

Original Article

The Impact of a Booklet and Video on Reproductive Health Education on The Behavior of SMP Negeri 1 Tolitoli's Class IX Students

Sova Evie¹, Hasni^{1*}, Dwi Yogyo Suswinarto¹, Enggar²

¹Department of Nursing, Poltekkes Kemenkes Palu, Palu, Indonesia

²Department of Midwifery, Politeknik Cendrawasih Palu, Palu, Indonesia

*(Correspondence author email: hasnijaya@yahoo.com)

ABSTRACT

Adolescent reproductive health issues stem from a lack of information, understanding, and awareness, leading to risky sexual behaviors. This study aimed to assess the effectiveness of reproductive health education using videos and booklets on the behavior of Class IX students at SMP Negeri 1 Tolitoli. A quasi-experimental design with pre- and post-test and control group was employed. The sample consisted of 138 students divided into two groups: video (n=69) and booklet (n=69). Behavior was measured before and 30 days after the intervention using a validated questionnaire. Data were analyzed using the Wilcoxon test. In the video group, mean knowledge increased from 00.00 to 24.50, mean attitude from 00.00 to 13.50, and mean action from 00.00 to 22.50. In the booklet group, mean knowledge increased from 15.00 to 16.11, mean attitude from 00.00 to 12.00, and mean action from 11.50 to 13.06. No significant difference in student behavior was found between the video and booklet groups ($p < 0.05$). Education using videos and booklets was equally effective in changing student behavior. These findings highlight the importance of providing comprehensive reproductive health education to adolescents using engaging media to promote healthy behaviors and prevent risky sexual practices.

Keywords: Education; Reproductive Health; Video; Booklet; Behavior

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INTRODUCTION

Adolescence is a transition period between childhood and adulthood with ages ranging from 10-19 years characterized by physical, emotional and psychological changes that can lead to problems that may interfere with further adolescent development including reproductive health.¹⁻³ The issue of adolescent sexual and reproductive health is important for national development considering the large population of adolescents and the long-term impact that adolescent sexual and reproductive health issues can cause.

According to the SDKI (2012) which interviewed adolescents aged 15-19 years and unmarried, 33.3% of adolescent girls and 34.5% of adolescent boys started dating before the age

of 15 years. At this age, it is feared that they do not have adequate *life skills*, so they are at risk of having unhealthy dating behavior, namely sex before marriage. Active sex in adolescents is at risk of teenage pregnancy and transmission of sexual diseases.⁴ According to Milanzi et.al (2020), Most adolescents today begin to be sexually active before their 18th birthday, 39.5% of adolescents are sexually active and 44.8% of these adolescents initiate sexual intercourse between the ages of 10 and 12.⁵

Survey results on adolescents in Indonesia in 2009, showed that most adolescents in Central Sulawesi Province stated that they did not know the signs of male puberty and various signs of body changes (12.4%), knowing the fertile period (41.3%), adolescent knowledge about being able to get pregnant

with one sexual intercourse (30.3%) and how to avoid risky sex (38.8%).⁶ The government's efforts in dealing with adolescent problems are the establishment of the Adolescent Care Health Service Program (PKPR) since 2003 which is implemented at Puskesmas through promotive, preventive, curative and rehabilitative efforts including types of activities such as physical examinations, counseling treatment and counseling.⁷

Reproductive health services to adolescents aim to protect adolescents from risky and other risky behaviors that can affect reproductive health, and prepare adolescents to live a healthy and responsible reproductive life including physical, psychological, and social preparation for marriage and parenthood at a mature age.⁸ Adolescent problems related to reproductive health all stem from a lack of information, understanding, and awareness to achieve a reproductively healthy state as well as a lack of support from parents on sexual issues resulting in the inability to prevent sexual activity in adolescents.⁹ High exposure to sexual information and negative attitudes towards sexual behavior affect adolescent sexual behavior.¹⁰

Information on reproductive health in adolescents is still considered lacking. The information can be obtained through various sources of information that can be provided through education (health education) to individuals, groups, and communities using various media such as posters, leaflets, flipcharts, booklets, videos, and others. Research by Widiyanto et al (2013) states that there is an effect of providing adolescent reproductive health education on knowledge about sexual behavior.¹¹ Based on this, this study is to evaluate the impact of reproductive health education utilizing videos and booklets on the behavior of Class IX students at SMP Negeri 1 Tolitoli through a quantitative approach.

