Health Education

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Submission date: 17-Apr-2023 04:27AM (UTC+0700)
Submission ID: 2066208887
File name: rnal_Health_Education_based_Transteoritik_Models,ervi_sukesi.pdf (323.81K)
Word count: 4124
Character count: 22166

HEALTH EDUCATION BASED TRANSTHEORITIK MODEL IN HYGIENE GENETALIA BEHAVIOR EARLY ADOLESCENT GRADE VI AT AIRLANGGA PUBLIC ELEMENTARY SCHOOL I/198 SURABAYA

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ABSTRACT

Basic Health Research (RisKesDas) data in 2010 shows that the age of menarche at 16-12 years old is about 35,6% while at 13-15 years old is about 35,2%. As 75% of women experienced vaginal discharge during their lifetime and as 45% experienced it repeatedly. The cause of it happened is lack of knowledge about menstrual hygiene. This research has a purpose to explain about genital hygiene during menstruation for early teenage girls after being given education and counseling with Transtheoritical model approach.

The research design is Quasy experiment with 'Non-Equivalent Control Group'. The research population is early teenage girl student grade VI at SDN Airlangga I/198 Surabaya. Sampling technique is *Purposive Sampling* with 50 samples. Independent variable is the counseling about genital hygiene during menstruation period and Dependent Variable is behavior of the genital including hygiene genital knowledge and practice during menstruation period. Data Analysis is using *Wilcoxon Signed Rank* and *Mann-Whitney U* Test.

Analysis of *Wilcoxon Signed Rank* Test for knowledge with the value of p is obtained 0,00000 so Ho is rejected which means there are impacts of counseling with Transtheoritical Model Approach and for knowledge with the value of p is obtained 0,000. There are respondent behavior differences whom received counseling with Transtheoritical Model approach and non-Trans-theoritical Model approach with the value of p is 0,008 for knowledge and the value of p is 0,000 for practice in genital hygiene.

It is recommended to conduct counseling about genital hygiene during menstruation period continuously as an effort to reduce the risks of reproduction organ infection and disease.

Keywords: behavior, Transtheoritical Model, early teenage girl.

INTRODUCTION)

Teenagers are valuable human resources and assets that are the backbone of the generation in the future. The amount of this teen-age population is an opportunity and should not be a problem for the government. Adolescence time is a period of transition both physically, psychologically and socially from childhood to adulthood. Teen age limit according to WHO is the age of 12-24 years. Meanwhile, according to the Indonesian Department of Health the teen age limit is between 10-19 years and unmarried. (Widyastuti, 2008).

Menarche is the first period experience which is the signs of maturity of a healthy and non-pregnant woman(Mitayani & Sartika, 2010, p 75). Average menarche occurs at age 10-13 years. But in the last decade age of menarche has been shifted to a younger age (Winkjosastro, 2008, p 92). Adolescence is a period of transition from childhood to adulthood which biologically occurs between the ages of 10- 19 years. The most important events that occur in teenage girls is the first menstruation, usually aged 10-16 years (Llewellyn, 2005).

A study in France has shown that the average age of menarche for French teenagers has declined. According to the study, the age tendency of menarche in females in France projected average age of 11 years in 2030. This has to do with the environment, technological advances and condition of the better nutrition that accelerates the growth of sexual organs.

Based on the research result of Susanti and Sunarto (2012) on teenagers at SMP 30 Semarang, 23,6% of female students had the earliest age of menarche at the age of 10 year-old (N.Amaliah et al, 2012). Basic Health Research (RisKesDas) data in 2010 shows that the age of menarche at 16-12 years old is about 35,6% while at 13-15 years old is about 35,2%. As 75% of women experienced vaginal discharge during their lifetime and as

45% experienced it repeatedly (Famaicia, 2010). Research conducted by Prihatiningsih et al (2008), approximately 86% of young women has a low knowledge about hygiene during menstruation. This indicates that the understanding on hygiene of teenager during menstruation is still low. It is appropriate for young women get the good information about menstrual hygiene (Prihatiningsih et al, 2008).

