

Reproductive Health Education: I am Healthy Physically and Spiritually Healthy Teenager

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ABSTRACT

Reproductive health is one of the Sustainable Development Goals that directly affect the health sector. Technological advances in the Industrial Revolution 4.0 ensure that information spreads widely and quickly via the Internet. Adolescents can easily obtain and retrieve information about sexuality from a variety of sources, but the truth and validity of the information must be credible. Misleading information provokes teens to conform to unhealthy sexual activities. Overall, unhealthy sexual activity can lead to the early onset of sexual activity and expose adolescents to high-risk sexual behavior. This study aimed to improve adolescents' knowledge of education about holistic reproductive health from different perspectives (medical, psychological and spiritual). This research uses qualitative research with descriptive methods using a Zoom meeting application with a total of 82 male and female participants. The implementation of the activity starts with a pre-test and ends with a post-test via Google Forms. As the study results show, the adolescents' knowledge about reproductive health education increased significantly by 18.5% in a comparison of the pretest and posttest. Reproductive health counseling has induced positive changes and attitudes in adolescents from different perspectives (medical, psychological and spiritual) regarding knowledge about reproductive health. Reproductive education counseling is expected to continue in each educational institute to improve adolescent reproductive health and protect adolescents from problematic sexual behavior.

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INTRODUCTION

The government launched and participated in health issues 2030, which refers to the Sustainable Development Goals (SDGs) in which the whole world, including Indonesia, ensures a guaranteed healthy life and promotes the well-being of all people of all ages (UNICEF, 2020). One of the three pillars of the healthy Indonesia program promotes a healthy paradigm through an approach that proposes proactive and preventive approaches in health services and provides health as an input in a development process (WHO, 2017). One form of activity that can be undertaken in health education with the theme of sex education or youth sex education.

Health education is a method that can amplify changes in knowledge or attitudes of individuals/groups/communities from ignorance to knowledge of health values or from the inability to overcome health problems to the ability to solve problems (Notoatmojo, 2014). Health education is also a

process of changing the attitudes and behaviors of an individual or group as they mature through teaching and training efforts. Thus, through health education interventions, an individual or community can experience better insights.

Adolescence is a time when she is prone to risky behavior. Adolescence is one of the determining factors for the quality of life of the next generation. During the transition from childhood to adulthood, many things will be subject to both emotional and social pressures and will shape one's maturity (Djama, 2017). During this period, adolescents experience a process of identity and identity development, sometimes feeling the desire to be separated from their parents, being overly curious, and prone to risky behavior. Advances in technology and information may impact the cause of sexual deviation. This happens due to adolescent's lack of understanding of reproductive health, lack of attention in maintaining reproductive health, lack of confidence to ask/express feelings, pressure from peers including spouses, lack of attention from parents, environmental conditions that are less supportive of his personality "The attention or affection that comes from the same sex is perceived far and away as funnier and more challenging. (Rahman and Novita, 2018).

Teenagers are sometimes embarrassed to ask about reproductive organs, reproductive functions, and physical changes. This curiosity makes her dare to find out and encourages her to have premarital sex. This affects the incidence of unwanted pregnancies at a young age, which can lead to high abortion cases. This incident is a global problem that must be stopped. The free association style is one of the factors that influence the high pregnancy rate at an early age and cause morbidity and mortality in female adolescents (Suhaid, D. N dan Irawan, Y. L, 2022)

Education related to the reproductive process and maintaining health will enable teenagers to choose more responsible behaviors and lifestyles that are not at risk, especially regarding the reproductive process (Siswantara, 2020). The choices and decisions that young people make depend heavily on the quality and quantity of information they have and the availability of specific services and policies for them, both formal and informal. As the first step in prevention, the increasing knowledge of adolescents about reproductive health must be supported by clear communication, information, and educational materials (IEC) on reproductive development, psychological changes, increased activity, basic spirituality related to reproduction, causes and consequences of sexual behavior and be supported with information about the middle service. On this basis, it is necessary to participate and contribute to the provision of the good and correct information on sex education, especially for young people.

