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THE 4th INTERNATIONAL CONFERENCE ON HEALTH SCIENCE 2017

“The Optimalization of Adolescent Health in The Era of SDGs”

**INNA GARUDA HOTEL YOGYAKARTA,
INDONESIA
November 5th, 2017**



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YOGYAKARTA Jl. Tata Bumi No.3, Banyuraden, Gamping,
Sleman, Yogyakarta, Indonesia 55293 Phone/Fax.62-274-
617601, Email : ichs@poltekkesjogja.ac.id**

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THE CORRELATION EDUCATION ABOUT HEALTH REPRODUCTIVE AND KNOWLEDGE AND ATTITUDE OF HEALTH REPRODUCTIVE OF THE ADOLESCENT

Kusbaryanto^{1*}, Hatasari²

¹Community Health Department, Faculty of Medicine and Health Science, Yogyakarta Muhammadiyah University, Indonesia

²Faculty of Medicine, Medicine Study Program Yogyakarta Muhammadiyah University, Indonesia

Email : koesbary@yahoo.co.id

ABSTRACT

Adolescent pregnancy remains a major contributor to maternal and child mortality and to the cycle of ill-health and poverty. Adolescent pregnancies are more likely in poor, uneducated and rural communities. The aim of this study was to analyze correlation education about health reproductive and knowledge and attitude of health reproductive of the adolescent. This study was a quasy experiments with *pretest-posttest control group design*. The population is the student of high school in Yogyakarta regency. The sample of this study uses purposive sampling with 25 respondents in experiment group and 27 respondents in control group. The data was analyzed by Wilcoxon and Mann Whitney. Collecting data through a questionnaire. The result in this study showed that in controle group, the value of knowledge was $p = 0,075$ ($p > 0,05$), while value of attitude was $p = 0,080$ ($p > 0,05$). In experiment group the value of knowledge was $p = 0,001$ ($p < 0,05$), while value of attitude was $p = 0,088$ ($p > 0,05$). The result showed that in experiment group of knowledge there was a significant difference, but the experiment group of attitude was no significant defferent, while in control group there wasn't a significant difference. The conclusion of this study is there is correlation between health reproductive education toward knowledge, but there is no correlation attitude of health reproductive on adolescent.

Keywords: Education of health reproductive, knowledge, attitude, adolescent.

INTRODUCTION

Teen issues always happen around us, especially issues that related with the health of reproduction. Indonesian teenager who have considered as sexual active embarrassed or did not want to consult about their reproductive health with the medical personnel and the lack of communication between parents and children about the health of reproduction become the cause of the minimum information of the health of reproduction in the right way¹.

Most of the Indonesian society misjudge that sexuality only matter of the sexual relation between men and women, which only can be done after marriage. Another sexuality issues on adolescence such as menstruation, wet dreams, genitals, reproductive organ and its function that should be taught in school are sometimes not given because of the sexuality or reproductive health still taboo to talk about. If the adolescence reproductive health cannot be treat as an urgent issues that must be addressed seriously and continuously, it is not impossible that sexuality victim in teenager will².

In other countries, reproductive health and sexuality are the important topics that must be delivered to the adolescence. Tunisia for example, as a Muslim country Tunisia become the first country that introduce the reproduction and family planning in their school curriculum in early 1960s. Turkish also one of the country that include the reproductive health and sexuality in their school curriculum, "Puberty Project" is a program in

elementary school that given to students in the last three years during eight years education. In Puberty Project every school will provide *textbook* and bring experts of reproductive health to answer the questions from student and discuss the reproductive health issues³. In Malaysia as the neighborhood country, start on December 1994 include the element "*Family Health Education*" in their elementary school. Muslim students were also introduced to reproductive health and sexuality in Islamic religious education program⁴.

World Health Organization (WHO) has recommended to improve the quality of antenatal care for the sake to reduce infant mortality and complications of labor and provide a positive pregnancy experience for pregnant women. Approximately sixteen million women at the age fifteen until nineteen and around one million under fifteen has delivered every year especially in development country. Complications during pregnancy and infant mortality is the second cause of death in women aged fifteen to nineteen years old. Every year three million abortions occur in women aged fifteen to nineteen years old⁵.

In this twenty first century women health increase, but still there are lot of women who died because of the complications during pregnancy every year. Most of the complication that happen in America because of the hypertension, diabetes and heart disease. Although there is tendency to decrease, the death rate in America because of pregnancy increase after the aged twenty years. One of four deaths related with pregnancy is because of the heart condition, bleeding and blood pressure⁶.

