

Self-awareness of health students as peer educators of adolescent reproductive health



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ABSTRACT

Introduction: Solutions that can be done to overcome reproductive health problems in adolescents include increasing access to health services, especially reproductive health education. By increasing the participation of youth/students (especially health students) who play a role in peer educators, it is hoped that it can help adolescents in discussing and dealing with problems faced, especially reproductive health. For this reason, it is necessary to prepare students as peer educators by developing students' self-awareness of their effectiveness as counselors. This study aimed to evaluate health communication skills through the Self-awareness approach of students as prospective health workers.

Methods: This research design is cross-sectional with a questionnaire instrument and a Chi-Square analysis test.

Results: The results show that most of the respondents feel nervous when speaking in front of the group, most still feel shy, pay less attention, are very worried about other people's thoughts, and do not give a good impression, respondents find it difficult to work when being watched by others, and almost all respondents need time to adapt to new situations and are still looking for an identity.

Conclusion: It is necessary to develop a self-awareness approach with the hope that students are called to know, acquire, use, and adapt basic health communication skills as counselors so that they can effectively overcome problems that arise regarding reproductive health in adolescents.

Keywords: adolescents, communication, reproductive health, self-awareness.

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INTRODUCTION

The Maternal Mortality Rate is still high and has not yet reached the 2015 MDGs target of 102 and the 2030 SDGs, which is less than 70 per 100,000 live births. Likewise, the Infant Mortality Rate has not reached the 2015 MDGs target of 23 or the 2030 MDGs target, which indicates the low fulfillment of reproductive rights. This fact is supported by the Indonesian Demographic and Health Survey Report (2017), which states that 32 women and 39 men aged 14-24 years do not know where to source information about reproductive health. About 33.3% of girls and 34% of boys aged 15-19 started dating. At that age, it is feared that they do not have adequate life skills, so they are at risk of having unhealthy dating behavior by having premarital sex.¹ The research resulted in 2018 showed that 63.64% had a moderate level of knowledge about the concept of puberty and all things related to health care for the reproductive organs.² This is supported by the RPJMN survey (2010) results that adolescents exposed

to information from the Information and Counselling Centre for Adolescents reach 28%, meaning that only 28 out of 100 adolescents have access to activities related to reproductive health information.³ The National Family Planning Coordinating Board has guided youth through the Generation Planning program and the Youth/Student Information and Counselling Centre. A previous study explained that 50% of students said they lacked confidence in giving consultations to their friends, 30% said they lacked knowledge and information about reproductive health, and 20% said that the media for conducting consultations was still very limited, such as leaflets, posters, and flipcharts. Peer educators in adolescent reproductive health education were chosen because peers are important in transferring information about reproductive health.⁴

The effectiveness of peer educators as an entry point in adolescent reproductive health education. For this reason, peer educator expertise is needed in providing

health education.⁵ One is developing self-awareness because self-awareness is important for effective counseling. As described by Williams et al., self-awareness tends to be seen as a global knowledge of one's perceptions and experiences (cognitive understanding) or a more transient condition for focusing on oneself (physiological and affective reactions).^{6,7} Therefore, we define self-awareness as a state of being aware of one's thoughts, feelings, beliefs, behavior, and attitudes, and knowing how these factors are shaped by important aspects of the developmental and social history of a person who will carry out his duties as a peer educator. Thus, when peer educators have good self-awareness, they will be confident to use their skills effectively.

The problem occurs when communication, education, and information conveyed to teenagers are still ineffective, so it raises doubts, either to the sender of the message or to the recipient of the information message. It will lead to rejection or delay in finding out about the

information. This condition is challenging for health professionals, who need special skills to deliver an education that all can receive. Public health institutions should generally communicate using strategically defined methods and avoid hasty communication that leads to incorrect implementation of interventions and loss of credibility.⁸ This study aimed to evaluate health communication skills through the Self-awareness approach of students as prospective health workers.

