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**The need of information on sexuality and reproductive health:
A cross sectional study in Islamic Boarding School Al Islah,
Mranggen, Demak**

Priyadi Nugraha Prabamurti

ABSTRACT

Background: Pesantren (Islamic boarding school) is a non-formal education institution that gains little attention of health intervention. At the pesantren of Al Islah, a lot of students undergo menstrual disorders. This study aimed to obtain information needs of sexuality and reproductive health in pesantren boarding school students. The information is required as the basis of health education intervention.

Method: This was an observational study with cross sectional design. Population was all students at Pondok Pesantren Al Islah, Mranggen, Demak. Subject was selected with inclusion criteria of puberty, consisted of 27 students. Data collection used self administered questionnaire, and analyzed using percentage.

Results: Almost all of subjects stated the need information related to sexuality and reproductive health (80.0%), except information regarding the anatomy and function of the male genitalia, masturbation and wet dreams. Subjects needed a sex-themed stories (33.3%) and pornographic images (11.1%). Most parents had free time to listen (81.5%), but only 55.6% subjects frequently involved in discussions on reproductive health with their parents. Subjects preferred friends (59.3%) to discuss reproductive health. The unsupported role of peers consisted of: less advice on sex before marriage consequences (63.0%), did not ask parent's opinion on sexual and reproductive health (63.0%), lack of information on healthy dating (55.6%), watch porn and read sex-themed comic (7.4% and 14.8% respectively). Subject used internet cafe (40.7%) and frequently sex websites (22.2%). However, none of exchanged pornographic images or videos via cell phone (100%). Only one subject admitted to holding hands with boyfriend (7.14%). Other activities such as kissing cheeks, lips, hugging, touching genital area, petting, oral and anal sex, and sexual intercourse were never done.

Conclusions: Adolescent female students still need information on reproductive health and sexuality. Boarding school could establish poskestren to fill educational activities on reproductive health and sexuality, in addition to education which has been given in class.

Keywords: information needs, sexuality, reproductive health, Islamic boarding school

BACKGROUND

Adolescent is a critical stage of human live, when transition from childhood to adulthoods, with young turmoil exists. The desire to find self identity and recognition are reaching the peak during adolescent. Therefore, they sometimes do things unethical and break rules. Society expect adolescent to have high morality. However, problems around them are not easy to solve (Purwoko,2001).

Adolescents who happen to be Islamic Boarding School (IBS) student have to deal with health problems. For example, a study by Mugiono (2003) on smoking behavior showed a shocking statement from a Kyai. The Kyai, who incidentally is a teacher and a religious leader, would say smoking is good to increase concentration in study. There is a growing assumption among IBS students that smoking and mustache are a symbol of virility. Other study in Kediri revealed irregular eating pattern on IBS students. Besides, dietary allowance was poor and causes anemia among 80% out of 300 IBS students in Kediri (NU on line diakses tanggal 19 Pebruari 2009)

A school is expected to be a place where students learn knowledge as well as good behavior, including health behaviour. Proportion of students in community is quite large, around 40-50%. Therefore health education in school is very important (Notoatmodjo,2005). This also valid for IBS school. Unfortunately, nonformal education usually lack of health intervention. Health education in schools should be considered as human investment for country development. Budioro (1998) mentioned health education may be taught as specific subject or integrated to existing subjects.

A previous study showed most IBS students come from low income families. In term of reproductive health, students mentioned neither family, school, society, nor media have given proper information. At home, most of students preferes to discuss on reproductive health with mothers (57.1%), instead of sibling (31.8%) or fathers (29.9%). At school, the preferred to talk with friends. Students who admitted to have boyfriend/girlfriend revealed they usually holding hand (58.3%), lips kissing (25%) and touching their partners (16.7%). Only a small number of students agreed with premarital sex (9%). This group did not consider virginity as important in marriage. 10.7% IBS students even admitted to had sexual intercourse. More than a half had first sexual intercourse at 15-17 years old (50.99%). They used condom at the first time, but only 21.57% used it in their last sexual intercourse (Prabamurti,2014).

