ISSN: 2614-3488 (print); 2614-3496 (online) Vol.7 No.1. October 2023. Page.226-232

Development of Communication Models Mother-Daughter-Dyads about Sex Education in Prevention of Teenage Pregnancy Research and Development (R&D)

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ABSTRACT

Background: Teenage pregnancy contributes significantly to the cause of mother death and baby death in Indonesia. A total of 9.5% of teenage girls aged 15-19 years have been married, pregnant and giving birth. One of the causes of high teenage pregnancies is the lack of sex education. The family is the first social environment to build character and values in adolescents. It is crucial to create a climate conducive to open discussion between parents and daughter about sex education. Still, in reality, many parents have not provided sufficient information to their children about how to prevent unsafe sex among teenagers and view taboo as one of the causes of the lack of communication among parents and daughters about sex.

Purpose: This study aims to develop an effective communication model between mothers and teenagers on educational sex.

Methods: This research uses the Research and Development (R&D) way that is the research method used to produce a particular product and test the effectiveness of the product.

Results: Identification of sexual communication between mothers and daughters concluded that both daughters and their mothers still had difficulty communicating related to sexual education. The results of the need assessment carried out by FGD have found formulations that respond to the need for models used in the enhancement of sexual communication between mothers and daughters.

Conclusion: The model developed in this study showed results at the evaluation stage that there was an improvement in parents' ability to conduct sexual communication using effective communication patterns.

Keywords: communication, education, sexuality

Received August 10, 2023; Revised September 12, 2023; Accepted October 3, 2023

DOI: https://doi.org/10.30994/jnp.v7i1.434



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ISSN: 2614-3488 (print); 2614-3496 (online) Vol.7 No.1. October 2023. Page.226-232

BACKGROUND

The World Health Organization (WHO) defines a teenager as transitioning from childhood to adulthood. Teenagers are those aged 10-19 years, while according to the United Nations teenagers are young people aged 15-24. These are crucial times because they often feel that they are no longer children but are not able enough to be like adults. During this period there are often shocks, especially in the value changes they gained as children and gained new value in reaching maturity (Organization, 2022). At this time teenagers often experience problems such as sexuality, HIV-AIDS, and illicit drug abuse. Among these three problems, teenage pregnancy which is the impact of sexuality issues has a major impact on health. Teenage pregnancy is a significant public health problem. Adolescent sexual behavior deviation causes increased teenage pregnancies. Common problems such as a group of teenagers confused in understanding what to do and what not to do, such as having or not having a date, masturbating, watching together, or kissing that leads to risky sexual behavior, uncontrolled ways of socializing will result in sexual intercourse outside of marriage and affect pregnancy (Birhanu et al., 2019).

Teenage pregnancy is a substantial public health problem at a global level as a leading factor in the high rate of maternal death and pain. By 2020, the WHO estimates that every year in developing countries, precisely 12 million teenage girls aged 15-19 and at least 777,000 adolescent girls under 15 give birth, and 10 million unwanted pregnancies occur among teenagers. Globally, complications during pregnancy and childbirth are the leading cause of death in teenage pregnancies(Organization, 2022; Wall-Wieler et al., 2016). The National Statistical Bureau in 2012 reported that the prevalence of teenage pregnancies was 48 per 1,000 pregnancies, and a study in 9 large cities in Indonesia found that a total of 37,000 were unintended pregnancies. 27% of unmarried couples (KTD) occur in unmarried couples, and 12.5% are student couples (SMP/SMA/SMK)(Anifah et al., 2018; Perveen, 2017). According to 2012 SKKRI data, it reported that 9.5% of teenage girls aged 15-19 years were married, pregnancy and childbirth, in the 2015 RPJMN survey, 36 babies were born for every 1000 women aged 15-19 years, and according to data from the 2015 Performance Monitoring and Accountability Survey, it reported that 2.5 million women under the age of 16 had given birth (Álvaro et al., 2019; Damayanti et al., 2022). According to BKKBN data, 44% of teenagers get information about sex from time, school, and other media, 35% from porn movies, 16% from friends, and only 5% from parents.

The family, especially the parents, is the first social environment in building character and values in teenagers, and it is essential to create an environment conducive to open discussion between parents and daughter about reproductive health education. Many parents do not give their daughter sufficient information on how to prevent unsafe sex among teenagers. Furthermore, taboo is one of the causes of a lack of communication between parents and daughter about sex (Abdallah et al., 2017; Mastrotheodoros et al., 2020).

