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Determinants of Knowledge Among Women of Reproductive Age Regarding Sexually Transmitted Infections in the Working Area of Kedungrejo Public Health Center

Rahmawati Raharjo[1*], Gufron Wahyudi[2]

[1*] Prodi S1 Ilmu Keperawatan, Fakultas Ilmu Kesehatan, Universitas Bakti Indonesia
[2] Prodi S1 Kesehatan Masyarakat, Fakultas Kesehatan Masyarakat, Universitas Bakti Indonesia
***Email:** rahmawatiraharjo2@gmail.com

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ABSTRACT

Sexually transmitted infections remain global health issues which cause millions morbidity and mortality. Women of reproductive age represent one of the vulnerable groups, as limited knowledge can affect sexual behavior and elevate the risk of transmission. This study seeks to examine the determinants influencing the knowledge of women of reproductive age regarding sexually transmitted infections. The research employed a cross-sectional design. The population consisted of 115 respondent. The sample consisted of 54 participants. Purposive sampling was used as the sampling technique, and a questionnaire served as the research instrument. Data were analyzed using the Spearman rank test. The findings indicated that age and education did not show a significant association with the level of knowledge ($p > 0.000$), whereas access to information demonstrated a significant relationship with knowledge about sexually transmitted infections in the working area of Kedungrejo Public Health Center. The knowledge level of women of reproductive age was largely influenced by the availability and accessibility of relevant and up-to-date information. These findings indicate that older age or higher education does not necessarily correspond with increased knowledge about this disease if not supported by adequate information access. Conversely, individuals with good access to information tend to have higher knowledge levels, regardless of their age or education.

Keywords: *Access to Information, Age, Education, Knowledge, Sexually Transmitted Infections*

INTRODUCTION

Sexually transmitted infections (STIs) continue to be a global health issue in both developed and developing countries because of their substantial impact on sexual and reproductive health worldwide (Sitepu, 2021; (WHO, 2025). WHO estimated that in 2020, there were 374 million new infections of four major STIs: chlamydia (129 million), gonorrhea (82 million), syphilis (7.1 million), and trichomoniasis (156 million). More than 520 million people were estimated to be living with genital herpes in 2020, and approximately 300 million women were infected with HPV, the leading cause of cervical cancer and anal cancer among men who have sex with men (WHO, 2025). According to data from the Kementrian Kesehatan RI (2021), based on syndromic diagnostic approaches, 7,364 STI cases were identified, while laboratory examinations confirmed 11,133 cases. These included early syphilis (2,976 cases), late syphilis (892 cases), gonorrhea (1,482 cases), gonorrheal urethritis (1,004 cases), non-gonorrheal urethritis (1,250 cases), cervicitis/proctitis (3,031 cases), LGV (Lymphogranuloma Venereum) (13 cases), trichomoniasis (342 cases), and genital herpes (143 cases). Based on risk group classification of STI cases (PIMS: Sexually Transmitted Infectious Diseases), the prevalence was found

among high-risk couples (3,063), homosexual (2,036), Female sex workers (1,496), clients of sex workers (909), transgender individuals (142), MSW/Male sex workers (13), and people who inject drugs (5).

In addition to the aforementioned high-risk groups, according to the ASEAN Epidemic Model (AEM), Females between the ages of 15 and 49, also referred to as women of reproductive age (WRA) are included in the estimated and projected HIV prevalence data, as this group helps explain the dynamics of the HIV epidemic in Asian countries or specific geographic locations (Ayu & Susanto, 2019). According to SDKI data, the proportion of women aged 15–49 in Indonesia who have engaged in sexual activity and reported having STIs or STI symptoms rose from 11.7% in 2012 to 13.7% in 2017 (Simbolon & Budiarti, 2020). This indicates that women of reproductive age are also among the vulnerable and at-risk groups for contracting STIs. WRA are more frequently involved in risky sexual behaviors, feel uncomfortable discussing safe sex with their partners or asking their partners to use condoms, and lack the confidence to refuse unsafe sexual intercourse (Ayu & Susanto, 2019; Simbolon & Budiarti, 2020)

