



Contributing Factors for Male Student's Reproductive Health Practice in SMA Negeri 1 Kupang

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Abstract

Juvenile child is more prone to reproductive health problems such as pregnancy and giving birth in early age, unsafe abortion, sexually transmitted disease such as Human Immunodeficiency Virus, sexual abuse and rape. The incidence of reproduction health problems in juvenile was determined by knowledge, role of their parents, religious background and role of the school. The aim of this study was to analyze the contributing factors for the student's reproductive health practice in SMA Negeri 1 Kupang. This is an observational analytic study with cross sectional design. There were 99 samples in this study. This study was conducted in August 2020. The correlation between risk factors and the reproductive health practice was analyzed using the simple logistic regression. The result of this study showed that 52,5% had a poor reproduction health practice, there was a correlation with knowledge ($p=0.000$), role of their parents ($p=0.000$) and role of the school ($p=0.048$) with reproductive health, and there was no correlation between the attitude ($p=0.611$) and religious factors ($p=0.384$). Increase of Knowledge on the importance of maintaining a good reproduction health was needed so that these children may anticipate dangers of reproductive health by increasing the juvenile reproductive health information and counselling.

Keywords: Adolescent reproductive health; knowledge; role of parents; role of school; role of religious.

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1. Introduction

Adolescence is the most prone age for having reproductive health problem such as pregnancy, giving birth in early age, unsafe abortion, sexually transmitted disease (STD) such as Human Immunodeficiency Virus (HIV), sexual abuse and rape. Juvenile is also the transitional period before they become an adult, which means that they need guidance, so they go through this period without issues. According to World Health Organization (WHO), juvenile is a transitional period from children to adult with period starts from 10-19 years old, juvenile is a group of citizens with 10-18 years old. Reproductive health is a complete physical, mental and social condition, not merely in the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes [1]. Prior study conducted by Sahara Indonesia (2016) in [2] concluded that the insufficient knowledge and guidance on the reproductive health for juvenile has caused 72.9% unwanted pregnancy, 94.8% unsafe abortion, 5.2% abortion in health facility of health officer, 32.2% sexually transmitted disease (STD), 54.3% HIV infection and AIDS from 200,000 samples from all over Indonesia, and about 78.8% from 3.2 million of drug users in Indonesia. The Indonesian Keluarga Berencana Association in East Nusa Tenggara in 2017 acknowledged that 41% of 500 juvenile in Kupang city has had sex, 18.8% cases of HIV/AIDS, 318 sexually transmitted disease in juvenile with sexual orientation (Gay) who had a very low level of education about reproductive health, STD and HIV/AIDS. [3] said that the reproductive health problem in juvenile was driven by several factors such as the low level of education in prior to sexuality, religion also affects the juvenile sexual behavior, the fact showed that religion correlates with sexuality in which the higher is the child's religious character then the lower will be the child's sexual behavior and vice versa, juvenile's characteristics or personality, family and external factors such as school and environment could also give us a prediction on the sexual activity of the children. According to the data from Kupang City Public Health Service, in which this study was located in the working area of Kupang City Public Health Service showed that there were 3 pregnant students, 1 of which was infected with sexually transmitted disease. In 2018, there was one junior high school student who was pregnant, and in 2019, there was one pregnant student who was getting pregnant by her own parents. This has raised a concern for the students' parents and the teachers. Juvenile reproductive health problem also needs to be concerned because it could transform into a lifestyle problem that would lead into free sex in the school, insufficient information about juvenile's reproductive health from their parents and teachers in prior to the limitation of knowledge about reproductive health, correlate negatively to their behavior [4]. In prior to these, juvenile tends to gather information from untrustworthy resources such as internet, movies, newspaper, television, and tabloids that contain pornography and also from their other friends within the same age [5]. Based on all of this information, the author of this study aimed to conduct a study to understand the contributing factors to the juvenile's reproductive health in SMA Negeri 1 Kupang.

