

Health Promotion With Multimedia Methods On Knowledge And Attitude About Risk Dating At Surabaya's Ex-Localization Elementary School

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Abstract

The impact of dating leads to deviant behavior resulting in pregnancy. In the preliminary study in the dolly localization work area midwife, there were 2 pregnant patients at the age of 13 and 15 years, where one patient was still a sixth-grade elementary school student. Quasi-experimental research design with Pretest-Posttest Control Design. The sampling technique is Simple Random Sampling with 112 students as respondents. The research site is in the former localization elementary school in Surabaya. Instrument videos and leaflets. Data collection by questionnaire. Bivariate analysis using GLM and Multivariate Analysis using MANOVA. The results of the study showed an increase in knowledge > in the experimental group (22.1), while the control group was 16.5. The attitude of the experimental group is 22.1 > that of the control group, which is 7.6. There is a difference in increasing knowledge about risky dating, namely $p\text{-value } 0.01 < 0.05$, and for increasing attitudes about risky dating, $P\text{-value } 0.00 < 0.05$. There is an increase in knowledge and attitudes about risky dating in respondents after being given health promotion with multimedia methods. So, the use of additional videos in outreach is very effective.

Keywords : *multimedia method, health promotion, risky dating*

Abstrak

Dampak berpacaran mengarahkan pada perilaku penyimpangan berakibat terhadap kehamilan. Studi pendahuluan di bidang wilayah kerja lokalisasi dolly terdapat 2 pasien hamil pada usia 13 dan 15 tahun, dimana satu pasien masih berstatus siswa kelas VI SD. Desain penelitian *Quasi Eksperiment* dengan rancangan *Pretest-Posstest Control Design*. Teknik sampling *Simple Random Sampling* dengan responden 112 siswa. Tempat penelitian di SD kawasan Eks lokalisasi Surabaya. Instrumen video dan leaflet. Pengambilan data dengan kuesioner. Analisis Bivariat menggunakan GLM dan Analisis Multivariat menggunakan MANOVA. Hasil penelitian terdapat peningkatan pengetahuan > pada kelompok eksperimen (22,1) sedangkan kelompok kontrol sebesar 16,5. Sikap kelompok eksperimen 22,1 > dari kelompok kontrol yaitu 7,6. Ada perbedaan peningkatan pengetahuan tentang pacaran berisiko yaitu $p\text{-value } 0,01 < 0,05$ dan untuk peningkatan sikap tentang pacaran berisiko yaitu $P\text{-value } 0,00 < 0,05$. Terdapat peningkatan pengetahuan pengetahuan dan sikap tentang pacaran berisiko pada responden setelah diberikan promosi kesehatan dengan metode multimedia. Jadi, penggunaan tambahan video pada penyuluhan sangat efektif.

Kata kunci : metode multimedia, promosi kesehatan, pacaran berisiko

INTRODUCTION

Adolescence is a period of transition from childhood to adulthood. According to WHO, the age limit is 10-24 years, while according to the Ministry of Health, it is 10-19 years. During adolescence, there is a rapid change in growth and development, both physically, psychologically, and intellectually. The process of physical growth including hormonal changes is faster than psychosocial development. This causes adolescents to have distinctive characteristics, namely having great curiosity, liking experiences and challenges, and tending to be reckless to take risks for something they want without careful consideration (Ministry of Health 2005).

Globalization and the rapid flow of information on the one hand have increased progress in various development sectors, but on the other hand, have led to changes in deviant behavior due to the adaptation of new values that come from outside giving an influence on lifestyle including eating behavior and unhealthy sexual behavior for teenagers. Adverse styles tend to be imitated by teenagers, especially by those who do not have deterrence (Mulyati, 2012).

In Indonesia, based on the 2007 Indonesian Health Demographic Survey, the number of unwanted pregnancies reached 9.1% or occurred in nine million women each year (Utami, 2011). In fact, according to the latest survey from the Central Statistics Agency (BPS) through the Indonesian Demographic and Health Survey (IDHS), in 2012 the teenage pregnancy rate in the 15-19 year age group reached 48 out of 1000 pregnancies, higher than in 2010 which was 30 out of 1000 pregnancies. BPS and BKKBN, 2012). This figure proves that early marriage and premarital sex among teenagers is getting higher.

