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Reproductive health literacy among vocational high school students: A descriptive study

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Abstract

Background: Reproductive health is an essential component of individual well-being, encompassing physical, mental, and social aspects related to the reproductive system. Reproductive health literacy enables adolescents to access, understand, evaluate, and apply health information to make informed decisions and prevent reproductive health risks. However, reproductive health literacy among Indonesian adolescents remains a major concern, as evidenced by the persistence of risky sexual behaviors, low literacy levels, and the continued occurrence of early marriage. Previous studies in Manado have also indicated that students' reproductive health literacy is relatively low.

Purpose: This study aimed to determine the level of reproductive health literacy among students by assessing their ability to access, understand, evaluate, and apply reproductive health information from various sources in order to support informed decision-making and prevent risky reproductive health behaviors.

Method: This study employed a quantitative descriptive design involving Grade X and XI students at SMK Negeri 6 Manado. The study population consisted of 604 students, and a minimum sample size of 76 respondents was calculated using the Lemeshow formula, and participants were selected through stratified random sampling.

Results: The primary sources of reproductive health information were school teachers and the internet, whereas parents and other family members were less frequently utilized. Overall, students' reproductive health literacy ranged from sufficient to problematic. The accessing dimension was predominantly sufficient (59.2%), the understanding dimension was predominantly sufficient (47.4%), and the evaluating dimension showed equal proportions of sufficient and problematic literacy (43.4% each). The applying dimension was predominantly problematic (59.2%).

Conclusion: The study revealed that students had relatively better literacy in accessing and understanding reproductive health information, while the applying dimension was the weakest. These findings indicate the need to strengthen reproductive health education by emphasizing critical evaluation and practical application of information.

Keywords: Health Literacy; High School Students; Reproductive Health Education; Reproductive Health Literacy.

INTRODUCTION

Reproductive health is a state of complete physical, mental, and social well-being in relation to the reproductive system at all stages of life. It encompasses an individual's ability to experience reproductive functions safely, free from disease, and to exercise the right to make decisions regarding their reproductive health without discrimination, violence,

or coercion. Reproductive health also requires respect for individuals' rights to make decisions concerning their own bodies and reproductive health without discrimination, social pressure, gender-based violence, or coercion in any form (World Health Organization, 2023).

Health literacy is the capacity to access, understand, evaluate, and apply health information in making decisions related to healthcare, disease prevention, and health promotion in everyday life. When applied within the context of reproductive health, health literacy enables individuals, particularly adolescents and women, to avoid risks such as unintended pregnancy, sexually transmitted infections, and gender-based violence, while encouraging them to utilize reproductive health services actively and responsibly (Sørensen et al., 2021).

The results of the Indonesia Demographic and Health Survey indicate that a proportion of adolescents aged 15–24 years have been sexually active, suggesting a tendency toward premarital sexual behavior. This condition is of particular concern because it contributes to various adverse outcomes, including unintended pregnancy, unsafe abortion practices, and an increasing prevalence of early marriage. These consequences extend beyond health issues and significantly affect adolescents' educational attainment, overall well-being, and social welfare (Central Bureau of Statistics, 2020).

Literacy encompasses not only the ability to read information but also the ability to evaluate its credibility, understand its context, and apply it responsibly. However, the level of reading literacy in Indonesia remains relatively low, with the majority of provinces categorized as having low to very low literacy levels. North Sulawesi ranks thirteenth among the thirty-eight provinces in Indonesia (Central Bureau of Statistics, 2023).

Adolescents constitute a substantial proportion of the population, both globally and nationally. In Indonesia, more than 22 million individuals are aged 15–19 years, while North Sulawesi is home to more than 600 thousand adolescents aged 10–24 years. Early marriage also remains a significant issue, with nearly 9% of women aged 20–24 years in North Sulawesi having married before reaching 18 years of age (Central Bureau of Statistics, 2024).

RESEARCH METHOD

This study used a quantitative descriptive design to describe reproductive health literacy among students at SMK Negeri 6 Manado. The study was conducted at SMK Negeri 6 Manado, with data collection beginning in April 2026.

The study population comprised all Grade X and Grade XI students enrolled at SMK Negeri 6 Manado, totaling 604 students (308 Grade X students and 296 Grade XI students). The minimum sample size was calculated using the Lemeshow formula with a 95% confidence level, a proportion of 0.34, and a 10% margin of error, resulting in a minimum sample of 76 respondents.

