

EFFECTIVENESS OF HEALTH COUNSELING USING VIDEO METHOD IN INCREASING KNOWLEDGE OF ADOLESCENTS REPRODUCTIVE HEALTH

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ABSTRACT

One of the problems faced by adolescents is a lack of knowledge about adolescent reproductive health, which will have an impact on the quality of life of adolescents as a development factor and their readiness to build a family. Around 32.1% of adolescent girls and 36.5% of adolescent boys aged 15-19 years started dating when they were not yet 15 years old. 0.7% of women aged 15-19 years and 4.5% of men aged 15-19 years have had premarital sexual relations. The reasons for premarital sexual relations were mostly out of curiosity or want to know (57.5% of men), it just happened (38% of women), and was forced by their partner (12.6% of women). This research aims to determine the influence of adolescent reproductive health counseling by providing videos on the knowledge of adolescents at the Kasih Allah Orphanage in Tulungagung. The research design used was pre-experiment using the one group pre-test and post-test design method. The population in this study was all adolescents at the Kasih Allah Tulungagung Orphanage, as many as 39 students. 39 adolescents met the inclusion criteria using total sampling techniques. The inclusion criteria in the study were adolescents aged 10 – 19 years, adolescents who came during data collection, and adolescents who were willing to be researched. Data analysis using Wilcoxon. Before being given counseling on adolescent reproductive health using video media, all respondents had the poor knowledge category, namely 28 respondents (71.8%), there was a significant difference in knowledge about adolescent reproductive health between before and after health education using video media with a significance value of 0.000 ($p < 0.05$). Adolescent Reproductive Health Counseling using video media is effective in increasing the knowledge of adolescents at the Kasih Allah Tulungagung Orphanage.

Keyword: Adolescent Reproductive Health, Video Media, Knowledge, Adolescents

INTRODUCTION

Adolescents are known by the words adolescent (in Latin) or adolescence (in English), which means growing towards maturity. The maturity referred to is not only physical maturity but also social and psychological. According to Wirenviona (2020), Adolescence is a transition period from childhood to adulthood, where the individual experiences changes in cognitive (knowledge), emotional (feelings), social (interaction), and moral (morals) aspects. According to the World Health Organization (WHO), those aged 10-19 years are included in the adolescent group, and demographically the adolescent group is divided into the 10-14 year age group and the 15-19 year age group. The development of adolescents is very vulnerable and full of risks, so good personal health is needed. The current condition of adolescents cannot be separated from many challenges in facing prosperous reproductive health. Several problems threaten adolescents, especially those related to reproductive health, which will impact their quality as a development factor and their readiness to build a family. Reproductive health is defined as complete physical, mental, and social well-being, not merely free from disease or disability in all matters relating to the reproductive system, its functions, and processes.

The survey conducted by WHO with good and correct information can reduce adolescent problems, one of which is regarding reproductive health in adolescents, almost one-fifth or around 17.5% of the world's population are adolescents (people aged 10-19 years). Meanwhile, in developing countries, this group has a higher proportion of around 23% (WHO, 2012). Based on the results of the 2012 SDKI KRR survey, (Johariyah Afifah & Mariati Titik, 2018) it was stated that adolescents' knowledge about reproductive health is still relatively low. There are

4.7% of adolescent girls who do not know about their physical changes during puberty, while the figure for adolescent boys is still higher, namely 11.1% (BPS, 2012). Around 32.1% of adolescent girls and 36.5% of adolescent boys aged 15-19 years started dating when they were not yet 15 years old (SDKI 2012). 0.7% of women aged 15-19 years and 4.5% of men aged 15-19 years have had premarital sexual relations. The reasons for premarital sexual relations were mostly out of curiosity or want to know (57.5% of men), it just happened (38% of women) and was forced by their partner (12.6% of women) (SDKI 2012). This evidence reflects adolescents' lack of understanding about healthy living skills, the risks of sexual relationships, and the ability to reject relationships they do not want.

