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Research

Naposo Nauli Bulung (NNB)-Based Health Cadre Education Model on Reproductive Health Behavior of Adolescent Girls

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A B S T R A C T

Background: Adolescents are at high risk of being exposed to reproductive health problems, so the opportunity to access information and receive sexual and reproductive health education is important for adolescents.

Objective: The aim is to assess the influence of Naposo Nauli Bulung-based health cadre education model on the reproductive health behavior of female adolescents.

Method: The type of research is an experiment with a research design *quasi eksperiment pre-post with control design*. Pre-test and post-test using a questionnaire. Sampling used Non Probability Samples with purposive sampling technique. The samples taken were 60 young women.

Result: There were significant differences between the treatment groups in the knowledge, attitudes and actions of young women. Knowledge and treatment groups on adolescent knowledge and attitudes. Knowledge p=0.000, attitude p=0.000, and action p=0.000.

Conclusion: Providing interventions through Providing health education based on local wisdom Naposo Nauli Bulung (NNB) is one of the effective health education methods used to increase the knowledge, attitudes and actions of teenagers.

INTRODUCTION

Adolescents are at high risk of being exposed to reproductive health problems, so the opportunity to access information and receive sexual and reproductive health education is important for adolescents. This is an effort to enable teenagers to protect their health and exercise their reproductive and sexual health rights [1]. The current situation is that most teenagers receive wrong or incomplete information regarding reproductive health. Problems that arise due to a lack of knowledge regarding reproductive health are Unintended Pregnancy, abortion, early marriage, STIs or STDs and HIV/AIDS [2].

Reproductive health is fundamental in ensuring human rights-based implementation. The high rate of adolescent pregnancy in developing countries is caused by various factors, for example a lack of knowledge about adolescent reproductive health and attitudes that do not care about reproductive health, unavailability of access to information and services for adolescent

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reproductive health including contraception, local culture such as child marriage, peer pressure to have sex, sexual relations, the rise of pornography, rape, wrong parenting patterns in the family and the unavailability of health facilities that specifically provide adolescent reproductive health services [3]

Reproductive health education for adolescents is very important and urgent because effective education provides accurate information for adolescents that is appropriate for their age. Education regarding reproductive health also provides an opportunity to explore attitudes and values that are important in adolescent decision making related to reproduction and their future, therefore Naposo Nauli Bulung-based Health Cadre education model is needed. Naposo Nauli Bulung, abbreviated as NNB, is a group of people (Young people) as a mixed community consisting of teenagers and youth between the ages of 15-25 years who are bound by regional customs which have become traditions passed down from generation to generation [4].

NNB has the function of helping the community in official, religious events and maintaining village security, and so on. However, no one has yet used this organization as a forum for teenagers for health. In fact, providing education through NNB-based health cadres as part of local wisdom can make it easier for teenagers to receive information. The importance of providing education based on local wisdom as a source of outlook on life which became a tradition passed down to future generations and is still carried out today [5].

NNB is a group of people (Young people) as a mixed community consisting of teenagers and youth between the ages of 15-25 years who are bound by regional customs which have become traditions passed down from generation to generation. NNB as a community organization often holds events in each region such as religious, sports and local events, but nothing related to health, especially reproductive health. Acceptance of local wisdom-based health education, especially NNB-based, has an impact on receiving information that is more easily accepted resulting in better knowledge and behavior changes to be physically and spiritually healthy.

With the existence of NNB-based health cadre education, it is hoped that it can foster the development of healthy living behavior for adolescents. It requires care in the form of services and providing correct information as well as a shared understanding of the importance of adolescent reproductive health so that it can help them in determining their future choices. Understanding adolescent sexual behavior is an understanding that is very important to know, because this period is a transition period from children's sexual behavior to adolescent sexual behavior.

Lack of understanding about sexual behavior during adolescence is very detrimental to the adolescent themselves, including their families. Providing NNB-based health education is expected to change the knowledge, attitudes and behavior of adolescent girls regarding their reproductive health. This study aims to assess the influence of the NNB based health cadre education model on the reproductive health behavior of adolescent girls.

METHOD

1. Research design

The type of research is an experiment with a research design *quasi eksperiment pre-post with control design*. This research was conducted to assess adolescent behavior through NNB-based health cadre education model. Reproductive health education was provided for two weeks in the treatment group.