During menstruation the usage and replacement of menstruation pads as well as the cleanliness of genital area is important knowledge for teenagers. In addition young teenagers should be aware of the physical and hormonal changes, such as the anatomy of the external genitalia in female: orivicium urethra, orivicium vagina and anus close together. A wrong way of cleaning genital are of female human can increase the risk of urinary tract infections (Famaicia, 2010).

To perform the correct perineal hygiene teenagers needs knowledge about it. Knowledge of young women has been increasing by providing counseling for teenagers. One model of counseling given to do with modeling approach is transtheoritic models.

This study aims to determine the behavior of genitalia when menstrual hygiene in the early teens Class VI student of SDN Airlangga I / 198 Surabaya after a given extension using models Transtheoritic approach.

RESEARCH METHOD

This study is a draft quasy experiment with Randomized Control Group Pre-test Post-test Design ". Subjects were early teens grader at VI SDN Airlangga I/198 Surabaya on July - October 2016. There are 50 respondents consisting of 25 respondents of treatment group and 25 respondents control group who were selected by random sampling. Independent variable is based trans-theoritical extension models and the dependent variable is genital during menstruation for hygiene behavior in the early age teens which includes knowledge, attitudes, and practices (actions). The instrument used in this research is questionnaire. Data were analyzed descriptively and tested using SPSS (Software Product and Service Solution) statistical test with Mann-Whitney U Test (comparison test 2 free sample/independent) with a significance level $\alpha \leq 0,05$.

RESULT

The results of this study provides a description the study variables and the results of SPSS analysis. More research results can be seen in the following table..

Table 1. Respondent's knowledge about menstuation before and after being given counseling based on trans-theoritical model approach.

knowledge	Before Counseling		After Counseling	
	Frequency	Prosentase	Frequency	Prosentase
Baik	2	8	13	52
Cukup	12	48	11	44
Kurang	11	44	1	4
Jumlah	25	100	25	100

From Table 1, we know before the counseling almost half (48%) has sufficient knowledge and almost half has (44%) less knowledgeable. After being given counseling trans-theoritical model approach largely (52%) has good knowledge, almost half (44%) are knowledgeable enough.

Table 2. Respondent's knowledge about menstuation before and after being given counseling based on non trans-theoritical model approach.

Knowledge	Before Counseling		After Counseling	
	Frequency	Prosentase	Frequency	Prosentase
Baik	1	4	5	20
Cukup	13	52	13	52
Kurang	11	44	7	20
Total	25	100	25	100

From Table 2, there are largely (52%) of respondents before the counseling has sufficient knowledge and 44% of respondents has less knowledge. After counseling based on non trans-theoritical model approach only 20% of respondents has good knowledge, and largely (52%) of respondents remain knowledgeable enough.

Table 3. Respondent respond about menstruation before and after being given counseling based on trans-theoritical model approach

Atticude	Before Counseling		After Counseling	
	Frequency	Prosentase	Frequency	Prosentase
Positif	12	48	13	52
Negatif	13	52	12	48
Total	25	100	25	100

Based on Table 3, there are almost the majority (48%) of respondents in the group trans-theoritical model approach before the counseling are positive, while more than half (52%) are positive after counseling.

Table 4. Genital hygiene practices of Respondents about menstruation before and after being given counseling based on non trans-theoritical model approach

Atticude	Before Counseling		After Counseling	
	Frequency	Prosentase	Frequency	Prosentase
Positif	10	40	12	48
Negatif	15	60	13	52
Total	25	100	25	100

Based on Table 4, we know almost largely (60%) of respondents in the group of non trans-theoritical model approach are being negative before the counseling and more than half (52%) are being negative after counseling.

Table 5. Genital hygiene practices of Respondents during menstruation before and after being given counseling based on trans-theoritical model approach.

Practice	Before Counseling		After Counseling	
	Frequency	Prosentase	Frequency	Prosentase
Baik	13	52	25	100
Cukup	10	40	2	0
Kurang	2	8	0	0
Total	25	100	25	100

Based on Table 4, we know that most of the genital hygiene practices (52%) of respondents did good, and nearly half (40%) did enough, after being given counseling based on trans-theoritical model approach, genital hygiene practices are entirely good (100%).