METHOD

This community service activity is carried out in several phases, starting with the planning, the development of proposals, the agreement on the time of implementation, the preparation of materials, and the schedule of activities. Those activities have taken place from October to December 2021. Next comes the implementation phase which is scheduled for December 13-14, 2021 at 08:00 and implemented using the Zoom Cloud Meeting Platform. The Adolescent Reproductive Health Promotion: I am a Healthy Teenager Physically and Spiritually activity was given to students by Saint Carolus Senior High School Surabaya. The students were divided into two groups, the female group, and the male group, and the activities were carried out on different days.

The implementation of the activities lasted for 150 minutes and was divided into five stages. The first stage with a duration of 15 minutes is used for registration, opening, introduction, and greeting. Before presenting the material, the activity continued with filling out the pre-test online via the Google form. The pre-test link will be distributed to participants via the Zoom Meeting cloud chat room. The processing time for the pre-test questions is 10 minutes. This was followed by the opening prayer by student representatives and then the activity was opened by the Vice Principal. The second to the fourth stages are the core stages, namely the delivery of counseling materials and discussions with each session lasting 45 minutes by resource persons. The material presented by the speakers was related to sex education, adolescent psychology, and sex education from a religious point of view. Furthermore, the closing stage lasts 30 minutes. At this stage, the g-form is redistributed for the posttest. The results of the pretest and posttest will be compared to compare knowledge scores. The activity ended with a closing prayer.

RESULTS

Community service activities are running smoothly. The main target group of this activity is teenagers. Advisory participants are 82 students, of which 40 are male students and 52 are female students. This training is conducted online via the meetings of the Zoom cloud platform. The age range of a person participating in the activity is between 15 to 17 years. All participants were middle-aged adolescents. Most of the participants (57.3%) participating in this activity were female and a small proportion (42.7%) were male.

This youth group belongs to the mid-teens. In mid-adolescence, boys grow very quickly compared to girls. The body becomes larger and heavier, the muscles become larger, the chest and shoulders broaden, the vital organs become larger, and the voice cracks, acne, mustache, and sideburns appear. While adolescent girls experience changes, especially around the waist, hips, and buttocks, which begin to enlarge, the reproductive organs develop, sweat production increases, and menstruation becomes regular. During this period, adolescents can generally think logically, although they are often driven by their feelings, begin to be interested in romantic relationships (dating), and have a highly sensitive nature that sometimes causes them to argue more with their parents. Also, I love spending time with friends.

Table 4.1 Frequency Distribution of Extension Participant Profiles by Age and Gender

VARIABLE	N	%
Gender		
Male	35	42.7%
Female	47	57.3%
Usia		
15 years old	1	1%
16 years old	65	79%
17 years old	16	20%

From the results of the assessment conducted by the informants, information was obtained that the majority (63.4%) of the participants began learning about everything related to reproductive health upon entering junior high school (SMP). A small proportion (7.3%) upon entry into Senior High School and almost half (7.3%) at Elementary School. In addition, participants reported accessing reproductive health information from the internet (51.2%), social media (31.7%), 13.4% (books/magazines), and TV/radio (3.7%).

Based on Figure 1, 40.2% of counseling participants met their peers to discuss reproductive health, 32.9% met their parents, 17.1% asked the teacher, 4.9% discussed with relatives, and 4.9% remained silent or found out for themselves via the Internet. Information media are graphic, photographic, or electronic tools for collecting, processing, and reconstructing visual information. In this group, teenagers seek information about sex education from their peers. This is based on the fact that peers are a group which makes it easy for them to share information and knowledge as they have the same background, age, education, and social status. Most peer groups can influence the behavior and beliefs of individual members (Wijayanti, 2019).

