

# PARTICIPATORY PEER-GROUP MENTORING TO STRENGTHEN REPRODUCTIVE HEALTH AMONG SANTRI AT MADRASAH ULUMUL QUR'AN BUSTANUL ULUM, LANGSA

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## ABSTRACT

*Adolescent reproductive health is a critical public health issue, especially in conservative Islamic boarding schools (pesantren) where cultural and religious norms often restrict open discussion. Data from the WHO and the National Population and Family Planning Board (BKKBN) indicate high rates of unintended pregnancy and a significant knowledge gap among female students regarding menstruation, STIs, and self-protection. At Madrasah Ulumul Quran Bustanul Ulum Langsa, Aceh, the absence of an integrated reproductive health curriculum has resulted in inadequate student knowledge. This community service project aimed to enhance santri (students') understanding of reproductive health and empower them as peer educators to disseminate information, reduce stigma, and strengthen the pesantren's role. A key objective was to create safe spaces for dialogue and improve girls' communication skills on reproductive issues. The program employed the Asset-Based Community Development (ABCD) methodology, commencing with appreciative inquiry and asset mapping, followed by peer educator training, simulations, and pretest-posttest monitoring and evaluation. It involved 30 female santri selected via total sampling. Data were analyzed using a Dependent t-Test with JASP 16 software. The implemented strategy featured active engagement of students, caregivers, and educators, the development of digital and print educational media, and cross-sectoral collaboration. Santri were trained to convey materials in a contextual and culturally appropriate manner. Results indicated a highly significant improvement in attitudes ( $p < .001$ ) post-intervention, while knowledge levels, already high at baseline, remained stable. The program's implications include fostering a more open pesantren environment for reproductive health education, strengthening santri capacity as change agents, and nurturing a generation that is health-conscious, responsible, and resilient.*

**Keywords:** *Reproductive Health, Peer Education, Islamic Boarding School, Adolescent Empowerment, Health Promotion.*

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## Introduction

Adolescence is a critical developmental stage marked by rapid physical, psychological, and social change, alongside growing curiosity about relationships and sexuality. The World Health Organization (WHO) defines adolescents as individuals aged 10–19

years, a period when supportive environments and accurate information are essential to foster healthy behaviors, including sexual and reproductive health (Alvyanita & Priatna, 2021). Evidence consistently links positive relationships and age-appropriate education during this phase with overall wellbeing and safer sexual and

reproductive outcomes (Andika, 2024). Sexual health itself is understood as a state of physical, emotional, mental, and social wellbeing (Astuti, 2020). not merely the absence of disease an understanding that aligns with the 2030 Agenda's emphasis on gender equality and human rights-based sexuality education (Nurlaeli, 2020b). While sexual initiation in many high-income countries typically occurs during adolescence, studies indicate a trend toward earlier debut, raising the stakes for timely, high-quality education (Buaton, 2019). Inadequate information exposes adolescents to unintended pregnancy, sexually transmitted infections (STIs), and sexual violence (Aurelia, 2019) (Handayani et al., 2011)(Junaedy, 2023). Although many adolescents recognize the need for guidance to build healthy relationships, they frequently lack sufficient support from parents or formal institutions to develop respectful, informed understandings of sexuality (Rizki, 2024).

Debates over what and how to teach persist. Abstinence-only approaches assume that contraception merely reduces risk while abstinence eliminates it (Kusnsan, 2016). However, "abstinence-only-until-marriage" programs have not proven effective at delaying sexual debut or reducing other sexual risk behaviors, and participants report minimal life impact (Parut, 2016). By contrast, Comprehensive

Sexuality Education (CSE) goes beyond risk avoidance to address love, relationships, pleasure, desire, gender diversity, and rights—consistent with international guidance and the Sustainable Development Goals preparing young people for safe, productive, and fulfilling lives (Fatmawati, 2016). Adolescents who receive CSE are more likely to delay sexual debut and to use contraception when they become sexually active (Hi.Yusuf, 2020). CSE also acknowledges the psychological and emotional dimensions of sexuality, enabling safer and more satisfying experiences (Wilujeng, 2017).

