



ANALYSIS OF PROVIDING REPRODUCTIVE HEALTH EDUCATION FOR ADOLESCENTS BEFORE MENARCHE IN SUPPORT GROUPS IN MOJOKERTO CITY PRIMARY SCHOOLS

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ABSTRACT	Keywords
Adolescence is a very important period in human life, because it is a transition from childhood to adulthood. Many teenagers experience difficulties in dealing with their first menstruation (menarche) if they have not received the right information from their surrounding support groups, including parents, family members, teachers or their immediate environment. This research aims to analyze the provision of reproductive health education for adolescents approaching menarche in support groups at SDN Mojokerto City. The research method used was pre-experimental. The instrument is a questionnaire to assess knowledge. The sample in this study consisted of 56 parents, 56 students and 28 teachers. The results of this research showed that there was a significant influence on the treatment given to each sample, indicated by a significance value of $0.000 < 0.005$ in the peer support group, and a significance value of $0.000 < 0.005$ in the parent support group, while in the teacher support group significant results show $0.001 < 0.005$. Based on the results, it can be concluded that reproductive health education which is carried out effectively has an impact on increasing knowledge of reproductive health in the three support groups, including peers, parents and teachers.	Reproductive Education Needs, Menarche, Support Group

INTRODUCTION

Adolescence is a very important period in human life, because it is a transition from childhood to adulthood where the initial process of maturation of the reproductive organs in humans occurs, which is called puberty. During this period, both physical and psychological changes occur (Aruni Salsabila, Dara Gustia Amsah,

Nafisah Nadia, Nurainun Rahmadani Simanjuntak, Salsabila Azwita Nasution, Syahmara Qauli, 2024). Adolescence is divided into early adolescence aged 10 - 13 years, middle adolescence aged 14 - 16 years and late adolescence aged 17 - 19 years. (Arnita, 2021). The health that experiences the most changes during adolescence is reproductive health. The peak of puberty is

the first appearance of menstrual blood, which is called menarche (Afifah, 2022).

Many teenagers experience difficulties in facing their first menstruation (menarche) if they have not received the right information from their surrounding support groups, including parents, family members, teachers or their immediate environment (Lestari et al., 2022). Early adolescents who do not receive reproductive health education before menarche will create a risk of psychological disorders due to lack of knowledge. Therefore, teenagers must be equipped with adequate knowledge about reproductive health (Ayu et al., 2015).

Demographic data shows that teenagers constitute a large population of the world's population. According to the World Health Organization (2018), about one-fifth of the world's population at menarche are teenagers aged 12-16 years experiencing a change in the age of menarche. In the United States, around 95% of adolescent women have signs of puberty with menarche at the age of 12 years and an average age of 12.5 years accompanied by physical growth at menarche (Siti Fatima Assehro, 2023). The results of Kemenkes RI (2018), show that based on reports from respondents who have experienced menstruation, the average age of menarche in Indonesia is 13 years (20%) with an earlier occurrence at less than 9 years of age. Nationally, the average age of menarche is 13-14 years, which occurs in 37.5% of Indonesian children and there are also those who are only 8 years old and have started their menstrual cycle, but this number is very small (Azizah Al Ashri Nainar, Naziah Dwi Amalia, 2024).

Reproductive health education is an educational process about the cognitive, emotional, physical and social aspects of reproductive health which requires a process of life skills, namely the ability to adapt and positive behavior that is needed by a person

to overcome the challenges and needs of daily life effectively. The skills required as intended above are included in Healthy Living Skills. To be able to achieve good reproductive health conditions, the implementation of healthy living skills education (PKHS) is very necessary. The skills covered in PKHS are social skills (empathy, effective communication); thinking skills (critical thinking, creative thinking, decision making); emotional skills (coping with stress and controlling emotions) (Tim Direktorat Sekolah Dasar, 2020).

It is hoped that the aim of reproductive health education is not only to increase knowledge which influences attitudes, but furthermore to create motivation to learn more about sexual health through appropriate educational methods (Safitri, 2021). Apart from that, if teenagers do not get enough information regarding sexual behavior from their environment, teenagers generally turn to other sources that are not accurate. Support groups have an important role in providing reproductive health information to adolescents approaching menarche. Support groups include parents, family members, teachers and peers, including strengthening factors that can influence adolescents' readiness to face menarche (Putri et al., 2021).

