



Adolescent-Parent Communication About Reproductive Health Among Junior High School Students

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Abstract

Adolescent-parent communication about reproductive health is still considered taboo. This view prevents students from telling their parents about their health problems. This study aimed to analyze the relationship between factors related to adolescent-parent communication about reproductive health. This research method is analytically observational with a cross-sectional approach. Respondents involved were students of classes VII and VIII, totaling 117 people, with the collection technique being total sampling. The results showed there was no relationship between gender (p-value= 0.182, OR (95%CI)= 0.846-3.686), access to information (p-value= 0.561, OR (95%CI)= 0.603-3.314), gender compatibility (p-value= 0.302, OR (95%CI)= 0.707-5.020), and parental credibility (p-value= 0.100, OR (95%CI)= 0.950-4.370) with adolescent-parent communication about reproductive health. The absence of a relationship between these factors and adolescent-parent communication about reproductive health shows that students have the opportunity to communicate more freely with their parents. Future research must examine reproductive health communication patterns from the parent's perspective.

Keywords: Adolescent-Parent communication; Reproductive Health

INTRODUCTION

Adolescent reproductive health problems are still a strategic issue that attracts the attention of many parties. Some teenage girls who experience menstruation have permission from school. Teenagers still do not know how to prevent HIV, sexually transmitted diseases, and pregnancy. A small percentage of teenage girls are sexually active and have experienced pre-marital sexual relations (Ivanova et al., 2019). Therefore, good reproductive health knowledge is an essential thing that must be owned by adolescents in order to avoid these reproductive health challenges.

Based on the research results in Nicaragua,

general knowledge about sexual and reproductive health is moderate. However, knowledge about HIV and its transmission is poor (Bergström et al., 2018). The results of other studies stated that adolescents had poor knowledge about menstruation (37.3%, 95% CI 31.8, 43.1) knowing menstruation moreover, STIs other than HIV (55.9%, 95% CI 50.4, 61.3 do not know STI) (Finlay et al., 2020). 2017 Indonesian Demographic and Health Survey (IDHS) reported that only 32.8% of female adolescents and 36.8% of male adolescents knew the risk of pregnancy, and 53.3% of female adolescents and 51.6% of adolescents knew the risk of pregnancy (BPS et al., 2017). In addition, research states that 46% of female adolescents have

poor knowledge about vaginal discharge (Ilmiawati & Kuntoro, 2016), and 86% of female adolescents have poor knowledge of individual hygiene during menstruation (Laswini, 2022).

Knowledge about reproductive health is obtained by adolescents from information sources that have been accessible to adolescents so far. The 2017 IDHS report identified sources of information for discussions on adolescent reproductive health, namely friends, mothers, fathers, siblings, relatives, teachers, health workers, religious leaders, and others. The results of other studies also state that the primary sources of information about reproductive health are friends, parents, teachers, radio, and television (Kyilleh et al., 2018). Friends and teachers as sources of information have the highest percentage chosen by teenagers, while religious youth are the smallest. Parents are relatively few chosen by teenagers. Discussions with fathers were carried out by 2% of teenage girls and 10% of teenage boys. Discussions with mothers were carried out by 43% of teenage girls and 13% of teenage boys (BPS et al., 2017).

Parents have an essential role in increasing adolescent knowledge about reproductive health. A literature study conducted by Ilmy dan Safrudin (2021) found eight articles that examined reproductive health knowledge and adolescent-parent communication. All the articles in the study stated that there was a relationship between parental communication and adolescent reproductive health knowledge. However, several reasons hinder reproductive health communication between parents and adolescents: cultural taboos, shame, lack of communication skills (Kusheta et al., 2019), and lack of parental knowledge (Febriana & Mulyono, 2020).

Researchers have conducted a preliminary study in one of the Muhammadiyah schools. Kottabarat Surakarta Special Program Middle School (PK) is one

of the Muhammadiyah Charities under the auspices of PDM Surakarta, which is engaged in education. This school has earned the title of an Adiwiyata School at the Surakarta City level in December 2021 with the advantage of its program being waste management at school. In 2018, this Middle School also won third place as a Healthy School. However, the provision of health education to students is still minimal. The last health education was given to students in 2018. However, this education ended in offering health products. The results of an initial interview with one of the PMR extracurricular supervisor teachers stated that some students often asked him about reproductive health. Several male students stated that they had complaints in the lower abdomen and asked about wet dreams. Several female students experienced complaints of dysmenorrhea and asked about maintaining cleanliness during menstruation. Schools have a role in increasing students' knowledge, especially about health education. However, parents still have an essential role in providing understanding regarding reproductive health to these students.

Previous research examined specific communication between adolescent girls and their mothers, showing that several predictors were significantly related to good communication of reproductive health (Zakaria et al., 2019). Adolescents girls tend to choose their sources of reproductive health information as their parents (Ivanova et al., 2019). Previous studies tend to focus on female adolescents, who are considered to have more reproductive health problems than male adolescents. Therefore, this study aims to analyze factors related to adolescent-parent communication for all boys and girls.

