DETERMINANTS OF COMMUNICATION BEHAVIOR OF PARENTS WITH ADOLESCENTS ABOUT REPRODUCTIVE HEALTH

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ABSTRAK : PENENTU PERILAKU KOMUNIKASI ORANG TUA DENGAN REMAJA TENTANG KESEHATAN REPRODUKSI

Latar belakang: Komunikasi antara orang tua dan remaja tentang kesehatan reproduksi penting dilakukan, untuk menghindari perilaku seksual yang tidak sehat. Namun mengalami berbagai kendala dan faktor yang mempengaruhi, sehingga orang tua tidak berkomunikasi dengan anak terkait kesehatan reproduksi

Tujuan: Mengetahui determinan perilaku komunikasi orang tua dengan remaja tentang kesehatan reproduksi, dengan mengacu pada Health Belief Model.

Metode: Penelitian adalah penelitian kausal. Populasinya adalah orang tua siswa kelas IX SMP di Kota Garut. Sampel sebanyak 200 responden, diambil secara proporsional random sampling. Analisis data dilakukan dengan menggunakan PLS-SEM..

Hasil: Persepsi kerentanan kesehatan reproduksi berpengaruh positif terhadap ancaman masalah kesehatan reproduksi remaja, dengan t-statistik 8,521 dan p-value 0,000 (p<0,05). Self-efficacy (t-statistik 3,961 dan p-value 0,000), dan persepsi manfaat terkait komunikasi orang tua remaja tentang kesehatan reproduksi berpengaruh terhadap perilaku komunikasi orang tua dengan remaja tentang kesehatan reproduksi. Ancaman (t-statistik 0,576 dan p-value 0,565), hambatan (t-statistik 1,133 dan p-value 0,258), dan isyarat untuk bertindak (t-statistik 0,987 dan p-value 0,324) tidak berpengaruh pada perilaku komunikasi orang tua dengan remaja tentang kesehatan reproduksi. Religiusitas tidak memoderasi pengaruh *cues to act* terkait komunikasi orang tua remaja tentang kesehatan reproduksi terhadap perilaku komunikasi orang tua dengan remaja tentang kesehatan reproduksi (t-statistik 0,280 dan p-value 0,780)

Kesimpulan: Kerentanan persepsi tentang kesehatan reproduksi berpengaruh positif terhadap ancaman masalah kesehatan reproduksi remaja. Penentu perilaku komunikasi orang tua-remaja tentang kesehatan reproduksi adalah efikasi diri, dan persepsi keuntungan yang berhubungan dengan komunikasi orang tua remaja tentang kesehatan reproduksi. Religiusitas tidak memoderasi pengaruh *cues to act* terkait komunikasi orang tua remaja tentang kesehatan reproduksi terhadap perilaku komunikasi orang tua dengan remaja tentang kesehatan reproduksi

Kata Kunci: Komunikasi, Orang Tua, Kesehatan Reproduksi Remaja, Health Belief Model

ABSTRACT

Background: Communication between parents and adolescents about reproductive health is important, to avoid unhealthy sexual behavior. However, it experiences various obstacles and influencing factors, so parents do not communicate with children related to reproductive health

Purpose: Knowing the determinants of parental communication behavior with adolescents about reproductive health, by referring to the Health Belief Model..

Method: Research is causal research. The population is the parents of grade IX junior high school students in Garut City. A sample of 200 respondents, taken by proportional random sampling. Data analysis was performed using PLS-SEM..

Result: The perceived vulnerability of reproductive health has a positive effect on the threat of adolescent reproductive health problems, with a t-statistic of 8.521 and a p-value of 0.000 (p<0.05). Self-efficacy (t-statistic 3.961 and p-value 0.000), and perceived benefits related to adolescent parents' communication about reproductive health affect parents' communication behavior with adolescents about reproductive health. Threats (t-statistic 0.576 and p-value 0.565), barriers (t-statistic 1.133 and p-value 0.258), and cues to action (t-statistic 0.987 and p-value 0.324) had no effect on parents' communication behavior with adolescents about reproductive health. Religiosity does not moderate the effect of cues to act related to adolescent parents' communication about reproductive health

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on parents' communication behavior with adolescents about reproductive health (t-statistic 0.280 and p-value 0.780)

Conclusion: The perceived vulnerability about reproductive health has a positive effect on the threat of adolescent reproductive health problems. The determinant of parent-adolescent communication behavior about reproductive health is self-efficacy, and the perceived advantages associated with adolescent parent's communication about reproductive health. Religiosity does not moderate the influence of cues to act related to adolescent parents' communication about reproductive health on parents' communication behavior with adolescents about reproductive health

Keywords: Communication, Parents, Adolescent Reproductive Health, *Health Belief Model*

INTRODUCTION

Adolescence is a phase of development of asexual beings into sexual beings (Meilani et al., 2014). Sexual behavior of adolescents that is not good, must be a concern for various parties. The 2012 Indonesian Health Demographic Survey (IDHS) found that 9.3% of adolescents stated that they had had premarital sexual relations, and an increase of 2.3% from the Indonesian Adolescent Reproductive Health Survey (SKRRI) in 2007 (Nurhayati et al., 2017).

