



IMPLEMENTATION OF GUIDANCE AND COUNSELING PROGRAMS ON ADOLESCENT REPRODUCTIVE HEALTH AWARENESS

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ABSTRACT

This study evaluated implementation of guidance and counseling programs and its relationship with adolescent reproductive health awareness in the General Roxas District, Davao City. Specifically, it assessed program content, student engagement, and guidance advocates' expertise, as well as learners' knowledge of reproductive health, attitudes toward sexuality health, and reproductive health behavior. A descriptive-correlational research design was employed using a structured survey questionnaire administered to public school grade five and six learners. The data were analyzed through descriptive statistics, correlation analysis, and multiple linear regression. Findings revealed that the guidance and counseling program was implemented at a very extensive level, with guidance advocates' expertise emerging as the most strongly observed component. Adolescent reproductive health awareness was also very extensive, indicating that learners demonstrated sound reproductive health knowledge, positive attitudes, and responsible behavioral awareness. The analysis further showed a significant positive relationship between program implementation and reproductive health awareness. Among the implementation indicators, guidance advocates' expertise was the strongest predictor, followed by student engagement, while program content did not independently predict awareness when other indicators were considered. The findings suggest that adolescent reproductive health awareness is strengthened not only by the availability of program content but also by competent guidance advocates and active learner participation. The study recommends sustained professional development for guidance advocates, interactive counseling strategies, improved referral systems, and stronger school-home-community collaboration to enhance reproductive health education.

INDEX TERMS: *Guidance and Counseling Program, Adolescent Reproductive Health Awareness, Guidance Advocates' Expertise, Student Engagement, Reproductive Health Education.*

INTRODUCTION

School-based adolescent reproductive health initiatives often become difficult to implement when community values, limited materials, and learners' reluctance restrict open discussion. In this study, the issue was examined through the lens of guidance and counseling because counselors and trained school advocates are expected to help learners understand puberty, body safety, and responsible health choices. The inquiry was also aligned with Sustainable Development Goal (SDG) 3 on good health and well-being and Sustainable Development Goal (SDG) 4 on quality education because reproductive health awareness contributes to learner protection, informed decision-making, and healthier school communities.

International studies show that reproductive health guidance for adolescents is affected by both service-related and cultural barriers. Hailemariam et al. (2021), for example, reported

that stigma, inadequate preparation of counselors, and limited access to adolescent-friendly sexual and reproductive health services reduced young people's opportunities to receive correct information and appropriate support in Ethiopia.

Mmbaga et al. (2024) reported related service delivery problems in Malawi, Zambia, and Zimbabwe during the COVID-19 period. As health systems redirected personnel and supplies toward pandemic response, adolescent sexual and reproductive health services weakened. This situation limited access to counseling, HIV testing, and reproductive health commodities, thereby showing how fragile school and community support systems can be during public health disruptions.

Policy direction also affects the kind of reproductive health information learners receive. In the United States, Payne (2024) described how some Florida districts experienced pressure to reduce sexuality education to abstinence-centered content.



Such restrictions may narrow discussions on consent, contraception, and reproductive anatomy, which are topics needed for informed adolescent decision-making.

In the Philippine setting, implementation gaps are also visible. Dela Luna et al. (2024) observed that national reproductive health policy does not always translate smoothly into regional practice. In Eastern Visayas, service providers' hesitation to serve adolescents, lack of training, scarce resources, and strong social norms contributed to unmet reproductive health needs among young people. These findings underscore how structural and cultural barriers at the local level can weaken the intended impact of national health initiatives, particularly for vulnerable youth populations.

Local initiatives nevertheless demonstrate that coordinated education and health services can produce positive results. In Puerto Princesa, Roots of Health reported substantial improvement in adolescent sexual and reproductive health outcomes, including a 60 percent reduction in teen pregnancy (Palawan News, 2023). Yet provider bias, consent restrictions, and dependence on limited service providers continued to show the need for culturally responsive and legally supportive interventions (BusinessWorld, 2023; Roots of Health, 2024).

