

The Effectiveness of Health Education by Family Planning Development Group (BKR) with Media E Booklet and Module on Parents' Attitudes in Facing Adolescent Reproductive Health Problems

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Abstract. Background: Typical Traits Adolescents have a great sense of curiosity, love adventure and challenge and tend to dare to bear risks for their actions without being preceded by careful consideration. Adolescent problems related to reproductive health often stem from a lack of information and understanding and awareness to achieve reproductive health. Thus, the Indonesian government is working through several programs. One of the programs carried out through the family approach is BKR.

Research Objective: To determine the effectiveness of health education by the Family Planning Development (BKR) group with E Booklet and Module on parents' attitudes in dealing with adolescent reproductive health problems

Research Method: The method used in this study is *quasi experiment* with design used in this study *Pretest-Posttest With Control Group Design*. A sample of 40 respondents. Data collection in this study used a closed questionnaire about parental attitudes in dealing with adolescent reproductive health problems.

Research Results: The results of the analysis of the *Independent T-Test* test obtained a p value of 0.000, which means that health education with E Booklet media by BKR members is more effective for parents' attitudes in dealing with adolescent reproductive health problems compared to the media Module by the BKR group

Conclusions and Suggestions: Health education with E Booklet media by BKR is effective in dealing with parents' attitudes in dealing with adolescent reproductive health problems. In the community, especially parents of adolescents, to be able to better utilize the BKR services and programs that have been provided as a means of accessing information and discussion in addressing adolescent reproductive health problems.

Keywords: Adolescent Reproductive Health; Adolescent Family Development (BKR); Parents' Attitude in Facing KRR

INTRODUCTION

Adolescence is a period of rapid growth and development both physically, psychologically and intellectually. Judging from the physical changes of adolescents, according to (Kusmiran, 2012) the body shape of adolescents is different from children, but has not fully displayed the body shape of adults. This has led to confusion of roles, supported by inconsistent community attitudes. In addition to physical changes, adolescents also experience changes in their social life, which means that the children's social environment is increasingly shifting out of the family, where the peer environment begins to play an important role. The shift in bonds in adolescents to peers is an effort by adolescents to be independent (release family ties).

The typical nature of adolescents has a great curiosity, likes adventure and challenges and tends to dare to bear risks for their actions without being preceded by careful consideration. If the decisions made in dealing with conflict are not

right, they will fall into risky behavior and may have to bear short- and long-term consequences in various physical and psychosocial health problems. The nature and behavior of risk in adolescents requires the availability of adolescent care health services that can meet adolescent health needs, including services for reproductive health. Reproductive health is a state of physical, mental, and social health as a whole, not solely free from diseases or disabilities related to reproductive systems, functions, and processes

The role of adolescents in health development includes strengthening the ability of adolescents so that they can meet their own needs, preventing and reducing vulnerability to unstable economic, political, and social environments, promoting ownership and sustainability of interventions that are being implemented, and helping to gain access to target communities and build trust.

The situation of adolescent reproductive health in Indonesia according to the Health Demographic Survey especially the Adolescent

Reproductive Health (KRR) component that in adolescents aged 15-19 years, the largest proportion of dating first time at the age of 15-17 years. About 33.3% of girls and 34.5% of boys aged 15-19 started dating when they were not yet 15 years old. At that age, it is feared that they do not have adequate *life skills*, so they are at risk of having unhealthy dating behavior, other people have premarital sex. From the same survey, it was found that the reason for premarital sexual relations was mostly curiosity (57.5% of men), just happened (38% of women) and was forced by a partner (12.6% of women). This reflects adolescents' lack of understanding of healthy living skills, the risks of sexual relationships and the ability to resist relationships they don't want. Based on the 2013 Basic Health Research, which recorded women aged 10-54 years who were pregnant, pregnancy was obtained at a young age (<15 years), although with a very small proportion (0.02%), especially in rural areas (0.03%). While the proportion of pregnancies at the age of 15-19 years is 1.97%, in rural areas it is higher than in urban areas.

