

Reproductive Health Counseling for Adolescents in Stunting Prevention in Darmajaya Village, Darmaraja District, Sumedang Regency In 2022

Mona Yulianti

Nursing Study Program, Faculty of Health Sciences, University of Sebelas April, Indonesia

Corresponding author: monayulianti@unsap.ac.id

ABSTRACT

Background: Reproductive health is a state of complete physical, mental and social well-being in all matters relating to the function, role and system of reproduction. Lack of adolescent knowledge about reproductive health can cause problems in their reproductive health. Problems that will arise if adolescents do not have sufficient knowledge about reproductive health are sexually transmitted diseases and sexually transmitted infections. Adolescent knowledge about health reproduction is still low with the result that 73.46% of male adolescents and 75.6% of female adolescents aged 15-19 years in Indonesia do not have sufficient knowledge about reproductive health. This lack of knowledge causes the incidence of stunting to increase, this is because adolescents, especially female adolescents, are less prepared when they are pregnant and adolescents should pay attention to nutrition during pregnancy. Many problems will arise due to ignoring reproductive health. Problems that arise due to lack of knowledge about reproductive health are KTD, abortion, early marriage and marriage, STIs or STDs and HIV/AIDS. According to data from PKBI (Indonesian Family Planning Association) Central Java in 2010, teenagers who had premarital sex were 863 people, 452 people got pregnant before marriage, 283 people had sexually transmitted infections, 337 people had masturbation, 244 people had abortions. This case has increased from 2009 where cases of teenagers who had premarital sex were 765 people, 367 people got pregnant before marriage, 275 people had sexually transmitted infections, 322 people had masturbation, 166 people had abortions (PILAR PKBI, 2010), Result and Conclusion : this causes teenagers to have early marriages which ultimately causes teenagers to be mentally or psychologically not ready to get pregnant so that teenagers' knowledge in fulfilling nutrition during pregnancy and regarding the provision of a balanced menu for toddlers can affect the provision of food for toddlers. In fact, the nutritional status of toddlers is one of the indicators in health development in Indonesia and the incidence of stunting will decrease when toddler nutrition is optimally met.

ARTICLE INFO

Article History :

Submitted/Received 17 March 2025

First Revised 19 April 2025

Accepted 29 July 2025

First Available online 31 July 2025

Publication Date 31 July 2025

Keyword :