METHOD

This research is a quantitative study with a cross-sectional approach. This study aims to analyze the relationship between students' gender, parents'

socio-demography (occupation, education, economic status), and the role of students' parents in adolescent-parent communication about sexuality and reproductive health at SMPPK Muhammadiyah Kottabarat Surakarta. In addition, the retrieval of research data is carried out at the same time. This research will be conducted at SMPPK Muhammadiyah Kottabarat Surakarta in February 2023.

This study's population was all class VII and VIII students, totaling 310. Calculate the minimum sample using the Lemeshow Formula so that several 160 students are obtained—sampling technique using quota sampling. The inclusion criteria for this study were students who obtained permission from their parents to become research respondents.

The variables of this study consist of the following:

1. **The gender of the student** is the biological status of the student. This variable consists of one question. For example, male (score 1) and female (score 2) are variable categories.
2. **Information access** is a student's effort to find information related to reproductive health. This variable consists of five questions. The variable category is accessing (score 1) and not accessing (score 2).
3. **Gender compatibility**, namely students' opinions related to the desire to discuss sexuality and reproductive health with parents of the same sex (female students with mothers or male students with fathers). This variable consists of 1 question. The variable categories are unsuitable (score 1) and appropriate (score 2).
4. **Parental credibility** is the student's perception of quality, capability, and trust in fathers and mothers as a source of information about sexuality and reproductive health. This variable consists of 20 questions—low (score 1) and high (score 2) variable categories.
5. **Adolescent-parent communication**, namely exchanging ideas about sexuality and reproductive health carried out by students and parents, comprehensively covers gender, sexual rights, satisfaction, violence, religion, human relations, reproductive health, and HIV. and reproductive health. This variable consists of 20 questions—poor variable category (score 1) and good (score 2).

The data collection technique was carried out directly by giving questionnaires to students selected as research respondents. The data collection method is a questionnaire; students fill out the questionnaire independently. The research steps carried out are: The licensing process is carried out by taking care of permits from the university to the school as a place of research. This stage was carried out in August 2022.

The data collection process was carried out by randomly selecting classes whose students would be used as research respondents until the research sample quota was met. Distributing the questionnaires follows school regulations to avoid disturbing the ongoing class hours. This stage is planned to be carried out in September 2022. This research passed the ethical test with the letter 4738/B.1/KEPK.FKUMS/VII/2023.

Research data processing is done by checking answers, scoring answers, and assigning variable codes. Research data analysis was carried out in three stages, namely:

1. Univariate data analysis, namely calculating the frequency distribution of the research variables.
2. Bivariate data analysis using the Chi-Square Test to see the relationship between research variables.
3. Multivariate analysis using the Simple Logistic Regression Test to see the dominant factors of the research variables.

RESULT AND DISCUSSION

This research involved 117 grade VIII students of SMP Muhammadiyah Special Program (PK)

Kotabarat Surakarta. More female students (55%) were involved than male students. Most respondents live with their parents (98.2%) and have received information about sexuality and reproductive health (76.1%). Most sources of information about sexuality and reproductive health came from parents (20%), followed by the mass media (26.7%) and teachers (23.1%). Most students stated they were more comfortable communicating with parents of the same sex (82.9%), although some said they had no difficulty communicating with parents of the opposite sex (59%). Some students communicate more openly about sexuality and reproductive health with their mothers (54%). The most discussed percentage of communication topics was about the body and human development (18.9%), while the least discussed was sexual behavior (7.3%). Most students considered that parents had good credibility as a source of information about sexuality and reproductive health (63.2%). The difference in communication between parents and adolescents about sexuality and reproductive health is significant (53%), and that which is lacking (47%) is not too far away, namely only 6% (Table 1).

Table 1. Univariate Analysis Results

Variable	Frequency	Percentage (%)
Gender of the student (N=117)*		
Male	53	45
Female	64	55
Residence (N=117)		
With parents	115	98.2
Not with parents	2	1.8
Information acces (N=117) *		
Access	89	76.1
Not accessing	28	23.9
Sources of information on reproductive health (N= 195)		
Parent	56	28.7
Friend	39	20
Teacher	45	23.1
Mass media	52	26.7
Others	3	1.5
Conformity between the sexes of adolescents and their parents (N= 117) *		
In accordance	97	82.9

Not suitable	20	17.1
Difficulty communicating with parents of the opposite sex (N= 117)		
No	48	59
Yes	69	41
Open communication with (N= 117)		
Father	24	20.5
Mother	64	54.7
Father and mother	25	21.4
Not with both	4	3.4
Communication topics on sexuality and reproductive health (N= 450)		
Gender	55	12.2
Human relations	77	17.1
Values, rights, and culture of Sexuality	60	13.3
Sexual violence	48	10.7
Skills for health and well-being	45	10
The human body and development	85	18.9
Sexual behavior	33	7.3
Sexuality and reproductive health (pregnancy and HIV/AIDS)	47	10.4
The credibility of parents as a source of information (N= 117) *		
Good	74	63.2
Less	43	36.8
Communication between parents and adolescents about sexuality and reproductive health (N= 117) *		
Good	62	53
Less	55	47

