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501, Manisha Building, 75-76, Nehru Place, New Delhi-110019
   Syahrir Pasinringi, Fridawaty Rivai

2. Cost Effective Analysis on the Implementation of Clinical Pathway in Anwar Makkatutu Hospital, Bantaeng District, South Sulawesi, Indonesia ......................................................... 1422
   Alimin Maidin Noer Bahry Noor, Fridawaty Rifai, Anwar Mallongi

3. Analysis of Inhibition Mechanism in Aluminum Corrosion Using Magnesium Citrate ........................................ 1428
   Tiurlina Siregar, Albaiti

4. The Analysis of Hearing Loss and Deafness of Elderly with Indonesia Version of Hearing Handicap Inventory for the Elderly-Screening (HHIE-S) ............................................................. 1434
   Richa Endah Pravesti Riskiana Djamin, Muhammad Fadjar Perkasa

5. Assessment of Lead Contamination on Aquatic Habitat and Street Snacks in Makassar Coastal Area, Indonesia ............................................................................................................. 1439
   Anwar Mallongi, Agus Bintara Birawida, Ruslan La An, Apollo Mattangang

6. The Effect of Ginger Soy Milk (Sulehe) Combination on Histopathology of Pancreas and Muscle of Mouse Model of Insulin Resistance .............................................................................. 1444
   Wiwik Handayani, Karyono Mintaroem, Sri Andarini, Diana Lyrawati, Achmad Rudijanto

7. The Effect of Plyometric and Resistance Training on Muscle Power, Strength, and Speed in Young Adolescent Soccer Players .................................................................................. 1450
   Saharuddin Ita, Tri Setyo Guntoro

8. Utilization of Extract Tailings and Cow Manure for Increasing of Soil Quality and Uptake of Micronutrients of Xanthosoma sagittifolium (L.) Schott on Sub Optimal Land of Wondama ............ 1456
   Bertha Mangallo, Sartji Taberima, Ishak Musaad

   Fadhilah Syamsuri, Mochammad Hatta, Rosdiana Natzir, Gemini Alam, Muhammad Nasrums Massi, Ressy Dwiyanti, Burhanuddin Bahar

10. Determinant Factors Analysis of PCC (Paracetamol, Caffein, Carisoprodol) Drug Abuse in Kendari City .................................................................................................................... 1466
    Yusuf Sabilu, Nur Malfianti, Hariati Lestari, Andi Faizal Fachlevy

11. Correlation between Work Duration of Gas Station Operators With Mucociliary Transport Time, Hair Pb Level, and Nasal Cytogram ........................................................................ 1472
    Riskiana Djamin, Novimaryana Drakel, Sutji Pratiwi Rahardjo, Abdul Qadar Punagi, Idham Jaya Ganda, Mansyur Arief, Amira Trini Raihanah
12. Frangipani Aromatherapy Oil in the Massage of Labor First Stage Reduced Events Perineum Ruptur
Spontan at the Labor

Ni Gusti Kompiang Sriasih, Ni Wayan Ariyani, Juliana Mauliku, Ni Nyoman Budiani, Anwar Mallongi

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

Nengah Runiari, Ida Erni Sipahutar, Ni Nyoman Hartati, I Dewa Made Ruspawan, I Dewa Ayu Ketut Surinati, Suratiah Nengah Runiari

14. The Spatial Pattern and Risk Factors of Leprosy Occurrence in Barru, Indonesia

Anwar Mallongi, Handayani, Makmur Selomo, Anwar daud, Stang Abdul Rahman, Apollo Mattangang, Abdul Muhith

15. Analysis of Causes and Impacts of Early Marriage on Madurese Sumenep East Java Indonesia

Abdul Muhith, Arief Fardiansyah, M.H. Saputra, Nurmiyati

16. Working Position Improvement by Adding Supporting Tool Reduced Subjective Complains and Increase Productivity of Weavers in Tenganan Village Karangasem Regency

I W Merta, I G Sudarmanto, I G.A. Sri Dhyanaputri, I.A. Made Sri Arjani, Anwar Mallongi

17. The Influence of Media Booklet in Behavior Change of Waste Management In Elementary School Students, South Denpasar, Bali

Dewa Ayu Posmaningsih, Gusti Ayu Made Aryasih, Mochammad Choirul Hadi, Ni Made Marwati, Anwar Mallongi

18. Environmental Analysis Related to Pulmonary TB Incidence in Work Area of Puskesmas Kaluku Bodoa Makassar City

A Rizki Amelia Ridwan Amiruddin Arsunan A.A Burhanuddin Bahar, Sutrianingsi Hasnik, Sutji Prativi Rahardjo

19. Reduce Violent Behavior Schizophrenia: A New Approach Using LT (Laughing Therapy) and DRT (Deep Relaxation Therapy)

Muhammad Suhron, Faisal Amir

20. The Efficacy of Physiotherapy Combination Technique on Pain and Functional Independence of People with Lumbar Disc Herniation (Physiotherapy Combination Technique: A Conservative Treatment for Lumbar Disc Herniation)

Djohan Aras, Hasnia Ahmad

21. Effectiveness of Risk Reduction (RR) and Risk Avoidance (RA) Approach to Reduce Risk Behavior in the Senior High School Student in Denpasar City and Palangka Raya City

Ni Komang Yuni Rahyani, Asih Rusmani, Gusti Ayu Marhaeni, Ni Nyoman Suindri

22. Socio-Cultural and Behavioral Effects on the Incidence of Anemia in Pregnant Mothers

Ruslan Majid, Hartati Bahar, Nani Yuniar


Syarifah, Erna Mutiara, Sri Novita

24. Evidence of Rickettsia typhi in Rat Fleas of Various Habitat and the Potential Transmission of Murine Typhus in Banjarnegara, Central Java, Indonesia

