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RESEARCH ARTICLE

The Effectiveness of A Reproductive Health Active Learning Process Model in Improving Teen's Knowledge and Self-Trust in the First Middle School

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Abstract

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 before young adulthood (Soejiningsih, 2004). To be ready to enter adulthood, adolescents begin to get acquainted and deal with various adult problems. Biologically, adolescents already have the ability like adults, but psychologically they have not got the right to use these abilities. The occurrence of psychological changes causes confusion among adolescents. They experience emotional turmoil and mental stress so that they easily deviate from the rules and social norms that apply in society. The design of this study was an experiment with a Posttest Only Control Group Design approach. In the experimental design of this study, there were two groups selected randomly. One group acts as a control group and the other group acts as an experimental group. The population in this study were students of health cadres at SMP Negeri 1 Merak Urak, Tuban Regency in 2019/2020, with a sample size of 36 students. The sample of this research was some students of health cadres at SMP Negeri 1 Merak Urak, Tuban Regency, with a sample size of 33 students. The sampling technique used was simple random sampling. The independent variable of this research is the active learning process of adolescent reproductive health, the dependent variable of this study is the level of knowledge and self-confidence of adolescents. The research instrument used in this study was to use a modified adolescent reproductive health active learning process module and a questionnaire to measure the level of knowledge and self-confidence of adolescents in junior high school. Data analysis was used to determine the effect of the independent variable and the dependent variable with the Manova test, with an error rate of α 0.05. Hypothesis testing shows that the significance value for the treatment and control groups tested by the Pillai Trace, Wilk's Lamda, Hotteling's T and Roy's Largest Root procedures is 0.005 <0.05, because the p-value shows a significant value, this means that the hypothesis test is accepted, i.e. Simultaneously there is an effect of the active learning process on reproductive health on knowledge and self-confidence of adolescents in the treatment group and the control group. The results of the analysis of the differences in knowledge and self-confidence of adolescents between the treatment class and the control class using the Tests of between Subjects Effects analysis through the calculation of the General Linear Model-Multivariate which shows that there is a relationship between active learning. Reproductive health processes and knowledge are indicated by the value *sig.* 0.002 <0.05 in the treatment class and control class. However, there is no relationship between the active learning process for reproductive health and adolescent self-confidence as indicated by the *sig* value. 0.269> 0.05 in the experimental class and control class.

Keywords: *Germ numbers; Humidifier; Extrak sansieveira and cymbopogon nardus; Air spaces.*

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 before young adulthood [1]. To be ready to enter adulthood, adolescents begin to get acquainted and deal with various adult problems.

Biologically, adolescents already have the ability like adults, but psychologically they have not got the right to use these abilities [2]. The occurrence of psychological changes causes confusion among adolescents.

They experience emotional turmoil and mental stress so that they easily deviate from the rules and social norms that apply in society.

The research objective was to determine the effect of active learning on reproductive health on knowledge and self-confidence of adolescents in junior high school. Reproductive health situation for adolescents aged 15-19 years is the proportion of first dating at age 15-17 years. About 33.3% of teenage girls and 34.5% of boys started dating before the age of 15, so they will have

the risk of unhealthy dating behavior, including having premarital sex, most of the premarital sexual intercourse was found 57.5% in men, 38% in women, and forced by a partner12.6%. Pregnancy at a young age (<15 years) was 1.97% higher in rural areas than in cities.

In Central Java in 2010, especially in Semarang City, the level of reproductive health knowledge showed that 43.2% had low knowledge, 37.2% had sufficient knowledge and 19.5% had good knowledge [3]. According to Fasli Jalal, 2010 (Head of BKKBN), the increasing trend of premarital sex among teenagers is worrying [4]. Moreover, the number of teenagers is approximately 27 percent of the total population of Indonesia [3-5]. This number increased in 2012, stating that as many as 6,018 or 2.7 women aged 15-19 had had sexual intercourse, while men at the same age totaled 6,835 or 4.5 percent had had sex. [6].