METHODS

The research design is cross-sectional. Respondents were 136 students from 3 study programs Public Health, Nutrition, and Nursing. The instrument used in the study is a questionnaire that refers to Situational Self-awareness (SSA), whose results are analyzed descriptively. Situational self-awareness is comparing one's current actions to one's internal standards to make necessary changes if there are inconsistencies.⁹ The survey is in the form of multiple-choice questions. Each question has an answer on a scale of 1 (Not like me at all) to 4 (A lot like me). There are 3 demographic questions about sex, age, and study program. Data collection was carried out for approximately 3 months since the survey was distributed. Twenty survey questions were distributed to characteristics of respondents based on emotional self-awareness, three survey questions were distributed to respondents based on accurate self-assessment, and six survey questions were distributed to respondents based on self-confidence. The procedures for taking it through filling out an online form. The data analysis used Chi-Square.

RESULTS

The characteristics of the respondents

The results in [Table 1](#) show that almost all respondents are female, aged 21-22 years, mostly female, and from public health study programs.

Situational Self-awareness (SSA)

The results of this study found that most (67.65%) respondents had emotional self-awareness in the good category, and a small portion (32.35%) of respondents had

Table 1. Characteristics of respondents

Demographic characteristics	N(%)
Sex	
Female	130 (95.6%)
Male	6 (4.4%)
Age	
<18-20	29 (21.3%)
21-22	82 (60.2%)
>22	1 (0.73%)
Study Program	
Public Health	72 (52.9%)
Nutrition	34 (25%)
Nursing	30 (22.1%)

Table 2. Characteristics of respondents based on Emotional Self-awareness

Data emotional self-awareness question	N (%)
I care a lot about how I present myself to others	
A lot like me	65 (47.8%)
Somewhat like me	62 (45.6%)
A little like me	7 (5.1%)
Not like me at all	2 (1.5%)
I get embarrassed very easily	
A lot like me	42 (30.9%)
Somewhat like me	59 (43.4%)
A little like me	32 (23.5%)
Not like me at all	3 (2.2%)
I never take a hard look at myself	
A lot like me	12 (8.8%)
Somewhat like me	39 (28.7%)
A little like me	49 (36%)
Not like me at all	36 (26.5%)
It is easy for me to talk to strangers	
A lot like me	25 (18.4%)
Somewhat like me	55 (50.4%)
A little like me	42 (30.9%)
Not like me at all	14 (10.3%)
I am concerned about what other people think of me	
A lot like me	58 (42.6%)
Somewhat like me	57 (41.9%)
A little like me	15 (11%)
Not like me at all	6 (4.4%)
I usually worry about making a good impression	
A lot like me	41 (30.1%)
Somewhat like me	68 (50%)
A little like me	23 (16.9%)
Not like me at all	4 (2.9%)
I am self-conscious about the way I look	
A lot like me	12 (26.7%)
Somewhat like me	32 (71.1%)
A little like me	1 (2.2%)
Not like me at all	0 (0%)
I feel nervous when I speak in front of a group	
A lot like me	54 (39.7%)
Somewhat like me	60 (44.1%)
A little like me	20 (12.7%)

emotional self-awareness in the moderate category (Table 2 - 4).

This study found that 70.6% of respondents had professional and ethical responsibilities, 71.4% understood the consequences of technology, and 56.4% understood how people use machines.

The results of this study found that 62.5% of respondents had improving society, 57.4% of respondents had to promote racial understanding, 86% of respondents had helped others in need, 74.3% of respondents had ethical and/or social issues, 54.4% of respondents had policy implications of engineering, and 55.1% of respondents had a broad education in humanities and social sciences.