STI transmission occurs through vaginal, oral, or anal sexual contact. They can also be transmitted via direct contact with contaminated objects, such as towels, thermometers, or syringes, through body fluids (including blood, vaginal secretions, semen, and saliva), and from an infected pregnant woman to her fetus or during delivery (Anugrah et al., 2023). STIs have become a serious global health problem as they contribute significantly to morbidity and mortality rates (Vatrisya et al., 2024). The health impacts caused by STIs are not only due to the infections themselves but also include pelvic inflammatory disease, infertility, cancer, increased risk of HIV transmission, decreased female reproductive capacity, and pregnancy complications such as preterm birth, miscarriage, stillbirth, congenital infections, and chronic disabilities (Agustini & Damayanti, 2023; Madgalena, 2020). Risk factors contributing to the transmission of sexually transmitted infections include age, sexual behavior, knowledge, and economic status. A study by Cornella (2021) showed that knowledge and attitude are associated with the prevention of sexually transmitted infections (p-value = 0.007 < α = 0.05). A similar study conducted by Parida et al., (2020) also indicated that knowledge is related to preventive behavior against STIs among the productive age group (15–24 years). Understanding the causes, risk factors, transmission routes, and preventive measures of sexually transmitted infections (STIs) is crucial for minimizing risky sexual behaviors. Most participants lacked knowledge that unprotected sexual activity can lead to STI transmission, and many did not know the common symptoms of STIs, such as foul-smelling vaginal discharge, painful urination, or genital sores. Some respondents also held the misconception that STIs only occur among commercial sex workers.

Knowledge is an essential domain in shaping an individual's actions (Saenong & Sari, 2021). Individuals with greater knowledge tend to adopt attitudes and behaviors consistent with their understanding, and knowledge-based behaviors are more sustainable than those not based on knowledge (Panonsih et al., 2020). A lack of adequate knowledge about sexually transmitted infections can trigger high incidence rates and the continued spread of these diseases in the community (Achdiat et al., 2019). Therefore, the high prevalence of sexually transmitted infections (STIs) is indirectly associated with the limited public knowledge about STIs, especially among women of reproductive age (WRA) aged 15–49 years. This study aims to examine the factors that influence knowledge of STIs among women of reproductive age.

METHODS

This study employed a cross-sectional design. The independent variables included age, education, and information exposure, while the dependent variable was knowledge about sexually transmitted infections (STIs). The research was conducted in the working area of Kedungrejo Public Health Center, specifically in Kedungrejo Village, from June to July 2025. The study population consisted of 115 women aged 15–49 years (women of reproductive age/WRA), with a total sample of 54 WRA. Purposive sampling was used as the sampling technique, and a questionnaire served as the research instrument. Data were analyzed using the Spearman rank test.

RESULTS

Table.1 Frequency distribution of respondents' characteristics and the descriptive analysis of each variable

Variable		f	(%)
Age	Adolescents (15-19 years)	16	29,6
	Adults (20-44 years)	21	38,9
	Pre-Elderly (**45–49 years**)	17	31,5
Total		54	100
Education	Low	9	16,7
	High	45	83,3
Total		54	100
Access to Information	Poor	32	59,3
	Good	22	40,7
Total		54	100
Knowledge	Low	40	74,1
	High	14	25,9
Total		54	100

Based on the age frequency distribution table of women of reproductive age (WRA), it was found that out of 54 respondents, nearly half were in the adult category, comprising 21 respondents (38.9%), followed by nearly another half in the pre-elderly category with 17 respondents (31.5%), and the remaining were in the adolescent category with 16 respondents (29.6%). Based on the education frequency distribution table, it was found that out of 54 respondents, the majority had a higher education level, totaling 45 respondents (83.3%), while a small proportion had a lower education level, totaling 9 respondents (16.7%). The WRA information access variable consisted of two categories: poor and good. Based on the frequency distribution table, it was found that out of 54 respondents, the majority had poor access to information, accounting for 32 respondents (59.3%), while nearly half had good access to information about STIs, totaling 22 respondents (40.7%). Regarding STI knowledge, the frequency distribution shows that the majority of respondents demonstrated low knowledge about STIs, amounting to 40 respondents (74.1%), whereas a smaller proportion had high knowledge, totaling 14 respondents (25.9%).