Research by Purnama et al. (2020) at SMA Negeri X Garut, found that 37.3% of adolescents have risky sexual behavior. Research by Suryawantie et al. (2016) found that adolescents have had sexual relations for the first time since junior high school, and occurred because of the initiative of the couple, and were carried out at home, boarding houses and hotels. Teenagers claim to have engaged in sexual behaviors such as touching, kissing, making out, and sexual intercourse.

Communication between parents and adolescents about reproductive health is important, to avoid unhealthy sexual behavior (McKay &; Fontenot, 2020). Parents are better positioned than most other adults to share sexual information with their children early in life and in developmentally appropriate ways, integrate sexuality conversations into normal life circumstances, and discuss sexuality regularly with their children (Padilla-Walker et al., 2020). However, there are several obstacles for parents in communicating with adolescents about reproductive health, such as a culture that considers taboo to talk about reproductive health problems, considers adolescents not ready to receive information about reproductive health, parents' difficulties in starting conversations with adolescents, lack of parental knowledge, and so on.

Research on the communication behavior of parents with adolescents about reproductive health using the Health Belief Model (HBM), has been conducted by researchers both from within and outside the country. Previous research studies found that there were differences in research results regarding the determinants of communication behavior between parents and adolescents about reproductive health. Previous research has shown that parents have a positive perception that parent-child communication about sex and reproductive health is important (Othman et al., 2020; Gabbidon & Shaw-Ridley, 2019; Wamoyi et al., 2010; Wilson et al., 2010; McKee & Karasz, 2006). But there are still many parents who don't do it. Barriers in parental communication with children about sex and reproductive health because parents consider children to be too young and not ready to receive information (Randolph et al., 2017; Wilson et al., 2010; Nadeem et al., 2020; Zakiyah et al., 2016); discomfort in communication (Gabbidon &; Shaw-Ridley, 2019); shame (Othman et al., 2020; Motsomi et al., 2016); lack of parental knowledge (Othman et al., 2020; Gabbidon & Shaw-Ridley, 2019; Wamoyi et al., 2010; Kamangu et al., 2017). Other factors that influence parents' communication about sex and reproductive health include education (Ojebuyi et al., 2019; Raffaelli & Green, 2003); the presence of older brothers (Raffaelli &; Green, 2003); religiosity (Manu et al., 2016; Motsomi et al., 2016); socioeconomic status (Ojebuyi et al., 2019; Manu et al., 2016); age; parental discipline, parental trust, and parental permissiveness (Manu et al., 2016); attitudes, perceived self-efficacy, and perceived expertise (Seif et al., 2017).Difficulties in communicating with children about sex and reproductive health can be overcome by conducting same-sex communication (mother-daughter and father-son) (Othman et al., 2020; Wamoyi et al., 2010; McKee & Karasz, 2006).

The results of previous studies that have not been consistent justify the need for research on the determinants of communication behavior of parents with adolescents about reproductive health. The study also tried to propose novelty to expand the scope of research (expand knowledge) by adding the variable of religiosity as a moderating variable that moderates the influence of cues to act on the communication behavior of parents with adolescents

about reproductive health. Kings & Williamson (Iddagoda &; Opatha, 2017) states that religiosity is the strength of a person's relationship or belief to his religion. High parental religiosity will strengthen the influence of cues to act on parents' communication behavior with adolescents about reproductive health.

This study aims to determine the determinants of communication behavior of parents with adolescents about reproductive health as confirmation of inconsistent results of previous studies. This research is in accordance with the university's strategic plan, where one of the plans of STIKes Karsa Husada Garut is to improve the degree of public health, especially in terms of reproductive health.

RESEARCH METHODS

Research is a causal study, which is research to examine the causal relationship between two or more variables (Silalahi, 2015) The sample in this study was 200 respondents selected by proportional random sampling.

The data analysis technique in this study was carried out using Partial Least Squares-SEM (PLS-SEM).

1. Test Measurement Model (*Outer Model*)

   The outer model defines how each indicator block relates to its latent variable (Noor, 2015). The outer model is carried out to test the validity and reliability of the model (Ghozali, 2021).

   a. Convergent Validity Test (*Convergent Validity*)

      Items or indicators of a latent construct must converge or share a high proportion of variance and this is called convergent validity (Ghozali, 2017). Convergent validity is supported when each item has an outer loading above 0.70 and when the average variance extracted (AVE) is 0.50 or more (Hair et al., 2014).

   b. Discriminant Validity Test (*Discriminant Validity*)

      Discriminant validity is a measure of construct validity in predicting the indicator size of each block. In this research, discriminant validity was tested using cross loading. The cross loading value for each variable must be > 0.70 (Ghozali, 2021).

   c. Reliability Test

      Reliability testing is performed using Cronbach's Alpha and Composite Reliability. By convention, the same cutoff is applied: greater than or equal to 0.80 is a good scale, 0.70 is an acceptable scale, and 0.60 is a scale for exploration purposes (Garson, 2016)

2. Structural Model TestI (*Inner Model)*

   The inner model or structural model describes the relationship between latent variables based on substantive theory (Noor, 2015). Testing the inner model in this study was carried out by:

   a. View R-square, R2 Values

      This statistic shows the extent to which exogenous constructs explain endogenous constructs (Avkiran, 2018). Chin describes results above the limits of 0.67, 0.33 and 0.19 as "strong", "medium" and "weak" (Garson, 2016).

   b. View the value of Effect Size f2

      This statistic measures the importance of exogenous constructs in explaining endogenous constructs and recalculates R2 by eliminating one exogenous construct at a time (Avkiran, 2018).