Reproductive Health

Adolescent Knowledge

Stunting

INTRODUCTION

In line with the government's program to reduce the incidence of stunting, one of the stunting can be done downstream, namely adolescent girls who are prospective mothers. Preparing adolescents before and before marriage is very important so that adolescents at least know their own reproductive health so that with their increased knowledge about reproductive health they will be able to behave healthily and prevent bad possibilities for themselves. Reproductive health education for adolescents is not intended to teach them about sex but to provide knowledge about efforts that adolescents can make to maintain their reproductive organs. Reproductive health is a state of physical, mental, and social well-being in all matters relating to the function and role and reproductive system. The benefits of reproductive health education are to provide correct information about the role and function and reproductive process, adolescents are expected to have responsible attitudes and behavior regarding the reproductive process. Many problems will arise due to ignoring reproductive health. Problems that arise due to lack of knowledge about reproductive health are KTD, abortion, early marriage and marriage, STIs or STDs and HIV/AIDS. According to data from PKBI (Indonesian Family Planning Association) Central Java in 2010, teenagers who had premarital sex were 863 people, 452 people were pregnant before marriage, 283 people had sexually transmitted infections, 337 people had masturbation, 244 people had abortions. This case has increased since 2009 where cases of teenagers having premarital sex were 765 people, premarital pregnancy 367 people, sexually transmitted infections 275 people, masturbation 322 people, abortion 166 people (PILAR PKBI, 2010). As a result of adolescents' lack of knowledge about sex education will affect the maternal and child mortality rate to increase and the incidence of stunting also increases because teenagers have free sex and early marriage occurs where the teenager is not ready to become a parent, this unpreparedness has an impact on the mother's nutrition during pregnancy is not considered, the parenting pattern in children is unclear, the parents' mentality is still weak so that the child's nutritional needs are not met and finally the child is at risk of stunting. Health problems in infants and toddlers also require attention considering that the infant and toddler mortality rate is still high in Indonesia. Based on the results of the Indonesian Demographic and Health Survey (SDKI) in 2012, the neonatal mortality rate in 2012 was 19 per 1,000 live births. One of the causes of infant mortality is pregnancy at a maternal age of less than 20 years. According to Hovhannisyan, pregnancy at an age of <20 years can cause toddlers with malnutrition to experience poor cognitive development, slow child growth, weakened immunity and can also increase morbidity and mortality in toddlers⁵. Looking at the results of the 2016 Nutritional Status Monitoring in Indonesia, it is known that as many as 3.1% of toddlers have very thin nutritional status and as many as 8.0% of toddlers have thin nutritional status. The nutritional status of toddlers in East Java Province is known that as many as 2.5% of toddlers have very thin nutritional status and toddlers who have thin nutritional status are as many as 7.2%⁶. Nutritional problems in Indonesia are not only a poverty syndrome that is closely related to food security problems at the household level. Nutritional problems also involve aspects of knowledge, attitudes and behavior that are lacking in creating a healthy lifestyle. The still high number of toddlers suffering from malnutrition in Indonesia shows that public awareness of nutrition is still lacking. Lack of knowledge and perception of mothers regarding the needs and value of food in toddlers is a common occurrence. Lack of knowledge of adolescents regarding toddler nutrition will also have an impact on the fulfillment of toddler nutrition because knowledge is a very important domain of the formation of a person's behavior, including behavior in fulfilling nutrition. A person's behavior is known to be more lasting if it is based on knowledge about something. Based on WHO data (2013), the number of malnourished children in the world reached 104 million. This malnutrition is the cause of one third of all causes of child deaths worldwide. WHO estimates that 54% of child deaths in the world are caused by poor nutrition. In Indonesia, malnutrition causes more than 80% of deaths in children (WHO, 2011). Based on Riskesdas data (2013), the prevalence of underweight toddlers based on the BB/U indicator is 19.6% consisting of 5.7% of toddlers with malnutrition and 13.9% of toddlers with

malnutrition. This shows an increase in the incidence of malnutrition in 2013, when compared to data from 2007 which was 18.4% and 17.9% in 2010. The changes were mainly seen in the incidence of malnutrition which was 5.4% in 2007, 4.9% in 2010 and increased to 5.7% in 2013. The problem of malnutrition and stunting in toddlers is still an actual problem in various provinces in Indonesia. Based on the phenomenon, it can be concluded that the incidence of malnutrition in children and infant mortality and the incidence of stunting are caused by a gestational age of <20 years so that prospective parents (teenagers) who do not prepare more maturely during pregnancy and childbirth and care for their children, prospective parents who do not know how to meet the nutrition for children, how the parenting pattern will be given to children so that children do not experience stunting, therefore prevention is carried out for teenagers by preparing the teenagers to become parents who are mature in both knowledge and mentality.9% in 2010. The changes are mainly seen in the incidence of malnutrition, which was 5.4% in 2007, 4.9% in 2010 and increased to 5.7% in 2013. The problem of malnutrition and stunting in toddlers is still an actual problem in various provinces in Indonesia. Based on the phenomenon, it can be concluded that the incidence of malnutrition in children and infant mortality and the incidence of stunting are caused by a gestational age of <20 years so that prospective parents (teenagers) who do not prepare more maturely during pregnancy and childbirth and care for their children, prospective parents who do not know how to meet the nutrition for children, how the parenting pattern will be given to children so that children do not experience stunting, therefore prevention is carried out for teenagers by preparing the teenagers to become parents who are mature in both knowledge and mentality.9% in 2010. The changes are mainly seen in the incidence of malnutrition, which was 5.4% in 2007, 4.9% in 2010 and increased to 5.7% in 2013. The problem of malnutrition and stunting in toddlers is still an actual problem in various provinces in Indonesia. Based on the phenomenon, it can be concluded that the incidence of malnutrition in children and infant mortality and the incidence of stunting are caused by a gestational age of <20 years so that prospective parents (teenagers) who do not prepare more maturely during pregnancy and childbirth and care for their children, prospective parents who do not know how to meet the nutrition for children, how the parenting pattern will be given to children so that children do not experience stunting, therefore prevention is carried out for teenagers by preparing the teenagers to become parents who are mature in both knowledge and mentality.