Data from the Ministry of Health in 2010 stated that adolescents aged between 13-18 years who had had sex outside of marriage were recorded in Surabaya reaching 54%, in Medan 52%, Bandung 47%, and Jogjakarta 37% (JPNN, 2010). The reason why adolescent girls aged 15–24 years had sexual intercourse for the first time before marriage was that it just happened (38.4%) and was forced by their partner (21.2%). Meanwhile, for men, the highest reason was that they wanted to know (51.3%) and because it just happened (25.8%). Of the eighty-four respondents who had experienced an Unwanted Pregnancy (KTD), 60% of them experienced or had an abortion (BKKBN, 2012).

Localization is a gathering place for sex workers in a certain area. Localization is usually united with residential areas. In this environment, of course, there are many elementary school-age children (SD). Of the children of this age, the most vulnerable are pre-adolescents (10-12 years). Where physically, cognitively, emotionally, mentally, and socially they need ways of conveying and intensity of knowledge about risky dating with their age stages. It is not yet time for them to receive information and see sexual activity from the wrong sources. This is not healthy for the next generation. Children are a valuable State asset. As the next generation of the nation, it is necessary to pay attention to their future.

School-age children living in ex-localization areas are indirectly affected by the environment in which they live. From the results of closed interviews with 6 students, they started dating from holding hands to kissing on the lips and neck. They think that dating is commonplace and it also indicates that they are modern and popular girls among their friends because they already have a boyfriend. They even mock their friends who are still single or don't have a boyfriend. Of the 6 students who are dating, 4 of them do not know about the

risks of dating because they only kissed lips and neck when they were dating. While 2 of them know that they are afraid of getting pregnant.

The purpose of this study was to determine the effect of providing health promotion with multimedia methods on increasing knowledge and attitudes about risky courtship in sixth-grade elementary school students in the ex-localization area of Surabaya City in 2017.

RESEARCH METHODS

The research design or research design used the Quasi Experiment method using the pretest-posttest control group design. The population taken in this study were all 6th-grade students in SD "A" amounted to 102 people and class VI students at SD "B" Sawahan sub-district, Surabaya City amounted to 40 people. So the total population is 142 people. Using simple random sampling, 56 students for the experimental group and 56 students for the control group. Data analysis used GLM Mixed Design and MANOVA.

RESULT AND DISCUSSION

Table 1 Characteristics of Respondents

No		Experiment		Control		Homogenitas (p-value)
		N	%	N	%	
1	Age					
	12 year = 12 or > 12 year	4 48	14,3 85,7	8 48	14,3 85,7	1.000
2	Gender					
	Male Female	26 30	46,4 53,6	24 32	42,9 57,1	0,7
	Parent's education					
	High Low	30 26	53,6 46,4	34 22	60,7 39,3	0,4
No		Experiment		Control		Homogenitas (p-value)
		N	%	N	%	
5	Parents' job					
	Work Does not work	49 6	87,5 12,5	52 4	92,9 7,1	0,3
6	Resources					
	Parents	4	8,9	4	7,1	0,3
	Friend	14	25	16	28,6	
	Social media	28	50	35	62,5	
School	9	16,1	1	1,8		

Characteristics of respondents in this study had almost the same number in both groups. The average age of the respondents = 12 or > 12 years, the sexes between men and women are evenly distributed, the parents' education is higher than the parents' education is low, almost all of the respondents' parents have jobs, and the most sources of information are obtained from social media.

