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GENDER DIFFERENCES IN REPRODUCTIVE HEALTH RISKS, HEALTH CARE SEEKING BEHAVIOR, AND PSYCHOLOGICAL DISTRESS AMONG ADOLESCENTS

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Abstract

Adolescent reproductive health is a critical aspect of physical, psychological, and social development. Biological changes during adolescence can lead to various reproductive health concerns that differ between males and females. These conditions may be associated with psychological distress, particularly when adolescents experience anxiety, discomfort, or limited access to information and health services. This study aims to analyze differences in reproductive health risks and psychological distress between male and female adolescents. The study employed a quantitative design with a cross-sectional approach. The sample consisted of 198 adolescents, comprising 72 male adolescents and 126 female adolescents. Reproductive health variables were measured using the following components: C1 (general condition), C2 (male-specific), C3 (female-specific), C4 (health care-seeking behavior), and total reproductive health risk. Psychological distress was measured using the K10 adaptation scale. Bivariate analyses were performed using the Chi-Square test, the Mann-Whitney U test, and Spearman's correlation. The results showed significant differences in reproductive health risk based on gender, with a p-value < 0.001. Female adolescents were more likely to fall into the moderate reproductive health risk category compared to males. Psychological distress also differed significantly between males and females, with a p-value < 0.001. Female adolescents exhibited a higher proportion of severe distress compared to males. Total reproductive health scores and distress scores were also higher among female adolescents. These findings highlight the need for gender-sensitive reproductive health and mental health interventions in school settings..

Keywords: reproductive health, psychological distress, adolescents, gender, adolescent mental health.

INTRODUCTION

Adolescence is a critical transitional period from childhood to adulthood, marked by biological, psychological, cognitive, and social changes. During this phase, adolescents experience rapid physical growth, reproductive maturation, hormonal changes, and the development of self-identity. These changes make adolescents vulnerable to various health issues, including reproductive health and mental health problems. In the context of public health, adolescents are a strategic group because their health status during this period can influence their quality of life, health behaviors, and readiness to enter productive adulthood (Health Development Policy Agency, 2023) (Ministry of Health, 2022)

Adolescent reproductive health is not only related to the biological function of reproductive organs but also encompasses understanding, behavior, access to information, the ability to maintain personal hygiene, and the courage to seek health services when experiencing symptoms. Adolescent-centered health services must comprehensively address adolescents' physical, psychological, and social needs. This is important because reproductive health issues among adolescents are often still considered

sensitive, leading adolescents to feel embarrassed, afraid, or hesitant to discuss their symptoms with parents, teachers, friends, or healthcare providers (Ni Luh Kadek Alit Arsani, 2013).

Reproductive health issues among adolescents can manifest as general symptoms or gender-specific symptoms. In adolescent boys, symptoms may include pain in the reproductive organs, difficulties urinating, swelling, unusual changes, or the need to have these conditions examined. For adolescent girls, common issues may include menstrual pain, irregular menstrual cycles, abnormal vaginal discharge, lower abdominal pain, and concerns about their reproductive health. This research instrument also categorizes reproductive health components into general conditions, male-specific issues, female-specific issues, and health-seeking behaviors (Sri Emilda, 2021).

Adolescent girls often face more complex reproductive health risks because they experience periodic menstruation and hormonal changes that can affect both their physical and emotional well-being. Several national studies indicate that knowledge of reproductive health, personal hygiene, and the ability to recognize menstrual symptoms are associated with reproductive health behaviors among adolescent girls. Meanwhile, reproductive health issues among adolescent boys also require attention, as they are still frequently overlooked in adolescent health education. Adolescent boys may face barriers to expressing reproductive health concerns due to social norms, feelings of shame, or a lack of safe spaces for communication (Margareth, 2025)

In addition to reproductive health, psychological distress is also a significant issue among adolescents. Psychological distress can be understood as a state of psychological strain characterized by symptoms such as anxiety, restlessness, fatigue without a clear cause, feeling overwhelmed, a lack of hope, difficulty performing daily activities, and feelings of worthlessness. In this study, psychological distress was measured using an adapted K10 instrument that assessed respondents' psychological condition over the past four weeks, including feelings of fatigue, anxiety, restlessness, depression, sadness, and worthlessness. The K10 instrument is widely used for screening psychological distress because it can describe the level of psychological distress concisely and in a structured manner (Azzahra, 2017).

