/1000 women, which contributes to the high Neonatal Mortality Rate of 34/1000 KH, infant mortality of 50/1000 KH, and under-five mortality 61/1000 KH (Ministry of Health RI, 2019). Access to reproductive health information, namely 57.1 per cent of male adolescents and 57.6 per cent of female adolescents discussed reproductive health with their friends.

Sources of reproductive health information were obtained from peers 33.3 per cent of men and 19.9 per cent of women, teachers 29.6 per cent of men and 31.2 per cent of women, mothers 12.7 per cent of men and 40 per cent of women, and health workers 2.6 per cent of male and 35.7 per cent female. (RI Ministry of Health, 2019). Lack of information affects adolescents' understanding of healthy life skills, the risks of sexual intercourse and the ability to refuse sex they don't want, which impacts pregnancy and childbirth in adolescents (Catherine et al., 2017).

The Makassar City Health Office stated that the city of Makassar is a high-risk area because apart from being a tourist destination, the lifestyle factor of the urban community has shifted, which is possible due to the influence of globalization where foreign culture spreads quickly such as free sex, drug abuse, high-risk groups such as waria, which are increasingly developing in society. In addition, deviant sexual behaviour is also a source of transmission of sexually transmitted diseases, including HIV/AIDS. The Makassar city government's integrated service centre for women's empowerment and child protection (P2TP2A) noted that during the 2020 Coronavirus (COVID-19) pandemic, early childhood marriages in Makassar increased sharply, with 54 cases being thwarted. For children under 19 years of age and still having student status, the increase in cases of early child marriage occurs due to several factors, ranging from lack of knowledge, and social issues, to ultrasound results showing pregnancy.

Getting married at an early age is prone to health, prone to social problems, and cases of divorce that can occur repeatedly. SD Inpres Bakung 1 is an elementary school in the Biringkanaya sub-district with a total of 287 students. Based on the initial survey and interviews, previously, the school had never received counselling or counselling on reproductive health or research on adolescent reproductive health, and there were several students who often watched videos of sexual activity on their cell phones. The importance of the knowledge, attitudes and beliefs of adolescents about reproductive health that will shape the future of society, require reproductive health education and promote healthy practices during adolescence and prepare adolescents for the transition to adulthood should be part of the education that adolescents receive at school considering that most teenagers are in the school-age group and spend a lot of time at school (Chaterin et al., 2017). Inadequate knowledge of reproductive health is

caused by a lack of exposure to accurate information about reproductive health and errors in interpreting the information.

Progress or modernization has two sides which can be both advantageous and detrimental, especially the problem of progress in the field of information technology; for example, the internet makes all forms of information very easy to obtain. But it is very difficult to stem information that can damage the personality of adolescents, for example, pornography and free sex life. In addition, parents, the environment, and also educational institutions do not seem ready to face advances in information technology that are developing very quickly. Therefore, the dissemination of health information among adolescents needs to be pursued in an appropriate manner so that they can provide educational information for adolescents and not fall prey to it, especially in school educational institutions.

The reason for conducting this research is that elementary school age is an intellectual period or a period of school harmony; children at this age are more easily educated than at any previous or later age (Yusuf, 2011). The use of video was more effective than other media after one week (Faradina Lisanda Putri FL, Yudianti I, 2019). Health education with multimedia video learning is effective in increasing adolescent knowledge about menarche at Pakisaji 1 Public Elementary School (Harini R, 2021). Based on the report by the principal of SD Inpres Bakung 1 Makassar City, it was found that several elementary school children had watched pornographic films as well as touching and holding sensitive body parts of friends of the opposite sex in the school environment.

METHODS

This research is quantitative analytical research using a quasi-experimental approach. The research design used in this study is the type of two-group pretest-posttest. Where the two groups were given reproductive health videos but with different frequencies. The 2x video group (intervention) was given 2 video playbacks with a duration of 10 minutes each time, while the 1x video group (control) was only given 1 time.

The data Primer was obtained by researchers through direct interviews with respondents using a questionnaire that has been provided. Primary data collection to determine knowledge, attitudes, and actions of adolescents regarding reproductive health. The data secondary obtained by researchers from other parties, such as data on the number of students from schools.

Data collection techniques are the methods used to obtain data that support research achievements. Data collection techniques in this study were direct interviews using questionnaires.