The Child Protection Survey of Temanggung Regency has 36 reported cases related to sexual violence and promiscuity in adolescents. In addition, based on data from adolescent health activity reports, the Temanggung District Health Office showed that there were 0.12% (70 adolescents). adolescents who became pregnant at age 20, and 0.08% (48 adolescents out of 53893) who gave birth at age <20 years. The data is data reported at the Health Office and BKKBN, there are several cases that are not reported. This points to an iceberg phenomenon where the data revealed only reflects what is being reported and does not reflect the actual numbers and problems faced by women. The iceberg is another example of the stigma attached to women as victims (unwanted pregnancies or abortions).

Adolescent problems related to reproductive health are often rooted in a lack of information and understanding as well as awareness to achieve reproductive health. On the other hand, access to information for many teenagers is closed. The results of the 2012 KRR IDHS show that in obtaining reproductive health information, adolescents aged 15-19 years, both boys and girls, mostly prefer to discuss reproduction with their peers (26.6%) because this is related to the developmental phase in social factors of adolescents who have been independent and tend to detach ties from family and establish

more relationships with their peers. In addition to peers, adolescents also like discussions with parents by 42.1%.

From some data and facts of existing problems, the Indonesian government seeks through several programs and efforts to immediately follow up on these problems. This adolescent reproductive health service activity is contained in the Generation Planning Program (GenRe) organized by the Population and Family Planning Agency (BKKBN). The GenRe program is implemented through a two-sided approach, namely the approach to the family itself and the approach to families who have teenagers and do Youth Family Development (BKR). From various data shows that the family through parenting has been identified as a very important influence in the formation of adolescent character, including those related to reproductive health. In this regard, the development of the Family Planning Development (BKR) group can help parents in understanding adolescents, adolescent problems, and how to communicate with adolescents.

Data from BKKBN Temanggung Regency shows that in Temanggung Regency the BKR program is not implemented properly even the organizational structure in the village does not exist or has not been implemented. Some health cadres said they were unaware of the program. This is due to the lack of awareness of cadres in its implementation and public ignorance about this program.

METHODS

This research is a type of research "quasy experiment" or pseudo-experiment. The population in this study is parents who have adolescents aged 17-24 years. The sample in this study was by using Total Sampling and obtained a sample of 40 samples. The tool used is a questionnaire about parental attitudes in the face of adolescent reproductive health problems. In this study, the data collection technique was carried out by collecting parents who had children aged 17-24 years willing to be respondents, after being collected respondents were given an explanation of the research conducted and what its purpose was. Respondents were divided into 2 groups, namely the E booklet and Leflet groups, then asked to fill out a pre-stest questionnaire followed by conducting lectures and discussions with the BKR group, and ending with a post-test. Data was collected and tabulated data and data

processing using the T-Test Independent test. (5%) (95%) (100%) (0%)

RESULTS AND DISCUSSION

1. Parents' attitudes in dealing with adolescent reproductive health problems before and after receiving health education by the BKR group with Media E Booklet

Table 1. Frequency Distribution of Parents' Attitudes in Facing Adolescent Reproductive Health Problems Before and After Receiving Health Education by BKR Group with Media E Booklet

Pre Test		Post Test	
Positive	Negative	Positive	Negative
1	19	20	0

2. Parents' attitudes in dealing with adolescent reproductive health problems before and after receiving health education by the BKR group with Media Leaflet

Table 2. Frequency Distribution of Parents' Attitudes in Facing Adolescent Reproductive Health Problems Before and After Getting Health Education by BKR Group with Media E Leaflet

Pre Test		Post Test	
Positive	Negative	Positive	Negative
0 (0%)	20 (100%)	17 (85%)	3 (15%)

3. Differences in parents' attitudes in dealing with adolescent reproductive health problems before and after receiving health education by the BKR group with Media E Booklet

Table 3. Differences in parents' attitudes in dealing with adolescent reproductive health problems before and after receiving health education by BKR group with lecture method

Intervention Group	Mean	SD	Min	Max	P value
Before	37.95	3.395	32	56	0.000
After	63.75	2.425	58	70	

4. Differences in parents' attitudes in dealing with adolescent reproductive health problems before and after receiving health education by the BKR group with Media Leaflet

Table 4. Differences in parents' attitudes in dealing with adolescent reproductive health problems before and after receiving health education by the BKR group using the Leaflet method

Control Group	Mean	SD	Min	Max	P value
Before	38,35	2,007	34	49	0,00
After	58,60	2,703	50	64	

5. The effectiveness of Media E Booklet and Leaflet by BKR group on parents' attitudes in dealing with adolescent reproductive health problems.

