

THE INCREASE OF MOTHER SELF-EFFICACY WITH MEDIA BOOKLET IN PROVIDING SEXUAL EDUCATION TO TEENAGERS IN BENGKULU CITY

Sri Sumiati, Reka Lagora Marsofely* and Yuniarti

Health Promotion Department, Health Polytechnic of Bengkulu Province, Ministry Of Health Jalan Indragiri Nomor 03 Padang Harapan Kota Bengkulu, 38225, Indonesia.

*Corresponding Author: Reka Lagora Marsofely

Health Promotion Department, Health Polytechnic of Bengkulu Province, Ministry Of Health Jalan Indragiri Nomor 03 Padang Harapan Kota Bengkulu, 38225, Indonesia.

Article Received on 13/12/2017

Article Revised on 03/01/2018

Article Accepted on 24/01/2018

ABSTRACT

The general purpose of this study is to determine the increase of mother self-efficacy with media booklet in providing sexual education to teenagers in Bengkulu City. The type of research used is quasi-experimental with pre and posttest. The sample in this study were mothers who have teenagers amounted to 50 people, sampling using random sampling technique was analyzed using Wilcoxon test sign rank test. The result of the research showed that the mean of self-efficacy of the respondent before giving treatment with booklet was $82,20 \pm 11,01$ with after treatment was increased to $95,04 \pm 11,39$. While the control group on the average self-efficacy of respondents prior to counseling was $79,24 \pm 21,9$ and, after giving counseling increased to mean $80,48\% \pm 22,8$. Wilcoxon test results obtained $p = 0,004$ which shows there is the difference of increase of self-efficacy of the mother after given booklet in giving sexual education to adolescent, it is suggested for health provider use interesting media with the picture like using booklet in delivering health information to the target group.

KEYWORDS: Mother's Self-Efficacy, Sexual Education, Booklet, Teenagers

INTRODUCTION

Adolescence is one of the most important periods in human life. At this stage, adolescents will experience the maturation of sexual organs and attainment of reproductive ability accompanied by various changes in somatic growth and psychological perspectives.^[1] Based on the results of the Indonesian Population Census in 2010, about 26.8% or 63 million of the total population of Indonesia which the population are 233 million people are teenagers with age range 10 -24 years.^[2] The high number of teenagers will certainly be followed by various problems closely related to adolescents.

One of the problems faced by teenagers is premarital sexual behavior that will lead to many other problems. Based on a survey of adolescent reproductive health (15-19 years) by the Statistics Central Bureau, about 72% of adolescents claimed to have been dating and 10.2% admitted that they have had sex. Teenagers in Bengkulu Province, after a survey conducted by BKKBN (Board of National Coordination Family Planning) Bengkulu Province in 2012, from 517 teenage respondents, 3.50% said that they have sex pre-marriage and it was first done at the age of 14 years of 11.11% and the highest is at the age of 21 years, it reaches 5.56%.^[3]

Teens who are sexually active are at risk of becoming pregnant and contracting sexually transmitted infections (STIs). Nearly 20 million out of 46 million are unsafe abortions and 13% end in death. It increases the vulnerability of adolescents to various diseases, especially which are associated with sexual and reproductive health, including the increasing of HIV/AIDS possibility.^[1] Sexuality education can reduce misinformation, improve appropriate knowledge, and reinforce positive values and attitudes. Education can also improve decision-making skills, affect perceptions in peer relations and social norms, improve communication with parents.^[4] However, sex education is still controversial. Therefore, the government conducts sex education through a morality approach rather than a health approach, one of which is the sexuality education through the family with the mother as a closer figure. Youth Family Development (BKR) is one of the government programs targeting mothers with teenagers to be informed about reproductive health and expected to deliver to children.^[5]

The approach to the family is based on the results of the Indonesian Population Demographic Survey^[6] which shows that adolescents prefer to share their problems with peers (71%), and to parents (31%). Although teenagers prefer to tell their problems to their peers, but

the role of the family is more important because adolescents are still under the control of their parents where the formation of teenage characters starting from the family.^[5]

From various data indicates that family through parenting has been identified as a very important influence in the formation of adolescent character, including those related to reproductive health. Parenting processes include the proximity of parents to adolescents, parental supervision, and parental communication with adolescents. Through communication, parents should be the main source of information and educators about adolescent reproductive health, also about the planning of adolescent life in the future.^[5] However, parents often face obstacles in communicating with their teenagers and vice versa.