Teenage pregnancy has negative effects both physically and socially. Physical impacts that may occur on mothers and babies include the potential for impaired childbirth, congested birth due to narrow pelvis that can threaten both mother and baby, potential cervical rupture resulting in bleeding, risk of preeclampsia and eclampsia to death, causing cervical cancer and osteoporosis during menopause (Konduru et al., 2019; Wall-Wieler et al., 2016). Meanwhile, the social impact for teenage mothers will face several consequences such as the small possibility to continue their education, will experience difficulties in economic life and tend to have no ability to nurse children effectively. There will also be social impacts on children such as worse development, lagging behind academically, and gaining stigma in society (Angley et al., 2016; Maemeko et al., 2018).

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Evidence shows the influence of parents on sexual education in adolescents in preventing adolescent pregnancies. Two articles showed the effect of parental sex education on knowledge, attitudes, self-efficacy, and usage practices. There was a significant improvement in the sexual knowledge, attitude, self-efficacy, and sexual education practices of parents (Mayun et al., 2017; Ninsiima et al., 2018). Other articles describe parenting models compared to conventional models. The results of the study showed that parenting models had a significant impact on increasing students' knowledge of reproductive health compared to traditional models (Olson et al., 2019; Velma McBride Murry, 2018). From two articles only focusing on parental interventions to lower reproductive health in adolescents to prevent adolescent pregnancies, it is still limited to articles that discuss models of effective communication development between mothers and adolescents about sex education as adolescent prevention interventions.

Indonesia has a Generation Planned program that is implemented with a two-sided approach, namely the approach to adolescents itself is carried out through the Development of Information and Counseling Centers (PIK) while the approach of families through the Families of Adolescents (BKR), the role of the family is very important because adolescents are in the formation and nurturing where the formation of character begins from the family. The existing BKR program does not cover the development of an effective communication model between mothers and adolescents regarding sex education(BKKBN, 2012; Khotimah et al., 2017).

OBJECTIVE

The study aims to develop an effective model of communication between mothers and teenagers on educational sex.

METHODS

The research and development (R&D) phase consists of three phases:

Phase I: Analysis of communication situations on educational sex between mothers and teenage daughters, Data collection with interviews with mothers and daughter. Informants from this study were selected using a purposive sampling technique using inclusion and exclusion criteria. Inclusion criteria were teenagers aged 15-19 years who had lived at home with their mothers for at least one year and teenagers who and their mothers were willing to be informants. Meanwhile, the exclusion criteria are teenagers and their mothers who have a history of mental problems and a history of certain illnesses. Triangulation in this research is parents of teenage children, Youth Family Development cadres, and village midwives. Data was collected using in-depth interviews conducted separately between the informants and triangulation. The analysis started with data reduction, which was done by determining themes and coding and then presenting the data.

Phase II: Need Assessment consisting of several planning strategies: Strategy I to increase positive relationships between mothers and adolescents, strategy II: Improve communication skills between mothers and adolescents related to sex education. The needs assessment was carried out by researchers with two experts, namely a psychologist and a family nurse.

Strategy III: Increasing the knowledge of the mother about the sex of education and her daughters.

Strategy IV: Develop a healthy lifestyle to prevent unhealthy sexual behavior in teenagers. The manufacture of instruments is done by performing FGD (focus group discussion) to make the appropriate model formulation.

FGD is done with the midwifery villagers and BKR volunteer and psychologist.

Phase 3: Evaluate the model

a. The relationship of mother and daughter in the family

ISSN: 2614-3488 (print); 2614-3496 (online) Vol.7 No.1. October 2023. Page.226-232

- b. Sexual communication between mother and daughter
- c. Knowledge of sex education in mothers and teenage daughters

Evaluation of the model developed was carried out in several stages, the first was conducting a pre-test using in-depth interviews with parents of teenagers, followed by intervention in implementing the communication model and ending with an evaluation using in-dept interviews.

RESULTS

Informant 1 is an 18-year-old teenager who has just graduated from high school this year. The informant lived with his parents. He said he had a date once that happened when he was 15 years old or while he was still sitting in high school. His boyfriend was a man he knew in the neighborhood and was not a school friend. During dating her mother did not know because she never told her mother even she never allowed her parents to go out with her girlfriend. The informant said her style of dating has been limited to holding hands and hugging never had sexual intercourse.

Triangulations 1 is the mother of the informant 1, she says she believes in her son and doesn't know if her son is dating and never thought to explain about sexual education to her daughter.

Informant 2 is a 15-year-old girl who lives in the same house with both her parents. Informer one has never had a boyfriend but he once liked the opposite type of time he was sitting in the 1st grade. The informant said he felt disgusted to discuss sexuality issues so he never discussed or asked about sexuality to her mother.

