

DOES ADOLESCENT REPRODUCTIVE HEALTH INFORMATION SERVICE (KRR) INFLUENCE THE PERCEPTION OF ADOLESCENT SEXUALITY AMONG GRADE X FEMALE STUDENTS OF MA UMMUL QURO AL- ISLAMI BOGOR?

Nabillah Salma Ramy¹

Nurodin²

Nuraini³

Ummul Quro Al-Islami Institute Bogor

Jl. Mohnoh Nur No.112, Leuwimekar, Kec. Leuwiliang, Kabupaten Bogor,
Jawa Barat 16640

nabillahsalmaramy@gmail.com¹ nurodin@iuqibogor.ac.id²

nuraini@iuqibogor.ac.id³

ABSTRACT:

Awareness of the importance of adolescent reproductive health is increasing, but many adolescents still have misconceptions due to limited access to information and taboos regarding sexuality. Considering the school's religious beliefs, this study aims to investigate how 10th-grade female students at MA Ummul Quro Al-Islami Bogor view sexuality in relation to adolescent reproductive health (ARH) information services. A quantitative approach with a single-group pretest-posttest design was used. Thirty-four students formed the sample, and SPSS version 27 was used to analyze the data using a T-test. With a significance level of $0.001 < 0.05$, the average pretest score of 68.21 increased to 81.26 in the posttest, according to the results. These results indicate that after receiving ARH services, students' understanding of sexuality-related topics improved. Students became more open in discussions, understood the importance of maintaining reproductive hygiene, and had more positive attitudes towards sexuality. This study emphasizes the importance of structured and contextual ARH services, especially in Islamic boarding schools (pesantren), utilizing educational media and a religious values-based approach. The conclusion of this study is that KRR information services have a significant influence in forming perceptions of healthy and responsible sexuality among adolescent girls.

Keywords: *Information Services, Reproductive Health, Student Perceptions.*

INTRODUCTION

Over the past ten years, awareness of the importance of reproductive health has begun to gain wider attention, not only from the medical world, but also from



social scientists. Many examples in health anthropology research have shown that a person's reproductive behavior is influenced by their conception or knowledge of reproductive organs, which originates from their cultural environment and is passed down through generations within the community (Utami & Musfita, 2018: 21).

The overall physical, mental, and social well-being related to the reproductive system, its processes, and functions is referred to as adolescent reproductive health (ARH). It is more than simply the absence of illness or disability (Rosyida, 2024: 120). A person's transition from infancy to adulthood occurs throughout adolescence. Significant behavioral, mental, and physical changes occur during this time. Adolescents begin to question many events in their lives as a result, and this forms the basis for how their identities are formed. Children during this period experience structural and functional changes in addition to changes in body shape (Amir, 2022: 112).

Furthermore, this ignorance often leads to the development of misconceptions about sexuality, which in turn can lead to dangerous sexual practices such as sexually transmitted infections (STIs). Adolescents in Indonesia still have low awareness about sexuality and reproductive health, even though effective reproductive health education can provide them with the knowledge they need to make healthy decisions. Many adolescents do not receive appropriate and sufficient sex education, according to statistics from the National Population and Family Planning Agency (BKKBN). This affects how individuals view and act regarding sexuality (BKKBN, 2020).

According to a case study by Masni and Hamid (2018: 68-77), there is a significant number of dangerous sexual activities among teenagers in Makassar. According to this survey, teenagers who engaged in dangerous sexual activities included hugging (23.7%), kissing on the lips (20.4%), holding hands (42.7%), kissing on the cheek (31.4%), masturbation (4.4%), touching sensitive areas (4%),



and having sex (1.1%). Teenagers are encouraged to explore their partner's body more because they believe that kissing and hugging are common in romantic relationships.

Sex education, according to Calderon (in Susianty et al., 2019: 55), is a lesson aimed at increasing a person's self-esteem and self-confidence, strengthening family bonds, teaching them how to build healthy relationships with others, and making them more responsible for their sexual development. Social bonds such as marriage and raising children well are also important. Sex education for the younger generation is often a sensitive topic, but it is important for us to discuss it openly and responsibly.

