IMPACT OF REPRODUCTIVE HEALTH EDUCATION ON ADOLESCENT KNOWLEDGE AND ATTITUDE ABOUT HEALTHY REPRODUCTIVE HEALTH

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ABSTRAK DAMPAK PENYULUHAN KESEHATAN REPRODUKSI TERHADAP PENGETAHUAN DAN SIKAP REMAJA TENTANG KESEHATAN REPRODUKSI SEHAT

Latar Belakang: Penyuluhan kesehatan reproduksi dianggap sebagai bagian dari proses pendidikan yang bertujuan memperkuat dasar-dasar pengetahuan dan pengembangan kepribadian. Melalui penyuluhan kesehatan reproduksi sebagai upaya bagi remaja untuk meningkatkan pemahaman, pengetahuan, sikap, dan perilaku positif tentang kesehatan reproduksi dan seksualnya, serta meningkatkan derajat reproduksinya. Pendidikan merupakan proses perubahan dalam diri anak dari ketidaktahuan menjadi tahu, dari anak-anak menuju dewasa. Pada usia remaja yang merupakan usia peralihan dari anak-anak menuju dewasa, perubahan yang paling menonjol adalah mulai berfungsinya alat reproduksi, yang ditandai dengan perkembangan perilaku seksual remaja yang sangat dipengaruhi oleh sumber informasi yang diperoleh remaja tersebut. Jika informasi yang diperoleh benar dan dapat dipertanggungjawabkan maka perkembangan perilaku seksual remaja positif dan sebaliknya. Tidak jarang pula pada usia remaja, mereka seringkali mengalami masalah yang berakibat fatal bagi masa depannya.

Tujuan: Penelitian ini bertujuan mengetahui efektifitas penyuluhan kesehatan terhadap pengetahuan dan sikap kesehatan reproduksi siswa Madrasah Aliyah Muhammadiyah I Pakis Duren Banyuwangi.

Metode: Jenis penelitian adalah quasi eksperimen dengan pre-test and post-test control group design. Populasinya semua siswa Madrasah Aliyah Muhammadiyah I Pakis Duren Banyuwangi sebanyak 100 siswa. Sampel penelitian 40 siswa. Analisis data menggunakan uji hipotesis Mann-Whitney Test.

Hasil: Penyuluhan kesehatan reproduksi efektif untuk meningkatan pengetahuan siswa terhadap kesehatan reproduksi dengan nilai Asymp.sig (ρ) = 0,000. Penyuluhan kesehatan reproduksi juga efektif untuk meningkatkan sikap siswa terhadap kesehatan reproduksi dengan nilai Asymp.sig (ρ) = 0,000.

Kesimpulan: Adanya peningkatan pengetahuan dan perubahan sikap yang nyata mengenai kesehatan reproduksi remaja pada siswa Madrasah Aliyah Muhammadiyah I Pakis Duren Banyuwangi, merupakan hasil dari sebuah proses transfer pengetahuan dan menjadi tujuan penyuluhan kesehatan, dimana hal ini membuktikan bahwa penyuluhan kesehatan reproduksi remaja sangat efektif untuk meningkatkan pengetahuan dan memberikan perubahan sikap yang lebih baik terhadap kesehatan reproduksi remaja itu sendiri

Saran: Membuat program kerjasama dengan sekolah-sekolah di Kabupaten Banyuwangi untuk melakukan Sosialisasi Kesehatan Reproduksi Sehat, membuat program edukasi yang menarik siswa terhadap Kesehatan Reproduksi Sehat, bekerjasama dengan UKS untuk menjadwalkan konseling rutin tentang Kesehatan Reproduksi Sehat.

Kata Kunci: Kesehatan Reproduksi, Pengetahuan, Penyuluhan, Remaja, Sikap.