This study aimed to reveal the phenomenon, concept of sexuality, predisposing factors and behavior of students at IBS Al Ishlah, Mranggen, Demak.

METHODS

This was an obervational with *cross sectional* design (Sastrasmoro, 1995; Hadisaputro, 2011). Populasi was all IBS students of Al Ishlah Female IBS School in Mondosari, Batusari, Mranggen, Demak. Study subject consisted of 20 girl students who qualify criteria of puberty (already had menstruation). Data was collected by self administered questionnaire. Ethical Committee of Public Health Faculty approved the protocol of this study (EC number: 212/EC/FKM/2015).

RESULTS

Characteristics

Our study showed age of subjects ranged 9-22 years old, mean age was 14.78, and mostly were 9-14 years old. Most students come from areas near school. Parents and self motivation were the reason to study at IBS. Background education of subjects was elementary and secondary schools. Jogging and volley were the most preferred exercise.

Table 1. Characteristic of study subject

Variables	n	%
Age (years old)		
9 – 14	13	48.15
15 – 19	10	37.04
20 – 24	4	14.81
Origin		
Demak	24	88.89
Semarang	2	7.41
Salatiga	1	3.7
Motivation		
Personal	11	40.7
Parents	3	11.1
Both	13	48.1
Allowance		
< IDR 100,000	5	18.5
IDR 100,000-250,000	15	55.5
>IDR 250,000	7	26.0

Education background		
Did not finish ES	2	7.4
Finished ES	11	40.7
Finished JS	11	40.7
Finished HS	3	11.1
Activity		
Jogging	12	44.4
Bicycling	1	3.7
Gymnastics	1	3.7
Swimming	1	3.7
Volley	12	44.4

The need of information on sex and reproductive health

Table 2 The need of information on sex and reproductive health

No	The need of sex and reproductive health information	Answers					
		Need information		Do not need information		Total	
		F	(%)	f	(%)	f	Total (%)
1.	Anatomy and physiology of female reproductive organ	24	88.9	3	11.1	27	100
2.	Reproductive system	25	92.6	2	7.4	27	100
3.	Anatomy and physiology of male reproductive organ	15	55.6	12	44.4	27	100
4.	Menstrual process	24	88.9	3	11.1	27	100
5.	Signs of puberty on male and female	23	85.2	4	14.8	27	100
6.	Menstrual disorders	25	92.6	2	7.4	27	100
7.	Risk of pregnancy on teenager	22	81.5	5	18.5	27	100
8.	Abortion and the risks	22	81.5	5	18.5	27	100
9.	Effect of abortion	24	88.9	3	11.1	27	100
10.	Sexually transmitted diseases	23	85.2	4	14.8	27	100
11.	Libido on male and female	17	63.0	10	37.0	27	100
12.	Masturbation	11	40.7	16	59.3	27	100
13.	Wet dream	15	55.6	12	44.4	27	100
14.	Healthy date	19	70.4	8	29.6	27	100
15.	Effect of premarital sex	18	66.7	9	33.3	27	100
16.	Healthy sex behavior	21	77.8	6	22.2	27	100
17.	Sex story	9	33.3	18	66.7	27	100
18.	Pornography	3	11.1	24	88.9	27	100

Most students need information on reproductive health, except sex story and pornography.

