The Effect of Health Education Through Video on Reproductive Health Knowledge Among Female Adolescents at MTS Al Ulum, Medan Area District

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Article Info	ABSTRACT
	Adolescents are a vulnerable age group to reproductive health issues due to a lack of knowledge and limited access to information. The aim of this study was to determine the effect of health education through video on reproductive health knowledge among female students at MTS Al Ulum, Medan Area Subdistrict, in 2025. This research is a quantitative study using a one-group pretest-posttest experimental design. The population consisted of 144 female students, with a sample of 60 students from grades VII and VIII selected using proportionate stratified random sampling. Data were collected using a knowledge questionnaire administered before and after the health education intervention via video. Data analysis was conducted using the Wilcoxon test because the data were not normally distributed. The results showed an increase in knowledge after the health education video was provided. The average pretest score was 6.37, which increased to 7.60 in the posttest. The Wilcoxon test showed a p-value of 0.000 (p < 0.05), indicating a significant effect of health education through video on improving reproductive health knowledge among female students. The conclusion of this study is that video-based health education is effective in increasing adolescent girls' knowledge about reproductive health. It is recommended that health workers, especially in community health centers, provide more education to students, particularly on how to maintain reproductive health using educational video media.
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INTRODUCTION

Reproductive health is defined as a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity, in all matters relating to the reproductive system, its functions, and processes. Reproductive health refers to a healthy condition concerning a woman's reproductive system, encompassing physical, mental, emotional, and spiritual aspects (Harahap, 2022).

According to the World Health Organization (WHO), sexual and reproductive health and rights remain among the greatest challenges faced by adolescents worldwide. Sexual violence, rape, early pregnancy, and unintended pregnancy are consequences of inadequate education and limited access to accurate information during this vulnerable period of life (WHO, 2022). Adolescence is a critical developmental stage marked by significant biological changes, including increases in body size and weight, which reflect hormonal changes related to reproductive maturation (Ministry of Health of the Republic of Indonesia, 2022).

The Effect of Health Education Through Video on Reproductive Health Knowledge Among Female Adolescents at MTS Al Ulum, Medan Area District – Suhartini et al.

Page **464** of **12**

Based on the 2022 Indonesian Demographic and Health Survey (IDHS) on Adolescent Reproductive Health, it was reported that 75.6% of adolescents aged 15–19 years had a low level of knowledge regarding reproductive health (Ernawati & Margiana, 2024).

Insufficient understanding of reproductive health can lead to unhealthy reproductive behaviors and may result in long-term health problems (Hamidah & Rizal, 2022). The consequences of poor reproductive health knowledge among adolescents include irresponsible sexual behavior, increased rates of HIV/AIDS transmission, unsafe abortion, and unintended pregnancy (Abdullah & Ilmiah, 2023). According to the Ministry of Health (2022), approximately 1,929 adolescents aged 15–24 years were estimated to be infected with HIV, representing a 3.8% increase from the previous year.

Data from public health centers in North Sumatra Province in 2021 indicated that of 281,736 first-grade junior high school (SMP/MTs) students, only 161,261 students (57.24%) received health services. This figure represents a decline compared to 61.64% in 2020, demonstrating a decrease in adolescent health service coverage (North Sumatra Provincial Health Office, 2021).

In Medan City, the adolescent population aged 10–24 years is approximately 576,933 individuals, and this number continues to increase annually. This rapid growth requires special attention to ensure adolescents develop into healthy adults. However, only 3,009 adolescents aged 15–24 years received counseling related to reproductive health, HIV/AIDS, and family planning, indicating limited outreach and education efforts (Central Bureau of Statistics of Medan City, 2020).

Poor hygiene of the reproductive organs can result in various health problems, including cervical cancer, vaginal discharge, genital skin irritation, allergies, inflammation, and urinary tract infections (UTIs). The main causes include candidiasis (25–50%), weakened immunity (10%), poor menstrual hygiene practices (30%), unclean environments, and the use of unhealthy sanitary pads during menstruation (50%) (Arifin et al., 2023).

