

EFFECTIVENESS OF REPRODUCTIVE HEALTH TRAINING FOR PEER EDUCATOR IN MUHAMMADIYAH MACANAN ELEMENTARY SCHOOL, NGEMPLAK, SLEMAN

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Abstract

Peer educator usually involve the use of certain group members to produce changes among other members in the same group. Peer education is often used to change the level of behavior in individuals by modifying a person's knowledge, attitudes, beliefs, or behavior. School age children are an age group that is very vulnerable to health problems especially reproductive health. Although the primary responsibility for health of school-age children is in the hands of parents, but schools have a large influence on influencing health, especially children's health. Empowering children to behave well through training in elementary schools is a strategic effort to obtain quality human beings. The aim of this study is to determine the effect of reproductive health training on the level of knowledge of peer educator. The design of the study was pre-experiment with one group pretest-posttest design. Samples were all grade III, IV and V elementary school students of Muhammadiyah Macanan elementary school, Ngemplak, Sleman. Subject were 19 female students. The researcher evaluated the knowledge of peer educator before and after reproductive health training. Data collection used a questionnaire. Data analysis used Paired t-test with $\alpha = 0.05$. The study on the knowledge of peer educator showed a value of $p = 0.000$, so it was concluded that there was a difference in knowledge of peer educator before and after participating in reproductive health training.

Keywords : reproductive health training, peer educator, knowledge

1. INTRODUCTION

Primary school age is often referred to as the intellectual period or the period of harmony in school. The age of primary school children is between 6-12 years. This period of schooling is relatively relative, children are more easily educated than before and after [1]. Data from the Central Bureau of Statistics in 2016, the number of girls aged 5-9 in Sleman was 41,875 people and the number of girls aged 10-14 years was 38,512 [2].

Physical changes in children who are headed for adolescence are marked by active reproductive periods. The reproductive period is the most important time for women that lasts 33 years. One sign of reproductive period is menarche, which means the first menstruation obtained by a woman [3].

Menarche or first menstruation usually occurs in women aged 12-16 years. Every woman has a different time to get a menarche or start the first time. At present there are women who experience menstruation for the first time at the age of 8 years, there are also at the age of 9-10 years and at most 60% of women experience menarche on average 12-15 years of age. This is influenced by several factors, including heredity, nation, climate, and environment [4].

The period of development of the age of school children is one of the stages of development when children are directed away from family groups and centered in the world of wider peer relations. School-age children will experience development from the age of the child to adolescence, which is characterized by physical changes in children before their teenage years. School-age children have the characteristics of fear of the physical nature of illness[5].

School-age children are an age group that is very vulnerable to health problems especially reproductive health. Although the primary responsibility for health of school-age children is in the hands of parents / guardians, but schools have a large influence on influencing public health, especially children's health.

The proposal of reproductive health education provided through schools is an interesting phenomenon. Schools as a place to prepare children to become members of the community, are now also required to provide reproductive health education in accordance with applicable norms [6].

2. METHODS

The design of the study is quasi-experiment, that is, a study by conducting experimental activities (experiments) which aims to determine the symptoms and effects that arise as a result of certain treatments [7]. The type of design of the one group pretest-posttest design is that the variable is measured / observed before being given treatment (pre-test) after which the treatment is carried out and after the treatment is carried out measurement / observation (post-test)[8].

Population of all grade III, IV and V elementary school students of Muhammadiyah Macanan elementary school, Ngemplak, Sleman. Sampling with quota sampling is taking a certain amount from the source population as a sample to study [9].

Subjects were 19 female students. Retrieving data with questionnaires. The research begins with the selection of 19 female students as peer educators who are in accordance with the inclusion criteria, namely having a soul leader, being intelligent and able to move other female students. Selected students are given reproductive health training. The researcher will evaluate knowledge before and after peer educators following reproductive health training. Data collection using questionnaires, data analysis using Paired t-test.

3. RESULTS AND DISCUSSION

The general characteristics of respondents can be seen in table 1 which shows that the distribution of respondents based on class is mostly in grade 5 which is 47.36%.

Table 1. Distribution of Respondents by Age

Age (years old)	n	%
8	2	10.53
9	8	42.11
10	5	26.32
11	4	21.05
Total	19	100.00

The general characteristics of respondents can be seen in table 2 which shows that the distribution of respondents based on age is mostly at the age of 8 years, namely 42.11%.