Triangulations 2 is the mother of the informant 1. The mother says it's important to explain the boundaries of sexuality to her child but she says she's still confused how to start because she feels her child doesn't need information about it yet.

One month after the training the researchers conducted in-depth interviews with the five adolescents who became informants and found that the mothers had communicated about getting along with men well, doing positive activities so they didn't think about dating, avoiding sex before marriage, and the informants also said that it is comfortable talking to the mother about handsome classmates, no longer angry when talking to male friends, the mother asks the child directly and the child is not afraid to explain, the child is brave enough to be honest and knows that the child has male friends men and explain the actions that are permissible and forbidden to do, the child feels closer to the mother.

DISCUSSION

The development of teenagers will face several challenges, one of which is sexuality issues, one is risky sexual behavior such as pre-marital sex that can affect the onset of teenage pregnancies, so the adolescent perception of sex before marriage will affect their sexual behavior. In this study, both informants said the importance of knowledge or education about sex before marriage. Effective communication between parents and children will form the basic patterns of the child's normal personality and healthy psychological development. The child's growth and development requires the support of the parents. Parents are responsible for developing the overall existence of the child, including physical and psychological needs, so that the child can meet and develop to a mature and harmonious personality. Communication between parents and children can prevent adolescents from sexual behavior, especially due to the nature of the parent and child are engulfed in an intense relationship so that the occurrence of sharing, sharing, and solving problems together. This is in line with previous research, namely the research of *Salari* et al., which stated that the low communication skills of parents and daughters are a factor in the occurrence of various problems in teenagers, one of which is

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ISSN: 2614-3488 (print); 2614-3496 (online) Vol.7 No.1. October 2023. Page.226-232

teenage pregnancy. Positive communication carried out by parents is capable (Salari et al., 2014). So, several previous studies recommend developing a model that can improve parents' ability to provide positive communication to their daughters to reduce risky sexual behavior that results in teenage pregnancy (Álvaro et al., 2019; Salari et al., 2014; Sámano et al., 2017).

From the results of research can be that previously teenagers do not feel close to parents, not even talk that she has questioned her boyfriend while her mother does not know about it, on the other hand teenagers have not received sexual communication from her mother this depicts that parents are not considered a safe place and able to protect their family members will raise urgent questions in the child. This is in line with previous research that many parents are not confident and embarrassed to discuss sexual education with their daughters (Abdallah et al., 2017).

After the training in obtaining the result that the relationship of the parent to the daughter, the daughter has already begun to feel comfortable talking about sex to the mother, the child feels trustworthy and can recognize the risks of his partnership as well as the mother can be able to know better the collaboration of the daughter, from this communication, the daughter can have high knowledge of sexuality, so can decide which is best for himself, at the same time the risk to bear, can grow attitudes and behaviors, healthy sexual and can avoid things that go straight into the direction of sexual behavior. This is in line with previous experimental research, which developed a program or model to improve parent-to-adolescent communication skills in providing sexual education(Iorga et al., 2021; Lee et al., 2018; Salari et al., 2014; Sámano et al., 2017).

The quality of communication between parents and daughter is more about conversation and focuses on the message delivered, what is heard, and the message is understood, where the process of delivery between parent and daughter is based on trust, positive support, openness, and good relationships, thus growing a child's attitude of trust so that the child can accept well what the parents deliver. With this model of communication between children and adolescents it has been shown to improve the quality of communication. It is hoped that the implications of this research can be used in youth programs such as youth family development programs, youth information and counseling centers, youth posyandu and other youth-based programs. The weakness of this research is the limited time so that the follow-up evaluation cannot be carried out over a long period of time so suggestions for future researchers are to develop similar research with longer follow-up. From the evaluation results, it was found that there was an increase in positive communication between parents and their daughters in providing sexual education between before implementing the model and after implementing the model.

CONCLUSION

The results of the identification of sexual communication between mothers and adolescents concluded that both teenagers and their mothers still had difficulty communicating related to sexual education. The results of the need assessment carried out by FGD have been found formulations that respond to the need for models used in the enhancement of sexual communication between mothers and daughter. The model developed in this study showed results at the evaluation stage that there was an increase in the ability of parents to conduct sexual communication using effective communication patterns. From the evaluation results, it was found that there was an increase in positive communication between parents and their daughters in providing sexual education between before implementing the model and after implementing the model.

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ACKNOWLEDGMENTS

The study was conducted by IIK Strada Indonesia. Participants in this study consisted of the Putri Eka Sejati, Shanty Natalia, Anggrawati Wulandari.

CONFLICTS OF INTEREST

There is no conflict of interest in this research.

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