      To calculate f2, researchers had to estimate two PLS path models. The path model must first be the complete model as specified by the hypothesis, resulting in R2 from the full model (i.e. R2included). The second model must be identical except that the selected exogenous construct is omitted from the model, resulting in R2 from the reduced model (i.e. R2 excluded) (Hair et al., 2014). The formula used is as follows:

      $$f^2 = \frac{R^2_{\text{include}} - R^2_{\text{exclude}}}{1 - R^2_{\text{include}}}$$

      Where R2include and R2exclude are the R-squares of endogenous latent variables when predictors of latent variables are used or excluded in structural equations (Ghozali, 2021). The effect size of 0.02 is small, 0.15 is medium and 0.35 is large (Avkiran, 2018)..

   c. View Q2 Predictive Relevance values

      PLS model evaluation can also be done with Q2 predictive relevance or often also called predictive sample reuse (Ghozali, 2021). This measure is an indicator of the predictive relevance of the model. More specifically, when PLS-SEM demonstrates predictive relevance, it accurately predicts indicator data points in reflective measurement models of endogenous constructs and endogenous single-item constructs (the procedure does not apply to formative endogenous constructions) (Hair et al., 2014).

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The Q2 predictive relevance approach was adapted by PLS using a blindfolding procedure. Blindfolding is a sample reuse technique that removes any d-th data point in an endogenous construct indicator and estimates parameters with remaining data points. Omitted data points are considered missing values and are treated accordingly when running PLS-SEM algorithms (for example, by using average value replacement). The resulting estimate is then used to predict the omitted data points. The difference between the correct (i.e., omitted) and predicted data points is then used as input for Q2 measurements. Blindfolding is an iterative process that iterates until each data point is eliminated and the model is reestimated (Hair et al., 2014).

A Q2 value > 0 indicates that the model has predictive relevance. Meanwhile, if the value of Q2 < 0 indicates that the model lacks predictive relevance (Ghozali, 2021).

RESEARCH RESULTS

Respondent Profile

The profile of respondents in this study can be described in the table as follows:

Table 1 shows that the characteristics of mothers, mostly aged ≤ 40 years, namely 100 respondents (50.0%), high school / vocational education, namely 104 respondents (52.0%), and housewives, namely 111 respondents (55.0%). The characteristics of fathers, most of whom are aged 41-50 years, namely 104 respondents (52.0%), have high school / vocational education, namely 119 respondents (59.5%), and work as laborers, namely 88 respondents (44.0%).

Table 1
Respondent Profile

Respondent Profile	f	%
Mother's Age		
≤ 40 years	100	50,0
41 – 50 years	84	42,0
> 50 years	16	8,0
Father's Age		
≤ 40 years	66	33,0
41 – 50 years	106	53,0
> 50 years	28	14,0
Mother's Education		
SD	33	16,5
SLTP	40	20,0
SLTA/SMK	104	52,0
D3	6	3,0
S1	17	8,5
Father's Education		
SD	16	8,0
SLTP	42	21,0
SLTA	119	59,5
D3	5	2,5
S1	18	9,0
Employment Of Mother		
Housewives	111	55,5
Laborer	28	14,0
Self Employed	37	18,5
Teacher	3	1,5
Privat Employees	10	5,0
Civil Servant	9	4,5
State Owned Enterprises	2	1,0
Employment Of Father		
Laborer	88	44,0
Self Employed	62	31,0
Teacher	5	2,5
Privat Employees	22	11,0
Civil Servant	10	5,0
State Owned Enterprises	3	1,5
Police	4	2,0
Security	1	,5
Driver	4	2,0
Cleaning Service	1	,5

Description of Research Variables

The variable score in this study will be categorized so that a conclusion can be drawn. Category determination is carried out by creating a class interval with 5 classes. The arrangement of class intervals refers to the score which is the average of each item. As for the categories of research variables, they are as follows

1.0 – 1.8 = Very low
1.8 – 2.6 = Low
2.6 – 3.4 = Medium
3.4 – 4.2 = High
4.2 – 5.0 = Very high

Based on the results of the study, research variables can be described as follows:

Table 2 shows that the perceived vulnerability score range about reproductive health from 1.00 – 5.00, or from very low category to very high category. The average value of 4.2502 indicates that the use of vulnerability felt by parents of junior high school students in Garut City about reproductive health is included in the high category. The threat score range of adolescent reproductive health problems is 1.00 – 5.00, or from the very low category to the very high category. The average score of 3.1800 shows that

the threat of adolescent reproductive health problems felt by parents of junior high school students in Garut City is included in the medium category.

