Transferring Information Model on Healthy Reproduction to Adolescents by Parents in Kendal Regency

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Abstract. Changes in early adolescence became very rapid, the entire body shape resembled as an adult, though emotions and intellectuals are not yet the same level as adults. The real physiological changes in adolescents are sex hormone activities that begin to stand out when adolescents enter puberty at age of 12 - 14 years. Submission of healthy reproduction material to adolescents should be done by parents from early age, the purpose is to equip adolescents with right knowledge and direction regarding healthy reproduction behavior. In life cycle of adolescents, the stages that are being experienced are a critical transition period, where there are many physical and psychological changes. In the midst of current globalization and technology, the availability of healthy reproduction behavior feels very lagging behind the incessant information from films, books, magazines, television, internet, and other media that tend to plunge adolescents into risky sexual behavior.

Keywords: information on healthy reproduction, parents, adolescents

1. Introduction

The life of the advanced and modern society, position, function and role of the family are increasingly loose, so that the function of the family to obtain legitimate descendants, educate and encourage children's growth and development to increase human dignity itself, sometimes does not get serious attention.

Submission of information about the healthy reproduction of children and adolescents, should be done by parents who have children aged 6-13 years and adolescents aged 14-21 years. The aim is to equip adolescents with correct and directed knowledge about healthy reproductive behavior, in connection with their role as the nation's next generation and potential development resources. Why the goals of providing healthy reproductive information are parents? In the family life cycle, parents are the first to be known by children, home education is very important for one's personal formation. The influence of parents in daily interactions can also determine the attitudes and values that make it a guideline in his life.

In the family life cycle, the stages of adolescence experience a critical transition period in which there are many physical and psychological changes simultaneously. In the midst of the current globalization of information and technology, the availability of healthy reproductive behavior feels far behind compared to the incessant information that comes from films, books, magazines, television, and other mass media that sometimes tend to plunge children / teenagers into risky sexual behavior, the occurrence of an extramarital pregnancy.

Unhealthy reproductive behavior in adolescents such as having sex outside a legal marriage, or by changing partners, can lead to infections, sexually transmitted diseases, unwanted pregnancies, abortions, and acts of violence that lead to crime.

Parents have an obligation to guide child development and foster adolescent knowledge and understanding of important issues of healthy reproductive behavior since childhood. This can be realized if there is quality communication between parents and children in a healthy and harmonious home life.

Based on the description above, the problem examined is the extent to which parents have the ability to inform healthy reproduction to their children. And what is the interaction model which is more suitable for father and mother in delivering healthy reproductive information to teenage children aged 15-18 years.

2. Method

2.1 Population and Sample

The population of this study is the people in Kendal Regency, with a population of 856,362 and the number of head family (KK) 193,538, covering 17 sub-districts. Research location is in Karangtengah village, Kaliwungu sub-district, Jambearum village, Patebon sub-district, and Cepiring village, Cepiring sub-district. Study sample are married couples who have teenagers aged 15-18 years.

2.2 Sampling Techniques

The researcher used purposive random sampling technique, obtained 90 fathers, 90 mothers, and 90 adolescents in each village 30 people.

Variable Research

The independent variables in this study are interactions based on cognition, affection, and psychomotor for fathers and mothers about healthy reproduction (X1 - X6), and the dependent variable is healthy reproductive information received by children / adolescents (Y).

2.4 Data Collection

The tools used in this study are four, they are a tool to measure the level of cognitivebased interaction ability, a tool for measuring the level of interaction ability that is affectivebased, a tool for measuring psychomotor-based interaction abilities, and a tool for measuring healthy reproductive information received by adolescents. The four tools are in the form of a scale like a Likert model, with 5 scales Cognitive scales range from very understand to not understand. For answers very understand, the score is 5, whereas for the answer does not understand the score is 1.