Based on the 2012 Indonesian Health Demographic Survey (IDHS), 48 out of 1,000 urban pregnancies occur in the 15-19 year old age group. This figure is an increase compared to the 2007 IDHS findings, which were only 35 out of 1,000 pregnancies. One of the factors causing the increase in teenage pregnancy is casual sex. A preliminary study was conducted in July 2019, at SMP Negeri 1 Merakurak, Tuban Regency; reproductive health education has never been carried out.

Many students are still looking for information by accessing the internet via cellphones. If this is not given an explanation, it will raise the perception of each of the teenagers and can make self-confidence less. Efforts to address adolescent reproductive health problems according to BKKBN, are to help adolescents to have

knowledge, awareness, attitudes and behavior of responsible healthy reproductive life, through advocacy, promotion, IEC, counseling and services to adolescents who have special problems.

Adolescent reproductive health material covers aspects of adolescent life related to knowledge, attitudes and behavior of sexual life and family life [7].

Purpose

The purpose of this study was to determine the effect of active learning on reproductive health on the level of knowledge and self-confidence of adolescents in junior high school.

Materials and Method

The design of this study was an experiment with a Posttest Only Control Group Design approach. In the experimental design of this study, there were two groups selected randomly. One group acts as a control group and the other group acts as an experimental group.

The populations in this study were students of health cadres at SMP Negeri 1 Merak Urak, Tuban Regency in 2019/2020, with a sample size of 36 students. The sample of this research was some students of health cadres at SMP Negeri 1 Merak Urak, Tuban Regency, with a sample size of 33 students. The sampling technique used was simple random sampling.

The independent variable of this research is the active learning process of adolescent reproductive health, the dependent variable of this study is the level of knowledge and self-confidence of adolescents. The research instrument used in this study was to use a modified adolescent reproductive health active learning process module and a questionnaire to measure the level of knowledge and self-confidence of adolescents in junior high school. Data analysis was used to determine the effect of the independent variable and the dependent variable with the Manova test, with an error rate of α 0.05.

Results

Description of Student Characteristics at SMP Negeri 1 Merak Urak Tuban Regency

Table 1: Distribution of student characteristics in the treatment group and the control group

Characteristics	Treatment group		Control group	
	(f)	(%)	(f)	(%)
Gender				
Male	10	30.3	10	30.3
girls	23	69.7	23	69.7
Total	33	100	33	100
Age				

13-14 years	21	63.6	24	72.7
> 14 years	12	36.4	9	27.3
Total	33	100	33	100

Based on table 1, it is found that the number of male and female students in the treatment group and the control group is the same, namely 30.3% male. Female 69.7%. Most of the students aged 13-14 years in the treatment group and control group were 63.6% and 72.7%

Overview of Reproductive Health Knowledge and Student Confidence

Table 2: Reproductive health knowledge and self-confidence of students in the treatment group and the control group

Characteristics	Treatment group		Control group	
	(f)	(%)	(f)	(%)
Knowledge				
76 -100	23	69.7	16	48.5
60 -75	10	30.3	17	51.5
<60	0	0	0	0
Total	33	100	33	100
Self-confidence				
50-70	2	6.1	1	3
20-45	28	84.8	27	81.8
0-15	3	9.1	5	15.2
Total	33	100	33	100

Based on table 2, it shows the level of knowledge with a score of 76-100 as many as 23 students (69.7%), in the control group students with a score of 76-100 were 16 students (48.5%). The self-confidence value in the treatment group with a score of 20 - 45, a total of 28 students (84.8%), and the student control group with a score of 20-45 a total of 27 students (81.8%)

Data from Analysis of Variance (MANOVA)

Table 3: Results of multivariate analysis of the effect of active learning on adolescent reproductive health in the treatment group and the control group

Variabel	n	Box's test				p-value	
		Box M	F	df1	df2	Lavene	Manova
Knowledge about adolescent reproductive health	33	0.718	0.231	3	7.373	0.977	0.005
Kepercayaan diri remaja	33					0.379	