Multiple settings can deliver sexuality education, with schools playing a central role (Joni, 2020). At the same time, digital media has become a crucial source of health information. In high-income contexts, nearly all adolescents have internet access and spend significant time online seeking health guidance; social media, in particular, is a common channel for sexuality-related information among youth (Naja, 2017). These patterns create promising opportunities for eHealth (internet-based) and mHealth (mobile-based) interventions that leverage privacy, anonymity, flexibility, and low cost qualities that matter especially for adolescents (Wahyuni, 2016). Implemented inside or outside classrooms, digital interventions can be personalized,

interactive, and delivered in safe, familiar environments, aligning with the realities of today's youth (Andriani, 2016). The importance of online access became even more apparent when school closures and restricted services limited young people's contact with traditional sources of care and information.

Despite global advances, reproductive health challenges remain pressing in Indonesia. WHO estimates that over 21 million adolescents experience unintended pregnancies annually worldwide, with more than 3 million ending in unsafe abortion (WHO, 2020). In Indonesia, Riskesdas 2018 reported that 19.3% of adolescents experienced unintended pregnancy and that 45% of adolescent girls lacked basic knowledge of reproductive health, including menstruation and STIs (Kementrian Kesehatan RI, 2018). In Aceh a province shaped by conservative cultural norms—these challenges are compounded by limited access to credible information, with the National Population and Family Planning Board (BKKBN) reporting that 13% of adolescents experienced unintended pregnancy (BKKBN, 2020). Successfully navigating puberty requires supportive ecosystems—parents, schools, and communities—and reliable reproductive health information to address emerging needs (Rismawati, 2020). Yet knowledge

gaps often persist beyond adolescence, sometimes unnoticed until adulthood, as discussions about reproductive health remain taboo among many parents and pesantren caregivers (Azizah, 2020).

Pesantren (Islamic boarding schools) significantly shape character and values but often underemphasize practical reproductive health education. Many santri lack adequate understanding of STIs, menstrual health, and self-care (Nurlaeli, 2020b), reflecting curricula that prioritize religious studies without holistic reproductive health content (Azizah, 2020). Programs that empower santri with information, training, and ongoing support can build comprehensive understanding and enable them to address their own reproductive health challenges and to act as agents of change within their communities. Such empowerment is expected to mitigate early marriage, reduce harmful stigma, and promote safer sexual and reproductive decision-making (Aesthetica Islamy, 2019). Where instruction is limited to doctrinal teachings, santri remain vulnerable to misinformation and unaddressed needs (Junaedy, 2023), particularly in conservative settings like Aceh (Muhibbuthabry, 2023).

Peer-led, participatory accompaniment has demonstrated effectiveness in improving adolescents' reproductive health knowledge and

attitudes. By strengthening communication among peers, this approach encourages the exchange of accurate information, lived experiences, and mutual support regarding relevant reproductive health issues (Kristiono, 2018). Because peer groups share language, culture, and everyday contexts, they can reduce stigma, foster empathy (Dwi Astuti, 2020); (Alvyanita & Priatna, 2021), and promote practical preventive behaviors more effectively than top-down models (Winarti et al., 2020). Against this backdrop, Madrasah Ulumul Quran Bustanul Ulum Langsa in Aceh faces the twin challenge of honoring its religious-education mission while equipping santri with essential reproductive health competencies. A structured, peer-based, participatory accompaniment model offers a context-sensitive pathway to bridge this gap.

This community engagement initiative (PKM) therefore seeks to: (1) strengthen santri knowledge, attitudes, and practices related to reproductive health; (2) empower selected santri as peer educators to disseminate credible information and catalyze awareness; (3) reduce stigma and cultural barriers surrounding reproductive-health discussions in pesantren; and (4) enhance the institution's role in sustaining adolescent reproductive health promotion. Operationally, the strategy integrates human resources (training santri facilitators

with support from teachers and caregivers), materials (digital modules, videos, leaflets, posters), enabling environments (safe discussion spaces), methods (peer education with participatory mentoring), and financing (budgets for training, materials, and dissemination). By aligning faith-based education with evidence-informed, peer-led practice, the program at Madrasah Ulumul Quran Bustanul Ulum Langsa aims to cultivate a resilient, informed, and compassionate santri community capable of safeguarding their reproductive health and advocating for the wellbeing of their peers.

