

Parents' Experience In Giving Reproductive Health Education To Children

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Background: children need to know about reproductive health and sexuality from an early age in order to avoid risky sexual behavior and reproductive health problems. Parents have a major role in providing reproductive health education but they have limitation for information. **Purpose of the study:** to find out the description of parents' experience in providing reproductive health education for children. **Research methodology:** Research design was qualitative with a phenomenological approach. This research was carried out from April 2018 to August 2019. This research was conducted at PKK 30 Argomulyo Sedayu Kindergarten, Bantul, Yogyakarta. The population was parents of PKK 30 Kindergarten students Argomulyo Sedayu Bantul. Sampling technique used purposive sampling and adjusted to the inclusion and exclusion criteria. Number of main participants in this study were 8 parents and 1 teacher as supporting participants. The research instrument was the researcher themselves. The data collection used semi-structured interview techniques. Data analysis used Collaizi method. **The results of study:** was 3 themes, namely; 1) Reproductive health education is provided according to the needs of children, 2) Parents have obstacle in providing reproductive health education, 3) Religion and social norms are considered by parents in providing reproductive health education. **Conclusion:** It is important that reproductive health education is given to children from an early age and adjusted to the child's developmental stage

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1. INTRODUCTION

Reproductive health education is an effort for adolescents to improve their understanding, knowledge, attitude and positive behavior about their reproductive and sexual health, and to improve the degree of reproduction.¹ Information on sexual and reproductive health to adolescents enhances a positive attitude toward their sexuality.²

Based on the results of the study, about 50% of sex deviations occurred in adulthood was caused by their lack of knowledge about sexuality.³ Teenager experience various changes including physical changes in the form of hormonal changes, sexual maturity, cognitive changes and social maturity of emotions which make them want to try everything.⁴

Reproductive health education is an important thing to be instilled since childhood because the development of children and adolescents is part of human resource development which is the responsibility of parents, society, government and children or adolescents themselves⁵. One way that can be done to prevent negative experiences related to sexual and reproductive health in children is by starting reproductive health education as early as possible⁶.

Children need to know about reproductive health and sexuality before they are faced with situations and feelings related to sexuality, so that they can prepare themselves to deal with these situations². This education is needed so that children facing adolescence can avoid risky sexual behavior that endangers their sexual and reproductive health¹.

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The parents have a major role in giving health education, including sexual education⁷. Parents sometimes find difficulties to talk about reproductive health and sexuality, choosing not to talk about it for a number of reasons, such as; the children are too young to know, ruin their thinking, not knowing exactly what to talk about, not knowing how to talk, the children will not understand, children will learn it in school, feeling shy, mother's role, or having no time^{8,2}.

The qualitative research on reproductive health education given by parents to children has not been existed yet; therefore the researcher is interested to conduct research by title " Parents' experience in giving reproductive health education to children". The purpose of this research is to find out the description of parents' experience in providing reproductive health education for children.

2. MATERIAL AND METHOD

Study Design

The design of this study is a qualitative research with phenomenological approach as researchers want to describe the experience of parents in providing reproductive health education in children as observed phenomenon.

Research Subject

The population was parents of PKK 30 Kindergarten students Argomulyo Sedayu Bantul. The sampling method is purposive sampling by considering the maximum variation of the participants Parents in this study are mothers, because mothers are the closest parents to their children and often take their children to school. The inclusion criteria in this study were willing to be a participant by signing of informed consent as evidenced, the children are living with their parent. The number of participants in this study was 10 parents (mothers).

Instrument

Instrument in this study were the researchers themselves. In this study, researchers used the method of in-depth interviews and observation. Researchers used structured art interview techniques. The interviews with participants were conducted by the researchers. Researchers used interview guides as a guide and explore participants' experiences. Before conducting the interview, the researcher conducted the experiment using interview guide. The interview trials were conducted on one participant who fit the inclusion criteria but were not included in the research participants.

