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The Effect of Peer Education Health Promotion on Adolescents Knowledge and Attitudes Regarding Reproductive Health Triad

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ABSTRACT

Adolescents in Indonesia currently have problems that are usually called TRIAD KRR, namely Three Basic Risks of Adolescent Reproductive Health Threats related to sexuality, HIV/AIDS, and drugs with prevalence showing that the young generation of Indonesia has 23 cases where 9 have had sexual intercourse and 14 have used drugs in 2023. Adolescents with these reproductive health problems are caused by limited knowledge and attitudes about reproductive health. Peer education is a method that can improve adolescent knowledge and attitudes related to reproductive health. The purpose of this study was to analyze The Effect of Peer Education Health Promotion on Adolescents Knowledge and Attitudes Regarding Reproductive Health Triad The design is Pre Experimental Designs, with a Pre and Post One Group Design. Sampling used a purposive sampling technique. The population is all students with a sample size of 51 respondents. The research instrument is a questionnaire on knowledge and attitudes about TRIAD KRR that has been tested for validity and reliability. Data analysis used the Wilcoxon test to measure differences between two data groups. The results of the study revealed an effect of health education using the peer education method on the level of knowledge and attitudes after being given health education with a p value of <0.001 (<0.05).

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Introduction

Adolescence is a transitional period between childhood and adulthood, which begins at the time of sexual maturity, namely between the ages of 11 or 12 years to 20 years, namely approaching young adulthood.(Lesmani, U. R., Sari, R. M., & Oktarina, 2019). Adolescents in Indonesia currently face problems that are usually referred to as the KRR TRIAD. The KRR TRIAD is Three Basic Risk Threats to Adolescent Reproductive Health related to sexuality, HIV/AIDS and drugs (Mariana, S., & Susanti, 2024). This KRR TRIAD impacts anyone and any age but the most worrying impact is on adolescents as the next generation of the nation. Adolescents in Indonesia currently face a problem commonly referred to as the KRR TRIAD. The KRR TRIAD is the Three Basic Risks Threats to Adolescent Reproductive Health related to sexuality, HIV/AIDS, and drugs. (Mariana, S., & Susanti, 2024). This KRR TRIAD impacts anyone at any age, but the most worrying impact is on adolescents, the nation's future generation.

Sexuality is the characteristics, traits, or roles of sex, sexual drive, or sexual life, including matters related to the genitals (Moa, 2019). Research conducted in 23 provinces in Indonesia in 2019 showed that 58.2% had engaged in sexual intercourse. Meanwhile, research conducted by the Malang Regency Government Research and Development Agency found that as many as 29% of students had engaged in premarital sex. Meanwhile, in Turen itself, nearly 36% of adolescents had engaged in premarital sex (Lubis, R., Hinduan, Z. R., Jatnika, R., & Agustiani, 2021). HIV stands for Human Immunodeficiency Virus, while AIDS stands for Acquired Immunodeficiency Syndrome. In 2019, there were 36.9 million cases worldwide, while Indonesia had 8,204, ranking fifth with 741. The Malang City Community Health Center had 58 cases (68.2%) (Melyani Puspitasari, I., Setyadi Putra, D., Dewi Alfian, S., Maulidya Sari, A., Ratna Hidayati, I., & Novia Atmadani, 2023). The majority of HIV/AIDS cases in the Turen area were transmitted through sexual intercourse (Sumartini, S., & Maretha, 2020)

NAPZA stands for narcotics, psychotropics, and other addictive substances, a group of drugs that affect the body's functions (Yannian et al., 2022). According to the World Health Organization (WHO), the number of NAPZA users worldwide has reached 190 million people. In Indonesia, it is estimated that there are around 1,365,000 to 5,000,000 people (Dr. dr. Hj. Siti Nur Asiyah, 2020). The number of NAPZA cases in Malang City ranks first among cases of children and adolescents involved in drug abuse (Sari, F. P., & Sari, 2023) One of the factors influencing the KRR TRIAD, or Three Basic Risks of Adolescent Reproductive Health, is a lack

of knowledge about reproductive health. In addition to knowledge, attitudes also influence this, meaning that the reactions expressed as attitudes arise from an individual's understanding of the knowledge they have (S., 2021). This problem can be avoided by having adequate knowledge about reproductive health. Good sexual knowledge can influence sexual attitudes and behavior (Sari, F. P., & Sari, 2023)