Table 3 shows that the variance-covariance similarity tests individually for each variable shows that the Box test value shows a significance value. The box test value is 0.718, which means that the variance-covariance on all variables is the same for each group. The assumption of variance-covariance matrix equality has been fulfilled, then the manova analysis process can be continued. Hypothesis testing shows that the significance value for the treatment and control groups tested by the Pillai Trace, Wilk's Lamda, Hotteling's T and Roy's Largest Root procedures is 0.005 <0.05, because the p-value shows a significant value, this means that the hypothesis test is accepted, i.e. Simultaneously there is an effect of the active learning process on reproductive health on knowledge and self-confidence of adolescents in the treatment group and the control group

Results of the Analysis of Differences in Reproductive Health Knowledge and Adolescent Confidence in the Treatment and Control Groups

Table 4: the test results for the difference in the average score of the level of knowledge of reproductive health and adolescent self-confidence in the treatment group and the control group

Variables	Group	Mean	SD	*Levene's*	*Tests of BetweenSubjects Effects*
Knowledge	Treatment	82.45	7.542	0.977	0.002
	Control	76.42	7.782		
Confidence	Treatment	29.55	10.560	0.379	0.269
	Control	26.82	9.255		

Table 4 shows the differences in knowledge and self-confidence of adolescents between the treatment class and the control class using the Tests of between Subjects Effects analysis through the calculation of the General Linear Model-Multivariate, indicating that there is a relationship between the active learning process of reproductive health and knowledge shown by the value *sig*. 0.002 <0.05 in the treatment class and control class. But there is no relationship between the active learning process of reproductive health and adolescent self-confidence as indicated by the *sig* value. 0.269> 0.05 in the experimental class and control class

Discussion

Adolescent Reproductive Health Knowledge Levels Who Follow Active Learning Processes and Those Who Do Not Follow Active Learning Processes

Based on the results of this study, there are differences in knowledge about adolescent reproductive health in the control group and the treatment group. In the treatment group given adolescent reproductive health education, they have experienced a learning process to obtain a correct understanding of reproductive health, while students who are not given reproductive health education still lack the correct understanding of adolescent reproductive health. According to Nana Sudjana, (2010, p. 5), states that: "Learning is a process characterized by changes in a person.

Changes as a result of the learning process can be shown in various forms such as changing knowledge, understanding, attitudes, and behavior, skills, skills, habits, and changes in other aspects that exist in the individual who learns. Providing correct information about reproductive health to adolescents in junior high school is very important because this age is the beginning of puberty, so it is necessary to provide introduction and knowledge from the beginning about reproductive health.

According to BKKBN (2013) adolescents experience rapid growth and development in physical, psychological and intellectual aspects because this is the best time to build habits to maintain the health and function of reproductive organs. According to Laurike, 2003 states that one of the things that takes into account the need to disseminate information on adolescent reproductive health at the onset of puberty is because at that time adolescents are easily exposed to bad and misleading information about sex through various media [7].

Dissemination of information regarding adolescent reproductive health is still very much needed because so far the ins and outs of reproductive health are still not well understood by the teenagers themselves. The purpose of providing adolescent reproductive health information is useful for increasing adolescent awareness and understanding of the importance of adolescent reproductive health, preparing adolescents for and through puberty which is often quite severe, protecting adolescents from various reproductive health risks, and opening access to adolescent reproductive health information and services through school and outside of school [8].

Confidence of Adolescents who are given an active learning process and those that are not given an active learning process

Students who were given an active learning process for reproductive health and not respectively, were very confident. Meanwhile, almost all students who were treated with an active learning process for reproductive health and those who were not treated were equally confident. Even so, students who were given an active learning process for reproductive health and who were not each got a small proportion that had less self-confidence.

The problem of lack of self-confidence is experienced by many teenagers [9].Furthermore, it is explained that the lack of self-confidence in adolescents is caused by psychological and sociological factors. Psychological factors are related to the developmental period of adolescents who are experiencing many changes, physically, psychologically and socially. This period is referred to as the period of identity crisis, so that adolescents feel doubtful and awkward about the roles they carry.