Tabel 2.Crosstabulation and Spearman's Rank Correlation Test

		Knowledge			P value	Correlation Coefficient
		Low f (%)	High f (%)	Total Σ (%)		
Age	Adolescents	15(27,8%)	1 (1,9%)	16 (29,6%)	0.514	0.091
	Adults	11(20.4%)	10 (18,5%)	21(38,9%)		
	Pre-Elderly	14(25.9%)	3 (5,6%)	17(31,5%)		
	Total	40(74,1%)	14 (25,9%)	54 (100%)		
Education	Low	9 (16,7%)	0 (0%)	9 (16,7%)	0.053	0.265
	High	31(57,4%)	14 (25,9%)	45 (83,3%)		
	Total	40(74,1%)	14(25,9%)	54 (100%)		
Access to Information	Poor	31(57,4%)	1 (1,9%)	32 (59,3%)	0,000	0.628
	Good	9(16,7%)	13 (24,1%)	22 (40,7%)		
	Total	40(74,1%)	14 (25,9%)	54 (100%)		

The bivariate analysis between age and knowledge level showed that most respondents (15 respondents or 27.8%) were categorized as adolescents with low knowledge, while nearly half (14 respondents or 25.9%) were categorized as pre-elderly with low knowledge. The analysis results showed a $p > 0,05$, indicating that Ha was rejected and showing no significant relationship between age and knowledge of sexually transmitted infections (STIs). For the variable of education and STI knowledge, 31 respondents (57.4%) had higher education with low knowledge, 14 respondents (25.9%) had higher

education with good knowledge, and 9 respondents (16.7%) had lower education with low knowledge. The Spearman rank test yielded a p > 0,05, indicating that Ha was rejected, suggesting no significant relationship between education and knowledge of sexually transmitted infections (STIs). For the variable of information access and STI knowledge, most respondents (31 respondents or 57.4%) had poor access to information and low knowledge. The Spearman rank analysis yielded a p-value of 0.000, indicating that Ha was accepted and demonstrating a significant relationship between access to information and knowledge of STIs.

DISCUSSION

Relationship Between Age and Knowledge Level About STIs Among Women of Reproductive Age (WRA), The study results showed that adolescents and pre-elderly participants had lower levels of knowledge about sexually transmitted infections (STIs) than adults. The Spearman rank test produced a correlation coefficient of 0.09 with a p-value of 0.514, indicating that the alternative hypothesis was rejected and that age was not significantly associated with STI knowledge. This finding contrasts with the study by Darsini et al., (2019) which suggested that age influences an individual's comprehension and cognitive patterns—where increasing age is generally associated with improved understanding and reasoning, thereby enhancing knowledge acquisition. However, the findings indicate that age did not significantly impact women of reproductive age in terms of their knowledge about STIs.

Adolescents are often characterized by a lack of knowledge, particularly regarding sexually transmitted infections (STIs). This condition is influenced by the motivation or willingness of individuals to seek information about their reproductive health. High learning motivation among adolescents reflects a strong curiosity, which contributes to improved knowledge. Conversely, low learning motivation limits the acquisition of information. A more mature age does not guarantee better knowledge if it is not accompanied by a willingness to seek information. On the other hand, even at a younger age, adolescents who possess high motivation to learn and broaden their horizons tend to have better knowledge (Sulistyowati & Amalia, 2016).Physical factors such as declining physical health, reduced sensory function, limited energy, mobility problems, and sleep disturbances can hinder the learning process in adults, leading to decreased cognitive and work performance (Dharmawati & Wirata, 2016). Older age does not necessarily guarantee better knowledge if it is not accompanied by self-development efforts to acquire specific knowledge and information (Syarafina & Pradana, 2023). In the pre-elderly category, aging is accompanied by degenerative processes, including in the brain, where neuronal function declines. This decline may lead to reduced cognitive function, memory impairment, difficulty concentrating, slower information processing, and decreased social and self-care skills (Riskiana & Mandagi, 2021).Based on these findings, it is assumed that age does not fully determine the level of knowledge about STIs. Although theories suggest that increasing age enhances cognitive capacity and logical reasoning, thereby improving knowledge, the findings of this study reveal otherwise. Knowledge appears to be more strongly influenced by an individual's motivation and willingness to seek and acquire information, particularly in the context of reproductive health.