2. Research sites

The research location was carried out in Kantin Urban Village, Padangsidimpuan City. The time of this research was August - September 2023

3. Population and Sample

The population in this study were adolescent girls in Kantin Urban Village. The sample used was a non-probability sample with a purposive sampling technique. The samples taken were 60 adolescent girls.

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4. Research procedure

This research was carried out for 3 weeks. Reproductive health education was given for two weeks, at the beginning and at the end of the reproductive health education were carried out a pre-test and post-test using a questionnaire. The pretest and post-test are closed questions about reproductive health. After the data is collected and cleaned, data analysis is then carried out.

5. Data analysis

The first stage in data analysis is testing the level of spread or distribution of data using *Shapiro-wilk* tests. If the data is normally distributed, the data will be tested using parametric tests, namely the independent t-test to determine the differences in educational knowledge in the case and control groups, while the paired t-test is to determine the differences in reproductive health knowledge before and after the NNB-based health cadre education intervention in the two groups. If the data is not normally distributed, the data will be tested using non-parametric tests, namely the Mann Whitney and Wilcoxon signed-rank tests.

RESULT DAN DISCUSSION

1. Univariate Analysis

Table 1. The Distribution and Frequency of Knowledge, Attitudes and Actions in *Pre Test*

Variable	Less		Good	
	Frekuensi	Percentage	Frekuensi	Percentage
Knowledge				
Experiment Group	16	53,3	14	46,7
Control Group	22	73,3	8	26,7
Attitude	Negative		Positive	
Experiment Group	2	6,7	28	93,3
Control Group	5	16,7	25	83,3
Action	Done		Are not done	
Experiment Group	26	86,7	4	13,3
Control Group	29	96,7	1	3,33

Based on table 1. Distribution and Frequency of Knowledge, Attitudes and Actions in *Pre Test*. It can be seen that the majority of adolescents' knowledge before being given intervention in the experimental group was in the poor category, about 16 respondents (53.3%), while in the control group 22 respondents (73.3%) were in the poor category. Furthermore, in the adolescent attitude variable before being given intervention, the majority of the experimental group was in the positive attitude category, about 28 respondents (93.3%), while in the control group there were 25 respondents (83.3%) in the negative attitude category. Then, in the adolescent action variable before being given intervention, the majority of those in the experimental group were in the action taken category, about 26 respondents (86.7%), while in the control group there were 29 respondents (96.7%) in the action taken category.

Table 2. Distribution and Frequency of Knowledge, Attitude and Action Categories in *Post-Test*

Variable	Less		Good	
	F	%	F	%
Knowledge				
Experiment Group	8	26,7	22	73,3
Control Group	22	73,3	8	26,7
Attitude	Negative		Positive	
Experiment Group	-	-	30	100
Control Group	7	23,3	23	76,7
Action	Done		Are not done	
Experiment Group	22	73,3	8	26,7
Control Group	29	96,7	1	3,3

Based on table 2 Distribution and Frequency of Knowledge, Attitude and Action Categories in *Post-Test*. It can be seen that the majority of adolescents' knowledge after being given intervention in the experimental group was in the good category,

Ranks

		N	Mean Rank	Sum Of Ranks
Pre Action - Control Control - Pre Action - Experiment Group	Negative Ranks	6[a]	10.67	64.00
	Positive Ranks	12[b]	8.92	107.00
	Ties	12[c]		
	Total	30		
Post Action - Control Control - Pre Action - Experiment Group	Negative Ranks	28[d]	15.39	431.00
	Positive Ranks	1[e]	4.00	4.00
	Ties	1[f]		
	Total	30		

A. Pre Action - Control < Pre Action - Experiment
B. Pre Action - Control > Pre Action - Experiment
C. Pre Action - Control = Pre Action – Experiment
D. Post Action - Control < Post Action - Experiment
E. Post Action - Control > Post Action - Experiment
F. Post Action - Control = Post Action - Experiment

about 22 respondents (73.3%), while in the control group there were 22 respondents (73.3%) in the poor category. Furthermore, in the adolescent attitude variable after being given the intervention, all adolescents in the experimental group were in the positive attitude category, about 3 respondents (100%), while in the control group there were 23 respondents (76.7%) in the positive attitude category. Then, in the adolescent action variable after being given intervention, the majority of the experimental group was in the action taken category, about 22 respondents (73.3%), while in the control group there were 29 respondents (96.7%) in the action taken category.

