

Counseling evaluation of adolescent reproductive health in private junior high school

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Abstract:The problem of adolescents should get serious attention and focus on directing adolescents to a more positive direction, which focuses on creating a system to deal with delinquency among adolescents. The type of research used in this research is the evaluation research (evaluation study). The adolescent reproductive health counseling program carried out is one of a series of Field Learning Practice Programs (PBL) conducted by the Department of Public Health, Universitas Negeri Malang. To evaluate the success of this activity, an evaluation was carried out containing the pretest, posttest, and rating questionnaire. The results of the evaluation showed that students who studied health increased from an average value of 41.47 to 90 after counseling. Based on the evaluation of the Adolescent Reproductive Health or called "Kesehatan Reproduksi Remaja" (KRR) counseling program through a questionnaire, an average score of 86.79 was obtained, which indicated that the Adolescent Reproductive Health Renewal Program was given according to a top category. Thus, it can be concluded that supporting good health will increase knowledge about adolescent health.

Keywords:Adolescents, Counseling, Reproductive health

Introduction

Adolescence is a transition from childhood to adulthood. An adolescent can no longer be regarded as a child, but s/he is still not mature enough to be considered an adult. S/he is looking for the lifestyle that is most suitable for her/him, and this is often done through trial and error despite going through many mistakes (1), (2). Adolescents' mistakes, however, often lead to worries and unpleasant feelings for the environment, even for his parents. On the contrary, the mistakes will only please their peers because they are still in the period of searching for an identity. The mistakes that lead to environmental resentment are often referred to as juvenile delinquency, a problem faced by society, which now increasingly widespread. Therefore, issues related to adolescents should get serious attention. Caregivers, on the other hand, should focus on directing adolescents to a more positive direction, which focuses on creating a system to deal with delinquency among adolescents.

Globally, 41% of 208 million pregnancies worldwide are unplanned. Based on the data released by WHO, 11% of the unplanned pregnancies came from adolescent girls aged 15-19 years old (3), (4). Basic Health Research (*Riskesmas*) in 2018 found that pregnancy at the age of below 15 years old mainly occurred in rural areas with a tiny proportion (0.03%) (5). Meanwhile, according to the same data, the proportion of pregnancies at the age of 15-19 years was 1.97%, with the percentage in rural areas being higher than in urban areas (6), (7).

The situation analysis conducted in Asrikaton Village, Pakis District, Malang Regency, showed that there were some cases of adolescent reproductive health emerging among early marriages caused by the lack of knowledge regarding adolescent reproductive health (KRR), particularly concerning the risk of diseases that arise due to early marriage. In Asrikaton Village, amounting to 59.5% of respondents admitted that there were early marriages in their block and another block. Additionally, 66.7% of the respondents agreed that there was a child marriage in their neighbourhood (8). Therefore, based on the background elucidated above, this research was conducted to evaluate the counseling activities on reproductive health in SMP PGRI Pakis.

Method

This research used an evaluativestudy. According to Notoatmodjo(9),the evaluative research designis conducted to assess a program that is currently running and completed. The results of this study are used for improvement andmore in-depth programs that will be carried out in the future.

The adolescent reproductive health counseling program carried out is one of a series of Field Learning Practice (PBL) programs conducted by the Department of Public Health, Universitas Negeri Malang. This activity was carried out at SMP PGRI Pakis. The participants of the counseling were all 60students ofSMP PGRI Pakis.

To rate the success of this activity, an evaluation was carried out, including 1) retesting, which was carried out through the provision of pretest questions about adolescents'reproductive health before the counseling activities were carried out. The retesting was performed to measure 'thestudents'initial knowledge. 2) Posttest, which wasdone through the administration of the questionnaire (questions) on adolescent reproductive health after the intervention counseling wasimplemented.

Besides using pretest and posttest questions, instruments in the form of assessment questionnaires were also used. The assessment questionnaire contained tenaspects of the assessment related to the implementation of adolescent reproductive health counseling programs in SMP PGRI Pakis. The assessment results from the questionnaire werethen collected and analyzed descriptively. After obtaining complete data and information, the authors continued totreat and analyze the received data.

Table 1. Category Scale

Category	Pretest Value
Very good	81-100
Good	61-80
Adequate	41-60
Poor	21-40
Very poor	0-20

Source: Arikunto (2010)

Results and Discussion

Adolescent Reproductive Health Counseling Program

After being given counseling for approximately 60 minutes, it wasexpected that: 1) the counseling can increase the knowledge of adolescents in Krajan Districtrelated to adolescent reproductive health and the risk of diseases that may occur due to early marriage; 2) the counseling can minimize the occurrence of early marriage inthe community; 3) adolescents can have a more in-depth understanding about adolescent health, which includes adolescent reproductive health, drugs, HIV-Aids, STDs, premarital pregnancy, and early marriage.