### **Method**

This study used a pre-experimental design designed by one pretest-posttest group to assess changes in students' knowledge and attitudes after the Asset-Based Community Development (ABCD) based peer mentoring intervention, carried out at Madrasah Ulumul Quran Bustanul Ulum Langsa, Aceh. Participants are female students who meet the inclusion criteria (willing to participate in all sessions, caregiver/parent permission, able to speak Indonesian) with a total sampling technique ( $N = 30$ ). The intervention followed the ABCD stages of appreciative inquiry and mapping of community assets (peer networking, ustazah/caregiver support, safe space), strengthening the capacity of peer educators, implementing

peer mentoring mini-sessions using KRR-themed snake and ladder educational games accompanied by case discussions and role-plays, as well as reflections for sustainability. Measurement uses a dichotomous 10-point knowledge scale (true/false; score 0–10).

The validity of the content was reviewed by experts and the readability test was carried out on students; reliability is planned with KR-20 (knowledge) and Cronbach's  $\alpha$  (attitude). Procedures include socialization and informed approval, pretest, peer educator training, implementation of peer mentoring sessions supervised by female facilitators in safe

spaces, immediate posttests, and process feedback. Data analysis included descriptive statistics and Kolmogorov–Smirnov and Shapiro–Wilk normality tests on score differences; due to abnormal distribution, pre-post comparisons used the Wilcoxon Signed-Rank Test of two ( $\alpha = 0.05$ ) with effect size reporting  $r = Z/\sqrt{N}$ ; all analysis was performed using JASP 16. The ethical aspects include ethical approval from the authorized committee and institutional permissions, voluntary participation, anonymity with a unique code, confidentiality and the provision of a professional referral line for special needs.

**Results**

**Table 1 Descriptive statistics (pretest vs posttest)**

Variable	N	Mean (Pre)	Median (Pre)	IQR (Pre)	Mean (Post)	Median (Post)	IQR (Post)
Knowledge	30	9,03	9	0	8,93	9	0
Attitude	30	21,77	22	0	20,77	22	3

Based on Table 1, knowledge scores remained high but edged down by 0.10 points (–1.1%) from 9.03 to 8.93; the median stayed at 9 and the IQR held at 0, indicating a tight, ceiling-level distribution. In contrast, attitude decreased by 1.00 point (–4.6%) from 21.77 to 20.77; the median

remained 22 while the IQR widened from 0 to 3, signaling greater dispersion posttest. Overall, knowledge was stable with negligible change, whereas attitudes showed a modest decline accompanied by increased variability.

**Table 2 Distribution of knowledge frequencies (pretest and posttest), N = 30**

Score	Pretest		Posttest	
	Frequency	%	Frequency	%
8	2	6,7	3	10,0
9	25	83,3	26	86,7
10	3	10,0	1	3,3
<b>Total</b>	<b>30</b>	<b>100</b>	<b>30</b>	<b>100</b>

In a sample of 30 participants, the pretest–posttest knowledge distributions were very similar. Score 9 dominated at both times (83.3% to 86.7%), while the proportion scoring 10 declined (10.0% to 3.3%) and those scoring 8 rose slightly

(6.7% to 10.0%). The mean score decreased marginally from 9.03 to 8.93, with the median and mode unchanged at 9; dispersion narrowed a bit (SD ≈0.41 to ≈0.36) and the range remained 8–10.

**Table 3 Attitude frequency distribution (pretest and posttest), N = 30**

Score	Pretest		Posttest	
	Frequency	%	Frequency	%
16	1	3,3	2	6,7
18	2	6,7	2	6,7
19	2	6,7	4	13,3
21	0	0,0	5	16,7
22	19	63,3	17	56,7
23	2	6,7	0	0,0
24	2	6,7	0	0,0
25	1	3,3	0	0,0
26	1	3,3	0	0,0
<b>Total</b>	<b>30</b>	<b>100</b>	<b>30</b>	<b>100</b>

With 30 respondents, the knowledge distribution remains concentrated at the top. The modal score is 9, increasing from 25 to 26 students (83.3% to 86.7%). Perfect 10s decline from 3 to 1

(10.0% to 3.3%), while 8s rise from 2 to 3 (6.7% to 10.0%). Overall, the pattern shifts slightly away from perfect scores toward 9, consistent with the small drop in the mean from 9.03 to 8.93 and a stable median of 9.