2. Bivariate Analysis

Table 3. Results of the Normality Test of Knowledge, Attitudes and Behavior

		Group Sig		Conclusion
		Control	Experiment	
Knowledge	Pre-test	0,019	0,016	Not Normally Distributed
	Post-test	0,025	0,014	Not Normally Distributed
Attitude	Pre-test	0,000	0,008	Not Normally Distributed
	Post-test	0,001	0,015	Not Normally Distributed
Action	Pre-test	0,004	0,000	Not Normally Distributed
	Post-test	0,001	0,001	Not Normally Distributed

In this study, the group used the Normality test *Shapiro-Wilk* because the number of samples used was <50, about 30 samples by including *pretest* and *posttest.* If the sig value <0.05, then the data is normally distributed. In this study, the results of the normality test for the knowledge variable of the experimental group were pretest (0.016) and posttest (0.014), which means that the critical area was accepted because the *p-value<alpha* about 0.05. This result shows that the data does not test a normal distribution. Then, the results of the normality test for the attitude variable of the experimental group obtained a pretest value of 0.008 and a posttest value of 0.015, which means that the critical area was accepted because the *p-value<alpha* about 0.05. This result shows that the data does not test a normal distribution. Furthermore, the results of the normality test for the pretest value in the experimental group for the action variable were found to be *p-value* 0,000 and *post-test* of 0.001, which means the critical area is accepted because of the *p-value<alpha* namely 0.05. This result shows that the data is not normally distributed.

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Wilcoxon test

Ranks

		N	Mean Rank	Sum Of Ranks
Pre Knowledge - Control - Pre Knowledge - Experiment	Negative Ranks	14[a]	15.54	217.50
	Positive Ranks	12[b]	11.13	133.50
	Ties	4[c]		
	Total	30		
Post Knowledge - Control - Post Knowledge – Experiment	Negative Ranks	21[d]	12.81	269.00
	Positive Ranks	2[e]	3.50	7.00
	Ties	7[f]		
	Total	30		

A. Pre Knowledge - Control < Pre Knowledge - Experiment
B. Pre Knowledge - Control > Pre Knowledge - Experiment
C. Pre Knowledge - Control = Pre Knowledge - Experiment
D. Post Knowledge - Control < Post Knowledge - Experiment
E. Post Knowledge - Control > Post Knowledge - Experiment
F. Post Knowledge - Control = Post Knowledge - Experiment

Ranks

		N	Mean Rank	Sum Of Ranks
Pre Attitude - Control Pre Attitude - Experiment	Negative Ranks	28[a]	16.45	460.50
	Positive Ranks	2[b]	2.25	4.50
	Ties	0[c]		
	Total	30		
Post Attitude-Control Post Attitude-Experiment	Negative Ranks	30[d]	15.50	465.00
	Positive Ranks	0[e]	.00	.00
	Ties	0[f]		
	Total	30		

A. Pre Attitude-Control < Pre Attitude-Experiment
B. Pre Attitude-Control > Pre Attitude-Experiment
C. Pre Attitude-Control = Pre Attitude-Experiment
D. Post Attitude-Control < Post Attitude-Experiment
E. Post Attitude-Control > Post Attitude-Experiment
F. Post Attitude-Control = Post Attitude-Experiment

Table 4. The Results of the Wilcoxon Test on the Effect of NNB Based Health Education on Knowledge, Attitudes and Actions in the Experimental and Control Groups

Group	Mean (Std. Deviation)	
	Pre	Post
Knowledge		
Control Group	4,73 (1,36)	4,73(1,31)
Experiment Group	5,37 (2,44)	6,87(1,52)
p-Value	,283	,000
Attitude		
Control Group	20,5 (2,16)	20,47(2,24)
Experiment Group	28,87(3,62)	30,27(2,43)
p-Value	,000	,000
Action		
Control Group	2,87 (1,07)	2,87(0,97)
Experiment Group	2,73 (1,86)	5,07(1,20)
p-Value	,475	,000

In this study, statistical tests were carried out using the Wilcoxon test because the data was not normally distributed. The Wilcoxon Test results obtained a p value of 0.000. Wilcoxon test statistical analysis on the mean *pretest* shows a value of p=2.83 (p>0.05), there is no significant difference in the knowledge of the experimental and control groups. This is different from the test of the difference in knowledge between the two groups in the mean value *posttest* showed that there was a significant difference with a sig value of p=0.000 (p<0.05), which means that after being given reproductive health education, there was a difference in knowledge between the experimental and control groups. Next, the results of the Wilcoxon test on the Attitude variable obtained the mean *pretest* and *post-test* shows the value of p=0.000 (p<0.05), there is a significant difference in the attitudes of the experimental and control groups. This means that whether or not they were given reproductive health education, the two experimental and control groups had different attitudes. Then, the action variable shows the results of the Wilcoxon test statistical analysis on the mean *pretest* shows a value of p=0.475 (p>0.05), there is no significant difference in the actions of the experimental and control groups. This is different from the test of differences in action between the two groups on the mean value of *posttest* showed that there was a significant difference with a sig value of p=0.000 (p<0.05), which means that after being given reproductive health education, there was a difference in knowledge between the experimental and control groups.

