

Empowerment of Mothers' Groups to Improve Adolescent Reproductive Health in Kampung Nelayan Health Center Areas

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ABSTRACT

Now, adolescent reproductive health problems are increasing, which may be caused by a lack of knowledge, self-confidence, religiosity and family support. So we need community service activities that aim to empower women's groups in improving adolescent reproductive health in the work area of the Kampung Nelayan Health Center, Gresik Regency. Adolescents' commitment to maintaining reproductive health requires support from the family. Mothers are the closest people to their children, so mother's support is an important component in improving adolescent reproductive health. This activity was attended by 40 mothers of adolescents. The first stage was increasing knowledge, then mentoring and the next was empowerment. The module on reproductive health as a media for health education was first socialized to the mother group. The results of the activity showed that there was an increase in the knowledge and role of mothers in improving adolescent reproductive health.

Keywords: reproductive health; adolescent; mother; empowerment

INTRODUCTION

Adolescent reproductive health is a state of complete physical, mental and social well-being and not merely the presence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes. In fact, Adolescents' attitudes toward sexuality and sex are more liberal than their parents, with far more opportunities to develop opposite-sex relationships, dating, and even having sex. Adolescent reproductive health problems include premarital sex [1, 2].

IDHS data in 2012 explains that premarital sex occurs in adolescents starting at the age of 15 [3]. The results of the 2012 IDHS explained that knowledge about adolescent reproductive health was inadequate, namely only 35.3% of female adolescents and 31.2% of male adolescents aged 15-19 years knew that a female could get pregnant with one sexual intercourse. The percentage of dating between urban and rural areas is almost the same. This condition indicates that parents have an obligation to monitor all problems due to changes and developments in adolescents. The occurrence of reproductive health problems in adolescents reflects a lack of parental monitoring and adolescents' understanding of the risks of sexual relations and healthy living and the inability to refuse relationships they do not want [4].

The results of the study found that adolescent commitment affects the maintenance of reproductive health [5]. Commitment is measured through indicators of interest and awareness to act. The results of the study show that adolescents who have good interest and awareness of maintaining their reproductive health will be followed by increased maintenance of reproductive health. This is in accordance with the theory which explains that individual behavior is formed by the presence of interest, intention and awareness of the assessment of the positive or negative consequences of a behavior [6,7].

Adolescents who have good commitment and awareness need family support, especially mothers to be able to engender reproductive health maintenance behaviors such as being able to perform genital care, being able to deal with menstrual problems and being able to recognize disorders in their reproductive organs. Support from the mother's group is a positive force in adolescents. This is in accordance with the theory of empowerment which explains that empowerment is a process of

helping individuals gain power in making decisions and determining actions to maintain reproductive health and prevent sexually transmitted diseases [5].

Sexually transmitted diseases are a reproductive health problem in adolescents. This disease arises as a result of unsafe sexual behavior. Sexually Transmitted Diseases (STD) are diseases of young people or teenagers, because teenagers or young people are the largest group suffering from sexually transmitted diseases (STDs) compared to other age groups [8]. Teenagers who are experiencing rapid physical growth and are always curious are potentials that need to be directed into positive activities. Assistance to parents is necessary because adolescents based on social development demand to separate themselves from their parents and head towards their peers. It is a process of development that instinctively adolescents have the urge to develop from a dependent position to an independent position [9,10]. Therefore, it is necessary to empower parents, especially mothers, to be able to monitor the maintenance of the reproductive health of adolescent children, so that adolescent reproductive health can be improved through efforts within the family.