METHODS

This type of research is a Quasi-Experimental research with pre-test and post test design with control group design, which is used to determine the effectiveness of reproductive health education using videos and booklets on the behavior Students of SMP Negeri 1 Tolitoli. Measurement of student behavior (knowledge, attitude and action) using a questionnaire. The initial measurement

(pretest) was done before education was given and the final measurement (posttest) was done after 30 days in both groups. This study was conducted at SMP Negeri 1 Tolitoli on August 9, 2023 to September 8, 2023. The population in this study were all 9th-grade students of SMP Negeri 1 Tolitoli. The sample in this study is part of the population compiled with *Probability sampling* technique using *Cluster Sampling* method that meets the inclusion criteria, namely: Willing to be a respondent, aged between 13-15 years and registered as an active student at SMP Negeri 1 Tolitoli totaling 138 people.

The instrument in this study used a questionnaire about behavior (knowledge, attitudes and actions), with score criteria strongly agree (4), agree (3), disagree (2) and strongly disagree (1). This questionnaire has been tested for validity and reliability with a *Cronbach* alpha coefficient value > 0.6 . The knowledge questionnaire consists of 10 questions, good knowledge if the score is (76-100%), sufficient (56-75%) and poor ($<56\%$). The attitude questionnaire consists of 10 questions, with the criteria yes (1) and no (0), it is said that the attitude is good if the score is (76-100%), sufficient (56-75%) and less good ($<56\%$). The Action Questionnaire consists of 10 questions with score criteria strongly agree (4), agree (3), disagree (2) and strongly disagree (1), it is said that the action is not good if the score is (76-100%), sufficient (56-75%) and less good ($<56\%$). Data were analyzed using the *Wilcoxon* test and displayed as narratives and frequency distribution tables.

RESULTS

This study aimed to assess and compare the behavior of students of SMP Negeri 1 Tolitoli before and after being given reproductive health education using videos and booklets. The behavior of these students is seen from the aspects of knowledge, attitudes and actions about reproductive health. Data were analyzed and presented in the form of frequency distribution tables.

1. Univariate Analysis

The univariate analysis carried out aims to determine the frequency distribution of each variable studied as in the following table:

Table 1. Distribution of respondent characteristics based on age

Characteristics	Group			
	Video		Booklet	
	f	%	f	%
Age				
13 years	21	30.4	34	49.3
14 years	44	63.8	34	49.3
15 years	4	5.8	1	1.4
Gender				
Male	22	31.9	28	40.6
Female	47	68.1	41	59.4

Source: primary data 2023

Table 1. shows that the highest age of students was 14 years old, 44 people (63.8%) in the video group while in the booklet group the highest age of students was 13 years old and 14 years old, 34 people (49.3%) each. The gender of most students in the video group was female with 47 people (68.1%) and in the booklet group the gender of most students was also female with 41 people (59.4%).

Table 2. Distribution of student behavior before and after being given reproductive health education using videos

Video Group	Behavior			
	Pre		Post	
	n	%	n	%
Knowledge				
Good	1	1.4	37	53.6
Simply	29	42.0	26	37.7
Less	39	56.5	6	8.7
Attitude				
Good	22	31.9	45	65.2
Simply	39	56.6	23	33.3
Less	8	11.6	1	1.4
Action				
Good	3	8.7	29	42.1
Simply	27	37.7	37	39.1
Less	39	56.5	13	18.8

Source: primary data 2023

Table 2. shows that the behavior of respondents before being given education consisting of knowledge in the good category was 1 person (1.4%), attitudes in the good category were 22 people (31.9%) and actions in the good category were 3 people (8.7%). Whereas after the provision of education, respondents with good knowledge were 37 people (53.6%), attitudes with good categories were 45

people (65.25), and actions with good categories were 29 people (42.1%).