Education is expected to elevate the knowledge about reproduction health. Knowledge is the result of human's sensing or the result of knowing an object through the senses owned by someone. During the time of sensing an object into knowledge, the intensity of attention and perception toward the object is influential. Most of someone's knowledge is acquired through hearing and sight⁷. Likewise, the knowledge about reproduction health is also acquired in such a way.

The knowledge encompassed in the cognitive domain has 6 levels, which are: (1) know i.e., the act of recollecting some material that has been previously studied, (2) comprehension i.e., the ability to explain correctly about the known object and to interpret the material of the object broadly, (3) application i.e., the ability to implement the studied material in the real situation or condition, (4) analysis i.e., the ability to explicate the material or object into the components under the structure of its organization, (5) synthesis i.e., the ability to lay or interconnect inner parts of a recent and overall thing, and (6) evaluation i.e., the ability to do a research on material or an object⁸.

Education is also expected to elevate the attitude toward reproduction health. Attitude is a form of evaluation or feeling reaction. The attitude of someone toward an object can be favorable and unfavorable feelings in the object. Attitude consists of three mutually supportive components, which are cognitive, affective, and conative. The cognitive component is the representation of what is believed an individual who owns the attitude; the affective component is the emotional feelings; and the conative component is the tendency to behave in a particular way in line with the attitude owned by someone⁹.

Attitude is the tendency to act. Attitude is not always manifested in actions because in order to manifest attitude in action, the other factors which are facility and infrastructure are needed. For instance, a pregnant mother knows that pregnancy check is important to her health and the health of her fetus so that there has been an intention to check for her pregnancy. In order to manifest the attitude in an action, midwife, integrated service post, and community health center near her home are needed so that they as a set of facilities is reachable⁷.

Attitude can be formed or changed through 4 methods, which are (1) adoption i.e., a repetitive and perpetual event slowly absorbed by an individual and then influencing the formation of attitude, (2) differentiation i.e., along with the development of intelligence, the more gain of experiences and age, an object which previously looks the same becomes different right now with which the attitude formation can be made, (3) integration i.e., the

attitude formation starts gradually from various experiences to the formation of attitude itself, (4) trauma i.e., the moment where there is a sudden and shocking experience causing a deep reminiscence. A traumatic experience can develop a specific attitude¹⁰.

Knowledge, attitude, and action are the components of behavior. It can be altered through 3 methods, which are (1) sincerity, (2) the nearest environment, (3) the existence of education. The behavior alteration comprises 6 phases, which are (1) the unfreezing phase in which an individual starts to consider the acceptance toward the alteration, (2) problem diagnosis phase in which the individual begins to identify the things for and against the alteration, (3) goal setting phase, (4) new behavior phase, (5) the refreezing phase in which there is an individual's permanent behavior⁸.

The purpose of this research is to determine the relation between the education of productive health knowledge and the adolescents' attitudes on reproductive health.

METHODS

This research is a *quasy experimental* with *pre test post test control group design* (Polit dan Hungler, 1999)¹¹. The population was the student of high school in Yogyakarta regency. The sampling technique used *purposive sampling* with twenty five respondents on experiment group and twenty seven respondents on control group. Data analysis that used is *Wilcoxon* and for different test used *Mann Whitney*. Collecting data technique in this study using a questionnaire.

RESULT

Table 1. Result Of The Normality Test Between Experiment And Control Group

Age of experiment group	Age of Control Group			
	Frequency	Percent (%)	Frequency	Percent (%)
14 Years	3	12	0	0
15 Years	16	64	18	66.7
16 Years	5	20	5	18.5
17 Years	1	4	4	14.8
Total	25	100	27	100
P = 0.328				

The result of normality test using *Saphiro Wilk* test on all of the data shows that $p < 0,05$ which is mean that data distribution is not normal. Hypothesis test that used when the data not normally distributed is non-parametric test. Non-parametric test that used in this research is *Mann-Whitney* test. To evaluate homogeneity there is non-parametric test with *Mann-Whitney* test, the result of ages from this test $p = 0,328$ ($p > 0,05$), this is shows the homogeneity of the subject between the groups (control group with experiment group).