The proposed Adolescent Pregnancy Prevention Bill of 2023 also signaled government intent to strengthen prevention through comprehensive sexuality education and social protection. However, debates on values, parental authority, and resource availability indicate that policy solutions require careful localization. For schools, this means that reproductive health education must be delivered in a manner that is accurate, age-appropriate, and sensitive to community expectations. This underscores the need for educators to balance scientific accuracy with cultural sensitivity to ensure effective and accepted implementation in diverse school communities.

In Davao City, the issue remains pressing. The City Health Office recorded 686 teenage pregnancy cases in 2023, which reinforced the need for sustained school-based prevention efforts. Recent actions included strengthened comprehensive sexuality education training for providers and coordinators, as well as counseling support through the Davao City Teen Center (Patumbon, 2025). Continuing debates on parental rights and content appropriateness, including concerns raised by Councilor Pilar Braga, further show why implementation must be carefully guided and monitored.

METHODOLOGY

Method Used

The study utilized a descriptive-correlational research design to systematically investigate the variables under study. Following the framework established by Creswell (2020), the descriptive component was used to provide a factual and accurate profile of the variables' status without manipulation. Simultaneously, the correlational aspect examined the direction and strength of the relationship between the implementation of the guidance program and adolescent reproductive health awareness. This non-experimental approach allowed the researcher to collect numerical data to describe current conditions

and determine if a significant statistical association existed between the identified factors, ensuring a high level of objectivity and reliability in the findings.

The design was specifically applied to measure the Independent Variable (IV), the Guidance and Counseling Program, by describing the extent of its implementation in terms of content, student engagement, and guidance advocates expertise. For the Dependent Variable (DV), Adolescent Reproductive Health Awareness and Behavior, the design enabled assessment of students' current levels of knowledge, attitudes, and practices. By applying a correlational lens, the researcher analyzed how the quality and execution of the school-based guidance interventions were related to adolescents' specific awareness levels and health-seeking behaviors, thereby identifying which program indicators were most closely linked to student outcomes.

The integration of these research components was conducted in the General Roxas District, Davao City, with a focus on observations of learners as the primary respondents. The descriptive-correlational approach allowed the researcher to bridge the institutional delivery of guidance services and the observable health awareness of students in this locale. By gathering data from learners in this district, the study successfully mapped the local educational landscape, providing a clear statistical picture of how school-based counseling implementation operated and its correlation with adolescents' reproductive health development in the Davao City school system.

Source of Data

The primary source of data for this study consisted of original information gathered directly through a structured survey questionnaire. This primary data was specifically designed to capture the Implementation of Guidance and Counseling Programs and Adolescent Reproductive Health Awareness. By utilizing a survey, the researcher obtained first-hand accounts of the educational environment, ensuring that the findings reflected current, real-world conditions. This approach allowed for a direct quantitative assessment of program content, student engagement, and guidance advocates expertise, providing a robust empirical foundation for analyzing the relationship between school-based interventions and student health outcomes.

The respondents in the study were grade 5 and 6 learners in the General Roxas District of Davao City. These learners were selected as the primary data sources because they are the direct recipient of the programs. As respondents, the learners provided perspectives on the frequency and effectiveness of counseling sessions, as well as the observable shifts in their reproductive health knowledge and attitudes. Their exposure to the programs ensured that the data collected was both credible and grounded in the actual daily operations of the inclusive academic environment within the district.

Data Gathering Instrument

The data-gathering instrument for this study was a survey questionnaire, carefully adapted and modified based on previous studies and an extensive review of the related literature.



