



Adolescent Reproductive Health Counseling in the Framework of Stunting Prevention

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ABSTRACT

Adolescents/teenagers are the age group from 10 years to before the age of 18 years. Efforts to maintain adolescent health aim to prepare adolescents to become healthy, intelligent, qualified, and productive adults and to participate in maintaining, maintaining, and improving their health. Adolescent health is very important to pay attention to because, during this period, teenagers experience significant physical, psychological, and social changes. Adolescent health efforts include positive development, accident prevention, violence prevention, reproductive health, prevention and control of infectious diseases and prevention of non-communicable diseases, nutrition and physical activity, mental health, and adolescent health in crises. This community service takes the topic of reproductive health to increase participants' knowledge about reproductive health. This community service method uses an educational approach through counselling with a total of 136 participants who are students of SMPN 2 Jatigede, Ciranggem Village, Sumedang Regency, West Java. Counselling is carried out by involving resource persons who are experts in their fields. The results of the counselling showed that there was a significant increase in participants' knowledge, as indicated by the results of the post-test. Participants in the "good" category increased in number from 3 people (2.2%) at the pre-test to 98 people (72.1%) at the time. Post-test, as well as participants who had sufficient knowledge, experienced a reduction in numbers from 73 (53.7%) to the remaining 37 people (27.2%).

1. INTRODUCTION

1.1. Background

The results of the 2022 Indonesian Nutrition Status Survey (SSGI) provide information not only on the development of stunting rates in Indonesia each year but also details of stunting rates in each province in Indonesia. From this data, it can be seen that from 2021 to 2022, Indonesia experienced a reduction in stunting rates of 2.8%. This achievement is in line with the target set by the Ministry of Health, namely around 2.7% annually. So, it is hoped that efforts to reduce stunting by 14% by 2024 will be achieved by the RPJMN targets that have been announced. To achieve this target, the Ministry of Health is carrying out specific

stunting interventions focusing on the period before birth and children aged 6-23 months.

The forms of intervention carried out are as follows: 1) Adolescent Girls, including Anemia Screening and Consumption of Blood Supplement Tablets (TTD) in adolescent girls; 2) Pregnant Women, including Pregnancy examination (ANC), Consumption of Blood Additive Tablets (TTD) for pregnant women, Providing additional food for pregnant women with Chronic Energy Deficiency (CED); 3) Toddlers, including Monitoring the growth of toddlers, providing exclusive breastfeeding, providing MPASI rich in animal protein for toddlers, managing toddlers with nutritional problems (weight faltering, underweight, malnutrition, malnutrition and stunting) and increasing coverage and expansion of immunization. Educational activities for teenagers, pregnant women and families, including triggering freedom from open defecation



(BABS), are not without reason a top priority. The interventions carried out to prevent stunting have been proven to increase the success of reducing stunting in Indonesia, so it can be concluded that stunting prevention is much more effective than stunting treatment. In this way, it is hoped that the Indonesian people will continue to actively prevent stunting by implementing clean and healthy behaviour, maintaining nutritional intake by enriching animal protein, taking blood supplement tablets, and regularly checking at the nearest health facility.

Teenagers are the age group from 10 years to before the age of 18 years. Efforts to maintain adolescent health aim to prepare adolescents to become healthy, intelligent, qualified, and productive adults and to participate in maintaining, maintaining, and improving their health. Adolescent health is very important to pay attention to because, during this period, teenagers experience significant physical, psychological, and social changes. The Indonesian Ministry of Health emphasizes that healthy eating patterns and regular physical activity influence adolescent health. Healthy teenagers are characterized by weight, height, and body mass index appropriate for their age. Adolescent health efforts include positive development, accident prevention, violence prevention, reproductive health, prevention and control of infectious diseases and prevention of non-communicable diseases, nutrition and physical activity, mental health, and adolescent health in crises [1,2].