Adolescents' mental health is influenced by many factors, including biological changes, academic pressure, peer relationships, family circumstances, social media use, body image, and experiences with health issues. The Indonesian Ministry of Health's Center for Data and Information emphasizes that mental health is an essential component of overall health and must be addressed starting in school-age years. National research also indicates that stress, anxiety, and distress among adolescents can be influenced by social support, the school environment, and an individual's ability to cope with pressure (Hanum, 2025).

The relationship between reproductive health and psychological distress is important to examine because physical complaints related to the reproductive organs can lead to worry, discomfort, embarrassment, or fear. Adolescents who experience reproductive complaints but lack sufficient information or are unaware of where to access health services may experience higher levels of distress. This situation becomes even more complex if adolescents feel uncomfortable consulting with healthcare providers or delay seeking an examination despite experiencing symptoms. Therefore, health-seeking behavior is a key component in understanding the relationship between reproductive health risks and psychological distress (Maedy et al., 2022).

Gender differences also play a significant role in the analysis of reproductive health and psychological distress. Male and female adolescents have distinct biological characteristics, reproductive experiences, and communication patterns. Female adolescents tend to experience symptoms related to menstruation and hormonal changes more frequently, while male adolescents may face reproductive health concerns that are less often discussed openly. From a psychological perspective, several studies indicate that females tend to be more vulnerable to anxiety and psychological stress, particularly when facing bodily changes, social pressures, and reproductive health issues (MAghfury & MFarida Halis D.K as'udah, 2025)

External supportive factors such as peer support, access to health information, and school environment support also play a role in adolescent health. The school environment can serve as a strategic setting for providing reproductive health education, building health literacy, and offering initial referrals for adolescents experiencing psychological issues. In this study, external support was measured through comfort in talking with friends, access to health information, and perceptions of school environment support. Theoretically, good social support can help adolescents manage stress, obtain accurate information, and increase their willingness to seek help (Juariah1, 2020).

However, there remains a gap in research on adolescent reproductive health, particularly in studies that specifically compare reproductive health risks and psychological distress between male and female adolescents. Some studies have focused more on adolescent girls, particularly regarding menstruation, personal hygiene, and vaginal discharge. Meanwhile, male reproductive health and its relationship to psychological distress remain relatively under-explored. Yet, an approach to adolescent reproductive health should be inclusive and gender-sensitive to address the needs of both males and females in a balanced manner

Based on this background, this study aims to analyze differences in reproductive health risks and psychological distress between male and female adolescents. This study also analyzes the relationship between components of reproductive health and psychological distress in each gender group. The results are expected to serve as a foundation for schools, health workers, and youth program administrators in

developing reproductive health education, mental health screening, and counseling services that are more responsive to the needs of both adolescent boys and girls.

The novelty of this study lies in its analysis of adolescent reproductive health differentiated by gender characteristics, specifically by separating general reproductive health components, male-specific components, female-specific components, and health-care-seeking behaviors. In addition, this study links reproductive health risks to psychological distress using a bivariate approach, thereby providing an initial overview of the relationship between reproductive health complaints and the psychological well-being of adolescents.

