

Effects of Health Counseling on the Level of Knowledge and Attitudes Regarding Sexual Health in AL-Huda MTs Students

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ABSTRACT

Abortion, pregnancy and sexually transmitted diseases are also a problem of adolescent sexual health in the world (WHO, 2015). This data shows that the number has increased every year. Increased sexual health problems also occur in cases of abortion, pregnancy and sexually transmitted diseases. The importance of knowledge about reproductive health, adolescents need to get enough information, so that they know what should be done and which should be avoided. Besides, with a good knowledge of sexual health, will form a positive attitude towards sexual health. This study aims to determine the effect of health education on the level of knowledge and attitudes about sexual health in MTs AL-Huda students. One group pretest-posttest design research design is the pre-experimental design type. A total population of 128 with a sample of 97 respondents employing purposive sampling and research instruments was a questionnaire. The results of univariate studies before health education for knowledge were 24 good (24.7%), 39 adequate (40.2%), 34 poor (35.1%) and attitudes of 36 positive (37.1%) and 61 negative (62.9%). After health education for knowledge, 62 were good (63.9%), 33 were sufficient (34.0%) and 2 were less (2.1%) while for attitudes namely, 78 were positive (80.4%) and 19 were negative (19, 6%), bivariate results with the Wilcoxon test ($p = 0,000 < \alpha = 0.05$), it was concluded that there were significant differences between knowledge and attitudes before and after health education. It is recommended to improve the knowledge and attitudes of adolescents through health education, especially in maintaining and maintaining reproductive/sexual health.

Keywords: Health Education, Level Of Knowledge, Attitude

INTRODUCTION

Indonesian adolescents are currently experiencing increased vulnerability to various health risks, especially those related to sexual and reproductive health, including increased threats from HIV / AIDS. Adolescent sexuality and reproductive health are defined as the physical and psychological well-being of an adolescent, including conditions free from unwanted pregnancy, unsafe abortion, sexually transmitted diseases (STDs) including HIV / AIDS, and all forms of sexual violence and coercion. Adolescent reproductive health is a healthy condition that involves the reproductive systems, functions and processes possessed by adolescents. Understanding

healthy here does not merely mean disease free or free from disability but also mentally healthy and socio-cultural (Suryoputro, 2014).

Public understanding of sexuality is still lacking until now. This lack of understanding is very clear, namely the existence of various ignorance that exists in society about sexuality that should be understood. Some people still believe strongly in myths, which is a misconception about sex. An understanding of adolescent sexual behavior is an important thing to know because adolescence is a transition period from sexual behavior of children to adult sexual behavior (Endarto, 2014). Adolescent reproductive health (KRR) is a healthy condition that involves the reproductive systems, functions and processes possessed by adolescents. The needs and types of reproductive health risks faced by adolescents have different characteristics from children or adults. Types of reproductive health risks faced by adolescents include pregnancy, abortion, sexually transmitted diseases (STDs), sexual violence, and the problem of limited access to information and health services. This risk is influenced by various interrelated factors, namely demands for young marriage and sexual relations, access to education and employment, gender inequality, sexual violence and the influence of the mass media and lifestyle (Nugrahaeni, 2015).

According to the World Health Organization (WHO) in 2015 the number of AIDS sufferers in the world was 33,300,000 and in Asia there were 4,900,000 cases. As many as 53% of AIDS sufferers are teenagers. Besides, abortion, pregnancy and sexually transmitted diseases are also a problem of adolescent sexual health in the world (WHO, 2015). Data from the Indonesian Ministry of Health (2015) shows that the number of HIV / AIDS sufferers in Indonesia in 2013 was 110,000 and in 2014 it rose to 193,000 and in 2015 the number of cases was interpreted to be 270,000. This data shows that the number has increased every year. Increased sexual health problems also occur in cases of abortion, pregnancy and sexually transmitted diseases (Indonesian Ministry of Health, 2015).

Data from the South Sulawesi Provincial Health Office in 2015 showed that there were 1,200 AIDS sufferers. A total of 512 of them are teenagers with ages 15-20 years. Besides, sexual health problems also occur in cases of abortion, pregnancy and sexually transmitted diseases (South Sulawesi Provincial Health Office, 2015). Data from the Bulukumba District Health Office in 2013 numbered 113 AIDS sufferers, increasing in 2014 to 126 and 2015 showing 159 people. The diseases caused by errors in sexual

health are an increase in the threat of HIV / AIDS, including free from unwanted pregnancy, unsafe abortion, sexually transmitted diseases (STDs) including HIV / AIDS (Bulukumba District Health Office, 2015).The importance of knowledge about reproductive health, adolescents need to get enough information, so that they know what should be done and which should be avoided. Besides, with good knowledge of sexual health, will form a positive attitude towards sexual health (Soetjiningsih, 2013).