Probability sampling with stratified random sampling was used. The population was divided into strata based on grade level, and respondents were randomly selected from each stratum to obtain proportional representation of Grade X and Grade XI students.

Primary data were collected using a self-administered questionnaire completed by the respondents. The questionnaire consisted of 33 items assessing four dimensions of reproductive health literacy: accessing, understanding, evaluating, and applying reproductive health information. Secondary information was obtained from school records and relevant scientific literature.

Data processing consisted of editing, data entry, and data cleaning. Completed questionnaires were checked for completeness and consistency, responses were coded and entered into a computer program, and the dataset was checked for coding errors, inconsistencies, and missing values before analysis.

Data were analyzed descriptively and presented as frequencies and percentages. Reproductive health literacy was classified into four categories excellent, sufficient, problematic, and inadequate according to the scoring procedure used in the questionnaire. The study focused on describing the distribution of literacy levels rather than testing causal relationships.

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RESEARCH RESULTS

Table 1. Characteristics of Respondents (N=76)

Variable	Results
Age (Mean±SD) (Years) (Range)	(15.51 ± 0.64) (14-17)
14	3/3.9
15	34/44.7
16	36/47.4
17	3/3.9
Gender (n/%)	
Male	18/23.7
Female	58/76.3
Grade	
X	38/50.0
XI	38/50.0
Sources of Information About Pregnancy (n/%)	
Books/Magazines	5
School Teachers	51
Internet	16
Friends	3
Sources of Reproductive Health Information (n/%)	
Other Family Members	1
Books/Magazines	11
School Teachers	34
Internet	18
Parent	5
Friends	2
Evaluating Literacy Category (n/%)	
Excellent	5/6.6
Sufficient	33/43.4
Problematic	33/43.4
Inadequate	5/6.6
Applying Literacy Category (n/%)	
Excellent	1/1.3
Sufficient	13/17.1
Problematic	45/59.2
Inadequate	17/22.4

Table 1 shows that the mean age of the respondents was 15.51 ± 0.64 years, with an age range of 14–17 years. Most respondents were female (76.3%), and the proportions of Grade X and Grade XI students were equal

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(50.0% each). school teachers were the most frequently reported source of information about pregnancy (51 respondents), followed by the internet (16 respondents), books or magazines (5 respondents), and friends (3 respondents) and school teachers were the main source of reproductive health information (34 respondents), followed by the internet (18 respondents) and books or magazines (11 respondents). Parents and other family members were less frequently reported as information sources.

Table 2. Distribution of Respondents According to Exposure to Reproductive Health Information

Question	Yes (n/%)	No (n/%)
Have you ever read information about the male and female sexual and reproductive systems?	76/100	0 (0.0)
Have you ever obtained or read information about reproductive health?	71/93.4	5/6.6
Have you ever read or received information about abortion?	61/80.3	15/19.7

Table 2 shows that all respondents (100.0%) had read information about the male and female reproductive systems. Most respondents had also obtained or read information about reproductive health (93.4%), while 80.3% had received information about abortion.

Table 3. Distribution of Responses to Items on Reproductive Health Information Access/Understanding

Item	Very Easy (n/%)	Quite Easy (n/%)	Quite Difficult (n/%)	Very Difficult (n/%)
How easy is it for you to understand sexual development and its meaning?	9/11.8	20/26.3	36/47.4	11/14.5
How easy is it for you to distinguish friendship, love, and sexual desire, and understand	5/6.6	17/22.4	31/40.8	23/30.3

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responsibilities in family and marriage?				
How easy is it for you to understand the risk of HIV/AIDS infection from unprotected sex with multiple or changing partners?	12/15.8	27/35.5)	17/22.4	20/26.3
How easy is it for you to understand the health risks of unprotected sexual activity before marriage?	11/14.5	28/36.8	18/23.7	19/25.0
How easy is it for you to understand the concept of unprotected sex?	16/21.1	26/34.2	28/36.8	6/7.9
How easy is it for you to recognize that sexual violence can occur even by someone you know?	12/15.8	22/28.9	21/27.6	21/27.6
How easy is it for you to understand HIV/AIDS transmission and its incubation period?	18/23.7	36/47.4	16/21.1	6/7.9