MATERIALS AND METHODS

The type of research used is quasi-experimental with pre and posttest. The design model is as follows:

Intervention Group 01 X 02
 Control group 03 X 04

where :

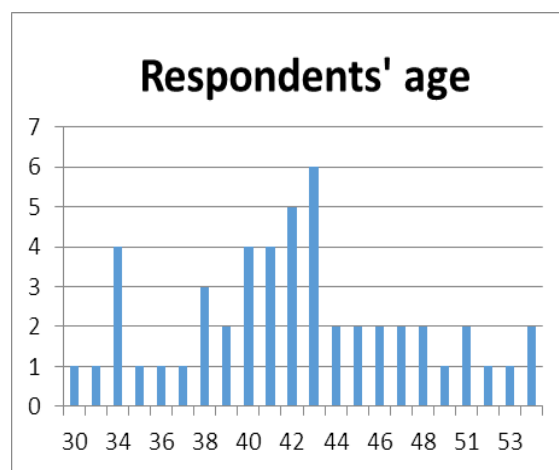
- 01 = Early pretest before being given a booklet on teenage sexual education.
- X = Intervention in the form of booklet giving and monitoring every 1 mg.
- 02 = the first measurement is done after 1 month of booklet presentation.
- 03 = Early pretest before being given counseling about teenage sexual education.
- X = Intervention provides counseling
- 04 = the first measurement is done after 1 month of counseling.

The population in this study were mothers who had early adolescents 10-14 years old who were in the city of Bengkulu amounted to 17,059 people. The sample size is calculated by using the formula according to Lemeshow^[7] Based on the formula is obtained the number of sample 49 people, rounded 50, consisting of 25 people group intervention with booklet and 25 control

group intervention counseling BKR. Data were taken by using Purposive sampling technique. This research was conducted in April - December 2016 in Bengkulu City. The instrument in the form of self-efficacy modification is questioner based on PSE (parenting Self-efficacy) Bandura task in 1997 and SEPTI (Self Efficacy Parenting task Index) of Michael Harty in 2009^[8,9] Data were analyzed by using of univariate and bivariate (Wilcoxon).

RESULTS AND DISCUSSIONS

This research is conducted to know the increase of self-efficacy of the mother in giving sexual health education at adolescent by using booklet with result of processing and analysis of data as follows: This analysis was conducted to obtain respondent characteristics, mean Self-efficacy before and after intervention by using health promotion media (booklet) and using counseling. The distribution results can be seen from the graph and table below:



Graph 1: Characteristics of Respondents by age.

Based on graph 1 shows that the average age of respondents is 43 years old It is indicated that all of respondent have an enough experience in educating their children.

Table 1: Characteristics of Respondents by occupation.

Variable Occupation	Intervensi		Control	
	N	%	N	%
Household	6	64	2	84
Farmer	1	4	1	4
Private servant	7	28	1	1
Civil servant	1	4	3	2
Total	2	10	2	10

The occupation of respondent was mostly (64%) household in the intervention group, and the control group almost all of respondent (84%) are housewives.

Table 2: Average Self-efficacy scores in the intervention and control groups.

Variable	Intervention		Control	
	Mean	Standard Deviation	Mean	Standard Deviation
Self-efficacy Pre-intervention	4.20	11.01	9.24	82
Self-efficacy Post-intervention	95.04	11.39	80.48	80

Table 2 shows the average descriptive statistic and standard deviation of self-efficacy of respondents between intervention and control groups. Before booklet treatment was given, the mean of self-efficacy of respondents in the intervention group is 82.20 with standard deviation is 11.01. Measurement of self-efficacy of respondents after treatment was given increased to average is 95.04 with standard deviation is 11.39. While in the control group, the average self-efficacy of respondents prior to counseling is 79.24 with standard deviation is 21.9. In the self-efficacy measurement of respondents increased to an average is 80.48 with the standard deviation is 22.8 after the counseling was given.