METHOD

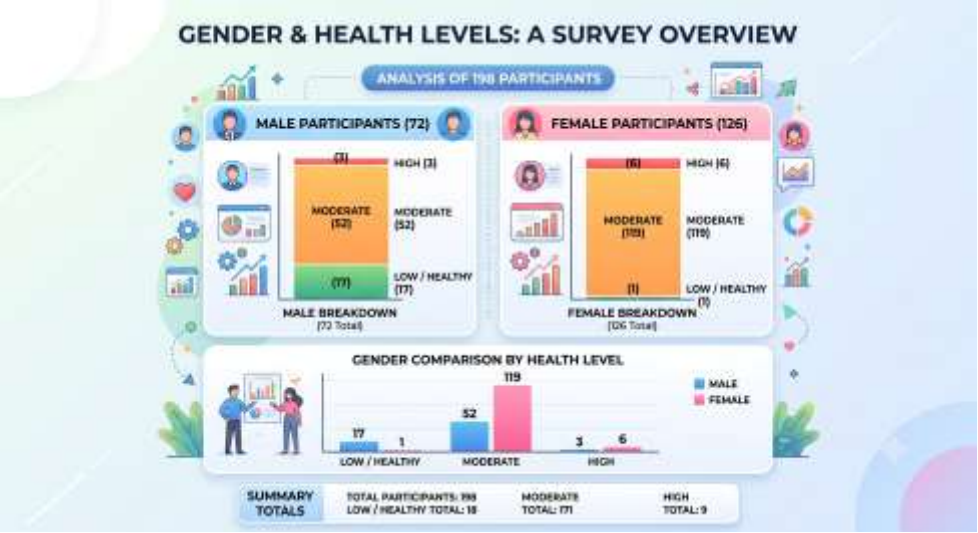
This study used a quantitative approach with a cross-sectional design, in which data were collected at a single point in time to examine differences and relationships among variables. The study sample consisted of 198 adolescents, comprising 72 males (36.4%) and 126 females (63.6%)

The variables in this study included: gender (male and female), reproductive health risks, psychological distress (distress categories based on the adapted ICD-10), and supporting factors (peer support, access to health information, and school environment support).

Data analysis was conducted using univariate and bivariate methods. Univariate analysis was used to examine frequency distributions and percentages. Bivariate analysis was used to examine differences and relationships between variables, namely: differences in reproductive health risk categories by gender (chi-square), differences in psychological distress categories by gender (chi-square), differences in reproductive health and distress scores by gender (Mann-Whitney), and the relationship between reproductive health scores and distress for each gender (Spearman’s rho).

RESULTS AND DISCUSSION

The study’s respondents consisted of 198 adolescents. There were more female respondents than male respondents.



Chi-Square Test:

$\chi^2 = 28.896$

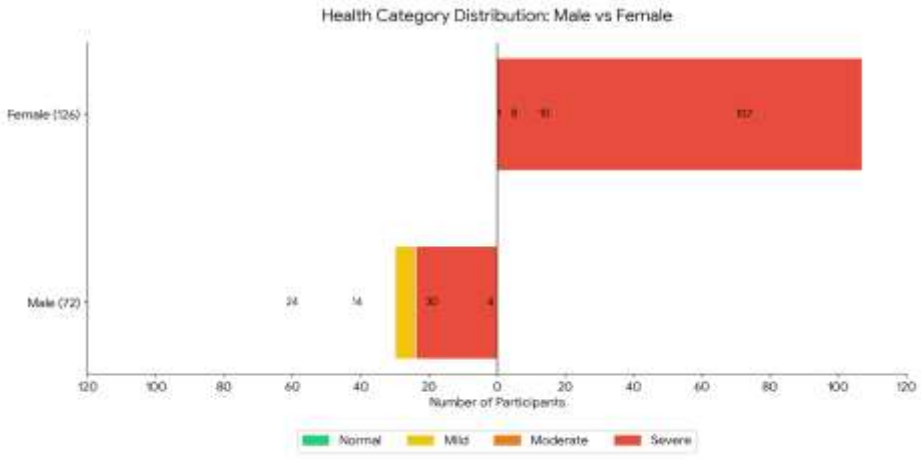
p-value = 0.000000531

$p < 0.001$

There is a significant difference in reproductive health risk between adolescent boys and girls. More adolescent girls fall into the moderate reproductive health risk category, namely 119 out of 126 respondents. Meanwhile, among male adolescents, there were still 17 respondents in the low/healthy category.

These results indicate that reproductive health risks among adolescent girls tend to be higher than among boys. This may be influenced by female biological characteristics, particularly complaints related to menstruation, menstrual cycles, vaginal discharge, and lower abdominal pain.