The primary goal of sex education is not to arouse curiosity, but rather to prevent individuals from engaging in inappropriate behavior. Rather, it presents a valuable opportunity to increase understanding of reproductive health and the various physical, emotional, and social consequences associated with casual sexual relationships. Through effective education, adolescents can be better equipped to navigate the complexities of contemporary society, where sexual misinformation is readily available and often misinterpreted. These educational initiatives are crucial in promoting values such as self-respect and respect for others, as well as highlighting the impact of one's actions on those around them. By framing sex education within the realm of ethics and morality, young people are encouraged to recognize that sexual choices are closely linked to broader personal and social responsibilities. This is not simply a matter of permissibility, but also how those decisions align with existing religious beliefs, cultural practices, and moral principles (Sabilah, Natasya & Rahmawati, 2024: 798).

Perception is how a person sees and understands themselves. It begins with a stimulus, then the person becomes aware of and understands that stimulus. In this way, they can understand themselves and their environment. Sexual behavior that is inappropriate for adolescent development can have negative impacts, both



psychologically and clinically (Sarah, 2023: 6). Sugihartono, in a study conducted by (Apriyanti & Widoyoko, 2021: 53), explains that perception is the ability of the senses to interpret stimuli or the process of understanding stimuli received by the human senses.

For adolescents to develop into physically and psychologically healthy adults, students' attitudes toward sexuality must be positive. Understanding that sex has different roles and purposes and not viewing sex as disgusting, forbidden, or dirty are examples of behaviors that demonstrate a positive attitude toward sexuality. Useless jokes and discussions about sex should also be avoided. Furthermore, it is important to adhere to conventions and guidelines when discussing it, discuss sex from a scientific perspective, develop self-awareness and empathy, and use sex appropriately according to its sacred role and purpose (Sahertian & Latumenasse, 2024: 5).

Consequently, several elements, such as the media, social environment, and education, influence adolescents' perspectives on sexuality. Adolescents who have a good understanding of sexuality tend to be better able to face challenges related to risky sexual issues. Reproductive health information services (RHIs) function to provide knowledge and consultation on reproductive health issues. These services are expected to reach adolescents and provide accurate and relevant information. According to the Indonesian Ministry of Health, RHIs services in schools are crucial for supporting the development of adolescent reproductive health. Schools are strategic locations for providing reproductive health education. RHIs programs in schools can help adolescents understand issues surrounding sexuality and reproductive health. With RHIs programs in schools, students can be more open in discussing reproductive health (Novia et al., 2021: 45-46).

Rapid physical and psychological development during adolescence, coupled with easy access to reproductive health information through social media, makes adolescent reproductive health (ARH) issues increasingly comprehensive,



but if students have different perceptions, it will be a problem in understanding sexuality, therefore providing detailed ARH information services can form a more positive perception of sexuality (Susilowati, Izah & Rakhimah, 2023: 3).

Adolescents who are aware of KRR are better prepared to avoid unwanted pregnancies, make responsible sexual health decisions, and protect themselves from STIs. Views on sexuality are also significantly influenced by the social and cultural environment, this can affect how adolescents receive and understand information about reproductive health. A study by Rahmawati revealed that a conservative cultural context can hinder reproductive health education among adolescents. Although the importance of KRR information has been recognized, there are still many challenges in providing this information to adolescents. Because many people think that talking about sexuality is taboo, making it difficult to open up open discussion spaces about KRR (Rahmawati et al., 2023: 2633).

Schools and related institutions often lack adequate resources, such as engaging learning materials and competent experts. Inaccurate or misleading information about sexuality is often widely disseminated through social media and other sources, often confusing adolescents' understanding of reproductive health.

