The Effect of Health Education on Knowledge of Health Reproductive of Junior High School Students.

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Abstract

When they reach puberty, adolescents need to learn about reproductive health. Giving adolescents health education to prevent issues with their reproductive health is one method to boost their awareness of reproductive health. The purpose of this study is to determine how health education has affected students’ knowledge of reproductive health. 24 persons were gathered using the convenience sample method. Pre-experimental design with one-group pretest-posttest design is the technique employed. A questionnaire was employed as a research tool during the data collection process. The Wilcoxon test is the method of data analysis that is utilized. The findings revealed that students’ knowledge had an average value of 82 percent before receiving health education, and an average value of 84 percent after receiving health education. There was no significant difference in the knowledge of adolescents before and after receiving health education, according to the findings of the hypothesis test, which had an alpha error rate of 0.05. It might be said that health education has little impact on the degree of knowledge held by teenagers.

Keywords: Adolescent, Health, Reproductive, Student.

INTRODUCTION

In terms of reproductive health, including adolescent reproductive health, Indonesia is still far behind. Unwanted pregnancies (KTD), abortion, sexually transmitted illnesses (STDs), sexual violence, and issues with limited access to information and health services are among the reproductive health issues that adolescents may encounter (Dini, 2022). Due to the continued belief that sexuality is taboo and unworthy of open discussion, Indonesian teenagers have restricted access to knowledge about reproductive health, which includes sexuality. As children begin to transition into teens, parents typically find it awkward to explain reproductive and sexuality issues to them, and teenagers
sometimes find it awkward to ask their parents directly about these topics (Alhamuddin & Zebua, 2021).

Teenagers in Indonesia are mostly plagued by a lack of knowledge about the necessary responses to the changes they are going through, particularly issues with adolescent reproductive health (Zebua et al., 2021). Teenagers’ little awareness of reproductive health is a sign of this. Just 29% of adolescent girls and 32.3% of adolescent boys had knowledge of the reproductive period. Teenage males and girls who were aware that they might become pregnant if they had their first sexual experience reached 49.5% and 45.5%, respectively. Between the ages of 14 and 19, 34.7% and 30.9% of teenage girls and boys reported having friends who engaged in sexual activity before marriage, respectively, while girls and boys aged 20–24 who said they had friends who had sexual intercourse before marriage were 48.6% and 46.5%, respectively (BKKBN, 2012).

The unavailability of accurate and correct information about reproductive health makes adolescents try to seek access and explore on their own (Zebua, 2021). Teenagers often use the internet, television, magazines, and other forms of mass media as a source to fulfill their curiosity about sexuality and reproduction (Benita, 2012). Teenagers must therefore get accurate information about reproductive health in order for them to develop acceptable attitudes and behaviors toward their own reproductive systems (BKKBN, 2008). Health education is one method for raising adolescent awareness of reproductive health (Zebua, 2020; Notoatmodjo, 2010). If effective approaches and media are used during the process, health education will be effective. A talk with questions and answers is one way to educate people about health. A lecture is a speech given by a speaker to a group of listeners; this approach works well for both highly and poorly educated institutions (Buzarudina, 2013). Research conducted by previous researcher on students of one high school in Central Java showed that health education using the lecture method was effective in increasing adolescent knowledge about stress.

**METHOD**

The pre-experimental design approach was used in this quantitative study's one-group pre-test-post-test design since the research subjects were not assigned at random. Students in classes VII and VIII who were considered to be early teenage participants in this study made up the population. The convenience sample method was used to collect the research sample. The sample was obtained by selecting participants who were available in class VIII, totaling 30, but because six people were not present when the health education was carried out, the respondents who could be taken were as many as 24 people. A questionnaire was the research tool employed in this study to gather data.

**RESULT AND DISCUSSION**

According to the description of the respondents' demographic information, there were 24 respondents, and the majority up to 75% (16 respondents) were men. Women made up 25% of the
respondents (6 people). The respondents were between the ages of 13 and 15. 3 people are aged 13 years; 18 people are aged 14 years; and 3 people are aged 15 years. Respondents who had received information about reproductive health were 12 people; sources of information came from TV or radio, health workers, parents, teachers, and others. Meanwhile, there were 12 respondents who had never received information about health education.