This situation is exacerbated by the views of parents or other adults that adolescents have not been able to solve their own problems, so this will weaken self-confidence. Sociological factors that cause a lack of self-confidence in adolescents are related to social demands outside of themselves. In general, parents and teachers pay more attention and respect to adolescents with good academic performance [10, 11]. According to Dwi Sunar (2014), the results of self-confidence tests are categorized into 3 categories, namely, a score of 50 - 70 in the very trusting category.

Self, a score of 20 - 45 in the fairly confident category, a score of 0 - 15 in the less confident category. The best results are if students have a score of 20 - 40. Students who have the highest score of 50 - 70 are not included in a good self-confident attitude, but instead will cause problems with their environment.

Lauster (2002) argues that excessive self-confidence is not a positive trait. In general, this will make the person less careful and will do what they want [11]. This becomes a behavior that causes conflict with other people. The results of the study also showed that a small proportion of students who lacked self-confidence both in the group of students who participated in the active learning process of reproductive health and those who did not.

Environmental demands that always emphasize that adolescent with high academic achievements can cause feelings of less success in adolescents, even though they may have good achievements in other fields. If this feeling of inadequacy continues to haunt adolescents, this can inhibit or reduce adolescent self-confidence.

According to Natawidjaja (1987) that life in an ever changing society requires individuals to be able to adjust to new situations, various conflicts, various choices that they must choose appropriately [13]. This causes the individual to always be required to make the right decisions in his life. Efforts to increase adolescent self-confidence are based on the assumption that self-confidence does not just come, but it needs to be learned, it needs to be formed.

According to Walgito (1995), one way is to instill this self-confidence by providing a democratic atmosphere or condition, that is, individuals are trained to be able to express opinions to other parties, are trained to think independently and be given a safe atmosphere so that individuals are not afraid of making mistakes[14, 15]. The democratic atmosphere allows individuals to self-evaluate and learn from experience.

According to Natawidjaja (1987), to increase adolescent self-confidence, another party that is trusted by adolescents is needed to encourage their courage in making decisions or to become parties who are considered capable of strengthening their decisions. In other words, individuals, especially adolescents, need some kind of help in dealing with that unstable atmosphere. Furthermore, it is stated that the group approach is an effort to provide assistance to adolescents in that situation [13].

The Effect of Reproductive Health Active Learning Process on Knowledge and Confidence Levels of Adolescents in Junior High Schools

Based on the results of the Manova test in Table 3, the value of p = 0.005 <α 0.05 is compacted, thus there is an effect of active learning on reproductive health on knowledge and self-confidence of adolescents in the treatment group and the control group. The test of differences in adolescent knowledge and self-confidence between the treatment class and the control class using the Tests of Between Subjects Effects analysis obtained through the calculation of the General Linear Model-Multivariate, it was found that there was a relationship between the active learning process of reproductive health and knowledge as indicated by the value of p = 0.002 <α 0.05 in the treated group and the untreated group.

However, there is no relationship between the active learning process of reproductive health and adolescent self-confidence as indicated by the value of p = 0.269> α0.05 in the experimental class and the control class. The mean value of knowledge on reproductive health in the group of students who were given the active learning process for reproductive health was higher than the mean value for the group of students who were not treated.

The mean value of self-confidence of adolescents who were treated with the active learning process of reproductive health was higher than the mean value of the untreated group of students. This means that there is a significant difference in the knowledge of reproductive health of students who are treated with active learning process and students who are not treated. Monks (in Yusuf, 2005), early adolescence, in the age range of 12 to 15 years, is a negative period.

The individual feels confused, anxious, afraid, and anxious [16]. Piaget (in (Santrock, 2003) Santrock, 2003), says that at the age of 11-15 years, individuals are at the stage of formal operational cognitive development. At this stage, teenagers reason more abstractly and logically [17]. The mind becomes more idealistic. As part of the ability to think more abstractly, adolescents develop images of ideal things. A study conducted by Thomas (in Samadhi, 2010) shows that after 10 minutes, students tend to lose their concentration to hear learning material provided by the teacher passively.