Differences in Psychological Distress by Gender



Chi-Square Test:

$\chi^2 = 57.328$

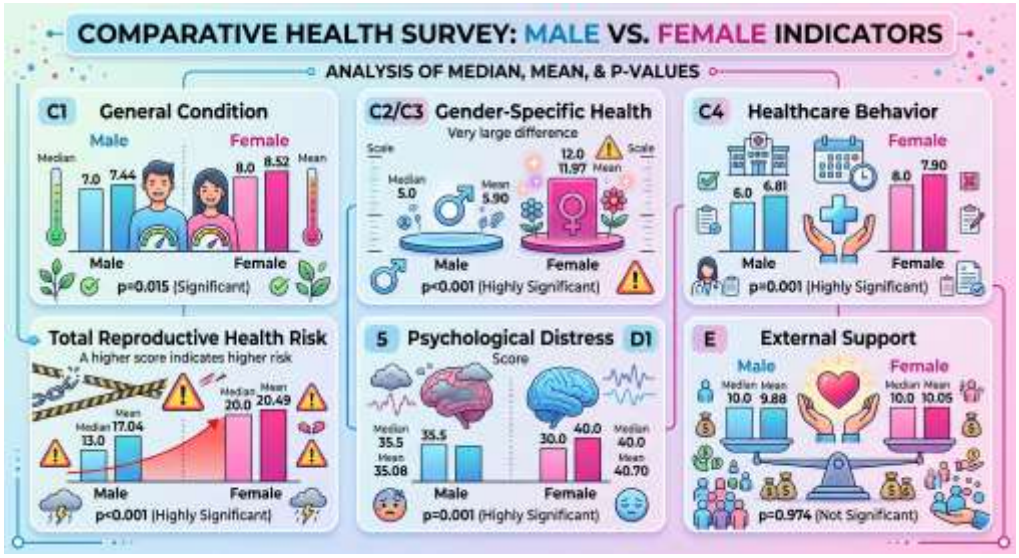
p-value = 0.000000000002187

$p < 0.001$

There is a significant difference in psychological distress between male and female adolescents. Female adolescents have a much higher proportion of severe distress compared to males.

These results show that the majority of female adolescents fall into the severe distress category. Meanwhile, among male adolescents, the distribution of distress is more spread out across the mild, moderate, and severe categories.

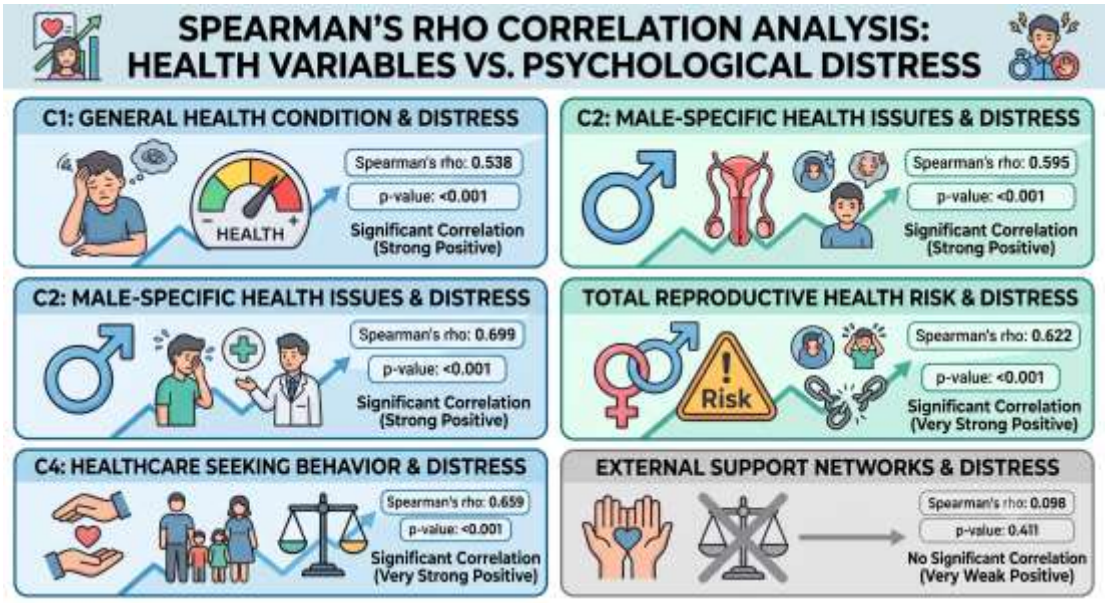
Differences in Reproductive Health and Distress Scores by Gender