The above statement can be avoided by providing adolescents with a proper understanding of sexuality. Information services have proven effective because they provide information to students directly in class. The purpose of this study is for students to gain various knowledge about adolescent reproductive health (ARH). In this way, MA students who are still teenagers will not have misunderstandings about sexuality. The researcher acts as a facilitator in this information service, helping students to understand adolescent sexuality well. Based on the background and justification, the researcher intends to conduct a study entitled "The Effect of Adolescent Reproductive Health (ARH) Information Services on Perceptions of Adolescent Sexuality in 10th-grade Female Students at MA Ummul Quro Al-Islami Bogor."



METHOD

There were 147 10th-grade female students at MA Ummul Quro Al-Islami Bogor who served as the population in this study. The basic random sampling approach, which gives every member of the population an equal chance of being selected, was used for sampling due to the population size. A lottery approach was used to randomly select the sample (Machali, 2021: 69). The sample size was 34 students, which was determined using the Slovin formula with a 15% margin of error.

Data collection technique

The following data collection methods were used in this study: Directly observing student behavior throughout the KRR information service procedure is known as observation (Saleh & Malinta, 2020: 55). Collecting secondary data from books, archives, and related documents is known as documentation (Syafari & Montessori, 2021: 12). Students' attitudes, ideas, and opinions on the study topic were measured using a questionnaire, which is the main tool for gauging their perspectives. It is structured as a Likert scale (Prawiyogi, Sadiah, Purwanugraha & Elisa, 2021: 447). Primary data comes directly from the original source, namely the respondents, while secondary data comes from written sources such as books, journals, and other written materials (Sugiyono, 2022: 148).

Research Instruments

A Likert-scale questionnaire was used as a research instrument to measure students' opinions on adolescent sexuality and reproductive health. Before use, the instrument underwent validity and reliability testing to ensure measurement reliability (Iba and Wardhana, 2023: 246).

Data Analysis Techniques

The collected data were examined using quantitative statistics with the help of SPSS software version 27. The analysis methods used include: Validity Test: To



assess whether the items in the questionnaire can effectively measure the intended variables. Reliability Test: To evaluate the consistency of the instrument (Slamet & Wahyuningsih, 2022: 51–52). Normality Test: To ensure data distribution. In cases where the data is normally distributed, parametric statistical tests are applied; conversely, if the data is not normally distributed, non-parametric tests are used (Pratama & Permatasari, 2021: 43). Hypothesis Test (t-test): To evaluate the impact of the independent variable (KRR information services) on the dependent variable (adolescent sexual perception) partially. A significance value <0.05 indicates a significant effect, while a significance value >0.05 indicates no significant effect (Suprianto, Darmanto, Tabash & Abdullah, 2024: 16).

RESULTS AND DISCUSSION

Data Description and Analysis, Instrument Test (Validity and Reliability): First, the Instrument Validity Test can be said to be valid if the item-total-correlation $> r$ table based on the number of samples used, the value of r table for the number of respondents of 35 people is 0.334. Therefore, a statement item is considered valid if the item-total correlation value is greater than or equal to r table = 0.334; if it is less than or equal to r table = 0.334, it is considered invalid or discarded and needs to be changed or removed because it is not suitable for use as a research measuring tool.

All values for each instrument item have a calculated r value greater than the table r value, according to the validity test findings on a table containing 30 statement questions to measure students' views on sexuality using information sources related to adolescent reproductive health. Because all statement items in the questionnaire have met validity standards, it can be said that they are all valid. Second Reliability Test: The distribution of research instruments will look for reliability carried out together with the process of distributing validity through instruments distributed to 35 respondents. With the results of 0.902 Cronbach's



Alpha, it can be said that if >0.6 then it can be declared reliable. Implementation of the Research, The results of the pre-test as an effort to determine the low level of students' perceptions of adolescent reproductive health in class X female students of MA Ummul Quro Al-Islami Bogor.