The result of univariate data showed that prior to the intervention by giving the booklet obtained the average result of the mother with low self-efficacy and after the intervention with booklet, the mean of self-efficacy becomes high, this means there is an improvement of mother's self-efficacy after given booklet. It is because after the respondents had got a booklet, researchers always monitored the booklet given every one week.

Self-efficacy is one's ability to successfully conduct a behavior. People with high self-efficacy will be more confident in their ability to shift behavior compared to people with low self-efficacy who will think a lot about failure. This self-perception is a powerful factor in a person's behavior change. In sexuality education, mothers feeling capable will do so more confidently even though their knowledge is limited, and they will find out more about the unknown. On the contrary, people having a perception of self-ability but feeling inadequate will

not provide sexuality education even though they actually have sufficient knowledge.

Self-efficacy give great impact on the ability and attitudes of parents in communicating regarding sexuality education to their child. The intervention of parents in providing the understanding of sex to teenagers is a fully good target. Studies have shown that parental communication is positively related to adolescent sexual behavior, this intervention is excellent for improving sexual and reproductive health.^[10]

In Canada, about 70% of parents have not provided sexuality education to teenagers. Only 15% of parents in Canada are providing good sexuality education to teenagers. Similarly, in Indonesia, very few parents convey information about sexuality and things that are closely related to the growth and development of adolescents.^[11] In Ethiopia, one of the factors generating high incidence of sexual intercourse before marriage is the low communication of adolescents with parents. The development of the program was done by focusing on improving information and communication from schools and parents.^[12] Other studies have shown a significant association between mothers who have verbal and visual abilities against child weight.^[13] The booklet is a medium to deliver health messages in the form of writing and drawing. Booklets as channels, aids, tools, and resources to convey the message must conform to the content of the material to be submitted. Bivariate analysis was performed to see the difference in self-efficacy before intervention and after intervention in two groups in the analysis with the following results.

Table 3: Analysis of differences in self-efficacy of intervention groups and control groups.

Variables	Intervention						Control					
	N	p	Mean	SD	95% CI		N	p	Mean	SD	95% CI	
					Lower	Upper					Lower	Upper
Self Efficacy	25	0.004	0.76	0.436	-0.664	-0.136	25	0.771	0.36	0.490	-0.315	-0.235

The result of bivariate analysis with Wilcoxon test (table 3) found that self-efficacy after intervention by giving booklet got mean value 0.76 with value $p = 0,004 < \alpha 0,05$ which mean there is the difference of self-efficacy of the respondent before and after given booklet media. While self-efficacy in respondents after intervention with counseling obtained mean value 0.36 with value $p = 0,771 > \alpha 0,05$. It means that there is no difference of

self-efficacy of respondents before and after being given counseling by BKR.

Giving booklet in this research was conducted by monitoring to the respondent. It is also a factor that supports the research hence booklet can be more effective. The results of the study were in line with other studies showing SETS-based booklets effectively increase knowledge about the mitigation and adaptation

of natural disasters as well.^[14] The results of the study show that 89 families are under observation. Most have a low education but they are interested and understand concerning the information attained through booklet.^[15]

The process of coining and validating an education booklet for HIV / AIDS prevention in adults derives the results of a dialogue between two parents was divided into three categories: myth and taboo; ignorance; prevention and importance of diagnosis. The average of the category is 0.90 advanced suggestions to be observed and modified in the final version. The booklets are validated in the form of content and relevance and should be used by nurses to get feedback on healthy foods during pregnancy.^[16,17]