Table 2
Description of Research Variables

Variabel	Skor	Mean	Kategori
Vulnerability	1,00 – 5,00	4,2502	Tinggi
Threat	1,00 – 5,00	3,1800	Sedang
Self Efficacy	1,40 – 5,00	3,8065	Tinggi
Barriers	1,75 – 5,00	3,5678	Tinggi
Advantages	2,57 – 5,00	4,4184	Tinggi
Cues To Action	1,00 – 5,00	3,1540	Sedang
Comunication Behavior	2,17 – 5,00	4,3060	Tinggi
Religiosity	2,60 – 5,00	4,4765	Tinggi

The range of self-efficacy scores is 1.40 – 5.00, or from the very low category to the very high category. The average score of 3.8065 shows that the self-efficacy of parents of junior high school students in Garut City is included in the high category. The range of perceived barrier scores related to adolescent parents' communication about reproductive health is 1.75 – 5.00, or from the very low category to the very high category. The average score of 3.5678 shows that the score of obstacles felt by parents of junior high school students in Garut City related to adolescent parents' communication about reproductive health is included in the high category.

The range of perceived benefit scores related to adolescent parents' communication about reproductive health is 2.57 – 5.00, or from low category to very high category. The average score of 4.4184 shows that the benefits felt by parents of junior high school students in Garut City related to adolescent parents' communication about reproductive health are included in the high category. The range of cue scores for action regarding adolescent parents' communication about reproductive health is 1.00 – 5.00, or from the very low category to the very high category. The average score of 3.1540 shows that the cues felt by parents of junior high school students in Garut City to act related to adolescent parents' communication about reproductive health are included in the moderate category.

The range of communication behavior scores of parents with adolescents about reproductive health is 2.17 – 5.00, or from low category to very high category. The average score of 4.3060 shows that the communication behavior of parents of junior high school students in Garut City with adolescents about reproductive health is included in the high category. The range of religiosity scores is 2.60 – 5.00, or from the low category to the very high category. The average score of 4.4765 shows that the religiosity of parents of junior high school students in Garut City is included in the high category.

Test Measurement Model (Outer Model)

The test results of the measurement model (outer model) can be described in the figure as follows.

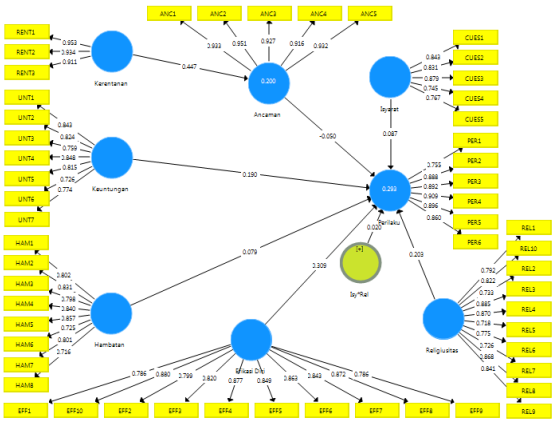

Figure 1
Test Measurement Model (Outer Model)

The outer model will be tested for convergent validity, discriminant validity, and reliability. Convergent validity is tested using loading factors and average variance extracted (AVE). The validity of the discriminant is tested using cross loading. Reliability was tested using Cronbach's Alpha and Composite Reliability.

The test results of convergent validity, and reliability, can be described in the following table:

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Table 3
Summary of Convergent Validity and Reliability Test Results

Variabel	Outer Loading	AVE	Cronbach's Alpha	CR
Perceived vulnerability about reproductive health				
RENT1	0,953	0,870	0,925	0,953
RENT2	0,934			
RENT3	0,911			
The threat of adolescent reproductive health problems				
ANC1	0,933	0,869	0,962	0,971
ANC2	0,951			
ANC3	0,927			
ANC4	0,916			
ANC5	0,932			
Perceived advantages related to adolescent parents' communication about reproductive health				
UNT1	0,843	0,639	0,906	0,925
UNT2	0,824			
UNT3	0,759			
UNT4	0,848			
UNT5	0,815			
UNT6	0,726			
UNT7	0,774			
Perceived barriers related to adolescent parents' communication about reproductive healthi				
HAM1	0,802	0,636	0,921	0,933
HAM2	0,831			
HAM3	0,798			
HAM4	0,840			
HAM5	0,857			
HAM6	0,725			
HAM7	0,801			
HAM8	0,716			
Self Efficacy				
EFF1	0,786	0,703	0,953	0,959
EFF2	0,799			
EFF3	0,820			
EFF4	0,877			
EFF5	0,849			
EFF6	0,863			
EFF7	0,843			
EFF8	0,872			
EFF9	0,786			
EFF10	0,880			
Cues to act regarding adolescent parents' communication about reproductive health				
CUES1	0,843	0,664	0,888	0,908
CUES2	0,831			
CUES3	0,879			
CUES4	0,745			
CUES5	0,767			
Religiosity				
REL1	0,792	0,648	0,939	0,948
REL2	0,733			
REL3	0,885			
REL4	0,870			