Table 3. Distribution of student behavior before and after being given reproductive health education using booklets at SMP Negeri 1

Group Booklet	Behavior			
	Pre		Post	
	n	%	n	%
Knowledge				
Good	23	33.3	42	60.9
Simply	36	52.2	25	36.2
Less	10	14.5	2	2.9
Attitude				
Good	27	39.1	48	69.6
Simply	34	49.3	19	27.5
Less	8	11.6	2	2.9
Action				
Good	12	17.4	28	40.6
Simply	41	59.4	35	50.7
Less	16	23.2	6	8.7

Source: primary data 2023

Table 3. shows that the behavior of respondents before being given education consisting of knowledge in the good category was 23 people (33.3%), attitudes in the good category were 27 people (39.1%) and actions in the good category were 12 people (17.4%). Whereas after the provision of education, respondents with good knowledge were 42 people (60.9%), attitudes with good categories were 48 people (69.6%), and actions with good categories were 28 people (40.6%).

2. Bivariate analysis

Bivariate analysis was conducted to determine changes before and after the intervention of each variable studied as in the following table:

Table 4. Changes in student behavior before and after being given reproductive health education using videos at SMP Negeri 1

Behavior	Video Group		P Value
	Pre	Post	
	Mean Rank		
Knowledge	00.00	24.50	0.00
Attitude	00.00	13.50	
Action	00.00	22.50	

Wilcoxon Test

Table 4. shows that the mean knowledge in the video group increased from 00.00 to 24.50. The mean attitude of respondents 00.00 to 13.50 and the mean action 00.00 to 22.50. Statistically significant ($P < 0.00$) which means there is a difference between before and after education.

Table 5. Changes in student behavior before and after being given reproductive health education using booklets at SMP Negeri 1 Tolitoli.

Behavior	Booklet Group		P Value
	Pre	Post	
	Mean Rank		
Knowledge	15.00	16.11	
Attitude	00.00	12.00	0.00
Action	11.50	13.06	

Wilcoxon Test

Table 5. shows that the mean knowledge in the booklet group has increased from 15.00 to 16.11. The mean attitude of respondents 00.00 to 12.00 and the mean action 11.50 to 13.06. Statistically significant ($P < 0.00$) which means there is a difference between before and after education

Table 6. Comparison of the effectiveness of reproductive health education using videos and booklets on student behavior

Kelompok	Behavior			P Value
	Knowledge	Attitude	Action	
	Mean Rank	Mean Rank	Mean Rank	
Video	24.50	13.50	22.50	
Booklet	16.11	12.00	13.06	0.00
P Value	0.00	0.00	0.00	

Wilcoxon test

Table 6. shows that there is no difference in student behavior (knowledge, attitude and action) between the video group and the booklet group ($p < 0.05$). This means that education using videos and booklets is equally effective.

DISCUSSION

Behavior changes among students before and after they watched movies on reproductive health.

Video media functions to convey health messages in an audiovisual manner that

provides stimulus to vision and hearing so that the information received is maximized.¹² Knowledge occurs after sensing a certain object which is mostly obtained through the eyes and ears. After knowing the stimulus, a person then makes an assessment or opinion of what is known, which is then expected that he will practice what he knows and reacts to. Behavior change follows the stages of knowledge - attitude - practice.¹³ The results showed that after being given reproductive health education using video, the average student behavior (knowledge, attitude and action) increased with a P value < 0.05 . This means that reproductive health education using video is effective in changing behavior (knowledge, attitudes and actions).

Booklet media functions to convey messages in the form of books in the form of both text and images so that health workers no longer need to explain health information repeatedly because it is already contained in the booklet.¹⁴ After obtaining health information through the sense of sight, the individual will engage in a behavior if they know the meaning and benefits of the behavior for themselves and their families. After a person receives a stimulus or object, the next process is to evaluate or behave towards the health stimulus or object. Action occurs when a person has gone beyond knowledge and attitudes. Behavior change is the adoption of new behaviors through a process of changing knowledge, attitudes and practices.^{13,15}