Table 2. Different Knowledge about reproductive health on Control Group and Treatment Group

Variable	Control Group			Treatment Group		
	N	Mean	SD	n	Mean	SD
Knowledge Pre-Test	27	11.7	2.25	25	10.92	1.55
Knowledge Post-Test	27	11.07	1.83	25	12.44	1.56
		0.075**			0.001*	

*Significant ($p < 0.05$), **Non Significant ($p > 0.05$)

The result of the knowledge measurement about reproductive health before and after treatment on control group with *Saphiro Wilk* test, concluded that the data is not normal. Using *Wilcoxon* to measure the previous data, acquired $p = 0.075$ ($p > 0.05$), concluded that data on the control group did not have any different between the pre-test and post-test.

The result of knowledge measurement about reproductive health before and after treatment on the treatment group using *Saphiro Wilk* test, concluded that the data is not normal. Using *Wilcoxon* test on the previous result, acquired $p = 0.001$ ($p < 0.05$), concluded that on the treatment group there is different between pre-test and post-test.

Table 3. Different Attitude about reproductive health on Control Group and Treatment Group

Variable	Control Group			Treatment Group		
	N	Mean	SD	n	Mean	SD
Attitude Pre-Test	27	55.63	10.88	25	62.72	7.12
Attitude Post-Test	27	54.19	10.08	25	65.20	8.12
	0.080**			0.080*		

*Significant ($p < 0.05$), **Non Significant ($p > 0.05$)

The result of attitude measurement about productive health before and after treatment on control group using *Saphiro Wilk* test, concluded that data is not normal. Using *Wilcoxon* test on the previous result, acquired $p = 0.080$ ($p > 0.05$), concluded that on control group there is no different between pre-test and post-test.

The result of attitude measurement about reproductive health before and after treatment on treatment group using *Saphiro Wilk* test, concluded that data is not normal. Using *Wilcoxon* test on the previous result, acquired $p = 0.088$ ($p > 0.05$), concluded that on treatment group also have no different between pre-test and post-test.

DISCUSSION

On 2011 World Health Organization (WHO) had been published the attempt to prevent the early pregnancy and complication in reproduction process by giving six recommendations, which are: (1) decrease the number of marriage under eighteen years old, (2) decrease the number of pregnancy under twenty years old, (3) increase the use of contraception on adolescents, (4) decrease free sex on adolescent, (5) decrease the number of abortion on adolescent, and (6) increase pregnancy service and post childbirth on adolescent (WHO, 2016)¹².

After the education process apparently there is an upgrade about the knowledge of reproductive health, the more knowledge about reproductive health expected will give positive attitude about reproductive health. The increase of knowledge is caused by education material, the acceptance about education material have a role as reinforcement positive and become stimulus to increase the knowledge about reproductive health¹³. For the attitude about reproductive health apparently there is no different between pre-test and post-test, it means that education did not have any effect about the attitude toward reproductive health.

The research about knowledge, attitude, and action as well about hand hygiene is conducted in the tertiary referral hospital in Raichur, India. The research aims to compare the knowledge, attitude, and action toward hand hygiene between the medical students and the ones of nursing pursuing education in the hospital. The research employed cross-sectional method as well as used 98 medical students and 46 nursing students as the respondents, which are 144 in total. The questionnaire used in the research is the one

from WHO about hand hygiene. The research results show that 79% respondents (114 of 144 respondents) have received official training about hand hygiene of which there are 74,2% medical students and 95,4% nursing students. For the knowledge about hand hygiene, there are only 9% (13 of 144 respondents) from 74% (107 of 144 respondents) who have decent knowledge about hand hygiene. Nursing students have better and more meaningful knowledge than nursing students¹⁴.

A research about behavior problems of hand hygiene aims to know the relationship between knowledge, belief, and action and hand hygiene of health students. The used research method is by questionnaire and 1,485 medical and nursing students from 19 universities in Australia, Sweden, and Greece as the respondents. The research results show that knowledge is influenced by the assessment frequency about hand hygiene and a lot of ways to learn hand hygiene. The belief in the urgency of hand hygiene is also influenced by knowledge¹⁵.

A research is about knowledge, attitude, and action of a mother toward the disease of Cutaneous Leishmaniasis in the Islamic Republic of Iran. It is found that the average score of the attitude is 15% (the maximum score is 20%) consisting of 42.8% poor, 50% medium, and 7.2% excellent. The average score of action is 16.6% consisting of 32.5% poor, 31.3% medium, and 36.1% excellent¹⁶.

CONCLUSION

There is meaningful connection between educations of reproductive health with adolescent knowledge about reproductive health and there is no different between the educations of reproductive knowledge with the adolescent's attitude towards reproductive health.

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