DISCUSSION

The results showed that most respondents felt nervous when speaking in front of the group. Effective communication can be considered an interactive process of information and opinion sharing among individuals, groups, and institutions. In that case, peer educators must provide constructive, current, and meaningful messages and access information services directly to the public, especially the youth. This requires planning interventions to verify an effective level of understanding after providing scientifically based and personal information. A previous study stated that self-understanding is a necessary condition before starting the process of understanding others.¹⁰ One's ability to know one's strengths, weaknesses, drives, values, and their impact on others is called self-awareness.¹¹

Respondents find it difficult to work when others are watching them. Active listening helps health professionals (peer educators) focus on the other party's point of view. It can be triggered through a two-way communication channel facilitating useful information exchange and a participatory process. It is based entirely on empathy, accepting the other person's point of view, and creating positive relationships and a non-judgmental approach. Self-awareness is the basis for the growth of emotional intelligence behavior. Self-awareness refers to the ability to read one's own emotions and recognize their

Data emotional self-awareness question	N (%)
Not like me at all	2 (1.5%)
I know the way my mind works when I work through a problem	
A lot like me	25 (18.4%)
Somewhat like me	97 (71.3%)
A little like me	11 (8.1%)
Not like me at all	3 (2.2%)
It is hard for me to work when someone is watching me	
A lot like me	29 (21.3%)
Somewhat like me	73 (53.7%)
A little like me	30 (22.1%)
Not like me at all	4 (2.9%)
It takes me time to get over my shyness in new situations	
A lot like me	35 (25.7%)
Somewhat like me	76 (55.9%)
A little like me	22 (16.2%)
Not like me at all	3 (2.2%)
I generally pay attention to my inner feelings	
A lot like me	44 (30.9%)
Somewhat like me	78 (57.4%)
A little like me	14 (10.3%)
Not like me at all	2 (1.5%)
I am always trying to figure myself out	
A lot like me	69 (50.7%)
Somewhat like me	57 (41.9%)
A little like me	10 (7.4%)
Not like me at all	0 (0%)
I sometimes step back (in my mind) to examine myself from a distance	
A lot like me	51 (37.5%)
Somewhat like me	71 (52.2%)
A little like me	9 (6.6%)
Not like me at all	5 (3.7%)
I am constantly thinking about my reason for doing things	
A lot like me	50 (36.8%)
Somewhat like me	67 (49.3%)
A little like me	16 (11.8%)
Not like me at all	3 (2.2%)
I often daydream about	
A lot like me	55 (50.4%)
Somewhat like me	44 (32.4%)
A little like me	23 (16.9%)
Not like me at all	14 (10.3%)
Large groups make me nervous	
A lot like me	38 (27.9%)
Somewhat like me	57 (41.9%)
A little like me	30 (22.1%)
Not like me at all	11 (8.1%)
I think about myself a lot	
A lot like me	67 (49.3%)
Somewhat like me	58 (42.6%)
A little like me	9 (6.6%)
Not like me at all	2 (1.5%)

impact to guide decisions, including career decisions, so it is important for individuals to have an accurate self-assessment by knowing their strengths and limitations.¹²

Self-awareness involves familiarity with one's "inner world," a cultural reference scheme, value system, perception, emotion, and personal concept map. Other factors that must be considered are context, self-observation and monitoring ability, and management of nonverbal and paraverbal language, which is an emotional expression that underlies verbal content. The American Association of Colleges of Nursing (AACN) explains that self-awareness is a multidimensional, introspective process used to realize, research, and understand one's thoughts, feelings, beliefs, and values on an ongoing basis, with this understanding to guide behavior consciously and authentically.¹³ The process of continuous self-awareness can be arranged as follows: 1) Intrapersonal: focusing on personal self-exploration and examining personal thoughts; 2) Relational: allowing oneself to analyze oneself in relation to others and connecting personal thoughts and feelings with others; 3) Extra-personal: continuing to expand beyond the self and focusing on environmental analysis, 4) Contextual: focusing on intrapersonal, interpersonal, and extra-personal analysis in a particular context or situation, and 5) Cognitive activity.¹³