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How easy is it for you to understand that condoms can prevent both pregnancy and sexually transmitted infections?	11/14.5	27 /35.5	29/38.2	9/11.8
How easy is it for you to understand the dangers of repeated abortion or miscarriage?	17/22.4	22/28.9	20/26.3	17/22.4
How easy is it for you to understand the main symptoms of sexually transmitted infections?	11/14.5	33/43.4	21/27.6	11/14.5
How easy is it for you to understand when and how pregnancy can occur?	14/18.4	21/27.6)/	28/36.	13/17.1)

Table 3 shows the distribution of respondents' responses regarding access to reproductive health information. Overall, respondents reported varying levels of ease in accessing information. The highest proportion of respondents reported that understanding sexual development and its meaning was quite difficult (47.4%). In contrast, understanding HIV/AIDS transmission and its incubation period was also predominantly reported as quite easy (47.4%). These findings indicate that although students were able to access reproductive health information, the perceived ease of accessing and understanding specific topics varied.

Table 4. Distribution of Responses to Items on Understanding Reproductive Health Information

Item	Very Easy	Quite Easy	Quite Difficult	Very Difficult
	n/%	n/%	n/%	n/%
How easy is it for you to understand sexual development and its meaning?	9/11.8	20/26.3	36/47.4	11/14.5

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How easy is it for you to distinguish friendship, love, and sexual desire, and understand responsibilities in family and marriage?	5/6.6	17/22.4	31/40.8	23/30.3
How easy is it for you to understand the risk of HIV/AIDS infection from unprotected sex with multiple or changing partners?	12/15.8	27/35.5	17/22.4	20/26.3
How easy is it for you to understand the health risks of unprotected sexual activity before marriage?	11/14.5	28/36.8	18/23.7	19/25.0
How easy is it for you to understand the concept of unprotected sex?	16/21.1	26/34.2	28/36.8	6/7.9
How easy is it for you to recognize that sexual violence can occur even by someone you know?	12/15.8	22/28.9	21/27.6	21/27.6
How easy is it for you to understand HIV/AIDS transmission and its incubation period?	18/23.7	36/47.4	16/21.1	6/7.9
How easy is it for you to understand that condoms can prevent both pregnancy and sexually transmitted infections?	11/14.5	27/35.5	29/38.2	9/11.8
How easy is it for you to understand the dangers of repeated abortion or miscarriage?	17/22.4	22/28.9	20/26.3	17/22.4
How easy is it for you to understand the main symptoms of sexually transmitted infections?	11/14.5	33/43.4	21/27.6	11/14.5
How easy is it for you to understand when and how pregnancy can occur?	14/18.4	21/27.6	28/36.8	13/17.1

Table 4. shows the distribution of respondents' responses regarding their understanding of reproductive health information. The responses varied across the assessed topics. A relatively high proportion of respondents reported

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that understanding sexual development and its meaning was quite difficult (47.4%), while 47.4% reported that understanding HIV/AIDS transmission and its incubation period was quite easy. The findings indicate that students' understanding of reproductive health information was not uniform across different topics.

Table 5. Distribution of Responses to Items on Evaluating Reproductive Health Information

Item	Very Easy n/%	Quite Easy n/%	Quite Difficult n/%	Very Difficult n/%
How easy is it for you to assess information from the media about adolescent reproductive health risks?	2/2.6	17/22.4	45/59.2	12/15.8
How easy is it for you to recognize unhealthy information in order to build healthy and responsible relationships?	4/5.3	14/18.4	39/51.3	19/25.0
How easy is it for you to analyze the possibility of unprotected sexual behavior among adolescents?	8/10.5	35/46.1	27/35.5	6/7.9
How easy is it for you to recognize bodily changes during puberty and take the initiative to seek help when uncertain?	10/13.2	25/32.9	29/38.2	12/15.8
How easy is it for you to treat people living with HIV/AIDS fairly and without discrimination?	12/15.8	39/51.3	19/25.0	6/7.9

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How easy is it for you to consciously assess the truthfulness of information about AIDS?	3/3.9	45/59.2	23/30.3	4/5.3
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Table 5. shows the distribution of respondents' responses regarding their ability to evaluate reproductive health information. The highest proportion of respondents reported that assessing health information from the media about adolescent reproductive health risks was quite difficult (59.2%). Similarly, 59.2% reported that assessing the accuracy of information about AIDS was quite easy. These findings indicate that students demonstrated different levels of ability to critically evaluate reproductive health information depending on the topic.

