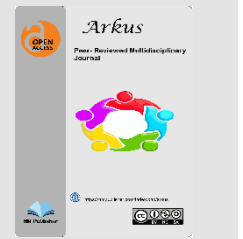




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The Effectiveness of Reproductive and Sexual Health Education by Counselling and Small Group Discussion on Knowledge and Attitudes of Adolescents Aged 16-17 Years

Khusnul Khotimah^{1*}

¹Politeknik Bhakti Asih, Purwakarta, Indonesia

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*Corresponding author:

Khusnul Khotimah

E-mail address:

shinyriapратиwi@polbap.ac.id

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ABSTRACT

Adolescents are in a phase of rapid growth and development physically, psychologically, intellectually, socially, and sexually. This gives rise to great curiosity and a tendency to take risks without consideration. This causes various consequences, including sexual transmitted diseases and unwanted pregnancies. This research aims to explain the effectiveness of reproductive and sexual health education using counselling and small group discussion methods on adolescents' level of knowledge and attitudes. This research is a quasi-experimental study with two treatment groups and one control group. A total of 154 teenagers from 556 respondents were involved using the proportional random sampling method. Each treatment group was treated with different learning methods, namely the lecture and small group discussion methods, totaling 154 respondents. Data was collected using a before and after questionnaire, then analyzed using the Wilcoxon Signed Rank Test and Mann Whitney Test with a significance level of $p < 0.005$. The results of the research show that the effectiveness of the lecture method and small group discussion is: 1) knowledge about the small group discussion method and the lecture method have the same significance value $p = 0.000$ (< 0.05), 2) attitudes towards the behavior of the counselling method are significantly different compared to small group discussion $p = 0.000$ (< 0.05). In conclusion, small group discussion method is better used to increase knowledge and attitudes towards sexual and reproductive health behavior in adolescents.

1. Introduction

Adolescence needs attention because, during this period, development and growth occur dynamically and rapidly, both physically, psychologically, intellectually, socially, and sexually, associated with puberty and reproductive growth and development. Rapid growth and reproductive development cause teenagers to have great curiosity and dare to take risks without careful consideration. On the other hand, information about the risks of unwanted pregnancy and sexually transmitted infections is minimal. Reproductive health and sexuality are problems in adolescent health. Adolescents in developing countries, on average, have their first sexual

intercourse under the age of 13 years. This has an impact on 60% of unwanted pregnancy incidents. In addition, half of the global incidence of HIV infection occurs in the age group under 25. These statistics indicate that the adolescent group is at very high risk of infectious diseases due to unsafe sexual behavior, having unsafe abortions, and being infected with the Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS).¹⁻⁵ This research aims to explain the effectiveness of reproductive and sexual health education using counselling and small group discussion methods on adolescents' level of knowledge and attitudes.

2. Methods

This study is experimental research with a pre-post test approach. This study uses primary data obtained from direct observation of respondents. A total of 154 research subjects participated in this study, where the research subjects met the inclusion criteria. The inclusion criteria for the study were young women aged 16-17 years and willing to take part in this study. The intervention provided is in the form of reproductive and sexual health education using lecture methods and small group discussions at least twice a day during complaints of dysmenorrhoea. Data analysis was carried out using SPSS version 25

software. Univariate and bivariate analyses were carried out in this study. Univariate analysis was carried out to present the data frequency distribution for each test variable. Bivariate analysis was carried out to test the effectiveness of the intervention for dysmenorrhoea complaints, with a p-value <0.05.

3. Results and Discussion

Table 1 presents the distribution of respondent characteristics. Most subjects are female, aged 16-17, and Muslim. Most subjects had menstruated, their parents' education level was high, and most respondents' parents worked.

Table 1. Distribution of respondent characteristics.

Variables	N (%)
Gender	
Female	40 (51.95)
Male	37 (48.05)
Age (years old)	
16	26 (33.77)
17	61 (79.22)
Religion	
Islam	77 (100)
Puberty sign	
Menstruation	40 (100)
Wet dream	37 (100)
Father's data	
Education	
Primary school	30 (11.68)
High School	8 (3.12)
University/ college	39 (15.19)
Job	
Yes	69 (26.89)
No	8 (3.12)
Religion	
Islam	77 (100)
Mother's data	
Education	
Primary school	29 (11.3)
High school	48 (18.7)
University/ college	0 (0)
Job	
Yes	17 (22.08)
No	60 (85.71)
Family income	
Less than IDR 1 million	29 (23.33)
IDR 1 - < 2 million	24 (18.48)
IDR 2 - < 3 million	13 (10.01)
More than IDR 3 million	7 (5.39)

Table 2. Distribution of adolescents' knowledge before and after health education.