Almost entirely, respondents need time to adapt to new situations and are still looking for an identity. Self-awareness at work includes competence, behavior, and skills, correlates with one's commitment to engaging in a chosen task, and requires one to observe oneself accurately and compare it with norms. This is explained in a research article entitled "Development of self-efficacy and self-awareness: moral insights to increased leader effectiveness".¹³ If an individual has good self-awareness, then the individual can more easily make decisions and think about what impact will happen next.¹⁴⁻¹⁷ Health professionals need to be wary of web-based media and new media for two reasons: on the one hand, knowing the types of information flowing through the internet can be useful in preventing potential criticism; on the other hand, groups on social networks can be an invaluable tool to keep individuals

Data emotional self-awareness question	N (%)
Before I leave my house, I check how I look	
A lot like me	71 (52.2%)
Somewhat like me	54 (39.7%)
A little like me	10 (7.4%)
Not like me at all	1 (0.7%)
I am quick to notice changes in my mood	
A lot like me	76 (55.9%)
Somewhat like me	54 (39.7%)
A little like me	6 (4.4%)
Not like me at all	0 (0%)

Table 3. Characteristics of respondents based on accurate self-assessment

Data accurate self-assessment questions	N (%)
Professional and ethical responsibilities	
A lot like me	96 (70.6%)
Somewhat like me	39 (28.7%)
A little like me	1 (0.7%)
Not like me at all	0 (0%)
Understanding the consequences of technology	
A lot like me	97 (71.3%)
Somewhat like me	36 (26.5%)
A little like me	3 (2.2%)
Not like me at all	0 (0%)
Understanding how people use machines	
A lot like me	77 (56.6%)
Somewhat like me	58 (42.6%)
A little like me	1 (0.7%)
Not like me at all	0 (0%)

up-to-date with suggestions and to quickly block out any false or ambiguous knowledge they can find on the web. Health information-seeking behavior on the web indicates how often people first turn to the Internet using the information to formulate their thoughts and make their judgments about preferred treatments.

The research results on the accuracy aspect of self-study are that almost all respondents claim to be professional, understand the consequences, and are technology literate. And have the confidence to improve society, promote, and help people in need, so they are very supportive of ethical and social issues and existing technical policies.

CONCLUSION

Recommend an approach through Self-awareness of prospective health workers to be called upon to know, acquire, use, and adapt basic health communication skills that effectively overcome doubts that influence students to become peer

educators to various groups in the population.

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CONFLICT OF INTEREST

There is no potential conflict of interest or financial or personal relationship with any other person or organization that could inappropriately bias the behavior and findings of this study.

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Table 4. Characteristics of respondents based on Self Confidence

Data self confidence questions	N (%)
Improving society	
A lot like me	85 (62.5%)
Somewhat like me	49 (36%)
A little like me	2 (1.5%)
Not like me at all	0 (0%)
Promoting racial understanding	
A lot like me	78 (57.4%)
Somewhat like me	55 (40.4%)
A little like me	3 (2.2%)
Not like me at all	0 (0%)
Helping others in need	
A lot like me	117 (86%)
Somewhat like me	18 (13.2%)
A little like me	1 (0.7%)
Not like me at all	0 (0%)
Ethical and/or social issues	
A lot like me	101 (74.3%)
Somewhat like me	33 (24.3%)
A little like me	2 (1.5%)
Not like me at all	0 (0%)
Policy implications of engineering	
A lot like me	74 (54.4%)
Somewhat like me	56 (41.2%)
A little like me	6 (4.4%)
Not like me at all	0 (0%)
Broad education in humanities and social sciences	
A lot like me	75 (55.1%)
Somewhat like me	59 (43.4%)
A little like me	2 (1.5%)
Not like me at all	0 (0%)

ETHICAL CLEARANCE

This ethical clearance was obtained from Universitas Nahdlatul Ulama Surabaya with ethical clearance number 177/EC/KEPK/UNUSA/2022.

