

THE RELATIONSHIP BETWEEN REPRODUCTIVE HEALTH KNOWLEDGE AND FEMALE ADOLESCENTS' BEHAVIOR IN MAINTAINING REPRODUCTIVE ORGAN HYGIENE

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Abstrak

Female adolescents are a vulnerable population with regard to reproductive health problems and therefore require adequate knowledge to support healthy behaviors, particularly in maintaining reproductive organ hygiene. Inadequate knowledge may influence adolescents' behaviors in maintaining their reproductive health. This study aimed to determine the association between reproductive health knowledge and reproductive organ hygiene practices among female adolescents' behaviors in maintaining their reproductive health. This study aimed to determine the association between reproductive health knowledge and reproductive organ hygiene practices among female adolescents at SMP Negeri 09 Pekanbaru. This quantitative study employed a descriptive-analytic design with a cross-sectional approach research criteria. Data were collected using a questionnaire that had been tested for validity using the Chi-square test with a 95% confidence level ($\alpha = 0.05$). The using the Chi-square test with a 95% confidence level ($\alpha = 0.05$). The using the Chi-square test with a 95% confidence level ($\alpha = 0.05$). The and reliability and were subsequently analyzed using the Chi-square test with a 95% confidence level ($\alpha = 0.05$). The results showed that 60.9% of respondents had good reproductive health knowledge, while 57.4% demonstrated good reproductive organ hygiene practices. The Chi-square test indicated a statistically hygiene practices. The Chi-square test indicated a statistically significant association between reproductive health knowledge and reproductive organ hygiene practices ($p = 0.040$; $OR = 2.396$; $95\% CI = 1.112-5.162$). This finding indicates that adolescents with inadequate reproductive health knowledge had 2.396 times higher odds of demonstrating inadequate reproductive organ hygiene practices compared with those who had good knowledge. Thus, better reproductive health knowledge among female adolescents was associated with better reproductive organ hygiene practices. Therefore schools are recommended to implement a monthly "Reproductive Health Day" program consisting of 15–30 minutes of reproductive health

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INTRODUCTION

Adolescence is a transitional period characterized by rapid physical, psychological, and social changes. During this phase, adolescents experience reproductive organ development, increasing readiness for sexual functions, heightened

curiosity, and broader social interactions. These conditions make adolescents vulnerable to various risk behaviors when they lack adequate understanding of reproductive health, including premarital sex, unintended pregnancy, and sexually transmitted infections (STIs) (Wahyuni et al., 2026). According to the World Health Organization (WHO, 2025), reproductive health refers to a state of physical, mental, and social well-being in relation to the reproductive system, its functions, and processes. Inadequate knowledge of reproductive health may increase the risk of unsafe sexual behavior, unintended pregnancy, and STI transmission (Wahyuni et al., 2026).

Globally, STIs remain a major public health concern. In 2020, an estimated 374 million new infections were reported from four curable STIs, while in 2022 approximately 8 million adults aged 15–49 years were living with syphilis and 520 million were living with herpes simplex virus type 2 (HSV-2) infection. In addition, human papillomavirus (HPV) contributes to more than 311,000 deaths from cervical cancer each year (World Health Organization, 2025). In Indonesia, the number of STI cases among adolescents aged 15–19 years has continued to increase, from 2,569 cases in 2022 to 4,589 cases in 2024, with syphilis accounting for the largest proportion of cases (Ministry of Health of the Republic of Indonesia, 2024). In Riau Province, an increasing number of cases has also been reported, including in Pekanbaru City, which recorded 122 new STI cases in 2023 and hundreds of cases of sexually transmitted diseases among adolescents at several community health centers in 2024 (Statistics Indonesia of Riau Province, 2023; Maharani et al., 2025).