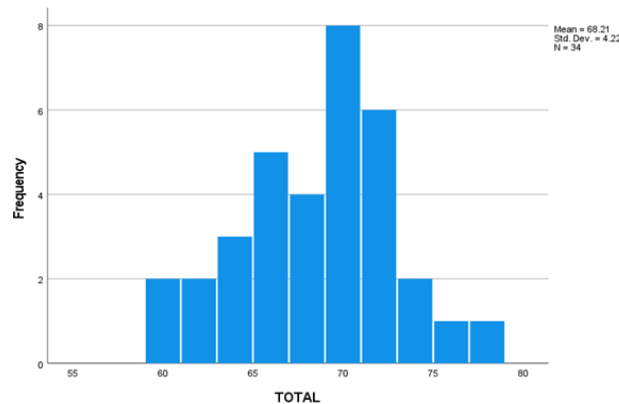


Figure 1. Pre-Test Diagram

Data on the lowest, maximum, mean, and standard deviation scores of each item were collected based on the findings of descriptive statistical analysis conducted with SPSS 27 on the pre-test instrument, which had 30 statements (P01–P30). There were 34 respondents for this pilot test.

In general, the average score for each item ranges from 1.38 to 3.21, with a standard deviation ranging from 0.551 to 0.687. An average score approaching the maximum (4) indicates a high level of understanding of the item, while a low score indicates a low level of understanding among respondents regarding the material in that item. A high standard deviation indicates a large variation in answers between respondents, while a low value indicates uniformity in answers.

In detail, the interpretation of each item is as follows : First Accessibility Indicator: P01, P02, P03, P17, P30: with an average value of 2.14 in the low category, which means that respondents feel that access to KRR services is still limited, this may reflect a lack of channels or opportunities to receive the information either directly or online. Second Information Quality Indicator: P04, P05, P06, P18, P21, P22: with an average value of 2.37 in the low category, which



means that the quality of the service material is considered inadequate, the information received is not clear enough, relevant, or easy for students to understand. Third Information Frequency Indicator: P07, P08, P09, P27, P28: with an average value of 1.64 in the very low category, which means that KRR information services are rarely provided or not carried out regularly, this indicates the need for a fixed schedule or increased intensity of information delivery. The four Understanding Indicators: P10, P12, P19, P23, P29: with an average value of 2.64 in the high category, which means that respondents understand the basic concepts of adolescent sexuality and reproductive health, although services are limited, information from other sources may help shape that understanding. The five Attitude Indicators: P13, P15, P24, P26: with an average value of 2.15 in the low category, which means that students' attitudes towards adolescent sexuality are still not firmly formed, indicating the possibility of confusion or value conflict that affects the acceptance of the information. The six Behavior Indicators: P11, P14, P16, P20: with an average value of 2.61 in the high category, which means that students' behavior or actions related to sexuality issues are relatively positive, this shows that even though information is limited, some students have begun to apply the values or knowledge they have.

The KRR information services students receive are often considered lacking in terms of frequency, quality, and accessibility. Although attitudes remain low, student perceptions indicate that understanding and behavior are beginning to develop positively. This suggests that, although not yet fully implemented, KRR services are indeed having an impact. This question concerns how 10th-grade female students at MA Ummul Quro Al-Islami Bogor formed their opinions about adolescent sexuality.

Information Service Implementation Process: 34 students participated in the delivery of adolescent reproductive health information services using traditional supervision. The information service activities were conducted next to the



women's mosque and in the multipurpose building (GSG). The information service process was explained in five sessions as follows:

The first meeting involved completing a pre-test, which served as baseline data before the adolescent reproductive health information service was implemented. During this stage, the counselor explained the purpose and sequence of the reproductive health information service using classical guidance. Next, the counselor provided a socialization on how to complete the pre-test questionnaire, by reading the questionnaire statements and answer choices: SS (Strongly Agree), S (Agree), TS (Disagree), and STS (Strongly Disagree).

The second meeting was held on Tuesday, April 30, 2025. The meeting took place at the Multipurpose Building (GSG). At this meeting, the counselor began by greeting and asking how the students were doing. Then, the counselor introduced himself and explained the activities and schedule. In addition, the counselor asked about the students' understanding of adolescent reproductive health. The meeting concluded with students being able to answer questions related to reproductive health and discuss them openly.