Factors contributing to healthy reproductive behavior include comprehensive health education and access to accurate information. Health education is a systematic effort to modify individual, group, or community behavior and is guided by collectively agreed values and norms (Imron, 2012). In this context, schools and appropriate information media play a crucial role in increasing awareness among adolescents and promoting positive behavioral changes (Dungga & Ihsan, 2023).

A study conducted by Pratiwi Lina Ernawati and Wulan Margiana (2024) at SMP Muhammadiyah Purwojati demonstrated that after the implementation of audio-visual health education on reproductive health, students' knowledge significantly improved. A total of 86 students achieved a good knowledge level, while 10 students remained at a moderate level. Statistical analysis revealed a p-value of 0.000 (< 0.05), indicating a significant effect of audio-visual health education on students' reproductive health knowledge.

Based on interviews conducted in February 2025 with 10 female adolescents at MTS Al Ulum, it was found that only 3 students (30%) understood the concept of reproductive health, while 7 students (70%) lacked adequate understanding. These adolescents had previously received reproductive health information only through school subjects, and no specific counseling had been provided by the school health unit. This situation highlights the need for reproductive health education delivered through video-based media. In the digital era, video-

The Effect of Health Education Through Video on Reproductive Health Knowledge Among Female Adolescents at MTS Al Ulum, Medan Area District – Suhartini et al.

Page **465** of **12**

based education is more engaging for adolescents and has the potential to significantly enhance their understanding of reproductive health.

Based on the above background, it is necessary to conduct a study on the effect of health education through video on reproductive health knowledge among female adolescents at MTS Al Ulum, Medan Area District, in 2025.

METHODS

Type of Research and Research Design

Type of Research

The type of research used in this study is quantitative research. Quantitative research refers to methods used to test certain theories by examining the relationships between variables. These variables are measured—typically using research instruments—so that the resulting numerical data can be analyzed using statistical procedures (Amruddin et al., 2022).

In this study, the variables measured consisted of the independent variable, namely health education through video, and the dependent variable, which was reproductive health knowledge. Data were collected using a questionnaire as the research instrument.

Research Design

The research design applied in this study was a pre-experimental design. Experimental methods involve attempting, exploring, and confirming research outcomes. Experimental research is conducted to determine the effects resulting from a treatment that is intentionally applied under conditions controlled by the researcher (Adiputra et al., 2021).

The form of pre-experimental design used in this study was a one-group pretest–posttest design. This design examines the effect of a treatment on a single group without the inclusion of a comparison group or control group. In this study, a pretest was administered before the treatment, followed by a posttest after the treatment was given. Thus, the effect of the intervention can be identified accurately by comparing outcomes before and after the treatment. The one-group research design is illustrated as follows:

$$O1 \quad X \quad O2$$

Figure 1. Research Design

Description:

O1 : Reproductive health knowledge of female adolescents before receiving health education through video

X : Treatment (health education through video)

O2 : Reproductive health knowledge of female adolescents after receiving health education through video

This design indicates that a single group was provided with a treatment (health education through video), and the outcomes were subsequently observed to assess the effect of the intervention.

Population and Research Sample

Research Population

The Effect of Health Education Through Video on Reproductive Health Knowledge Among Female Adolescents at MTS Al Ulum, Medan Area District – Suhartini et al.

Page **466** of **12**

Population refers to the entire set of elements that will be used as the area of generalization. Population elements are all subjects to be measured, which constitute the units of analysis. In this context, the population represents a generalization area consisting of objects or subjects that possess specific quantities and characteristics determined by the researcher to be studied and from which conclusions are drawn (Sugiyono, 2021).

The population in this study consisted of female adolescents in grades VII and VIII at MTS Al Ulum Medan. The total population comprised 144 students distributed across 10 classes, namely VII-1, VII-2, VII-3, VII-4, VII-5, VIII-1, VIII-2, VIII-3, VIII-4, and VIII-5.