Related to sexual health, various effects that can arise in adolescents if they do not maintain sexual health. Among them are the occurrence of pregnancy out of wedlock, abortion and sexually transmitted diseases. Therefore, the thing that can be done is through collaboration between teachers and parents by paying attention to the child's development and always giving advice to children through emotional and religious approaches. Retrieval of initial data that the authors do in MTs. Al-Huda in Mannaungi Village, Gantarang District, Bulukumba Regency shows that out of 128 students, there are a total of 17 male students and 14 female students in Class VII, in Class VIII there are 24 male students and 32 female students and in Class IX there are 20 male students and 21 female students. Of the 5 students interviewed who were randomly selected, 4 of them did not know about sexual health. They do not even know the signs of reproduction can work or not. Besides, their attitude shows negative towards sexual health. Based on this background, the authors are interested in researching with the title "Effects of Health Education on the Level of Knowledge and Attitudes Regarding Sexual Health in MTs Students. Al-Huda in Mannaungi Village, Gantarang District, Bulukumba Regency

MATERIAL AND METHODS

This study uses a one group pretest-posttest design research design that is the type of pre-experimental design is done in a way before the treatment / variable treatments are observed or measured first (pretest) after which the treatments are carried out. And after treatment, obesity measurement (posttest) is carried out (Hidayat, 2009). The population in this study were all students of MTs Al-Huda Gattareng Village, Gantarang District, Bulukumba Regency as many as 128 people. The sample is part of the population to be studied or part of the number of characteristics possessed by the population (Hidayat, 2009). The number of samples in this study were 97 people. Data collection in this study was carried out using a measuring instrument in the form of a questionnaire and text media in providing health education. Bivariate analysis is

performed to see the relationship between the independent variable and the dependent variable in the statistical test used is the paired T test when the data distribution is normal. Conversely, if the data obtained is not normal then the statistical test used is Wilcoxon test (Dahlan, 2011).

RESULTS

Table 1. Distribution of Respondents Based on the characteristics of Respondents in MTS Al-Huda Students

Age	n	Percentage (%)
12-13	52	53,6
14-15	45	46,4
Gender		
Male	42	43,3
Female	55	56,7
Amount	97	100

Based on table 1 above shows that for the age characteristics there are 52 respondents with ages 12-13 (53.6%) years and 45 respondents with ages 14-15 (46.4%) years. Whereas for gender characteristics there were 42 (43.3%) male respondents and 55 (56.7%) respondents with female gender.

Table 2. Distribution of Respondents Based on Knowledge Before Education

Knowledge before counseling	n	Percentage (%)
Good	24	24,7
Enough	39	40,2
Less	34	35,1
amount	97	100

Based on table 2 above shows that from 97 respondents before health counseling there were 24 respondents with good knowledge with a percentage of 24.7%, 39 respondents with sufficient knowledge with a percentage of 40.2% and 34 respondents with less knowledge with a percentage of 35.1%.

Table 3. Distribution of Respondents Based on Attitudes Before Counseling

Attitude before counseling	n	Percentage (%)
Positif	36	37,1
Negative	61	62,9
Amount	97	100

Based on table 3 above shows that of 97 respondents before counseling there were 61 respondents with a negative attitude with a percentage of 62.9% and 36 respondents with a positive attitude with a percentage of 37.1%.

Table 4 Respondents Distribution Based on Knowledge after Counseling

Knowledge before counseling	n	Percentasg (%)
Good	62	63,9
Enough	33	34,0
Less	2	2,1
amount	97	100

Based on table 4 above shows that from 97 respondents after counseling there were 62 respondents with good knowledge with a percentage of 63.9%, 33 respondents with sufficient knowledge with a percentage of 34.0% and 2 respondents with less knowledge with a percentage of 2.1%.

Table 5 Distribution of Respondents Based on Attitudes After Counseling

Attitude before counseling	n	Percentage (%)
Positif	78	80,4
Negatif	19	19,6
Amount	97	100

Based on table 5 above shows that, of 97 respondents with attitudes after counseling there were 78 respondents with a positive attitude with a percentage of 80.4% and 19 respondents with a negative attitude with a percentage of 19.6%.

Table 6. Analysis of Influence of Knowledge before and after Health education

Knowledge before counseling	Knowledge after counseling			Amount	Mean	pValue
	Good	Enough	Less			
Good	21	3	0	24	2,10	0,000*
Enough	20	18	1	39	dan	
Less	21	12	1	34	1,38	
Amount	62	33	2	97	0,72	

The first test is done by testing the knowledge of respondents before and after counseling. In this study analyzed using the Wilcoxon test with a value of $p\text{Value } 0.00 < \alpha = 0.05$, which means that there are significant differences between knowledge before and after health education. The difference in the average value of knowledge before and after counseling is 0.72.

Table 7 Analysis Of The Effect Of Attitudes Before And After Counseling

Attitude Before Counseling	Attitude After Counseling		Amount	Mean	P Value
	Positif	Negatif			
Positif	31	5	36	1,63 dan	0,000*
Negatif	47	14	61	1,20	
Amount	78	19	97	0,33	

The second test is done by testing the attitudes of respondents before and after counseling. In this study analyzed using the Wilcoxon test with a value of $p\text{Value } 0.00 < \alpha = 0.05$, which means that there are significant differences between attitudes before and after health education. The difference in the average value of attitude before and after counseling is 0.33.