The bivariate analysis results showed no relationship between gender, access to information, sex compatibility, and parental credibility with adolescent-parent reproductive health communication. Even so, if you look at the percentage tendency of each variable, it shows something different. For example, in the group of respondents who have good reproductive health communication, the percentage of female respondents (59.4%) is higher than that of male respondents (45.3%), the rate of respondents who access information (55.1%) is higher than those who do not access information (46.4%), the percentage of respondents who are sex-matched to their parents (55.7%) is higher than those who are not sex-matched

to their parents (40%), and the percentage of respondents with parents' credibility as a source of information the good ones (59.5%) are higher than the bad ones (41.9%) (Table 2).

Reproductive education for adolescents still needs to be improved for teenagers today. The analysis of the 2017 Indonesian Demographic and Health Survey (IDHS) data shows that several scores are still relatively low, including knowledge about aspects of sexual and reproductive health and sexual reproductive health of Indonesian adolescents. Knowledge about reproductive health in the female group is higher than in the male group (Lukman, 2021). Other research proves that gender is related to access to reproductive health information (Arifah & Sharfina, 2018). Women who have good knowledge about reproductive health have the opportunity to be able to communicate well, too. This view is in line with the results of this study, which show that the percentage of female respondents who have good communication is higher than male respondents.

Table 2. Results of Bivariate Analysis

Variable	Reproductive Health Communication				Total		Nilai p-value	OR (95% CI)
	Not good		Good		N	%		
	n	%	n	%				
Gender								
Male	29	54,7	24	45,3	53	100	0.182	0.846-
Female	26	40,6	38	59,4	64	100		3.686
Information Access								
Not access	15	53,6	13	46,4	28	100	0.561	0.603-
Access	40	44,9	49	55,1	89	100		3.314
Gender compatibility								
Unsuitable	12	60	8	40	20	100	0.302	0.707-
Appropriate	43	44,3	54	55,7	97	100		5.020
Parental credibility								
Low	25	58,1	18	41,9	43	100	0.100	0.950-
High	30	40,5	44	59,5	74	100		4.370

The results showed that access to information showed no relationship with adolescent-parent reproductive health communication. Nonetheless, most respondents obtained this information in the order of sources: parents, mass media, teachers, and friends. Previous research has shown that access to

information for parents can increase adolescents' knowledge about reproductive health (Widiarti et al., 2023). According to another studies, teenagers who receive health interventions from their families are more likely to have access to medical professionals and health information (Wulandari et al., 2019). In addition, it is recommended that adolescent reproductive health service strategies also use mass media, such as providing social media applications and services. This strategy can increase knowledge and keep adolescents' secrets (Auri et al., 2022). Therefore, developing reproductive health education media through digital media is necessary to meet these needs

Moreover, the respondents belong to the millennial generation group, so the mass media becomes a platform that attracts their attention. However, teenagers need to filter out reliable sources of information from the mass media. Adolescent access to sexual media is also related to adolescent attitudes toward reproductive health issues. Nonetheless, supervision and guidance from parents and educators are essential to protect adolescents from deviant sexual behavior (Septiani, 2019). Having the right approach to intervene with teenagers may be able to change teenagers' intentions and behavior regarding sexuality (Arifah & Kusumaningrum, 2022). Promotion of the availability of adolescent reproductive health services also needs to continue to be carried out in order to motivate more intensive communication between adolescents and their parents (Kusheta et al., 2019).

The majority of parents have good credibility in this study. Although the results of statistical tests showed no relationship between credibility and parent-adolescent communication, the group that had good parent-adolescent communication tended to come from parents with good credibility. Parents who will discuss reproductive health with their children

must form good interactions to establish trust and openness between adolescents and parents. To facilitate communication, parents can use the media and understand the condition of adolescents (Ismiyati & Rumiaturun, 2019). However, following the study results, most of the sources of information used by the respondents were not their parents (71.3%). Even though the credibility of most parents is good, several things can hinder adolescent-parent reproductive health communication, including communication skills, feelings of shame, and taboo beliefs about adolescent reproductive and sexual health issues. Therefore, intervention is needed to improve communication skills between parents and adolescents regarding reproductive health (Febriana & Mulyono, 2020).

CONCLUSION

The results showed no relationship between gender (p -value= 0.182, OR (95%CI)= 0.846-3.686), information access (p -value= 0.561, OR (95%CI)= 0.603-3.314), gender compatibility (p -value= 0.302, OR (95%CI)= 0.707-5.020), and parental credibility (p -value= 0.100, OR (95%CI)= 0.950-4.370) with adolescent-parent communication about reproductive health. Adolescent-parent communication about reproductive health, which is low and high, has almost the same percentage—of recommendations to parents to improve communication with adolescents regarding reproductive health further. The school also needs to add reproductive health education activities. Future research can explore more deeply from the perspective of parents as respondents.

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