

Traditional Balinese Youth Group to Improving Knowledge

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Traditional Balinese Youth Groups as Peer Educator to Improving Knowledge and Attitude Adolescents about Reproductive Health in South Denpasar

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ABSTRACT

The high level of pre-marital sexual behavior and marriage of children in Indonesia is caused by the lack of adolescent knowledge about reproductive health. Adolescents prefer to discuss with peers compared with parents and teachers. Health education activities by peers have been largely school-based, but still rarely involve teenagers in the community. The purpose of this study is to know the effectiveness of Traditional Balinese Youth Groups (*Sekaa Teruna Teruni / STT*) as peer educators to improve adolescent knowledge and attitude about reproductive health. The research method was conducted with One Group Pre-test Post-test design. Before the counseling, as many as 42 members of STT were trained by health professionals using module media. Furthermore, they provided counseling to 210 randomly selected adolescents from 14 region (*Banjar*) in South Denpasar. Counseling using booklet media. Pre-test and post-test knowledge and attitude about reproductive health are done by using questionnaire. The training of STT members on reproductive health showed an increase in knowledge (p-value = 0.000) and attitude (p-value = 0.000) RR 95% CI (1.651-4.415). After adolescence is given counseling by peer educators, there is increased knowledge (p-value = 0.000) and attitude (p-value = 0.000) RR 95% CI (2.575-4.217). The results show that *Sekaa Teruna Teruni* is very effective as peer educator of reproductive health. Next, there needs to be ongoing training for the empowerment of STT as peer educators in various health programs.

Keywords: Traditional Balinese Youth Groups, peer educators, knowledge, attitude, reproductive health

INTRODUCTION

Adolescence is often regarded as a bridge between childhood and adulthood where a number of significant changes occur in a relatively short time¹. Adolescents are residents in the age range of 10-19 years and youth of the age group of 15-24 years² According to the Regulation of the Minister of Health of the Republic of Indonesia No. 25 of 2014 adolescents are residents in the age range 10-18 years³. According to the National Family Planning Board of Indonesia (BKKBN), teenagers are young people, 10-24 years of age⁴.

In the world estimated number of adolescents 1.8 billion or one quarter of 7.3 billion world population. In developing countries, 50% of the population is under 18 years old⁵. In the Asia-Pacific region, teenagers account for 60% of the world's teen population or comprise 750 million teenagers aged 15 to 24⁶. Indonesia is a developing country with a high population of teenagers. The number of adolescents in Indonesia is 61.83 million people or about 24.53 percent of the 252.04 million population of Indonesia with male teenagers greater than women⁷. Bali as one of the provinces in Indonesia has a fairly high number of adolescents. By 2018 Bali Province has 10-24-year-olds as many as 893,920 people or 22.97% of the population in Bali is 3,890,757 people⁸.

Adolescence is a period of rapid growth and sexual maturation. At this time there is an acceleration of physical changes, cognitive, social, emotional and

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interpersonal changes. Teenagers have great curiosity, try and experiment. Teenagers seek to identify themselves, among others, their identity in the sexual field so that adolescents and sexual urges are interconnected and difficult to separate⁹⁻¹¹.

Every year in the world, about 15 million girls get married before the age of 18, and 90% of births for girls aged 15 to 19 years occur in marriage¹². In Indonesia, the prevalence of marriage in childhood has more than doubled¹⁴ the last three decades but is still one of the highest¹⁴ the East Asia and Pacific region. According to the National Social and Economic Survey (Susenas) conducted by the Central Bureau of Statistics (BPS) among married women aged 20-24 years, 25 percent married before the age of 18 years¹³.

Under age marriage may occur due to unwanted pregnancy resulting from premarital sexual intercourse¹⁴. Many factors that cause teens to have premarital sex that result in unwanted pregnancies include lack of knowledge and attitudes about reproductive and sexual health^{15,16}. In Indonesia, based on Indonesia Health Demographic Survey in 2012 it is found that adolescent knowledge about reproduction health is not adequate¹⁷. Young men and women discuss with most peers about reproductive health compared with parents and teachers¹⁸.