There are several health education methods, including lectures, group discussions, brainstorming, role-playing, demonstrations, and seminars. However, peer education is an effective health promotion method for adolescents. Peer education is a principle that works for adolescents, for adolescents. Therefore, this technique involves counselors with peers, due to the tendency of adolescents to choose peers as discussion partners. Several studies have shown that providing information by peers can improve knowledge and attitudes in adolescents (Sulistiyawati, 2022).

Method

This study employed a quantitative pre-experimental research design using a one-group pretest–posttest (repeated treatment) approach, in which a single group of participants was assessed before and after the intervention. The study population consisted of 103 students from MTs Al-Ihsan Jeru, Turen, Malang Regency. The sample was selected using a purposive sampling technique based on predetermined inclusion and exclusion criteria. The inclusion criteria included students aged 14–16 years who were cooperative, able to participate throughout the study, and capable of reading, writing, and listening effectively, while respondents who completed the questionnaire incompletely were excluded. Data were collected using a validated and reliable questionnaire designed to assess participants' knowledge and attitudes. The collected data were analyzed using the non-parametric Wilcoxon Signed Rank Test to determine differences in knowledge and attitude scores before and after the intervention.

Research Results

Table 1. Frequency Distribution of Respondents' Knowledge Level Before and after Being Given Health Education Using the Peer Education Method About TRIAD KRR at MTs Al Ihsan Jeru Turen, Malang Regency (n=51)

Variable	Criteria	F Before	% Before	F After	% After
Knowlegde	Good	3	5.9 %	9	17.6 %
	Enough	14	27.5 %	14	27.5 %
	Less	34	66.7 %	28	54.9 %
Total		51	100	51	100

Based on table 1, above, it can be seen that there was an increase in adolescent knowledge after being given health education using the peer education method from (5.9%) to (17.6%).

Table 2. Frequency Distribution of Respondents' Attitudes Before and after Peer Education on the KRR TRIAD at MTs Al Ihsan Jeru Turen, Malang Regency (n=51)

Variable	Criteria	F Before	% Before	F After	% After
Attitudes	Good	40	78.4 %	39	76.5 %
	Enough	9	17.6 %	12	23.5 %
	Less	2	3.9 %	-	-
Total		51	100	51	100

Based on table 2, it is known that there was a change in the attitudes of adolescents after being given health education using the peer education method, with the majority being in the good category (76.5%) and a small portion in the sufficient category (23.5%), from a total of 51 respondents.

Table 3. Results of the Wilcoxon Signed Rank Test Analysis between the Levels of Knowledge and Attitudes Before and After Peer Education on the KRR TRIAD. (n=51)

Knowledge Level	*F*	*P value*
Pre test	3	<0.001
Post test	9	
Attitude Level		*P value*
Pre test	40	<0.001
Post test	39	

Based on the results of the statistical test in this study, which can be seen in Table 5.1, the level of knowledge and attitudes obtained a p-value of <0.001, which indicates that there is an influence of health education using the peer education method on the level of knowledge and attitudes regarding the KRR TRIAD

Discussion

It is known that more than half of the adolescents before being given health education using the peer education method had knowledge in the less than 34 (66.7%) category, out of a total of 51 respondents.