REL5	0,718			
REL6	0,775			
REL7	0,726			
REL8	0,868			
REL9	0,841			
REL10	0,822			
Communication behavior of parents with adolescents about reproductive health				
PER1	0,755	0,754	0,934	0,948
PER2	0,888			
PER3	0,892			
PER4	0,909			
PER5	0,896			
PER6	0,860			

If you look at the table above, it can be seen that all indicators have a loading factor value of more than 0.7 with the smallest loading factor value of 0.716, namely in the HAM8 indicator. Based on this, all indicators have met the criteria of convergent validity. This is also supported by an AVE value of more than 0.5, with the lowest AVE value of 0.636 on the construct of perceived obstacles related to adolescent parents' communication about reproductive health.

The results of testing the validity of discriminants by cross loading, can be described in thtable as follows:

Tabel 4
Cross Loading

	Threat	Self Efficacy	Barriers	Isy*Rel	Cues	Vulnerability	Advantages	Behavior	Religiosity
ANC1	0,933	0,168	0,385	0,061	0,496	0,419	0,239	0,127	0,099
ANC2	0,951	0,125	0,404	0,032	0,505	0,442	0,200	0,115	0,114
ANC3	0,927	0,227	0,439	0,158	0,476	0,430	0,338	0,219	0,163
ANC4	0,916	0,159	0,432	0,074	0,488	0,386	0,226	0,181	0,157
ANC5	0,932	0,186	0,441	0,119	0,492	0,403	0,272	0,160	0,128
CUES1	0,437	0,102	0,291	-0,067	0,843	0,341	0,164	0,213	0,151
CUES2	0,411	0,076	0,242	0,060	0,831	0,235	0,179	0,121	0,125
CUES3	0,473	0,084	0,194	0,034	0,879	0,269	0,178	0,161	0,119
CUES4	0,419	0,060	0,313	0,061	0,745	0,261	0,213	0,087	0,098
CUES5	0,488	0,027	0,264	0,087	0,767	0,278	0,189	0,013	0,109
EFF1	0,261	0,786	0,117	0,040	0,106	0,272	0,336	0,310	0,152
EFF10	0,107	0,880	0,088	0,076	0,135	0,154	0,321	0,472	0,161
EFF2	0,206	0,799	0,122	0,037	0,070	0,293	0,364	0,316	0,134
EFF3	0,171	0,820	0,053	0,147	0,020	0,106	0,238	0,309	0,084
EFF4	0,116	0,877	0,078	0,053	0,000	0,130	0,261	0,416	0,168
EFF5	0,106	0,849	0,084	0,124	0,029	0,194	0,259	0,324	0,104
EFF6	0,171	0,863	0,116	0,102	0,131	0,230	0,211	0,347	0,138
EFF7	0,162	0,843	0,167	0,095	0,148	0,235	0,244	0,275	0,024
EFF8	0,123	0,872	0,080	0,163	0,091	0,183	0,254	0,331	0,126
EFF9	0,197	0,786	0,090	0,182	0,133	0,132	0,225	0,259	0,099
HAM1	0,349	0,083	0,802	-0,013	0,259	0,240	0,195	0,249	0,174
HAM2	0,425	0,169	0,831	-0,036	0,275	0,324	0,243	0,161	0,176
HAM3	0,324	0,059	0,798	0,025	0,235	0,153	0,154	0,132	0,122
HAM4	0,384	0,125	0,840	-0,031	0,249	0,263	0,200	0,153	0,148
HAM5	0,332	0,068	0,857	-0,011	0,221	0,249	0,187	0,135	0,120
HAM6	0,322	0,032	0,725	0,081	0,225	0,160	0,054	0,051	0,073
HAM7	0,311	0,034	0,801	-0,032	0,224	0,319	0,130	0,061	0,047
HAM8	0,396	0,096	0,716	0,087	0,254	0,232	0,232	0,131	0,059
Isy*Rel	0,096	0,117	0,002	1,000	0,010	-0,143	0,012	0,057	0,001
PER1	0,182	0,434	0,084	0,101	0,172	0,018	0,324	0,755	0,167
PER2	0,143	0,378	0,123	0,121	0,194	0,092	0,307	0,888	0,260
PER3	0,092	0,336	0,130	0,040	0,126	0,089	0,330	0,892	0,380
PER4	0,154	0,327	0,212	0,030	0,180	0,113	0,370	0,909	0,350
PER5	0,176	0,308	0,260	0,007	0,155	0,117	0,338	0,896	0,309
PER6	0,156	0,366	0,215	0,004	0,156	0,161	0,340	0,860	0,266