To improve adolescent knowledge about reproductive health, health education need⁵⁰ to be done. The well-known and effective method of health education in improving adolescent knowledge, attitudes, and attitudes about reproductive health and sexuality is the method of peer education¹⁹. In Indonesia, peer educator training has been largely based on schools or students at junior and senior high school levels but has not used much of the social organization of adolescents in the community. One of the social organization of youth development that grows and develops on the basis of social awareness and responsibility of society is *Sekaa Teruna* (*STT*). This collection or organization comes from, by, and for the community, especially the younger generation, both men and women in the village or adat communities.

MATERIAL AND METHOD

The research design by One Group pre-test Post-test method to measure the change of knowledge and attitude of adolescent about reproductive health before (pre-test) and after (post-test) is given counseling by

STT as a peer educator. A total of 42 members of STT came from 14 regions in Denpasar Pedungan area Bali was given 2 days training. Training materials on peer educators and reproductive health with training media using reproductive modules. Training was provided by health professional from Public Health Center IV South Denpasar.

The next stage, peer educators provide counseling to peers by using a media booklet that contains about adolescent growth, anatomy and physiology of adolescent reproductive organs, fertility and pregnancy, reproductive equipment maintenance, and premarital sexual intercourse and myths about health reproduction. One peer educator gives counseling to 5 people. The total number of teenagers given counseling as many as 210 people.

RESULTS

Table 1 Results of Differentiation Analysis of Peer Educator Knowledge

Reproduction Before and After Training

No		Before Training (n = 42)	After Training (n = 42)	
1.	Mean	24.14	28.31	
2.	Median	25.00	28.50	p value = 0.000
3.	Modus	26	29	(<0.05)
4.	Std Deviation	2.455	1.405	
5.	Range	10	6	
6.	Minimum	18	24	
7.	Maximum	28	30	

There is an increase in average scores of respondents' knowledge before and after training. Mean before training 24.14 to 28.31. Minimum value changed from 18 to 24 after training Maximum score obtained by respondents also increased from 28 to 30 after training. The result of T-test analysis found that there is a significant difference between pre-test and post-test with a p-value of 0.000 (<0.05) means that there is an influence of training to peer educator knowledge about reproduction health.

Table 2. Results of Differentiation Analysis of Peer Educator Attitudes toward Health

Reproduction Before and After training

No	Attitude	Favorable	Unfavorable	RR (95% CI)
1.	Before training (n = 42)	17 (40.5%)	25 (59.5%)	2,700 (1,651-4,415)
2	After training (n = 42)	27 (64.3%)	15 (35.7%)	P-value 0.001

Prior to the training, the value of favorable attitude amounted to 17 people (40.5%), which after training increased to 27 people (64.3%). From the results of chi-square test listed in table 3, the difference in attitude values before and after training with the p-value of 0.001 (<0.05), RR 95% CI (1.651-4.415) or in other words there is a significant effect of training on adolescent attitude about reproductive health.

Table 3. Distribution of Youth Characteristics

No	Respondent's Characteristics	Amount (n = 210)	%
1.	Age		
	a. Early adolescents (11-14 years old)	16	7.6
	b. Middle adolescence (15-17 years)	76	36.2
	c. Late adolescence (18-20 years)	118	56.2
2.	Education		
	a. Graduated from elementary school	27	12.9
	b. Graduated from junior high school	64	30.5
	c. Graduated from high school	103	49.0
	d. Graduated Higher Education	16	7.6
3.	Sex		
	a. Male	132	62.9
	b. Female	78	37.1

Based on table 3, most of the respondent age is in the age range of late adolescents of age between 18-20 years as much as 56.2%, the highest education is high school graduation as much as 49.0% and male sex as much as 62.9%.

Table 4. Youth Knowledge About Reproductive Health Before and After counseling by Peer Educators

No		Knowledge Before Counseling (n = 210)	Knowledge After Counseling (n = 210)
1.	Mean	16.85	18.20
2.	Median	17.00	18.00
3.	Mode	17	18
4.	Std Deviation	1.482	1.034
5.	Range	9	4
6.	Minimum	11	16
7.	Maximum	20	20

The Mean before training 16.85 to 18.20. Before paired t-test, the normality test with Kolmogorov Smirnov test is obtained $p\text{-value} < 0.05$ ($\alpha = 0.05$) so that the data is not normally distributed. Subsequent tests to determine the differences of knowledge before and after the counseling by peer educators conducted Wilcoxon test.