Example questions for cognitive dimensions :

- a. A legal marriage will result in a pregnancy and can last safely until giving birth, in this case I am : very understand understand understand enough less understand dont understand
- b. Physical changes for male adolescents include genitals developing and if it is aroused can produce sperm, in this case I am : very understand understand understand enoughless understand dont understand

This scale consists of 19 questions with reliability (alpha) of 0.8896 father and mother cognition. Scale affective, psychomotor, and healthy reproduction information shape in a model Likert scale, with 5 scale, ranging from strongly agree to strongly disagree. For answering positive statement strongly agree, the score is 5, whereas for the answer strongly disagree, the score is 1. For answering negative statement, the score for strongly agree is 1 and 5 score for strongly disagree.

Statements examples of affection interaction ability: Parents need to emphasize that teenagers should not have risky sex before marriage. Strongly Agree Agree Uncertainty Disagree Strongly Disagree This scale consists of 18 statements with alpha reliability of 0.8600 (father) and 0.8364 (mother).

Statements examples of psychomotor interaction ability : Homosexual or lesbian behavior greatly influences a person's personality development. Strongly Agree Agree Uncertainty Disagree Strongly Disagree This scale consists of 26 statements with alpha reliability of 0.9102 (father) and 0.8494 (mother). Parents explain how to say "NO" when invited to have free sex. Strongly Agree Agree Uncertainty Disagree Strongly DisagreeThis scale consists of 32 statements with alpha reliability of 0.9321.

2.5 Data Analysis

To test the validity of the measuring instrument, moment product correlation analysis is used, and for the reliability of the measuring instrument is analyzed by alpha. For research data collected then processed with SPSS computer multiple regression analysis.

3. Result and Discussion

Characteristics of the study sample, of 180 subjects (father and mother), 63.89% had elementary and / or Islamic education, 11.11% had junior high school education, 43 had high school education, and 1.11% had university education. The description of each variable studied is presented in the following table :

Variabel	Mean	SD	Min score	Min score	Max score	Max score
			refered	achieved	refered	achieved
X1 (father's cognitive)	62.289	6.075	19	47	95	82
X2 (father's affective)	58.011	7.758	16	40	80	72
X3 (father's	95.833	10.01	26	69	130	109
psychomotor)	65.900	9	19	54	95	88
X4 (mother's	57.144	5.432	16	46	80	68
cognitive)	94.356	5.696	26	84	130	105
X5 (mother's affective)	118.156	5.113	32	74	160	135
X6 (mother's		13.76				
psychomotor)						
Y (HR information)						

Table 1. The level of cognition, affection, psychomotor of the father and mother,

All mean numbers are between the distribution of the second quarter and the third quarter (50% - 75%). From the table, it can be seen that the highest score of the father's cognitive scale was 82 out of 95, the lowest 47 from 19, the mean 62,289 and SD 6,075, it indicated a cognition-based interaction for fathers about healthy reproduction was relatively fair.

The highest score of father's affective scale was 72 out of 80, the lowest 40 from 16, mean 58,011 and SD 7,758, it indicated affective-based interactions for fathers about healthy reproduction was relatively fair.

The highest score of the father's psychomotor scale achieved was 109 out of 130, the lowest 69 of 26, the mean of 95,833 and SD 10,019, it indicated psychomotor-based interactions for fathers about healthy reproduction was relatively fair.

The highest score of the maternal cognitive scale was 88 out of 95, the lowest 54 of 19, the mean of 65,900 and SD 5,432, it indicated a cognition-based interaction for mothers about healthy reproduction was relatively fair.

The highest score for maternal affective scale was 68 out of 80, the lowest 46 out of 16, mean 94,356 and SD 5,696, it indicated that interactions based on affective for mothers about healthy reproduction was relatively fair.

The highest score for the maternal psychomotor scale was 105 out of 130, the lowest 84 from 26, the mean 94,356 and SD 5,113, it indicated a psychomotor-based interaction for mothers about healthy reproduction was relatively fair.

The highest score of healthy reproductive information was 135 out of 160, the lowest was 74 out of 32, mean 118.156 and SD 13.786, it indicated level of healthy reproductive information given by both father and mother was relatively fair.

Thus, in general, the ability of the father and mother to inform healthy reproduction for their teenagers can be stated as relatively fair. Indirectly the first hypothesis has been answered. Next, to answer the second hypothesis can be seen in the descriptions below.