Table 2 The average value of knowledge about risky dating

Group	N	Pretest	Posttest
		Mean (SD)	Mean (SD)
Experiment	56	53,39 (10,14)	75,54 (12,16)
Control	56	54,02 (8,63)	70,98 (12,62)

Based on table 2, it can be interpreted that the pretest result of the mean score of knowledge about dating risky experimental group ($X = 53.39$) with a standard deviation ($S = 10.14$) is lower than the control group ($X = 54.02$) with a standard deviation ($S=8.63$). Furthermore, in the post-test, the mean score of knowledge about dating at risk was different between the two groups, namely the experimental group ($X = 75.54$) and the control group ($X = 70.98$). The mean value of knowledge about risky dating compared to the experimental group was more varied than the control group. Judging from the changes in the mean pre and mean post on the knowledge about dating risky enough, it can be concluded that the increase in knowledge about dating risky in the experimental group is quite large. This means that many respondents have increased knowledge about risky dating after being given health promotion interventions with multimedia methods.

Table 3 The difference in the mean increase between the experimental and control groups

Group	Group	Step	Mean Difference	P-value
Experiment	Experiment	Pretest - Posttest	- 22,14	0,00
Control	Control	Pretest - Posttest	-16,96	0,00

Based on table 3 it can be interpreted that the change in knowledge in the experimental group is significant ($MD = -22.14$ $p < 0.05$) while the change in knowledge in the experimental group is also significant but not as high as the experimental group ($MD = -16.96$ $p < 0, 05$). This shows that the provision of health promotion with multimedia methods in the experimental group is quite effective in increasing the knowledge of sixth-grade elementary school students.

So that the mean difference in the experimental group is -22.14, this value is obtained from the pretest mean minus the posttest mean, the negative MD result indicates that the posttest average is higher than the pretest average, so the respondents experienced an increase.

Table 4 Mean values of attitudes about risky dating

Group	N	Pretest	Posttest
		Mean (SD)	Mean (SD)
Experiment	56	47,84 (5,70)	62,29 (6,17)
Control	56	49,13 (5,30)	56,29 (5,86)

Based on table 4, it can be interpreted that the pretest results of the average attitude score about risky courtship in the experimental group (X=47.84) with a standard deviation (S=5.70) are lower than the control group (X=49.13) with a standard deviation of deviation (5.30). In the posttest, the experimental group score was higher (X=62.29) with a standard deviation (S=6.17) for the experimental group and the attitude score for the control group (X=56.29) with a standard deviation (5.86). Judging from the change in the mean scores of pretest and posttest regarding risky dating attitudes, it can be concluded that the increase in the scores of attitudes about risky courtship after being given intervention with the multimedia method experienced a significant increase.

Table 5 The difference in the mean increase between the experimental and control groups

Group	Step	Mean Difference	P-value
Experiment	Pretest – Posttest	-14,44	0,00
Control	Pretest - Posttest	-7,16	0,00

Based on table 5 it can be interpreted that the change in attitude in the experimental group is significant (MD = -14.44 p < 0.05) while the change in knowledge in the experimental group is also significant but not as high as the experimental group (MD = -7.16 p < 0, 05). This shows that the provision of health promotion with multimedia methods in the experimental group is quite effective in improving the attitudes of sixth-grade elementary school students. So that the mean difference in the experimental group is -14.44, this value is obtained from the pretest mean minus the posttest mean, the negative MD result indicates that the posttest average is higher than the pretest average, so the respondents experienced an increase.

Table 6 Test of Between-Subjects Effects

Variabel	F	Partial eta	P-value
Knowledge	6,53	0,05	0,01
Attitude	44,12	0,28	0,00

Based on table 6, shows that there are differences in the increase in knowledge and attitudes towards sixth-grade elementary school students with partial eta 0.05 in increasing knowledge, which means that the provision of health promotion with multimedia methods increases students' knowledge by 0.5%. This is different from the increase in attitudes that have a partial eta of 0.28, which means that 28% of the increase in the attitudes of sixth-grade elementary school students is influenced by the provision of health promotion with multimedia methods.

The effect of providing health promotion with multimedia methods on knowledge about risky courtship gives an F value of 6.53 with a p-value of 0.01. This shows that there are differences in the increase in knowledge about risky courtship caused by differences in the provision of health promotion with multimedia methods. Furthermore, the effect of providing health promotion with multimedia methods on attitudes about dating at risk gives an F price of 44.12 with a p-value of 0.00 which is significant at a significance level of 0.05. This shows that there are differences in the increase in attitudes about risky dating caused by differences in health promotion methods using videos and leaflets and only using leaflets.