No	Knowledge level	Groups			
		Counselling		Small group discussion	
		Pretest, n (%)	Posttest, n (%)	Pretest, n (%)	Posttest, n (%)
1	Poor	68 (88.31)	29 (37.67)	47 (61.03)	23 (17.71)
2	Average	7 (9.09)	39 (50.65)	30 (38.09)	17 (22.08)
3	Excellent	2 (2.59)	9 (11.69)	0 (0)	37 (48.05)
Total		77 (100)	77 (100)	77 (100)	77 (100)
Mean		10.68		11.91	
Standard deviation		2.274		3.491	
Wilcoxon test		p=0.000		p=0.000	
Mann Whitney test		p=0.000			

There is a significant difference in the effectiveness of the lecture and small group discussion methods on the level of knowledge of adolescents after being given the intervention. This is in line with other research that respondents feel discussions are more conducive to the learning process and can stimulate critical thinking when in smaller groups. This can happen because forming internal knowledge (Precede-Proceed model), adapted from Lawrence Green's concept, is part of the predisposing factors or internal factors that exist in individuals, families, and groups, making it easier to form attitudes and behavior. Several factors, including age, educational factors, experience, and sources of information influence knowledge. The age factor among respondents in this study was the most significant percentage at the age of 17 years and at the late teenage level.⁶⁻⁸

The educational factor influences respondents' knowledge about reproductive and sexual health because, in this case, the education system applies the 2013 curriculum, which accepts material about reproductive health based on the 2013 KTSP, namely in elementary schools (SD), junior high schools (SMP) and senior high/vocational schools. In elementary schools, it is given in class VI in science subjects and Physical Education, Sports, and Health subjects, which discuss reproductive organs, refusing sexual treatment, and how to keep reproductive organs clean. In Junior High Schools (SMP), it is given in class VII with material on reproductive organs, reproductive function, sexually transmitted diseases, and the

dangers of free sex in high school are given in the guidance counseling curriculum and biology lessons. In contrast, the vocational school only gets material about puberty in the guidance counseling curriculum. Respondents' experience is a factor that influences knowledge, especially about adolescent development. Respondents have gone through puberty usually and gone through the stages of development that they have gone through during puberty. Another influencing factor is the source of information obtained; all respondents had received information from their teachers when entering elementary school, but in this study, all respondents had yet to receive information from health workers.⁹⁻¹¹

Most of the respondents' knowledge about reproductive health showed the sufficient category. However, if we looked at the respondents' answers to material about sexually transmitted diseases, unwanted pregnancies, and menstruation, most of the respondents answered incorrectly. This is because, among other things, respondents have not received material about sexually transmitted diseases and unwanted pregnancies formally through the school education curriculum. Besides that, SMKN 1 Bangil also implements a reproductive health curriculum in the guidance and counseling curriculum without relying on reading books. The questions most often answered correctly were questions about puberty; this was because respondents had experienced the stages of puberty themselves and had received material from school. Statistically, there is a difference in the

intervention of the two groups, with the difference in the average value of the post-test results of the two groups being 1.25 and the average value of the small group discussion method group being more significant than the lecture method. These results indicate that the small group discussion method has better results in increasing knowledge about reproductive and sexual health using the lecture method. The small group discussion method is an effective method for establishing communication about reproductive and sexual health, namely increasing respondents' critical power by being able to exchange ideas with group members of the same gender. When given case examples, students dare to actively express opinions in solving problems to identify and formulate problems to estimate the causes of problems and determine alternative solutions; the atmosphere when implementing group discussion techniques is very conducive.¹²⁻¹⁵

4. Conclusion

The small group discussion method is better used to increase adolescent reproductive health knowledge than counselling method. The small group discussion method is better used to improve teenagers' attitudes about reproductive and sexual health. Both methods can be used to improve attitudes about reproductive health in adolescents.

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