Table 6. Genital hygiene practices of Respondents during menstruation before and after being given counseling based on non trans-theoritical model approach.

Practice	Before Counseling		After Counseling	
	Frequency	Prosentase	Frequency	Prosentase
Baik	2	8	23	92
Cukup	17	68	2	8
Kurang	6	12	0	0
Total	25	100	25	100

Based on table 6, we know before non trans-theoritical model approach counseling for genital hygiene practices only 2 (8%) of respondents did good practice, the vast majority (68%) practiced enough. After being given counseling non trans-theoritical model approach, students who practiced good genital hygiene almost all students (92%) and only 8% of students with enough practice.

Table 7. Counseling influence of changes in knowledge, attitudes and practices.

No	Variable	Treatment Group (A)		Control Group (B)	
		Pre	Post	Pre	Post
1	Knowladge :				
	Rerata	50,84	75,44	52,80	67,20
	Standar Deviasi	16,918	12,227	15,937	14,210
	Wilcoxon Sign Rank Test	$p = 0,000$		$p = 0,000$	
2	Atticude:				
	Rerata	52,8	85,6	51,2	64
	Standar Deviasi				
	Wilcoxon Sign Rank Test	$p = 0,796$		$p = 0,439$	
3	Practice:				
	Rerata	52,00	92,80	52,80	67,20
	Standar Deviasi	13,540	6,782	14,295	8,426
	Wilcoxon Sign Rank Test	$p = 0,000$		$p = 0,001$	

From the analysis of Table 7, we know to have significant changes in knowledge about genital hygiene during menstruation. Statistical

test results of Wilcoxson methods ρ ≤ 0.05 means no influence TTM-based counseling of knowledge in the early teens at six graders. At respondents with Non TTM approach statistical result Wilcoxson value ρ ≤ 0.05 means that there are changes in knowledge as well as after given counseling.

From the data analysis for the attitude that TTM and non-TTM based counseling has no effect on the attitude of genital hygiene during menstruation. Statistical test results Wilcoxson ρ ≥ 0.05, meaning there is no influence of illumination TTM based on attitudes in the early teens six graders..

For the practice of showing the change of action (practice) is significant about genital hygiene during menstruation. Statistical test results Wilcoxson ρ ≤ 0.05, meaning that there is influence for TTM-based extension of knowledge in the early teens six graders. While the respondents with Non TTM approach from statistical test results Wilcoxson value ρ ≤ 0.05 means that there is a change of action (practice) as well as after counseled by Non TTM approach..

Table 8. The behavior difference of respondent after receiving counseling intervention between trans-theoritical model and non trans-theoritical model approach.

Statistic Test	Knowledge		Atticude		Practice	
	Treatment Group	Control Group	Treatment Group	Control Group	Treatment Grup	Control Group
Mann Whitney U Test	*p* = 0,008		*p* = 1,000		*p* = 0,000	

From Table 8, the results of the statistical test Mann Whitney U Test for respondents' knowledge after given trans-theoritical model and non trans-theoritical model counseling are obtained the value of p = 0.008, meaning that there is a difference between the treatment group and the control group.

The attitude of the respondent after being given trans-theoritical model and non trans-theoritical model based counseling, statistical test of Mann Whitney method Test the value of p = 1.000, meaning there is no difference between the treatment group and the control group.

While the respondents after being given trans-theoritical model and non trans-theoritical model based counseling, statistical test Mann Whitney the value of p = 0.000; meaning that there is a difference between the treatment group and the control group.

DISSCUSION/PEMBAHASAN

Based on the analysis result of research data is obtained the knowledge of transheoritical model respondent group about personal hygiene during menstruation time between the treatment group and control group experienced a change.

The Wilcoxon sign-rank test for group trans-theoritical model p value was obtained as 0.000 (p 0.05), which means that there is an influence on respondents' knowledge changes after a given counseling with trans-theoritical approach models. Whereas in the group of Non Transheoritik Model the p-value was obtained as 0.000 (0.05), which means there is influence to the respondents' knowledge changes with non trans-theoritical model approach..

