



## HEALTH EDUCATION AND ITS EFFECT ON ADOLESCENT KNOWLEDGE AND ATTITUDES IN THE PREVENTION OF SEXUALLY TRANSMITTED DISEASES

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### ABSTRACT

Sexually transmitted infections are one of the main health problems of adolescents. Every teenager is at high risk for developing sexually transmitted infections (STIs) for various reasons such as frequency of unprotected sexual intercourse, being more biologically susceptible to infection, involving relationships of limited duration, and possible difficulties accessing the health care system. The impact when a teenager is exposed to STDs is that it can cause acute symptoms, chronic infections such as infertility, ectopic pregnancy, cervical cancer and sudden death in infants and adults. adolescents to increase the knowledge, attitudes and practices of adolescents in behaviour. Analyze the effect of health education on the knowledge and attitudes of adolescents in preventing the transmission of sexually transmitted diseases. The type of research used is quasi-experimental with a pre-test and post-test with a control group design. There is an effect of health education on the knowledge and attitudes of adolescents in preventing the transmission of sexually transmitted diseases. Health education plays a very important role in increasing knowledge and changing attitudes of adolescents in preventing the transmission of sexually transmitted diseases.

**Keywords:** health education; sexually transmitted diseases; youth

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## INTRODUCTION

Adolescence is a transition period between childhood and adulthood. Changes that occur during this period are growth spurts, secondary characteristics arise, such the fertility, and psychological and cognitive changes occur (Soetjarningsih,2013). During adolescence, there are physical, mental, psychosocial, emotional and social changes. One of the physical changes experienced by a teenager caused by the production of sex hormones strongly impacts adolescent behaviour, namely the emergence of emotional and sexual desire (Hurlock, 2011). Teenagers curiosity is very high, which can caused by a sexual urges that do not directly affect sexual activity (Nufikha et al, 2014). The description research of adolescents attitudes towards premarital sexual behaviour is that from 213 respondents, there are 43, 2% of adolescents are increasingly open about activities of sexual behaviour and accept premarital sexual behaviour (Center for Health Policy and Social Change, 2008). Misperceptions regarding the assumption that women will not get pregnant if they have sexual intercourse only once occur in male adolescents with a percentage of 49.7% and female adolescents percentage of 42.3%, and may cause many incidents of premarital sex among adolescents (Yuliato, 2014).

In Indonesia, about 1% of boys and 4% of girls are reported have had sexual intercourse before 13 years old, some even under 10 years old. By the time they are 17 years old, about a third of the young population has had sexual intercourse at least once. Half of the group were sexually active, did not attend school and were said to have had two or more partners (Unicef Indonesia, 2012). This case causes adolescents to be very vulnerable to sexually transmitted infections. Centers for disease control and prevention claims that the highest rates of sexually transmitted infections are in adolescents (Centers for disease control and prevention, 2010). Data in the Kupang city illustrates that there is an case increase of sexually transmitted diseases on adolescent every year. The impact when a teenager is exposed to STIs such as acute symptoms, chronic infections such as infertility, ectopic pregnancy, cervical cancer, etc. One of the efforts made to prevent STIs in adolescents is necessary to conduct health education for adolescents so that they can increase their knowledge, attitudes and practices of adolescent behaviour.

### METHOD

This research type is a quasi-experimental with a pre-test and post-test with a control group design. The population in this study were students of SMAN 7 Tofa Maulafa, Kupang City who met the intrinsic criteria. The sampling technique was done by simple random sampling. The sample size was calculated using the minimum sample size formula for unpaired numerical comparative analytical research in 2 groups. Data processing is done using computer software. Statistical analysis used is the Sample Paired t-Test.

### RESULTS

This study uses a health education model about sexually transmitted diseases to students of SMAN 7 Tofa Maulafa Kupang in the hope that there will be an increase in their knowledge and changes in their attitudes towards preventing sexually transmitted diseases. After carrying out health education following the research design that has been determined, then calculating all the parameters that must be studied. The research data were statistically tested using computer software, the results of which will be presented as follows:

#### Characteristics of respondents by gender

Table 1.

