Effectiveness of Peer Tutor in Improving Knowledge about Teenagers Reproductive Health in Religion-Based

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Abstract: According to psychological and reproductive development, teenager’s curiosity about sexuality is very high. The development of technology and media that supports it must be able to be controlled so that teenagers will not be fallen over to unhealthy sexual behavior. The improvement of general knowledge and religion knowledge regarding reproductive health through peer friends is one of the ways in order to prevent it. However, this research aimed at knowing the effectiveness of peer tutor in improving knowledge about teenager’s reproductive health in religion-based. This research was experimental research with Quasi Experimental Design. Population in this research was all of Senior High School students in Tuban Subdistrict area, East Java, Indonesia. Sample total in this research was 16 respondents who were obtained by utilizing proportionate stratified random sampling technique. Then, the collected data was analyzed descriptively and the statistic test that was utilized was Wilcoxon signed Rank test and Mann-Whitney.

Keywords: peer tutor, teenager’s reproductive health, religion based

1. Introduction

Teenagers undergo individual psychological maturation and reproductive development. According to their development, teenagers’ curiosity about sexuality is very high. Besides, development of technology and media support teenagers’ curiosity regarding sexuality. If it is not controlled well, the teenagers can be fallen over in unhealthy sexual behavior.

Around 4.8%, 10–14 years old teenagers had sex without having marriage before and around 0.5% until 1.5% of them were pregnant. 41.8% in the age of 15–19 years had sex without having marriage yet and 13% of them were pregnant [1]. Data of KRR SDKI in 2012 was obtained that male teenagers who ever had sex were 8% and female teenagers were 10%. 2% from female and 7% from male teenagers stated that they agreed if male had sex more before having marriage. The data showed that male teenagers had sex more in premarital and agreed to have sex in premarital [2].

The problem of reproductive health was began by the existance of marriage/living together. Among female who were 10-54 years old, 2.6 % of them had marriage for the first time in less than 15 years old and 23.9 % of them had marriage in 15-19 years old. Having marriage in the early age was a problem of reproductive health because the younger the age to have marriage, the longer the time range to reproduce [3].

Research result that was conducted by Hadi Purwanto et.al. in 2015 was obtained that teen sex behavior with respondent from Senior High School students in Tuban District as followed: holding lover’s hand (24 respondents (83%)), kissing on the lips by involving tongue (24 respondents (8,3%)), touching the lover’s intimate part of the body (7 respondents (2,4%)), being touched the intimate part of the body by the lover (11 respondents (3,8%)), having oral sex (3 respondents (1%)), and having sex (4 respondents (1,4%)). One of all respondents who ever had sex for the first time was in the age of 9 years and did it with more than 10 couples until the time in collecting data of this research [4].

Based on the data above, it needed to be conducted an action to prevent it so that teenager’s behavior that related with sexual behavior would not develop further. The example of the action was such as through the improvement of general knowledge and religion knowledge about reproductive health through peer friends. Furthermore, through peer tutor method by empowering peer friends, it was expected that the information about reproductive health would be more understood by other students, thus, it would be faster to be implemented in daily living behavior.

According to Awatif et.al (2016), peer friends meant friends who had similar age and similar sex, or pre puberty group that had certain characteristic and consisted of one variety. Teenager’s characteristic that always wanted to be accepted by the member of his/her peer friends, influenced them to behave as his/her peer friends. This became a consideration to use peer friends as tutor in order to change their knowledge to be better One [5].

Knowledge is a basis of human in attitude and behavior. By improving the knowledge, it is expected that teenager’s attitude and behavior can change to be better one. Teenager’s knowledge about reproductive health formally is obtained from the subject of Physical and Sports Health Education (Pendidikan Kesehatan Jasmani dan Olah Raga) that is given since in the fifth grade of Elementary School. However, the influence of environment and technology that grew faster recently had a role in eliciting teenager’s desire for knowing what they wanted, that was even about more dangerous thing. In order to prevent it, it was needed an effort to give knowledge for the teenagers regarding reproductive health in responsibility in religion-based through health education that was done by their peer friended. Moreover, this research aimed at knowing the effectiveness
of peer tutor in improving knowledge about teenager’s reproductive health in religion-based.

2. Research Methods

This research was conducted experimentally by Quasi Experimental design. Population in this research was all of Senior High School students in Tuban Subdistrict area who were 3124 students. Meanwhile, technique of sample collection in this research was conducted by proportionate stratified random sampling, thus, total of the sample was 85 respondents.