Research Sample

A sample is a subset of the population from which the required data or information can be directly obtained. The process of selecting a sample from a population is referred to as sampling. Sampling is the process of selecting a portion of the population to represent the entire population. Sampling techniques are methods employed to ensure that the selected sample accurately represents the overall research population (Harahap, 2022).

The sampling technique used in this study was Proportionate Stratified Random Sampling, which involves dividing the entire population into several homogeneous, non-overlapping strata and then randomly selecting participants from each stratum (Ramadhani & Bina, 2021). Due to the relatively large population size, the researcher determined the sample size using the Slovin formula with a margin of error of 10%, as follows:

$$= \frac{N}{(1 + N^e)} \tag{1}$$

Description:

n : Sample size

N : Population size

e : Margin of error tolerated in sampling

Based on the description above, it is known that:

N : 144

e : 10%

$$n = \frac{144}{(1 + 140 \,(0.1)^2)} \quad n = \frac{144}{(1 + 140 \,(0.01)}$$

$$n = \frac{144}{(1 + 1.4)} = \frac{144}{(2.4)}$$

$$n = 60$$

Based on the calculation above, the sample included as subjects in this study consisted of 60 respondents. The number of participants in each stratum was determined using proportionate random sampling, applying the proportionate allocation formula as follows:

Description:

ni : Number of sample members in each stratum
n : Total number of sample members
Ni : Number of population members in each stratum
N : Total population size

Data Collection Techniques and Instruments

Data Collection Techniques

The data collection process in this study was carried out through several stages, as follows:

1) Preparation
    a. The researcher submitted a request for permission to the academic authority to conduct the study at MTS Al Ulum.
    b. The researcher obtained a preliminary survey permission letter from the academic institution and requested approval from the school principal to conduct the research.
    c. The researcher requested permission from the school principal to carry out a preliminary observation.
    d. The researcher explained the research procedures to the school principal.
    e. The researcher explained the informed consent process to the school principal.

2) Pretest
    a. The researcher explained the objectives, benefits, and procedures of the study to the respondents and requested the willingness of female adolescents to participate as research samples by signing the consent form.
    b. The researcher distributed questionnaires to the respondents and explained the procedures for completing the questionnaire.
    c. Respondents completed the questionnaire within approximately 15 minutes.
    d. After the completion of the questionnaire, the intervention was administered.

3) Intervention
    The researcher conducted an intervention activity provided to the sample group. This intervention was carried out in a single session, with a maximum duration of 30 minutes, consisting of health education delivered through video media.

4) Post-test
    After the health education intervention was administered, a post-test was conducted with a time interval of three days following the intervention. The use of a time interval between the intervention and post-test was based on the statement by de Vaus (2005), cited in Saloso (2011), which explains that the time gap between an intervention and a post-test depends on theoretical considerations, previous research, and the type of memory being assessed (short-term or long-term memory). In this study, the post-test was conducted to assess short-term memory, using a time interval shortly after the intervention was delivered.

Data Processing and Data Analysis Techniques

Data Processing

Data processing is an essential step in obtaining valid research data, as the data collected from the field are still raw and not yet ready to be presented or analyzed. The steps of data processing according to Notoatmodjo (2018) are as follows:

a. Editing
    Editing is the process of checking and correcting data. At this stage, it is ensured that all required information has been completed properly.
b. Coding

The Effect of Health Education Through Video on Reproductive Health Knowledge Among Female Adolescents at MTS Al Ulum, Medan Area District – Suhartini et al.

Page **468** of **12**

After editing, the next step is coding, which involves converting information in the form of letters or sentences into numerical data. Coding is particularly useful during the data entry process.

In this study, the knowledge instrument used the Guttman scale, where correct answers were scored 1 and incorrect answers were scored 0.

c. Entering

Data entry or data processing refers to the stage where coded data are entered into a computer program for further analysis.

d. Cleaning

Once the data have been entered into the computer program, data cleaning is performed to correct any errors in coding or entry.

e. Processing

After all questionnaires were completely filled out and had undergone coding, the next step was to process the data so that the entered data could be analyzed.