Data from the Department of Population and Civil Registration of Gresik Regency, the population of Gresik Regency at the end of 2015 was 1,303,773 people consisting of 655,460 men and 648,313 women. With an area of 1,191.25 km², Gresik Regency has a population density in 2015 of 1,094.46 people/Km². Meanwhile, the male to female sex ratio in 2015 was 1:1.011. The percentage of adolescents compared to adults is 30% of the total population in Indonesia [11]. This large percentage of adolescents if managed properly in terms of their reproductive health will be a good quality asset for the development of the Indonesian nation

The Basic Health Research conducted in 2013 indicates that reproductive health issues begin with marriage/cohabitation. Among women aged 10-54 years, 2.6 percent got married for the first time before the age of 15, and 23.9 percent got married between the ages of 15-19. Early marriage is a reproductive health problem because marrying at a young age extends the reproductive time span. The pregnancy rate among women aged 10-54 years is 2.68 percent, with pregnancies under the age of 15 being very low (0.02%) and teenage pregnancies (15-19 years) accounting for 1.97 percent [12]. Without proper pregnancy management through a family planning program (KB), fertility rates in Indonesia will be affected. Teen pregnancies under the age of 20 are associated with a 2-4 times higher risk of maternal and infant mortality compared to pregnancies in mothers aged 20-35. Considering the significant impact on adolescents, one way to address this issue is through providing support to mothers with teenage children. Research results also show that only 32 percent of mothers (out of 31 mothers) have good knowledge about adolescent reproductive health [5].

Based on expert discussions with the National Family Planning Coordinating Board (BKKBN) of East Java Province as part of the research grant activities in 2016 on adolescent reproductive health, it was explained that culture still plays a significant role in reproductive health issues in East Java, particularly regarding early marriage. Parents consider discussing reproductive health as a taboo, resulting in adolescents rarely receiving information from their parents regarding menstruation and sexual relationships. Adolescents rely more on external sources and easily accessible media for information, which makes it difficult for parents to provide supervision. Adolescents can access information that may exceed their age appropriateness. Parental support is crucial to provide motivation and foster a closer relationship between parents and adolescents. Adolescents who are already committed to maintaining their reproductive health require reinforcement from their parents by providing the necessary facilities for them [5].

METHODS

The aim of this community service activity is to enhance knowledge about adolescent reproductive health and the role of mothers in monitoring adolescent reproductive health through an empowerment process.

The methods employed in this group empowerment activity are as follows:

1. Identifying adolescent reproductive health in the Gresik District community, Gresik Regency, through interviews with healthcare workers, health volunteers, and local community leaders.
2. Assessing the knowledge of the mother group regarding reproductive health by providing a questionnaire to be filled out before and after the mentoring process.
3. Developing a module.
4. Providing health education to the mother group.
5. Mentoring the mother group through guidance and direction as they apply the monitoring of their children's reproductive health.

6. Empowering the mother group through independent practice in monitoring their children's reproductive health.
7. Identifying the role of the mother group in reproductive health monitoring by providing a questionnaire to be filled out.
8. Assessing adolescent reproductive health by distributing a questionnaire to adolescents to be filled out.

The community service activity begins by obtaining permission from the Regional Agency of Community Empowerment, Community Protection, and Village Governance (Bakesbangpolinmas) of Gresik Regency, as well as from the Nelayan Public Health Center of Gresik Regency.

The target group for this activity is a mother group who has adolescent children, both sons and daughters, residing in the Gresik District (within the working area of the Nelayan Public Health Center) in Gresik Regency. The area is easily accessible by land transportation. It is considered a rural area where discussing reproductive health is still considered taboo by parents. The community in this area welcomes healthcare workers, and access to healthcare services is easily available. The flow of activities is presented in Figure 1.