Based on the results of a community service prevent disease, as well as cure and restore the health of individuals, families, groups, and society as a, assessment that has been carried out using the Winshield survey method, observation, and interviews with teenagers in Damajaya Village on February 5, 2022, it was found that 30 out of 40 teenagers said that they did not understand reproductive health and sex education.

IMPLEMENTATION METHOD

This community service activity was carried out in Darmajaya Village, Darmaraja District, Sumedang on February 14, 2022 offline. The target of this community service is all teenagers ranging from pre-teens, early teens and teenagers aged 13 to 18 years who live in Darmajaya Village. In implementing community service through direct meetings (offline), the method used is counseling and discussion, counseling is carried out in the village hall. This counseling activity begins with a pre-test, then continues with counseling on the first material on reproductive health for 20 minutes. After providing the material, teenagers hold discussions with related speakers. At the end of the counseling event, teenagers again take a post-test with the aim of determining the effectiveness of the counseling activities on community knowledge about reproductive health. The enthusiasm of teenagers and village officials was evident from the presence of 70 teenagers during the counseling and discussions during the activity.

Stages of community service activities to increase public knowledge about reproduction health consists of planning, implementation and evaluation with the following description:

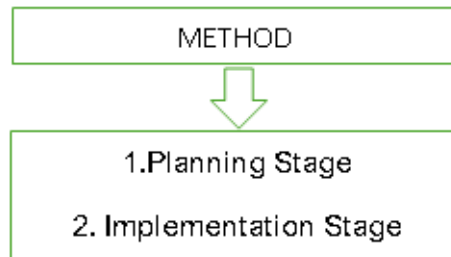


FIGURE 1.

1. Planning stage

Preparations for this community service activity have been carried out since February 5, 2021, including:

- a. Communication with the village head of Tanjungwangi and requesting permission for the implementation of community service. This stage was carried out smoothly because the village head of Darmajaya agreed with the problems and obstacles felt by the community related to reproductive health in adolescents, which were considered to be lacking in adolescent knowledge.
- b. The needs analysis was conducted by conducting an audience with the village head of Darmajaya and the village midwife, as well as cadres regarding the counseling needs required by the Darmajaya village community related to stunting prevention through downstream prevention, namely increasing adolescent knowledge regarding reproductive health in Darmajaya village.
- c. Conducting a literature review on reproductive health and efforts to prevent stunting by increasing adolescent knowledge about reproductive health.
- d. Coordinate with village heads, village midwives, and cadres regarding scheduling and implementation of counseling.

2. Implementation stage

The implementation of this program is carried out through offline counseling including:

- a. The pre-test was carried out before the counseling began with the aim of finding out the description of adolescents' knowledge about reproductive health before being given counseling materials. The pre-test was carried out by distributing an online questionnaire about reproductive health knowledge consisting of five questions to adolescents who attended the counseling.
- b. The first counseling material was given regarding the concept of reproductive health which lasted for 20 minutes. The materials presented included the definition, objectives, characteristics of puberty in men and women, the dangers of free sex, and preparing for pregnancy for teenage girls. The media used in this counseling was a powerpoint that could be easily accessed by all teenagers who attended the counseling, because it was distributed via WhatsApp.



FIGURE 2. Counseling on the concept of reproductive health for adolescents

3. Evaluation stage

At the post-test evaluation stage conducted after the counseling was completed with the aim of knowing the effectiveness of providing health education through counseling on adolescent knowledge about reproductive health, the post-test was conducted by giving questions and distributing online questionnaires about reproductive health knowledge of five question items to adolescents who attended the counseling. In the last session, a discussion session was also opened with the resource person.

RESULTS AND DISCUSSION

The community service program in Darmajaya village in an effort to increase adolescent knowledge about reproductive health has been running well with the following activities:

1. Counseling about reproduction health

This counseling activity was carried out on February 14, 2022 at the Darmajaya Village Hall, Darmaraja District, participants who took part in this activity were 70 participants, consisting of teenagers aged 13 to 18 years who were pre-teens and teenagers, Darmajaya village officials, village midwives, and cadres. Counseling started at 14.00 WIB. Counseling is an activity to disseminate messages with the aim of increasing knowledge. Another purpose of counseling activities is to influence behavior both individually and in groups (Mulana, 2007). Counseling activities on reproductive health for teenagers are one way to prevent stunting by preventing downstream, namely teenagers (Ministry of Health of the Republic of Indonesia, 2018). This activity is carried out to increase adolescent knowledge about reproductive health as an effort to prevent stunting by preparing prospective mothers so that their knowledge increases.