AUTHOR CONTRIBUTIONS

All authors work equally in doing this research and writing this research article. Similarly, contribute from the investigative concepts, information acquisitions, information investigation, and factual studies, changing the paper until detailing the consideration comes about through publication.

REFERENCES

- Kemenkes RI. Infodatin Reproduksi Remaja, Situasi Kesehatan Reproduksi Remaja. Hasil Utama Riskesdas 2018. 2018:1-8.
- Afridah W, Fajariana R. Tingkat Pengetahuan Kesehatan Reproduksi Pada Siswa Sma Kanjeng Sepuh Gresik. *Med Heal Sci J*. 2018;1(1):53-7.
- BKKBN. Kajian Penduduk Remaja (10-24). Policy Br Pus Penelit dan Pengemb Kependud. 2011;1(6):1-44.
- Harini R, Rahmat I, Nisman WA. Upaya Peningkatan Keterampilan Konseling Kesehatan Reproduksi Mahasiswa Melalui Pelatihan Konselor Sebaya. *J Ners*. 2014;9(2):173-82.
- Afridah W. Pengaruh Pendampingan Pendidikan Kesehatan Reproduksi. 2019;3(2):200-7.
- Pieterse AL, Lee M, Ritmeester A, Collins NM. Towards a model of self-awareness development for counselling and psychotherapy training. *Couns Psychol Q*. 2013;26(2):190-207.
- Relawati A, Maulidawati D. Intensifying self-awareness of undergraduate students toward hypertension risk factors through health education. *Bali Med J*. 2022;11(3):1735-8.
- Possenti V, Luzi AM, Colucci A, Mei B De. Communication and basic health counselling skills to tackle vaccine hesitancy. *Ann Ist Super Sanità*. 2019;55(2):195-9.
- Sutton A. Measuring the effects of self-awareness: Construction of the self-awareness outcomes questionnaire. *Eur J Psychol*. 2016;12(4):645-58.
- Fluerentin E. Latihan Kesadaran Diri (Self-awareness) dan Kaitannya Dengan Penumbuhan Karakter. *J Inspirasi Pendidik*. 2012;1(1):9-18.
- Daniel Solomon M. Importance of Self-Awareness in Adolescence-A Thematic Research Paper. *IOSR J Humanit Soc Sci (IOSR-JHSS)*. 2016;21(1):19-22.
- Igbinovia MO. Emotional self-awareness and information literacy competence as correlates of task performance of academic library personnel. *Libr Philos Pract*. 2016;2016(1).
- Caldwell C, Hayes LA. Journal of Management Development Self-efficacy and self-awareness: moral insights to increased leader effectiveness. *J Manag Dev Leadersh & Organ Dev J J Manag Psychol*. 2016;35(5):1163-73.
- Khairunnisa H. Self Esteem, Self-awareness, dan Perilaku Asertif pada Remaja. 2017;9-10.
- Widarini NP, Tetradewi FS, Emilia O. Reproductive health promotion through traditional art media reduced the of premarital sex intention among adolescent population in Gianyar, Bali. *Bali Med J*. [Internet]. 2019 Dec. 1 [cited 2023 Apr. 30];8(3):886-91. Available from: <https://balimedicaljournal.org/index.php/bmj/article/view/1562>.
- Triyanto E, Prabandari YS, Yuniarti KW, Werdati S. Identification factors affecting adolescent's reproductive health behavior: a qualitative study. *Bali Med J*. [Internet]. 2019 Dec. 1 [cited 2023 Apr. 30];8(3):852-8. Available from: <https://balimedicaljournal.org/index.php/bmj/article/view/1539>.
- Citrawathi DM. Improvement of Adolescent Reproductive Health Understanding by Implementation of Educative, Collaborative, Participative, and Problem Based (ECPBP) Learning Strategy in Buleleng District, Bali-Indonesia. *Bali Med J*. [Internet]. 2016 Oct. 10 [cited 2023 Apr. 30];5(3):470-8. Available from: <https://balimedicaljournal.org/index.php/bmj/article/view/308>



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