Availability of information resources

Table 3 Availability of information resources

No	Information resources	Yes		No		Total	
		n	%	n	%	n	%
1.	Ownership:						
	• Personal laptop	5	18.5	22	81.5	27	100
	• Personal iPad	3	11.1	24	88.9	27	100
	• Personal mobile phone	12	44.4	15	55.6	27	100
2.	Internet facility at IBS	2	7.4	25	92.6	27	100
3.	Warnet around ponpes	13	48.1	14	51.9	27	100
4.	The IBS subscribe tabloid/magazine of reproductive health	0	0	27	100	27	100
5.	Availability of reproductive health books at home	8	29.6	19	70.4	27	100
6.	Discuss reproductive health with parents	15	55.6	12	44.4	27	100
7.	Willingness of parents to listen	22	81.5	5	18.5	27	100
8.	Discuss reproductive health with sibling	12	44.4	15	55.6	27	100
9.	Availability of specific room for counseling	6	22.2	21	77.8	27	100
10.	Availability of reproductive health books in the library	14	51.9	13	48.1	27	100
11.	Availability of learning materials on reproductive health from teachers (ustadz)	18	66.7	9	33.3	27	100
12.	Discuss reproductive health with friends	16	59.3	11	40.7	27	100
13.	Availability of reproductive health service on nearby PHC	10	37.0	17	63.0	27	100
14.	Availability of reproductive health counseling on nearby PHC	8	29.6	19	70.4	27	100
15.	Attend a seminar on reproductive health	10	37.0	17	73.0	27	100
16.	Availability of (pos kesehatan pesantren, health post in IBS)	4	14.8	23	85.2	27	100
17.	The use of following books to teach reproductive health in IBS:	17	63.0	10	37.0	27	100
	• Kitab Risalatul Mahid						
	• Kitab Uqud Al Luja'in						
	• Kitab Qurratul uyun						
18.	Listen reproductive health on radio	8	29.6	19	70.4	27	100
19.	Watch reproductive health on television	20	74.1	7	25.9	27	100

Most IBS students did not own personal laptop, iPad or mobile phone. The IBS did not have internet facility, but there were several internet cafe around. Only 51.9% subjects stated IBS library has books on reproductive health. The IBS did not subscribe magazine, but a small proportion of students had it at home. Students learn reproductive health from books *Risalatul Mahid*, *Uqud Al Lujain* dan *Qurratul uyun* and lesson from the teacher (ustadz). Most parents had time to hear their daughter complaints. But, only about half of subjects willing to discuss on reproductive health with their parents. Nearby PHC service nor counseling on reproductive health. The IBS itself did not provide *poskestren*. In term of broadcast media, almost one third students used radio and television.

The role of peer

Table 4. Role of peer at IBS Al Islah

No	Peer role	Yes		No			
1.	Often invited to internet cafe	11	40.7	16	59.3	27	100
2.	Help to search information on sex and reproductive health when needed	20	74.1	7	25.9	27	100
3.	Often advised on the effect of premarital sex	10	37.0	17	63.0	27	100
4.	Suggested to ask information on sex and reproductive health to parents	10	37.0	17	63.0	27	100
5.	Suggested to ask information on sex and reproductive health to teachers (ustadz)	14	51.9	13	48.1	27	100
6.	Frequently accesses sex website	6	22.2	21	77.8	27	100
7.	Sent porn pictures or video via mobile phono	0	0	27	100	27	100
8.	Frequently asked to watch porn movie	2	7.4	25	92.6	27	100
9.	Suggested to read sex story	4	14.8	23	85.2	27	100
10.	Gave information on healthy date	12	44.4	15	55.6	27	100

The role of peer group was mostly in giving suggestion and information on reproductive health. However, a small number of subject had friend to ask to watch porn movie or read sex story.

Sexual experience

Table 5. Sexual experience of IBS Al Islah students

No	Sexual experience	Yes		No		Total	
		n	%	n	%	n	%
1.	Once dated	14	51.9	13	48.1	27	100
2.	Held hand	1	7.14	13	92.86	27	100
3.	Cheek kissed	0	0	14	100	27	100
4.	Lips kissed	0	0	14	100	27	100
5.	Cuddle	0	0	14	100	27	100
6.	Touched genital/sex organ	0	0	14	100	27	100

7.	Petting	0	0	14	100	27	100
8.	Sexual intercourse	0	0	14	100	27	100
9.	Anal sex	0	0	14	100	27	100
10.	Oral sex	0	0	14	100	27	100
11.	Unwed pregnancy	0	0	14	100	27	100
12.	Abortion	0	0	14	100	27	100
13.	Suffered from sexually transmitted diseases	0	0	14	100	27	100

In general, subject have expected behavior on sexual experience.