To ensure the instrument was culturally and contextually appropriate for the General Roxas District, the researcher integrated constructs from established works, including Dela Luna et al. (2024) and Hailemariam et al. (2021). The items were refined to accurately reflect the specific nuances of reproductive health education and guidance services within the local school system. This adaptation process allowed the researcher to build on validated frameworks while tailoring the language and statements to align with learners' observations. By anchoring the survey in existing research, the instrument maintained a strong theoretical foundation, ensuring it effectively captured the necessary data on program implementation and student outcomes.

The survey was structured into two main parts and used a five-point Likert scale to measure the observations and experiences of the learner-respondents. The first section measured the Independent Variable (IV), the Implementation of the Guidance and Counseling Program, through indicators of program content, student engagement, and guidance advocates expertise. The responses were interpreted using a scale in which a mean of 4.20 – 5.00 indicated a "Very high" implementation, meaning the program was "always observed." The second section focused on the Dependent Variable (DV), Adolescent Reproductive Health Awareness, assessing knowledge, attitudes, and actual behavioral changes.

Range of Mean and Descriptive Rating:

Score	Scale	Descriptive Rating	Interpretation
5	4.20-5.00	Very high	The implementation of Guidance and Counseling Program is always observed
4	3.40-4.19	High	The implementation of Guidance and Counseling Program is oftentimes observed
3	2.60-3.39	Moderate	The implementation of Guidance and Counseling Program is sometimes observed
2	1.80-2.59	Low	The implementation of Guidance and Counseling Program is seldom observed
1	1.00-1.79	Very Low	The implementation of Guidance and Counseling Program is never observed

Similarly, a mean of 4.20–5.00 indicated that these behaviors were "always observed." This scaling method provided a standardized approach to quantifying qualitative observations, enabling precise statistical analysis of how frequently and effectively reproductive health initiatives were integrated into the school environment during the 2025-2026 school year. This approach ensured consistency in interpreting responses while allowing for meaningful comparison across different indicators of program implementation.

To ensure the technical soundness of the modified instrument, the researcher conducted rigorous testing of validity and reliability prior to data collection. Validity was established through a panel of experts who reviewed the items to confirm they appropriately measured the intended constructs of reproductive health and guidance implementation. Following expert validation, a pilot test was conducted with a group of learners from Malabog District which were not included in the main study to evaluate the items' internal consistency. The reliability analysis yielded a Cronbach's alpha of 0.795, indicating high reliability and internal consistency. This statistical result confirmed that the adapted survey was a robust tool capable of producing stable and consistent data. Consequently, the instrument was deemed fit for the study, providing a reliable basis for subsequent analysis and interpretation of the relationship between guidance programs and adolescent health awareness.

Sampling Technique

The study utilized simple random sampling to ensure that every learner in the district had an equal chance of being selected, thereby minimizing selection bias. The target population consisted of 150 learners from five specific schools: Popo ES, Inayangan ES, Pablo Seban ES, Darila ES, General Roxas CES. To determine the appropriate sample size, G*power was applied

with a 5% margin of error, resulting in a final sample of 80 respondents with a statistical power of .88 indicating sufficient power to detect a significant regression effect. This systematic approach ensured that the data collected remained representative of the broader learners population in the General Roxas District throughout the investigation.

Specific inclusion criteria were strictly followed to guarantee the relevance of the data collected. All respondents were Grade 5 and Grade 6 learners, identified as young adolescents aged 9 to 13 years old, enrolled in the five selected schools within the General Roxas District. Furthermore, the participants were those currently attending classes and directly involved in or exposed to reproductive health education activities and guidance programs implemented in their respective schools. Finally, all respondents participated voluntarily in the study. Informed consent was secured from the parents or guardians, while letters of assent were obtained from the Grade 5 and Grade 6 learners after they were fully informed about the study's purpose, ethical standards, and confidentiality policies. These criteria ensured that the data gathered were ethically sound and reflective of the authentic experiences, perspectives, and understanding of all the learner-respondents.