The results of the Mann-Whitney test showed that there were significant differences between males and females in the C1, C2/C3, and C4 scores, the total reproductive health risk score, and the psychological distress score. Adolescent females had higher average scores on nearly all of these components.

However, external support did not differ significantly between males and females. This means that perceptions regarding comfort in talking to friends, access to health information, and support from the school environment were relatively the same in both gender groups.

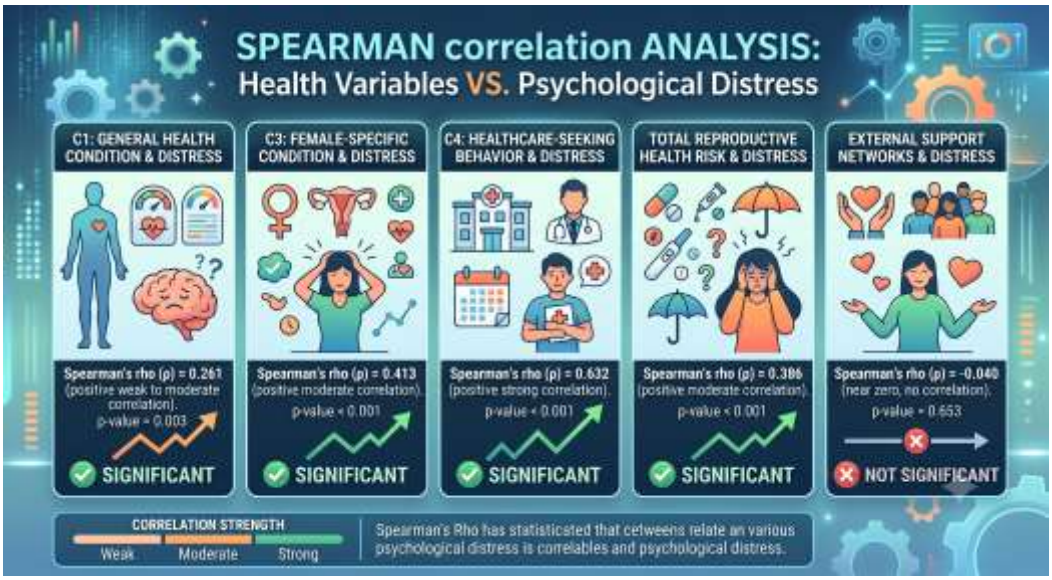
The Relationship Between Components of Reproductive Health and Psychological Distress Among Adolescent Boys



Among adolescent males, all components of reproductive health were found to have a positive and significant association with psychological distress. The strongest association was observed between C4 (health care-seeking behavior) and distress, with a rho value of 0.659. This means that the higher the score for problems or barriers related to health care-seeking behavior, the higher the distress score.

The male-specific C2 component also has a significant association with distress. This indicates that complaints such as pain, swelling, urinary problems, unusual changes in the reproductive organs, or the need to seek medical attention are associated with increased distress in adolescent boys.

Association Between Reproductive Health Components and Psychological Distress in Adolescent Girls



Among adolescent girls, reproductive health components were also significantly associated with psychological distress. The strongest association was observed between C4 (health care-seeking behavior)

and distress, with a rho of 0.632. This means that the higher the problem scores regarding access, comfort, or behavior related to seeking reproductive health services, the higher the level of distress experienced.