ABSTRACT

Background: Reproductive health counseling is considered as a part of the educational process that to strengthen the basic knowledge and development of adolescent personality. Through reproductive health counseling as an effort for adolescents to increase understanding, knowledge, attitudes, and positive behavior about their reproductive and sexual health, as well as increase their reproductive degrees. Education is a process of change in children from ignorance to knowing, from children to adults. At the age of adolescence which is the age of transition from children to adults, the most prominent change is the start of the functioning of the reproductive organs, which is marked by the development of adolescent sexual behavior which is strongly influenced by the sources of information obtained by the teenager. If the information obtained is correct and can be accounted for, the development of adolescent sexual behavior is positive and vice versa. Not infrequently also at the age of teenagers, they often experience problems that have fatal consequences for their future.

Purpose: This study aims to determine the effectiveness of counseling on knowledge and attitudes of reproductive health students of Madrasah Aliyah Muhammadiyah I Pakis Duren Banyuwangi.

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Methods: This type of research is quasi-experimental with a pretest and post-test control group design. The population is all students of Madrasah Aliyah Muhammadiyah I Pakis Duren Banyuwangi as many as 100 students. The research sample is 40 students. Data analysis used Mann-Whitney test hypothesis.

Result: Reproductive health counseling is effective to increase knowledge of reproductive health with the value of Asymp.sig (ρ) = 0.000. Reproductive health counseling is also effective in increasing attitudes towards reproductive health with a value of Asymp.sig (ρ) = 0.000.

Conclusion: There is an increase in knowledge and a real change in attitude regarding adolescent reproductive health in students of Madrasah Aliyah Muhammadiyah I Pakis Duren Banyuwangi, which is the result of a knowledge transfer process and becomes the goal of health education, which proves that adolescent health counseling is very effective in increasing knowledge and provide a better attitude change towards adolescent reproductive health itself.

Suggestion: Create a collaborative program with schools in Banyuwangi Regency to conduct Health Reproductive Health Socialization, create an educational program that attracts students to Healthy Reproductive Health, in collaboration with UKS to schedule regular counseling on Healthy Reproductive Health.

Keywords: Adolescents, Attitudes, Counseling, Knowledge, Reproductive Health

INTRODUCTION

Based on the results of the 2012 Indonesian Demographic and Health Survey (IDHS) on Adolescent Reproductive Health, it shows that adolescent knowledge about reproductive health is not sufficient, where only 35.3% of female adolescents and 31.2% of male adolescents aged 15-19 years know. that women can get pregnant with 1 sexual intercourse. Low knowledge and the strong negative influence of peers make adolescents have unhealthy sexual attitudes and behavior. This unhealthy sexual behavior causes reproductive health problems such as: unwanted pregnancy, unsafe abortion, sexually transmitted diseases (STDs) and HIV/AIDS.

Reproductive health counseling is considered as a part of the educational process that to strengthen the basic knowledge and development of adolescent personality. Through reproductive health counseling as an effort for adolescents to increase understanding, knowledge, attitudes, and positive behavior about their reproductive and sexual health, as well as increase their reproductive degrees.

Education is a process of change in children from ignorance to knowing, from children to adults. At the age of adolescence which is the age of transition from children to adults, the most prominent change is the start of the functioning of the reproductive organs, which is marked by the development of adolescent sexual behavior which is strongly influenced by the sources of information obtained by the teenager. If the information obtained is correct and can be accounted for, the development of adolescent sexual behavior is positive and vice versa. Not infrequently also at the age of teenagers, they often experience problems that have fatal consequences for their future.

