

The Influence of Reproductive Health Education to Knowledge and Percieved Behavior Sexual Adolescent Control

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Abstract

Teenage is a phase that ranges with delinquency especially sexuality. Sexuality which is still considered a taboo makes the lack of knowledge and low perceived behavior control in adolescents so that more teenagers have had sexual relations before marriage. Premarital sexual behavior has an impact on health, that is transmission of sexually transmitted diseases/infections and teenage pregnancy which can result in dropping out of school, other social sanction or complications during pregnancy, childbirth, and puerperial. The purpose of this study was to analyze the effect of reproductive health education on knowledge and perceived behavior control. This research was conducted using quasi-eksperimental one group pretest-posttest design. Population of this study was student grade XI SMA in Grobogan with number of sample was 85 student. Data analyzing were using Wilcoxon Test. There was a difference level of knowledge with a p-value of 0,000; there was differences in the behavior of the Perceived Behavior Control with a p-value of 0,000 and there was an influence between the knowledge and Perceived Behavior Control with a p-value of 0,000 after health education. There was a difference between the knowledge and behavior of Perceived Behavior Control after health education.

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INTRODUCTION

Indonesia's teenage population is projected in 2025 to be around 28.67% of the total population (BPS, Bapenas and UNFPA, 2000). Adolescence is a period of life transition from children to adulthood which is crucial for their future lives (BKKBN, 2013). One of the factors influencing the future is the low level of knowledge possessed by adolescents regarding adolescent reproductive health (Gusti Ayu Marhaeni, M. Choirul Hadi, 2015). Adequate adolescent knowledge about sex is not supported by a culture that considers discussions about sexuality in public as taboo (Aji et al., 2013; Cerme, Karlia, & Muhari).

A preliminary study conducted at one of the State High Schools in Grobogan Regency with 10 students in class XI found 8 students had and were dating, 8 students had dated in a quiet place, 7 students had held hands and kissed, 5 students had hugged, 6 students had holding sensitive body parts, 8 students have seen pornography through the internet or magazines. Students convey the form of sexual activity with a boyfriend/girlfriend.

The adolescent growth and development phase must be controlled by paying special attention to the journey.

Supervision and control of adolescents needs to be done on sex drives and sex stimuli, so that they do not go through the habits as they should and are explosive, so that it can weaken the physical and spiritual. Teenagers in this era are starting to be haunted by free promiscuity. For the sake of a bright future, they must be good at controlling themselves so they can avoid promiscuity. Teenagers who are unable to control or avoid from promiscuity will then fall, which then can damage his future. Free sex is closely related to free sex (Miswanto, 2014).

Based on the 2017 Indonesian Health Demographic Survey, someone starts dating in their teens, which is that most women (80%) and men (84%) are dating. Of these 45% of

women and 44% of men are dating at the age of 15-17 years. They are dating by holding hands (64% women and 75% men), hugging (17 5 women and 33% men), kissing lips (30% women and 50% men) and touching / touching (5% women and 22% Men). Premarital sexual experiences felt by 8% of men and 2% of women having had sexual relations, with the reason that 47% love each other, 30% are curious / curious, 16% occur without reason, forced / forced 3%, and influenced by friends 3% .

One study found that most adolescents talked about matters related to reproductive health to their friends rather than parents and health workers (Nurmansyah, Al-Aufa, & Amran, 2013) (Djannah, 2015). In the actual situation there are books, magazines, videos showing the enjoyment of sex as a reference for adolescents so that deviant behavior occurs without describing the risks and responsibilities that will be faced (Rahadi & Indarjo, 2017)

One way to provide reproductive health information to adolescents is through health education or counseling using appropriate media. After being given counseling on reproductive health using pictures has increased the level of knowledge, because counseling using pictures is interesting and able to provide a real picture like the original object so that it is easily absorbed by respondents (Pratama, Hayati, & Supriatin, 2014). The existence of Youth Counseling

Information Centers in various regions expected to provide and explain issues related to sexuality, HIV, AIDS and drugs as one of the efforts to prevent and emphasize the magnitude of problems faced by adolescents each year (Oktarina, Margono, & Purnomo, 2017).