Adolescents' understanding of reproductive health can be caused by limited access and information regarding sexuality and reproductive health for adolescents. This is 'understandable' because society generally still considers sexuality to be something taboo and not to be discussed openly. Parents are usually reluctant to explain sexuality and reproductive issues to their adolescents, while adolescents also tend to be embarrassed to ask their parents openly. Even if there are parents or teachers at school who want to explain to their children, they are often confused about how and what to explain. This unhealthy behavior can cause reproductive health problems such as unwanted pregnancy, abortion, and sexually transmitted infections. If a adolescent girl experiences pregnancy, various health problems can arise, such as bleeding, preeclampsia, Low Birth Weight (LBW), infections, and can even cause the death of the mother and baby due to complications that occur due to the mother's too young age and psychosocial unpreparedness.

To overcome reproductive health problems in adolescents, efforts are needed to improve adolescent reproductive health by providing information and knowledge to adolescents. The aim of providing health education about Adolescent Reproductive Health (KRR) is to provide information and facts to adolescents so that they have sufficient knowledge to make decisions regarding actions to be taken that adolescents' knowledge and understanding of reproductive health which is still low can increase and the sex rate, free, HIV/AIDS/STDs, unwanted pregnancy, and abortion among adolescents have decreased.

METHODOLOGY

The research design used in this research is an experiment using the one-group pre-test and post-test design method. The population in this study was all adolescents at the Kasih Allah Tulungagung Orphanage, as many as 39 students. 39 adolescents met the inclusion criteria using total sampling techniques. The inclusion criteria in this study were adolescents aged 10 – 19 years, adolescents who came during data collection, and adolescents who were willing to be researched. Health education in this research used video media which contained information about adolescent reproductive health. Data were collected using a questionnaire on adolescent knowledge about adolescent reproductive health. Respondents were asked to fill out a questionnaire regarding knowledge of adolescent reproductive health before and after being given health education. The material regarding knowledge of adolescent reproductive health was created by the researchers themselves and has been tested for validity and reliability with a Cronbach Alpha value of 0.954, with an assessment that if the respondent answers correctly, the score is 2 (two), if the respondent answers incorrectly, the score is 0 (zero). For assessing the level of knowledge in the "Good" category if the value is $\geq 75\%$, the level of knowledge in the "Enough" category if the value is 56-74% and the level of knowledge in the "Poor" category if the value is $< 55\%$. The data analysis used was Wilcoxon.

This research has gone through the stages of the Health Research Ethics Commission (KEPK) STIKES RS Baptis Kediri 065/24/XI/EC/KEPK-3/STIKES RSBK/2023

RESULTS AND DISCUSSION

Table 1. Frequency distribution of respondent characteristics on the influence of adolescent reproductive health education by providing videos on adolescent knowledge at the Kasih Allah Orphanage in Tulungagung (n=39)

No	Characteristics	Frequency	Percentage (%)
A. Data Anak			
1	Sex		
	Man	19	48.7
	Woman	20	51.3
	TOTAL	39	100
2	Age		
	10 – 13 years (<i>early adolescence</i>)	9	23.1
	14 – 17 years (<i>middle adolescence</i>)	24	61.5
	18 – 21 years (<i>late adolescence</i>)	6	15.4
	TOTAL	39	100
3	Resources		
	Never received any information	15	38.5
	I have already received information	24	61.5
	TOTAL	39	100

Based on Table 1, it is known that the majority of respondents were female with a total of 20 respondents (51.3%) while 19 respondents (49.7%) were male. In the respondent data based on age, respondents aged 10 - 13 years (early adolescence) were 9 respondents (23.1%). For respondents aged 14 - 17 years (middle adolescence), there were 24 respondents (61.5%), aged 18 - 21 years (late adolescence) there were 6 respondents (15.4%). In the respondent data based on information sources, respondents who had never received information were 15 respondents (38.5%). For respondents who had received information, there were 24 respondents (61.5%).