The high prevalence of reproductive health problems is influenced by various factors, including parent–adolescent communication, educational level, knowledge, environmental conditions, peer influence, media exposure, access to reproductive health services, socioeconomic conditions, and adolescents' attitudes (Rahmawati et al., 2023). Low levels of knowledge are also associated with inappropriate reproductive hygiene practices, such as the use of pantyliners without an indication, the use of antiseptic soaps with high pH levels, and improper personal hygiene practices, which may increase the risk of reproductive tract infections, cervical cancer, and other health problems (Saputri et al., 2025; Hastutii et al., 2023; Tania et al., 2025). Conversely, adequate knowledge has been shown to be associated with appropriate personal hygiene practices (Mariene & Kiriwenno, 2020; Narmin et al., 2023) and safer sexual behavior (Erika Lubis et al., 2024). Previous studies have demonstrated an association between reproductive health knowledge and personal hygiene practices among female adolescents. However, most existing studies have focused primarily on menstrual hygiene and have been conducted among senior high school students or general adolescent populations. Studies specifically examining the association between comprehensive reproductive health knowledge and behaviors related to reproductive organ hygiene among junior high school female students remain limited, particularly in Pekanbaru City. Furthermore, relatively few studies have been conducted in schools with the largest female student populations in Pekanbaru City, which comprise a heterogeneous population undergoing early to middle stages of pubertal development. Therefore, the novelty of this study lies in its examination of the association between reproductive health knowledge and reproductive organ hygiene practices among female adolescents at SMP Negeri 09 Pekanbaru, representing an early-adolescent population requiring comprehensive reinforcement of reproductive health education.

According to data from the Pekanbaru City Education Office, SMP Negeri 09 Pekanbaru has the largest female student population, comprising 565 students, and was therefore recommended as the study setting. A preliminary study involving 12 menstruating female students from Grades VII and VIII revealed gaps in reproductive

health knowledge. Five students did not know how to properly clean their reproductive organs; two of them had experienced abnormal vaginal discharge, and one had received medical treatment. In addition, six students did not understand the female fertile period. These findings indicate the need to strengthen reproductive health education among female adolescents at the school.

RESEARCH METHODS

Primary data were collected using questionnaires that had undergone validity and reliability testing. The results showed that the knowledge instrument had a Cronbach's alpha coefficient of 0.905, while the behavior instrument had a coefficient of 0.941, indicating that both instruments demonstrated good internal consistency and were considered reliable (Sugiyono, 2023). The data were processed through editing, coding, data entry, and cleaning, followed by univariate and bivariate analyses. The bivariate analysis was performed using the Chi-square test at a 95% confidence level ($\alpha = 0.05$). Knowledge and behavior scores obtained from the questionnaires were subsequently categorized into good and poor categories using the median score as the cut-off point, because the raw scores were ordinal and did not meet the assumption of normality. Following categorization, the association between the study variables was analyzed using the Chi-square test, as both variables were measured as categorical data..

RESULTS AND DISCUSSION

Results

Univariate Analysis

Table 1. Frequency Distribution of Respondents' Characteristics by Age at SMP Negeri 09 Pekanbaru

No.	Age	Frequency (f)	Percentage (%)
1	12 years	2	1.7
2	13 years	41	35.7
3	14 years	54	47.0
4	15 years	18	15.7
Total		115	100.0

Based on Table 1, among the 115 respondents at SMP Negeri 09 Pekanbaru, the majority were 14 years old, comprising 54 respondents (47.0%). This was followed by respondents aged 13 years, totaling 41 respondents (35.7%), those aged 15 years, totaling 18 respondents (15.7%), and those aged 12 years, totaling 2 respondents (1.7%).

Table 2. Frequency Distribution of Female Adolescents' Reproductive Health Knowledge Regarding Reproductive Organ Hygiene at SMP Negeri 09 Pekanbaru

No.	Knowledge	Frequency (f)	Percentage (%)
1	Poor	45	39.1
2	Good	70	60.9
Total		115	100.0

Based on Table 2, among the 115 female adolescents at SMP Negeri 09 Pekanbaru, the majority had good knowledge regarding reproductive health and reproductive organ hygiene, comprising 70 respondents (60.9%). Meanwhile, 45 respondents (39.1%) had poor knowledge.

Table 3. Frequency Distribution of Female Adolescents' Reproductive Organ Hygiene Practices at SMP Negeri 09 Pekanbaru

No.	Behavior	Frequency (f)	Percentage (%)
1	Poor	49	42.6
2	Good	66	57.4
Total		115	100.0

Based on Table 3, among the 115 female adolescents at SMP Negeri 09 Pekanbaru, the majority demonstrated good reproductive organ hygiene practices, comprising 66 respondents (57.4%). Meanwhile, 49 respondents (42.6%) demonstrated poor practices.