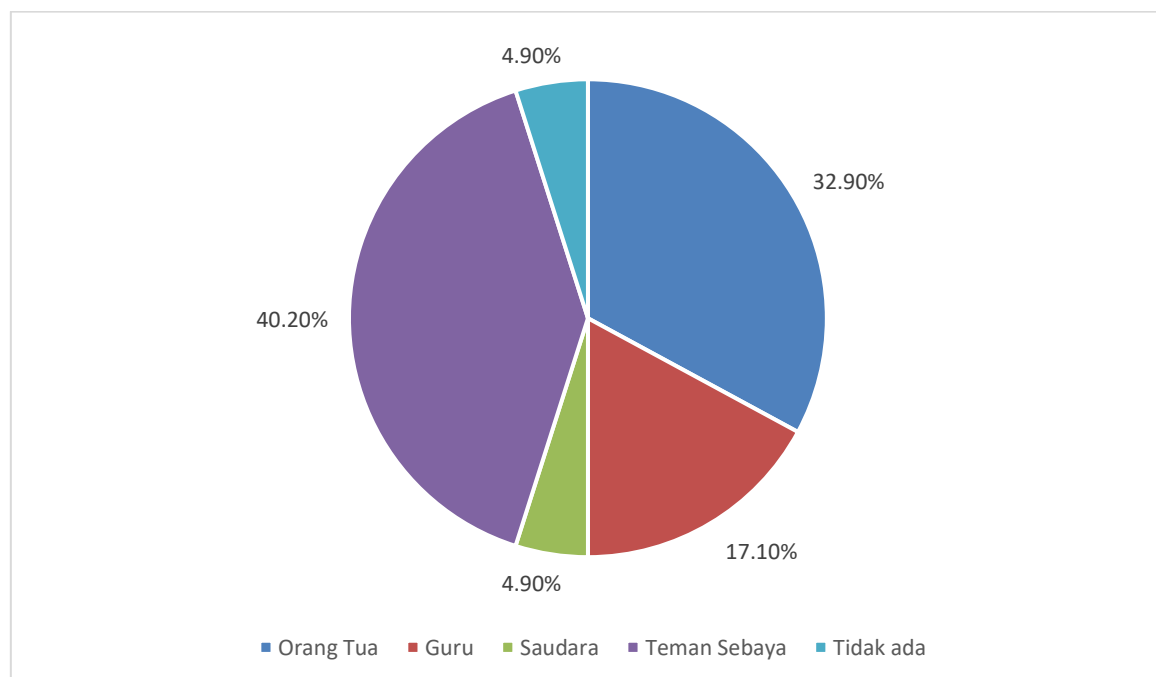


Figure 1 Frequency Distribution based on People Invited to Discuss Reproductive Health

The first session explained adolescent reproductive health from a health perspective. Adolescence is a transitional period from childhood to adulthood, namely from 10 to 21 years of age, which is characterized by mental, emotional, social, physical, and intellectual maturity. This material sheds light on the physical changes in adolescent girls and boys due to increased hormones with age. The second session described

adolescent reproductive health from a psychological perspective. This material informs participants about the changes and psychological maturity experienced during adolescence. Psychological changes in a person sometimes impact problems in young people, including substance abuse, juvenile delinquency, or related problems at school. A person is influenced by their self-concept when acting if one of them is based on psychological aspects. The third session discussed adolescent reproductive health from a spiritual perspective. Spirituality is a form of personal experience that contains religious meaning. Indirectly, this is related to one's view of interpreting life goals and internalizing individual relationships with others, one of which relates to adolescent reproductive health. Spiritual is essentially a continuity with social values that can have an impact on the social life of young people.



Figure 2 Presentation of Adolescent Psychological Materials

The results of the individual evaluation of the consulting activity were based on a comparison of the pre-and post-test, each with 20 questions as follows:

- a. Pre-Test, At the beginning of the counseling, an assessment was carried out with the following results:
Highest value: 9.5
Lowest score: 4
Average: 7
- b. Post-Test
At the end of the training an evaluation was carried out with the following results:
Highest score: 10
Lowest value: 6.5
Average: 8.4

Out of a total of 82 participants, the post-test results showed a 22% increase in knowledge among the extension participants. The acquisition of knowledge with the audiovisual method is consistent with the theory of learning experiences where individuals can retain this information. From this, it can be concluded that this reproductive youth counseling has succeeded in expanding the knowledge of the participants about the reproductive health of adolescents from various perspectives (health, psychology, and spirituality). During the activity, the participants actively, enthusiastically, and enthusiastically followed the material provided by the speakers. All activities went according to plan and the school was satisfied with the activities carried out. No obstacles were identified during the implementation of the activity.

CONCLUSION

The training of the young people went well and it was possible to expand the young people's knowledge of reproductive health. This is proven by the results of the evaluation of the participants, where there was an increase in knowledge so that children can have a good and age-appropriate teenage life, so that young people can plan their future well.

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