

The effect of application of "Tentang Kita" module on the knowledge, attitude and motivation of peer educators at PIK-R IKIP Siliwangi, Cimahi City

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ABSTRACT

Teenagers who experience reproductive issues frequently get married young, engage in unsafe sexual behavior, and abuse drugs (WHO, 2020). Health education is one method midwives may help people with these issues. A reproductive health module called "Tentang Kita" has been created by BKKBN. This module's segmentative, peer-to-peer, and participatory/interactive features are its benefits. This study's objective was to ascertain how the "Tentang Kita" module's implementation affected the knowledge, attitudes, and motivation of peer educators at PIK-Remaja IKIP Siliwangi. Type of the research are quasi experimental with one group pre test-post test design. The sample of this study were 30 members of PIK-R IKIP Siiwangi. Data collection used questionnaires with intervention using "Tentang Kita" module. Data analysis was done univariate and bivariate with Wilcoxon test. The median knowledge before intervention was 62.5 while the median knowledge after intervention was 96. The median attitude before intervention was 74 while the median attitude value after intervention was 93. The median motivation before intervention is 77 while the median motivation after intervention is 95. Result of this study, there is an effect of the application of "Tentang Kita" module on the knowledge, attitudes and motivation of peer educators at PIK-R IKIP Siliwangi with a p value of 0.000. The use of the "Tentang Kita" module had an impact on peer educators' knowledge, attitudes, and motivation, according to the study's findings. It is advised that several parties, especially adolescents, PIK-R, and health centers as first-level medical facilities, should actively participate in reproductive health issues.

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INTRODUCTION

Reproductive problems that are often faced by adolescents (TRIAD KRR) are risks related to sexuality, namely early marriage, risky sex (unwanted pregnancy, abortion and sexually transmitted infections) and drug abuse (et al., 2021)(Miswanto, 2014)(Wibowo et al., 2019). Adolescents with

unhealthy behavior will experience disturbances in the tasks of growth and development, both socially and individually (Nurhazlina Mohd. Ariffin, 2021). There is another important issue to consider, as the poverty of sexual and reproductive health education means that women, especially young ones, are vulnerable to sexual violence and non-voluntary sexual encounters with all the detrimental effects it has on the lives of those affected. Therefore, sexual and reproductive health education must go hand in hand with formal academic education to empower women and free them from the barriers and taboos imposed by a patriarchal society and which threaten their lives with these health hazards (Hamdanieh et al., 2021).

Based on data from the Indonesian Ministry of Health (2020), the 3 provinces with the highest incidence of child marriage are West Java, East Java and Central Java where in 2018 in Indonesia women who married before the age of 18 are estimated to reach around 1,220,900 and this figure puts Indonesia in the 10 countries with the highest absolute number of child marriages in the world. In addition, the problem of risky sex is shown by the high rate of HIV AIDS in Indonesia (Populer et al., 2019)(Ria & Febriani, 2020). The number of HIV infections in Indonesia in 2019 was 50,582. The provinces with the most HIV cases were East Java, DKI Jakarta, and West Java, while for AIDS cases there were 7,036 with the provinces with the most AIDS cases being Central Java, Papua and East Java. Based on the age group classification, the number of reported HIV infections is 20-24 years old as much as 15.3% and 15-19 years old as much as 3% (Naully & Romlah, 2018)(KEMENKES RI, 2020).

The high number of HIV cases among adolescents also occurs in Cimahi city (Wisdyana & Setiowati, 2015). Based on data from the Cimahi City Health Office (2017), from 2007 to 2016 there were 290 HIV cases, the majority of which came from the lower middle class economy and were in the age range of 15-25 years (Naully & Romlah, 2018). According to Fitriani, Head of Promkes of Cimahi City Health Office in 2011 the spread of HIV/AIDS through free sexual behavior has increased by 23% from previous years (Wisdyana & Setiowati, 2015).

The complexity of health problems in adolescents, of course, requires comprehensive and integrated handling that involves all elements of the cross-program and related sectors (Utami et al., 2020)(Susanti et al., 2020)(Ruwayda & Izhar, 2021). One way to overcome adolescent reproductive health problems that can be done by midwives is through the provision of adolescent reproductive health education (Karundeng et al., 2015)(Aryantiningsih & Suryani, 2021). Therefore, BKKBN through the Directorate of Youth Resilience developed a segmentation module in an effort to provide provisions for PIK-Remaja to be able to be a confidant and be able to provide comprehensive material on future planning, life skills and reproductive health for their peers through the "Tentang Kita" program or module (BKKBN, 2021). The "Tentang Kita" module is a reproductive health module developed in an effort to strengthen the role of peers as Peer Educators and Peer Counselors in PIK-R as an implementation of the Peer To Peer Approach, where the substance is delivered by adolescents to adolescents in adolescent ways. "Tentang Kita" is the tagline because the essence of empowering teenagers as Peer Educators and Counselors in PIK-R is from teenagers, by teenagers and for teenagers. "Tentang Kita" because what is discussed and learned in PIK-R is about the body, feelings, future and life of "me" (Peer Educators and Counselors) and "you" (adolescent beneficiaries)(BKKBN, 2019).