 Tabel 2. Multiple Regression Analysis Cognition, Affection, Psychomotor of Father and Mother toward Healthy Reproduction of Adolescents

No.	Variabel	В	Beta	Sig T (p)
1.	X1 (father's cognitive)	0.4027	0.1775	0.0001
2.	X2 (father's affective)	0.2031	0.1143	0.0051
3.	X3 (father's psychomotor)	0.4394	0.3193	0.0000
4.	X4 (mother's cognitive)	0.6246	0.2461	0.0000
5.	X5 (mother's affective)	0.7438	0.3073	0.0000
6.	X6 (mother's psychomotor)	0.6195	0.2298	0.0000

Constant=102.9478 Multiple R= 9627

p <.05 indicates significant Signif F = 0000

The table shows that healthy reproductive information received by children from their father and mother (Y) = -102.9478 + 0.4027 (X1) + 0.2031 (X2) + 0.4394 (X3) + 0.6246 (X4) + 0.7438 (X5) + 0.6195 (X6). By using multiple regretion shows that there is a significant correlation between the ability of interaction based on father's cognitive psychomotor (X3), mother's cognitive (X4), mother's affective (X5), and mother's psychomotor (X6), with healthy reproductive information, received by adolescents (*p.*each .0001, .0051, .0000, .0000, .0000, .0000, is .05).

This shows that the six variables have a positive contribution to healthy reproductive information. It means that there is a tendency for the higher level of cognition, affection, psychomotor of father and mother about healthy reproduction, the higher the healthy reproductive information received by their teenage children. Multiple regretion .9627 F = .0000, means that together the variables X1 - X6 are positively correlated with healthy reproductive information (Y).

4. Conclusion

Parents have relatively fair interactions abilities about healthy reproduction based on cognitive, affective, and psychomotor. Likewise, healthy reproductive information provided by parents to adolescents shows relatively fair results. Together, the interaction capabilities about healthy reproduction based on father's and mother's cognitive, affective, and psychomotor are positively related to healthy reproductive information received by adolescents. Thus, the interaction ability based on cognitive, affective, and psychomotor for father and mother is an appropriate model for conveying healthy reproductive information to their teenage children. But when viewed from the size of beta numbers and p, the model that is suitable for the father is the psychomotor-based interaction ability, while for mothers is based on cognitive, affective, and psychomotor.

References

- [1] Direktorat Jenderal Pendidikan Anak Usia Dini dan Pendidikan Masyarakat, 2015, *Pendidikan Keluarga Dalam Perspektif Masa Kini*, Jakarta : Kementerian Pendidikan dan Kebudayaan.
- [2] _____, 2015, Roadmap Pendidikan Keluarga, Jakarta : Kementerian Pendidikan dan Kebudayaan.
- [3] Direktorat Kesehatan Keluarga, 2018, Buku KIE Kader Kesehatan Remaja, Jakarta, Kementerian Kesehatan RI.
- [4] _____, 2016, Pedoman Umum Program Indonesia Sehat dengan Pendekatan Keluarga. Jakarta, Kementerian Kesehatan RI.
- [5] Harry Fisch, MD with Karen Moline, 2014, The New Naked : Ultimate Sex Education for Grown-Ups, Naperville, Illinois, Sourcebooks, Inc.
- [6] John W. Berry, 2015, Global Psychology: Implications for Cross-Cultural Research and Management, Journal Emerald Insight, p. 342 355.
- [7] Linda Rae Bennett, Sharyn Graham Davies, 2015, Sex and Sexualities in Contemporary Indonesia : Sexual Politics, Health, Diversity, and Representations, New York, Routledge.
- [8] Prof, Dr. Sugiyono, 2018, Metode Penelitian Kuantitatif, Bandung, CV. Alfabeta.
- [9] Sharon Lamb, Tangela Roberts, Aleksandra Plocha, 2016, Girls of Color, Sexuality, and Sex Education, Boston, Massachusetts, USA, Palgrave Macmillan.