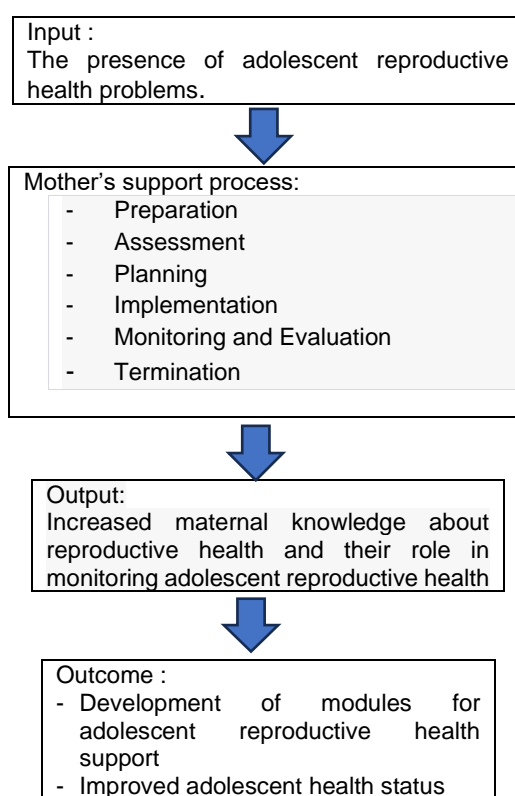


Figure 1. Flowchart of Problem Solving and Discussion

RESULTS

Implementation of the community service activity is carried out with a group of mothers who have adolescent children in Telogo Pojok Village, Gresik District, Gresik Regency. This mother group consists of 40 representatives from each neighborhood unit (RT) in Telogo Pojok Village. The village is situated near a main road, making transportation easily accessible. The community service activity is divided into 5 stages:

Stage 1 : Health Education for Mother Groups on Reproductive Health

The first stage of the activity was carried out on April 24, 2018. Prior to the health education program, a socialization session was conducted with the mother group to assess their initial knowledge and perceptions of reproductive health through a question and answer method. The results revealed

that the majority of the mothers had limited knowledge about reproductive health. The data from the pre-test on the mothers' knowledge of reproductive health are as follows:

Table 1. Knowledge distribution of mother groups before health education

Knowledge level	Frequency	Percentage
Excellent	10	25
Moderate	8	20
Poor	22	55

Table 1 illustrates that the level of knowledge among the mother group before the implementation of health education is categorized as "poor" for more than half of them (55%).

Table 2. Distribution of Knowledge among the Mother Group after Health Education

Tingkat pengetahuan	Frequency	Percentage
Excellent	19	47,5
Moderate	10	25
Poor	11	27,5

Table 2 indicates that the level of knowledge among the mother group after receiving health education is categorized as "good" for almost half of them (47.5%).

Stages 2: Mother Group Coaching

Table 3. Mentors and Group Allocation

Group	Mentors
1	1. Dr. Hilmi Yumni, M.Kep.Sp.Mat 2. Tumini, SKM, MM.Kes
2	1. Dr. Siti Nur Kholifah, M.Kep.Sp.Mat 2. Ferry Kumala, M.Kep.Ter
3	1. Minarti, M.Kep.Sp.Kom 2. Bambang Heryanto, M.Kes
4	1. Loetfia Dwi R., SKp.Msi 2. Hasyim As'ari, M.Ked
5	1. Baiq Dewi Harnani, M.Kes 2. Heru Sulistijono, M.Kes
6	1. Nikmatul Fadillah, M.Kep 2. Asnani, M.Ked 3. Dinar Wiyata, M.Kep.Sp.Kep.Kom
7	1. Dyah Wijayanti, M.Kep 2. Eko Rustamadji, M.Kep.Ter
8	1. Suriana, M.Kep 2. Intim Cahyono, M.Kes

The activity was held on May 2 2018. Participants were divided into small groups, of 40 participants divided into 8 groups. Each group is guided by 2-3 lecturers. The list of supervisor and group names is shown in table 3.

The activity carried out in each group was an in-depth discussion of reproductive health matters. Then the supervisor gives each group member 1 (one) material to be studied and presented at the next meeting or at the third stage of this community service activity.

The material given to each group member is:

1. Reproductive organs
2. Menstruation and wet dreams
3. Maintenance of reproductive organs
4. Fertile period and pregnancy

This material was chosen because it is the main thing that must be known by mothers to monitor the reproductive health of their sons/daughters. Each participant is required to make a resume of each assigned material.