Table 5. The effectiveness of Media E Booklet and Leaflet by BKR group groups on parents' attitudes in dealing with adolescent reproductive health problems

Group	Mean	SD	Min	Max	P value
E Booklet	63,75	2,425	58	70	0,000
Leaflet	58,60	2,703	50	64	

Parents' attitudes in dealing with adolescent reproductive health problems before getting health education by the BKR group with E Booklet. The results showed that almost all respondents before getting health education about adolescent reproductive health with the discussion group method experienced negative attitudes as many as 19 respondents (95%) while

in the lecture health education group as many as 20 respondents (100%) had a negative attitude. This shows that the attitude of respondents about adolescent reproductive health is still lacking, especially in the attitudes of parents in effective communication, teenage pregnancy and early marriage.

The differences in parents' attitudes in

dealing with adolescent reproductive health problems before and after receiving health education by the BKR group with E Booklet, The results showed that the average attitude of respondents before and after being given health education with E Booklet increased to a positive attitude with a standard deviation before health education, namely 3.395 to 2.425 and the mean value before health education was 37.95 to 63.75 after conducted health education with discussion groups. The analysis was carried out by using the Dependent T-Test because the data distribution was normal, with a p value of 0.000, which means that H_a is accepted and H_0 is rejected, so it can be concluded that there is a difference. attitudes before and after getting health education by the BKR group with E Booklet.

The differences in parents' attitudes in dealing with adolescent reproductive health problems before and after receiving information with Leaflet by the BKR group using the lecture. The results showed that the parents' average attitude in dealing with adolescent reproductive health problems before health education with Leaflet was carried out by the BKR group with a standard deviation of 2.007 to 2.703 and the mean value from 38.35 to 58.60. The analysis was carried out by using the Dependent T-Test because the data distribution was normal, with a p value of 0.000, which means that H_a is accepted and H_0 is rejected, so it can be concluded that there are differences. Parents' attitudes in dealing with adolescent reproductive health problems before and after health education with Leaflet was carried out by the BKR group with lectures.

The effectiveness of lecture and group discussion methods by the BKR group on parents' attitudes in dealing with adolescent reproductive health problems. The results of this study indicate that the average attitude of parents in dealing with adolescent reproductive health after health education was carried out by the BKR group with group discussions, namely with a value of 63.75 greater than health education by the BKR group with lectures, which was only 58.60 with test results. The data analysis used the Independent T-Test, which is a value of 0.000, which means that H_a is accepted and H_0 is rejected, so it can be concluded that group discussion health education by the BKR group is more effective for parents' attitudes in dealing with adolescent reproductive health problems compared to the lecture method by the BKR group

BKR cadres are community members who

carry out BKR activities voluntarily, in fostering and providing counseling or health education to parents on how to properly and properly care for and foster their teenagers. (BKKBN, 2008). Giving the group discussion method is more effective than the lecture method because group discussions have advantages which according to Simamora (2008) are: making students aware that problems can be solved in various ways, making students aware that with discussions they express opinions constructively so that decisions can be obtained better, and accustom students to listen to the opinions of others even though they differ from their opinions and get students to be tolerant

CONCLUSION

The attitudes of parents before and after getting health education by the BKR group with group discussions experienced a change from previously only 1 respondent who was positive to all respondents being positive (100%) after getting health education group discussion method by the BKR group.

The attitude of parents before and after receiving health education by the BKR group with the lecture method experienced a change in attitude from 20 respondents (100%) having negative attitudes to 17 respondents (85%) having positive attitudes. There is a difference Parents' attitudes in dealing with adolescent reproductive health problems before and after receiving health education by the BKR group with discussion (p value = 0.000).

There is a difference Parents' attitudes in dealing with adolescent reproductive health problems before and after receiving health education by the BKR group with lectures (p value = 0,000) Based on the T-Test Independent, the p value is 0,000, which means health education group discussion method by BKR members is more effective against parental attitudes in dealing with adolescent reproductive health problems compared to the lecture method by the BKR group

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