The population in this study were all students at SD Inpres Bakung 1 Makassar City, with a total of 287 students. The sample is part of the entire object under study and is considered to represent the entire population. The sampling technique in this study was simple random sampling, namely the technique of determining the sample by drawing out the population according to predetermined criteria. The data analysis technique used in this research has four stages: data collection, data reduction, data presentation and the final step is drawing conclusions and verifying

RESULTS AND DISCUSSION

Characteristics of Respondents

1. Gender

Table 5.1
Sample Distribution Based on Gender at SD Inpres Bakung 1 Makassar City

	N	%	N	%
Man	15	40,5	18	48,6
Woman	22	59,5	19	51,4
Total	37	100,0	37	100,0

Source: Primary Data, 2022

From Table 5.1, it is known that the sex of students with the highest number of students was female, namely 22 students (59.5%) and 15 male students (40.5) in the 1x video group, then in the video class twice, there were 19 students (51.4) who are female, and there are 18 students (48.6%) who are male.

2. Age

Table 5.2
Sample Distribution by Age at SD Inpres Bakung 1 Makassar City

	N	%	N	%
10 years	16	43,3	9	24,3
11 years old	11	29,7	16	43,3
12 years old	10	27,0	12	32,4
Total	37	100,0	37	100,0

Source: Primary Data, 2022

From Table 5.2, it is known that the age of the students with the most number is 10 years old as many as 16 students (43.3%) in the one-time video class and 16 students (43.3%) at most 11 years old in the second video class times, while the lowest, namely the age of 10, was 9 students (24.3%) in the class of two videos. There were 12-year-old students, 10 students (27.0%) in the one-time video class and 12 students (32.4) in the two-video class.

Based on the bivariate analysis, all variables in this study can be continued to multivariate analysis because the p-value <0.05, namely the variable Effect of Providing Reproductive Health Video Media on Adolescent Behavior by using a linear regression test which aims to see the effect of the independent variables on the dependent variable and to predict how far the independent variable contributes to the dependent variable.

Table 5.12

Mode	1	Coefficients		Beta	t	Say.
		Unstandardized Coefficients	Standardized Coefficients			
	(Constant)	.334			1.578	.119
	Knowledge	.689	.089	.680	7.710	.000
	Attitude	.022	.090	.022	.245	.807
	Action	.032	.089	.032	.364	.717

a. Dependent Variable: Pemberian Video

1. First Hypothesis Testing (H1)

It is known that the Sig value for the influence of (Partial) X1 on Y is 0.000 and the value of t-count is $7,710 > t$ table, so there is an effect of giving video on adolescent knowledge

2. First Hypothesis Testing (H2)

It is known that the Sig value for the influence of (Partial) X2 on Y is 0.807, and the value of t-count is $245 < t$ table, so there is no effect of giving videos on adolescent attitudes

3. First Hypothesis Testing (H3)

It is known that the Sig value for the influence of (Partial) X3 on Y is 0.717, and the value of t-count is $364 < t$ table, so there is no effect of giving videos on adolescent actions. Based on the analysis conducted, it appears that the significance of the knowledge variable is below 0.05, meaning that the video provision variable has a significant effect on adolescent knowledge.

RESULT AND DISCUSSION

Characteristics of Respondents

a. Age Characteristics

Most of the respondents in the two research groups were 11 years old, 29.7% in the 1st video group and 43.3% in the 2nd video group. Meanwhile, in the 2x video group, 24.3% were aged 10 years, and 32.4% were aged 12 years. According to UNICEF, the age range of 10-19 years is the adolescent age range. This is in line with research conducted by previous researchers.

b. Gender Characteristics

As seen in the two groups, the majority of respondents are women. In the 1-time video group, there were 59.5% women and 40.5% men, while in the 2-time video group, there were 51.4 women and 48.6% men.

Effect of Giving 1x and 2x Reproductive Health Video Media on Student Knowledge at SD Inpres Bakung 1 Makassar City