DISCUSSION

Knowledge before counseling there were 24 respondents with good knowledge with a percentage of 24.7%, 39 respondents with sufficient knowledge with a percentage of 40.2% and 34 respondents with less knowledge with a percentage of 35.1%. But there are differences in the results of the study after counseling that is there are 62 respondents with good knowledge with a percentage of 63.9%, 33 respondents with sufficient knowledge with a percentage of 34.0% and 2 respondents with less knowledge with a percentage of 2.1%. The results of the bivariate analysis using the Wilcoxon test with a value of $p\text{Value } 0.00 < \alpha = 0.05$, which means that there are significant differences between knowledge before and after health education. After conducting health education there were still respondents who lacked years of age due to the very young age of the respondents and the time spent distributing questionnaires that were too long to make respondents forget about the information provided besides that some respondents just answered without thinking whether this was the right answer or not. The difference in the average value of knowledge before and after counseling is 0.72.

Knowledge is the result of knowing someone about objects through their senses. By itself, at the time of sensing to produce knowledge is strongly influenced by the intensity of attention and perception of the object. Most of one's knowledge is obtained through the sense of hearing and vision (Notoatmodjo, 2011). Many factors influence knowledge including education, experience, age, information. Mass media, social culture and economy, environment. Health education is an important aspect in increasing family knowledge, using health education means that health workers help families in efforts to improve health status (Djay, 2014). Besides, health education is also an educational activity carried out by disseminating messages, instilling confidence, so that people are not only aware, know and understand, but also want to get accustomed to doing suggestions that have to do with health (Maulana, 2012).

One of the steps in health education is to assess the needs of the community such as counseling on reproductive health in adolescents who will enter the world of puberty which will undergo many changes including the reproductive organs. The results of a study conducted by Massolo (2015) that there is an influence of reproductive health education on the knowledge and attitudes of adolescents about premarital sex in SMAN 1 Masohi. These results are also supported by research conducted by Endarto (2014)

that there is a relationship between the level of knowledge about reproductive health and risky sexual behavior in adolescents of SMK Negeri 4 Yogyakarta.

Based on the researchers' assumptions that increasing knowledge through health education is very necessary for example in terms of increasing adolescent / student knowledge about reproductive health. Adolescents in this case who will enter their new world must be equipped with sufficient knowledge to avoid unwanted things such as early marriage, pregnancy outside marriage, free sex and the use of illegal drugs both from adolescence and from family. A feeling of great teenage curiosity needs to get the attention and supervision of the family because the teen always wants to try what he just got. Knowledge that adolescents can get through health education such as what is reproductive health, reproductive health problems that may be faced by adolescents, the impact of reproductive health.

Before counseling there were 61 respondents with a negative attitude with a percentage of 62.9% and 36 respondents with a positive attitude with a percentage of 37.1% and different results obtained after counseling namely: there were 78 respondents with a positive attitude with a percentage of 80.4% and 19 respondents with a negative attitude with a percentage of 19.6%. The results of the bivariate analysis using the Wilcoxon test with a value of $p\text{Value } 0.00 < \alpha = 0.05$, which means that there are significant differences between attitudes before and after health education. There are still respondents who are negative or indifferent after counseling this is because sometimes having good knowledge is sometimes not accompanied by a good attitude. Factors that influence attitudes can be divided into internal and external factors. Internal factors include gender, age, education, and experience. By looking at the sample of researchers who are all teenagers with relatively young age is one of the causes there are still 19 respondents who are still being negative about sexual health even though health counseling has been given while in terms of gender, men are more dominant negative than women. This happens because in the context of reproductive health the most widely discussed is women and the most disadvantaged from reproductive health itself is women. The difference in the average value of attitude before and after counseling is 0.33.

Attitude is a reaction or response of someone who is still closed to a stimulus or object (Notoatmodjo, 2011). In determining this complete attitude, knowledge of thinking, beliefs and emotions play an important role. Attitude measurement is done

directly or indirectly. Adapt directly asked how the respondent's opinion or statement of an object. Besides aiming to increase knowledge, health education can also influence the attitude of someone who receives information from health education. This is in line with research conducted by Nugrahaeni (2015) which states that there is an influence of adolescent reproductive health counseling on adolescent sexual knowledge and attitudes (study at SMAN 1 Margahayu Bandung). These results are also supported by research conducted by Wijaya (2015) that there is a relationship between knowledge, attitudes, and activities of high school adolescents in reproductive health in Buleleng District. Based on the researchers' assumptions, changes in adolescent attitudes about reproductive health can be provided through health education. With adolescents knowing the possibilities of what can happen if they do not maintain reproductive health properly, adolescents can provide an attitude by taking precautions that can later benefit adolescents themselves. Reproductive health counseling for adolescents can be a provision for the future of adolescents a little out of control of parents / family.

CONCLUSIONS

Bivariate research results with Wilcoxon test $\rho = 0,000 < \alpha = 0.05$ that there are significant differences between knowledge and attitudes before and after health education. 2. Good cooperation between the local government and health center health workers to get involved in the community to see whether there are indications of reproductive disorders in adolescents.

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