Bivariate Analysis

Table 4. Association Between Reproductive Health Knowledge and Reproductive Organ Hygiene Practices Among Female Adolescents at SMP Negeri 09 Pekanbaru

Reproductive Health Knowledge	Poor Behavior n (%)	Good Behavior n (%)	Total n (%)	p-value	OR (95% CI)
Poor	25 (55.6)	20 (44.4)	45 (100.0)	0.040	2.396 (1.112–5.162)
Good	24 (34.3)	46 (65.7)	70 (100.0)		
Total	49 (42.6)	66 (57.4)	115 (100.0)		

Based on Table 4, among the 45 respondents with poor reproductive health knowledge, 25 respondents (55.6%) demonstrated poor reproductive organ hygiene practices, while 20 respondents (44.4%) demonstrated good practices. In contrast, among the 70 respondents with good reproductive health knowledge, 46 respondents (65.7%) demonstrated good reproductive organ hygiene practices, while 24 respondents (34.3%) demonstrated poor practices.

These findings indicate that respondents with good reproductive health knowledge tended to demonstrate better reproductive organ hygiene practices than those with poor knowledge. Conversely, respondents with poor knowledge were more likely to demonstrate inadequate hygiene practices. The Chi-square test yielded a p-value of 0.040, indicating a statistically significant association between reproductive health knowledge and reproductive organ hygiene practices among female adolescents at SMP Negeri 09 Pekanbaru. The odds ratio (OR) of 2.396 (95% CI: 1.112–5.162) indicates that respondents with poor knowledge had approximately 2.4 times higher odds of demonstrating poor reproductive organ hygiene practices compared.

DISCUSSION

Reproductive Health Knowledge Among Female Adolescents

The findings of this study indicate that the overall level of reproductive health knowledge among female adolescents at SMP Negeri 09 Pekanbaru was relatively good. This is reflected in the high proportion of correct responses across most of the assessed indicators. Nearly all respondents demonstrated an understanding of the female reproductive organs (99.13%), the benefits of maintaining reproductive organ hygiene (98.26%), the definition of menstruation (99.13%), and the signs of reproductive organ infections (99.13%). High levels of knowledge were also observed regarding the

appropriate timing for changing sanitary pads (98.26%), changing underwear (100%), the benefits of physical activity (100%), safe sexual behavior (100%), the characteristics of normal vaginal discharge (98.26%), the importance of understanding the menstrual cycle (100%), and avoiding the sharing of sanitary pads, underwear, or towels (99.13%). These findings suggest that most respondents had acquired a satisfactory basic understanding of reproductive health and the importance of maintaining reproductive organ hygiene in their daily lives.

Despite the generally favorable level of knowledge, several areas remained insufficiently understood and warrant greater attention. Approximately 12.17% of respondents were unable to identify the proper method of cleaning the reproductive organs, while 16.52% did not understand the role of HPV vaccination in preventing cervical cancer. The most notable knowledge gap concerned the female fertile period, with only 49.57% of respondents providing a correct answer and 50.43% demonstrating inadequate understanding. In addition, 25.22% of respondents lacked adequate knowledge regarding the appropriate timing and method of reproductive organ cleansing. These findings indicate that although adolescents may be familiar with basic reproductive hygiene practices, their understanding of reproductive physiology and more comprehensive reproductive health concepts remains limited. From a behavioral perspective, knowledge constitutes an important cognitive foundation for health-related decision-making. Adventus et al. (2020) describe knowledge as the outcome of a process of understanding acquired through the senses, which subsequently serves as a basis for decision-making and action. Similarly, Glanz et al. (2015) emphasize that knowledge enables individuals to recognize the benefits and potential risks associated with particular health behaviors and may therefore facilitate behavioral change. Accordingly, adolescents who possess adequate reproductive health knowledge are theoretically more likely to recognize the importance of appropriate hygiene practices and understand the potential consequences of inadequate reproductive health behaviors.

The present findings are consistent with those reported by Ratnaningsih et al. (2026), who found that most female adolescents possessed good knowledge regarding personal hygiene during menstruation, particularly in relation to sanitary pad use, reproductive organ hygiene, and prevention of reproductive health problems. Similarly, Hastutii et al. (2023) reported that most adolescents had good knowledge of menstrual hygiene, although deficiencies remained in their understanding of reproductive physiology, particularly the menstrual cycle and fertile period. The consistency between these findings suggests that information concerning practical reproductive hygiene may be more readily understood by adolescents than concepts involving reproductive physiology and fertility. The relatively high level of knowledge observed in this study may be related to adolescents' increasing access to health information through schools, digital media, health professionals, and family members. Nevertheless, reproductive health education received by adolescents may still emphasize menstrual hygiene rather than address reproductive health comprehensively. Consequently, educational interventions should extend beyond basic hygiene practices to include reproductive functions, fertility, HPV vaccination, prevention of reproductive tract infections, and other relevant reproductive health issues. A more comprehensive approach may strengthen adolescents' understanding and support the development of sustainable healthy behaviors.