Reproductive health is a state of complete physical, mental and social well-being, not only free from disease or disability in all aspects related to the reproductive system, its reproductive functions and processes. Adolescent reproductive health aims to prevent and protect adolescents from risky sexual behaviour, and risky behaviour can affect reproductive health and prepare adolescents to live a healthy and responsible reproductive life (Ministry of Health RI, 2017). The level of student knowledge will describe the extent to which students know about reproductive health. The higher the students' knowledge, the higher their awareness of the importance of reproductive health. The results of the study proved that students' knowledge experienced an increase after giving video media, whereas in group 1 video, with a percentage of 18.9% had good knowledge in the pretest, to 40.5% had good knowledge after the post-test. Whereas in the 2-video group, students' knowledge also increased, with a percentage of 24.3% who had good knowledge in the pretest to 100% of students who had good knowledge after the post-test. From the results of the Mann-Whitney test, it was found that in the 1st video group, the p-value was $0.011 < 0.05$, and in the 2nd video group, the p-value was $0.000 < 0.05$. From these results, it can be concluded that this study has proven that there is an effect of providing reproductive health video media on adolescent behaviour at SD Inpres Bakung 1 Makassar City. Whereas in the 2x video media group, there was an effect of 2x video media on students' knowledge about reproductive health on adolescent behaviour at SD Inpres Bakung 1 Makassar City. Student knowledge is a form of behaviour that has been proven to change. So the provision of video media as a means to provide information about reproductive health. Other supporting research results are research conducted by Muhammad Arif (2020) at SMPN 281 East Jakarta; it was found that there were differences in knowledge between those who were given counselling using video media and those who did not receive counselling using video media (Azhari & Fayasari, 2020). Notoadmodjo (2014) states that to change behaviour, especially behaviour in the form of knowledge, there are three strategies. The first is to use force or encouragement, for example, with regulations. Second, the provision of information about reproductive health. The third is discussion and participation. Knowledge will raise awareness and will eventually cause

people to behave according to the knowledge they have. Knowledge includes memories of things to be learned, either directly or indirectly and stored in memory. Therefore, respondents who received counselling on reproductive health had different knowledge than respondents who did not receive counselling (Notoatmodjo, 2014).

Sex education in schools should not be separated from education in general and be integrated. It can be included in the lessons of biology, health, morals and ethics gradually and continuously. They also require an emphasis on moral education, although it does not need to be as detailed as religious education, so that sex education is accepted by students as a science which is not to be practised prematurely. In child sex education, it is not enough to just see and hear once or twice, but it must be done gradually and continuously. Therefore, sex education should be an important part of education in schools. Parents and educators are required to correct incorrect information accompanied by an explanation of the risks of wrong sexual behaviour. To prevent unwanted things, the program for providing information to general youth (even children) should not be patronizing (advising) and too amateurish (so just give an answer even if it's wrong). However, this information must be conveyed in a friendly and, at the same time, weighty manner (containing correct and correct information). The difficulty of precise and correct criteria is closely related to each culture. Differences in ethnicity, religion, location, time and village, and family can lead to good and bad and right-wrong criteria. As a result, it is difficult to develop a sex education curriculum for formal education in schools, and it is difficult to hand this sex education over to the parents themselves because of the taboo attitude toward sex that is still strong among parents, especially those in the regions. Because of this, general youth information should be provided by professionals (doctors, psychologists, teachers, etc.) who are trained in the form of extracurricular activities or lectures/counselling and through mass media adapted to local environmental conditions.

The Effect of Giving 1x and 2x Reproductive Health Video Media on Students' Attitudes at SD Inpres Bakung1 Makassar City

Attitude is a closed response or assessment of respondents related to reproductive health. A positive attitude means that respondents have a positive assessment and good acceptance of the need to provide explanations about reproductive health. Meanwhile, a negative attitude is when the respondent considers it unnecessary to provide an explanation regarding reproductive health to adolescents (Rers, 2021). This attitude is known from the respondent's ability to respond to 10 statements. The results showed that students' attitudes experienced an increase after being given video media, namely in the 1st video group, with a percentage of 45.9% of students who had a positive attitude to 48.6% after being given a post-test. Whereas in the 2 video groups, there was also an increase in student attitudes, namely with a percentage of 29.7% to 81.1%. From the results of the Mann-Whitney statistical test, it was obtained that in the 1st group, the video had a p-value of $0.102 > 0.05$, and in the 2nd group, the video obtained a p-value of $0.000 < 0.05$. From these results, it was concluded that there was no effect of giving the media once a reproductive health video on the attitudes of adolescents at SD Inpres Bakung 1 Makassar City. There is the influence of the media's 2x reproductive health videos on the attitudes of adolescents at SD Inpres Bakung 1 Makassar City. The formation of a person's attitude can be influenced by his personal experience in life, people around him who feel important, the mass media, religious organizations, and educational organizations. The results of this study are in line with those conducted by Besar Tirto et al. (2021) regarding the effect of film media on adolescent attitudes. It was found that there was an increase in adolescent attitudes through educational media films that were shown (Husodo et al., 2021). The factor that causes a person to have a positive attitude is high knowledge. According to Mantra (2003), education has a very important role in influencing the learning process. The higher a person's education, the easier it is for that person to receive information both from other people and the mass media. The more information that comes in, the more knowledge is gained, including knowledge about health, which in this case is related to knowledge about reproductive health and the dangers of young marriage on the reproductive health of female adolescents.