Research conducted by (Hidayah, 2015) has no relationship between knowledge and premarital sexual behavior. Students who have good knowledge about reproductive health actually perform premarital sexual behavior by 62.8%. Students with a percentage of 62.8%

who carried out high-risk premarital sexual behavior by 37.8% and students who engaged in low-risk premarital sexual behavior by 25%. Premarital sex behavior in Unnes students is influenced by the status of residence, pornography exposure, and the role of peers (Mahmudah, Yaslinda, & Yuniar, 2016).

The emergence of sexuality problems is influenced by hormonal changes, thereby increasing libido (sexual desire) in adolescents (Aquino, Sheppard, Watkins, O'Reilly, & Smith, 2014). Increased sexual desire in adolescents requires channeling in the form of certain sexual behavior. Distribution of this cannot be done immediately because of the prevailing norms in society as well as religious norms and self-control behavior that a person is prohibited from engaging in sexual behavior before marriage (Yaunin & Lestari, 2016).

Teenagers who are unable to hold back will easily violate the ban (Setyaningsih, 2016). Real impacts of free sexual behavior in adolescents include sexually transmitted diseases, HIV / AIDS, unwanted pregnancy, dropping out of school, and isolation

society makes the problem of adolescents not only stop in adolescence alone, but can continue into old age or even throughout his life.

The higher the level of authority a person has in carrying out a behavior, the easier it is for someone to do it (Gusti Ayu Marhaeni, M. Choirul Hadi, 2015). According to Gottfredson and Hirschi in (Higgins and Ricketts, 2004), someone who has low self-control is someone who is unable to refrain from temptation / desire and is more concerned with mere pleasure / pleasure.

Planned Behavior Theori conveyed the behavior that was raised by someone was something that had been planned. Premarital sexual behavior is determined by ready, subjective norms and perceived behavior control (control of perceived behavior). Perceived behavior control is intended as a belief in a person regarding the level of

difficulty or ease in carrying out a behavior (belief control) 9 Ajzen, 1991 or interpreted as someone's authority to behave. The higher the level of authority a person has in carrying out a behavior, the easier the person is to do it. The purpose of this study was to analyze the effect of reproductive health education on knowledge and sexual behavior control in adolescents.

METHOD

The design of this study used a quasi-experimental one group pretest-posttest design, in this design a group of subjects was used without a control group. The form of design used is the time series design (Notoatmodjo, 2012). Initially before being given treatment, the experimental group was pretested 3 times in order to find out the conditions respondents are in a stable condition, then given health education by using cooperative learning, learning that is centered on the activities of respondents where respondents are formed in study groups consisting of 5-6 people in one small group. After that treatment is given, the respondent is given a posttest 3 times in order to find out the respondent is in a stable condition. The population in this study consisted of 3 classes totaling 116 students. The sample in this study was 85 respondents. The sampling technique in this research is purposive sampling.

RESULT AND DISCUSSION

Demographics of Respondents

Table 1. Frequency Distribution Based on Age of Respondents

| Age (Years) | f | % |
|-------------|---------------|------------|
| 16 | 2 | 2.4 |
| 17 | 81 | 95.3 |
| 18 | 2 | 2.4 |
| Total | 85 | 100,0 |
| Mean: 17,00 | Median; 17,00 | Mode; 17 |
| Min; 16 | Max; 18 | S.D; 0,218 |

Based on the age of respondents who were part of this study the majority of respondents aged 17 years were 81 respondents (95.3%), respondents with age 16 years were 2 respondents (2.4%) and respondents aged 18 years were 2 respondents (2, 4%).

Table 2. Frequency Distribution Based on the Gender of Respondents

| Gender | F | % |
|--------|----|-------|
| Male | 33 | 38,8 |
| Female | 52 | 61,2 |
| Total | 85 | 100,0 |

Based on the gender of the majority of respondents who were part of the study were female as many as 52 (61.2%) respondents while male respondents were 33 (38.8%).

Table 3. Frequency Distribution Based on Health Information

| Health Information | f | % |
|--------------------|----|-------|
| Yes | 85 | 100,0 |
| No | 0 | 0,0 |
| Total | 85 | 100,0 |

All respondents 85 (100%) had never received health information before the study was conducted.

Table 4. Frequency Distribution Based on Dating Experience

| Dating Experience | f | % |
|-------------------|----|-------|
| Yes | 85 | 100.0 |
| No | 0 | 0.0 |
| Total | 85 | 100.0 |

All 85 respondents (100%) had dating experience or had been dating and or were currently dating.