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REL1	0,108	0,184	0,075	0,034	0,124	0,113	0,329	0,372	0,792
REL10	0,084	0,137	0,120	-0,001	0,114	0,192	0,330	0,273	0,822
REL2	0,118	0,186	0,190	0,008	0,171	0,191	0,256	0,204	0,733
REL3	0,140	0,098	0,110	-0,041	0,112	0,212	0,293	0,235	0,885
REL4	0,114	0,084	0,122	-0,043	0,104	0,197	0,294	0,212	0,870
REL5	0,059	0,113	0,126	0,012	0,072	0,071	0,231	0,206	0,718
REL6	0,121	0,089	0,182	0,053	0,137	0,043	0,237	0,312	0,775
REL7	0,172	0,123	0,188	0,057	0,156	0,108	0,200	0,293	0,726
REL8	0,125	0,077	0,125	-0,063	0,115	0,238	0,360	0,274	0,868
REL9	0,067	0,049	0,060	-0,069	0,113	0,159	0,260	0,162	0,841
RENT1	0,431	0,197	0,250	-0,129	0,326	0,953	0,281	0,041	0,170
RENT2	0,406	0,250	0,285	-0,108	0,314	0,934	0,277	0,076	0,160
RENT3	0,413	0,186	0,323	-0,163	0,321	0,911	0,330	0,205	0,186
UNT1	0,174	0,223	0,187	0,003	0,117	0,279	0,843	0,313	0,274
UNT2	0,194	0,267	0,203	-0,019	0,159	0,291	0,824	0,367	0,261
UNT3	0,255	0,285	0,112	0,073	0,229	0,271	0,759	0,225	0,225
UNT4	0,252	0,299	0,214	-0,073	0,203	0,293	0,848	0,380	0,384
UNT5	0,178	0,184	0,205	0,020	0,141	0,238	0,815	0,301	0,310
UNT6	0,231	0,243	0,197	0,050	0,143	0,134	0,726	0,229	0,226
UNT7	0,279	0,326	0,195	0,069	0,221	0,236	0,774	0,288	0,251

Table 4 shows that all indicators have cross loading values greater than 0.7. In addition, the cross loading value of all indicators is also higher than the cross loading value of indicators with other constructs in the model. Based on this, all indicators have met discriminant validity.

Structural Model Test (Inner Model)

Structural model testing is carried out by looking at the R-square value on the endogenous construct, the value of effect size f2, Q2 predictive relevance, and the value of effect size q2. In the research model, there are 2 similarities, namely with endogenous variables of threat of adolescent reproductive health problems as problem 1, and similarities with endogenous variables of parental communication behavior with adolescents about reproductive health as equation 2.

1. Values of R^2

   Based on the results of the study, it can be described the R-square value of endogenous constructs as follows:

Table 5
R-square value

Variabel	R Square	R Square Adjusted
The threat of adolescent reproductive health problems	0,200	0,196
Communication behavior of parents with adolescents about reproductive health	0,293	0,267

The table above shows that the R-square value of the adolescent reproductive health problem threat construct, and the behavioral construct of parental communication with adolescents about reproductive health, is included in the weak category only slightly above 0.19.

2. View *Effect Size* f^2 values

   The value of the effect size of f2 in this study was analyzed for each equation. In equation I with endogenous variables threatening adolescent reproductive health problems, there is only 1 exogenous variable, namely perceived vulnerability about reproductive health, with an f2 value of 0.250. Based on a value of more than 0.15, it is concluded that the perceived vulnerability effect of reproductive health to the threat of adolescent reproductive health problems is included in the moderate category.

   In equation 2 with endogenous variables of communication behavior between parents and adolescents about reproductive health, the value of f2 can be described in the table as follows:

Table 6
Effect Size f2 Equation 2

Konstruk	f^2
The threat of adolescent reproductive health problems	0,002
Perceived advantages related to adolescent parents' communication about reproductive health	0,039
Perceived barriers related to adolescent parents' communication about reproductive health	0,007
Self Efficacy	0,117
Cues to act regarding adolescent parents' communication about reproductive health	0,008
Religiosity	0,050
Cues*Religiosity	0,001

Table 4 shows that the f2 value for self-efficacy is 0.117. Based on an f2 value of more than 0.15, it was concluded that the effect of self-efficacy on the communication behavior of parents with adolescents about reproductive health is included in the moderate category. The other construct is less than 0.15 so that the effect on the communication behavior of parents with adolescents about reproductive health is included in the small category.

3. View Q^2 *Predictive Relevance values*

The Q2 value in this study was obtained through a blindfolding procedure, namely in the construct cross-validated redundancy which is the Stone-Gleisser Q2 value. The results can be described in the table as follows:

Tabel 7
Nilai Q^2 Predictive Relevance

	SSO	SSE	Q^2 (=1-SSE/SSO)
Threat	1000,000	827,764	0,172
Self Efficacy	2000,000	2000,000	
Barriers	1600,000	1600,000	
Cues*Religiosity	200,000	200,000	
Cues	1000,000	1000,000	
Vulnerability	600,000	600,000	
Advantages	1400,000	1400,000	
Behavior	1200,000	946,197	0,212
Religiosity	2000,000	2000,000	

Table 7 shows that all endogenous constructs have Q2 values > 0, so it is concluded that constructs are considered to have predictive relevance to the research model.