Notoatmodjo (2003) states that knowledge, thoughts, beliefs and emotions play an important role in determining a complete (positive) attitude (Notoatmodjo, 2012). However, in this study, the mostly positive attitude of the respondents was not due to the high knowledge of the respondents. This is supported by Anwar's statement (2003), which states that attitudes affect behaviour through a careful and reasoned decision-making process so that a person will perform an act if he views the act positively and if he believes that other people want him to do it. Respondent's awareness in this study can also be caused by the provision of reproductive health information through video media so that respondents understand and are aware that reproductive health is very important. Attitude actually shows the connotation of appropriate reactions to certain stimuli, which in everyday life is an emotional reaction to social stimuli. The positive attitude of respondents in this study also shows that respondents are willing to provide explanations about adolescent reproductive health. This is because respondents already have the awareness that marriage at a young age can have a negative impact on their reproductive health (Azwar, 2013)

The Effect of Giving 1 x and 2 x Reproductive Health Video Media on Students' Actions at SD Inpres Bakung 1 Makassar City

Behaviour measurement can be done indirectly. This is done by interviewing activities that have been carried out several hours, days or months ago (recall). Measurements were made directly by observing the actions or activities of the respondents (Notoatmodjo, 2003). Measurement of respondents' actions in this study was carried out indirectly, namely by guided interviews of respondents' actions. The results showed that students' actions increased after being given 1 video media, namely 64.9% to 70.3% of students who had positive actions, while in 2 media videos, namely 56.8% to 75.7% of students who have positive actions. From the results of the Mann-Whitney statistical test, it was found that in the 1st group, the video had a p-value = $0.180 > 0.05$, and in the 2nd video group, the p-value was $0.005 < 0.05$. From these results, it was concluded that there was no effect of giving 1 time of reproductive health video media on the actions of adolescents at SD Inpres Bakung 1 Makassar City. There was an influence of 2 times the reproductive health video media on the actions of adolescents at SD Inpres Bakung 1 Makassar City.

Respondent's actions in this study could be caused by the positive attitude of the respondents, where the attitude of the respondents considered that reproductive health explanations should be given to adolescents. Someone who has a positive attitude will tend to have better behaviour when compared to someone who has a negative attitude. This explains that the determining factors or determinants of human behaviour are difficult to limit because behaviour is the result of various factors, both internal and external (environmental). External factors include objects, people, groups, and cultural results that are used as targets in realizing the form of behaviour, while internal factors include perceptions, motivations, and emotions, as well as learning (Sirupa et al., 2016).

Human behaviour is all human activities or activities, both those that can be experienced directly and those that cannot be observed by outsiders. Skinner (1938) formulated that behaviour is a person's response or reaction to a stimulus (external stimulation). Therefore behaviour occurs through the process of a stimulus to the organism, and then the organism responds (Usman et al., 2017). Azwar (2003) states that attitudes influence behaviour through a careful and reasoned decision-making process so that a person will perform an act if he views the act positively and if he believes that other people want him to do it. It is relevant that the determinants or determinants of human behaviour are difficult to limit because behaviour is the result of various factors, both internal and external (environmental). External factors include objects, people, groups, and cultural results that are used as targets in realizing the form of behaviour, while internal factors include perceptions, motivations, and emotions, as well as learning (Azwar, 2013).

CONCLUSION

The conclusion of this research are There is No Effect of Providing 1x Reproductive Health Video Media on Adolescent Attitudes, and There is an Effect of 2x Reproductive Health Video Media on Adolescent Attitudes at SD Inpres Bakung 1 Makassar City and There is no effect of providing 1x Reproductive Health Video Media on Adolescent Actions, and There is an Effect of 2x Reproductive Health Video Media on Adolescent Actions at SD Inpres Bakung 1 Makassar City.

SUGGESTION

1. It is necessary for students of SD Inpres Bakung 1 Makassar City to maintain and improve their knowledge, attitudes and actions regarding reproductive health.
2. For schools to be able to provide sex education and accurate information about reproductive health to their students and to be able to supervise more while in the school environment
3. For health workers to be able to reach out and provide counselling/lectures/discussions on reproductive health that are educative on a regular basis for adolescents in elementary schools
4. For educational institutions, it is necessary to place sex education programs that are as important as other learning programs that can be applied periodically in elementary school education
5. For future researchers, it is advisable to conduct counselling to respondents using different media and compare them with other media.

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