The tools used during the interview process were hand phone as the voice recorder and field notes The researchers were assisted by a research assistant who were a diploma nursing graduate. The research assistants observed non-verbal responses from participants, interview situations, environmental conditions, and unrecorded body move in voice recorder which will be written later in field notes.

The interviews were conducted at the agreed time and place between researchers and participants. The venue for interview was selected by considering the convenience, privacy and security of participants and researchers. The interview time lasts for 45-90 minutes, 2 up to 3 times.

Data Analysis

Data analysis in this research was done by ongoing analysis. The data analysis was done from the beginning of the data collection process, during and after data collection. It was also done manually using the steps of Colaizzi (1978) cit method Pilot & Beck (2010).

3. RESULTS AND DISCUSSION

This research produces three themes; 1) Reproductive health education is provided according to the needs of children, 2) Parents have obstacle in providing reproductive health education, 3) Religion and social norms are considered by parents in providing reproductive health education. First theme, reproductive health education is provided in accordance with the needs of children. Parents provide reproductive health education materials gradually to children. According to the parent, the right time in providing reproductive health education is in accordance with the stage of child development, as revealed by the following participants.

"Probably depends on the process, as something depends on the process. Such as small child, we start to educate not being often together with her sister. For example; sleeping, we separate them, as well as taking shower. We begin to get used to when the age is still small, it may also depend on the development of children. So if I am asked, when does the right time (in what age) I think, it depends on its development ... "(P6, 41 years)

The statement of the participant is reinforced by the statement of the school teacher as follows:

"... for junior and elementary students, of course, the level of material is different from the material in high school, not too deep, because if they are not mentally ready then we give them a lot of the material, the effect will be contra-productive, they do not understand, they many find out for by themselves, and we cannot control. So, that's no better impact..." (G4, 41 years old)

Parents of this study did not provide reproductive health education which he thought was inappropriate given to children of a certain age, parents tend to explain to children that children will know in due time

"The way ya tomorrow if you've time given to know, I'm so pretentious. This time is not the time you were a kid He never asked so keep not clear anyway the point is not his time nek not too much, tomorrow he knows in time, when it's time to know must be told, nek now kayak so you have not need to know, ya know if husband and wife but for how-gimananya do not always time ... "(P2, 37 years old)

Theme 2) Parents have obstacle in providing reproductive health education. Parents' perceptions of reproductive health education are incomplete, character and condition of children with disabilities inadequate, parental characteristics and patterns that do not support reproductive health education, and parental knowledge related to reproductive health education is still limited

Parents who are emotionally close to the child will facilitate the provision of reproductive health information, such as the following phrase:

"Yes, it may be like that. Maybe, for example, why did Nabil really dare to ask me when I first experienced wet dreams, that would indicate that I can build trust with him, so no problem, whatever the problem is just delivered ..." (P6, 41 years old)

"....because sometimes his father also works and maybe his father also feels that he (the child) is closer to me, maybe. So, for his father such personal things sometimes are not (are not important to explain) "(P2, 37 years)

Parents do not pay much attention to the child's development or condition; parents tend to allow their children to seek their own experiences, as revealed by the following participants;

"Yeah but this kind of boy, even though he is guided constantly sometimes he still does not understand, mending children iku diumbarno sak karepmu sak polahmu (it's better that this child be left just like that)" (P1, 47 years)

One of the limitations felt by parents in providing reproductive health education to children is the limited knowledge they possess, as illustrated by the following participant statements; *"... limit, for a child of this age, he should know about what, to where. For this matter, I have not really understood, so the limit is age. For example; the age of 12 years, knowing about what, about anatomy or about why women can get pregnant. Things related to those. The limit is where it is..."(P2, 37 years)*

Girls are more susceptible to experience reproductive health problems and if they are sexually abused, the trauma experienced more deeply, it is expressed by the following participants;

"For women, for example, there is a case of harassment; the risk of trauma can be until tomorrow. Then, for example, such a blunt object is going into it (the genital organ), it will damage the hymen ... "(P2, 37 years)

Theme 3) religious and social norms become the basis of parent's consideration in providing reproductive health education. All participants in this study are Muslims, providing reproductive health education to children by linking the value of Islam that they believe. The parents associate reproductive health education with sin, unclean in worship and obligation of children after stepping on adolescence.