The materials delivered in the counseling were: 1) adolescent reproductive health; 2) drugs; 3) HIV-Aids; 4) STDs (sexually transmitted diseases); 5) unwanted pregnancy outside of marriage; and 6) early marriage. Furthermore, the materials were delivered by using video and PowerPoint presentations through the methods of lecture and question and answer. Since the counseling was carried out in a lecture, thus, a laptop, a screen, and an LCD projector were needed. The outreach processes, moreover, consist of 1) opening; 2) the provision of pretest; 3) explanation of the material; 4) the provision of a posttest; 5) closing.

Table 2. Description of Adolescent Reproductive Health Counseling Program at SMP PGRI Pakis

No	Description of activities	Method	Media	Duration
1	Preliminary a. Greeting b. Introduction c. Purpose explanation	Lecture	Oral	5 minutes
2	Implementation a. Materials explanation b. Question and answer	a. Lecture b. Discussion c. Question and answer	a. Presentation slides	30 minutes

No	Description of activities	Method	Media	Duration
3	Closing	Lecture	Oral	30 minutes
	a. General evaluation			
	b. Greeting			

Health education through counseling is required to improve the respondents' knowledge. Health education on adolescent reproductive health was carried out effectively and efficiently, given both visual and audiovisual media usage helped to ease the activities so that the knowledge will be easily remembered. The methods in accordance with Notoatmodjo(10) who explained that knowledge is the result of thought that happens after people have sensed through the five human senses, namely the senses of sight, hearing, smell, taste, and touch. Some human knowledge is obtained through the eyes and ears. Cognitive knowledge is a critical domain in the form of actions of someone (overt behavior). In other words, it can be implied that overt behavior is based on knowledge(11).

The results achieved

The work program in the form of adolescent reproductive health counseling conducted at SMP PGRI Pakis Malang Regency was carried out on October 20, 2016, at 07.00-09.00 a.m., targeting all students at SMP PGRI Pakis. The counseling activity began with self-introduction and the conveyance of the purposes and a series of activities. After that, students were asked to fill in the pretest sheet before entering the core. The primary event was adolescent reproductive health counseling. After the presentation, the counseling material was continued with the question-and-answer session. After the activities had been completed, students were asked to fill out a posttest sheet and an evaluation sheet.

Table 3. Plan for Action Adolescent Reproductive Health Counseling Program in SMP PGRI Pakis

Stages in the Program	Discussion in Stages	Target/ Stakeholder	Time		Facilities and Target	Monitoring and Evaluation	
			Date	Time		Method	Instrument
a.Preparation	1) Permission asking SMP PGRI Pakis	The school boards, including the principals and the teachers	October 15, 2016	08:00 to 09:00 WIB	Cover letter from the Faculty of Sports Science	observation	Checklist
	2) Preparation of counseling material	-	October 15-16	08:00 to 13:00 WIB	a) Laptop b) Printer c) Stationery d) Relevant references	observation	Checklist
	3) Preparation of pretest and posttest questionnaires, participant attendance list, and evaluation sheet of extension activities	-	October 15-16	08:00 to 13:00 WIB	a) Laptop b) Printer c) Stationery d) Relevant references	observation	Checklist
	4) Preparation of activity banners	Banner Printing	October 15-16	08:00 to 13:00	a) Banner design is ready to print	observation	Checklist

Stages in the Program	Discussion in Stages	Target/ Stakeholder	Time		Facilities and Target	Monitoring and Evaluation	
			Date	Time		Method	Instrument
	5) Preparation of the consumption for participants	Cake Shop	October 19, 2016	WIB 08:00 to 13:00 WIB	a) Cake menu for consumption	observation	Checklist
b. Implementation	1) Preparation at school	-	October 20, 2016	06:00 – 07:00 WIB	a) consumption b) Stationery c) Laptops d) LCD projector	observation	Checklist
	2) Opening	All 60 SMP PGRI Pakis students	October 20, 2016	07:00 – 07:05 WIB	e) Banners f) List of attendees	observation	Checklist
	3) Pretest	All 60 SMP PGRI Pakis students	20 October 2016	07:05 – 07:15 WIB	g) Extension materials	Test	Pretest questions
	4) Submission of Materials	All 60 SMP PGRI Pakis students	20 October 2016	07:15 – 08:00 WIB	h) Problem pretest and posttest and activity evaluation sheet	Questionnaire	Activity evaluation sheet
	5) Question and Answer	All 60 SMP PGRI Pakis students	20 October 2016	08:00 – 08:30 WIB	i) Microphone and sound system j) Camera	Questionnaire	Activity evaluation sheet
	6) Posttest	All 60 SMP PGRI Pakis students	20 October 2016	08:30 – 08:40 WIB		Test	Posttest questions and activity evaluation sheets
	7) Closing and sharing photos	All 60 SMP PGRI Pakis students	20 October 2016	08:40 – 09:00 WIB		observation	Checklist

The implementation of the work program of adolescent reproductive health counseling in SMP PGRI Pakis can be seen in table 4.