Univariate Analysis

The results showed that the majority of respondents had sufficient knowledge (65.9%) before conducting health education. The average value is 18.60, a minimum value of 12 and a maximum value of 26. The level of knowledge of respondents after health education showed an increase that is good as many as 56 (65.9%) respondents, and enough knowledge as many as 29 (24.1%) respondents . There were no respondents who had less knowledge after health education. The minimum value of respondents is 17, the maximum value is 30 with an average value of 24.27 and SD 3.64

Perceived Behavior Control is the belief (beliefs) that individuals have carried out or never carried out certain behaviors, individuals have the facilities and time to perform certain behaviors, individuals make estimates of their ability to carry out behavior. The results showed respondents before health education showed good criteria as many as 44 (51.8%) and less as many as 41 (48.2%) with an average value of 61.56 with a minimum value of 41 and a maximum score of 82 with an S.D of 9.746. While Perceived Behavior Control after health education showed a good increase of 56 (65.9%) respondents and 26 (34.1%) respondents behaved less. The average value after health education is 81.07 with a minimum value of 63, a maximum value of 90 with an elementary school of 5.101.

Bivariate Analysis

Table 5. Differences in Knowledge Before and After Health Education

| Variable | N | Mean | Std. Dev | Min | Max | Sig. (2-tailed) |
|-----------------------------------|---|-------|----------|-----|-----|-----------------|
| Knowledge before health education | 8 | 18,60 | 3,248 | 12 | 26 | ,000 |
| Knowledge after health education | 8 | 24,27 | 3,640 | 17 | 30 | |

Based on the table above, it can be seen that there are differences in the level of knowledge of respondents between before and after health education is carried out with a p-value of 0,000. This difference is also shown by the increase in the average value of knowledge from 18.60 to 24.27 with a minimum value of 17 and a maximum value of 30.

Table 6. Differences in Percieved Behavior Control (PBC) Before and After Health Education

| Variable | N | Mean | Std. Deviation | Min | Max | Sig. (2-tailed) |
|-----------------------------|---|-------|----------------|-----|-----|-----------------|
| PBC before health education | 8 | 61,56 | 9,746 | 41 | 82 | ,000 |
| PBC after health education | 8 | 81,07 | 5,101 | 63 | 90 | |

The table above shows the differences in Perceived Behavior Control between before and after health education. This difference is shown by the p-value of 0,000 with an increase in the average value on the PBC score from 61.56 to 81.07. The difference is also indicated by an increase in the value of the minimum perceived behavior control (PBC) of 41 to 63.

Table 7. Effect of Knowledge on Percieved Behavior Control (PBC)

| Variable | N | Mean | S.D | Min | Max | Sig. (2-tailed) |
|----------------------------------|---|-------|-------|-----|-----|-----------------|
| Knowledge after health education | 8 | 24,27 | 3,640 | 17 | 30 | ,000 |
| PBC after health education | 8 | 81,07 | 5,101 | 63 | 90 | |

The results of the analysis can be seen that there is a significant influence between the knowledge of respondents with Perceived Behavior Control after health education with a p-value of 0,000. It also showed an increase in the average value of knowledge by 24.27 and an average PBC of 81.07.

The effect of reproductive health education on knowledge about reproductive health

The results showed that the p-value of 0,000 (<0.05), which means there are differences in the level of knowledge of respondents between before and after being given health education. This difference in knowledge shows a better increase in the level of respondents knowledge when compared to before being given health education with an average value of knowledge from 18.60 to 24.27 after health education.

Increasing the level of knowledge of respondents from sufficient levels by 56 (65.9%) to good knowledge by 56 (65.9%) after being given health education. This shows that the health education that has been carried out is able to provide respondents with increased knowledge and better understanding of reproductive health. These results are in accordance with Notoatmodjo's theory, (2007) where health education is one way to increase knowledge that is easy to understand because it uses lecture and media methods in the presentation.

Cooperative learning methods can be used as an alternative to providing health education to adolescents because the respondents to express their opinions to each other, provide opportunities to ask as broad as possible without the shame of discussing reproductive health. Besides that the method is also a place to express the opinions of each participant (Resnayati, 2012).

Research (Buzarudina, 2013) states that health education with the use of media images and counseling is able to increase understanding because it is easy to be absorbed and understood by respondents. This means that health education is an effective and easy way conducted to increase respondents knowledge and understanding.