Table 6. Distribution of Responses to Items on Applying Reproductive Health Information

Item	Very Easy n/%	Quite Easy n/%	Quite Difficult n/%	Very Difficult n/%
How easy is it for you to talk to a doctor or counselor when confused about sexual orientation or gender identity rather than trying to self-diagnose?	19/25.0	42/55.3	13/17.1	2/2.6
How easy is it for you to communicate with professional counselors or doctors rather than self-diagnosing when you are confused about sexual orientation or gender identity?	19/25.0	38/50.0	17/22.4	2/2.6
How easy is it for you to avoid unprotected sex before marriage and make healthy decisions?	7/9.2	22/28.9	15/19.7	32/42.1
How easy is it for you to recognize symptoms of genital diseases and seek medical help?	15/19.7	28/36.8	29/38.2	4/5.3
How easy is it for you to detect early symptoms of	9/11.8	36/47.4	19/25.0	12/15.8

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sexually transmitted
infections and seek help
promptly?

Table 6. shows the distribution of respondents' responses regarding their ability to apply reproductive health information in daily life. More than half of the respondents reported that communicating with a doctor or counselor when experiencing uncertainty about sexual orientation or gender identity was quite easy (55.3%). Similarly, 50.0% reported that communicating with professional counselors or doctors was quite easy. However, 42.1% of respondents reported that avoiding unprotected sexual intercourse before marriage and making healthy decisions was very difficult. These findings indicate that although students were relatively able to communicate with health professionals, they still experienced difficulties in applying reproductive health information to preventive behaviors and decision-making.

DISCUSSION

The respondents were also categorized according to age. The findings showed that three respondents were 14 years old, 34 respondents were 15 years old, 36 respondents were 16 years old, and three respondents were 17 years old. These findings indicate that the respondents were predominantly in middle adolescence, which represents a critical stage of individual development. According to the World Health Organization (WHO), adolescence encompasses individuals aged 10–19 years who undergo significant biological, psychological, and social changes. During this developmental stage, adolescents experience maturation of the reproductive organs, hormonal changes, and an increased curiosity about sexuality and interpersonal relationships. Consequently, adolescents require accurate and appropriate reproductive health information to understand the physical and psychological changes occurring during this period. Meanwhile, according to the National Population and Family Planning Agency, adolescents are defined as unmarried individuals aged 10–24 years who are undergoing the transition to adulthood. During this transitional phase, adolescents tend to exhibit a high level of curiosity regarding reproductive health;

however, this curiosity is often not accompanied by adequate knowledge.

The findings of the present study are consistent with those another reported, who found that the majority of respondents in reproductive health literacy research were classified within the middle adolescent age group. At this stage, individuals begin to develop more rational thinking abilities; however, they still require guidance in accurately understanding reproductive health information (Makaenas et al., 2024).

Based on the theory of psychological development, adolescents aged 15–17 years are in the formal operational stage of cognitive development, during which individuals begin to develop the capacity for abstract reasoning and critical thinking when processing information (Ajhuri, 2021). Nevertheless, these critical thinking abilities are still developing and have not yet reached full maturity. The sources of reproductive health information identified in this study were categorized into eight groups: school teachers, parents, other family members, friends, books or magazines, the internet, romantic partners, and religious leaders. The findings indicated that information regarding pregnancy, reproductive health, and abortion was obtained primarily from school teachers and the internet. In contrast, parents and other family members were reported as the least utilized sources of reproductive health information. This finding may be attributed to limited communication between adolescents and their parents, variations in parents' educational background and knowledge, as well as socio-cultural norms that continue to regard discussions about reproductive health as a sensitive or taboo subject. These findings are consistent with another study conducted which reported that the majority of senior high school students accessed comprehensive reproductive and sexual health information through the internet (Khairunnisa et al., 2023).

Schools represent one of the primary sources of reproductive health information for adolescents. Reproductive health education delivered within the

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school environment can improve adolescents' knowledge and awareness regarding the importance of maintaining reproductive health. Schools therefore play a crucial role in providing accurate, evidence-based information concerning sexuality, contraception, and the prevention of sexually transmitted infections. In addition to schools, the internet has become one of the most frequently used sources of health information among adolescents. The rapid advancement of information technology has enabled adolescents to obtain health-related information more efficiently and conveniently (Nujulah, 2022). The development of digital technology has created substantial opportunities for the public, particularly adolescents, to access health information more broadly through various digital platforms (Mandels, 2021).