Other research has discovered that the effectiveness of communication of Natural Child booklet media as Gentle Birthing Service messenger media is seen from six criteria, i.e. recipient, message content, timeliness, communication media, format, and message source. The final results of this study indicate that as many as 74% of 100 respondents stated that the booklet of Natural Children has effectiveness in conveying communication.^[18] Other studies also show that mothers in Caucasians have a higher level of knowledge about childhood poisoning and prevention after intervened with booklets. There is a positive relationship between the provision of booklets and the prevention behavior of child poisoning. The research objective allows finding the necessary ways to improve the use of booklets as a comprehensive tool for child health monitoring.^[19]

Simple booklets can provide relevant information on clinical decisions. This booklet reduces the number of words and improves FK (Flesch-Kincaid) Reading ease scores from 25 to 42. Simplified ICF (Inform Consent Forms) has a slightly higher FK score than the ICF standard (50 vs 42). Comprehending assessed in inpatients is better for short 62% booklet and ICFs is 95% confidence interval (CI) 56 to 67 true.^[20]

The results of this study also obtained before the intervention by counseling BKR in the results of the average mother with low self-efficacy and after intervention by counseling BKR average self-efficacy remains low, no change. The result of bivariate got $p = 0,771 > \alpha 0, 05$. which means there is no difference of self-efficacy of respondents before and after being given counseling BKR. The cause is that the counseling mother only knows about the information submitted but lack of understanding and explanation techniques to provide sexual education to adolescents.

Other studies have presented that the effectiveness of reproductive health education on knowledge and free sex attitudes in grade X SMAN 2 Bangun Tapan students indicates a change of knowledge, attitude and skill of the mother before and after giving counseling about how to care newborn baby.^[21]

Providing health education in order to achieve the goal must take account to some points such as materials or messages and methods conveyed in a language that is easily understood by the community in their daily language, the material is not too difficult and is understandable by the target. The explanation of material should utilize props to draw the attention of the target, the material or message delivered is a basic need in the health and nursing problems deal with the target.^[22]

CONCLUSION

The average self-efficacy of mothers before being given a booklet in providing sexual education to adolescents is 82.20. The average self-efficacy of the mothers after the given booklet is 95.04. The average self-efficacy of mothers before being given counseling in providing sexual education to adolescents is 79.24. The average self-efficacy of mothers after being given counseling in providing sexual education to adolescents is 80.48. There is a difference in self-efficacy improvement of the mothers after given a booklet with given counseling in providing sexual education to adolescents.

For BKKBN increasing the production of booklet media about sexual education for adolescents to be distributed to families who have adolescent children and improve health promotion, so as to self-efficacy are able to provide sexual education in adolescents. For Health Services, the results of this study can be an input for policymakers in preparing health programs for teenagers as an effort to prevent risky sexual behavior in adolescents. Other health providers should harness attractive media with images such as using booklets in uttering health information to target groups.

REFERENCES

1. Santrock J.W. Life-Span Development. 13th. Published by McGraw-Hill, an imprint of The McGraw-Hill Companies, Inc., 2010; 1221. Avenue of the Americas, New York, NY 10020. ISBN: 978-0-07-353209-7.
2. Badan Pusat Statistik. Sensus Penduduk Tahun. Jakarta: Badan Pusat Statistik, 2010.
3. BKKBN, Perilaku Seks Remaja, Survey RPJMN Bengkulu, 2012.
4. United Nations Educational, Scientific, and Cultural Organization (UN- ESCO). International technical guidance on sexuality education (an evidence- informed approach for schools, teachers, and health educators). Paris, France: United Nations Educational, Scientific, and Cultural Organization (UNESCO), 2009.
5. BKKBN, Bina Keluarga Remaja, Perwakilan Badan Kependudukan dan Keluarga Berencana Nasional Provinsi Bengkulu, 2013.
6. Survey Dasar Kesehatan Indonesia, Indonesia, 2012.
7. Lemeshow S, Hosmer D, Klar J, Lwanga S, Adequacy of sample size in health studies. John Wiley & Sons, 1990.