Based on a preliminary survey, the provision of reproductive health material in the school environment is still not optimal, especially education before menarche. The majority of the material taught is about puberty without explaining in detail the signs of puberty and what needs to be paid attention to during puberty until menarche. The teaching media is still minimal and the lecture method is more common. These schools also do not have extracurricular activities that specifically discuss reproductive health. Meanwhile, from the

results of previous research, it was found that reproductive health information for adolescents was obtained from parents, especially mothers, teachers, sisters and peers.

From this description, researchers are interested in further identifying "Analysis of the provision of reproductive health education for adolescents before menarche in support groups at Mojokerto City Elementary Schools Mojokerto City".

METHOD

This type of research is pre-experimental with a one group pre test - post test design approach without a control group. The research was conducted to analyze the provision of reproductive health education for adolescents approaching menarche in support groups at Mojokerto City Elementary Schools. The independent variable in this research is the provision of reproductive health education to adolescents before menarche. Meanwhile, the dependent variable in this research is knowledge of adolescent reproductive health in the support group.

The sampling method used in this research is purposive sampling, namely a sampling technique carried out with certain aims and objectives determined by the researcher in accordance with the sample criteria (Penelitian et al., 2023). The sample in this study had inclusion criteria, including; 1) The parent closest to the teenage girl can be the father, mother, or other family who cares for the teenage girl, preferably female; 2) Female teacher at Mojokerto City Elementary School; 3) Female students in grades 4, 5 and 6 at Mojokerto City Elementary School. The sample exclusion criteria in this study were not being present during data collection or not participating in the research intervention.

So the sample size was 56 parents, 56 students, and 28 teachers.

RESULTS

Table 1. The characteristics of respondents (Parents = 56, Students = 56, Teachers = 28).

Characteristics of respondents	f	%
Age Students		
10 years	11	20
11 years	29	52
12 years	16	29
Age Parents		
20-35 years	4	7
36-50 years	44	79
50-65 years	8	14
Age Teacher		
20-35 years	6	21
36-50 years	19	68
50-65 years	3	11
Students Class		
4	13	23
5	32	57
6	11	20
Parenteral Education		
Senior High School	29	52
Collage	27	48
Teaching Experience		
< 5 Years	4	14
5-10 Years	11	39
>10 Years	13	46

From table 1, the characteristics of the majority of student respondents are 11 years old and in grade 5 of elementary school. The majority of parent respondents were aged 36-50 years with a high school education. Meanwhile, the majority of teacher respondents were aged 36-50 years with more than 10 years of teaching experience.

Table 2. The Test Statistics Wilcoxon

Know- ledge	Pre- Test		Post- Test		(+) Rank	Ties	P- Value
	F	%	F	%			
Peer Group/Students (n=56)							
Well	0	0	2	38	56	0	0.000
Enough	2	2	3	62			
Not Enough	6	9	5	0			
Parents (n=56)							
Well	6	1	5	89	45	11	0.000
Enough	4	8	6	11			
Not Enough	6	2	0	0			
Teachers (n=28)							
Well	6	7	2	10	12	16	0.001
Enough	1	4	0	0			
Not Enough	2	3	0	0			

Research data from the three groups of respondents were analyzed using the Wilcoxon signed rank test statistic. The statistical test results in table 2 from student respondents show a significance p-value of $0.000 < \alpha 0.05$, parent respondents show a significance value/ sig. (2-tailed) p-value of $0.000 < \alpha 0.05$, and respondents The teacher shows a significance value/ sig. (2-tailed) p-value of $0.001 < \alpha 0.05$, so it can be concluded that H_0 is rejected, which means that there is an influence between providing reproductive health education for adolescents approaching menarche on increasing knowledge in the support group, both in female students, parents/guardians of female students or teachers at Mojokerto City Elementary Schools.

