

The Role of Schools in Preventing to Sexual Pre Marriage Behavior for Adolescents

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ABSTRACT

Background: Adolescent premarital sexual behavior is risk behavior that can have an impact on the future of adolescents themselves. Abortion, premature birth and low birth weight, and sexually transmitted diseases are the result of premarital sexual behavior. School as a means of education and a second home for teenage students has a vital role in controlling student behavior. However, if the efforts of schools in providing service facilities especially reproductive health are still not optimal, it can have an impact on negative behavior of adolescent students. Therefore, it is necessary to identify more deeply how the efforts that have been made by schools related to adolescent reproductive health can be used as evaluation material.

Objectives: To examine more deeply how school efforts in preventing premarital sexual behavior in adolescent students.

Methods: Research design using a mix methods, conducted from June to August in the Tirenggo Village, Bantul. The study was conducted in SMAN 2 and 3 with a sample of teachers, principals, vice principals in the student field. Research instruments using questionnaires and interview guides.

Results: School programs in the form of counseling guidance services, health checks, and the presence of inhibiting factors still need attention. Counseling guidance services still do not provide private individual counseling. Health checks are still within the limits of providing education, there is no screening on reproductive organs. Students still cannot be open with the Youth Information and Counseling Center (PIKR) organization

Conclusions: Improving the performance of counseling guidance units, conducting socialization and approaching efforts by PIKR to students. PIKR, School Health Unit (UKS), and Puskesmas can carry out collaboration in screening adolescent health related to reproductive health in addition to conducting counseling.

Keywords: *Counseling, Adolescent, School, Premarital Sex*

INTRODUCTION

Premarital sexual behavior is a serious problem because of the various impacts caused, among others, cases of pregnancy unsafe abortion (unsafe abortion) among adolescents. The number of abortion cases in Indonesia each year reaches 2.3 million and 30% of them are carried out by adolescents (1). Government efforts in dealing with adolescent reproductive health issues are regulated in Government Regulation number 61 of 2014 articles 11 and 12 by providing adolescent reproductive health services aimed at preventing and protecting adolescents from sexual behavior risk (2). Law number 36 of 2009 concerning health includes reproductive health in the sixth part of articles 71 through article 77 in article 71 paragraph 3 mandating that reproductive health is carried out through promotive and preventive activities (3). Based on the results of the study mentioned that the school contributed greatly to the behavior of their children (4).

Based on DIY PKBI data in 2016 there were 720 cases of adolescent labor in DIY. Childbirth is highest in adolescents at the age of 16-19 years. One of the causes of childbirth labor is out of wedlock pregnancy (5). In 2015 there were 976 cases of unmarried pregnancy among teenagers in Yogyakarta, 276 cases in Bantul Regency, 228 cases in Yogyakarta City, 219 cases in Sleman Regency, 148 cases in Gunung Kidul and 105 cases in Kulon Progo. Based on data from the Bantul District Health Office the highest incidence of pregnancy outside marriage in 2018 from the January-September period in Bantul 1 District was 24 people. According to the statement of the head of the public and family health department of Bantul Health Office, the cause of pregnancy data outside of marriage is unknown. The results of a preliminary study at the Bantul I Health Center obtained data that the number of pregnancy out of wedlock in the period January - October 2018 as many as 24 people from the number of pregnancy out of wedlock as many as 13 teenagers with ages 15-20 years who experienced pregnancy out of wedlock, one of the many villages pregnancy occurred out of wedlock in adolescents, namely Tlirenggo Village as many as 8 people (33.3%). The data shows that the high number of premarital sexual behavior that must be known to cause in the Tlirenggo Hamlet, Bantul.