2. Materials And Methods

This is an observational analytic study with cross-sectional design. This study was conducted in SMA Negeri 1 Kupang. This study was conducted in November 2021. There were 99 samples for this study. The risk factors studied were knowledge, attitude, parents' role, religion and school's role. The correlation of the risk factors with the reproductive health practice was analyzed using the simple Logistic Regression analysis.

3. Result

3.1. Characteristic of Samples

Characteristic of the respondents based on the age, sex and religion.

Table 1: Characteristics of Samples

Characteristics of Sample	Category	n	%
Age	Early Adolescence (10-12 y.o)	11	11,1
	Middle teens (13-15 y.o)	70	70,7
	Late teens (16-19 y.o)	18	18,2
Gender	Male	59	59,6
	Female	40	40,4
Agama	Christian Protestant	77	77,8
	Catholic	17	17,2
	Islam	3	3
	Hindu	2	2
	Buddha	0	0

Table 1. showed that most of the samples were middle juvenile which was 70.7% of the samples, most of the samples were male which was 59.6% of the samples, and most of the samples were Christian which was 77.8% of the samples.

3.2. Contributing Factors for the reproductive health practice

The contributing factors observed in this study was knowledge, attitude, parent’s role, religion and school’s role.

Table 2: Corelation between the independent variables with the reproductive health practice.

Dependent Variable	Category	n	%	
Reproductive Health Practice	Healthy	47	47,5	
	Poor	52	52,5	
Research variable	Category	n	%	P
Knowledge	Good (> 76%)	38	38,4	0,000
	Fair (66-75%)	44	44,4	
	Poor (< 65%)	17	17,2	
Attitude	Proper	42	42,4	0,611
	Doubt	40	40,4	
	Does not support	17	17,2	
Parent’s role	Very Role	33	33,3	0,000
	Enough Role	56	56,6	
	Less of a role	10	10,1	
Religion	High	56	56,5	0,384
	Moderate	36	36,4	
	Low	7	7,1	
School’s role	High	68	68,7	0,041
	Low	31	31,3	

Table 2. showed that 52.5% of the sample has had a poor reproductive health practice, 44.4% of the samples in the SMA Negeri 1 Kupang has a sufficient knowledge, 42.4% of the respondent responded positively for the establishment of proper reproductive health, 56.6% of the parents were considered to have a enough role, 56.5% of the students were having a high category religious role, and 68.7% of the students were having a high category school's role. The statistical analysis showed the p value was $p=0.000$ for knowledge, $p=0.000$ for parents' role, $p=0.041$ for school's role which showed that there was a correlation between these variables with the reproductive health practice, on the other hand, the p value for attitude was $p=0.611$, religious role $p=0.384$ which showed that there was no correlation between these variables and the reproductive health practice.

4. Conclusion

4.1. The correlation of knowledge with reproductive health practice

Knowledge is the result of curiosity from sensory process especially through the eye and ear for certain objects which served as an important domain for the establishment of behavior or open behavior, the result of human sensing or understanding of a person to an object through his 5 senses [6]. The result of this study showed that the adolescents in SMA Negeri 1 Kupang generally has a sufficient knowledge which will contribute to the efforts of maintaining their reproductive health. The information that these students obtained was a major contribution for the good or poor knowledge of the juvenile in prior to reproductive health, these information were mainly obtained from non-formal education sources which makes it susceptible for misunderstanding of the students in terms of good reproductive health. These non-formal education sources were friends of the same age, mass media, and other sources. The impact of insufficient formal education sources for the students created a wrong perception for the students in prior to maintain their reproductive health in proper manner. This study was similar with the prior study conducted by [7], which stated that students who had an insufficient knowledge was more likely to have sex at early age, which is in line with a theory that stated that human behavior is merely determined by their ability to think [8].