Table 2. Effect of Reproductive Equity Training on Peer Educator Knowledge Levels

Knowledge	Deficient	Sufficient	Satisfactory	Total	p-value
	n (%)	n (%)	n (%)	n (%)	
Pre	5 (26.32)	12 (63.16)	2 (10.53)	19 (100)	0.000
Post	2 (10.53)	6 (31.58)	11 (57.89)	19 (100)	

Based on **Table 2.**, it is known that before the Reproductive Health Training was held, most of the Peer educators had sufficient knowledge (63.16%). After the Reproductive Health Training was held, most of the Peer educators had good knowledge (69.4%). Using paired t-test, the value of $p = 0,000$ with $\alpha = 0.05$ is obtained so that $p < \alpha$, which means there is a difference in peer educator knowledge before and after participating in reproductive health training.

Based on **Table 2.**, it is known that after the Reproductive Health Training was held, most of the peer educators were in a better direction and showed that the training was effective. Changes in knowledge of female reproductive health training students have a passion for learning. The hope is that Peer educators are peer education for reproductive health for elementary school students. Peer education is a popular concept that refers to various approaches such as channels of communication, methodology, philosophy and strategy. The term 'peer education' refers to an understanding of something that stands equal to another, something that belongs to the same or with a simple word as peer education. The intended group is mainly groups of people categorized by age, class or status.

UNAIDS (1999), the term education refers to the development, training, or persuasion of educators given to certain groups. Or science which is the result of an educational process. In practice, peer education has been taken on various definitions and interpretations of who is peer group and what is called education (advocacy, counseling, facilitating discussion, drama, lectures, distributing materials, making referrals to services, providing support)[10].

Shoemaker et al (1998) and Flanagan et.al[10], peer education usually involves the use of certain group members to produce changes among other members in the same group. Peer education is often used to change the level of behavior in individuals by modifying a person's knowledge, attitudes, beliefs, or behavior. Peer education can also influence change at the group or community level by modifying norms and stimulating collective actions that lead to changes in programs and policies that exist in society.

Students who can become Peer educators have sat in classes III, IV and V who have excelled in class, have leadership character, are responsible, clean, have healthy behavior and have received reproductive health training.

According to Erikson, school-age children start from the age of 6-12 years at which time the child is compelled to complete the tasks he faces perfectly and produce certain works. At this age children must adjust to new rules in the school environment in addition to the environment in the family. Parents are no longer the only source of child identification[11].

So that efforts to introduce female reproductive health should be given training or health education. Health education is an effort that is planned to influence other people, individuals, groups or communities so that they can do as expected by health education actors [12], Healthy understanding according to WHO is a condition that is perfect both physically, mentally and socially not only free from illness or weakness. Understanding of Health according to Law No. 36 of 2009 is a healthy condition, both physically, mentally, spiritually and socially, which enables

everyone to live productively socially and economically. Reproduction means a process of human life in producing offspring for the preservation of his life. According to BKKBN (2001), the definition of reproductive health is physical, mental, and social welfare as a whole in all matters relating to the system and functions and processes of reproduction and not only conditions that are free of disease and disability[13].

Reproductive health education is provided with the aim that children have the right information about the reproductive system and processes and various factors that are around it. Children can behave and behave responsibly about the reproductive process with correct and proportional information from the right people. Reproductive health education or also can be called sex education is one way to reduce or prevent sex abuse, especially to prevent negative impacts that are not expected, such as unplanned pregnancies, sexually transmitted diseases, depression and feelings of sin [14].

According to Surtiretna (1997), reproductive health education seeks to provide knowledge about the function of reproductive organs by instilling moral ethics and religious teachings so that there is no abuse of these reproductive functions. The point is the formation of healthy reproductive behavior that is a state of physical health, psychology, social, which is associated with the functions and processes of the reproductive system [15]. In addition, students have a multi-community life so it is hoped that with healthy reproductive behavior, a peer educator can become a role model in various communities such as family, neighbors and peers.

4. CONCLUSION

In an effort to achieve child health, especially reproductive health in the school environment, strategies need to be included such as advocacy, social support, and empowerment or Empowerment empowerment for elementary school students to prepare for menarche for other students to form peer educators. The initial activity carried out was to provide reproductive health training, in this study effective reproductive health training to improve the level of reproductive health knowledge of peer educator in Muhammadiyah Macanan elementary school, Ngemplak Sleman.

The idea of forming a peer educator is the initial idea to respond to situations prone to reproductive health problems for children aged 6-12 years. The government program for reproductive health cadres in junior and senior high schools has formally formed peer educators. On the other hand, reproductive health cadres for elementary school students do not yet exist, so a peer educator was raised and responded by stakeholders to be developed and formalized.

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