Data Analysis Techniques

Data analysis is a crucial component in achieving the primary objectives of the research, namely to answer research questions and reveal the studied phenomena (Nursalam, 2016).

1) Univariate Analysis

Univariate analysis aims to describe the proportion of each group. In this study, univariate analysis was used to describe respondent characteristics, including name and age of the information sources.

2) Bivariate Analysis

Bivariate analysis is used to determine the relationship between two variables that are presumed to be associated or correlated, namely the independent variable and the dependent variable, using statistical tests (Hardisman, 2020). In this study, bivariate analysis was conducted to compare knowledge scores before and after health education using a paired t-test and the Wilcoxon test when the data were not normally distributed.

Data were processed using computer-based statistical software to test the research hypothesis, which aimed to determine the effect of health education on reproductive health knowledge among female adolescents at MTS Al Ulum, Medan Area District. Prior to hypothesis testing, a data normality test was conducted using the Kolmogorov–Smirnov test, as the sample size was greater than 50.

RESULTS AND DISCUSSION

Research Results

Characteristics of Female Adolescent Respondents at MTS Al Ulum, Medan Area District

After completing the data collection process involving 60 respondents, a frequency distribution was used to describe the characteristics of respondents based on age and grade level among female adolescents at MTS Al Ulum, Medan Area District.

Table 1. Characteristics of Female Adolescent Respondents at MTS Al Ulum.

Characteristics	Frequency (f)	Percentage (%)
Age		

Characteristics	Frequency (f)	Percentage (%)
12 years	11	18.3
13 years	18	30.0
14 years	10	16.7
15 years	21	35.0
Grade		
Grade VII	29	48.3
Grade VIII	31	51.7
Total	60	100

Based on Table 1, the analysis shows that respondents aged 12 years totaled 11 students (18.3%), aged 13 years 18 students (30.0%), aged 14 years 10 students (16.7%), and aged 15 years 21 students (35.0%). Respondents in Grade VII numbered 29 students (48.3%), while those in Grade VIII totaled 31 students (51.7%).

Reproductive Health Knowledge of Female Adolescents Before Receiving Health Education Through Video at MTS Al Ulum, Medan Area District

Based on the results obtained before the implementation of video-based health education, the level of reproductive health knowledge among female adolescents was as follows:

Table 2. Distribution of Female Adolescents' Knowledge Before Video-Based Health EducationProvisions for writing pictures and tables according to the rules of scientific writing.

Knowledge Level	Pretest (n)	(%)
Good	13	21.7
Fair	19	31.7
Poor	28	46.7

The results of knowledge measurement before video-based health education showed that 13 respondents (21.7%) had good knowledge, 19 respondents (31.7%) had fair knowledge, and 28 respondents (46.7%) had poor knowledge.

Reproductive Health Knowledge of Female Adolescents After Receiving Health Education Through Video at MTS Al Ulum, Medan Area District

After video-based health education was provided, the level of reproductive health knowledge among female adolescents was as follows:

Table 3. Distribution of Female Adolescents' Knowledge After Video-Based Health Education

Knowledge Level	Posttest (n)	(%)
Good	35	58.3
Fair	19	31.7
Poor	6	10.0

The Effect of Health Education Through Video on Reproductive Health Knowledge Among Female Adolescents at MTS Al Ulum, Medan Area District – Suhartini et al.

Page **470** of **12**

The results indicated an improvement in reproductive health knowledge, with 35 respondents (58.3%) categorized as having good knowledge, 19 respondents (31.7%) having fair knowledge, and only 6 respondents (10.0%) remaining in the poor knowledge category.

Effect of Video-Based Reproductive Health Education on Reproductive Health Knowledge Among Female Adolescents at MTS Al Ulum, Medan Area District

To determine the effect of video-based reproductive health education on adolescents' reproductive health knowledge, a bivariate analysis was conducted. Prior to hypothesis testing, a data normality test was performed.