Table 5. Results Effect of Peer Educators' Counseling Analysis on Knowledge

Teens About Reproductive Health

No	Knowledge	Good	Enough		p value
1	Before Counseling (n = 210)	194 (92.4%)	16 (7.6%)	Negative ranks = 0 Positiv ranks = 16 Ties = 194	0.000 (< 0.05)
2.	After Counseling (n = 210)	210 (100%)	0		

Wilcoxon test results obtained the p-value of 0.000 (< 0.05) which means there are significant differences in knowledge before and after counseling.

Table 6. Results of the Peer Education Counselors' Analysis of Youth Attitudes

About Reproductive Health

No	Attitude	favorable	Unfavorable	RR (95% CI)	p-value
1.	Before counseling (n = 210)	101 (48.1%)	109 (51.9%)	3,295 (2,575-4,217)	0.000 (< 0.05)
2.	After counseling (n = 210)	145 (69%)	65 (31%)		

The result of chi-square test shows that there is the difference of attitude of adolescent before and after giving counseling by peer educator with $p\text{-value} 0.000$ (< 0.05), RR 95% CI (2,575-4.217). There is an increase in adolescent attitude that is favorable after being given counseling by peer educators.

DISCUSSION

The training of STT as a peer educator in the Working Area of Public Health Center IV South Denpasar shows the result there is an increase in average score of respondent knowledge before and after training. Training also enhances STT's attitude toward reproductive health. The results of this study are supported by research conducted by Adegbenro, Adeniyi, Oladepo (2006) which states that training improves knowledge and attitude towards reproductive health (20). Training health professionals has been shown to increase the knowledge and attitude of

adolescent girls about reproductive health²¹. Research on the empowerment of STT by providing training on reproductive health is also done in Bengkala Village, Buleleng Regency, Bali in 2016. Training provided to STTs who are deaf-mute can improve knowledge about reproductive health²². Reproductive health awareness programs can also improve adolescent knowledge, attitudes, and behavior about reproductive health²³.

Prior to the counseling by peer educators, the number of adolescents with a good knowledge level of 194 people (92.4%) increased to 210 (100%) after being given counseling. A total of 16 adolescents experienced an increase in knowledge from the level of knowledge enough to the level of knowledge either with an average score of 16 to 18 after being given counseling. In addition to knowledge, there is an increase in adolescent attitude is favorable after being given counseling by peer educators. Prior to the counseling, the number of favorable adolescents was 101 (48.1%), whereas after

counseling increased to 145 (69.0%). Although there are still teenagers with unfavorable attitudes, this research has shown there is an increase in adolescent knowledge and attitudes about reproductive health after being counseled by STT as peer educators.

Many studies have shown that peer educators can improve adolescent knowledge and attitudes about reproductive health^{24,25}. Peer education also shows its influence on improving health information in other social and age groups²⁶. A peer educator is someone who belongs to the group as the same member, but who receives training and special information so that this person can bring or main positive behavior change among group members²⁷. Peer educators can help raise awareness, provide accurate information, and help their friends develop skills to change behavior²⁸. The level of trust and comfort between peer educators and their groups facilitates a more open discussion of sensitive topics. Peer educators can act as role models of attitudes and behavior toward their peers^{29,30}.

STT as a social organization exist in Balinese society is a place of interaction between adolescent so that know each other and can influence each other. By getting to know each other then communication at the time of counseling about reproduction health can take place openly and the process of discussion run smoothly. According to the researchers, this condition that supports so STT effectively becomes peer educators for adolescents in the region/banjar area in Bali.

CONCLUSION

After training on reproductive health, peer educators' knowledge and attitudes have improved. Furthermore, *Sekaa Teruna Teruni* (STT) can play well as peer educators in giving counseling to adolescent peers about reproduction health. There is increasing knowledge and attitude of adolescent more favorable after given counseling. This shows that STT very effectively as peer educator related health reproduction health. Given there are still teenagers who have not favorable to reproductive health then still need to be counseling. Furthermore, to be able to increase the role of STT as peer educator hence need to do regular training.

Competing Interests: The authors declare that they have no competing interests

Ethical Clearance: Ethical clearance was obtained

from the University committee and respondent's approval.

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