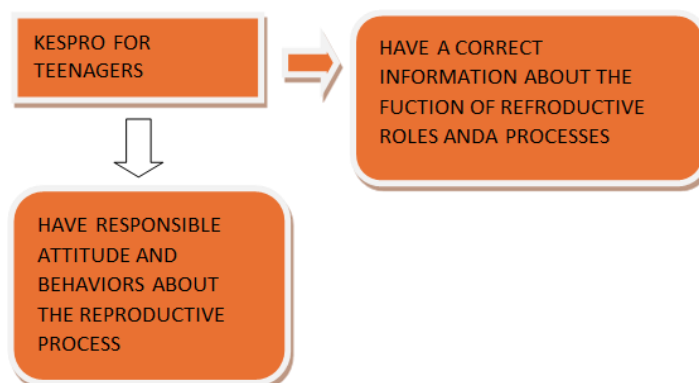


FIGURE 3. Counseling media about reproductive health for adolescents

Counseling on reproductive health is the material delivered to adolescents. Adolescents are invited to align their perceptions about what reproductive health is, a state of complete physical, mental and social well-being in all matters relating to the function, role and reproductive system. When adolescents' knowledge of reproductive health will result in free sex behavior which ultimately leads to early marriage and unwanted pregnancy, this will affect nutrition when the adolescent is pregnant and when nutrition during pregnancy is not optimally met, it will cause low birth weight babies and ultimately babies at risk of stunting. Adolescents are given knowledge about the dangers of free sex, recognizing sexual organs that must be kept clean, pre-marital knowledge.

This reproductive health counseling also provides an overview of the consequences and effects of free sex and underage sexual intercourse in adolescents. The consequences and effects on adolescents who engage in free sex are that it will be dangerous for themselves, the adolescent will easily be infected with sexually transmitted diseases (HIV), especially if they often change partners, this is very risky for the reproductive health of the adolescent. In the first counseling material, the characteristics of puberty and physical and psychological changes when adolescents experience puberty were also discussed. Adolescents looked enthusiastic and interested when the resource person gave the first counseling material.

2. Adolescent knowledge about reproductive health

At this stage, measurements were taken of the level of knowledge of adolescents before and after providing counseling on reproductive health.