To establish the technical validity of the research instrument, a separate group was used prior to the primary data collection. The researcher sampled 30 respondents from outside the General Roxas District to participate in a test-retest reliability procedure. This external group shared similar professional characteristics with the target population but was not included in the final sample of 80. Their participation was crucial in verifying the stability and consistency of the survey questionnaire over time. The results from this preliminary phase confirmed that the instrument was robust and reliable enough to be deployed for the main study.



Procedure of the Study

The following were the activities in carrying out the data gathering:

Permission to Conduct the Study

Prior to the data collection phase, the researcher obtained formal permissions from the relevant authorities, including the research adviser, the Dean of The Rizal Memorial Colleges, Inc., and the top management of the DepEd Davao City Division. This process involved submitting a comprehensive research proposal outlining the study design, methodology, and potential risks and benefits. Detailed information regarding the study's purpose, objectives, and protocols for data analysis and reporting was provided to ensure full institutional transparency and support.

Ethical Clearance and Informed Consent

Following the research colloquium in November 2025, the researcher took proactive steps to ensure that all participants were fully informed about the study's nature. Each respondent was briefed on their rights, the voluntary nature of their participation, and the strict confidentiality measures in place to protect their identities. Formal informed consent was successfully obtained from every participant before any data was gathered. This stage was critical to maintaining the study's ethical integrity and fostering a trust-based relationship between the researcher and the educators.

Data Collection and Retrieval

During the first week of February 2026, the researcher executed the distribution and retrieval of the survey questionnaires. A standardized and systematic approach was employed to maintain data accuracy and completeness. By personally overseeing the distribution process within the five identified schools, the researcher ensured a high response rate and addressed any immediate clarifications requested by the respondents. This organized retrieval method was imperative to ensure that the raw data remained reliable and untampered with before statistical processing.

Collation and Statistical Treatment

Once the collection was finalized, the researcher meticulously managed the data through a multi-stage collation process. The gathered responses were first encoded and sorted using Microsoft Excel to ensure organizational consistency. Subsequently, the data were transferred to JASP for rigorous statistical treatment. During this phase, the researcher assessed the internal consistency of the responses to minimize error in the analysis. This careful management ensured that the results were directly relevant to the problem statement and provided a valid basis for the study's final interpretation. This systematic process strengthened the reliability and validity of the findings, ensuring that conclusions drawn were both accurate and evidence-based.

Statistical Treatment

To address the research problems posed in the study, a combination of descriptive and inferential statistical tools was utilized to effectively analyze and interpret the collected data. The statistical treatment of the results followed a structured approach aligned with the specific objectives of the research:

Descriptive Statistics

Mean scores and descriptive interpretations were used to determine the extent of implementation of the guidance and counseling programs and the level of adolescent reproductive health awareness. These measures summarized the responses for each indicator and provided a clear description of the respondents' perceptions regarding the prevalence, implementation, and perceived effectiveness of the identified practices. This descriptive analysis established the baseline profile of both the independent and dependent variables.

Pearson Product Moment Correlation Coefficient

The Pearson product-moment correlation coefficient was used to determine whether a significant relationship existed between the implementation of guidance and counseling programs and adolescent reproductive health awareness. This statistical tool measured the strength and direction of the linear association between the two major variables of the study.

Multiple Linear Regression

Multiple linear regression analysis was used to identify which indicators of guidance and counseling programs significantly influenced adolescent reproductive health awareness. This method allowed the researcher to examine the predictive effect of the independent variables, namely program content, student engagement, and guidance advocates expertise, on the dependent variable. It also helped determine which program components contributed most meaningfully to adolescent reproductive health awareness.

Ethical Considerations

This study adhered to strict ethical standards to ensure the protection, dignity, and voluntary participation of all respondents. Ethical considerations included obtaining informed consent from respondents, ensuring the confidentiality and anonymity of responses, and securing official approval from relevant authorities prior to data collection. The study also ensured that no physical or psychological harm resulted from participation and that all data were used solely for academic and research purposes.