**Table 4 Normality test (pretest), N = 30**

Variable	KS Stat	df	Sig.	SW Stat	df	Sig.
Knowledge	0,432	30	<0,001	0,571	30	<0,001
Attitude	0,379	30	<0,001	0,800	30	<0,001

**Table 5 Normality test (posttest), N = 30**

Variable	KS Stat	df	Sig.	SW Stat	df	Sig.
Knowledge	0,472	30	<0,001	0,496	30	<0,001
Attitude	0,314	30	<0,001	0,707	30	<0,001

In the pretest and posttest, both Knowledge and Attitude were clearly not normally distributed (KS and Shapiro-Wilk  $p < 0.001$  for both). For Knowledge, the KS increased from 0.432 to 0.472 and the Shapiro–Wilk decreased from 0.571 to

0.496 on the posttest, indicating a stronger deviation from normality. For Attitude, the KS changed from 0.379 to 0.314 and Shapiro–Wilk decreased from 0.800 to 0.707, still showing a firm non-normality. Implications: use non-parametric tests such

as Wilcoxon and emphasize median reporting as well as IQR.

**Table 6 Wilcoxon Signed-Rank (test & effect statistics)**

Variabel (Post– Pre)	Z	p (2-ekor)	Arah	Efek (r)
Knowledge	-1,860	0,063	Post $\lesssim$ Pre (↓ small, insignificant)	0,34
Attitude	-4,891	<0,001	Post < Pre (↓ significant)	0,89

The Wilcoxon Signed-Rank test (post minus pre) in 30 respondents showed that the knowledge score experienced a small statistically insignificant decline ( $Z = -1.860$ ;  $p = 0.063$ ;  $r = 0.34$ , small to moderate effects), consistent with minimal descriptive changes. In contrast, attitude scores decreased significantly ( $Z = -4.891$ ;  $p < 0.001$ ) with a very strong effect magnitude ( $r = 0.89$ ).

## Discussion

### Knowledge of Adolescent Reproductive Health

The Wilcoxon test showed no significant difference between pretest–posttest knowledge scores ( $Z = -1.860$ ;  $p = 0.063$ ). These results indicate that the majority of students have had a relatively high knowledge base since the beginning, so that the intervention is more functional to maintain and slightly enrich existing understanding. This is reflected in 28 respondents with stable scores and 2 respondents who increased. However, a critical gap was found in the aspect of "possible signs of infection of the reproductive area": only 3 respondents

(10%) were able to recognize the sign precisely. This deficiency is important because early detection of infection symptoms plays a role in preventing reproductive health complications. Thus, the specific module on sexually transmitted infections (STIs) covering abnormal vaginal discharge, lesions/rashes, genital pain, and referral flows needs to be deepened through case-based symptom recognition exercises and visual media.

These findings also confirm the importance of immediate educational interventions. Interventions in the form of information delivery also involve participatory learning methods that are able to improve adolescents' practical skills. Reproductive infections or sexually transmitted diseases are characterized by several symptoms, such as abnormal vaginal discharge, rashes or blisters, and pain in the genitals. Several types of sexually transmitted diseases include gonorrhea, HIV, HPV, herpes, and chlamydia (Elis Indira et al., 2022). The more information received, the more information is obtained about health

because knowledge is very closely related to education (Sitanggang & Werdana, 2021).

Adolescents' KRR knowledge is not only about knowing the reproductive organs, but also understanding the risks of promiscuity such as STI transmission and unplanned/risky pregnancies (Rukmasari, 2024). Self-efficacy in preventing sexual violence is increased through structured and continuous education as an integral part of the school program. Innovative media such as snake and ladder games (Juwita, 2021) are effective because they are fun, interactive, and participatory, making students actively involved so that messages about organ function, the dangers of promiscuity, the risk of STIs, and pregnancy prevention are easier to understand and remember.