3. Identification of the knowledge, attitudes and actions of adolescents before carrying out NNB based health education

Distribution and Frequency of Knowledge, Attitudes and Actions in *Pre Test*, It can be seen that the majority of adolescents' knowledge before being given intervention in the experimental group was in the poor category, about 16 respondents (53.3%), while in the control group 22 respondents (73.3%) were in the poor category. In line with Oktarina's research results (2017) [6] shows that the average knowledge in both groups is in the low category, this means that the treatment group and control group have homogeneous knowledge at the initial stage. This low level of knowledge is due to the lack of distribution of information regarding reproductive health specifically for adolescents.

Furthermore, in the adolescent attitude variable before being given intervention, the majority of the experimental group was in the positive attitude category, about 28 respondents (93.3%), while in the control group there were 25 respondents (83.3%) in the negative attitude category. This is in line with the results of research by Azwar (2011) [7] which stated that both groups showed that the average pre-test results of respondents had a positive attitude, this proves that attitudes are not always obtained from education, attitudes can be formed from the influence of the surrounding environment, namely friends, parents, or the mass media.

Then, in the adolescent action variable before being given intervention, the majority of those in the experimental group were in the action taken category, about 26 respondents (86.7%), while in the control group there were 29 respondents (96.7%) in the action taken category. In line with Ervyna's research results, Ayu*et al* (2015) [8] showed that before being given peer education intervention, it was found that 73.2% of respondents had adequate hygiene measures, namely washing the genitals from the back (anus) to the front (vagina) about 75.6% of respondents, 56% used underwear made of cotton, and 41 respondents used their own towels and underwear which were not shared.

4. Identification of knowledge, attitudes and actions of adolescents after carrying out health education based on NNB.

Distribution and Frequency of Knowledge Categories in *Post-Test,* It can be seen that the majority of adolescents' knowledge after being given intervention in the experimental group was in the good category, about 22 respondents (73.3%), while in the control group there were 22 respondents (73.3%) in the poor category. In line with Ervyna's research results, Ayu *et al* [8] research results after being provided *peer education*, it was found that 90.2% of respondents had good knowledge. After obtaining the information, 97.6%. Furthermore, in the adolescent attitude variable after being given the intervention, all adolescents in the experimental group were in the positive attitude category, about 3 respondents (100%), while in the control

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group there were 23 respondents (76.7%) in the positive attitude category. In line with Ervyna's research results, Ayu *et al* [8] After being given *peer education* It was found that 68.3% had good hygiene attitudes, of which 98.2% cared about cervical cancer, 56% said they always disseminate information. Then, in the adolescent action variable after being given intervention, the majority of the experimental group was in the action taken category, about 22 respondents (73.3%), while in the control group there were 29 respondents (96.7%) in the action taken category. In line with Ervyna's research results, Ayu*et al*[9] the respondent's actions before being given *peer education* 73.2% had sufficient action, once administered *peer education* 75.6% have good actions.

5. The Influence of Naposo NNB Based Health Education on Adolescent Reproductive Health Behavior

a. The Influence of Naposo Nauli Bulung-Based Health Education on Adolescent Reproductive Health Knowledge

Based on average research results *pretest* shows a value of p=2.83 (p>0.05), there is no significant difference in the knowledge of the experimental and control groups. This is different from the test of the difference in knowledge between the two groups in the mean value *posttest* showed that there was a significant difference with a sig value of p=0.000 (p<0.05), which mean that after being given reproductive health education, there was a difference in knowledge between the experimental and control groups. If reproductive health knowledge is given from a young age, adolescent will grow and develop into a healthy and efficient generation. Adolescent often find it difficult to find appropriate information about reproductive health, giving rise to various perceptions that are not necessarily true. Knowledge about reproductive health is useful for adolescent to face the various physical, social and psychological changes they experience. Apart from that, it helps adolescent maintain reproductive health and prevent problems resulting from negligence in maintaining reproductive health [9].