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Another impact of unhealthy behavior in reproductive health can lead to the spread of infectious diseases such as hepatitis, HIVS/AIDS. When Indonesia is facing the Covid-19 pandemic since March 2020, in the January-March 2021 period, the incidence of new HIV infections also continues to occur because the HIV/AIDS epidemic knows no boundaries, regions and countries. The latest data until March 2021, as reported by the Directorate General of P2P, Ministry of Health, RI, on May 25, 2021, shows the cumulative number of HIV/AIDS cases in Indonesia is 558,618 consisting of 427,201 HIV and 131,417 AIDS. The cumulative number of HIV/AIDS cases detected in the January-March 2021 period was 9,327 consisting of 7,650 HIV and 1.667 AIDS reported in 498 districts and cities from 514 districts and cities in Indonesia (Harahap, 2021). According to the report for the January-March 2021 period, based on the age group. HIV-positive cases were found in the age group 25-49 years (71.3%), the age group 20-24 years (16.3%), and the age group 50 years. (7.9%). HIVpositive cases in infants 18 months were detected as many as 7 out of 287 infants who underwent HIV testing by DNA PCR (EID). Meanwhile, based on gender, the percentage of detectable HIV-positive cases was 69% for men and 31% for women. The ratio between men and women is 5:3. From the aspect of risk factors, the detected HIV-positive cases showed 27.2% homosexual, heterosexual, 0.5% sharing needles, and 50.4% unknown. Of the 7,650 HIV-positive cases detected were in the population group of commercial sex workers (CSWs) 2.4%, MSM (Men like Men) 26.3%. waria 0.9%, IDUs 0.5%, WBP (Citizens Correctional Assistance) 0.7%, pregnant women 20.9%, TB patients 11.5%, and STI patients 0.8%.

Steps to prevent the impact of behavior that is not in accordance with reproductive health need to be taken for adolescents. The youth group is the most vulnerable group. Adolescence is a process of change in children growing from adulthood which is marked by physical changes and mental changes for both boys and girls. Adolescent problems that need serious attention because of physical and mental changes are adolescent sexual behavior, because at puberty there is an increase in sexual hormones that cause behavioral changes related to sexual life (Samsurizal, 2008).

Reproductive health counseling is a series of activities aimed at providing knowledge about reproductive health. According to Notoatmojo (2007), providing health education will increase individual knowledge about health, including its advantages and disadvantages. So that raises individual attitudes in the form of positive or negative attitudes. A positive attitude is an attitude that supports health while a negative attitude is an attitude that does not support health.

According to WHO, reproductive health is a state of complete physical, mental and social wellbeing related to the reproductive system. The ultimate goal of health education is a change in behavior in individuals in accordance with health norms. According to Hosland (cit Notoatmoio. 2007) said that the process of behavior change is basically the same as the learning process. The process of behavior change describes the learning process in individuals. Stimulus/stimulus (health education) given to individuals can increase knowledge, then it will be followed by a change in attitude and then will lead to new behavior. The strength of the stimulus in the form of reproductive health education can affect the variation in knowledge, attitudes and behavior it causes in addition to the influence of other factors (Notoatmojo, 2013).

Based on the results of interviews with teachers of Madrasah Aliyah Muhammadiyah I Pakis Duren Banyuwangi, they said that no one had provided counseling on reproductive health to students, let alone conducted research on students' knowledge and attitudes towards reproductive health. They also said that if health workers would provide reproductive health education to students, it would have a positive impact on both students and teachers.

So that the researchers took the initiative to conduct research on the differences in knowledge and attitudes of adolescents before and after being given reproductive health counseling at Madrasah Aliyah Muhammadiyah I Pakis Duren Banyuwangi, where this study has differences with previous studies which are located in the location of data collection, the characteristics of the respondent's school environment, the number of respondents, as well as the research instruments used.

RESEARCH METHODOLOGY

This type of research is a quasi-experimental type of pre-test and post-test control group design. Pre-experimental research design with the type of pre-test and post-test control group design, namely research that wants to reveal a causal relationship by involving the treatment group and control group. Implementation of this research was conducted at Madrasah Aliyah Muhammadiyah I Pakis Duren Banyuwangi in March 2021. The population of this research were all students of Madrasah Aliyah Muhammadiyah I Pakis Duren Banyuwangi class I – III as many as 100 students.