Distribution of respondent characteristics by gender (n=126)

Gender	f	%
Female	92	72,2
Male	35	27,8

Table 1 clearly shows that the percentage of female respondents (72.2%) is higher than that of male respondents (27.8%).

#### Characteristics of respondents by age

Table 2.

Distribution of respondent characteristics by age (n=126)

Age	f	%
14 Years	104	82,5
15 Years	18	14,3
16 Years	4	3,2

Table 2 above illustrates the percentage of respondents who are at most 14 years old (82.5%) and at least 16 years old (3.2%).

### Effect of health education on adolescent knowledge in STD prevention

The results of the measurement of the knowledge level of adolescents in the control and intervention groups using the T test can be seen in Diagram 1.

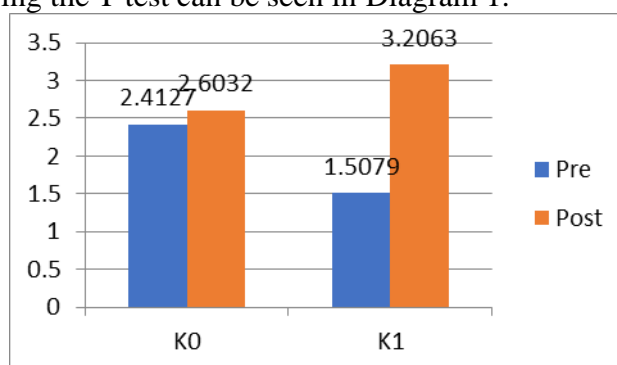


Diagram 1. Adolescent knowledge in prevention of sexually transmitted diseases before and after intervention

Diagram 1 shows that there is a change in the level of knowledge of adolescents in the control group and the intervention group. Overall, the effect of health education on adolescent knowledge in STDs prevention can be seen in table 3. Which is the result of calculations using the Sample Paired t Test.

Table 3.

The Effect of Health Education on Adolescent Knowledge in Preventing STDs (n=126)

Variable of knowledge	Mean	SD	<i>p</i>
Before the intervention	1,9603	0,79399	<0,05
After the intervention	2,9048	0,72032	

The picture above shows a p-Value <0.05 so H0 is rejected, which means that there is an effect of health education on adolescent knowledge about the prevention of STDs.

### The Effect of Health Education on Adolescent Attitudes in the Prevention of STDs

The results of the measurement using the T test on the attitudes of adolescents in the control and intervention groups can be seen in diagram 2.

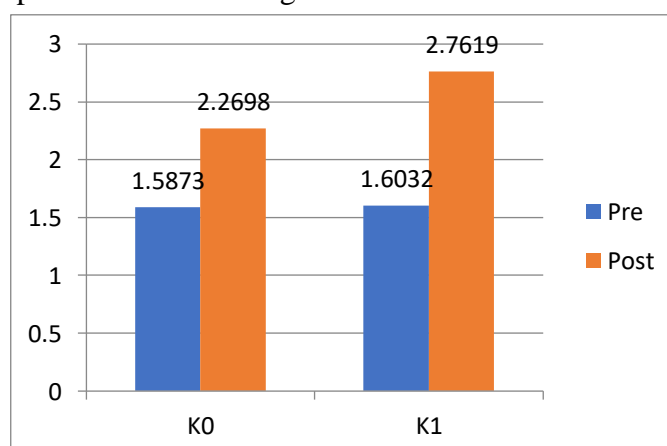


Diagram 2. Adolescent attitudes in STDs prevention before and after intervention

Diagram 2, it appears that there is a change in the attitude of adolescents in the intervention group while in the control group there is no change. The effect of health education on

adolescent attitudes toward preventing STDs can be seen in table 4. which is the result of calculations using the Sample Paired t Test.

Table 4.  
The Effect of Health Education on Adolescent Attitudes in Preventing STDs (n=126)

Variable of Attitude	n	Mean	SD	P value
Before the intervension	126	1,5952	0,58211	<0,05
After the Intervention	126	2,5159	0,57597	

The illustration above shows P-Value <0.05 so that H0 is rejected, which means that there is an effect of health education on adolescent attitudes regarding the prevention of STDs.