The third meeting was held on Sunday, May 4, 2025, at the Multipurpose Building (GSG). The counselor began by greeting the students and asking how they were doing. Before providing further services, the counselor reiterated the previously discussed material. In addition, the counselor discussed the importance of maintaining reproductive health and the maintenance and care of reproductive organs during this session. As a result of the conference, students were able to better manage and care for their reproductive organs and were encouraged to ask questions and discuss concerns related to adolescent reproductive health.

The fourth meeting was held on Monday, May 5, 2025, next to the women's mosque. The counselor began by greeting the students and asking how they were doing. Before continuing, the counselor reviewed the previous material. The counselor explained various reproductive health issues, including how to prevent



and care for reproductive organs. The counselor posed questions about adolescent reproductive health, hoping they would understand the material. The meeting concluded with students expressing their thoughts on reproductive health issues without fear of asking questions.

The final meeting involved administering a posttest. After completing the information service activities, a posttest was administered to measure students' understanding of adolescent reproductive health. Post-test Analysis Results: With a standard deviation of 4,220, the overall average score based on the pre-test data was 68.21. With low scores, mostly on the accessibility and frequency of information indicators, this indicates that students' perceptions of adolescent sexuality are generally still in the moderate category. This also indicates how difficult it was for students to obtain and access KRR information before the service was offered.

A post-test was used for re-measurement after the delivery of KRR services. A significant improvement in perception was demonstrated by the analysis findings, which showed that the overall mean post-test score increased to 81.26 with a standard deviation of 4.427. Overall, the students' perceptions shifted to the high category. Based on the students' pre-test scores, this is shown as follows:

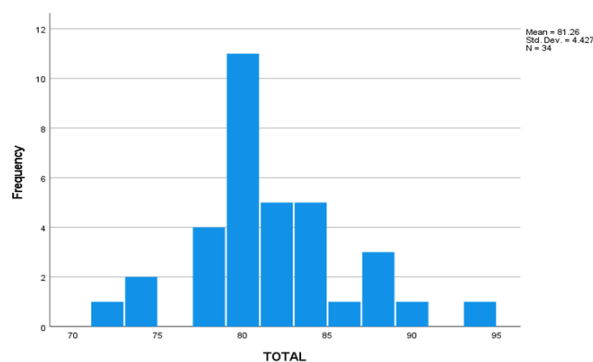


Figure 2. Post-test Diagram

Table 1. Comparison of average Pre-test and Post-test scores.

Indicator	Items	Average Pre-test	Average Post-test	Category
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Indicator	Items	Average Pre-test	Average Post-test	Category
Accessibility	P01, P02, P03, P17, P30	2.14	2.33	Increased but still in the low category
Quality of Information	P04, P05, P06, P18, P21, P22	2.37	2.96	Increased to high
Information Frequency	P07, P08, P09, P27, P28	1.64	2.28	Increased significantly
Understanding	P10, P12, P19, P23, P29	2.64	3.00	Stable at high
Attitude	P13, P15, P24, P25, P26	2.15	2.72	Increased to high
Behavior	P11, P14, P16, P20	2.61	2.95	Stable at high

All indicators experienced an increase in average scores, indicating a positive impact of the KRR service. The third indicator, information frequency, experienced the most significant increase, indicating that the service improved students' understanding of information.

Understanding and behavior indicators tended to be high since the pre-test and remained stable after the service was delivered. Accessibility improved but remained moderate, meaning that even though the information was readily available, ease of access needed to be further improved.

The analysis findings indicate that students' opinions about adolescent sexuality were positively influenced by the KRR information service. Increased post-test scores for each indicator indicate that the information provided met students' knowledge needs and improved their perspectives. This is consistent with Walgito's theory of perception, which states that knowledge, experience, and the learning process all influence perception.

Understanding and behavior improved as a result of students' active involvement during the service. Students' attitudes began to show positive changes, although further reinforcement was needed. Thus, adolescent reproductive health services were shown to have a significant impact on improving students' understanding of adolescent sexuality.



Inferential Statistical Data Analysis : First, to determine whether the data used is normal or not, a Normality Test is performed. To determine whether the data is normal or not, the value (Sig) must be greater than 0.05. If it is less than 0.05, the data is considered abnormal. This indicates that the population from which the data is derived is normally distributed.