In the treatment group significant knowledge changes occured due to counseling given based trans-theoritical models implemented with five stages, namely 1) Pre-contemplation, is where people who do not intend to make changes, 2) Contemplation, is the stage where people intend to make changes, 3) Preparation is the stage where people intend to make changes 4) Action, is the stage where people have taken the decision to change their behavior, 5) Maintenance, is where at this stage to change the previous behavior, and be alerted to situations that may tempt to go back to the previous behavior.

Trans-theoritical Model is an integrative model of behavioral changes. Model behavior change theory has been the basis for developing effective interventions to promote health behavior changes. In Trans-theoritical model-based counseling respondents give assistance 5 times according to the stages of the trans-theoritical model. In the first stage, the respondents did not intend to start a healthy behavior in the near future and may not realize the need for change. At this time the respondents learn about fairies healthy behavior and encouraged to think about willingness to change their behavior and emotions to feel the effects of their negative

behavior on others and the environment. At this stage they are given information about unhealthy behaviors carried out so far.

In the second stage, respondent start to think about intention to initiate the healthy behaviors that ideally within next 6 months. Their skepticism about the changes can cause them to keep postponing a decision or action for a change. Respondents at this stage learn about the types of people who can change their behavior and learn more from people who adopt healthy behaviors. Respondents are encouraged to try to reduce or minimize the things that can hinder the healthy behavior changes. At this stage the respondents were given information about the importance of healthy behaviors and risks/impacts that can occur when respondent do not behave healthy particularly in genital hygiene behavior during menstruation.

In the third phase at this stage the respondent was ready to start taking action in the near future, they take small steps that they believe could help to adopt healthy behaviors as part of their lives. They told family and friends that they want to change their behavior. During this stage the respondents are encouraged to seek support from family and friends to believe, to tell people about plans to change behavior towards a healthy behaviour. At this stage there also appears fears of failure, and this time when they are more prepared then it's likely going to be successful.

In the fourth stage, the respondents have changed their behavior and the need to work hard to continue to change behavior towards healthy behaviors. Respondents need to learn how to strengthen the commitment to change and to resist a tempting situation to return to unhealthy behaviors. At this stage they are expected to avoid people or situations that may tempt to return the unhealthy behavior.

In the fifth stage of the respondents tried to maintain a healthy behavior that has been done, such as being aware of things that can affect to return to unhealthy behaviors before, Learning to seek support, and associating with people who adopt healthy behaviors (Davies M, macdowall. W, 2006).

According Notoatmojo (2003), health education/counseling is the process of learning on individuals, groups and communities from does not know the values of health became known, from which not able to overcome the problem of being able to overcome the problem. Domain knowledge is very important for the formation of behavior/actions of a person. Knowledge is one of the important factors in shaping a person's behavior where knowledge is a predisposing factor for the occurrence of behavour (Lawrence Greem in notoatmojo, 2003). Knowledge is obtained after sensing to a particular object. Sensing occurs through human senses, namely sight, hearing, touch and taste. Mostly, the knowledge is gained through the senses of sight and hearing. which is acted based on knowledge will be more durable when compared with the behavior without the underlying knowledge. Health education seek to individuals, groups, or positive effect on the maintenance and improvement of health.

Early age teens (10-13 years), at this stage the teenager began to focus on decision-making, both in the home and at school. Teenagers begin to show how to think logically. Teens this age begin to have a good view of himself/herself, a select group of hanging out and getting to know how to look attractive (Llewellyn, 2005).

Changes in group trans-theoritical knowledge and non-transheoritik model is likely to be caused by: 1) the age resposdent is still early (10-13 years) which at this age is starting to show logical thinking, start to have a good view of himself/herself, a selective group of associates and know which way to look attractive, therefore any things or a good knowledge for themselves more easily to be accepted by the youth environment..

Changes in knowledge for trans-theoritical model group is larger than the non trans-theoritical model group, which can be caused because the approach is based trans-theoritical model group is well-prepared with a five-step stages and the materials provided in the form of modules are complete, counseling given in three meetings, While in non trans-theoritical model group change of knowledge is not as big as the trans-theoritical model group, it may be caused due to the approach of the non trans-theoritical model respondent groups which no stages are carried out, the material provided only in the form leafleat content is not as complete modules and counseling is only given one meeting so that his/her understanding is perhaps not as good as trans-theoritical model group.