DISCUSSION

Based on table 2, the average level of knowledge of 56 female students/peers before being given health education was that the majority had less knowledge at 71%, and all female students experienced an increase in knowledge after being given health education. Early adolescents aged between 10-12 years are closer to their peers, are egocentric and have a desire for more freedom of expression. The egocentric nature of adolescents makes it difficult for them to adapt and not accept points of view that are different from their own, so that adolescents look for peers to overcome their instability. Adolescents get information about reproductive health from peers at school, especially in urban areas, therefore it is important for peers to have good knowledge so they can provide each other with appropriate input, especially on reproductive health issues (Sari et al., 2021).

In this study, the population of the peer support group taken was all female students in grades 4, 5, and 6 aged 10, 11, and 12. The class was a large class at elementary school level so they were ready to receive information. The findings in this study show that all female students experienced an increase in knowledge with Wilcoxon P-Value test results of 0.000, so it can be concluded that there is an influence of reproductive health education on knowledge in peer support groups.

Through reproductive health education, female students will get correct information about their reproductive health. In health education for female students in the early teenage phase, it is necessary to choose appropriate methods and media. This is intended so that female students can absorb the material provided in health education to the fullest. In this research, health education was provided using a face-to-face method combined with interesting video media using easy-to-understand language. The

increase in knowledge was caused by a learning process by the respondent and occurred due to an increase in the subject's sensitivity or readiness for the test given to the respondent. Knowledge is the result of knowing that occurs after people sense a particular object. Sensing occurs through the senses of sight, hearing, smell and touch (Utami & Fidora, 2021). It is very important to provide reproductive health education at a child's age, because this age is a golden period for forming a strong foundation regarding reproductive health so as to prepare for the transition during adolescence to make wise decisions in life. (Sutjiato, 2022)

In the 56 parent support group, most of the knowledge was sufficient before being given health education at 82%. After being given health education, 45 parents improved, and 11 people remained. One of the factors that influences a person's knowledge is age. The older you get, the more your understanding and thinking patterns will develop, so that the knowledge you gain will get better (Sutjiato, 2022)

Based on table 1 regarding the characteristics of respondents in the parent support group, most of the parents are aged 36-50 years, it can be concluded that the respondents are of a mature age and tend to have good experience, especially in reproductive health. While parental education is from high school to university, this illustrates that parents or guardians of female students easily receive information, especially information related to health, so the level of knowledge about reproductive health before being given health education tends to be sufficient, but parents' knowledge about reproductive health it must be good so that parents can better transfer knowledge to their children. When a mother gives an explanation about something, it is very much determined by the mother's understanding. Mothers who have higher

education are expected to be better able to explain what they know to their children. (Refirman et al., 2018).

The findings in this study show the results of the Wilcoxon P-Value statistical test of 0.000 so it can be concluded that there is an influence of reproductive health education on knowledge in the parent support group. Parents, especially mothers, are the most appropriate people to provide education to their teenage daughters about women's reproductive health.

A mother with high knowledge will be more active in providing information to her child about puberty. So that children understand more about puberty. And the child no longer feels embarrassed or anxious. Mothers with good knowledge will understand in more detail the meaning and what will happen when their children grow up. Parents' views and beliefs will also be greater than when they were children. Sometimes there are even parents who give their children freedom after they are teenagers (Budiati & Apriastuti, 2012).

In the 28 teacher support group, the average knowledge was good before being given health education was 57%. After being given health education, 12 people improved, and 16 people remained in the good category.

The findings in this study show the results of the Wilcoxon P-Value statistical test of 0.001 so it can be concluded that there is an influence of reproductive health education on knowledge in the teacher support group. Law Number 36 of 2009 which mandates that everyone has the right to obtain correct and accountable information, education and counseling regarding reproductive health. Teachers have a crucial role in educating students about reproductive health. It is hoped that good reproductive health knowledge for students can prevent the dangers of promiscuity (Kemendikbud, 2022)

Apart from parents, the role of teachers is also needed in the reproductive health and sexual behavior of students, especially Islamic boarding school students who spend more time with teachers/clerics than with parents. Teachers are considered role models who are able to influence adolescent development and teach values and norms in society (Yurizali et al., 2024)