Table 4. Results of Pretest and Posttest Value of Adolescent Reproductive Health Counseling Program in SMP PGRI Pakis

	Mean value	Category
Pretest	41.47	Adequate
Posttest	90	Very good

Based on the pretest and posttest that had been done to test the students' knowledge about adolescent reproductive health, the average value of the pretest 41.47 with adequate category. The average value of the posttest score, moreover, was 90, which belonged to the outstanding group. In other words, it can be implied that the knowledge of students about adolescent reproductive health increased from an average value of 41.47 to 90 after doing the counseling.

Health education given to the respondents increased their knowledge. Questionnaire as one of the research instruments in this study was further used to find out more about the changes found in the respondents related to adolescent reproductive health. Furthermore, the questionnaires were given before the counseling, as the pretest, and as the posttest. The results of these tests further determined the change in the 'respondents' knowledge. Regarding this matter, Notoatmodjo (10) and Nash et al. (5) argued that the measurement of knowledge could be done by interview or questionnaire asking about the contents of the material to the research subjects or respondents. Moreover, the results of this study are following research conducted by Buzarudina (12) and De Silva et al. (13) on the Effectiveness of Adolescent Reproductive Health Counseling on the Level of Knowledge of SMAN 6 Students in Pontianak Timur District in 2013.

From the results of the Wilcoxon test, this study found a significance value (sig) of 0,000 ($p < 0.05$), which indicated that there was a significant difference between the score before counseling with the score after counseling. Thus, it can be argued that adequate health education improves students' knowledge on adolescent reproductive health. Additionally, counseling is better carried out continuously and is packaged more attractively by health workers, educational institutions, and by the general public formally and informally.

Resistance

Adolescent reproductive health counseling program encountered several obstacles, such as lack of school attendance, which in this case was SMP PGRI Pakis, during the program. As a consequence, the number of participants did not match with the quota that had been set previously. The evaluation results of the assessments conducted by the participants in the extension materials can be seen in Table 5.

Table 5. The evaluation results of the assessments conducted by the participants

No	Rated aspect	Maximum Value	Mean Value Obtained
1	Site preparation	5	4.17
2	Media & audio visual preparation	5	4.55
3	The counseling's primary objectives delivery	5	4.55
4	The clarity of the material delivery	20	17.83
5	Punctuality	5	4.34
6	The ability to understand questions	10	8.55
7	The ability to understand questions	10	8.66
8	Accuracy in answering questions	20	17.07
9	The ability to actively encourage discussion	10	8.41
10	The ability to conclude the results of counseling	10	8.66
Total		100	86.79

Based on the evaluation of the adolescent reproductive health counseling program through a questionnaire, an average rating of 86.79 was obtained, which showed that the counseling program provided was included in the outstanding category.

The effectiveness of counseling is determined by several factors, including extension factors, target factors, and process factors. Because the extension factors and the process factors in this study were the same, thus, the deciding factors in this study were only the target factors. Among others, the socioeconomic level of the respondents was too low that they did not pay much attention to the messages conveyed because they were more concerned with more urgent needs, beliefs, and customs that have been embedded that made it even more challenging to change (9).

Conclusion

The evaluation of this program can be said to success because students now know about adolescent reproductive health. The conclusion is made from the comparison of the posttest and the pretest

results. In other words, it can be proven that supporting good health increases knowledge about adolescent health.

Suggestion

Various health promotion programs are currently being intensified by the government and other non-governmental organizations, considering that preventive measures are crucial to prevent the increase in sexually transmitted diseases. Various health empowerment programs are also essential as efforts to improve the quality of resources, including increasing the degree of health of both individuals and groups. The *PBL* implemented by the Department of Public Health, Universitas Negeri Malang also participates in donating various health promotion programs and health empowerment. The *PBL* program is expected to be carried out every year so that it can continue to contribute to improving community health status and monitoring programs that have been implemented previously. The program implemented in the future must be genuinely oriented to the problems faced by the community and to encourage more community participation in the program. Thus, the program can take place in the long term, and obstacles can be faced together.

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