Table 2. Knowledge of Adolescent Reproductive Health before Giving Videos at the Kasih Allah Tulungagung Orphanage (n=39)

No.	Knowledge of Adolescent Reproductive Health before Giving Video	Frequency	Percentage
1.	Not enough	28	71.8%
2.	Enough	11	28.2%
3.	Good	0	0%
	Total	39	100.0%

Based on Table 2, it can be seen that before being given a video about adolescent reproductive health, almost all respondents had a lack of knowledge category, namely 28 respondents (71.8%).

Table 3. Knowledge of Adolescent Reproductive Health after Providing Videos at the Kasih Allah Orphanage in Tulungagung (n=39)

No	Knowledge of Adolescent Reproductive Health after Giving Videos	Frequency	Percentage
1.	Not enough	6	15.4%
2.	Enough	11	28.2%
3.	Good	22	56.4%
Total		39	100.0%

From Table 3 it can be seen that after being given a video about adolescent reproductive health, the majority of respondents had good knowledge, namely 22 respondents (56.4%), 11 respondents (28.2%) had sufficient knowledge and 6 respondents (15.4%) had insufficient knowledge.

Table 4. The Influence of Adolescent Reproductive Health Counseling by Providing Videos on the Knowledge of Adolescents at the Kasih Allah Orphanage in Tulungagung (n=39).

No	Knowledge	Frequency		Percentage	
		Before	After	Before	After
1.	Not enough	28	6	71.8%	15.4%
2.	Enough	11	11	28.2%	28.2%
3.	Good	0	22	0%	56.4%
Total		39	39	100%	100%

Wilcoxon Signed Rank Test

Statistic test

p = 0,000

Z = -5.023

From Table 4, it can be seen that before being given the video about adolescent reproductive health, almost all respondents had insufficient knowledge, namely 28 respondents (71.8%) and 11 respondents (28.2%) had sufficient knowledge. After being given a video about adolescent reproductive health, the majority of respondents had good knowledge, namely 22 respondents (56.4%), 11 respondents (28.2%) had sufficient knowledge and 6 respondents (15.4%) had poor knowledge.

Table 5. Results of the Wilcoxon Statistical Test regarding the Effect of Adolescent Reproductive Health Counseling by Providing Videos on the Knowledge of Adolescents at the Kasih Allah Orphanage in Tulungagung.

Knowledge of Adolescent Reproductive Health	Ranks	<i>Wilcoxon Signed Rank Test</i>		
		N	Mean Rank	Sum Of Ranks
Adolescent Knowledge before	<i>Negative Rank</i>	0	0.00	0.00
- Adolescent Knowledge after	<i>Positive Rank</i>	31	16.00	496.00
	<i>Ties</i>	8		
TOTAL		59		

Test Statistics

Adolescent Knowledge before – Adolescent Knowledge after	
Z	-5.023 ^b
Asymp. Sig. (2-tailed)	.000

From the Wilcoxon Signed Ranks Test table, the total data used was 39 respondents. In the negative ranks column, the negative difference between the pre-test and post-test results is 0.00; both in the N value, Mean Rank, and Sum Rank, this shows that there was no decrease in the respondent's knowledge value after being given counseling about adolescent reproductive health using video media. Furthermore, for the positive difference between the pre-test and post-test results, there were 31 positive data (N), which can be interpreted as 31 respondents experiencing an increase in the value of the results from providing counseling about adolescent reproductive health using video media. With an average increase of 16.00 while the sum of ranks is 496.00. For the ties value, there is a similarity in the pre-test and post-test results with a ties value of 8. It can be said that there is the same value between the pre-test and post-test

Based on table 5, shows a comparison of knowledge before and after counseling about adolescent reproductive health using video media. There were no respondents whose knowledge after counseling was lower than before counseling, 8 respondents remained the same, and 31 respondents had better knowledge than before counseling. The test statistics section shows the results of the Wilcoxon test, with a significance value of 0.000 ($p < 0.05$), thus it can be concluded that there is a significant difference in knowledge about adolescent reproductive health between before health education using video media and after health education using video media.