The technique used to test the normality of data in this study was using SPSS Version 27 with the following results:

Tests of Normality						
	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
pretest	.163	34	.023	.942	34	.071
posttest	.152	34	.044	.946	34	.094

a. Lilliefors Significance Correction

Figure 3. Results of Normality Test Using SPSS version 27

It is clear from the figure above that the significant values between the Shapiro-Wilk and Kolmogorov-Smirnov tests in the pre-test and post-test show findings of sig > 0.05. The results of the Shapiro-Wilk and Kolmogorov-Smirnov tests in the pre-test were 0.071 and 0.023, respectively. In contrast, the Shapiro-Wilk test produced a value of 0.094 and the Kolmogorov-Smirnov test produced a result of 0.044 in the post-test. Consequently, the data can be said to be normally distributed.

Second Hypothesis Test (T-test):

Paired Samples Test									
		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	sebelumdiberikan layanan - setelah diberikan layanan	-13.412	5.100	.875	-15.191	-11.632	-15.335	33	<.001

Figure 4. Results of the T-test using SPSS version 27

Based on the image of the T-test results above, it is known that the



significant value of the T-test is 0.001, which is <0.05 with the decision-making criteria, namely (H1) P Value <0.05 , then the hypothesis work is accepted and stated to have an effect. If (Ho) P Value >0.05 , then the hypothesis performance is rejected and stated to have no effect. So it can be concluded that the variation in the pre-test-post-test data is H1 accepted Ho rejected, meaning that adolescent reproductive health information services have an effect on students' perceptions of adolescent sexuality.

Discussion of Research Results: This research was conducted in the 10th grade girls of MA Ummul Quro Al-Islami Bogor using 34 students. Based on the research results obtained are as follows:

Based on findings from questionnaires and observations conducted among 10th-grade female students at MA Ummul Quro Al-Islami Bogor, it was determined that information services regarding reproductive health, particularly those related to sexuality, were not adequately provided in the school environment. Most students reported that they had never received counseling or specific education on this subject, either through guidance and counseling services or from health educators. This highlights a lack of information that should be a crucial component of adolescent education. As discussed in a previous study entitled "The Importance of Reproductive Health Knowledge for Adolescents in the Modern Era," reproductive health encompasses physical, mental, or social guidance, extending beyond the mere presence of disease or disability to encompass all aspects related to the reproductive system, its functions, and processes (Galbinur & Defitra, 2021: 223).

This finding is highly relevant to Christina's theory of sexual perception (in Prisca, Yauri & Bunga's research, 2017: 2), which states that adolescents are often considered unfit to receive information related to sexuality. This view creates limitations in access to information, so adolescents tend not to receive adequate sexual education. As a result, they form their own perceptions based on the



influence of their environment, peers, or unofficial sources such as social media, which may not be accurate or safe medically or psychologically.

The questionnaire also revealed significant variation in student behavior regarding reproductive hygiene during menstruation. Some students responded that they changed sanitary napkins four times a day, as recommended. However, others only changed them twice a day, indicating a persistent lack of understanding of hygiene practices. Through observations during the information service process, researchers provided education that changing sanitary napkins at least four times a day is important for preventing infection and maintaining reproductive health. According to Lawrence Green's theory (cited in Qolbah, Hamidah, Purnamawati, & Subiyatin, 2023: 67), a person's health is influenced by two factors: behavioral causes (behavioral factors) and non-behavioral causes (non-behavioral factors), both of which are influenced by knowledge as a risk factor. Lawrence Green's theory in 1980 also suggested that a person's knowledge about personal hygiene has a significant influence on their behavior in maintaining and caring for the health of their reproductive organs, especially during menstruation. Poor personal hygiene can lead to the overgrowth of microorganisms, which can cause disorders in the reproductive organs.

Additional data provided by the health teacher revealed that 12 students were experiencing reproductive health problems or complaints. These problems included dysmenorrhea, excessive vaginal discharge, itching, groin sores, genital dermatitis, yeast infections, and even lumps in the genital area. This situation reinforces the fact that many adolescents still experience reproductive health problems but lack an adequate understanding of their causes and prevention. This highlights the urgency of more intensive and sustainable information services.