The tool used to collect research data is in the form of a questionnaire regarding knowledge of reproductive health and attitudes towards reproductive health. The questionnaire in this study was prepared by the researcher himself and before being used for research, the validity and reliability of the research instrument was tested on 30 students outside the respondents at Madrasah Alivah Muhammadiyah I Pakis Duren Banyuwangi with the consideration that they had characteristics approaching the actual research respondents. The analysis used the Mann Whitney statistical test.

RESEARCH RESULT Univariate Analysis

The pre-test knowledge score of the treatment group was the highest score of 8, the lowest score of 3, the total score of 99, the average was 4.95 with a standard deviation of 1.234. Meanwhile, the control group had a total score of 97, the highest score was 8, the lowest score was 3, the average score was 4.85 with a standard deviation of 1.348.

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Table 1
Knowledge Score of Pre-test Treatment Group and Control Group

Group	Total Value	Minimum	Maximum	Average	Standard Deviation
Treatment	99	8	3	4,95	1,234
Control	97	8	3	4,85	1,348

Table 2
Knowledge Score of Post-test Treatment Group and Control Group

Group	Total Value	Minimum	Maximum	Average	Standard Deviation
Treatment	210	13	9	10,50	1,318
Control	114	9	3	5,70	1,593

The post-test knowledge score of the treatment group is the highest score of 13, the lowest score of 9, the total score of 210, the average is 10.50 with a standard deviation of 1.318. Meanwhile, the

control group had a total score of 114, the highest score was 9, the lowest score was 3, the average score was 5.70 with a standard deviation of 1.593.

Table 3
Attitude Scores of Pre-test Treatment Group and the Control Group

Group	Total Value	Minimum	Maximum	Average	Standard Deviation
Treatment	271	25	7	13,55	4,045
Control	282	23	7	14,70	4,667

The pre-test attitude score of the treatment group was the highest score of 25, the lowest score of 7, the total score of 217, the average was 13.55 with a standard deviation of 4.045. Meanwhile, the

control group had a total score of 282, the highest score was 23, the lowest score was 7, the average score was 14.70 with a standard deviation of 4.667.

Table 4
Attitude Scores of Post-test Treatment Group and the Control Group

Group	Total Value	Minimum	Maximum	Average	Standard Deviation
Treatment	557	33	22	27,85	2,498
Control	314	24	10	15,70	4,485

The post-test attitude score of the treatment group was the highest score of 33, the lowest score of 22, the total score of 557, the average was 13.55 with a standard deviation of 4.045. Meanwhile, the control group had a total score of 314, the highest score was 24, the lowest score was 10, the average score was 15.70 with a standard deviation of 4.485.

Bivariate Analysis

The decision making criteria is that if the value of (sig) < 0.05 is obtained, then the data is not normally distributed, if the value of (sig) > 0.05 is obtained, then the data is normally distributed.

Based on the results of the normality test of the data in the treatment group and the control group for the pre and post-test knowledge and attitudes in the table above, it turns out that the value (sig) < 0.05, then all data are declared not normally distributed.

Table 5
Normality Test of Knowledge and Attitude Data

	Group	Kolmogorov	Criteria	
	Group	Statistics	Sig (p)	Cilleria
Knowledge Coare of Dre test	Treatment	0,234	0.005	
Knowledge Score of Pre-test	Control	0,186	0.069	
Attitude Coorse of Dre toot	Treatment	0,256	0.001	
Attitude Scores of Pre-test	Control	0,209	0.023	< 0.0E
Knowledge Coare of Doot toot	Treatment	0,248	0,002	< 0,05
Knowledge Score of Post-test	Control	0,175	0,108	
Attitude Coarse of Doct toot	Treatment	0,183	0,077	
Attitude Scores of Post-test	Control	0,212	0,019	

Table 6
Test of Homogeneity of Knowledge and Attitude Data

		Levene statistik	Sig	Criteria (α)
Knowlodgo	Pre-test	0,588	0,448	_
Knowledge	Post-test	0,385	0,538	> 0 0E
Attitude	Pre-test	0,957	0,334	> 0,05
	Post-test	9,856	0,003	

The decision making criteria is if the value of < 0.05 is obtained, then the data is not homogeneous, if the value of > 0.05 is obtained, the data is homogeneous.