DISCUSSION

Based on the results of research related to adolescent knowledge about adolescent reproductive health with 39 respondents, it is known that before being given a video about adolescent reproductive health, almost all respondents had a lack of knowledge category, namely 28 respondents (71.8%) and 11 respondents (28.2%) have sufficient knowledge.

Reproductive health is a condition where adolescents are socially, physically, and mentally healthy, which is related to the reproductive system, reproductive function, and reproductive roles of adolescents. Knowledge about reproductive health must be known from an early age, especially by adolescents. Because adolescents also have basic rights regarding their reproductive health. Many factors influence reproductive health in adolescents. These factors are the appropriateness of sexual relations among adolescents, the methods taken to achieve the fulfillment of sexual needs, how to access services and information related to sexual health and reproductive health of adolescents, the degree of behavior that is influenced by the level of knowledge, the influence of society and culture. deviations, as well as how to control fertility effectively. Sexual behavior in adolescents is influenced by many factors. Knowledge is part of the individual factors that influence adolescent sexual behavior (Ningsih et al., 2021). Correct sexual knowledge will lead adolescents towards rational and responsible sexual behavior and can help them make important personal decisions related to sexuality so that they can avoid reproductive health problems (Ernawati, 2018)

Based on the results of research that has been carried out, it is known that before being given a video about adolescent reproductive health, almost all respondents had a lack of knowledge category, namely 28 respondents (71.8%). Lack of knowledge among teenagers about their reproductive health can hurt the teenagers themselves and even their environment. It is known that there is a lack of knowledge about adolescent reproductive health before being given counseling, more often at the age of 14 - 17 years (middle adolescence), namely 17 respondents (43.6%). According to researchers, in middle age (middle adolescence), teenagers tend to want to seek their own identity, develop a desire to date the opposite sex and fantasize about sexual activity. Accompanied by the characteristics of teenagers who want to know and

explore their abilities. So teenagers at this time tend to behave aggressively, characterized by excessive emotions in responding to an incident. Apart from this, teenagers tend to behave aggressively due to refusing to be treated like children and hoping to gain emotional freedom from their parents. Teenagers lack trust in adults so they try to act independently which often appears in the form of rejection. Adolescents need to increase their knowledge about reproductive health because if adolescents lack knowledge it will cause many problems. These problems usually start with premarital sexual behavior and lead to pregnancy and abortion. Therefore, there is a need for a deeper understanding of existing adolescent problems. From the research results, it was found that 15 respondents (38.5%) had never received any information. According to (Hapsari Anindya, 2019) factors that influence reproductive health can come from within (internal) or outside (external) and can also be a combination of the two. Internal factors, such as physical and mental health conditions, while external factors, such as the environment where socialization occurs or the environment that influences nutritional intake. Adolescents' health conditions must be properly maintained and paid attention to because the impact can be felt in the future. Providing correct information to teenagers about adolescent reproductive health, especially maturation by controlling emotions so that they do not make mistakes in acting, as well as the need for family and community support also really helps teenagers to behave positively so that teenagers' sexual and reproductive health can be well maintained.

The Influence of Adolescent Reproductive Health Counseling by Providing Videos on the Knowledge of Adolescents at the Kasih Allah Tulungagung Orphanage

Based on the research results, after being given a video about adolescent reproductive health, the majority of respondents had good knowledge, namely 22 respondents (56.4%), 11 respondents (28.2%) had sufficient knowledge and 6 respondents (15.4%) had poor knowledge. The results of the Wilcoxon test showed a significance of 0.000 ($p < 0.05$), where there was a significant difference in knowledge about adolescent reproductive health between before health education using video media and after health education using video media.