Informed Consent and Assent

The researcher ensured that all participants provided informed consent before any data collection began. Every learner was thoroughly briefed on the study's objectives and assured that their participation was entirely voluntary, with the freedom to withdraw at any time without consequence. The researcher provided comprehensive information regarding the confidentiality of responses and the specific measures taken to protect individual privacy. To maintain ethical integrity, all identities were strictly anonymized in the final report, ensuring that no personal information could be linked to the educators' data from the General Roxas District.

Regarding the protection of young adolescent learner-respondents, the researcher adhered to the principles of informed consent and informed assent throughout the study. Since the respondents were Grade 5 and Grade 6 learners aged 9–13 years old, informed consent was obtained from their parents or guardians, while assent was secured from the learners themselves. The researcher ensured that the participants clearly understood the purpose of the study, the voluntary nature of their participation, and the confidentiality of their responses.



Furthermore, all information gathered was used strictly for academic purposes. By maintaining these ethical standards, the researcher promoted a transparent and respectful research environment that upheld the dignity, rights, and welfare of the young participants throughout the 2025–2026 academic study.

Qualification of the Researcher

The researcher's qualifications were an important ethical consideration in ensuring the study was conducted with integrity and professionalism within the General Roxas District. As a graduate of Bachelor of Science in Psychology, the researcher possessed the academic background and training necessary for educational research, particularly in reproductive health education and ethical protocols. Guided by Creswell's (2020) framework, the researcher-maintained transparency and objectivity to ensure credible and ethical findings beneficial to the participants and academic community.

Conflict of Interest

The researcher maintained the integrity and credibility of the study by ensuring that any potential conflict of interest was strictly managed and disclosed. No financial or personal interests existed that could have biased the study's design, data collection, or statistical analysis. Throughout the research process in the General Roxas District, the researcher remained committed to absolute objectivity, ensuring that all relationships and factors related to the study were transparently communicated to participants and stakeholders. This professional impartiality ensured that the findings on the guidance and counseling programs were credible and could be used to inform future educational strategies without undue influence.

RESULTS AND DISCUSSION

Guidance and Counseling Program

Recent global studies underscored the vital role of guidance and counseling programs in addressing diverse student needs across various educational contexts. Research highlighted how tailored interventions fostered academic engagement and self-confidence among visually impaired students, while services in Kenya significantly improved enrollment and performance for girls

despite staffing challenges. Furthermore, emerging trends identified the integration of artificial intelligence and the shift toward online learning as critical frontiers for counseling. These findings emphasize that comprehensive, student-centered support ranging from ethical AI literacy to resource-specific counseling is essential for promoting equitable learning climates and addressing modern academic barriers. Taken together, these studies demonstrate that adaptable and well-resourced guidance and counseling programs are crucial in equipping schools to respond effectively to evolving student needs in reproductive health and beyond.

Program Content

Table 1 presents the extent of implementation of the guidance and counseling program in terms of program content. The overall mean was 4.500 (SD = 0.548), interpreted as Very high. This indicates that the program content was always observed and that reproductive health topics were strongly integrated into the guidance and counseling program.

Only the highest and lowest means are emphasized. The highest mean was recorded in Indicator 3, which states that the counseling program effectively addresses issues of puberty, relationships, and reproductive health challenges (M = 4.550, SD = 0.710). The lowest mean was recorded in Indicator 4, which states that the program content is designed to cater to the specific reproductive health needs of adolescents (M = 4.438, SD = 0.926). Although this was the lowest item, it was still interpreted as Very high.

The result implies that the program content is strong in addressing core adolescent reproductive health concerns, especially puberty, relationships, and health challenges. However, the relatively lower score on tailoring content to specific adolescent needs suggests that the school may still improve contextualization through learner profiling, needs assessment, and localized examples. This is supported by Ngo and Lee (2025), who emphasized that embedded counseling becomes effective when it directly addresses the specific needs of students, and by Sağar and Özabacı (2022), who showed that structured guidance interventions are more effective when the content is responsive to the target group.