During the reproductive health information service, researchers observed that students showed a high level of interest in the material presented. When explaining diseases such as cervical cancer and genital warts that can occur due to



risky sexual behavior, the students appeared to be actively listening and responded positively. This indicates that students are genuinely interested in matters related to sexuality and reproductive health, but previously lacked a safe environment or opportunities to access such knowledge. According to Richma Hidayati (in a study by Susanti & Onan, 2022: 40), the prevention function helps clients avoid various problems that could arise and hinder their development, while the understanding function creates an understanding of themselves and their environment, as well as its problems. The fact that people desire correct and meaningful knowledge and insight as a basis for dealing with the various dynamics of life in a good and logical manner, both as students and as members of society, is one reason information services are provided.

Overall, the results of this study emphasize the importance of structured reproductive health information services in schools. When students are given access to accurate information, they become more open and aware of the importance of maintaining their health, particularly regarding reproductive function. This not only helps shape healthy perceptions of sexuality but also prevents the emergence of risky behaviors and reproductive health problems early on. Therefore, reproductive health education needs to be part of the formal education system, not only medically focused but also taking into account the psychological and cultural aspects of adolescents.

In the context of Islamic boarding schools, where mobile phone use is restricted or even prohibited, effective and contextual alternative media are needed to convey information related to reproductive health. Based on observations, the most feasible approach is through educational print and visual media, such as posters, pocket books, or thematic wall magazines (mading) that regularly display information about adolescent reproductive health. Furthermore, focus group discussions (FGDs), role-playing, or educational dramas can be interactive and enjoyable learning tools. The use of thematic studies or counseling embedded in



religious activities or religious studies also has great potential, as messages about maintaining body and personal hygiene can be reinforced with a religious approach. This can also minimize the perceived taboo surrounding discussions of sexuality. Thus, even though students do not have access to digital technology, information about reproductive health can still be conveyed accurately, effectively, and in accordance with the culture and regulations of the Islamic boarding school environment.

CONCLUSION

The pre-test results of 34 students before the service was carried out, the descriptive statistical test had an average of 68.21 with a minimum score of 60 and a maximum of 78, and a standard deviation of 4.220. This indicates that overall, the students' initial level of understanding in reproductive health information services using classical guidance is classified as moderate.

the post-test results of 34 students after the service was carried out, the descriptive statistical test had an average of 81.26 with a minimum value of 72 and a maximum of 94, and a standard deviation of 4.427. This indicates that the overall level of students' final understanding of reproductive health information services using classical guidance is classified as high.

The impact of reproductive health information services can be seen based on the pre-test results, which showed that the minimum score increased from 60 to 72, and the maximum score increased from 78 to 94. This indicates that both children with poor initial achievement and those with good understanding experienced progress. This indicates that almost all students can gain a better understanding of adolescent sexuality through the information service process. The significance value (sig) of the T-test findings is $0.001 < 0.05$, indicating that adolescent sexual perspectives among 10th-grade female students at MA Ummul Quro Al-Islami Bogor are influenced by reproductive health information services.



Suggestion

For students of MA Ummul Quro Al-Islami Bogor, it is recommended to ask the guidance and counseling teacher or female teacher at the Islamic boarding school if they want to ask about adolescent reproductive health, because if students ask their peers, there is a risk of misunderstanding .

It is recommended that guidance and counseling teachers at MA Ummul Quro Al-Islami Bogor develop a monthly program on reproductive health because many children still do not understand the importance of maintaining good hygiene.

The Principal of MA Ummul Quro Al-Islami Bogor, is advised to provide adequate support and resources for adolescent reproductive health information services, this includes creating activities in the form of sex education which is to provide a good understanding for children so that they can be better in maintaining their reproductive hygiene and health.

Further research is recommended to further develop this material because material about reproductive health is very important for students or children who are moving from childhood to adulthood to know.

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