Normality testing is a prerequisite for using parametric tests. The normality test aimed to determine whether the data were normally distributed using the Kolmogorov–Smirnov test, as the sample size exceeded 50 respondents.

Table 4. Normality Test Results for Knowledge Variable

Knowledge Variable	p-value	Description	Test Used
Before	0.036	Not normal	Wilcoxon
After	0.002	Not normal	

Based on Table 4.4, the p-values for knowledge before (p = 0.036) and after (p = 0.002) the intervention were both less than 0.05, indicating that the data were not normally distributed. Therefore, the Wilcoxon Signed Rank Test was used.

Table 5. Effect of Video-Based Reproductive Health Education on Knowledge.

Knowledge	Mean	SD	p-value
Before watching video	6.37	1.737	
After watching video	7.60	1.554	0.000

Based on Table 4.5, the mean knowledge score before the intervention was 6.37 (SD = 1.737), which increased to 7.60 (SD = 1.554) after the intervention. The p-value of 0.000 (p < 0.05) indicates a statistically significant effect of video-based reproductive health education.

Table 6. Wilcoxon Signed Rank Test Results

Category	N	Mean Rank
Negative Ranks (Posttest < Pretest)	6	18.83
Positive Ranks (Posttest > Pretest)	43	25.86
Ties (Posttest = Pretest)	11	–

Based on Table 4.6, a total of 43 respondents (71.7%) showed increased knowledge scores after the intervention, 6 respondents (10%) experienced a decrease, and 11 respondents (18.3%) showed no change.

Discussion

Reproductive Health Knowledge Before Video-Based Health Education

The pretest results showed that the majority of female adolescents had poor knowledge (46.7%). These findings align with previous studies (Anggraini et al., 2022; Arofah, 2024; Tyastuti, 2023), which reported low baseline reproductive health knowledge prior to educational interventions.

The Effect of Health Education Through Video on Reproductive Health Knowledge Among Female Adolescents at MTS Al Ulum, Medan Area District – Suhartini et al.

Page **471** of **12**

According to Notoatmodjo (2018), knowledge is acquired through sensory perception, particularly sight and hearing, and serves as a crucial foundation for behavior formation. Limited exposure to reproductive health information contributes to low baseline knowledge among adolescents.

Reproductive Health Knowledge After Video-Based Health Education

After the intervention, most respondents demonstrated improved knowledge, with 58.3% categorized as having good knowledge. These results are consistent with prior research indicating that video-based education effectively enhances adolescent reproductive health knowledge (Anggraini et al., 2022; Arofah, 2024; Tyastuti, 2023).

Video media facilitates information delivery through visual and auditory stimulation, making educational content more engaging and easier to understand.

Effect of Video-Based Reproductive Health Education

Statistical analysis using the Wilcoxon test showed a significant difference in knowledge before and after the intervention (p = 0.000). This finding confirms that video-based reproductive health education positively influences adolescents' knowledge levels.

Video media enhances learning effectiveness by combining images, sound, and text, thereby improving information retention (Monalisya, 2021). However, a small proportion of respondents experienced decreased or unchanged scores, possibly due to memory limitations, lack of attention, or ceiling effects (Sudjana, 2005; Fitriyah & Hidayah, 2021).

Overall, video-based health education proved to be an effective and strategic approach for improving reproductive health knowledge among female adolescents at MTS Al Ulum.

Research Limitations

This study has several limitations that should be considered:
- The study employed only one experimental group without a control group, which may affect the strength of causal inference.
- The educational video used was sourced from the official YouTube channel of the Ministry of Health rather than being specifically produced by the researcher, limiting content customization to respondents' characteristics and needs.