Based on the results of the homogeneity test in the table above, it turned out that three

homogeneous data were found with a value of sig > 0.05, namely the pre-test knowledge score, post-test knowledge score, and pre-test attitude score. While one data is not homogeneous with a value of sig (ρ) = 0.003 < 0.05 in the post-test attitude score.

Tabel 7
Mann Whitney test

	Group	Average	U	Asym.Sig.	Criteria
Knowledge Score of Post-test	Treatment	30,38	2,500	0,000	0,05
Knowledge Score of Post-lest	Control	10,63	2,500		
Attitude Scores of Post-test	Treatment	30,35	3,000	0.000	0.05
Attitude Scores of Post-lest	Control	10,65	3,000	0,000	0,05

To test the hypothesis of this study, Mann Whitney test was used with the consideration that the data were not normally distributed.

The results of the hypothesis test of the effectiveness of health education in increasing students' knowledge of reproductive health with Mann Whitney test obtained the value of Asymp.sig (ρ) = 0.000, then Ho was rejected and Ha was accepted, meaning that health education was effective in increasing students' knowledge about adolescent reproductive health.

The results of the hypothesis test of the effectiveness of health education in improving students' attitudes towards reproductive health with Mann Whitney test obtained the value of Asymp.sig

(ρ) = 0.000, then Ho was rejected and Ha was accepted, meaning that health education was effective in increasing students' attitudes towards adolescent reproductive health.

DISCUSSION

Student Knowledge About Reproductive Health

Reproductive health is a state of complete physical, mental and social well-being in all matters relating to the functions, roles, and reproductive systems. Knowledge of reproductive health should be carried out since early adolescence, because adolescents' understanding of reproductive health will be a provision for healthy and responsible behavior, but not all adolescents have the

opportunity to get sufficient and correct information about reproductive health, thus forcing adolescents to seek access and explore. itself which in the end a lot of reproductive health information obtained by the teenagers was not correct, this condition was accompanied by a taboo stigma that was still rooted in society in discussing healthy reproductive health itself.

This study found that the initial knowledge of students who were in the treatment group and the control group was relatively low, indicating a lack of information on reproductive health, because they had never been exposed to adolescent reproductive health counseling. So that on this occasion also the provision of health education apart from being part of health promotion, as well as an effort to increase awareness, knowledge, attitudes, and behavior of adolescents. After providing health education on reproductive health in the treatment group, an average score of 10.50 was obtained with a standard deviation of 1.318. In the control group, the average score was 5.70 with a standard deviation of 1.593.

The difference in the results of measuring student knowledge between the treatment group and the control group may indicate an increase in knowledge about adolescent reproductive health in the treatment group. While in the control group relatively little change. This is because the control group did not receive health education. These results are relevant to several other studies which state that there is an increase in reproductive health knowledge after being given counseling, which proves that knowledge itself is a result of someone getting information by sensing an object, in this case providing adolescent reproductive health counseling.

Adolescent reproductive health counseling is an activity and learning opportunity to achieve a situation, where adolescents as a whole want to understand and live a healthy reproductive life, and know how to do healthy reproductive health, both individually and in groups and are able to ask for help if they find problems in their reproductive health. reproductive health. This means that the control group has not had the opportunity to get specific learning materials on reproductive health, causing relatively little change in their knowledge. Changes that increase slightly may be due to obtaining information from fellow students or just guessing the answers.

Students' Attitudes About Reproductive Health

Lack of information and knowledge of a person will have an impact on the formation of a person's attitude, where good knowledge will affect a person will be positive, on the other hand, if lack of

knowledge will affect a person will have a negative attitude. So it can be said that attitude is a reaction or response of someone who is still closed to a stimulus or object. (Notoadmojo, 2013)

In early adolescence, they have a tendency to have a greater curiosity, where adolescents have a very high instinct for experimenting. This greater curiosity causes them to be more easily influenced by the everyday habits of the environment in which they hang out. As for the attitudes of teenagers at this time, many violate existing norms, because of the influence of bad associations, which in turn will have an impact on the attitude of the teenager himself, whether or not the attitude of the teenager is good.