The role of peers, incorrect information, inculcation of character and the role of parents who are less than the maximum is a factor causing a teenager to have sexual relations before marriage (6, 7, 8, 9). School as a means of education for adolescents and being a second home for adolescents has a vital role in educating their students. Monitoring, providing accurate information, and establishing good relationships between teachers and students can prevent students from negative behavior, one of which is sexual intercourse before marriage (10, 11). Identification of the role of the school itself in preventing sexual behavior has not been done in depth. Based on the description above, the study aims to get an overview of the role of schools in preventing adolescent premarital sexual behavior.

MATERIALS AND METHODS

This research integrates quantitative and qualitative methods in data collection, with a Sequential Explanory Strategy model consisting of two stages, quantitative data collection methods with survey design through questionnaires, and the second stage uses qualitative research methods through in-depth interviews with research subjects in order to obtain data needed to explain the quantitative data obtained (12). This research was conducted in June - August 2019, in the Tlirenggo district school, Bantul, Yogyakarta, which consisted of SMA N 2 and 3 Bantul.

The sample is part of the number and characteristics possessed by the population (12). In this study, the sample is the teachers at SMA N 2 and 3 who have the following criteria:

Quantitative Research:

Table 1. Sample criteria for quantitative research

Sample	Inclusion criteria	Exclusion criteria
Teacher	a. Teachers or employees registered at SMAN 2 Bantul and SMAN 3 Bantul b. Have a minimum service period of 3 years c. Willing to be a respondent d. Able to communicate well	Having health problems that can obstruct research such as memory disorders

Qualitative Research:

Table 2. Sample criteria in qualitative research

Sample	Inclusion criteria	Exclusion criteria
Teacher	<p>a. Teachers who have a position as Principal / Deputy Principal in the Tlirenggo Village High School, Bantul and who are willing to become participants</p> <p>b. Student sector in SMA N 2 and 3</p> <p>c. Willing to be a partisan</p> <p>d. (Peer educator) Teachers who understand about sex education in high school and who are willing to become participants</p> <p>e. (Peer educator) Students who understand about sex education in Tlirenggo Village High School.</p>	<p>a. Principals who are in high school 2 and 3 are not willing to be participants</p> <p>b. Students who do not understand about sex education in the Tlirenggo Village High School.</p>

Operational definitions are boundaries of the scope or understanding of the variables observed or examined (13). So the scope of the scope of this research is as follows:

Independent Variable is the Role of Schools, which is a form of participation by schools to help the process of preventing risky sex, namely risky sexual behavior in adolescents based on planning and the process of educating students while at school, as measured by using questionnaires and interview guides. Dependent Variable is an effort to prevent risky sexual behavior that is a form of business that has been done by a person or group of people to prevent risky sexual behavior that can cause risk conditions for pregnancy outside of marriage.

RESULTS AND DISCUSSION

This research was conducted in two regional schools in the Tlirenggo Village, Bantul, Yogyakarta. namely SMA Negeri 2 and 3 Bantul. In realizing a health promoting school, the two schools are collaborating with related institutions. Based on the analysis results obtained the following data:

Table 3. Efforts by schools to prevent pre-marriage sexual behavior

	Frequency (n)	Percentage (%)
Attention to adolescent reproductive health		
Yes	55	100
No	0	0
Efforts to prevent premarital sexual behavior		
Yes	55	100
No	0	0

Based on the above table, it is obtained data that the school has given attention to the reproductive health of students at the school and there have been efforts to prevent premarital sexual behavior.

Reproductive Health Services

In accordance with the results of interviews with vice principals in the field of students (P1, P2) and Guidance Counseling (BK) teachers (P1, P2,) that the existence of programs in schools includes programs (health services, BK services, the formation of teachers Information Centers and Youth Counseling (PIKR), collaboration outside of school can help in preventing premarital sexual behavior in the following statements of participants:

"... ada proram PIKR ... penyuluhan seks pranikah.....(P1)" ("... there is a PIKR program ... premarital sex counseling ... (P1)"

"... penyuluhan ... membahas tentang kesehatan reproduksi dimana di dalamnya menyangkut penyuluhan tentang pencegahan perilaku seks pranikah..... (P2)" "... counseling ... discusses reproductive health in which concerns counseling about the prevention of premarital sexual behavior ... (P2)"