CONCLUSION

Based on the results of the study conducted on 60 respondents regarding the effect of video-based reproductive health education on reproductive health knowledge among female adolescents at MTS Al Ulum, Medan Area District, it can be concluded that prior to the intervention most female adolescents had a low level of reproductive health knowledge, indicating limited understanding before receiving education; however, after the provision of video-based health education, adolescents' knowledge showed a marked improvement and was predominantly categorized as good, demonstrating increased comprehension; furthermore, statistical analysis confirmed that video-based reproductive health education had a significant effect on enhancing reproductive health knowledge among female adolescents at MTS Al Ulum, Medan Area District.

REFERENCE

Abdullah, I., & Ilmiah, W. S. (2023). Promosi Kesehatan tentang Kesehatan Reproduksi Remaja dengan Media Audio Visual Terhadap Pengetahuan dan Sikap di SMAN 4 Tugu Kota

The Effect of Health Education Through Video on Reproductive Health Knowledge Among Female Adolescents at MTS Al Ulum, Medan Area District – Suhartini et al.

Page **472** of **12**

Malang. Dalam I-Com: Indonesian Community Journal (Vol. 3, Nomor 3, hlm. 1266–1272). https://doi.org/10.33379/icom.v3i3.3015

Adiputra, I. M. S., Trisnadewi, N. W., Oktaviani, N. P. W., Munthe, S. A., Victor Trismanjaya Hulu, Indah Budiastutik, Ahmad Faridi, R. R., Fitriani, R. J., Tania, P. O. A., Rahmiati, B. F., Lusiana, S. A., & Andi Susilawaty, Efendi Sianturi, S. (2021). Metodologi Penelitian Kesehatan.

Aji, S. P., Nugroho, F. S., & Rahardjo, B. (2023). Promosi dan Pendidikan Kesehatan di Masyarakat (Strategi dan Tahapannya). Global Eksekutif Teknologi. Dalam Promosi dan Pendidikan Kesehatan.

Amruddin, Priyanda, R., Agustina, T. S., Ariantini, N. S., Ni Gusti Ayu Lia Rusmayani, Aslindar, D. A., Rusmayani, N. G. A. L., Aslindar, D. A., Ningsih, K. P., Wulandari, S., Putranto, P., Yuniati, Dr. I., Untari, Dr. I., Mujiani, S., & Wicaksono, D. (2022). Metodologi Penelitian Kuantitatif (M. P. Dr. Fatma Sukmawati, Ed.). Pradina Pustaka.

Anggraini, K. R., Lubis, R., & Azzahroh, P. (2022). Pengaruh Video Edukasi Terhadap Pengetahuan Dan Sikap Remaja Awal Tentang Kesehatan Reproduksi. Menara Medika, 5(1), 109–120. https://doi.org/10.31869/mm.v5i1.3511

Arifin, Y., Ety Aprianty, & Widya Wiguna. (2023). Faktor-Faktor Yang Berhubungan Dengan Tindakan Personal Hygiene Saat Mentruasi Pada Remaja Putri. Jurnal Kesehatan Mercusuar, 6(2), 073–080. https://doi.org/10.36984/jkm.v6i2.419

Arofah, L. (2024). Pengaruh Pendidikan Kesehatan Dengan Metode Video Terhadap Pengetahuan Kesehatan Reproduksi Remaja Di Smk Muhammadiyah 3 Yogyakarta.

Badan Pusat Statistik Kota Medan. (2020). Jumlah Remaja Usia 15-24 Tahun yang Mendapat Penyuluhan Tentang Kesehatan Reproduksi (Kespro),

HIV/AIDS, dan Keluarga Berencana (KB) Menurut Kabupaten/Kota (kali), 2020.

Dinkes Prov. Sumatera Utara. (2021). Profil Kesehatan Provinsi Sumatera Utara 2021.

Dungga, E. F., & Ihsan, M. (2023). Jurnal Pengabdian Masyarakat Farmasi : Pharmacare Society Pendidikan Kesehatan Reproduksi Pada Remaja. Jurnal Pengabdian Masyarakat Farmasi: Pharmacare Society, 2, 134–139.