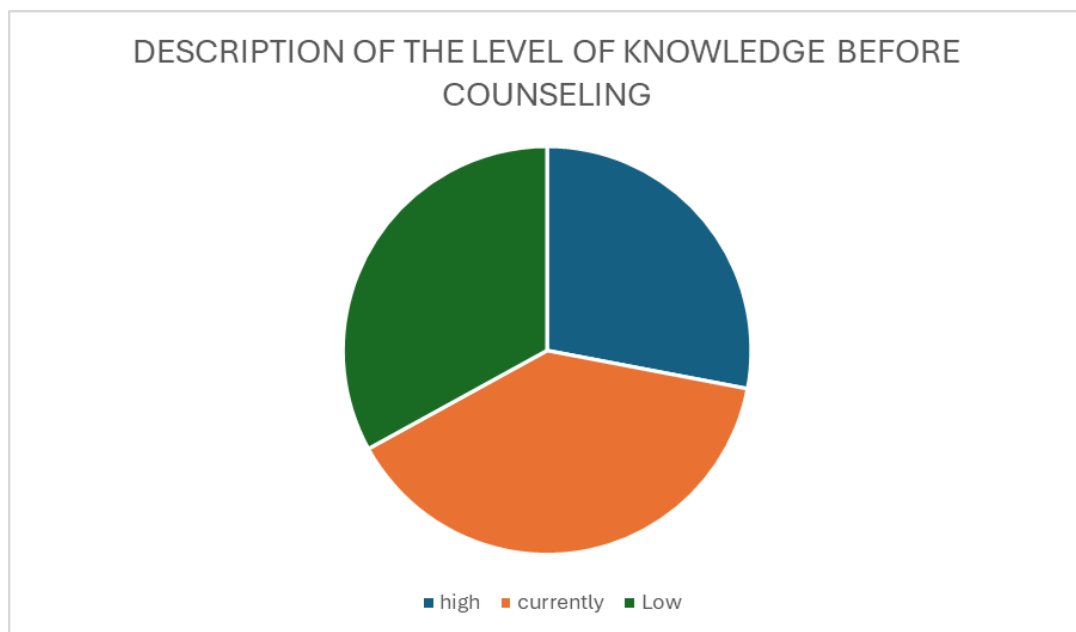


FIGURE 4. Overview of adolescents' knowledge level before counseling

Figure 4 shows the level of knowledge of adolescents before being given counseling on reproductive health. Most adolescents have low knowledge, which is 33%, moderate knowledge is 28%, and high knowledge is 39%.

3. Overview of adolescent knowledge level after counseling

Showing the level of community knowledge after being given counseling on reproductive health. Most teenagers have low knowledge, which is 33%, moderate knowledge 28%, and high knowledge 39%. The data reveals that there is an increase in the knowledge of the Darmajaya Village community after being given reproductive health counseling. In line with other studies that reveal that there is a difference in the level of knowledge before and after reproductive health counseling (Wahyuni, Sahrijani and Zentriani, 2019). The effectiveness of health education or counseling activities is also proven by Arsiyati's research

(2019) which states that there is an influence on increasing knowledge about reproductive health before and after being given counseling intervention.

CONCLUSION AND SUGGESTIONS

Community service activities in Darmajaya Village, Darmaraja District went well in two counseling sessions, namely counseling on reproductive health. This activity received a positive response from the community and adolescents, and provided new knowledge for adolescents. They stated that they could get a lot of information and knowledge about reproductive health for efforts to prevent free sex behavior. The village midwife and cadres will provide this new information and knowledge to all adolescents, especially those who were unable to attend the counseling activities. The results of the adolescent post-test also showed an increase in knowledge after the adolescents were given counseling. There were no obstacles during the implementation of this community service activity. The community and adolescents hope that there will be the next counseling session regarding new material and relevant to the conditions of Darmajaya Village.

ACKNOWLEDGMENTS

REFERENCES

- Carpenito. (1999). Handbook of Nursing Diagnosis. Jakarta: EGC.
- Carpenito. (2001). Handbook of Nursing Diagnosis. Jakarta: EGC.
- EfeFendy. (1998). Basic of Public Health Nursing 2nd. Jakarta: EGC.
- Friedman. (1998). Family Nursing Theory and Practice. Jakarta: EGC.
- Hovhannisyan, L. A. (2014). Estimated Prevalence and predictors of undernutrition among children 5-17 month in Yerevan. Armenia: Public Health.
- RI. (2010). Ministry of health Strategic plan 2010-2014. Jakarta: Ministry Of Health RI.
- Hovhannisyan, L. A. (2014). Estimated Prevalence and predictors of undernutrition among children 5-17 month in Yerevan. Armenia: Public Health.
- EfeFendy. (1998). Basic of Public Health Nursing 2nd. Jakarta: EGC.
- Friedman. (1998). Family Nursing Theory and Practice. Jakarta: EGC.
- Ministry of Health of the Republic of Indonesia (2013). Community Nutrition Development Work Plan 2013. Directorate of Nutrition and KIA Development. Ministry of Health of the Republic of Indonesia.
- Ministry of Health of the Republic of Indonesia (2014). Balanced Nutrition Guidelines. Directorate of Nutrition and KIA Development. Ministry of Health of the Republic of Indonesia.
- Long, BC (1995). Medical surgical nursing. (Essential of medical surgical nursing), Translator R. Karnaen, Syamsunir Adam, Maria Ulfa, Hotma Rumahorbo, Nurlina Supartini, Eva Berty, Eri Suhaeri. Bandung: Padjajaran Nursing Education Alumni Association Foundation.
- Riskesdas. (2013). Basic Health Research. Ministry of Health of the Republic of Indonesia, Jakarta
- Suprajitno. (2004). Family Nursing Care. Jakarta: EGC.