This of course will make learning more ineffective if learning is continued without efforts to improve it. This can be avoided by using active learning methods [18]. This study, researchers applied active learning strategies in understanding adolescent reproductive health material to 33 students, while 33 other students did not apply these strategies.

This active learning strategy includes: introduction, exploration, ice breacking, delivery of material, relaxation and evaluation. In delivering the material using lectures, group discussions, brainstorming, chain writing, snowballs and audio visuals. During the active learning process of reproductive health, students do not only listen to lectures, but are very focused on the learning process, and actively ask questions about adolescent reproductive health, understand and carry out the assigned tasks. Active learning strategies that are able to reflect on the students themselves are used in its application in the form of Question Student Have (student questions) [19].

The success of health education in the community depends on the learning component. Health education media is one component of the learning process. An attractive media will provide confidence, so that affective and psychomotor cognitive changes can be accelerated. Audiovisual is a medium that presents information or messages in an audio and visual manner (Setiawati and Dermawan, 2008).

The increase in the score is interpreted as the result of health education using audiovisual media and followed by the discussion given, because the initial characteristics of the respondents are the same. The selection and use of media is an important component [20]. According to Maulana (2009), the senses that transmit knowledge to the brain are the eyes (approximately 75% to 87%), while 13% to 25%, human knowledge is obtained and transmitted through the other senses [21]. Active learning is intended to optimize the use of all the potential that students have, so that students can achieve satisfying learning outcomes according to their personal characteristics.

Active learning is also intended to keep students' attention focused on the learning process [19, 21]. The active learning model (active earning model) prioritizes student learning activities through group discussions, class discussions, experiments and demonstrations in finding new concepts. This results in more dominant student activity during the learning process. This is in accordance with the conclusions of Yerigan (in Hartono, 2010) in his research entitled Getting Active in the Classroom. He concluded that active learning could improve student interaction and students' higher level thinking [19].

The active learning process for adolescent reproductive health is very influential on the level of knowledge of students and this method is a learning method that is in accordance with the characteristics of early adolescents. The reproductive health active learning process, not only to convey material during the learning process, but also with the active learning process students can be well conditioned to get the material they are learning, students are given the opportunity to find and find out for themselves what they will learn. , have the opportunity to develop the skills they have, so that students remember the learning material more and do not feel bored.

The existence of a peer group in the active learning process of adolescent reproductive health really helps students to have the courage to express their opinions both verbally and in writing, so that there is open interaction in understanding reproductive health, this is supported by the results of research by Ima Juliana, 2018 in the title: "The level of knowledge and attitudes junior high school students about adolescent reproductive health based on participation in the youth-counseling and information center program (PIK-R) "[22].

According to Bonwell in Samadhi, (2010) active learning has characteristics 1) the emphasis of the learning process is not on the delivery of information by the teacher but on developing analytical and critical thinking skills on the topics or problems discussed. 2) Students do not only listen to the material passively but do something related to the learning material. 3) Emphasis on exploration of values and attitudes. 3) Students are more required to think critically, analyze and evaluate. 4) Faster feedback will occur in the learning process [18].

In general, an active learning process allows several things to be obtained, namely: (1) the interactions that arise during the learning process will cause positive interdependence in which the consolidation of knowledge learned can only be obtained together through active exploration in learning; (2) each individual must be actively involved in the learning process and the teacher must be able to get an assessment for each student, so that there is individual accountability; (3) the active learning process in order to run effectively requires a high level of cooperation, so that it will foster social skills (Eison, 2011).