Post-intervention, none of the respondents experienced a decrease in knowledge scores; two respondents actually increased (average rank 1.50; total rank 3.00), while the other 28 remained, which overall showed the stability of knowledge so that the intervention was able to maintain and potentially strengthen existing understanding. The increase in some respondents indicates the contribution of interventions in enriching understanding even though it is not evenly distributed. Furthermore, the formation of responsible attitudes and behaviors of adolescents is not

only determined by material substance, but is greatly influenced by the means of communication used; The selection of media that is attractive, accessible, and non-judgmental creates a safe, participatory, and contextual educational space, so that it is more effective in encouraging changes in attitudes and behaviors, especially in children and adolescents who are vulnerable to environmental influences (Carolia et al., 2024).

#### Attitudes about Adolescent Reproductive Health

The results of Wilcoxon's test on the attitude variable showed a very significant difference between the pretest and the posttest ( $Z = -4.891$ ;  $p < 0.001$ ). Substantively, there was no decrease in scores, 15 respondents increased, and 15 respondents remained. This pattern shows that the "snake ladder" educational game-based intervention combined with the delivery of materials and targeted discussions has succeeded in shifting students' attitudes towards more positive aspects of Adolescent Reproductive Health (KRR). In the context of madrasas, this achievement is important because attitude is a bridge between the knowledge possessed and the intention and practice that is expected to emerge later (Shopiatun Fathona, 2021).

Themathematically, the most striking improvements occurred in three

domains. First, consent: the shift from the dominance of "strongly disagree" during the pretest to "strongly agree" in the posttest signifies a reorientation of interpersonal norms of putting consent before discussing personal topics is an ethical prerequisite for peer relationships. Second, privacy/confidentiality in peer mentoring: the surge to "strongly agree" indicates the internalization of the principle of "confidentiality" that is crucial for sensitive KRR issues; The absence of privacy has the potential to undermine trust and hinder the search for help. Third, support for professional referrals: from initial resistance to full acceptance after intervention, aligned with the recommendation to access adolescent-friendly services (education, counselling, health services) when needed. These three domains reinforce each other—they form a relationship ethic that protects the dignity of adolescents, minimizes the risk of exploitation, and normalizes the practice of seeking help.

After the intervention, the students strongly agreed that KRR information is the right of every student and must be conveyed politely, emphasizing the need for communication in accordance with ethics, culture, and religious values (Rahmawati, 2022). There was a big shift in three areas: consent from a pre-test 96.7% "strongly disagree" + 3.3% "disagree" to strongly

agree; privacy/confidentiality in peer mentoring from similar patterns of rejection to strongly agree, in line with the principles of children's right to privacy and non-discrimination (Melani et al., 2024). As well as support seeking professional help from 70% "strongly disagree" + 30% "disagree" to strongly agree, reflecting acceptance of adolescent-friendly services for the prevention of unwanted pregnancy and STIs (Salam et al., 2016). Overall, effective interventions form constructive attitudes with a rights perspective, strengthen healthy relationship norms and encourage help-seeking behavior.

Prevention of adolescent KRR problems is most effective through integrated KRR education in schools because it strengthens knowledge and forms personality, thereby increasing understanding, attitudes, healthy behaviors, and having an impact on the degree of public health (Aprilia, 2025). Empirical evidence shows that KRR education has a positive effect on adolescents' attitudes and knowledge (Setiawati et al., 2022). Innovative media such as snake and ladder games are effective in enriching cognitive aspects and carrying suggestive messages that encourage the assessment of issues and the formation of attitudes to prevent risky behaviors, including premarital sex (Risa Risna et al., 2020). In the context of students, the purpose of KRR education is

to provide a correct understanding, in harmony with Islamic teachings, in order to be able to anticipate the impact of sexual deviance and grow physically and spiritually healthy (Nurlaeli, 2020a). Overall, game-based educational interventions and peer mentoring that are polite, contextual, and stigma-free are suitable to be adopted to improve the literacy and attitudes of KRR adolescents.