Nevertheless, the use of the internet as a source of health information also presents potential risks because not all available information originates from valid and reliable sources. Adolescents with limited health literacy skills are more likely to accept information without critically evaluating its accuracy and credibility. Consequently, this may lead to misconceptions regarding reproductive health.

Furthermore, the role of parents as a source of reproductive health information remains relatively limited. This situation is largely influenced by prevailing social norms that consider discussions about sexuality to be inappropriate or taboo. Communication between parents and their children regarding reproductive health remains inadequate due to feelings of embarrassment as well as parents' limited knowledge of sexuality education. Therefore, collaborative involvement among families, schools, and healthcare professionals is essential to ensure that adolescents receive accurate and reliable reproductive health information (Indonesian Ministry of Health, 2021).

However, when respondents were asked about the ease of obtaining information on how to access free contraceptive services and reliable medical information regarding abortion, many students perceived these topics as sensitive or taboo. As a result, access to such information remained limited. In fact, information related to contraception and abortion should be obtained from reliable and evidence-based sources, such as healthcare professionals or official

health websites, to ensure that students receive accurate information and are able to apply it appropriately in their daily lives. Based on the findings of this study, reproductive health literacy, when assessed by dimension, demonstrated that the accessing, understanding, and evaluating dimensions were generally classified as sufficient, whereas the applying dimension was classified as problematic. These findings differ from another reported who assessed health literacy separately across its dimensions and found that only the understanding dimension was categorized as sufficient, while the accessing, evaluating, and applying dimensions were classified as inadequate (Dabiri et al., 2019).

The accessing dimension consisted of 11 questionnaire items that assessed students' ability to obtain and seek reproductive health information. These items corresponded to Questions 1 through 11 of the questionnaire. Students who are more frequently exposed to accurate and reliable reproductive health information are more likely to improve their knowledge, which in turn may contribute to positive behavioral changes (Afrianti & Rahmianti, 2021).

Several important concepts, including the risks associated with unprotected sexual intercourse, the transmission of sexually transmitted infections, and the health consequences of abortion, remain insufficiently understood by a considerable proportion of students.

Despite these findings, the results suggest that students' critical thinking skills in assessing the accuracy and credibility of reproductive health information remain limited. Many students tend to accept information obtained from the media or their surrounding environment without critically evaluating the validity of its source or content, particularly information accessed through the internet and social media. These findings indicate that although students were generally able to access and understand reproductive health information, their ability to translate this knowledge into appropriate health-related practices in everyday life remained limited. This limitation was reflected in students' relatively low capacity to make informed health decisions, such as seeking assistance from healthcare professionals when experiencing reproductive health concerns and

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engaging in preventive behaviors to reduce the risk of unsafe sexual practices.

Overall, the level of reproductive health literacy among students at SMK Negeri 6 Manado can be categorized as ranging from sufficient to problematic. The accessing and understanding dimensions demonstrated relatively better performance, whereas the evaluating, and particularly the applying, dimensions remained the principal areas of weakness. These findings suggest that students have not yet developed comprehensive reproductive health literacy. Therefore, interventions aimed at improving reproductive health literacy should extend beyond the provision of health information alone and emphasize the development of critical thinking skills and the practical application of reproductive health knowledge to support informed and responsible decision-making.

CONCLUSION

Based on the findings of this study, the level of reproductive health literacy among students at SMK Negeri 6 Manado ranged from sufficient to problematic across the four dimensions of health literacy. Most students demonstrated a sufficient level of literacy in the accessing and understanding dimensions, although a considerable proportion remained within the problematic category, with a small number classified as inadequate or excellent. Similarly, the evaluating dimension was predominantly distributed between the sufficient and problematic categories, indicating that students' ability to critically assess reproductive health information requires further improvement. In contrast, the applying dimension exhibited the lowest level of achievement, with the majority of respondents classified as having problematic or inadequate reproductive health literacy. These findings suggest that although students are generally capable of accessing, understanding, and evaluating reproductive health information, they continue to experience difficulties in translating this knowledge into informed and responsible health-related decisions and practices in their daily lives.

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