

School-Based Sexual Health and Reproduction Education in Early Adolescents at Muhammadiyah Junior High School

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Abstract

Background: Adolescence is also a critical period that must be properly addressed and addressed by adolescents. Changes in body shape, especially in the reproductive organs, invite many questions from adolescents, such as the presence of bleeding from the vagina for the first time (menarche), and the first wet dream in boys (semenarche). Teenagers must be prepared to face puberty with various changes and the first experiences that occur. Teenagers need information that can solve the problems they face. Health education about sexual and reproductive health is very important to do, as an effort to increase knowledge in dealing with puberty. The sexual and reproductive health education program for adolescents facing puberty is one solution that can be done to increase student's knowledge about facing puberty. This activity aims to increase adolescents' knowledge about puberty and the maintenance of the reproductive organs as well as to form positive attitudes and behaviors in adolescents. Method: Providing health education to 120 grade 7 students in stages using podcast media, distributing leaflets and posters. Evaluate activities by measuring pre-test and post-test scores. Results: There was a significant difference in knowledge from before and after the program was implemented with a value of $p = 0.000$ ($p < 0.01$) with a mean pretest score of $3.43 \pm SD 2.36$ and a mean posttest score of $7.26 \pm SD 1.79$. The mean difference is $3.83 \pm SD 2.57$. Conclusion: Sexual and reproductive health education is proven to increase students' knowledge in dealing with puberty and care for reproductive organs.

Keywords: Early adolescent, health education, reproductive health

INTRODUCTION

Adolescence is a period of life that includes the transition from childhood to adulthood. The World Health Organization (WHO) identifies youth as people between the ages of 10 and 19. Teenagers experience rapid physical, cognitive, and psychosocial growth. It affects young people's thinking, making decisions, and interacting with the world around them. Individual behavior and the choices they make during this time can determine their future health and well-being.

Adolescence is one of the important transitions in the life span. Nearly one-fifth (17.5%) of the world's population are adolescents (10-19 years) (BKKBN, 2013). Adolescents have a higher proportion, namely almost 23% of the population in less developed countries. The data also shows that around 1.2 billion people, or 1 in 6 of the world's population are adolescents aged 10 to 19 years (WHO, 2011). In Indonesia, based on population data by age group and gender in 2018, the group of adolescents aged 10-19 years amounted to 45,121.6 million of the total population of 265,015.3 million people. Approximately 17.03% of Indonesia's population are adolescents aged 10-19 years. This figure is relatively the same as the proportion of the world's youth population, which is almost a fifth of the population (BPS, 2019).

More than 1.5 million adolescents and young adults aged 10–24 years died in 2020, nearly 5,000 every day. Young adolescents aged 10-14 years have the lowest risk of death of all age groups. Half of all mental health disorders in adulthood begin by age 14, but most cases go undetected and untreated (<https://www.who.int/news-room/fact-sheets/detail/adolescents-health-risks-and-solutions>).

Although considered a healthy stage of life, it does mean that there are significant deaths, illnesses, and injuries during adolescence, which are preventable or treatable. Positive behavior can protect the health of adolescents and others around them both now and in the future. Adolescents around the world face major challenges to their sexual and reproductive health and

rights. These include a lack of education and information about reproductive health and, a lack of access to health services.

The transition during adolescence is also a critical period that must be properly addressed and addressed by adolescents. Teenagers must be prepared to face puberty with various changes and the first experiences that occur. These changes occur simultaneously and there are different variations for each teenager. Changes in structural and environmental factors often have an impact on adolescent development (UNICEF, 2012).

At puberty, begins sexual maturity and psychosocial achievement, occurs at the age of 9-14 years. Sufficient knowledge about puberty makes teenagers ready to face puberty. Puberty in girls is marked by the first menstruation (menarche), in boys, it is marked by wet dreams during semenarche). Adolescents must have a sufficient understanding of puberty, need to identify understandings of puberty, and can be used as a reference or basis for providing counseling to students (Wardah, 2018). Sexually, shyness starts to arise, and interest in the opposite sex but they still play in groups and start experimenting with the body such as masturbation (Hastuti, 2021).

The results of observations made on elementary school and junior high school students found that especially young women, they feel anxious when they experience menstruation for the first time. Teenagers also feel worried about the physical changes they experience. Changes in body shape, especially in the reproductive organs, invite many questions from adolescents. Young women are very worried about bleeding from the vagina during menarche.