Counseling conducted in an institutional environment (school) is an effective place in conducting health education. This is because students can ask questions freely, without feeling taboo or awkward in expressing their understanding so as to make health education more effective and able to have a positive impact on increasing knowledge (Zayanti, Nopiantini, & Susanti, 2017) (Mc.Kay, 2014).

Adolescents must have knowledge about good reproductive health so that adolescents are able to control their sexual behavior well. An increase in better knowledge on the results of this study (by 56 or 65.9%) shows a significant difference in scores between pre-test and post-test with p value (0,000) <0.05. It is

hoped that the increase in knowledge from health education that has been carried out can be carried out on an ongoing basis so that it can change the patterns of thinking of adolescents about sex. This is consistent with research (Lestari, Fibriana, & Prameswari, 2014) where the better the level of one's knowledge about sexual behavior is expected to be able to change behavior better. This means that respondents are expected to no longer engage in sexual activities outside of marriage but are able to control themselves from sexual behavior (Sarwono, 2009)

The effect of reproductive health education on sexual behavior control perceived in adolescents

There is a difference in Perceived Behavior Control with a p-value of 0,000 (<0.05) in respondents towards better after health education is expected because it shows that health education that has been given is able to provide changes to the respondent's Perceived Behavior Control (PBC) to better direction. Results this is in line with (Sarwono, 2009) where adolescents are able to have behavioral changes about prevention sexually better after being given health education.

Reviewed from the results of the study, the increase in PBC changes was also evidenced by an increase in the average value in behavior from 61.56 to 81.07 after health education, with a minimum PBC value of 63 and the maximum value obtained by respondents by 90. Increase in value this can be assumed that there is a change in Perceived Behavior Control towards more (stronger) so that respondents also have strong behavioral control also towards sexual behavior. This is in accordance with (Higgins and Ricketts, 2004) where someone who has strong self-control will be able to control themselves against sexual behavior while someone with weak self-control will be easy to be tempted / desirous for mere pleasure so as not to think about the effects that will occur .

Perceived Behavior Control is a person's belief in doing something (Ajzen, 1991). This means that the stronger the desire, the easier it will be to carry out the desired activity (Fatmawati & Maulana, 2016). This is intended if adolescents have better behavioral control perceptions of sexual precautions, it is expected that adolescents will not commit negative sexual acts (free sex) during dating. This also proves that health education has been able to increase their understanding of self-control behaviors towards negative sexual behavior.

The effect of reproductive health education on adolescent sexual knowledge and sexual behavior (PBC)

Knowledge has a positive influence on Perceived Behavior Control in adolescents with a p-value of 0,000 (<0.05). This result is in accordance with the theory (Notoatmodjo, 2007) which states that knowledge has a close relationship with behavior. This means that the better the level of one's knowledge, the better the behavior carried out which in this case is an act of Perceived Behavior Control on adolescent sexual.

This increase in knowledge is indicated by an increase in the average value of knowledge by 24.27 followed by an increase in the average value of behavior by 126.78. This result is interpreted as a better understanding of respondents about reproductive health so as to improve sexual Perceived Behavior Control behavior in adolescents. This is consistent with the theory (Ajzen, 2009) and (Notoatmodjo, 2010) where the level of knowledge is one of the factors that can influence adolescent sexual Perceived Behavior Control.

Adolescents who already have a better understanding of reproductive health are also expected to have strong Perceived Behavior Control to control sexual activity. Sarwono (2009) explains that health education can increase adolescent knowledge followed by a change in good behavioral control over sexuality.

Adolescents will have a different perspective on sexuality which was originally considered taboo and not worth talking about becomes an important education about reproduction so that it is able to prevent sexual activity outside marriage which continues to increase (Pakasi & Kartikawati, 2013). In addition, the existence of different points of view will also provide the right direction for adolescents so that they no longer have the wrong perception about sexuality but have a good perspective so they are able to take preventative measures in sexual activities outside of marriage.

CONCLUSIONS

Provision of reproductive health counseling can increase adolescent knowledge about reproductive health and increase sexual Perceived Behavior Control towards stronger so that adolescents are able to do good to prevent sexual behavior outside of marriage.

SUGGESTIONS

The results of this study are expected to improve the actions of education and counseling by BK from schools and health centers for students to increase knowledge about reproductive health so as to strengthen the sexual behavior of teenagers in controlling sexual behavior that is not responsible.

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