Before peer education mentoring, some adolescents and students were unfamiliar with the concept of TRIAD KRR. This was because some discussions on TRIAD KRR, or adolescent reproductive health, had not been previously covered in counseling sessions held by health agencies, police, and the government. Consequently, adolescents currently lack information related to reproductive health. Adolescents often lack basic reproductive health information, which limits their access to reproductive health services. Therefore, media factors have a significant influence on relatively inaccurate information, which in turn significantly impacts knowledge, which also becomes inaccurate (Bimtas, 2019)

The health education situation and the role of health promotion are crucial factors for adolescents regarding reproductive health issues, such as a lack of knowledge, information, and education about reproductive health, poor attitudes and behaviors regarding reproductive health practices, and a lack of support from family, the environment, peers at school, the community, cross-sectoral, and policy stakeholders. Health promotion efforts should explore or gain a deeper understanding of adolescents' reproductive health needs by providing accurate health information (Mariana, S., & Susanti, 2024)

Knowledge about the TRIAD of Adolescent Reproductive Health is also obtained from sensing what is seen, heard, and felt, thus forming good and bad behaviors related to the TRIAD of adolescent reproductive health. Those with a good level of knowledge will tend to behave well, and vice versa.

It was found that there was an increase in adolescent knowledge after receiving health education using the peer education method, from 5.9% to 17.6%. This increase in respondents' knowledge may have occurred because the media and summary materials provided using the peer education method were easily accepted and understood by respondents. The results of this study align with WHO's statement that one strategy for behavioral change is providing information to increase knowledge, thereby fostering awareness, which ultimately leads to behaviors in accordance with that knowledge. One way to provide information that can be done is counseling with peer education assistance (Lesmani, U. R., Sari, R. M., & Oktarina, 2019)

One of the functions of peer educators is as a cognitive resource for acquiring knowledge. During adolescence, closeness to peer groups/peer education is particularly strong because, in addition to replacing family ties, peer groups/peer education also serve as a source of affection,

sympathy, and understanding, sharing experiences and information, including about sexual health (Lesmani, U. R., Sari, R. M., & Oktarina, 2019)

The positive influence of peers (peer education) is that it can develop solidarity between friends, can gain knowledge, skills, and train talents, if they have joined a group, they can form a society or peer group that is considered good. Therefore, this positive influence can prevent adolescents from falling into unhealthy behavior, namely the three basic threats to adolescent reproductive health. This statement is supported by research conducted by Gunawan 2015, where the results of the study stated that there were 48.1% of adolescents received positive influences from peers, as well as the value of bivariate analysis (P value = 0.050) which means (Y., 2024)

The results of this study align with WHO's recommendation that one strategy for behavior change is providing information to increase knowledge, fostering awareness, and ultimately leading people to behave in accordance with that knowledge. One way to provide information is through counseling with peer educator support. Knowledge occurs after a person perceives an object or stimulus (Shopiatun, 2021)

Based on the research results above, before being given health education using the peer education method, most of them had a low level of knowledge, after being given health education using the peer education method there was a good increase in respondents' knowledge, meaning that through peer education methods, students' level of knowledge about the KRR TRIAD can be increased.

It is known that a small number of adolescents before being given health education using the peer education method had attitudes in the less category (3.9%), out of a total of 51 respondents.

Before the mentoring with the peer education method, some teenagers or students were unfamiliar with what was meant by TRIAD KRR, because some discussions on TRIAD KRR or adolescent reproductive health had never been obtained before in counseling that had been held by several health services, police services and the government so that teenagers today are still lacking in knowledge of reproductive health or TRIAD KRR and positive attitudes in respondents are influenced by the level of knowledge about reproductive health which is sufficient, this can have an impact on the formation of adolescent attitudes (Sari, F. P., & Sari, 2023)

The formation of attitudes cannot be separated from the existence of influencing factors such as personal experience, culture, other people who are considered important, information media, emotional factors of the individual and shows that the good attitude of peer educators is followed by good performance from peer educators in this case in conveying information about the triad of adolescent reproductive health to their peers (Ni Made, S., & Ni Ketut, 2020). Attitude is a readiness to react to objects in a certain environment as an appreciation of the object. Attitude is a reaction to objects in a certain environment as an imagination after someone has knowledge (Munthe, 2022)

It was found that there was a change in adolescent attitudes after receiving health education using the peer education method, with the majority categorized as good (76.5%) and a small portion as adequate (23.5%), out of a total of 51 respondents. This is possible because attitude formation occurs through a short process but involves several stages of attitude formation. According to Azwar (1995) in (Mayestika, P., & Hasmira, 2021), attitude is a readiness to react to an object in a certain way, the form of the reaction being positive and negative. Attitudes include likes and dislikes, approaching and avoiding situations, objects, people, groups, and social policies.