This study found that the initial attitudes of students who were in the treatment group and the control group were relatively low, indicating a lack of access to correct and appropriate reproductive health information, so that many are indifferent and do not care about their own reproductive health and are more concerned with acceptance within the group circle. friends or peers who in fact often misunderstand healthy reproductive health. After providing health education on reproductive health in the treatment group, an average score of 27.85 was obtained with a standard deviation of 2,498. In the control group obtained an average score of 15.70 with a standard deviation of 4.458.

The difference in the results of measuring student attitudes between the treatment group and the control group may indicate a change in attitudes about adolescent reproductive health in the treatment group. While in the control group relatively little change. This is because the control group did not get access to the right and correct information, so it did not experience the expected change in attitude. These results are relevant to several other studies which state that there is a change in attitudes towards healthy reproductive health after being given counseling, which proves that the change in attitude itself begins with a change in knowledge, where this change in knowledge can be obtained through both formal and informal education processes. one is education or counseling on adolescent reproductive health.

The Effectiveness of Health Counseling on Reproductive Health on Students' Knowledge and Attitudes About Reproductive Health.

Health education on adolescent reproductive health can effectively improve the knowledge and attitudes of students at Madrasah Aliyah Muhammadiyah I Pakis Duren Banyuwangi. It can be seen from the results of Mann Whitney test, the effectiveness of health education on students'

knowledge of reproductive health obtained a value of sig = 0.000, and the effectiveness of health education on student attitudes about reproductive health obtained a value of sig = 0.000.

It is also supported by the difference between the knowledge value between the treatment group that received reproductive health counseling and the control group who did not receive reproductive health education, namely the average score of the treatment group was 10.50 with a standard deviation of 1.318 and the control group average score was 5.70 with a standard deviation of 1.593.

While the effectiveness of health education on attitudes is supported by the difference between the attitude scores between the treatment group who received reproductive health counseling and the control group who did not receive reproductive health counseling, namely the average score of the treatment group was 27.85 with a standard deviation of 2.498 and the control group an average score of 15.70 with a standard deviation of 4.458.

The existence of a real increase in knowledge and attitudes regarding adolescent reproductive health in students who receive health education is the result of a knowledge transfer process and is the goal of health education. Health education is an educational activity carried out by spreading messages, instilling confidence, so that people are aware, know and understand, and are willing and able to make recommendations related to health.

CONCLUSION

There is an increase in knowledge about reproductive health in students of Madrasah Aliyah Muhammadiyah I Pakis Duren Banyuwangi after being given counseling, which proves that knowledge itself is a result of someone getting information by sensing an object, in this case providing adolescent reproductive health counseling.

There is a change in attitude towards healthy reproductive health in students of Madrasah Aliyah Muhammadiyah I Pakis Duren Banyuwangi after being given counseling, which proves that the change in attitude itself begins with a change in knowledge, where this change in knowledge can be obtained through both formal and informal education processes, one of which is is education or counseling on adolescent reproductive health.

The existence of an increase in knowledge and a real change in attitude regarding adolescent reproductive health in students of Madrasah Aliyah Muhammadiyah I Pakis Duren Banyuwangi, is the result of a knowledge transfer process and becomes the goal of health education, which proves that adolescent reproductive health counseling is very

effective in increasing knowledge and provide a better attitude change towards adolescent reproductive health itself.

SUGGESTION

Create a collaborative program with schools in Banyuwangi Regency to conduct Health Reproductive Health Socialization, create an educational program that attracts students to Healthy Reproductive Health, in collaboration with UKS to schedule regular counseling on Healthy Reproductive Health.

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