The results of this study are in line with several studies by Wardani et al (2017); Katrina & Yuliana (2018); Anggrowati and Isni (2019); Ranni et al (2020) Dwi Saputri and Kristia (2021); Wardana et al (2022); Muhtahar & Aine A.A (2022) and Umami et al (2022), which state that there is an effect of providing education through audio visual media on increasing adolescents' knowledge about reproductive health.¹⁶⁻²³ Research by Anggriani *et.al* (2022), also states that there is an effect of educational video intervention on the knowledge and attitudes of early adolescents about reproductive health.²⁴ In addition, research by Rahayu et al (2021); Anggraini et. al (2022) and Bahtiar et al (2022) also showed that health education with audio-visual methods had a significant effect on increasing adolescents' knowledge and attitudes.²⁵⁻²⁷ This is also supported by research by Ekasari et al (2020) and Umrah et al (2020) which also stated that videos affect reproductive health on changes in knowledge, attitudes and

actions of adolescents.^{28,29} The results of this study prove that reproductive health education using video is effective in changing student behavior, so it is recommended to use video media in providing education.

Behavior changes in students before and after they received pamphlets on reproductive health education.

The results of this study align with the research of Pebrianti & Selly Eka (2018); and Islamiati (2022) which states that there is a significant difference in knowledge before and after being given health education.³⁰ Tambunan et al (2023), also stated that health promotion through booklets effectively increases adolescent knowledge.³¹ In addition, research by Puspitaningrum et al (2017) and Rizky A.C & Kiky (2022), also stated that there was an effect of counseling with booklet methods on knowledge and attitudes.^{32,33} Research by Zebua M (2021), also shows differences in adolescent behavior before and after providing education with booklet media.³⁴ The results showed that after receiving reproductive health education using booklets, the average student behavior (knowledge, attitude and action) increased with a P value <0.05. Reproductive health education using booklets effectively changes behavior (knowledge, attitudes and actions). The results of this study prove that reproductive health education using booklets is effective in changing student behavior, so it is recommended to use video media in providing education.

Comparison of the effectiveness of reproductive health education using videos and booklets

The results showed that there were no differences in student behavior (knowledge, attitudes and actions) given reproductive health education using videos and booklets. This means that reproductive health education using videos and booklets is effective in changing student behavior.

The use of media in the form of videos and booklets in the implementation of health promotion (health education) is needed to attract interest and make it easier for targets to receive the information conveyed so that they can increase their knowledge which in turn can adopt positive behaviors obtained from these activities. The advantages of videos and booklets as media are that they can be read and watched anytime and

anywhere. However, videos and booklets also have disadvantages. Videos require supporting tools to play them, while booklets require a certain place for storage so that they are not damaged or lost.³⁵

The results of this study are in line with the research of Prabandari et al (2018), which states that there is an effect of providing counseling (education) on adolescent reproductive health knowledge.³⁶ In addition, research by Yuliwati et al (2022), also states that there are differences before and after counseling (education) on reproductive health with video and booklet media on adolescent knowledge with a value of (P<0.05), it can be concluded that there is an effect of using video and booklet media on increasing knowledge.³⁷ Fujiana et al (2023) also stated that there was a significant difference in the level of knowledge before and after being given health education with booklet and audiovisual (video) media (P<0.005), and there was no difference in the effectiveness of booklet and audiovisual (video) media in other words both were the same.³⁸ Sukmadewi & Rizka Hemas' research (2021) also states that there is no significant difference in knowledge and attitudes between the video and booklet groups, which means that videos and booklets are equally effective as educational media.³⁹

The results of this study are not in line with the research of Suryani et al (2022), which states that changes in knowledge are higher with video media compared to booklets.⁴⁰ Wahyuni et al (2022), also stated that reproductive health education with video media is more effective in increasing adolescents' knowledge and attitudes compared to booklet media (P <0.05). This means there is a significant difference between video media and booklet media on behavior change.⁴¹ The results of this study prove that reproductive health education using videos and booklets is effective in changing student behavior, so it is recommended to use video and booklet media in providing education.

CONCLUSIONS AND SUGGESTIONS

It can be concluded that education using videos and booklets is equally effective in changing student behavior because student behavior has increased after receiving reproductive health education through them. There is no difference in the effectiveness of education using videos and booklets on student behavior. Using video and booklet media,

education is hoped to be given consistently and thoroughly to preserve students' positive behavior about reproductive health.

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