The female-specific C3 component was also significantly associated with distress. This indicates that menstrual complaints, irregular cycles, abnormal vaginal discharge, lower abdominal pain, and the need for medical check-ups are linked to the psychological well-being of adolescent girls.

Discussion

The study results show that there are significant differences in reproductive health risks between adolescent boys and girls. Adolescent girls have a higher proportion of moderate and high reproductive health risks compared to adolescent boys. This finding aligns with the biological characteristics of adolescent girls, who undergo hormonal changes and periodic menstrual cycles, leading them to more frequently experience complaints such as menstrual pain, irregular menstrual cycles, vaginal discharge, and lower abdominal pain. Several national studies indicate that menstrual complaints, personal hygiene, and reproductive health knowledge are key factors associated with the reproductive health status of adolescent girls (Amalia et al., 2023).

For adolescent girls, reproductive health issues not only affect physical well-being but can also impact psychological well-being, academic performance, concentration, and social interactions. When adolescents experience menstrual pain, abnormal vaginal discharge, or irregular menstrual cycles, these conditions can raise concerns about their physical health. The results of this study support previous findings that reproductive health knowledge and behaviors related to maintaining reproductive organ hygiene play a crucial role in shaping healthy behaviors among adolescent girls (Chairanisa Anwar, Eva Rosdiana, Ulfa Husna Dhirah, 2020)

For adolescent boys, reproductive health risks still require attention, even though the proportion of high-risk cases is lower than among girls. Complaints such as pain in the reproductive organs, urinary problems, swelling, or unusual changes can cause anxiety and embarrassment. In a social context, adolescent boys often face barriers to discussing reproductive issues because the topic is considered sensitive. A national study on reproductive health literacy indicates that access to information, knowledge, and comfort in seeking health services influence adolescents' behaviors regarding reproductive health (Rahmi et al., 2026)

The study's findings also reveal significant differences in psychological distress between adolescent boys and girls. Adolescent girls have a higher proportion of severe distress compared to adolescent boys. These findings reinforce the results of national studies showing that adolescent girls tend to be more vulnerable to psychological distress, particularly when facing bodily changes, social pressures, academic challenges, and reproductive health issues. Psychological distress in adolescents can manifest as

anxiety, restlessness, feeling overwhelmed, unexplained fatigue, loss of hope, and feelings of worthlessness (Amalia et al., 2023).

Gender differences in distress can be explained by the interaction of biological, psychological, and social factors. In adolescent girls, hormonal changes and the experience of menstruation can affect emotional well-being. Additionally, social pressures regarding appearance, peer relationships, and stigma surrounding reproductive health concerns can exacerbate distress. Azzahra's (2017) study indicates that resilience plays a role in reducing psychological distress; thus, adolescents with low adaptive capacity are more likely to experience psychological distress. In the context of this study, adolescents experiencing reproductive health complaints but lacking psychological preparedness and adequate information tend to be more vulnerable to distress.

Among males, although severe distress was lower than among females, the study results still indicated a significant association between reproductive health components and psychological distress. This suggests that reproductive health issues in males should not be overlooked. Social norms that demand males to be strong, not to complain easily, or to avoid discussing bodily issues can lead to undetected reproductive health concerns and psychological distress. Research on health-seeking behavior among adolescents shows that feelings of shame, lack of information, and limited access to youth-friendly services can act as barriers to obtaining health care (Zainafree, 2015).

Another key finding is the positive association between reproductive health factors and psychological distress, among both male and female adolescents. This means that the higher the risk or severity of reproductive health concerns, the higher the level of distress experienced by adolescents. This relationship makes sense because reproductive health concerns often trigger feelings of discomfort, worry, shame, and uncertainty. If adolescents do not receive accurate information or lack access to safe consultation settings, physical complaints can escalate into psychological distress. This aligns with national research indicating that reproductive health literacy and health-seeking behavior are critical factors in preventing adolescent health issues (Maya Rupa Anjeli, Nugrahadi Dwi Pasca Budiono, Zufra Inayah, 2025)