## DISCUSSION

### Characteristics of respondents by gender

This study used a sample of adolescents without distinguishing gender. According to the data obtained, female respondents were the most common, although this study did not link the relationship between gender and adolescent knowledge and attitudes about STDs prevention. Wahyuni's research (2012) states that every teenager of a different gender also has different knowledge about STDs.

### Characteristics of respondents by age

Adolescence is a transitional age from childhood to adulthood followed by physical and psychological changes and trying to find a way of life and start looking for values such as goodness, nobility, wisdom and beauty. Respondents in this study were students of senior high school who were in the age range of 14 to 16 years. This is by the characteristics of the respondents who have been determined by the researcher and is also in line with Monks (2002) quoted in the journal Psychology, dividing adolescents into three age groups, namely: (a) early adolescence, in the age range of 12 to 15 years; (b) middle adolescence, with an age range of 15 to 18 years; (c) late adolescence, ranging from 18 to 21 years of age.

### Effect of health education on adolescent knowledge in STD prevention

The issue of adolescent sexual and reproductive health becomes important for national development considering the large population of adolescents and the long-term impact that can be caused by adolescent sexual and reproductive health issues. Meanwhile, our adolescent population is still vulnerable to sexual and reproductive health problems, such as adolescent marriage, low knowledge of sexual and reproductive health, pregnancy at a young age, unwanted pregnancies, sexually transmitted diseases such as HIV and AIDS, unsafe abortion, and gender-based violence.

Adolescent knowledge about their reproductive health is still relatively low as shown by the 2007 Indonesian Adolescent Reproductive Health Survey results cited by Pakasi (2013). As many as 13% of adolescent girls do not know about their physical changes and almost half (47.9%) do not know when a woman's fertile period. The results of this study indicate that there is an effect of health education on increasing adolescent knowledge in preventing STD transmission. What was done to answer the main objective of this study was to provide health education materials about STDs. During the stages of data collection (pre and post) most of the respondents looked very enthusiastic, especially during lectures by giving more opportunities for them to express their opinions. This is in line with Pakasi's article that under the ICPD Program of Action, sexuality education for young people should provide information that helps them understand their sexuality and protects them from unwanted

pregnancies, sexually transmitted infections, and the risk of infertility, while also educating boys to respect the autonomy of adolescent girls and sharing responsibilities with adolescent girls in matters of sexuality and reproduction.

This paper argues that the reproductive and sexual health education approach given in schools tends to view aspects of adolescent sexual and reproductive health as being limited to purely biological phenomena and tends to construct adolescent sexuality as taboo and dangerous which is controlled mainly through moral and religious discourses. This results in the material provided being inadequate to meet the needs of adolescents and not following the reality of sexual behaviour and sexual risks faced by adolescents.

### **The effect of health education on adolescent attitudes in the prevention of STDs**

According to Donovan (1998) in Pakasi (2013), sexuality education has the main objective of providing information to adolescents to empower them to build values and relationship skills that enable them to make responsible decisions to become sexually healthy adults. Fine and McClelland (2006), stated that in sexuality education it is necessary to discuss sexual desire so that students can build their subjectivity and responsibilities as sexual beings. This means the need to see adolescents as sexual beings rather than negating their sexuality in providing sexuality education. IPPF (2010) offers a comprehensive, rights-based concept of sexuality education aimed at providing youth with the knowledge, skills, attitudes, and values they need to determine and enjoy their sexuality both physically and psychologically, individually and in relationships. Within the IPPF educational framework, providing information alone is not enough, youth need to be given the opportunity to develop skills to build positive attitudes and values towards their sexuality. The results of this study stated that there was an effect of health education on adolescent attitudes in preventing STD transmission from both the intervention group and the control group.

### **CONCLUSION**

There needs to be a variety of learning methods in health education for adolescents. It is necessary to update the information and content of health education materials that adjust the growth and development of adolescents. There is a need for further research that relates various factors related to adolescent reproductive health, one of which is about sexually transmitted diseases.

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