Relationship Between Education and Knowledge Level About STIs Among Women of Reproductive Age (WRA). In the variable of education and knowledge, the results show that 31 respondents (57.4%) had a high level of education but low knowledge. Higher education in this study includes senior high school and university levels. Based on the questionnaire, most respondents were senior high school graduates compared to university graduates. The Spearman rank test showed a p-value of 0.053, which means Ha was rejected, indicating that education and knowledge about sexually transmitted infections (STIs) did not have a significant relationship. The education variable in this study refers to formal education, which is structured with gradual levels starting from elementary, secondary, to higher education (Ariga, 2022). An individual’s level of education is strongly associated with their capacity to comprehend and retain health-related information. The higher the level of education, the more extensive the knowledge and skills a person possesses, which allows them to develop knowledge, attitudes, and practices. Conversely, lower levels of education result in fewer insights and abilities acquired (Afifah et al., 2022; Khanif & Mahmudiono, 2023). In this study, knowledge about sexually transmitted infections (STIs) was not influenced by the level of formal education. The researchers assumed that the formal education curriculum may not include specific information related to reproductive health, particularly STIs. Individuals can gain knowledge through informal and non-formal education, with non-formal education referring to organized learning that occurs outside

traditional schooling, such as courses, training, workshops, seminars, counseling, or health education programs (Dewi et al., 2022). Several studies have shown that health education activities significantly improve knowledge. Safitry & Niar (2024) reported An improvement in reproductive-age women's knowledge and understanding of the definition, symptoms, causes, prevention, and treatment of STIs was observed following health education on sexually transmitted diseases. Similarly, research by Sari & Irnawati (2024) demonstrated that after participating in health education, all women of reproductive age were able to understand STIs. Meanwhile, informal education is primarily carried out within the family setting. However, reproductive health and sexuality education are often considered taboo topics despite their importance, and there is a prevailing concern that such discussions might encourage curiosity and lead to unsafe premarital sexual behavior (Kamila et al., 2021).

Relationship Between Access To Information and Knowledge Level About STIs Among Women of Reproductive Age (WRA), Bivariate analysis showed that 31 respondents (57.4%) had poor access to information and low knowledge. The Spearman rank analysis yielded a p-value of 0.000, indicating that the alternative hypothesis (Ha) was accepted and that access to information had a significant relationship with knowledge about sexually transmitted infections (STIs). Access to information can be regarded as a bridge that connects individuals to information sources. Information needs cannot be met without adequate access to information. Therefore, access to information is crucial, as it serves as the gateway to obtaining necessary knowledge (Pattinaja & Hermintoyo, 2017). The more optimal the access to information, the higher the level of knowledge, as information serves as the primary source for knowledge formation. "This finding is supported by Maharsi et al., (2024), who reported a significant association between information access and health literacy. Similarly, Suci et al., (2022) reported a significant relationship between access to information and adolescents' knowledge, which in turn influenced their reproductive health behaviors in Indonesia. In the current era of rapid development of science and information technology, there is increased opportunity for individuals to access various types of information globally (Jie et al., 2023). Research by Raffi et al., (2023) showed that respondents who obtained information from health workers, social media, and television had higher knowledge scores compared to those who relied mainly on the internet and radio. The researchers assumed that easier access to reliable sources of information significantly influenced respondents' knowledge about STIs. Respondents who had previously been exposed to information about sexually transmitted infections tended to have better knowledge of the topic.

CONCLUSION

According to the study results, age and education were not significantly associated with the level of knowledge about sexually transmitted infections (STIs) among women of reproductive age in the Kedungrejo Public Health Center's working area. In contrast, access to information was found to be significantly associated with the level of knowledge. Therefore, it is recommended that the Community Health Center (Puskesmas) in the area expand access to reproductive health information, optimize the role of health workers as primary sources of information, strengthen community-based health education activities, and develop educational materials that are engaging and contextually relevant to the local community.

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