Hypothesis Testing

Hypothesis testing is carried out by bootstrapping method. The results can be described in the figure as follows:

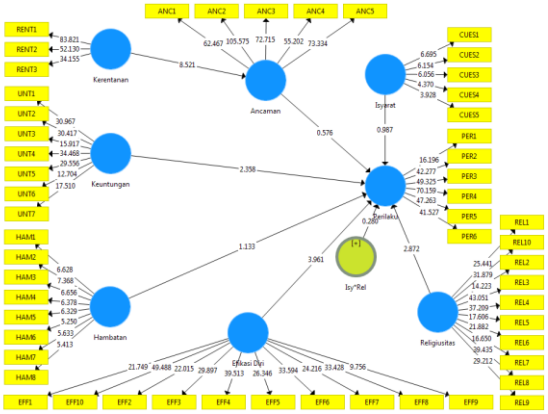

Figure 2
Results of Structural Equation Model with Bootstrapping Method

The results of testing the Structural Equation Model using the bootstrapping method for direct influence, can be described in the table as follows:

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Table 8
SEM Test Results Bootstrapping Method

	Original Sample (O)	Standard Deviation (STDEV)	T Statistics (|O/STDEV|)	P Values
Vulnerability -> Threat	0,447	0,052	8,521	0,000
Threat -> Behavior	-0,050	0,086	0,576	0,565
Self Efficacy -> Behavior	0,309	0,078	3,961	0,000
Barriers -> Behavior	0,079	0,069	1,133	0,258
Advantage -> Behavior	0,190	0,081	2,358	0,019
Cues ->Behavior	0,087	0,089	0,987	0,324
Religious -> Behavior	0,203	0,071	2,872	0,004
Isy*Rel -> Behavior	0,020	0,072	0,280	0,780

Based on table 8, hypothesis testing was carried out as follows::

1. First Hypotesis

   The results of the analysis were obtained on the influence of the vulnerability construct on threats obtained the original sample (O) value of 0.447, t-statistical value of 8.521 with a p-value of 0.000. Based on a positive original sample (O) value and a p-value of < 0.05, it is concluded that perceived vulnerability about reproductive health has a positive effect on the threat of adolescent reproductive health problems..

2. Second Hypotesis

   The results of the analysis were obtained on the influence of the threat construct on behavior, obtained the original sample (O) value of -0.050, t-statistical value of 0.576 with a p-value of 0.565. Based on a p-value of > 0.05, it is concluded that the threat of adolescent reproductive health problems does not affect the communication behavior of parents with adolescents about reproductive health.

3. Hipotesis Ketiga

   The results of the analysis were obtained on the influence of efficacy constructs on behavior, obtained original sample (O) value of 0.309, t-statistical value of 3.961 with p-value of 0.000. Based on a positive original sample (O) value and a p-value of < 0.05, it was concluded that self-efficacy has a positive effect on the communication behavior of parents with adolescents about reproductive health.

4. Third Hypotesis

   The results of the analysis were obtained on the influence of obstacle constructs on behavior, obtained original sample (O) value of 0.079, t-statistical value of 1.133 with p-value of 0.259. Based on a p-value of > 0.05, it was concluded that the perceived obstacles related to adolescent parents' communication about reproductive health did not affect the communication behavior of parents with adolescents about reproductive health.

5. Fourth Hypotesis

   The results of the analysis were obtained on the influence of profit constructs on behavior, obtained original sample (O) value of 0.190, t-statistical value of 2.358 with p-value of 0.019. Based on a positive original sample (O) value and a p-value of < 0.05, it is concluded that the perceived benefits related to adolescent parents' communication about reproductive health have a positive effect on parents' communication behavior with adolescents about reproductive health.

6. Sixth Hypotesis

   The results of the analysis were obtained on the influence of cue constructs on behavior, obtained original sample (O) value of 0.087, t-statistical value of 0.987 with p-value of 0.324. Based on a p-value of > 0.05, it was concluded that cues to act related to adolescent parents' communication about reproductive health had no effect on parents' communication behavior with adolescents about reproductive health.

7. Seventh Hypotesis

   The results of the analysis were obtained on the influence of the construct of gesture interaction with religiosity on behavior, obtained an original sample (O) value of 0.020, a t-statistical value of 0.280 with a p-value of 0.780. Based on a p-value of > 0.05, it was concluded that the interaction of cues with religiosity was not significant. This means that religiosity does not moderate the influence of cues to act related to adolescent

parents' communication about reproductive health on parents' communication behavior with adolescents about reproductive health.

DISCUSION

The perceived vulnerability about reproductive health has a positive effect on the threat of adolescent reproductive health problems. Susceptibility is a belief about the likelihood of being at risk or exposed to a condition or disease (Glanz et al., 2014). One of the conditions in society related to adolescents that is of concern to many people, including parents, is reproductive health problems and sexual behavior in adolescents. This is because more and more teenagers are engaging in unhealthy sexual behaviors. If parents consider that their children have the potential to be affected by unhealthy adolescent sexual behavior, then it becomes a threat to parents. People will take the condition seriously and will try to take anticipatory steps so that their children are not affected by unhealthy sexual behavior.