Adolescents are at high risk of being exposed to reproductive health problems, so the opportunity to access information and receive sexual and reproductive health education is important for adolescents. This is an effort to enable adolescent to protect their health and exercise their reproductive and sexual health rights. The current situation is that most adolescent receive wrong or incomplete information regarding reproductive health. According to Statistics Indonesia et al, information about sex, drugs and HIV/AIDS is mostly obtained by teenagers from friends or the mass media. This happens because at this stage of development, adolescents' trust their peers more as sources of information. The problem is, the information provided by peers is often inaccurate, full of rumors and misunderstandings [10].

Naposo Nauli Bulung, abbreviated as NNB, is a group of people (Young people) as a mixed community consisting of teenagers and youth between the ages of 15-25 years who are bound by regional customs which have become traditions that have been passed down from generation to generation [11]. Acceptance of local wisdom-based health education, especially NNB-based, has an impact on receiving information that is more easily accepted resulting in better knowledge and behavior changes to be physically and spiritually healthy. With the existence of NNB-based health cadre education, it is hoped that it can foster the development of healthy living behavior for teenagers. It requires care in the form of services and providing correct information as well as a shared understanding of the importance of adolescent reproductive health so that it can help them in determining their future choices.

Peer groups play an important role in adolescents' lives because they have unstable conditions so they are easily influenced by their closest friends. In addition, adolescent really want to be accepted and seen as members of their peer group, both at school and outside of school. Therefore, they tend to behave like the behavior of their peer group so that teenagers always want to imitate what their friends do [12]. This research is in line with the results of other research, this peer group method can improve adolescents' self-concept as seen in significant results (p < 0.05)

[13]. This is because the peer group method or peers is a place where teenagers often gather to discuss a problem whether it is a pleasant or sad problem that can be trusted.

b. The Influence of Naposo NNB Based Health Education on Adolescent Reproductive Health Attitudes

Based on the research results, the two groups were given an average *pretest* and *posttest* shows the value of p=0.000 (p<0.05), there is a significant difference in the attitudes of the experimental and control groups. This means that whether they were given reproductive health education or not, the two experimental and control groups had different attitudes. Personal experience is one of the factors that influences a person's attitude. Formation of attitudes, personal experiences must leave a strong impression, because attitudes will be more easily formed if these personal experiences occur in situations that involve emotional factors [14]. Other research that supports the results of this research is a research [15] said that there was an influence on the attitudes of students at FIK-UMS before and after taking reproductive health education. In line with research by Utami D, et al (2014) [16] which states that peer groups have a positive influence on the teenagers studied, as evidenced by an increase in knowledge, attitudes and ultimately realized through action.

c. The Influence of NNB Health Education on Adolescent Reproductive Health Actions

The results of the action research show the results of the statistical analysis of the Wilcoxon test on the mean *pretest* shows a value of p=0.475 (p>0.05), there is no significant difference in the knowledge of the experimental and control groups. This is different from the test of the difference in knowledge between the two groups in the mean of value *posttest* showed that there was a significant difference with a sig value of p=0.000 (p<0.05), meaning that after being given reproductive health education, there was a difference in knowledge between the experimental and control groups. The results of this research are in line with research by Ervyna [8]After being given *peer* education, 75.6% had good actions and 24.4% had sufficient actions. The results of statistical tests on 3 behavioral domains (knowledge, attitudes and actions) obtained a knowledge value (p*value* = 0.000 < 0.05), attitude (p*value* = 0,000 < 0,05), and action (p*value* = 0.000 < 0.05), then H0 is rejected. The results of this analysis mean there is an influence *peer education* towards behavior *personal hygiene* genetalia in preventing cervical cancer in adolescent girls at SMP Negeri 10 Denpasar [8]. This is in line with research by Ervyna, Ayu et,al (2015) (73.2% of respondents' actions before being given peer education had adequate actions, after being given peer education 75.6% had good actions. An increase in knowledge and attitudes from providing peer education is expected influencing a person's actions, where behavior appears as an influence from awareness of vulnerability to a problem.

CONCLUSION

Based on the results and discussion, it can be concluded that providing health education interventions based on the local wisdom of Naposo Nauli Bulung (NNB) is one of the effective health education methods used to increase the knowledge, attitudes and actions of adolescents.

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