Table 1. Extent of Implementation of Guidance and Counseling Program in Terms of Program Content

No	Program Content	Mean	SD	Descriptive Interpretation
1	The guidance and counseling program includes comprehensive topics on reproductive health.	4.488	0.811	Very high
2	Adolescents are provided with clear information on sexual health, contraception, and safe sexual practices during counseling sessions.	4.525	0.795	Very high
3	The counseling program effectively addresses issues of puberty, relationships, and reproductive health challenges.	4.550	0.710	Very high
4	The program's content is designed to cater to the specific reproductive health needs of adolescents.	4.438	0.926	Very high
5	The counseling sessions adequately cover the emotional and psychological aspects of adolescent reproductive health.	4.500	0.871	Very high
	Mean Average	4.500	0.548	Very high

1.00-1.80=Very High 2.61-3.40=Moderate 4.21-5.00=Very Low 1.81-2.60=High 3.41-4.20=Low



The findings further imply that a well-designed content base remains essential, but content should not remain generic. Samad and Malik (2023) stressed that guidance knowledge improves service performance, while Sweeney (2024) found that comprehensive program implementation is strengthened by supervision and program support. Thus, the very high rating should be sustained by periodically updating reproductive health modules and ensuring that topics are developmentally appropriate, medically accurate, and culturally sensitive.

Student Engagement

Table 2 presents the extent of implementation of the guidance and counseling program in terms of student engagement. The overall mean was 4.448 (SD = 0.522), interpreted as Very high. This indicates that students were highly engaged in reproductive health counseling activities and that participation, interest, questioning, and continuity of involvement were generally always observed.

Table 2. Extent of Implementation of Guidance and Counseling Program in Terms of Student Engagement

No	Student Engagement	Mean	SD	Descriptive Interpretation
1	Students actively participate in guidance and counseling sessions regarding reproductive health.	4.500	0.729	Very high
2	The majority of students attend the scheduled counseling sessions on reproductive health topics.	4.288	0.766	Very high
3	Students show a high level of interest and involvement during discussions on reproductive health.	4.363	0.815	Very high
4	The counseling sessions encourage students to ask questions and seek clarification on reproductive health issues.	4.563	0.653	Very high
5	The engagement of students in counseling sessions has been consistent over time.	4.525	0.746	Very high
	Mean Average	4.448	0.522	Very high

1.00-1.80=Very High 2.61-3.40=Moderate 4.21-5.00=Very Low 1.81-2.60=High 3.41-4.20=Low

The implication is that the program should preserve interactive strategies rather than rely only on lecture-type counseling. Vasa Buraphadeja and Chantokul (2024) and Saman et al. (2022) likewise emphasized that innovative and blended guidance approaches can sustain learner interaction. Therefore, question-and-answer sessions, case analysis, role-play, and digital follow-up activities may further strengthen attendance and maintain very high engagement.

CONCLUSION AND RECOMMENDATIONS

Summary of Findings

The Guidance and Counseling Program was rated very high. Among its indicators, Guidance Advocates' Expertise received the strongest rating, followed by Program Content and Student Engagement. This means that learners generally observed the presence of capable guidance advocates, relevant program content, and opportunities to participate in guidance-related activities.

Adolescent Reproductive Health Awareness was also rated very high. Learners showed strong reproductive health knowledge, favorable attitudes toward sexuality health, and

The highest mean was recorded in Indicator 4, which states that the counseling sessions encourage students to ask questions and seek clarification on reproductive health issues (M = 4.563, SD = 0.653). The lowest mean was recorded in Indicator 2, which states that the majority of students attend scheduled counseling sessions on reproductive health topics (M = 4.288, SD = 0.766). Both indicators were interpreted as Very high.