From the results of interviews conducted that there have been efforts in the form of youth PIKR programs that are expected to prevent premarital sex. In accordance with the results of interviews with vice principals in the field of students (P1, P2) and Guidance Counseling (BK) teachers (P1, P2,) that the existence of programs in schools includes programs (health services, BK services, the formation of teachers Information Centers and Youth Counseling (PIKR), collaboration outside of school can help in preventing premarital sexual behavior in the following statements of participants:

“... ada proram PIKR ... penyuluhan seks pranikah.....(P1)” “... there is a PIKR program ... premarital sex counseling ... (P1)”

“... penyuluhan ... membahas tentang kesehatan reproduksi dimana di dalamnya menyangkut penyuluhan tentang pencegahan perilaku seks pranikah..... (P2)” “... counseling ... discusses reproductive health in which concerns counseling about the prevention of premarital sexual behavior ... (P2)”

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BK Service

In accordance with the results of the interview with the Vice Principal for Student Affairs & BK Teachers (P1, P2) that with the BK school service program can help in providing good input for adolescents:

“..Layanan informasi, bimbingan kelompok, konseling kelompok dan layanan konsultasi dengan orang tua (P1) (“... information services, group guidance, group counseling and consulting services with parents ... (P1))

“...Anak mempunyai masalah sendiri harus di tangani sendiri,...(P2) “... Children have their own problems must be handled alone, ... (P2)

In accordance with the results of the interview it was concluded that the school provides services to students for information and provides counseling to students, but it is expected that if a student has his own problems can be solved by themselves.

Outside School Collaboration (Puskesmas, Dinas Kesehatan)

Collaboration between the health sector is carried out by providing counseling on reproductive health, conducting health checks on adolescents, in accordance with the results of interviews P1 & P2:

“Banyak kerjasama, kerjasama dengan dinas kesehatan, puskesmas, rumah sakit atau tergantung dinas kesehatannya.... memberikan penyuluhan....(P1)” “A lot of cooperation, collaboration with the health

department, health centers, hospitals or depending on the health department ... provide counseling ... (P1)”

“..... adanya dari puskesmas.....(P2)” (“... from Puskesmas... (P2)”

In accordance with the results of the interview, it was concluded that the school had collaborated with various outside parties to provide information on reproductive health.

Establishment of PIKR members

In accordance with the results of interviews P1, P2 that there has been the formation of groups that pay attention to reproductive health issues for other female students indicated the existence of statements:

“...ada program PIKR, kelompok PIKR. Didalamnya nanti ada penyuluhan seks pranikah, kesehatan reproduksi remaja..... (P1)” (“... there is a PIKR program, a PIKR group. Inside there will be pre-marital sex counseling, adolescent reproductive health ... (P1)

“Tidak ada bentuk kelompok PIKR Remaja, hanya ada tentang keputrian (menyangkut satu kegiatan untuk siswi putri.....(P2)” (“There is no form of the Youth PIKR group, there is only about the princess (concerning) one activity for female students ... (P2)

Check Health

In accordance with the results of the interview, schools in collaboration with puskesmas always hold health checks but are not specific to reproductive health as indicated by the informants' answers as follows:

“...puskesmas datang untuk mengecek kesehatan anak-anak jadi kami saling membantu.....(P1)” (“... the puskesmas came to check the health of the children so we helped each other ... (P1)”

“...Cuma kaya penyuluhan, adanya pengecekan tentang kesehatan seperti (pemeriksaan karang gigi, tinggi badan, kesehatan mata) dari puskesmas kesehatan reproduksi hanya sekedar penyuluhan. ...P2)” (“... Just like counseling, checks on health such as (examination of tartar, height, eye health) from the health center for

reproductive health are merely counseling. ...
P2) “)