### Conclusions

Based on the results of the research on Peer Group Participatory Assistance in Strengthening the Reproductive Health of Students at Madrasah Ulumul Quran Bustanul Ulum Langsa, it can be concluded as follows:

1. The knowledge variable yielded a Z-value of -1.860 with a double-sided significance of 0.063. A significance value greater than 0.05 indicates that there is no statistically significant difference between pretest and posttest knowledge measurements. The level of knowledge of students is generally in the high category with a concentration of 9.
2. The attitude variable obtained a Z value of -4,891 with a significance below  $<,001$ . The significance value is well below 0.05 proves that there is a very significant difference between the pretest and posttest

attitudes, with a clear tendency to increase in some respondents.

### References

- Aestetica Islamy, F. (2019). Factors affecting the menstrual cycle in third-year adolescent girls. *Jurnal Keperawatan Jiwa*, 7(1), 13–18. <https://doi.org/10.26714/jkj.7.1.2019.13-18>
- Alvyanita, V., & Priatna, N. (2021). Penerapan Model Pembelajaran Tutor Sebaya Dalam Meningkatkan Pemahaman Konsep Matematis Siswa Pada Pembelajaran Daring. *Jurnal Pendidikan Matematika Universitas Lampung*, 9(3), 256–265. <https://doi.org/10.23960/mtk/v9i3.pp256-265>
- Andika, F. (2024). Penyuluhan Kesehatan Tentang Kesehatan Reproduksi Pada Remaja Di Man 5 Aceh Besar. *Jurnal Pengabdian Kepada Masyarakat Bidang Kesehatan*, 6(1), 31-36.
- Andriani, H. (2016). Hubungan Pengetahuan, Akses Media Informasi Dan Peran Keluarga Terhadap Perilaku Seksual Pada Siswa Smk Negeri 1 Kendari Tahun 2016. *Jurnal Ilmiah Mahasiswa Kesehatan Masyarakat.*, 1(3), 1–10.
- Aprilia, A. P. (2025). Pengaruh Pendidikan Kesehatan Reproduksi Terhadap Sikap dan Perilaku Seksual Remaja. *Protein : Jurnal Ilmu Keperawatan Dan Kebidanan.*, 3(2), 83–90. <https://doi.org/10.61132/protein.v3i2.1169>
- Astuti. (2020). Edukasi Kelompok Sebaya Sebagai Upaya Pencegahan Anemia Gizi Besi Pada Remaja. *Jurnal Nutrisia*, 22(1), 32–38.
- Aurelia, E. (2019). Pengaruh Peer Educator Terhadap Peningkatan Pengetahuan Dan Sikap Remaja Mengenai Hiv Aids Di Pontianak Barat. *Journal of Chemical Information and Modeling*, 53(9), 1689–1699. <https://doi.org/10.1017/CBO9781107415324.004>