"Enggih enggih enggih (yes yes yes) said that there is no need to open such a thing, it is sinful, said anything, cah cilik ora ngono ngono (children, no need to be like that) saru, sin ngaten kulo, kid nggih di kasih pengertian ngaten (gitu)(provide them the understanding) ... "(P9, 44 years old)

"Yes, it was told, if he was already circumcised then he got baligh now, already have his own responsibility as a Muslim. If he already has his own responsibility, then he should pray. The pray is no need dioprak-oprak ngaten (to always be ordered)... "(P9, 44 years)

In this study some parents say that it is very taboo to talk about reproductive health or express the reproductive organs with its original language.

"So, it does not look like, though in public, that people will not think that "noni" is a vagina, no, if her hand does not lead to it" (P1, 47 years old)

Based on the results of the analysis in this study, all parents have provided reproductive health education, although the completeness of reproductive health information provided by one parent with another parent is different. Parents provide reproductive health education materials gradually, in the sense that there is reproductive health material given starting from the child is still small, but there is also material reproductive health given when there are certain moments.

Essentially, reproductive health education in children with disability or not disability should be given early. One way can be done to prevent negative experiences related to reproductive and sexual health in children is by giving reproductive health education that begins as early as possible.⁽⁵⁾⁽⁶⁾

Reproductive health education provided by parents is influenced by internal and external factors. One such factor is the parent's closeness to the child. Communication between parents and children is needed to instill the values that parents believe, as Kirby et al (2011) points out in Ariadni (2016), communication between parent and child affects child's behavior, and it is also a form of supervision and monitoring of children.

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The parents say that they do not fully understand yet about reproductive health, what limit should be given to the child so that the reproductive health information provided does not have a negative effect on the child. They also sometimes find it difficult to talk about reproductive health and sexuality, or choosing not to talk about it for a number of reasons; such children are too young to know, ruining their thinking, do not know exactly what will be discussed, do not know how to deliver, children will not understand, children will study it at school,⁽⁸⁾⁽²⁾ parents never provided reproductive health education by their parents as well.⁽⁹⁾

The external factors that affect reproductive health education in the children are the sex of the child as well as the child's character. External factors are the factors that come from outside the parent.

Almost all parents express that they are more comfortable talking about reproductive health and sexuality with children of the same sex. Mothers communicate more frequently about reproductive health with girls, whereas fathers communicate more often with boys than girls.^(10, 11) The biggest reason for this is that both parents feel embarrassed and find it difficult to talk openly about reproductive health with children.⁽¹²⁾

The last theme found in this research is religion and social norms become parental considerations in providing reproductive health education. Parents said it would be easier to provide reproductive health education to their children if children had been previously introduced to some rules of religion. This is in line with research conducted by Wilson et al (2010) that there are some parents who refer to the teachings of religion in providing sex education that parents use religious teachings and religious communities as support in providing sex education.

Some participants mentioned that sometimes they limit reproductive health information provided because religion does not recommend talking about specific reproductive health materials in children, such as masturbation, lesbian, and gay. This is in line with research conducted by Matsomi et al (2016) which states that religion becomes barrier for parents in talking about reproductive health with children, virtue and prohibition and exclude discussion of sexual activity until they get married.

The experience of parents in providing reproductive health education makes parents better understand the conditions of children, so that what is experienced by parents is given a lot to the child. Albert Bandura (1971) in his theory of social learning reveals that people understand the world symbolically through cognitive images. The experience of parental condition of children is stored in its memory as a cognitive image, then the parents react with the same attitude based on the experience when having children with the other characteristic..

CONCLUSION

1. Parents already provide reproductive health education to children and are provided in accordance with the needs of children
2. Parents have barriers in providing reproductive health education to children
3. Religion and social norms become the basis of consideration in providing reproductive health education

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