Discussion

Health promotion is the process of empowering or establishing communities to maintain, improve and protect their health through increasing willingness, ability, and a healthy environment (Notoadmodjo, 2007). Soekidjo (2003) also suggests that health promotion is essentially an activity or effort to convey health messages to communities, groups, and individuals in the hope of good behavior change. So it can be concluded that health promotion is a learning process from individuals, attitudes, and skills in the health sector to live optimally.

Health promotion can be achieved with the assumption that humans can always learn and change (in general, humans in their lives are always changing to adapt to the surrounding environment). The purpose of operational health promotion according to Wahid et al (2007) is for the community to have a greater responsibility for their health, environmental and community safety so that people take steps to prevent the occurrence of the disease from becoming more severe, and prevent dependency conditions through disability rehabilitation. caused by disease, so that people have a better understanding of the existence and changes of the system and how to use them efficiently and effectively, and so that people learn what they can do on their own and how, without always asking for help from the formal health care system. . In summary, the purpose of health promotion in this study is the formation of healthy behavior in individuals or grade VI elementary school students in the ex-localization area having the concept of healthy living both physically, mentally and socially to reduce morbidity, mortality and the spread of sexually transmitted diseases.

Health promotion with multimedia methods is also accompanied by Questions and Answers where participants have the opportunity to ask questions about material that they have not understood. This can make respondents better understand the material provided.

Elcya (2014) states that the higher a person's level of health knowledge, the more aware a person is to behave in a healthy life. The third level of knowledge included in the cognitive domain is the application, which is defined as the ability to use the material that has been studied in actual situations or conditions. The provision of health promotion with the multimedia method is a form of application in the level of knowledge about risky courtship.

According to WHO, one of the strategies for behavior change is the provision of information. By providing information about the impact of risky courtship, knowledge is obtained that will affect a person's attitude. Dariyo and Setiawati's research (in Amirudin, 2007) also found that there was indeed an effect of providing health promotion with audio-visual methods on adolescent attitudes about risky dating. This means that the more positive the attitude of adolescents towards sexual behavior, the greater their intention to perform sexual behavior, while adolescents who have a negative attitude towards sexual behavior will have a smaller intention to perform sexual behavior.

From the results of this study, it can be analyzed that there are significant differences in knowledge and attitudes about risky courtship by providing health promotion using video leaflets and leaflets only. This is supported by research by Erma (2014) which states that the change in knowledge using the video method is greater than using leaflets alone. And in Ervina's research (2015) it was found that the majority of respondents who were given health counseling using leaflet media had sufficient knowledge, while respondents who were given health education using the video method had good knowledge. In addition, Munasah's research (2014) stated that the provision of health promotion through the video and leaflet methods used both proved to be more effective in increasing knowledge compared to using leaflets only.

So that by using appropriate methods to provide health promotion to elementary school children, the material to be conveyed to respondents can be conveyed properly and respondents experience increased knowledge and will change attitudes that are not appropriate about risky dating. The ability of the video media method in health promotion in this study attracted attention, became an important part of the persuasion process in increasing knowledge and changing attitudes. The stimulus attracts the attention given to the organism by using video media, causing communication and attention from the respondent. Increased attention to the understanding of the given stimulus so that there is good reception.

CONCLUSION

There is a significant difference in knowledge and attitudes about the risky courtship between those who were given health promotion with video leaflets and those who were given leaflets only for sixth-grade elementary school students in the area of the former localization of Surabaya in 2017.

SUGGESTION

Optimizing the role of BK teachers and religious teachers as a place for counseling and as consideration for educational institutions, especially schools in determining programs that can disseminate information about sexual knowledge, especially for early adolescents who have less knowledge and negative attitudes so that adolescents avoid the negative impacts resulting from risky dating behavior.

Increased understanding of religion in elementary school students, by seeking accurate information and being able to choose good friends to have a positive attitude or tendency to avoid risky dating behavior so that the impact caused by risky dating behavior does not occur

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