The result implies that the most visible strength of student engagement is the creation of a safe space where learners can ask questions and clarify sensitive reproductive health concerns. The relatively lower attendance score suggests that participation is strong, but scheduled attendance can still be strengthened through better scheduling, reminders, and homeroom integration. Yuwono and Utomo (2023) noted that student-centered guidance promotes autonomy and engagement, while Mason et al. (2022) found that active learning formats improve counseling-related self-efficacy and participation.

responsible reproductive health behaviors. Although the overall rating was high, the results still suggest the need to continuously reinforce sensitive topics through age-appropriate guidance.

The correlation analysis showed a significant positive relationship between Guidance and Counseling Program implementation and Adolescent Reproductive Health Awareness. This indicates that stronger implementation of guidance-related activities tends to be associated with higher learner awareness in reproductive health.

Regression analysis confirmed that the implementation indicators significantly influenced Adolescent Reproductive Health Awareness. Guidance Advocates' Expertise and Student Engagement emerged as significant predictors, while Program Content did not significantly predict awareness when the other indicators were considered. This suggests that the competence of advocates and the active participation of learners are especially important in improving awareness.

Conclusion

Based on the findings of the study, the following conclusions are drawn:



The Guidance and Counseling Program was implemented at a very high level, indicating that its content, engagement activities, and guidance advocate expertise were consistently observed by the learners. The strongest component was Guidance Advocates' Expertise, while Student Engagement remained the component requiring the most continued attention.

Adolescent Reproductive Health Awareness was also very high. Learners demonstrated strong knowledge, constructive attitudes, and responsible behaviors related to reproductive health. However, continued support is needed to sustain this awareness and to address learner hesitation in discussing sensitive concerns.

A significant positive relationship existed between Guidance and Counseling Program implementation and Adolescent Reproductive Health Awareness. Therefore, better implementation of guidance services is associated with stronger learner awareness of reproductive health matters.

The regression findings showed that Guidance Advocates' Expertise and Student Engagement significantly influenced Adolescent Reproductive Health Awareness. Program Content was rated very high but was not a significant predictor in the final model, which implies that content alone is not enough unless learners are engaged and supported by competent guidance advocates.

Recommendations

Based on these conclusions, the following recommendations are offered to further strengthen guidance and counseling programs related to adolescent reproductive health awareness.

1. School heads should sustain the very high level of program implementation by providing continuing support for guidance advocate training and learner engagement activities. Since Guidance Advocates' Expertise was the strongest component and a significant predictor, capacity-building should focus on ethical communication, age-appropriate reproductive health guidance, referral procedures, and handling sensitive learner questions.
2. Guidance advocates should continue improving their professional competence in adolescent reproductive health. Training may include values-sensitive communication, child protection, puberty education, referral protocols, counseling ethics, and strategies for discussing reproductive health in ways that are accurate, respectful, and developmentally appropriate.
3. Teachers should reinforce reproductive health concepts through classroom discussions, values integration, and appropriate referral to guidance personnel. Since Student Engagement significantly predicted awareness, teachers can help sustain learner participation by creating safe classroom spaces for questions and by connecting lessons with guidance support when needed.
4. Parents and guardians should support age-appropriate discussions about reproductive health at home. Although the school program was significantly related to awareness, family communication remains important because learners

often form attitudes and behaviors through both school and home experiences.

5. Learners should be encouraged to participate actively in guidance sessions, ask questions respectfully, and approach trusted adults when they need help. The school may strengthen this by making guidance services visible, approachable, and confidential.
6. Future researchers may investigate other factors that explain the remaining variance in Adolescent Reproductive Health Awareness. Possible variables include parent-adolescent communication, peer influence, media exposure, religious and cultural norms, access to health services, school climate, and teacher readiness. Qualitative or mixed-methods designs may also provide deeper explanations of learners' experiences.

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Competing Interests Statement

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Data Availability Statement

Data sharing is not applicable to this article as no new data were created or analyzed in this study; all data used were obtained from previously published sources as cited in the reference list.

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