CONCLUSIONS

This research shows that reproductive health education carried out affectively has a significant impact on support groups. This is proven by the Wilcoxon signed rank test statistic which shows that there is a significant difference between the initial variable (pretest) and the final variable (posttest). The existence of a significant influence on the treatment given to each support group is shown by a significance value of $0.000 < 0.005$ in the peer support group, and a significance value of $0.000 < 0.005$ in the parent support group, while in the teacher support group the significant result shows $0.001 < 0.005$. Based on these results, it can be suggested that collaboration between health workers, schools and other related units to increase knowledge of support groups in adolescent reproductive health education is very important. The implications of this research include the development of cross-sector policies and implementation of health education programs in schools with plans for future experiments to evaluate their effectiveness in increasing adolescent reproductive health knowledge.

REFERENCES

- Afifah, N. (2022). *Pengaruh Pendidikan Kesehatan Reproduksi pada Remaja Terhadap Tingkat Pengetahuan Seksual di Desa Wonoplumbon*. 1–10. <http://journal.uwhs.ac.id/index.php/jne>
- Arnita, R. H. A. S. S. Y. (2021). Gambaran Pengetahuan Kesehatan Reproduksi Pada Remaja Kota Banda Aceh. *Jurnal Ilmiah Mahasiswa Fakultas Keperawatan*, *V*(2), 160–166. <https://jim.usk.ac.id/FKep/article/view/18662/8613>
- Aruni Salsabila, Dara Gustia Amsah, Nafisah Nadia, Nurainun Rahmadani Simanjuntak, Salsabila Azwita Nasution, Syahmara Qauli, R. L. (2024). Periodisasi remaja dan ciri khasnya: Pubertas. Remaja Awal dan Remaja Akhir. *Jurnal Inovasi Pendidikan*, *7*(5), 161–168. <https://ojs.co.id/1/index.php/jip/article/view/1267/1520>
- Ayu, G., Rosilawati, K., Keperawatan, J., & Kesehatan, P. (2015). Pendidikan kesehatan reproduksi terhadap respon psikologis remaja saat menarche. *Jurnal Gema Keperawatan*, *8*(1), 7–15.
- Azizah Al Ashri Nainar, Naziah Dwi Amalia, L. K. (2024). Hubungan antara Pengetahuan tentang Menstruasi dan Kesiapan Menghadapi menarche pada Siswi Sekolah Dasar di Kota Tangerang Selatan. *Jurnal Ilmiah Keperawatan Indonesia*, *7*(1), 64–77.
- Budiati, S., & Apriastuti, D. A. (2012). Hubungan tingkat pengetahuan ibu tentang kesehatan reproduksi remaja dengan kesiapan anak menghadapi masa pubertas. *Kebidanan*, *IV*(01), 96–101. <http://ejurnal.stikeseub.ac.id/index.php/jkeb/article/view/58>
- Kemendikbud. (2022). Peran Guru Dalam Edukasi Kesehatan Reproduksi. In *Direktorat Guru Pendidikan Dasar*. <https://gurudikdas.kemdikbud.go.id/news/peran-guru-dalam-edukasi-kesehatan-reproduksi>
- Kemenkes RI. (2018). Hasil Riset Kesehatan