Stage 3: Mentoring Activities in Mother Groups

The activity was carried out on May 9 2018. The activity was carried out in small groups. Participants collect the results of monitoring carried out on young men and women. The monitoring results are as follows:

Table 4. Results of reproductive health monitoring carried out on the sons and daughters of the mother group

Monitoring component	Frequency	Percentage
Sex		
1. Male	21	51
2. Female	19	49
The development of reproductive organs.	40	100
1. Normal	0	0
2. Abnormal		
Treatment of reproductive organs		
1. Well	35	87.5
2. Poor	5	12.5
Reproductive health issues.		
1. Present	0	0
2. Not Present	40	100

Table 4 shows that the sex of adolescents monitored by the mother group is more than half male, the development of the reproductive organs is normal, the care for the reproductive organs is mostly good and all adolescents do not have reproductive health problems.

Stage 4: Empowerment of Mothers

The activity was held on May 15 2018. At this stage, the mother's group explained independently to their children about reproductive health and monitored their health. The counselor acts as an observer and helps mothers who have difficulty answering teenagers' questions.

Most of the results of monitoring this role (85%) have provided material according to the tasks given. Some of them are still not confident in explaining the material to their teenagers.

Stage 5: Evaluation

The activity was carried out on June 6 2018. Activities at this stage evaluate the process of empowering mothers in monitoring their reproductive health. Data on the role of mothers in improving reproductive health for their sons and daughters before and after the empowerment process are described in table 5.

Table 5. The role of the mother's group in enhancing reproductive health

Mother Role	Empowerment process	
	Before	After
Excellent	0 (0%)	40 (100%)
Poor	40 (100%)	0 (0%)

Table 5 illustrates that before the mother's group empowerment process, none of the participants had taken on a role in enhancing reproductive health, such as explaining reproductive organs, wet

dreams, menstruation, and other related topics. However, after the empowerment process, the mother's group successfully provided health education to their children, monitored menstruation, inquired about wet dreams with their sons, and asked about any complaints related to their reproductive organs.

DISCUSSION

The level of knowledge among the mother's group before the implementation of health education was mostly categorized as "poor," and after the health education, the majority of them were categorized as "good." The reproductive health education delivered by the team of mentors was structured in a module that was easily understood by the mother's group. The topics covered included the physical development and sexual maturation of adolescents, reproductive organs, menstruation and wet dreams, reproductive organ maintenance, fertility and pregnancy, heterosexual relationships, and healthy and responsible sexual behavior among adolescents. The learning methods employed were lectures, question-and-answer sessions, and discussions, with a duration of 90 minutes. The participants were enthusiastic in listening and asking questions. After the health education was provided, a post-test was conducted to measure the participants' knowledge improvement.

In each group, the mentoring activity for adolescent mothers involves in-depth discussions on reproductive health topics. Subsequently, the mentors assign each group member one specific material to study and present in the next meeting or in the third stage of the community service activity. These materials are selected because they are essential knowledge that mothers must be aware of in order to monitor the reproductive health of their sons/daughters.

The mother's group mentoring activity was conducted to monitor their adolescent children, and the results showed that the majority of the teenagers were male, their reproductive organ development was all normal, the care for their reproductive organs was mostly good, and all the teenagers did not have any reproductive health issues. In the third meeting, the mother's group practiced presenting the assigned material summaries to their peers in the group. The purpose was to evaluate the mother's group's understanding of reproductive health topics and to train the mothers' confidence in delivering the material. The results showed that the majority of mothers still lacked confidence in presenting the material. The mentors trained the mother's group on techniques to effectively deliver the material in a way that is easily understood by others while reviewing the content that had been presented. The mentoring concluded after the mother's group expressed their understanding of the reproductive health material. Before concluding this stage of the activity, the mentors asked the mother's group if they had already explained the reproductive health material to their sons/daughters, and all the mothers answered affirmatively.

In the mother's empowerment activity, the mother groups independently explain reproductive health to their children and monitor their health. The mentors serve as observers and assist mothers who may face difficulties in answering the teenagers' questions. The results indicate that the majority of mothers have successfully provided the assigned materials to their children. However, a small portion still lacks confidence in explaining the materials to their teenagers.

In the evaluation phase, it was found that after the empowerment process, the mother groups have successfully provided health education to their children. They have effectively monitored menstruation, inquired about wet dreams with their sons, and asked about any complaints related to their reproductive organs.