Reproductive Organ Hygiene Practices Among Female Adolescents

In addition to knowledge, this study found that reproductive organ hygiene practices among female adolescents at SMP Negeri 09 Pekanbaru were generally

categorized as good. Most respondents reported engaging in behaviors that support reproductive health, including properly washing their reproductive organs (86.96%), changing sanitary pads regularly (86.96%), changing underwear daily (82.61%), maintaining the privacy of their reproductive organs (86.96%), and avoiding interest in negative reproductive health information (80.87%). These findings indicate that the majority of respondents had developed basic hygiene practices that are consistent with healthy reproductive behavior.

However, the findings also demonstrate that good reproductive hygiene practices were not consistently applied across all behavioral domains. Some respondents did not consistently wash their hands before and after cleaning their reproductive organs. Nutritional behavior was also suboptimal, with only 50.43% reporting that they always consumed nutritious foods. Furthermore, menstrual cycle tracking was relatively uncommon, with only approximately half of respondents consistently recording their menstrual cycles. Regular menstrual tracking is important because it can help adolescents monitor reproductive health and identify potential menstrual abnormalities at an early stage. Variations were also observed in psychological and preventive aspects of reproductive health behavior. Some respondents reported feeling uncomfortable or uncertain when dealing with changes in their reproductive organs. Preventive practices, including avoiding the sharing of sanitary pads and other personal items, were likewise not consistently implemented by all respondents. These findings reinforce the view that reproductive health behavior is a multidimensional construct. Knowledge alone may not be sufficient to produce consistent behavioral change, as daily habits, environmental conditions, social support, and psychological readiness may also influence how adolescents translate knowledge into practice. Martina Pakpahan et al. (2021) explain that health behavior encompasses individual actions undertaken to maintain, restore, and improve health. Such behavior is influenced by multiple factors, including knowledge, beliefs, perceptions, motivation, previous experiences, and the social environment. Thus, appropriate reproductive organ hygiene practices are not established solely through the acquisition of health information but also through repeated practice and the development of supportive behavioral environments.

The findings are consistent with Putra et al. (2024), who reported that most female adolescents demonstrated good menstrual hygiene practices, particularly with regard to sanitary pad use and personal hygiene during menstruation. This consistency suggests that reproductive health education delivered through schools and other information channels may contribute positively to the development of adolescents' basic hygiene behaviors. Nevertheless, the present findings suggest that reproductive health education should adopt a broader and more integrated approach. Although respondents generally demonstrated adequate personal hygiene and sanitary pad practices, several supporting behaviors—including nutritious dietary habits, menstrual cycle monitoring, stress management, and consistent preventive practices—remained less optimal. Therefore, reproductive health promotion should involve collaboration among schools, families, and health professionals. Education should encompass not only reproductive organ hygiene but also healthy lifestyles, psychological well-being, and the development of adolescents' capacity to consistently implement appropriate health behaviors.

Association Between Reproductive Health Knowledge and Reproductive Organ Hygiene Practices

The bivariate analysis demonstrated a statistically significant association between reproductive health knowledge and reproductive organ hygiene practices among female

adolescents at SMP Negeri 09 Pekanbaru. The Chi-square test yielded a p-value of 0.040, which is below the predetermined significance level of 0.05. This finding indicates that reproductive health knowledge is significantly associated with adolescents' reproductive organ hygiene practices. Furthermore, respondents with poor reproductive health knowledge had 2.396 times higher odds of demonstrating poor reproductive organ hygiene practices compared with those who had good knowledge (95% CI: 1.112–5.162). These findings indicate that inadequate reproductive health knowledge may constitute an important risk factor for suboptimal reproductive hygiene practices.

The observed association can be understood from the perspective that knowledge provides an important cognitive foundation for health behavior. Adolescents who understand the importance of reproductive organ hygiene, the potential risks of inadequate hygiene, and the appropriate methods of maintaining cleanliness may be more likely to perceive such practices as necessary and incorporate them into their daily routines. In contrast, limited knowledge may reduce adolescents' awareness of reproductive health risks and weaken their motivation to adopt appropriate hygiene practices. This interpretation is consistent with the finding that 55.6% of respondents with poor knowledge demonstrated poor hygiene practices, whereas 65.7% of respondents with good knowledge demonstrated good practices. Nevertheless, the relationship between knowledge and behavior was not absolute. Notably, 24 respondents (34.3%) who possessed good reproductive health knowledge nevertheless demonstrated poor reproductive organ hygiene practices.