In Indonesia, adverse events (KTD) in teenagers are estimated to be still high, where teenagers aged 15-18 years are married and have children. These various health risks are influenced by various interrelated factors, for example, the demand for young marriage and sexual relations, lack of access to education and work, gender inequality, sexual violence, the negative influence of mass media and technological advances, as well as a free modern lifestyle. Reproductive Health is a state of complete physical, mental, and social well-being, not merely free from disease or disability, in all matters relating to the reproductive system and its functions and processes [2]. Based on data from the World Health Organization (2010), poor female reproductive health problems have reached 33% of the total burden of disease suffered by women in the world, one of which is vaginal discharge. The number of women in the world who have experienced vaginal discharge is 75%, while European women who experience vaginal discharge are 25%. This figure is greater than reproductive problems in men, which only reach 12.3% at the same age as women. These data show that vaginal discharge in women in the world, Europe, and Indonesia is quite high. In asexual reproductive health, an individual can reproduce without the involvement of other individuals of the same species. The division of a bacterial cell into two daughter cells is an example of asexual reproduction. However, asexual reproduction is not limited to certain organisms. Maintaining the health of reproductive organs begins with maintaining personal hygiene, including vaginal hygiene, which aims to keep the vagina clean, normal, and healthy and avoid the possibility of disease, including vaginal discharge [3,4].

Insufficient knowledge about reproductive health often influences reproductive health problems faced by teenagers. The counselling method is believed to be able to increase adolescent knowledge and change adolescent behaviour to improve their health status independently. Health education is a method used to increase a person's knowledge and abilities through practical learning techniques or instructions with the aim of changing or

influencing human behaviour individually, in groups and in society to be more independent in achieving the goal of a healthy life. The role of the material provider in this counselling is to convey material related to adolescent reproductive health and practices for preventing pre-menstrual complaints [5,6,7].

1.2. Activity Objectives

This activity aims to increase teenagers' knowledge about reproductive health..

1.3. Benefits of Activities

1. Increasing teenagers' knowledge about reproductive health
2. Providing teenagers with insight into the importance of maintaining reproductive health to become healthy adults who are physically and psychologically ready to have healthy offspring.

2. MATERIALS AND METHODS

2.1. Activity Targets

The targets for this activity are students at SMPN 2 Jatigede, Ciranggem Village, who need knowledge about reproductive health to grow and develop into responsible teenagers.

2.2. Implementation Method

To determine the effectiveness of counselling on students' reproductive health knowledge, the following will be carried out:

- 1) Counseling and discussion
- 2) Pre-post test regarding the level of knowledge of adolescents regarding Reproductive Health among Adolescents

2.3. Time and Place of Activities

This activity was carried out at SMP Negeri 2 Ciranggem Village, Jatigede, Sumedang, West Java, in November 2023

3. RESULT AND DISCUSSION

This Community Service was carried out at SMP Negeri 2 Ciranggem Village, Jatigede, Sumedang, West Java. The targets for this activity were teenagers consisting of 136 students from class VIII and IX. The results of this community service will be described as follows:

3.1. Results of Evaluation of Preparation Stage Achievement

Table 1 shows the results of the evaluation of the achievement of the preparation stage. From this table, it can be concluded that all activities in the preparation stage have been carried out well. This is inseparable from good internal cooperation and support from external parties, especially the regional government of Jatigede District, specifically Ciranggem Village. The openness and willingness of the Sumedang Regional Government and the community increasingly paved the way for the FK UKI PkM Team to carry out empowerment activities in the target villages.

Table 1. Achievements of the Preparation Stage

No	Types of Activity	Achievement	
		Implemented	Not Implemented
1	Survey the location of the activity	100%	-
2	Management of permits and administration	100%	-
3	Preparation of outreach materials	100%	-

3.2. Frequency Distribution of Participant Characteristics

The participants in the reproductive health counselling were teenagers who were students of SMPN 2 Ciranggem Village, specifically classes VIII and IX. There were 136 people categorized by age and gender, as in Table 2.