8. Bandura, A, guide for constructing self-efficacy scales, 1997; 307–337. <https://www.uky.edu/~eushe2/Bandura/BanduraGuide2006.pdf>.
9. Harty, M. the validation of a task-specific measure of parenting self-efficacy for use with mothers of young, 2009. children, (April). Retrieved from, <http://repository.up.ac.za/dspace/bitstream/handle/2263/28789/Complete.pdf?sequence=4&isAllowed=y>.
10. Aletha Y Akers, Cyntia L Holland, and J. B. Interventions to Improve Parental Communication About Sex: A Systematic Review abstract. <https://doi.org/10.1542/peds>, 2011; 2010-2194.
11. Weaver AD, Byers ES, Sears HA, Cohen JN, Randall HES.2002. Sexual health Education at School and home: attitude and experience of New Brunswick parents. *The Canadian Journal of Human Sexuality*, 2002; 11(1): 19-37.
12. Habesha, T., Aderaw, Z., & Lakew, S. Assessment of exposure to sexually explicit materials and factors associated with exposure among preparatory school youths in Hawassa City, Southern Ethiopia: a cross-sectional institution based survey. *Reproductive Health*, 2015; 12(1): 86. <https://doi.org/10.1186/s12978-015-0068-x>.
13. Cheng, T. S., Loy, S. L., Cheung, Y. B., Chan, J. K. Y., Tint, M. T., Godfrey, K. M., Chan, Y. H. Singaporean mothers' perception of their three-year-old child's weight status: A cross-sectional study. *PLoS one*, 2016; 11(1), 1–14. <https://doi.org/10.1371/journal.pone.0147563>.
14. Geoco, J. The development of booklet-based media sets on the subject matter of mitigation and adaptation of natural disasters for senior high school, 2016. https://www.google.co.id/url?sa=c3TWhi_4buZwwiu77OeXgw&bvm=bv.139782543,d.c2I.
15. Cartilha, Fraccolli, L. A. Evaluation of an educational booklet about childcare promotion from the family's, 2008; 42(3): 429–434. Retrieved from http://www.scielo.br/pdf/reeusp/v42n3/en_v42n3a02.pdf.
16. Maria, S., Feitoza, D. S., Eliana, M., Bessa, P., Lúcia, M., Pereira, D., ... Ii, D. S. Validation of educational booklet for HIV / Aids prevention in older adults, 2017; 70(4): 775–782.
17. Oliveira, S. C. De, Venícios, M., & Lopes, D. O. Development and validation of an educational booklet for healthy eating during pregnancy, 2014; 1: 22(4). <https://doi.org/10.1590/0104-1169.3313.2459>.
18. Hapsari, C. M., Komunikasi, P. I., & Petra, U. K. efektivitas komunikasi media booklet “ anak alami ” sebagai media penyampai pesan gentle birthing, 2012. [service.http://scholar.google.co.id/scholar_url?url=http://studentjournal.petra.ac.id/index.php/ilmu-komunikasi/article/download/940/840&hl](http://scholar.google.co.id/scholar_url?url=http://studentjournal.petra.ac.id/index.php/ilmu-komunikasi/article/download/940/840&hl).
19. Primaria, A., & Salud, A. L. A. Child Health Booklet: experiences of professionals in primary health care, 2014. <https://doi.org/10.1590/S0080-623420140000500012>.
20. Benatar, J. R., Mortimer, J., Stretton, M., & Stewart, R. A. H. A Booklet on Participants' Rights to Improve Consent for Clinical Research: A Randomized Trial, 2012; 7(10): 1–7. <https://doi.org/10.1371/journal.pone.0047023>.
21. Retno Kusumo Wati. Efektifitas penyuluhan kesehatan reproduksi terhadap pengetahuan dan sikap seks bebas pada siswa kelas X di SMAN 2 BangunTapan, 2014.
22. Mubarak, Wahit Iqbal. Buku Ajar Keperawatan Komunitas 2. Jakarta : CV Sagung Seto, 2006.