This finding suggests that knowledge alone does not fully determine health behavior. According to the Health Belief Model, as described by Glanz et al. (2015), health behavior is influenced by perceived susceptibility, perceived benefits, perceived barriers, and cues to action. Therefore, adolescents may possess adequate knowledge but fail to translate that knowledge into practice when they perceive themselves as being at low risk, encounter barriers to appropriate behavior, or lack sufficient motivation and environmental support. Environmental and social factors may further explain the discrepancy between knowledge and behavior. The availability of adequate sanitation facilities, access to clean water, toilet privacy, availability of sanitary pads, and parental communication regarding reproductive health may facilitate the implementation of appropriate hygiene practices. Likewise, peer influence and behavioral habits established earlier in life may affect adolescents' ability to consistently apply their knowledge. Consequently, the presence of respondents with good knowledge but poor hygiene practices may reflect the influence of other factors that were not measured in this study, including potential confounding variables. Conversely, some respondents with poor knowledge were nevertheless able to demonstrate good reproductive organ hygiene practices.

This finding may be attributable to habitual behaviors acquired through family or school-based guidance, even when adolescents' conceptual understanding of reproductive health remains limited. From this perspective, health behavior can be understood as the result of an interaction among predisposing factors, such as knowledge; enabling factors, such as environmental conditions and available facilities; and reinforcing factors, including support from family, school, and health professionals. Therefore, interventions aimed at improving adolescent reproductive health should extend beyond knowledge enhancement and simultaneously create supportive environments that facilitate the consistent adoption of healthy behaviors. The present findings are further supported by previous studies. Sipayung and Siagian (2025) reported that adolescents with good reproductive health knowledge had approximately 2–3 times greater odds of practicing appropriate reproductive organ hygiene than

those with inadequate knowledge. Similarly, Sari et al. (2022) identified a significant association between reproductive health knowledge and reproductive organ hygiene practices among female adolescents. Their findings highlighted the potential contribution of reproductive health education and counseling in schools to improving adolescents' understanding and encouraging the development of clean and healthy living behaviors. Overall, the findings suggest that improving reproductive health knowledge should remain an important component of interventions targeting female adolescents. Adequate knowledge can increase awareness of the importance of reproductive organ hygiene and enhance adolescents' understanding of the risks associated with inadequate hygiene, including infection and pathological vaginal discharge. However, educational interventions should not be designed solely to increase knowledge. They should also strengthen adolescents' motivation, risk perception, practical skills, and access to supportive environments. Continuous reproductive health education involving schools, families, and health services is therefore essential to promote healthy reproductive behaviors and prevent reproductive health problems among female adolescents.

CONCLUSION

This study found that the majority of female adolescents at SMP Negeri 09 Pekanbaru had good levels of knowledge and demonstrated good practices in maintaining reproductive organ hygiene. The bivariate analysis revealed a statistically significant association between reproductive health knowledge and reproductive organ hygiene practices ($p = 0.040$). Female adolescents with inadequate knowledge had 2.396 times higher odds of demonstrating poor reproductive organ hygiene practices compared with those with good knowledge. These findings indicate that knowledge is an important factor in shaping reproductive health behaviors, although the implementation of such behaviors may also be influenced by environmental conditions, social support, and daily habits.

Therefore, continuous reproductive health education is needed through collaboration among schools, families, and health professionals. As an implementation of the study findings, schools are recommended to establish a monthly "Reproductive Health Day" program consisting of 15–30 minutes of reproductive health education before or after regular class hours. This program may serve as a promotive strategy to strengthen reproductive health knowledge and encourage healthier reproductive hygiene practices among female adolescents.

Statement on the Use of Artificial Intelligence.

AI was used in the preparation of this manuscript. The authors used artificial intelligence tools solely to assist with language improvement, grammar checking, and editing for clarity and readability. The authors remain fully responsible for the accuracy, originality, integrity, and academic content of the manuscript. All AI-assisted content was reviewed and verified by the authors before submission.

Conflicts of interest

"The authors declare no conflict of interest."

Author contributions

The first author was responsible for the conceptualization and design of the study, data collection, data analysis, and preparation of the initial manuscript draft. The second author, as the academic supervisor, provided guidance on the research methodology, contributed to data validation and interpretation of the findings, and critically reviewed

and revised the manuscript for its intellectual and scientific content. Both authors reviewed and approved the final version of the manuscript.

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