Meanwhile, young men need information related to the arrival of akhil baliq which is marked by the presence of semenarch. Teenagers need information that can solve the problems they face. Health education about sexual and reproductive health is very important to do, as an effort to increase knowledge in dealing with puberty. Teenagers who have sufficient knowledge will be better prepared to face puberty. Providing information and education during puberty has an important role in increasing adolescent knowledge (Moodi, 2013). Providing insufficient information will lead to a lack of understanding of adolescents about reproductive health and the formation of a positive attitude towards reproductive health. Teachers have an important role in increasing the knowledge of adolescents and families about reproductive health issues (Mmari & Sabherwal, 2013).

Increasing knowledge about adolescent reproductive health and the changes that occur during puberty can help adolescents to be better prepared to face puberty. The sexual and reproductive health education program for adolescents facing puberty is one of the solutions that can be implemented to increase students' knowledge in dealing with menarche and semenarch. This activity aims to increase adolescent knowledge about the signs of puberty, and how to maintain the cleanliness of the reproductive area/genital organs, especially during menstruation. The benefits of this activity are expected to be able to form a positive attitude of students toward the care and health of the reproductive organs. This program supports programs that are run nationally, especially in the field of adolescent reproductive health.

METHOD

The implementation method is to provide sexual and reproductive health education to two Muhammadiyah Middle Schools in Pontianak City, namely Muhammadiyah 1 Middle School and Muhammadiyah 2 Middle School which are located in 2 different sub-districts. The method used is the lecture method, question and answer, and brainstorming. The media used are leaflets which will be distributed to all students and posters which will be posted at several locations in the school. In addition, using podcast media owned by the school so that students can actively interact live. Before the intervention is carried out, a pre-test will be carried out which will explore students' knowledge, attitudes, and behavior in facing puberty. After the intervention, a post-test will be carried out as material for evaluating the interventions that have been carried out. The scheme of activities can be seen in Figure 1 below.

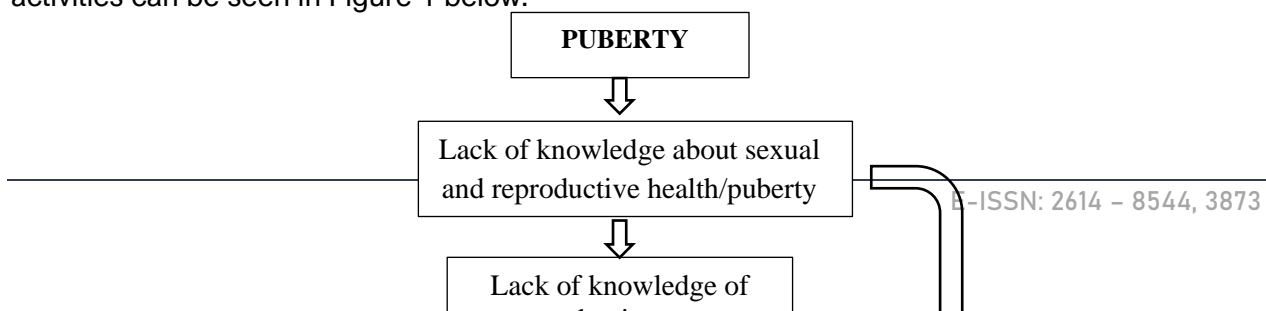


Figure 1. Activity Scheme
RESULTS AND DISCUSSION

Implementation of activities in the field carried out in stages over 1 month. The activity began with carrying out a pretest on participants in two schools. The next activity was continued by conducting health education at two schools, distributing leaflets, and attaching posters. The next activity closed with a podcast involving youth as hosts. The activity ended with a post-test activity for the participants. The total number of participants who took part in this activity was 120 participants. The documentation of activities can be seen in the pictures below.



Figure 2. Activities at Muhammadiyah junior high school

Figure 3. Activities at Muhammadiyah junior high school 2

The characteristics of the participants can be seen in Table 1 below:

Table 1. Characteristics of participants

| Variable | n=120 | |
|------------|-------|---|
| | f | % |
| Age | | |

| | | |
|--------------------|-----|-------|
| ≤12 years old | 70 | 58,33 |
| >12 years old | 50 | 41,67 |
| Gender | | |
| Male | 67 | 55,8 |
| Female | 53 | 44,2 |
| Number of siblings | | |
| ≤3 | 104 | 86,66 |
| >3 | 16 | 13,34 |
| Education | | |
| Elementary school | 6 | 5 |
| Senior High School | 41 | 34,2 |
| Bachelor | 65 | 54,16 |
| Postgraduate | 8 | 6,64 |

Source: primary data 2023

Table 1 above describes the characteristics of the participants, 58.33% are under 12 years old. Participants who were male were 55.8%. As many as 86.66% had siblings ≤ 3 and 54.16% of mothers' education level was undergraduate. Evaluation of activities is carried out by looking at the differences in the mean pretest and post-test scores as shown in table 2.