Adolescence is a transition period from childhood to adulthood, during which many changes occur, both physical and psychological changes (Ningsih et al., 2021). Adolescents have the right to receive information and the right to receive education regarding reproduction and sexuality. The information and education provided must encourage independence and self-confidence in adolescents, and provide knowledge so that they can make their own decisions regarding their reproduction and sexuality (Aisyaroh Noveri, 2020). If reproductive health knowledge is given from adolescence (an age that is synonymous with puberty), teenagers will grow and develop into a healthy and efficient generation. Teenagers often find it difficult to find appropriate information about reproductive health, giving rise to various perceptions that are not necessarily true. Knowledge about reproductive health is useful for teenagers to face the various physical, social, and psychological changes they experience. Apart from that, it helps teenagers maintain reproductive health and prevent problems resulting from negligence in maintaining reproductive health (Yarza et al., 2019)

Based on the research results, after being given a video about adolescent reproductive health, the majority of respondents had good knowledge, namely 22 respondents (56.4%), providing appropriate and correct knowledge to adolescents about the physical changes they experience is very important because when adolescents do not know insufficient knowledge, can have a negative impact on the future of the teenager. Teenagers who have knowledge will have more awareness in doing things based on their beliefs, compared to people who do not have knowledge, who can only imitate other people's actions. Therefore, a lack of knowledge about reproductive health and sexuality is one of the factors that can influence the occurrence

of unwanted pregnancies in teenagers (Suryoputro Antono et al., 2006). Wrong sexual knowledge can give birth to wrong perceptions about sexuality and will further encourage wrong sexual behavior with all its consequences.

There were 31 respondents who experienced an increase in the value of the results from providing counseling about adolescent reproductive health using video media. With an average increase of 16.00. According to researchers, reproductive health knowledge needs to be given from adolescence (an age that is synonymous with puberty) because during adolescence, many changes occur, both physical and psychological. One of the psychological changes experienced by adolescents is a change in intelligence (knowledge). Salam et al. (2016). By providing knowledge from the start, teenagers will be able to accept everything they get so that teenagers will grow and develop into a healthy and efficient generation. Knowledge about reproductive health is useful for teenagers to face the various physical, social, and psychological changes they experience. Apart from that, it helps teenagers maintain reproductive health and prevent problems resulting from negligence in maintaining reproductive health.

The educational media used in this research is video. According to (Putra et al., 2020b) good health promotion media is media that is able to provide information or health messages that are appropriate to the target's level of acceptance so that they are expected to be willing and able to change behavior to be in accordance with the message conveyed. The choice of video media chosen by researchers is a very good thing if given to teenagers because the videos contain interesting images and sounds, which can be used as a means of entertainment for teenagers so that learning does not feel monotonous. Apart from that, video learning media for teenagers can attract their attention so that the research carried out is more effective and conducive and fosters enthusiasm for teenagers' learning. This was proven by an increase in the pre-test and post-test results, there were 31 respondents who experienced an increase in the results of providing education about adolescent reproductive health using video media. With an average increase of 16.00, there were 8 respondents who had the same pretest and posttest scores and no respondents had a decrease in pretest and posttest scores. Apart from that, there is a significance of $p = 0.000$ ($p < 0.05$), where there is a significant difference in knowledge about adolescent reproductive health between before-health education using video media and after-health education using video media. Video media is very effective in providing educational information to teenagers about adolescent reproductive health so that teenagers can easily find the right information about reproductive health which can give rise to correct and appropriate perceptions about adolescent reproductive health.

CONCLUSION

1. Adolescents' knowledge before being given a video about adolescent reproductive health is in the poor knowledge category
2. There is a significant difference in knowledge about adolescent reproductive health between before health education using video media and after health education using video media

LIMITATIONS AND FUTURE DIRECTION

The researcher realizes that the preparation of this journal still has many shortcomings and weaknesses. Therefore, the researcher expects corrections in the form of constructive criticism and suggestions. The researcher hopes that this journal can be useful for readers and nursing.

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