Thus the quality of learning can be improved so that mastery of the material also increases. The transfer of roles for students to be active in learning can reduce boredom and can even lead to great interest in learning in students [23, 24]. To implement active learning, several things must be considered so that the learning objectives can be achieved as they should, including: (1) the objectives of active learning must be clearly defined; (2) students must be told what to do; (3) provide clear direction in the discussion; (4) creating an active learning climate[24]. The results also showed that the mean value of self-confidence of students who were treated with active learning in reproductive health was 29.55, while for students who were not treated with active learning; the mean value of self-confidence was 26.82.

There was no significant difference between the self-confidence scores of adolescents who were given active learning process treatment and those who were not treated. Almost all students who were treated with an active learning process for reproductive health had a self-confidence score of 20 - 45, as well as for students who were not treated. The score of 20 - 45 is in the sufficient category, meaning that the self-confident attitude of students who take part in the active learning process or those who do not follow is good.

Self-confidence is a person's belief in one's own abilities and strengths to achieve goals in life and solve problems and work. Confidence in an individual varies. Individuals who are confident are always sure of their actions and are responsible for their actions, while individuals who have low self-confidence always think that they do not

have good abilities and feel that they are not valuable.

This negative self-concept will certainly cause problems, for example students become inferior and have low learning achievement. According to Ghufron, Nur, 2012, the factors that influence a person's self-confidence are self-concept, self-esteem, experience, and education. One of the factors that influence a person in education is learning achievement.

According to Hurlock E.B., (2006) explains that the development of self-confidence in adolescence is influenced by: 1) parenting patterns. 2) Gender is related to the role to be performed. 3) Physical appearance. 4) Family relations. 5) Peers [25]. In this study, the active learning process for reproductive health did not affect adolescent self-confidence; this was because students at SMP Negeri 1 Merakurak already had experience in extra-youth health cadres' activities and other organizations such as scouts.

The existence of character education in schools and peers at school and outside of school strongly supports students' self-confidence. Even so, there are still a small number of students who lack self-confidence and are very confident, both students who are treated with an active learning process or those who are not treated. Evidence that students already have a confident attitude towards physical and psychological changes is when given individual or group assignments to appear in the video, students are willing to do it and do not feel ashamed.

The attitude of not giving up easily can be seen when given a reproductive organ puzzel game competition / game; students keep trying to be able even though the time is up. According to Lina and Klara, (2010), a proportional self-confidence has the following characteristics: 1) Believe in one's competence or abilities. 2) Not motivated to show conformity in order to be accepted by other people or groups. 3) Dare to accept and face the rejection of others, and dare to be yourself. 4) Have good self-control. 5) Has an internal locus of control. 6) Having a positive perspective on oneself, others and situations outside of oneself. 7) Having realistic expectations of yourself, so that when those hopes come true he will still be able to see the positive side of himself[26].According to

Lauster's opinion in Ghufron (2012: 35-36), self-confidence has 5 aspects, namely belief in self-ability, optimism, objectivity, responsibility, and rational and realistic[27].

Conclusion

Terdapat perbedaan skor antara kelompok perlakuan dan kelompok kontrol, dalam hal tingkat pengetahuan tentang kesehatan reproduksi pada siswa SMP Negeri 1 Merakurak, sehingga bisa disimpulkan secara umum perlakuan proses belajar aktif kesehatan reproduksi pada siswa sekolah menengah berpengaruh terhadap tingkat pengetahuan siswa tentang kesehatan reproduksi. Namun tidak terdapat perbedaan skor percaya diri siswa baik yang mengikuti proses belajar aktif maupun yang tidak mengikuti. Kepercayaan diri siswa SMP Negeri 1 Merak urak sudah terbentuk karena interaksi siswa di lingkungan sekolah. Meningkatkan kepercayaan diri remaja diperlukan pihak lain yang dipercayai remaja untuk mendorong keberaniannya dalam mengambil keputusan atau untuk dijadikan pihak yang dianggapnya mampu memperkuat keputusannya itu.

Dengan kata lain remaja memerlukan semacam bantuan dalam menghadapi suasana yang tidak menentu itu. Melalui pendekatan kelompok merupakan salah satu upaya untuk memberikan bantuan kepada remaja dalam situasi itu.

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