After the Wilcoxon sign-rank test for trans-theoritical model group, p value is obtained 0.796 (p 0.05), which means statistically there no significant effect on respondents' attitudes change after a given counseling with trans-theoritical approach models. Whereas in the group of Non trans-theoritical model p value is obtained 0.439 (0.05), which means that statistically there was no significant effect on change in the attitude of the respondents to the Non trans-theoritical model approach.

According to Azwar (2003), there are three components of attitude, namely cognitive, affective and conative. The cognitive component is a representation of what is entrusted to someone about values, the correct value for the attitude object. Health promotion (counseling) is an attempt to help individuals, families and communities to improve the ability of both the knowledge, attitude and action to achieve optimal healthy life (Herawani,2001).

In accordance, the purpose of health education is to change the behavior of individuals, groups and communities towards positive things that are planned through the learning process. Learning is a process of cooperation and collaboration which will reinforce the learning process. By interacting and discussing cooperation will gain the experience of others and also be able to develop ideas and creativity of individuals. According to the theory of planned behavior, including sharing the belief that which will lead to determine the intentions and behavior, namely the availability of opportunities and resources in need (Ajzen, 1988 Azwar 2005). This belief can be derived from experience with previous behavior in the past and may also derive from the experiences of others who've experienced it and can also be influenced by the factors that decrease or increase the information impression of the difficulty of making changes.

No significant attitude changes in the trans-theoritical model group and non-trans-theoritical model group is assumed to be caused by 1) lack of understanding that healthy behaviors are good, 2) the support of family and the environment which is still low, 3) short period of time to provide guidance and evaluation especially in trans-theoritical model group where in the process stages trans-theoritical model group time required preferably within six months, 4) a change in attitude requires internal process that takes time and each individual will respond differently, 5) Respondents are early teens who are still in the transition phase from childhood to teenagers where they still love to play and in the delivery of interventions is still much less concentrations of and easily influenced by friends. Likewise with non trans-theoritical model group where the intervention time was only 1 time and the time is very short.

After the Wilcoxon sign-rank test for trans-theoritical model group p value is obtained 0.000 (p 0.05), which menas there are statistically significant effect on the practice changes of the respondents after given counseling approach with trans-theoritical model. Whereas in the group of non trans-theoritical model the p-value is obtained 0.001 (0.05), which means that statistically there is a significant influence on changes in practice respondents with non trans-theoritical model approach.

According to Rogers (1974), quoted from Notoatmojo (2003) before someone facing new behavior, in that person occurs sequential process, namely: Awarness (consciousness) which began to realize in the sense of knowing their stimulus/objects, first, interest (interest) that people begin to gravitate towards stimulus; Evaluation (assessing) is weighing the good and whether or not the stimulus for him; Trial that people have begun to try new behaviors and last acceptance that the subject has been behaving recently accordance with the knowledge, awareness and his attitude toward the stimulus. Behavior which is based on knowledge, awareness and a positive attitude will be more lasting. An attitude is not automatically materialized in an action, but still needed a supporting factor like the facilities and the support of family and neighborhood.

Changes in the action that is happening in the trans-theoritical model and non trans-theoritical model group may occur due to the demonstration and practice of counseling for each group is divided into small groups so that a better understanding of the respondents and they were given the opportunity to demonstrate what has been taught. Respondents of early teens who start high attitude of curiosity and young age of the respondents are so easy to accept new things.

CONCLUSION AND RECOMENDATION

Based on the results of the study could be summarized as 1) Counseling of Trans-theoritical model approach can increase knowledge and action (practice) for early teens in the sixth grade of elementary school about the genital hyigiene behavior during menstruation. 2) Higher knowledge and action for early teens in six graders about genital hygiene during menstruation is better with trans-theoritical Model-based counseling.

SUGGESTION

In providing counseling in the early teens elementary school students should be gradually conducted so that teenagers will be easy to understand and can do genital hygiene actions when menstruation.

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