Monitoring and Evaluation Efforts

The results of interviews and schools make monitoring evaluations to find out developments and progress, issues regarding health education given to students for anticipation or prevention efforts. Shown by the results of interviews conducted on P1 & P2 As follows:

“Setiap kegiatan dilakukan evaluasi monitoring jadi setelah selesai kegiatan apakah kegiatan tersebut bisa diterima oleh anak aatau tidak, jadi dari hasil evaluasi kita bisa mengambil tindak lanjut.....(P1)”
(“Every activity is carried out monitoring evaluation so after the activity is over whether the activity can be accepted by children or not, so from the evaluation results we can take follow-up ... (P1)”)

“Pada waktu pembinaan kita juga ikut mencermati, dan kita juga memperhatikan keadaan anak-anak, pada waktu pelaksanaan tersebut anak-anak tertarik tidak pada konsep penyuluhan tsb kalau anak-anak tertarik mereka akan memperhatikan baik-baik kemudian dalam perilaku sehari-hari tersebut akan mengikuti penyuluhan tsb. Itulah evaluasi yang kami laksanakan dan kemudian dari evaluasi tersebut kita buat kesimpulan bersama-sama dengan pembinaan PIKR dan BK.....(P1)”
(“When coaching we also pay close attention, and we also pay attention to the situation of children, at the time of the implementation of the children are not interested in the concept of counseling that if the children are interested they will pay close attention then in daily behavior will be following the counseling page. That is the evaluation that we carried out and then from that evaluation we make conclusions together with the formation of PIKR and BK (P1) “)

“...Evaluasinya tindak lanjut tidak ada, cuma kegiatan keputrian tiap minggu saja lebih bersifat ke preventifnya saja dan akan dilakukan evaluasi pada saat setelah pelaksanaan dan setelahnya tidak ada tindak lanjut....(P2)”
(“.... There is no follow-up evaluation, only weekly princess activities

are more preventive and will be evaluated at the time after implementation and after that there will be no follow-up ... (P2)”)

The conclusion that with the school monitoring evaluation can find out how the process of implementation or implementation carried out by the school in the process of pre-marital sex prevention, can take further action from the results of the evaluation and can be a benchmark for successful implementation.

Supporting and inhibiting factors

In this study, schools have supporting and inhibiting factors in preventing premarital sex, where these factors can affect the smooth running of activities. As indicated by the results of the interviews conducted on P1 P2:

“..adanya hubungan saling percaya dan mendukung satu sama lain, baik dari Pembina PIKR remaja, BK, wakasek kesiswaan, UKS, guru-guru lain maupun anggota kesehatan dari luar sekolah yang bekerjasama dengan SMA kami... P1)”
(“... there is a relationship of mutual trust and support for each other, both from the Adolescent PIKR coach, BK, student vice principal, UKS, other teachers and health members from outside the school in collaboration with our high school ... P1)”)

“Factor pendukung,,semuanya mendukung, dari siswanya tidak ada yang coba bolos, guru-guru mendukung dan tidak ada yang protes, sekolah juga mendukung dan puskesmas ketika diminta untuk memberi materi mendukung.....(P2)”
(“Supporting factors, all support, none of their students try to skip class, teachers support and no one protests, schools also support and puskesmas when asked to provide supporting material (P2) “)

“..Kurang terbukannya siswa-siswi kepada anggota PIKR sebaya, guru BK.....(P1)”
(“... Lack of opening of students to peer members of the PIKR, BK teachers ... (P1)”)

“Kesulitan kepada kepatuhan siswa tersebut, kekurangan narasumber, antusias siswa dalam mengikuti mereka masih merasa hal yang tabu, kurangnya waktu.....(P2)”
(“Difficulties to the students’ obedience, lack

of sources, enthusiastic students in following them still feel taboo, lack of time ... (P2)”)

The mutual trust between structural officials and other units both internal and external is a supporting factor in the program of preventing premarital sexual behavior, but in reality students still cannot openly accept the PIKR group or the BK teacher.