Nova Pramestuti, Sitti Rahmah Umniyati, Budi Mulyaningsih, Dyah Widiastuti, Jarohman Raharjo
Traditional Balinese Youth Groups as Peer Educator to Improving Knowledge and Attitude Adolescents about Reproductive Health in South Denpasar

Nengah Runiari, Ida Erni Sipahutar, Ni Nyoman Hartati, I Dewa Made Ruspawan, I Dewa Ayu Ketut Surinati, Suratiah

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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 time. Adolescents are residents in the age range of 10-19 years and youth of the age group of 15-24 years. 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 years. According to the National Family Planning Board of Indonesia (BKKBN), teenagers are young people, 10-24 years of age.

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 old. In the Asia-Pacific region, teenagers account for 60% of the world’s teen population or comprise 750 million teenagers aged 15 to 24. 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 women. 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 people.

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

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 marriage. In Indonesia, the prevalence of marriage in childhood has more than doubled in the last three decades but is still one of the highest in 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 years.

Under age marriage may occur due to unwanted pregnancy resulting from premarital sexual intercourse. 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. In Indonesia, based on Indonesia Health Demographic Survey in 2012 it is found that adolescent knowledge about reproduction health is not adequate. Young men and women discuss with most peers about reproductive health compared with parents and teachers.

To improve adolescent knowledge about reproductive health, health education needs 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 education. 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 Teruni (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

<table>
<thead>
<tr>
<th>No</th>
<th>Before Training (n = 42)</th>
<th>After Training (n = 42)</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mean</td>
<td>24.14</td>
<td>28.31</td>
</tr>
<tr>
<td>2</td>
<td>Median</td>
<td>25.00</td>
<td>28.50</td>
</tr>
<tr>
<td>3</td>
<td>Modus</td>
<td>26</td>
<td>29</td>
</tr>
<tr>
<td>4</td>
<td>Std Deviation</td>
<td>2.455</td>
<td>1.405</td>
</tr>
<tr>
<td>5</td>
<td>Range</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>6</td>
<td>Minimum</td>
<td>18</td>
<td>24</td>
</tr>
<tr>
<td>7</td>
<td>Maximum</td>
<td>28</td>
<td>30</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>No</th>
<th>Attitude</th>
<th>Favorable</th>
<th>Unfavorable</th>
<th>RR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Before training (n = 42)</td>
<td>17 (40.5%)</td>
<td>25 (59.5%)</td>
<td>2.700 (1.651-4.415)</td>
</tr>
<tr>
<td>2.</td>
<td>After training (n = 42)</td>
<td>27 (64.3%)</td>
<td>15 (35.7%)</td>
<td>P-value 0.001</td>
</tr>
</tbody>
</table>

Prior to the training, the value of favorable attitude amounted to 17 people (40.5%), while 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

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

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

<table>
<thead>
<tr>
<th>No</th>
<th>Knowledge Before Counseling (n = 210)</th>
<th>Knowledge After Counseling (n = 210)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Mean 16.85</td>
<td>18.20</td>
</tr>
<tr>
<td>2.</td>
<td>Median 17.00</td>
<td>18.00</td>
</tr>
<tr>
<td>3.</td>
<td>Mode 17</td>
<td>18</td>
</tr>
<tr>
<td>4.</td>
<td>Std Deviation 1.482</td>
<td>1.034</td>
</tr>
<tr>
<td>5.</td>
<td>Range 9</td>
<td>4</td>
</tr>
<tr>
<td>6.</td>
<td>Minimum 11</td>
<td>16</td>
</tr>
<tr>
<td>7.</td>
<td>Maximum 20</td>
<td>20</td>
</tr>
</tbody>
</table>
The mean before training 16.85 to 18.20. Before paired t-test, the normality test with Kolmogorov Smirnov test is obtained p-value <0.05 (α = 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

<table>
<thead>
<tr>
<th>No</th>
<th>Knowledge</th>
<th>Good</th>
<th>Enough</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Before Counseling (n = 210)</td>
<td>194 (92.4%)</td>
<td>16 (7.6%)</td>
<td>Negative ranks = 0 Positiv ranks = 16</td>
</tr>
<tr>
<td>2</td>
<td>After Counseling (n = 210)</td>
<td>210 (100%)</td>
<td>0</td>
<td>Ties = 194</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>No</th>
<th>Attitude</th>
<th>favorable</th>
<th>Unfavorable</th>
<th>RR (95% CI)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Before counseling (n = 210)</td>
<td>101 (48.1%)</td>
<td>109 (51.9%)</td>
<td>3.295 (2,575-4.217)</td>
<td>0.000 (&lt;0.05)</td>
</tr>
<tr>
<td>2</td>
<td>After counseling (n = 210)</td>
<td>145 (69%)</td>
<td>65 (31%)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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-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 by health professionals has been shown to increase the knowledge and attitude of adolescent girls about reproductive health. 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 health. Reproductive health awareness programs can also improve adolescent knowledge, attitudes, and behavior about reproductive health.

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. Peer education also shows its influence on improving health information in other social and age groups. 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 maintain positive behavior change among group members. Peer educators can help raise awareness, provide accurate information, and help their friends develop skills to change behavior. 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. 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.

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<td>Print+Online</td>
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<tr>
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<td>Online Only</td>
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<td>INR 7000</td>
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<tr>
<td></td>
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