Health-seeking behavior components show a strong association with psychological distress among both male and female adolescents. These components include consultation experiences, knowledge of adolescent health service locations, tendencies to delay checkups, and comfort in consulting with healthcare providers. Adolescents who delay checkups or feel uncomfortable seeking consultation may experience higher levels of distress because they feel they are facing their problems alone. A national study on adolescent health promotion confirms that access to services, health education, and youth-friendly communication need to be strengthened so that adolescents have the courage to seek help (Rahim et al., 2026)

The study results also indicate that external support is not significantly associated with psychological distress. External support in this study includes comfort in talking to friends, access to health information, and support from the school environment. Theoretically, social support should help adolescents manage stress and improve their problem-coping abilities. Several national studies indicate that peer support and social support are associated with mental health and stress levels among adolescents. However, the results of this study suggest that the available external support is not yet strong enough to reduce distress (Junenda et al., 2024).

The lack of a significant association between external support and distress may be due to several factors. First, the external support measured was still general in nature and did not provide an in-depth description of the quality of support. Second, access to health information does not necessarily guarantee that the information received by adolescents is accurate, relevant, and capable of reducing anxiety. Third, peer support may not be directly related to reproductive health issues because this topic is still considered sensitive. Fourth, school-based support may not yet be implemented in the form of systematic counseling services, reproductive health education, or mental health referrals.

Based on these findings, adolescent reproductive health programs need to be developed in an integrated manner with mental health. Reproductive health education is not sufficient if it merely provides biological information; it must also teach skills such as recognizing symptoms, maintaining reproductive organ hygiene, identifying warning signs, seeking help, and accessing appropriate health services. National research indicates that effective reproductive health education can improve adolescents' knowledge and behaviors regarding health maintenance (Sumarni & Amin, 2024).

A practical implication of this research is the need for schools to develop simple screening programs that combine aspects of reproductive health and psychological distress. Adolescents at moderate or high risk for reproductive health issues, as well as those experiencing moderate-to-severe distress, need to receive follow-up education, counseling, and referrals to healthcare providers. This program should involve guidance counselors, community health center staff, parents, and peer educators. A school-based approach is crucial because school is the primary environment where adolescents obtain information, build social relationships, and receive initial support.

Additionally, interventions must be designed with gender sensitivity in mind. For adolescent girls, the material can focus on menstruation, menstrual cramps, vaginal discharge, reproductive organ hygiene, and warning signs that require medical examination. For adolescent boys, the material should cover puberty-related changes, genital hygiene, urinary problems, reproductive health complaints, and the importance of seeking consultation without feeling ashamed. This gender-sensitive approach is important because research findings indicate differences in reproductive health risks and distress between boys and girls.

Academically, this study reinforces the argument that adolescent reproductive health and mental health are interrelated. Reproductive complaints can increase distress, while distress can worsen adolescents' perceptions of their physical condition. Therefore, studies on adolescent reproductive health need to incorporate psychological dimensions, health-seeking behavior, social support, and gender differences. These results expand upon previous national research findings that emphasize the importance of reproductive health literacy, personal hygiene, social support, and youth-friendly health services in comprehensively maintaining adolescent health (Hidayah et al., 2025) (Yati, 2024).

Consequently, differences in reproductive health risks and psychological distress between male and female adolescents must be addressed in school health program planning. Adolescent girls require special attention due to their higher risks of reproductive health issues and distress. However, adolescent boys must also be provided with adequate educational and counseling opportunities, as male reproductive complaints have been shown to be associated with distress. The most appropriate program is one that provides inclusive, gender-sensitive, school-based reproductive health education that is integrated with adolescent mental health screening.

CONCLUSION

Based on the research findings, it can be concluded that there are significant differences in reproductive health risks between male and female adolescents. Female adolescents have higher reproductive health risks than males, particularly in the moderate-risk category.

There is a significant difference in psychological distress between adolescent boys and girls. Adolescent girls have a higher proportion of severe distress compared to boys. Psychological distress scores are also higher among adolescent girls.

Reproductive health components are significantly associated with psychological distress in both boys and girls. In both groups, health-seeking behavior is strongly associated with distress. External support does not show a significant association with distress.

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