It is known that more than half of the 31 (60.8%) students in this study were female compared to male students. This occurs because each year has fewer male students than female students. This result is similar to a previous study conducted by Widayanti (2021) who found that there were fewer males (24%) than females (76%) among students at Sunan Ampel Surabaya. Based on research conducted by Ezer P (2019), gender contributes to knowledge about STIs and HPV. The high level of knowledge in women is likely due to women's higher level of interest in sexual health and differences in exposure to sexuality education. Research by Fonte VRV et al (2018) identified that women have a higher level of knowledge than men. This is due to differences in respondents' interests in obtaining information. In addition, the existence of program inequalities based on gender contributes to CSE knowledge. Therefore, it can be concluded that gender can influence the level of knowledge and attitudes.

Bimtas (2019) stated that this is in line with research conducted by which showed that adolescent attitudes improved after being given interventions categorized as good. Based on research (Bimtas, 2019) entitled "The Effect of Peer Education on the Knowledge, Attitudes, and Self-Efficacy of Pentri Adolescents Challenges of Puberty," the implementation of peer

education can improve the knowledge, attitudes, and self-efficacy of adolescent girls about puberty (Shopiatun, 2021)

Based on the results of statistical tests in this study, as seen in Table 5.1, the level of knowledge and attitudes obtained a p-value of <0.001, which indicates that there is an influence of health education using the peer education method on the level of knowledge and attitudes about the KRR TRIAD.

In general, the higher the level of education, the greater the knowledge, including health knowledge. It can be argued that a high level of education does not necessarily mean someone has good knowledge or attitudes. Knowledge is the result of a person's understanding of an object through their five senses. Each person's knowledge will differ depending on how they perceive an object or something (Ni Made, S., & Ni Ketut, 2020). Knowledge is the result of the transfer of information about many things through the five senses. This knowledge transfer process shows that something experienced can become something that will be remembered and become knowledge for a teenager in the short term and change a person's attitude to be more positive (Sumartini, S., & Maretha, 2020)

Attitude is a reaction to objects in a particular environment as an imagination after someone has knowledge (Munthe, 2022). The formation of attitudes cannot be separated from the existence of influencing factors such as personal experience, culture, other people who are considered important, information media, emotional factors of the individual and shows that the attitude of good peer educators is followed by good performance from peer educators in this case in conveying information about the triad of adolescent reproductive health to their peers(Ezer P, Kerr L, Fisher CM, Heywood W, 2019). Attitude is perceived from knowledge as something positive or negative that will influence individual behavior. Attitudes are influenced by personal experience, the influence of other people who are considered important, culture, mass media, educational institutions, and emotions. The more information adolescents receive about the KRR Triad (Sexuality, Drugs, HIV/AIDS), the more positive their attitudes will be. The less information adolescents receive about the KRR Triad (Sexuality, Drugs, HIV/AIDS), the more negative their attitudes will be (Shopiatun, 2021)

This peer education method also boasts several advantages, including the ability to conduct it anytime and anywhere, as long as it's convenient for the peer educator and their group. Activities don't have to be conducted in a dedicated space; they can be conducted under a shady

tree, in an unused classroom, or elsewhere. Peer support can alleviate awkwardness. Peer language is easier to understand, and with peers, there's less hesitation, inferiority, or embarrassment. It's hoped that students who struggle with learning will feel free to express their difficulties (Sulistiyawati, 2022).

Conclusion

Peer education methods significantly increase adolescents' knowledge and attitudes about the KRR TRIAD. Peer-based health education has proven effective as a means of changing adolescents' understanding and behaviors to be more positive.

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