The determinants of parent-adolescent communication behavior about reproductive health are self-efficacy, and perceived advantages related to adolescent parents' communication about reproductive health. Self-efficacy is a belief in a person's ability to take action (Glanz et al., 2014). The higher the parents' self-efficacy, the higher the communication behavior of parents with adolescents about reproductive health. The results of this study support the results of Seif et al. (2017). Trust or belief in one's abilities will be an encouragement and motivation to perform a behavior. If parents feel confident that they are able to communicate with adolescents about reproductive health, it will encourage them to communicate with adolescents about reproductive health.

Perceived gain is the perception of good things that can happen from performing certain behaviors (Orji et al., 2012). If parents feel the benefits of communicating with adolescents about reproductive health, then this will be followed by the behavior of parents in communicating with adolescents about reproductive health. The benefits felt by parents will be an encouragement to communicate with adolescents about reproductive health.

Threats, barriers, and cues to action had no effect on parents' communication behavior with adolescents about reproductive health. Threat is a belief about how serious a condition is and symptoms (Glanz et al., 2014). The high threat perception of adolescent reproductive health problems shows that parents have a perception that the condition of adolescent reproductive health problems is in a serious condition and requires high attention.

If people believe that a health condition has severe consequences, they are likely to take measures that prevent those negative consequences (Ojebuyi et al., 2019). This encourages parents to take steps to anticipate the threat. One of the anticipatory steps that is considered capable of anticipating threats is to increase knowledge about healthy reproductive health. Communication between parents and adolescents about reproductive health is one of the factors that can increase adolescent knowledge about reproductive health. Based on this, to overcome threats related to adolescent reproductive health problems, parents will be encouraged to carry out parental communication behaviors with adolescents about reproductive health.

The influence of perceived obstacles related to adolescent parents' communication about reproductive health on parents' communication behavior with adolescents about reproductive health, based on the results of the study is a negative influence. The higher the barrier, the lower the communication behavior of parents. Barriers in parental communication with children about sex and reproductive health because parents consider children to be too young and not ready to receive information (Randolph et al., 2017; Wilson et al., 2010), discomfort in communication (Gabbidon &; Shaw-Ridley, 2019), shyness (Othman et al., 2020; Motsomi et al., 2016), and lack of parental knowledge (Othman et al., 2020; Gabbidon & Shaw-Ridley, 2019; Wamoyi et al., 2010).

One of the factors that causes the ineffect of perceived barriers related to adolescent parents' communication about reproductive health on parents' communication behavior with adolescents about reproductive health is in responding to existing obstacles. The response to negative barriers causes even though parents feel that communication barriers are low, but parents do not behave positively in communicating with children about reproductive health. Conversely, if parents respond positively to communication barriers, then even though they feel that the barriers are high, parents still try to behave high in communicating with children about reproductive health.

The cue to action is an exposure to the factors that drive action. (Orji et al., 2012) Cues that encourage parents to communicate with adolescents about reproductive health are things that parents hear or see related to the phenomenon of adolescent behavior about unhealthy sexual behavior. The insignificant influence of cues to action on parents'

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communication behavior with adolescents about reproductive health proves that parents' communication with adolescents about reproductive health is more influenced by other factors, namely perceptions of the benefits of these communication behaviors and parents' self-efficacy.

Religiosity does not moderate the influence of cues to act related to adolescent parents' communication about reproductive health on parents' communication behavior with adolescents about reproductive health. This means that religiosity has no effect on amplifying the influence of cues to act on parents' communication behavior with adolescents about reproductive health. When looking at the results of the study, religiosity has a significant effect on the communication behavior of parents with adolescents about reproductive health. This suggests that religiosity is only a predictor of parents' communication behavior with adolescents about reproductive health.If you look at the results of the study, the level of religiosity of parents is in the high category. This leads parents to understand religious norms related to adolescent sexual behavior or in the premarital period. His understanding encourages parents to teach the religious norms they understand so that their children do not fall into unhealthy sexual behavior and contradict religious norms. Parents will be encouraged to communicate with adolescents about reproductive health, without paying attention to the high and low cues to act.

CONCLUSION

The perceived vulnerability about reproductive health has a positive effect on the threat of adolescent reproductive health problems. The determinants of parent-adolescent communication behavior about reproductive health are self-efficacy, and perceived advantages related to adolescent parents' communication about reproductive health. Threats, barriers, and cues to action had no effect on parents' communication behavior with adolescents about reproductive health. Religiosity does not moderate the influence of cues to act related to adolescent parents' communication about reproductive health on parents' communication behavior with adolescents about reproductive health.

SUGESTION

Based on the results of the research, the school should in collaboration with the Garut Regency health office, create an education program for parents about the importance of communicating with adolescents about reproductive health. Parents need to be given awareness about the benefits of communicating with adolescents about reproductive health. Further researchers should be able to conduct similar research using a mixed method approach. This is expected to reveal a broader aspect related to the determinants of parental communication behavior with adolescents about reproductive health.

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