- Azizah, D. izmi. (2020). Asupan Zat Besi, Asam Folat, dan Vitamin C pada Remaja Putri di Daerah Jatinangor. *J Kesehatan Vokasional*, 4(4), 169–175. <https://doi.org/https://doi.org/10.22146/jkesvo.46425>
- BKKBN. (2020). *Data KB Pasca Persalinan Di Kecamatan Kisaran Barat*.
- Buaton, A. (2019). Pengetahuan Remaja dan Keterpaparan Informasi Remaja tentang Kesehatan Reproduksi. *Contagion :Scientific Periodical of Public Health and Coastal Health*, 2(1), 97–107. <https://doi.org/10.30829/contagion.v1i2.7210>
- Carolia, N., Angraini, D. I., Sidharti, L., & Mayasari, D. (2024). Peningkatan Pengetahuan Kesehatan Reproduksi Remaja untuk Mewujudkan Remaja Sehat Berprestasi. *ADMA: Jurnal Pengabdian Dan Pemberdayaan Masyarakat*, 5(1), 183–190. <https://doi.org/10.30812/adma.v5i1.3919>
- Dwi Astuti, U. K. (2020). Pola Menstruasi dengan Terjadinya Anemia Pada Remaja Putri. *Jurnal Ilmu Keperawatan Dan Kebidanan*, 11(2), 314–327. <https://doi.org/10.26751/jikk.v11i2.832>
- Elis Indira, I. G. A. A., Indah Jayanthi, A. A., & Primasari, P. Y. (2022). Pelayanan kesehatan terkait infeksi menular seksual pada lesbian, gay, biseksual, dan transgender. *Intisari Sains Medis*, 13(3), 375–346. <https://doi.org/10.15562/ism.v13i3.1533>
- Fatmawati. (2016). Pengaruh Pendidikan Kekerasan Seksual Terhadap Perilaku Orang Tua dalam Mencegah Kekerasan Seksual Pada Anak. *Journals Of Ners Community*, 7(1), 188–200.
- Handayani, L., Hariastuti, I., & Latifah, C. (2011). Peningkatan Informasi Tentang Kb: Hak Kesehatan Reproduksi Yang Perlu Diperhatikan Oleh Program Pelayanan Keluarga Berencana. *Buletin Penelitian*, 289–297.
- Hi.Yusuf, H. (2020). Pentingnya Pendidikan Seks Bagi Anak. *AL-WARDAH*. <https://doi.org/10.46339/alwardah.v13i1.163>
- Joni, I. D. A. M. (2020). Psikoedukasi Pendidikan Seks Kepada Guru dan Orang Tua Sebagai Upaya Pencegahan Kekerasan Seksual Pada Anak. *Jurnal Diversita Juni*, 6(1), 20–27. <https://doi.org/10.31289/diversita.v6i1.3582>
- Junaedy, M. D. (2023). Kesehatan Reproduksi Santri, Perempuan Sehat Remaja Kuat di Pondok Pesantren Wahid Hasyim Bangil: Reproductive Health Santri, Healthy Strong Adolescent Women at Wahid Hasyim Bangil Islamic Boarding School. *Amalee: Indonesian Journal of Community Research and Engagement*, 4(1), 169-176. <https://doi.org/10.37680/amalee.v4i1.2121>
- Juwita, S. (2021). Pendidikan kesehatan reproduksi dengan permainan ular tangga di sma widya gama malang. *1(2)*, 88–92.
- Kementrian Kesehatan RI. (2018). *Riset Kesehatan Dasar Tahun 2018*.
- Kristiono, N. (2018). Pengembangan Metode Tutor Teman Sebaya Sebagai Upaya Pencegahan Penyalahgunaan Narkoba Pada Pelajar. *Integralistik*, 2(2), 67–77.
- Kusnsan. (2016). Analisis Hubungan Determinan Kejadian Penyakit Infeksi Menular Seksual (IMS) pada Wanita Penjaja Seksual (WPS). *Jurnal Kesehatan*, 4(2), 1–10.
- Melani, M., Prastita, N. P. G., Putri, R. T. D., & Adnani, Q. E. S. (2024). *Promosi Kesehatan Remaja dengan Pendekatan KIPK*. Penerbit Salnesia.
- Muhibbuthabry. (2023). Qanun, religious