RESEARCH METHOD

The type of research is quasi experimental research with the research design is one group pre test post test design. The sample of this study were 30 members of PIK-R IKIP Siiwangi. Sampling using purposive sampling. Knowledge variables were measured before and after treatment. Data collection using a questionnaire that has been tested for validity and reliability. The treatment given was the application of the "Tentang Kita" module. Differences in knowledge were analyzed using the Wilcoxon test. The research was conducted in December 2021 in Cimahi City. This research has passed the ethical approval of the Faculty of Health Sciences and Technology, Jenderal Achmad Yani

University, Cimahi. The implementation of this research was carried out by considering ethical aspects, namely, fairness, confidentiality and respect for the dignity of respondents.

RESULTS AND DISCUSSIONS

Knowledge Level of Peer Educators Before and After Implementation of "Tentang Kita" Module.

Table 1. Knowledge level of peer educators before and after the application of the "tentang kita" module

Level Knowledge	Pre-test (Before)		Post-test (After)	
	Σ	%	Σ	%
Good	11	97	29	37
Enough	14	3	1	47
Less	5	0	0	17
Total	30	100	30	100

Table 2. Frequency distribution of peer educators' knowledge level before and after the application of the "Tentang Kita" module

Knowledge	Min	Max	SD	Median	95% CI	P_Value
Before	29	93	16,13382	62,5	55,07 – 67,12	
After	68	100	8.45651	96	89,57 – 95,89	0,00

Based on table 4.2, the results showed that the median value of knowledge increased from before and after the application of the "Tentang Kita" module. The median value before module application was 62.5 (95% CI: 55.07 - 67.12) while the median value after module application was 96 (95% CI: 89.57 - 95.89). From the results of statistical tests using Wilcoxon, the p value is 0.000, thus it can be interpreted that H_a is accepted, which means that there is an influence between the application of the "Tentang Kita" module on the knowledge of PIK-R IKIP Siliwangi about reproductive health.

Attitudes of Peer Educators Before and After the Implementation of the "Tentang Kita" Module.

Table 3. Peer educators' attitudes before and after the application of the "tentang kita" module

Peer Educator Attitude	Pre-test (Before)		Post-test (After)	
	Σ	%	Σ	%
Negatif	0	0	0	0
Positif	30	100	30	100
Total	30	100	30	100

Based on the table above before the application of the "Tentang Kita" module, it can be seen that respondents who have a positive attitude towards reproductive health are 30 respondents (100%). The results of the analysis after the application of the "Tentang Kita" module showed that respondents who had a positive attitude towards reproductive health were 30 respondents (100%).

Table 4. Frequency distribution of peer educators' attitudes before and after the application of the "tentang kita" module

Attitude	Min	Max	SD	Median	95% CI	P value
Before	54	100	9,44531	74	71,07 – 78,12	
After	83	100	6,01349	93	90,85 – 95,34	0,00

Based on table 4.4, the results showed that the median attitude value increased from before and after the application of the "Tentang Kita" module. The median value before module application

is 74 (95% CI: 71.07 - 78.12) while the median value after module application is 93 (95% CI: 90.85 - 95.34). Based on the results of the study, the median value of attitude has increased from before and after the application of the "Tentang Kita" module. The median value before the application of the module is 74 (95% CI: 71.07 - 78.12) while the median value after the application of the module is 93 (95% CI: 90.85 - 95.34).

Motivation of Peer Educators Before and After Implementation of the "Tentang Kita" Module.

Table 5. Motivation of peer educators before and after the application of the "Tentang Kita" module

Motivation Level	<i>Pre-test (Before)</i>		<i>Post-test (After)</i>	
	Σ	%	Σ	%
Weak	0	0	0	0
Medium	7	23	0	0
High	23	77	30	100
Total	30	100	30	100

Based on table 4.5 before the application of the "Tentang Kita" module, it can be seen that respondents with strong motivation were 23 respondents (77%). After the application of the module, it can be seen that respondents with strong motivation were 30 respondents (100%).

Table 6. Frequency distribution of peer educators' motivation before and after the application of the "Tentang Kita" module

Motivation	Min	Max	SD	Median	95% CI	P value
Before	52	100	12,82616	77	71,01 - 80,58	0,00
After	86	100	4,68747	95	92,64 - 96,15	

Knowledge is the result of human sensing or the result of someone knowing objects through their senses such as eyes, nose, ears and so on. Knowledge is not something that already exists and others just have to accept it, but knowledge is a continuous formation by a person who at any time experiences the reorganization of new understandings. Another factor that influences the increase in adolescent knowledge is the process of delivering information through the application of the "Tentang Kita" module. This module has a peer to peer approach thinking strategy, which means the approach of This module is participatory and interactive, which means that this module prioritizes the involvement of adolescents in every learning process, adolescents are not just spectators or listeners, but become the main role in every learning process. So it can be concluded that peer group education is effective in increasing knowledge about reproductive health in adolescents. This is supported by research conducted by Sary (2021) that adolescent girls who were given peer group education were 1.5 times more effective in increasing reproductive health knowledge compared to adolescent girls who received counseling.