Ernawati, P. L., & Margiana, W. (2024). Pengaruh Penyuluhan Metode Audiovisual Terhadap Tingkat Pengetahuan Remaja Tentang Kesehatan Reproduksi Di Smp Muhammadiyah Purwojati. 8, 4330–4338.

Fitriyah, & Hidayah. (2021). Strategi Pembelajaran Efektif: Teori dan Aplikasi. Hamidah, S., & Rizal, M. (2022). Edukasi Kesehatan Reproduksi dan

Perkembangan Remaja di Panti Asuhan Yatim Muhammadiyah Kecamatan

Gresik Kabupaten Gresik Jawa Timur.

Harahap, L. J. (2022). Hubungan Pengetahuan Kesehatan Reproduksi dengan Perilaku Seksual Remaja di SMA Negeri 8 Padangsidimpuan. Bioedunis Journal, 1(2), 67–72. https://doi.org/10.24952/bioedunis.v1i2.6637

Hardani, Auliya, N. H., Andriani, H., Fardani, R. A., Ustiawaty, J., Utami, Fatmi, E., & Istiqomah, D. J. S. R. R. (2020). Metode Penelitian Kuantitatif dan Kualitatif. CV. Pustaka Ilmu.

Hardisman. (2020). Kupas Tuntas dan Lugas Metodologi Penelitian Kualitatif Dari Paradigma Hingga Analisis Data dengan Penerapan di Bidang Kesehatan. Rajawali Press.

Imron, A. (2012). Pendidikan Kesehatan Reproduksi Remaja: Peer Educator & Efektivitas Program PIK-KKR di Sekolah. Ar-Ruzz Media.

Kemenkes. (2018). Pentingnya Menjaga Kebersihan Alat Reproduksi. Kemenkes. (2020). Keshatan Reproduksi Remaja.

The Effect of Health Education Through Video on Reproductive Health Knowledge Among Female Adolescents at MTS Al Ulum, Medan Area District – Suhartini et al.

Page **473** of **12**

Kemenkes. (2022, November 29). Cegah HIV-AIDS, Kemenkes Perluas Akses Pencegahan Pada Perempuan, Anak dan Remaja.

Kemenkes RI. (2022). Kesehatan Reproduksi Remaja : Permasalahan dan Upaya Pencegahan.

Kemkes RI. (2020). Kamis Online Kementrian Kesehatan. Kemkes RI. (2022). Infodatin Kesehatan Reproduksi Remaja.

Kusmiran, E. (2023). Kesehatan Reproduksi Remaja dan Wanita. Salmeba Medika.

Lette, A. R., Fitri, H. N., Wulandari, E., Nenogasu, Y. D., & Jumetan, M. A. (2024). Pengaruh Metode Penyuluhan Menggunakan Video Edukasi Terhadap Pengetahuan Siswa tentang Kesehatan Reproduksi Remaja di Sekolah Menengah Atas (SMA) Negeri 1 Amabi Oefeto. MAHESA : Malahayati Health Student Journal, 4(8), 3442–3454. https://doi.org/10.33024/mahesa.v4i8.14472

Martilova, D. (2020). Faktor Yang Mempengaruhi Pengetahuan Remaja Dalam Pencegahan Hiv Aids Di Sma N 7 Kota Pekanbaru Tahun 2018. JOMIS (Journal of Midwifery Science), 4(1), 63–68. https://doi.org/10.36341/jomis.v4i1.1072

Mayasari, A. T., Febriyanti, H., & Primadevi, I. (2021). Kesehatan Reproduksi Wanita Di Sepanjang Daur Kehidupan (D. Alia, Ed.). Syiah Kuala University Press.

Monalisya, V. (2021). Pengetahuan Remaja Sekolah Menengah Atas Tentang Pendewasaan Usia Perkawinan Di Kota Bengkulu. Pharmacognosy Magazine, 75(17), 399–405.

Notoadmojo, S. (2012). Metodologi Penelitian Kesehatan. Notoatmodjo. (2018). Metodologi Penelitian Kesehatan. Rineka Cipta.