Discussion

The service provided by the school counseling guidance unit is to provide information to students, to report delinquency experienced by adolescents to parents, but if students have personal problems, they are expected to solve it themselves. The guidance and counseling teacher has the task of facilitating the development of a student, and exploring and developing the potential of each student. But the problem is that there is still a long distance between students and counselors who consider BK teachers as someone who is frightening and related to a problem (14). Closeness between a teacher and students can foster a sense that makes students comfortable to discuss and influence student behavior. In addition, a guidance and counseling teacher is a teacher who has competence in solving students' problems and providing guidance and counseling so as to improve the talents of these students. Counseling guidance teacher also not only provides group guidance, but also individual guidance, so that a student who has a personal problem is facilitated to be able to consult with the teacher so that they are not wrong in making problem solving decisions (15). In addition to providing both individual, group guidance, developing potential, talent must also be able to develop a student's personality (16). Not only focus on students, but the relationship between counselors and parents must also be well established because parents themselves have a role related to student behavior, especially premarital sexual behavior of adolescents (17). Formation of a strong character by the school through the cooperation of various parties, will prevent negative behavior in particular is premarital sexual behavior.

Health checks are only in the form of general health of students, whereas in terms of reproductive health only counseling. Adolescents are actually not human beings who are always considered the healthiest in the health cycle, because adolescents have phases in which changes in their reproductive organs can affect their physical and psychological health. Menstruation as an example of signs of changes in reproductive organs in adolescents

(women) that affect the activities and emotions. This teenager needs an assessment of the age at first starting menstruation, how many menstrual cycles, how much blood expenditure during menstruation, whether severe pain occurs when pain. The more early menstruation / menarche age, the more risk of premarital pregnancy, pregnant adolescents, and transmission of sexually transmitted diseases resulting in unsafe abortion, pregnancy complications (risk of premature delivery, low birth weight, stillbirth) and delivery complications (18) . So that not only provide information to adolescents about reproductive health but also give attention to adolescents when reproductive health problems occur (19). Puskesmas as a school partner (18) and as a place of health services at all levels of society can provide reproductive health examination services, or at the School Health Effort (UKS) which is also a target of the puskesmas (20). As mentioned in Republic of Indonesia Government Regulation No. 61 of 2014 concerning Reproductive Health article 12 paragraph 4 one of the reproductive health services for adolescents is medical clinical services in the form of early detection of disease (screening), treatment, and rehabilitation (2). Thus it is important for schools to provide services to reproductive health screening for students.

Students are not yet open to the existence of PIKR, so not many people use this organization. Members of the PIKR itself have an influence on student acceptance in the organization. A positive member attitude towards PIKR will have a good effect on students but if the attitude is negative it will have a bad influence on the existence of the organization (21). In addition, barriers to students' openness to PIKR are the information provided is not varied, inconvenience when telling stories, feels stigmatized when counseling, and feels uninformed about the form of PKPR services (22). Thus the need for commitment from PIKR members in developing their organizations, besides PIKR must get closer to students so that there is not too much distance between PIKR and students.

CONCLUSION AND RECOMMENDATION

Conclusion

Schools have a role in providing good moral values to students including in preventing premarital sexual behavior. Some services have been carried out by schools to facilitate increased knowledge,

improved attitudes about reproductive health but some of these services are still less than optimal. The closeness of teachers and students, the competence and comprehensive role of a BK teacher, complete health services, and the openness of students and PIKR need to be considered.

Recommendation

Improving the performance of the counseling guidance unit by starting from the determination of competent human resources so that they can carry out the role well, in addition to the work program that has been done needs to be re-evaluated to get a good outcome indicator. Conduct comprehensive socialization and approach efforts by PIKR to students so that this organization can provide benefits. PIKR and UKS can carry out cooperation in screening adolescent health related to reproductive health in addition to conducting counseling.

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