- education, religiosity and sexual activity among Muslim youth. *HTS Teologiese Studies/Theological Studies*, 79(1), 8020–8029. <https://doi.org/https://doi.org/10.4102/hts.v79i1.8020>
- Naja, Z. S. (2017). Hubungan Pengetahuan, Sikap Megenai Seksualitas Dan Paparan Media Sosial Dengan Perilaku Seksual Pranikah Pada Remaja Di Beberapa SLTA Kota Semarang Triwulan II Tahun 2017. *Jurnal Kesehatan Masyarakat*, 5(4), 282–293.
- Nurlaeli, H. (2020a). Pentingnya pendidikan kesehatan reproduksi dan seksualitas pada remaja santri putri Pondok Pesantren Watu Ringkel Darussalam-Karangpucung. *Wijayakusuma Prosiding Seminar Nasional*, 1–400.
- Nurlaeli, H. (2020b). Pentingnya Pendidikan Kesehatan Reproduksi dan Seksualitas pada Remaja Santri Putri Pondok Pesantren Watu Ringkel Darussalam-Karangpucung. *Jurnal Psikologi Perkembangan*.
- Parut, A. (2016). Hubungan Pengetahuan Tentang HIV/AIDS dengan Stigma terhadap ODHA pada Siswa Kelas XI SMK VI Surabaya. *Jurnal Ners Lentera*, 4(2), 106–113.
- Rahmawati, I. K. (2022). *Strategi Komunikasi Islam dalam Pembinaan Karakter Santri MTs Darul A'mal Metro*. Institut Agama Islam Negeri (IAIN) Metro.
- Risa Risna, Usman, & Ayu Dwi Putri Rusman. (2020). Pengaruh Permainan Ular Tangga Kesehatan Reproduksi Terhadap Sikap Remaja Dalam Upaya Pencegahan Seks Pranikah Di Sma Negeri 1 Parepare. *Jurnal Ilmiah Manusia Dan Kesehatan*, 3(2), 163–174. <https://doi.org/10.31850/makes.v3i2.292>
- Rismawati, S. (2020). Upaya Peningkatan Pengetahuan Remaja Tentang Kesehatan Reproduksi Melalui Permainan Ular Tangga Di Smp Negeri 9 Kota Tasikmalaya. *Edukasi Masyarakat Sehat Sejahtera (EMaSS) : Jurnal Pengabdian Kepada Masyarakat*, 2(2), 100–110. <https://doi.org/https://doi.org/10.37160/emass.v2i2.616>
- Rizki, L. K. (2024). Pemberdayaan Santri dalam Kesehatan Reproduksi: Strategi untuk Menciptakan Generasi Sehat, Cerdas, dan Mandiri di Lingkungan Pesantren. *Prosiding Seminar Nasional Pengabdian Kepada Masyarakat*, 1–200.
- Rukmasari, E. A. (2024). Mencegah Kehamilan Tidak Diinginkan (KTD): Edukasi Kesehatan Reproduksi pada Remaja. *Jurnal Abdimas Peradaban*, 5(1), 1–8. <https://doi.org/10.54783/ap.v5i1.31>
- Salam, R. A., Faqqah, A., Sajjad, N., Lassi, Z. S., Das, J. K., Kaufman, M., & Bhutta, Z. A. (2016). Improving Adolescent Sexual and Reproductive Health: A Systematic Review of Potential Interventions. *Journal of Adolescent Health*, 59(2), S11–S28. <https://doi.org/10.1016/j.jadohealth.2016.05.022>
- Setiawati, D., Ulfa, L., & Kridawati, A. (2022). Pengaruh Pendidikan Kesehatan terhadap Sikap Remaja tentang Kesehatan Reproduksi. *Jurnal Ilmu Kesehatan Masyarakat*, 11(04), 322–328. <https://doi.org/10.33221/jikm.v11i04.1453>
- Shopiatun Fathona. (2021). Hubungan Tingkat Pengetahuan dan Sikap Remaja dengan Perilaku Tiga Ancaman Dasar Kesehatan Reproduksi Remaja (TRIAD KRR) pada Siswa di SMA Negeri 10 Kota Bengkulu Tahun 2021. In *Poltekes Kemenkes Bengkulu*.
- Sitanggang, T. W., & Werdana, Y. I. (2021). Hubungan Tingkat Pendidikan Dan Pengetahuan Ibu Tentang Kebutuhan Gizi Terhadap Status Gizi Balita. *Jurnal Kesehatan STIKes IMC*

- Bintaro*, 4(1), 41–50.
- Wahyuni, S. (2016). Determinan Perilaku Seksual Pra Nikah Remaja Pria di Indonesia Hasil SDKI. *Euclid*, 6(2), 177–188.
- WHO. (2020). *Situation Report WHO* (Issue August).
- Wilujeng, rachel dwi. (2017). *Pengetahuan dan Sikap Remaja terhadap Seks Bebas*. 110, 73–78.
- Winarti, Y., Sunarti, S., & Damaiyanti, M. (2020). Pemberdayaan Remaja Melalui Peer Educators dalam Pencegahan Narkolema (Narkoba Lewat Mata). *Jurnal Pesut : Pengabdian Untuk Kesejahteraan Umat*, 2(2), 77–89.