In order to obtain data, researchers utilized questionnaire that was distributed to the object of the research. The obtained data was analyzed by utilizing Wilcoxon signed Rank test and Mann-Whitney. Wilcoxon signed Rank test was for measuring the difference of knowledge before and after being given intervention to each groups. Mann-Whitney was used in order to measure the difference of knowledge between both groups.

3. Result and Discussion

Table 1: Health Education about Teenager’s Reproduction in Religion-Based through Peer Tutor and Adult Tutor in Improving Knowledge about Teenager’s Reproductive Health before being Conducted Intervention

<table>
<thead>
<tr>
<th>Knowledge in pre Test</th>
<th>Peer Tutor</th>
<th>Adult Tutor</th>
<th>Mann Whitney</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>f</td>
<td>%</td>
<td>f</td>
</tr>
<tr>
<td>Very Good</td>
<td>15</td>
<td>30</td>
<td>26</td>
</tr>
<tr>
<td>Good</td>
<td>21</td>
<td>42</td>
<td>16</td>
</tr>
<tr>
<td>Less</td>
<td>14</td>
<td>28</td>
<td>8</td>
</tr>
<tr>
<td>Very Less</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100</td>
<td>50</td>
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</tbody>
</table>

Table 1 showed that before being conducted intervention of knowledge in group of peer tutor method, most of them were in very good category (42%) and in group of adult tutor method, most of them were in very good category (52%). Result of Mann Whitney test, it was obtained that ρ value = 0.331 (ρ > 0.05), which meant that there was no significant difference between both groups. Hence, before being conducted intervention of knowledge about reproductive health to the teenagers between peer tutor method and adult tutor method was not different.

Table 2: Health Education about Teenager’s Reproduction in Religion-Based Through Peer Tutor and Adult Tutor in Improving Knowledge about Teenager’s Reproductive Health after being Conducted Intervention

<table>
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<th>Mann Whitney</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>f</td>
<td>%</td>
<td>f</td>
</tr>
<tr>
<td>Very Good</td>
<td>48</td>
<td>96</td>
<td>44</td>
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<tr>
<td>Good</td>
<td>2</td>
<td>4</td>
<td>6</td>
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<tr>
<td>Less</td>
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After being conducted intervention, both groups showed that most of them had very good knowledge. Analysis by utilizing Mann Whitney test to both groups was obtained that ρ value = 0.006 (ρ < 0.05) and this showed that knowledge in peer tutor method group was significantly higher rather than in adult tutor group. It meant that there was a significant difference between peer tutor method group and adult tutor method group against knowledge about reproductive health to teenagers. Thus, peer tutor method was more effective to be used for improving knowledge about reproductive health to the teenagers rather than adult tutor method.

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Several advantages which were in peer tutor method based on Koes (2017) were: sometimes, the result was better for several teenagers who had fear and being reluctant to the teacher. For the tutor, tutoring would have an effect to strengthen concept that was discussed. Besides, it was an opportunity to train her/himself to have responsibility in doing a job, to train patience, and to reinforce the relationship among students, hence, it reinforced social feelings [6].

Meanwhile, according to teenagers’ characteristic, they had strong needs to be liked and accepted by their peer friends or their group. As the effect, they would feel very glad if they were accepted and conversely, they would feel depressed and anxious if they were trivialized by their peer friends. For teenagers, their friends’ view against them was the most important thing.

According to Santrock (2007), he stated that the most important role from peer friends was as an information source regarding the outside things from family, as cognitive source to solve problem and to gain knowledge, even as emotional source to disclose expression and self identik [7].

Through interacting with peer friends, children and teenagers would learn relation mode that was reciprocal symmetrically. For several teenagers, the experience that was rejected or ignored could make them feel loneliness and hostile. From the explanation, it could be known that peer friends as social environment for teenagers had quite important role for their personality development. Peer friends gave a world self for teenagers to socialize in a situation that they created selves (Santrock, 2007).

Combination between peer friends’ characteristic and teenagers’ characteristic strengthened more and completed each other, thus, the result that was obtained was really satisfying and showed significant difference with the students who were given health education by adult tutor. Furthermore, not only understanding about reproductive health that they understood easily, but also about religious
thing that guided how to behave that must be avoided and forbidden by the religion. Besides, they also could understand although in experience, their knowledge was equal. However, this thing strengthened and motivated more for them and eased them to understand what was stated by their peer friends.

4. Conclusion

Either peer tutor method or adult tutor method could improve teenager’s knowledge about health education, particularly for reproductive health in religion-based. However, peer tutor method was more effective in improving teenager’s knowledge regarding reproductive health in religion-based rather than adult tutor method.

References