4.2. The correlation of attitude with reproductive health

Attitude is the tendency to react to something, either another person or a thing with like interest, not interested or apathetical. This means, that principally attitude might be considered as the tendency of the students to act in certain ways [9]. This study showed that adolescents tends to act based on the experiments of their friends with the same age, in which was not accountable most of the time in prior to their reproductive health practice. Most of the respondents supported healthy reproductive health practice, however due to the facts that most of their friend with the same age were having a bad reproductive health practice, they were then influenced by their friends which turns their reproductive health practice into a bad one. The factors that affect this was personal experience, influence from the other people, cultural influence, mass media, educational institution and religious institution [10]. A person which has been given an information about reproductive health would be able to determine what is good and what is not in socialization [11]. The result of this study was similar to the study done by [12] which stated that an absence of psychological experience tends to form a negative attitude or rejection to that objects. This was the reason why the respondents which doesn't have knowledge in prior to reproductive health before tends to have a negative attitude or rejection to the information given to them.

4.3. The Correlation Between Parent's Role to reproductive health practice

Parent as one of the source of correct and trustable information about the reproductive health for the juvenile [13] and also giving the basic religious education, creating warm and comfort household environment, and also give the understanding of what is considered to be a good and/or bad norm in the society [14]. The result of this study showed that 33.3% of the parents plays an important role in giving information and surveillance as the components for the establishment of proper reproductive health practice in juvenile, the reason for this was the low awareness of the parents in surveilling, knowing, and supporting their children's activity. The same reason was also proposed by [15], which stated that the higher the role of the parents to the child's environment then the tendency of them to do wrong sexual activity was also low, which means that the role of the parents was important in prior to the juvenile's sexual activity. Communication between parents and their children was very important in determining their adolescent's attitude. If a proper communication was able to be built, then the parents might be able to do surveillance and to control their child's environment [16]. [2] also stated that the prevalence of high-risk juvenile for sexual behavior were higher in children who had a bad communication with their parents compared to those who had a better communication. Adolescents usually feel uneasy to talk about their reproductive health and sexuality problem [17]. This was due to parents not being open to their children especially about sexual problem, which was considered as a taboo, and also their children not being open to them due to the children being afraid to ask [18].

4.4. The correlation of religion to the reproductive health practice

In the life of an individual, religion plays role as a system of value which contains of a certain norm and generally was referred for an attitude or behavior so that these attitude and behavior was proper due to their belief, and when someone hold a strong religious value then he will hold a strong faith and be obedient in controlling desires that were against the religious norms that they believed [14]. In this study, there was no significant correlation between reproductive health practice, there was 13.4% respondents with poor reproductive health practice and high-risk sexual behavior who admits that they will do lips kissing when they were dating, and 36.5% of the respondents will choose to do masturbation when their sexual urge was increasing. The result of this study was similar with hthe study from [19] which concluded that there was a very significant negative correlation between religion and adolescents' sexual attitude when they were dating, in which the highest the religious value the child holds, their sexual behavior would be more positive, and vice versa. This result was also similar with the result of a study done by [20] which concluded that religious factor was correlating either directly or indirectly to the pre-marriage sexual behavior of the juvenile in which the higher is the juvenile's religious status, the better will their sexual behavior be. This could be taken as a lesson that teaches us about the importance of religious education at an early age, we hoped that the children might obey religious values that strictly forbid pre-marriage sexual activity, so that we could prevent the incidence of poor reproductive health practice.

4.5. The correlation of the role of school to the reproductive health practice

School is a formal education institute which performs a systematic guidance, teaching, and practicing in

supporting the children so that they were able to expand their potential, either moral-spiritual, intellectual, emotional or social aspects. It also plays an important role in determining the character development of child, either in thinking, behaving and acting [16]. This study shows the majority of adolescents with a strong school role, this is supported by research conducted by [21] which says that the correlation between the role of schools in reproductive health education shows that the portion of teachers in providing reproductive health information to students is quite large. The role of the school is very important to note because at school students spend more time than in other places other than at home, at school it is necessary to provide information about adolescent reproductive health, the dangers of promiscuity and other juvenile delinquency [22]. Reproductive and sexual health education does not teach sexual relations among adolescents, but aims to make adolescents know and be responsible for themselves. Therefore, teachers do not need to hesitate in teaching reproductive health education to their students so that students become a generation that has spiritual intelligence and intellectual intelligence and avoid bad reproductive health practices.

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