The empowerment of mothers in this activity refers to a process aimed at acquiring the ability to take action, specifically to improve reproductive health maintenance among adolescents. The empowerment process encourages the independence of mother groups in monitoring and enhancing their reproductive health. Ryan and Lynch argue that "autonomy is an ability to regulate one's behavior, to select and guide one's decision and action, without undue control from parent or dependence on parent." Autonomy is the ability to regulate behavior, make decisions, and guide actions without undue influence or control from parents. It means that individuals are capable of managing their own potential and are prepared to accept the consequences of their decisions. Kartadinata also states that autonomy is a motivational strength within an individual to make decisions and take responsibility for the consequences of those decisions. This statement is supported by Siahaan, who explains that autonomy is the ability to stand on one's own and tap into one's potentials, so as not to rely on others in formulating needs and addressing difficulties and challenges, while taking responsibility and being self-reliant. Conell states that "autonomy is the experience of choice in the intuition, maintenance, and regulation

of behavior and the experience of connectedness between one's actions and personal goals and values."

CONCLUSION

Improving reproductive health by empowering mothers as the closest individuals should be implemented and developed as part of the reproductive health program in the District/City Health Office. This activity is highly feasible to be conducted because as a mother, they inherently possess the potential to be a guide and caregiver for their children. Therefore, providing intensive support and monitoring for adolescent children can enhance reproductive health and ultimately improve the quality of the future generations of Indonesia.

REFERENCES

1. Bandura A. *Self-Efficacy: The Exercise of Control*. New York: W. H. Freeman; 1997.
2. Fajrina, Annisa I. *Studi Korelasional Mengenai Pengetahuan Kesehatan Reproduksi Dengan Sikap Terhadap Perilaku Seksual Pada Masa Pacaran Pada Remaja Awal di Jakarta*. Bandung: UNPAD; 2015.
3. BKKBN, BPS dan Kemenkes RI. *Survei Demografi dan Kesehatan Indonesia Tahun 2012*. Jakarta: BKKBN, BPS dan Kemenkes RI; 2013.
4. Kemenkes RI. *Situasi Kesehatan Reproduksi Remaja*. Jakarta: Pusat Data dan Informasi Kementerian Kesehatan RI; 2015.
5. Kholifah SN, Yumni H, Minarti. *Model Pemberdayaan Kelompok Terhadap Peningkatan Kesehatan Remaja di SMP Kawung 1 Surabaya*. Surabaya: Poltekkes Kemenkes Surabaya; 2016.
6. Mulvey J. How long does it take to adopt a new behaviour? *Red Bird Online*; 2011.
7. Notoatmodjo S. *Ilmu Perilaku Kesehatan*. Jakarta: Rineka Cipta; 2011.
8. Soetjiningsih. *Bahan Ajar: Tumbuh Kembang Remaja dan Permasalahannya*. Jakarta: Sagung Seto; 2010.
9. Pender NJ, Murdaugh C, Parsons MA. *Health Promotion in Nursing Practice*. Michigan USA: Upper Saddle River, NJ Pearson/Prentice-Hall; 2010.
10. Syamsu Y. *Psikologi Perkembangan Anak & Remaja*. Bandung: Remaja Rosdakarya; 2002.
11. BPS. *Statistik Pemuda Indonesia*. Jakarta: BPS; 2014.
12. Kemenkes RI. *Riset Kesehatan Dasar 2013*. Jakarta: Kemenkes RI; 2013.
13. Hartiningsih. *Generasi Orang Tua Kepada Anak Melalui Proses Sosialisasi*. Jakarta: Gramedia Pustaka Utama; 2010.
14. Sumiarta P. *Hubungan Antara Efikasi Diri, Kecerdasan Emosional dan Dukungan Sosial Terhadap Kemandirian pada Remaja Hindu*. *Academia*; 2019.
15. Ningsih R, Nurrahmah, Arfatin. *Pengaruh Kemandirian Belajar dan Perhatian Orang Tua Terhadap Prestasi Belajar Matematika*. *Jurnal Formatif*. 2016;6(1):73-84.