Table 2. The Participant Characteristics

Participant Characteristics	Amount (n)	Percentage (%)
Age		
13 Year	50	36.8
14 Year	65	47.8
15 Year	21	15.4
Total	136	100
Gender		
Female	75	55.1
Male	61	44.9
Total	136	100

Table 2 shows that the participants' distribution based on age is dominated by teenagers aged 14 years or, on average, in grade VIII middle school. At this age, teenagers are in a period of high self-confidence because psychologically, they already know the situation and conditions of the school environment after one year in class VII, but of course, they cannot express this self-confidence completely because they still have older siblings. in class IX. This usually triggers feelings of boredom, and he tends to look for new things to do to divert attention and boredom. Based on gender, the participants were dominated by women, although the quantity was not too different from men. This is very in line with the aim of the activity as a preventive effort to handle stunting, where adolescent girls are a priority for treatment so that they will be ready to become adult women who are healthy both physically and psychologically and ready to give birth to healthy offspring, too.

3.3. Evaluation of Increased Knowledge Post Counseling

The increase in participants' knowledge after the counselling was evaluated by distributing pre and post-questionnaires. The results of the processed data are presented in Table 3.

Table 3. Evaluation Results of Increased Participant Knowledge

Indicator	Pre-test		Post-test	
	Amount (n)	%	Amount (n)	%
Knowledge				
Good	3	2.2	98	72.1
Enough	73	53.7	37	27.2
Not enough	60	44.1	1	0.7
Mean	1.58		2.71	
Median	2.0		3.0	

From Table 3, it can be seen that the results of measuring participants' knowledge are as follows: pre-test results show that 3 participants (2.2%) had good knowledge, 73 participants (53.7%) had sufficient knowledge, and 60 participants (44.1%) had insufficient knowledge. The average result of measuring students' knowledge before counselling was 1.58. The post-test results showed that as many as 98 participants (72.1%) had good knowledge, as many as 37 participants (27.2%) had sufficient knowledge, and there was 1 person (0.7%) who had insufficient knowledge due to filling out the questionnaire. post-test, the student was in an unhealthy condition, so he did not complete the questionnaire optimally. The average result of measuring participants' knowledge after counselling was 2.71. The results of measuring the reproductive health knowledge of students at SMPN 2 Jatigede showed significant changes. Significant changes can be seen if we compare the average before and after counselling. This shows that students' knowledge after counselling is higher than before counselling. Insufficient knowledge about reproductive health often influences reproductive health problems faced by teenagers. The counselling method is believed to be able to increase adolescent knowledge and change adolescent behaviour to improve their health status independently. Health education is a method used to increase a person's knowledge and abilities through practical learning techniques or instructions with the aim of changing or influencing human behaviour individually, in groups and in society to be more independent in achieving the goal of a healthy life. The role of the material provider in this counselling is to convey material related to adolescent reproductive health as well as practices for preventing pre-menstrual complaints. Based on the results shown in the tables above, it can be concluded that counselling can increase students' knowledge at SMPN 2 Jatigede, Ciranggem Village. This shows that counselling effectively increases students' knowledge of the reproductive health of SMPN 2 Jatigede, Ciranggem Village. It is hoped that the results of this service can be used by local health agency personnel in efforts to improve the quality of health services, especially health programs related to adolescent reproductive health. In this way, health program targets can be achieved according to targets and can create teenagers who are responsible for their reproductive health independently.

4. CONCLUSION

Implementation of community service activities on the topic of reproductive health as one of the preventive measures in handling stunting, with the target activity being teenagers aged 12 to 15 years at SMPN 2 Jatigede, Ciranggem Village, was declared

capable of providing a significant increase in knowledge for students regarding reproductive health. This can be seen from the results of participants' responses processed through filling out pre and post-test questionnaires, where of the 136 participants there were 98 people (72.1%) knew the "good" category at the time of the post-test compared to previously only 3 people. (2.2%) in the pre-test, while the number of participants in the "sufficient" knowledge category was 37 people (27.2%) in the post-test compared to 73 people (53.7%) in the pre-test.

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