According to the analysis, students' prior knowledge of reproductive health was, on average, 17.2 (81.9%); the lowest score was 13, the highest was 21, and a respondent would receive a total score of 21 if they knew the answers to all the questions. The standard deviation is 1.865 and the median value is 17.00. The 95% confidence interval (CI) data indicate that 95% of respondents thought that students' knowledge of adolescent reproductive health was between 16.42 and 18.00. The results of the analysis then achieved an average value of 18.13 (86.3%), with the lowest score being 11 and the highest score being 21. This was after being offered an intervention in the form of health education. The median value is 18.50, with a standard deviation (SD) of 2.894. The standard deviation describes the distribution of sample values; the smaller the standard deviation, the closer to the average value, which means that the data is getting better than before. The results of the 95% Confidence Interval indicate that 95% of the respondents believed that their students' knowledge of reproductive health was between 16.90 and 19.35. The statistics show that after receiving health education about teenage reproductive health, students' average knowledge increased.

Before being given health education, the question that most students did not know much about was reproductive organs (as much as 60.5%), while what was most widely known was the meaning of reproductive health itself (100% of students knew it). After receiving health education, students' knowledge about the reproductive organs increased from 60.5% to 85%. Between before and after the health education was given, there was a difference. Prior to receiving health education, pupils' average understanding of reproductive health was 17.21, or 81.9% of the maximum possible score. According to the average score, students have solid knowledge of reproductive health. Knowing is the outcome of sensing something, and it takes place after that. The five human senses sight, hearing, smell, taste, and touch are used for this sensing. Knowledge is not something that simply existing and must be accepted by others; rather, it is constantly being formed by an individual who goes through a process of reorganizing new understandings.

According to the study's findings, respondents had the most difficulty understanding information regarding reproductive organs, whereas students had the most familiarity with information about maintaining reproductive health. The knowledge itself is affected by elements of formal education, in this example, students' positive understanding of reproductive health that they acquire through formal education, specifically when studying biology related to human reproduction. Exposure to information whether it comes from the media, parents, or health professionals could also have an impact on students' awareness of reproductive health.
The study's findings on students' prior knowledge of health education revealed that their prior degree of knowledge fell into the "less" group (36.4%) and that they had never previously received information regarding reproductive health, 42.7% were in the medium category, having only received information from the mass media or from counseling with teachers only, and 21% were in the good category, having received good information from the mass media, the internet, and counseling with teachers. After receiving health education, students' understanding of reproductive health has an average value of 18.13, or 86.3% of the maximum possible score. The value obtained after giving health education is greater than the value before receiving health education interventions. This demonstrates that knowledge has increased as a result of the intervention. However, the results obtained did not provide a significant difference in value.

Students learn about human reproduction when teachers teach biology lessons, which is one educational factor that influences how well-informed they are about reproductive health. Additionally, 50% of respondents' overall report that they have obtained information about reproductive health from a variety of sources. According to the study's findings, students had an average level of knowledge regarding reproductive health at the time of the pretest of 17.21, with a standard deviation of 1.865. At the time of the posttest, we obtained an average student knowledge of 18.13 with a standard deviation of 2.894. This explanation leads us to conclude that the mean value difference between the pretest and posttest is 0.92. Asymp. Sig. = 0.051 was the value obtained by the Wilcoxon test, which is higher than the value of (alpha) of 0.05. As a result, it can be said that there was little to no change in the students' knowledge before and after the intervention. The findings show that education regarding teenage reproductive health had a positive impact on respondents' understanding of the topic.

According to statistical tests, it was found in this study that there was no difference in the amount of information learned on teenage reproductive health. In this case, the providers of reproductive health materials are people they have never known well, so it can affect the absence of differences in the effect of health education. The nature and quality of the information received, which in this case is defined by the nature and quality of the material provided by researchers to students, determines the success in communicating knowledge. Perceptions, motivation, and experience all of which have an impact on one's knowledge are other variables that could also have an impact on the study's findings.

**CONCLUSION**

Prior to receiving health education, students' knowledge of reproductive health ranged from 13 to 21, with an average score of 17.21, or roughly 81.9%. The respondents were well-informed. After receiving health education, students' understanding of reproductive health ranged from 11 to 21, with an average of 18.13, or almost 86.3%. The results of the statistical test yielded an asymptotic value. If Sig 0.051 exceeds 0.05, Ho is approved. Because the average value only grew 4.4% between
the two periods, it is inferred that health education had little impact on adolescents' level of knowledge regarding reproductive health.

REFERENCES