- Dasar Tahun 2018. *Kementrian Kesehatan RI*, 53(9), 1689–1699.
- Lestari, F. D., Azzahroh, P., & Suciawati, A. (2022). Analisa Kesiapan Menghadapi Menarche Pada Siswi Sekolah Dasar di SDN Tambilung Kabupaten Bogor Tahun 2021 Analysis Of Readiness For Menarche Among Elementary School Students At SDN Tambilung Bogor Regency In 2021. *Jurnal Kebidanan*, 11(2), 171–184. <https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ad=rja&uact=8&ved=2ahUKEwjS35Kd7eyGAXVfzzgGHdb5ATsQFnoECBYQAQ&url=https%3A%2F%2Fakbid-dharmahusada-kediri.e-journal.id%2FJKDH%2Farticle%2Fdownload%2F210%2F172%2F&usg=AOvVaw3UKehGmlkIs1BDidw2o>
- Penelitian, D., Pendidikan, I., Suriani, N., & Jailani, M. S. (2023). Konsep Populasi dan Sampling Serta Pemilihan Partisipan Ditinjau Dari Penelitian Ilmiah Pendidikan. *Jurnal Pendidikan Islam*, 1(2), 24–36. <https://ejournal.yayasanpendidikandzurriyatulquran.id/index.php/ihsan/article/view/55/32>
- Putri, S., Menarche, M., & Sd, D. I. (2021). PEMBERIAN PENDIDIKAN KESEHATAN SEBAGAI UPAYA MENYIAPKAN SISWI PUTRI MENGHADAPI MENARCHE DI SD N 20 SITIUNG Siti Khotimah. *Prosiding Hang Tuah*, 110–113. <https://prosiding.htp.ac.id/index.php/prosiding/article/view/95/85>
- Refirman, R., Rahayu, S., & Anggraini, A. (2018). Hubungan Antara Pengetahuan Ibu Tentang Kesehatan Reproduksi Dengan Sikap Terhadap Pendidikan Seks Bagi Remaja Di Rawa Pasung, Bekasi Barat. *Biosfer: Jurnal Pendidikan Biologi*, 9(2), 6–13. <https://doi.org/10.21009/biosferjpb.9-2.2>
- Safitri, T. (2021). Pendidikan Kesehatan Reproduksi Dan Seksual Yang Komprehensif Membentuk Remaja Berkualitas. *CENDEKIA : Jurnal Ilmu Pengetahuan*, 1(1), 60–68. <https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ad=rja&uact=8&ved=2ahUKEwiTtPaA9OyGAXUf4zgGHcz3Dp0QFnoECBwQAQ&url=https%3A%2F%2Fjurnalp4i.com%2Findex.php%2Fcendekia%2Farticle%2Fview%2F68&usg=AOvVaw3SKLg7hFFYx8RcdAZAK9Nw&opi=89978449>
- Sari, Y., Lia, L., & Ramli, N. (2021). Efektifitas Peer Group Education Dan Penyuluhan Terhadap Peningkatan Pengetahuan Kesehatan Reproduksi Remaja Putri. *Journal of Healthcare Technology and Medicine*, 7(2), 566–580.
- Siti Fatima Assehro, N. M. (2023). The Relationship between Knowledge about Menstruation and Readiness to Face Menarche in Grade 5 Female Students at Muhammadiyah Elementary School Wirobrajan 3 Yogyakarta. *Menara Journal of Health Science*, 2(4), 527–536. <https://jurnal.iakmikudus.org/article/view/120/90>
- Sutjiato, M. (2022). Pengaruh pendidikan kesehatan reproduksi terhadap pengetahuan remaja di SMA Negeri 7 Manado. *J Kedokt Kom Tropik*, 10(2), 403–408. <https://ejournal.unsrat.ac.id/v3/index.php/JKKT/article/view/44876/40653>
- Tim Direktorat Sekolah Dasar. (2020). Buku Panduan Pelaksanaan Pendidikan Kesehatan Reproduksi di Sekolah Dasar. *Direktorat Jenderal PAUD, Pendidikan Dasar Dan Pendidikan Menengah Kementerian Pendidikan Dan Kebudayaan*, 1–94.

[https://ditpsd.kemdikbud.go.id/upload/filemanager/download/uks/PANDUAN KESPRO SD - FINAL 2020_compressed.pdf](https://ditpsd.kemdikbud.go.id/upload/filemanager/download/uks/PANDUAN_KESPRO_SD_FINAL_2020_compressed.pdf)

- Utami, A. S., & Fidora, I. (2021). Pengaruh Pendidikan Kesehatan Reproduksi Terhadap Tingkat Pengetahuan Remaja. *Jurnal Keperawatan Abdurrab*, 5(2), 73–82. <https://doi.org/10.36341/jka.v5i2.2221>
- World Health Organization. (2018). Seychelles 2018 Update. *Monitoring Progress on Universal Health Coverage and the Health-Related Sustainable Development Goals in the South- East Asia Region 2018*.
- Yurizali, B., Adhyka, N., & Aisyiah, I. K. (2024). Peran dukungan orang tua , guru , dan teman sejawat terhadap pengetahuan kesehatan reproduksi dan sikap terhadap penyakit menular seksual pada pelajar putri. 18(7), 887–894.