Nurasiah, A., Rizkiyani, A., & Heriana, C. (2020). Hubungan Antara Sumber Informasi Dengan Pengetahuan Remaja Putri Tentang Resiko Pernikahan Dini Terhadap Kesehatan Reproduksi Di Sman 1 Cibingbin Tahun 2020. Jurnal Ilmu Kesehatan Bhakti Husada: Health Sciences Journal, 11(2), 217–223. https://doi.org/10.34305/jikbh.v11i2.173

Nursalam. (2016). Metodologi Penelitian Ilmu Keperawatan Pendekatan Praktis. Salmeba Medika.

Pratiwi, L., Putri, R. S. W., Nawangsari, H., Damayanti, D. F., Liswanti, Y., & Anggraini, D. D. (2023). Pendidikan Kesehatan Reproduksi Anak dan Remaja (Sudut Pandang Teori dan Penelitian) (H. Wijayanti, Ed.). CV. Jejak, anggota IKAPI.

Ramadhani, R., & Bina, N. S. (2021). Statistika Penelitian Pendidikan. Kencana. Rima, W., & Riris, I. D. C. (2020). Edukasi Kesehatan Reproduksi Remaja.Airlangga University.

Santoso, E. B., & Desi, N. M. (2024). Buku Ajar Promosi Kesehatan dan Pendidikan Kesehatan. CV. Basya Media Utama.

Sayuti, S., Almuhaimin, Sofiyetti, & Sari, P. (2022). Efektivitas Edukasi Kesehatan Melalui Media Video Terhadap Tingkat Pengetahuan Siswa dalam Penerapan Protokol Kesehatan di SMPN 19 Kota Jambi The Effectiveness of Health Education Through Video Media on Students ' Knowledge Levels in the Application of He. Jurnal Kesmas Jambi (JKMJ), 6(2), 32–39.

Sinaga, L. R. V. (2021). Pendidikan Kesehatan dan Ilmu Perilaku. Yayasan Kita Menulis.

Siregar, M. H. R. S., Indriawati, R., Panma, Y., Hanaruddin, D. Y., Adhiwijaya, A., Akbar, H., Agustiawan, Nugraha, D., & Renaldi, R. (2020). Metodologi Penelitian Kesehatan (M. P. H. Yohannes Paulus Pati Rangga, S.KM., Ed.). Yayasan Penerbit Muhammad Zaini.

Sudjana, N. (2005). Dasar-Dasar Proses Belajar Mengajar.

Sugiyono. (2019). Metode penelitian kuantitatif, kualitatif, dan R&D. Alfabeta.

Sugiyono. (2021). Metode Penelitian Kuantitatif Kualitatif Dan R Dan D / Dr.

Sugiyono; Editor: Sutopo .2021. Dalam Pendidikan (Nomor July).

The Effect of Health Education Through Video on Reproductive Health Knowledge Among Female Adolescents at MTS Al Ulum, Medan Area District – Suhartini et al.

Page **474** of **12**

Swarjana, I. K. (2022). Konsep Pengetahuan, Sikap, Perilaku, Persepsi, Stres, Kecemasan, Nyeri, Dukungan Sosial, Kepatuhan, Motivasi, Kepuasan, Pandemi Covid-19, Akses Layanan Kesehatan, (R. Indra, Ed.). CV. Andi Offset.

Tyastuti, N. S. (2023). Pengaruh Edukasi Video Animasi Tentang Kesehatan Di Asrama Pemadam Jakarta Pusat Program Studi Kebidanan Program Sarjana Fakultas Ilmu Kesehatan Universitas Kusuma Husada Surakarta 2023.

WHO. (2022). WHO remains firmly committed to the principles set out in the preamble to the Constitution.

WHO. (2024). Kesehatan Reproduksi.

The Effect of Health Education Through Video on Reproductive Health Knowledge Among Female Adolescents at MTS Al Ulum, Medan Area District – Suhartini et al.

Page **475** of **12**