Based on the analysis of each question given to respondents before the application of the "Tentang Kita" module, the question about the process of pregnancy was the question with the least number of correct answers. 2 respondents filled in correctly for the question, while the other 28 were wrong in answering the question. From the results of the study, it can be seen that before the application of the "Tentang Kita" module, respondents still did not understand the process of pregnancy. This could be because there had never been any information about it before. The question about the maturity of marriage age was the question with the highest number of correct answers chosen by respondents. All respondents answered the question correctly regarding the maturity of the age of marriage.

The media used in this study are a combination of print and electronic media, print media such as the "Tentang Kita" module booklet and flipchart, while for electronic media, namely slide presentation. This is supported by the results of research conducted by Khoirun (2014) which states that the use of power points in health education is more effective than the use of leaflets, Kurnia (2021) says that the use of booklet media can increase a person's knowledge and according to Ardiani (2020) using flipchart media can increase a person's knowledge, because humans use their five senses to interact with their environment so that the media influences this interaction. The more senses used to receive a message, the easier the message is received or understood (Azinar & Fibriana, 2019).

Giving in an effective way is important to do so that adolescents have good knowledge about reproductive health so that adolescents can avoid risky behaviors and avoid the negative impact of reproductive health problems, because knowledge is related to adolescent risky sexual behavior. This is reinforced by the results of research conducted by Asriffudin (2018) which states that there is a relationship between reproductive health knowledge and premarital sexual behavior in adolescents, adolescents who have poor reproductive health knowledge have risky premarital sexual behavior. According to Damiaty (2017) attitude is an expression of a person's feelings that reflect his liking or dislike of an object. Attitude according to Allport has three main elements, namely beliefs, ideas and concepts to an object or emotional evaluation and a tendency to take an action (Agustina et al., 2021).

A good response to these three elements or components will result in a good attitude while an unfavorable response leads to a negative attitude, and if adolescents have a positive attitude towards reproductive health it can help these adolescents improve their health (Kashefi et al., 2021).

The results of the analysis after being given health education can be seen that respondents who have a positive attitude towards reproductive health are 30 respondents (100%). The changes that occur in the attitude variable are not too significant but there is an increase in positive attitudes towards reproductive health which is characterized by an increase in the median value as well as the results of statistical tests.

In the attitude change theory proposed by Carl Hovland that a person's attitude can be formed and changed through the communication process. In this study, the process of changing attitudes was carried out by means of a communication process with the application of the "Tentang Kita" module. This is supported by the results of research conducted by Fajar (2021) which states that before providing health education, the average attitude of respondents who were in the good category was 40% and after health education the attitude of respondents who were in the good category was 100%.

The difference in attitude scores before and after the application of the "Tentang Kita" module is not too significant because of the background of their membership in PIK-Remaja as a forum for providing information on reproductive health. The attitude questions in the questionnaire are about the issues of early marriage, reproductive health education at an early age, peer relationships, relationships with parents, contraceptives to stigma and discrimination.

In this study, the process of changing attitudes was also carried out through increasing knowledge by implementing the "Tentang Kita" module. Knowledge is one of the factors that influence the formation of a person's attitude. This is supported by the results of research conducted by Sari (2016) which states that if someone has good knowledge, they will have a good attitude too. Mc Donald in Sardiman (2014), defines motivation as a change in energy within (personal) someone characterized by the emergence of feelings or feelings and preceded by a response to a goal. According to Abraham Maslow, human behavior is strongly influenced by motivation and motivation can be increased by the communication process. Effective communication will tend to make it easier to motivate others which ultimately tends to increase their enthusiasm, passion, productivity, satisfaction and performance. In this study, the process of increasing motivation was carried out by applying the "Tentang Kita" module

In Abraham Maslow's theory of motivation, the highest level of human needs is the need for self-actualization. This need includes the need for social service or meditation. By way of self-actualization, a person is considered to be more valued. Someone will do services for others so as to make themselves more meaningful to many people. In this case, peer educators are those who are actualizing themselves through contributing to reproductive health issues. Increased motivation in this study is the result of a combination of intrinsic and extrinsic motivation. The respondent is a peer educator who joined PIK-R, this indicates that the respondent already has intrinsic motivation, but is reinforced by extrinsic motivation by environmental factors, in this study there were many discussions about reproductive health problems experienced by adolescents, as peer educators they felt called to be able to help contribute to this reproductive health issue..

CONCLUSION

The conclusion of this study is that there is an effect of the application of the "Tentang Kita" module on the knowledge, attitudes and motivation of peer educators. It is suggested that various parties should actively participate in reproductive health issues, especially adolescents, PIK-R and health centers as first-level health facilities.

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