Table 2. Differences in Knowledge before and after education

| Variable | n | Mean±SD | Mean difference ±SD | t | 95%CI | P |
|-----------|-----|------------|---------------------|-------|-----------|--------|
| Knowledge | | | | | | |
| Pretest | 120 | 3.433±1,79 | 3,83±2,57 | 16,33 | 3,36-4,29 | 0,000* |
| Posttest | 120 | 7,26±2,36 | | | | |

Source: primary data 2023

From the results of the evaluation that was carried out after the activity took place, the data showed that there was a significant difference in knowledge from before and after the program was implemented with a value of $p = 0.000$ ($p < 0.01$) with a mean pretest score of $3.43 \pm SD 2.36$ and a mean score of posttest $7.26 \pm SD 1.79$, with a mean difference of $3.83 \pm SD 2.57$. Sexual and reproductive health education has proven to affect adolescent knowledge.

Adolescence is the phase of life between childhood and adulthood, from 10 to 19 years of age. This is a unique stage of human development and an important time for laying the foundations of good health. During their developmental period, adolescents need information, including comprehensive sexuality education according to their age. Adolescents have the opportunity to develop life skills and receive equitable, appropriate, and effective health services in a safe and supportive environment. Adolescents need opportunities to participate meaningfully in designing and delivering interventions to improve and maintain their health.

Providing information during puberty has an important role in increasing adolescent knowledge. Lack of information will lead to a lack of understanding of adolescents about reproductive health and the formation of a positive attitude toward reproductive health. The provision of knowledge and learning about school-based reproductive health is needed to increase knowledge and preventive actions in adolescents.

Sexual and reproductive health education is very important to be given from an early age. Adolescents who are given sexual and reproductive health education will be more likely to maintain personal hygiene and be able to practice cleanliness of the reproductive organs during menstruation (Hesty, 2023)

Increased knowledge about adolescent reproductive health and the changes that occur during puberty can help adolescents to be better prepared to face puberty. Sexual and reproductive health education programs for adolescents in the face of puberty are one possible solution. It is hoped that adolescents will be able to make the right and responsible decisions in maintaining their reproductive health and socializing with the opposite sex as taught in the Qur'an.

REFERENCES

- BKKBN. (2013). Remaja dan permasalahannya dari perhatian dunia (online). <http://www.bkkbn.go.id/viewberita.aspx?beritaid=840>
- Blum, R. & Mmari, K. (2004) Risk and protective factors affecting adolescent reproductive health in developing countries: an analysis of adolescent sexual and reproductive health literature from around the world. Summary.
- BPS. (2019). Statistik Indonesia 2019. Badan Pusat statistik Indonesia. Jakarta. ISSN. 0126-2912
- Depkes, R.I. (2012) Laporan hasil riset kesehatan dasar (RISKESDAS) Nasional. *Badan Penelitian dan Pengembangan. Departemen Kesehatan RI*. Jakarta
- Hastuti, L. (2020). Standar kualitas pelayanan kesehatan remaja. Kanaka Media. Surabaya
- Hesty, Nurfitriani. (2023). Edukasi Personal Hygiene Saat Menstruasi pada Siswi SMP Negeri 25 Kota Jambi. *Jurnal Abdimas Kesehatan (JAK)*, Vol. 5 (1): 24-30. DOI: 10.36565/jak.v5i1.398
24. Available Online <https://jak.stikba.ac.id/index.php/jak>
- Mmari, K. & Sabherwal, S. (2013) A review of risk and protective factors for adolescent sexual and reproductive health in developing countries: an update. *Journal of Adolescent Health*, 53(5): 562-572.
- UNICEF. (2012). *Indonesia annual report 2012*. Indonesia. UNICEF
- Wardah. A. (2018). Pemahaman diri siswa smp tentang masa pubertas (baligh) sebagai fondasi layanan bimbingan dan konseling. *Jurnal Bimbingan dan Konseling Ar-Rahman* Volume 4, Nomor 2, Tahun 2018 Tersedia Online: <http://ojs.uniska.ac.id/index.php/BKA> e-ISSN 2477-6300
- WHO. (2011). The sexual reproductive health: informing future research and program implementation. Geneva. Switzerland. WHO.
- Moodi, M., Zamanipour, N., Sharifirad, G.-R. & Shahnazi, H. (2013) Evaluating puberty health program effect on knowledge increase among female intermediate and high school students in Birjand, Iran. *Journal*.