DISCUSSION

Hierarchy of needs by Maslow (1943) in Uno (2007) mentions sexual needs is a human basic needs, along with food and drink. These called physiological needs. Adolescent were expected to fulfill their sexual needs properly. In Al Islah IBS, the needs of information on sexuality and reproductive health was accomodated through learning process with book such as *Risalatul Mahid*, *Uqud Al Lujain*, and *Qurratul uyun*. Such process has been done in IBS Assalam Jambewangi Selopuro Blitar (Maslahah,2012), and IBS Al Ghozaliyah, desa Bapang Jombang (Hadi, 2015), as well as in IBS Raudlatul Falah, Rembang.

Female IBS students did not feel the need to information on anatomy and physiology of male sex organ, masturbation and wet dream. This may due to embarassed feeling. In fact, even female IBS students should understand the information on sexuality of their opposite sex. With that, they aware what male do and able to do in term of sex behavior. Later when the students become mothers, they already have knowledge to educate their sons or daughters. According to subjects, information on healthy dated pattern is the bottomline for them. This showed strong curiosity to understand premarital sex. In Islam, dating and premarital sex are forbidden. However, more than half of IBS students admitted to have boyfriend (59.1%). This was lower than result from SDKI 2012 that revealed 85% adolescent were dating. Most IBS students first dating at age 9-14 and 15-19 years old, this in accordance with SDKI result. This study demonstrated first dating on female adolescent was started at very young age.

IBS Al Islah provided magazines and books to facilitate students learn on reproductive health. Green (2000) mentioned availability and access of facilities are factors that determines one's behavior. Aini study (2010) in Darul Hikmah Ta'dib and Al Syakirin IBSs in Medan found the administration of media in the form of booklet increased students' knowledge on reproductive health. In this study, IBS students did not have internet access in school. Likewise, Anasi and Nwalo (2010) in Nigeria with predominantly muslim population, revealed that parents are the most accesible resource to gain information on reproductive health, while internet is the least.

Every adolescent is a complete individual with unique attitude, believe, construct, behavior dan response to challenge they have to face. Therefore, intervention for adolescent must involve them, either as individual or in peer group. In general, adolescent prefers to seek

for emotional and psychological support from their peer (Kathryn,2012). Friends with good behavior will give good influence. However, there was also plenty evident that many adolescents could not recover from bad habit from their friends influenced (Kan'an,2003).

Green theory (2000) mentioned reinforcing factor as cause of a certain behavior. In IBS, to join a particular group, a student must qualify terms and condition in the group. Role of peer may give good or bad influence. In this study, positive influence was showed when friends suggest to search information on sex to teacher or parent. However, there was also friends who persuaded negative behavior such as watching or reading porn. Although the proportion of negative influence was small, we should aware the possibility of iceberg phenomenon. IBS must not let their students experience premarital pregnancy (Hadi,2015), or homosexuality practice (Kamiasari, 2014; Riyandeska,2006; Ridho, 2009). This study revealed IBS Al Islah gives a strong religious education to be function as a fort for students from negative behavior, including in sex and reproductive health.

This study showed all IBS students have never done KNPI (Kissing, Necking, Petting, Intercourse), only few merely holding hands. Therefore, no students ever been pregnant, had an abortion, or infected by sexually transmitted diseases. In Islam, premarital sex is strongly prohibited and categorised as adultery, which is a major sin. Hayes and Adamczyk (2012) in their cross country stated religion and sexual behaviour on Muslim and Hindus people tend to be conservative (having no sexual before married) compared to Christians.

Intervention of sex and reproductive health in IBS

Target for reproductive health intervention in adolescent consists of schools, community agencies, or clinic. Information may be spread by several media such as website, advertisement, television program in order to change attitude and believe toward good and healthy behavior. School-based intervention in IBS has advantages due to captive audience, potent to present series of intervention in accordance with age or classes and resources basis to provide high quality services. Australia has a good sex education based on lesson learned practices, called Talking Health Sexual. The program is basing itself to studies result that showed comprehensive sex education tend to delay the onset of early sexual activity and improve safe sex behavior among those who sexually active (Kathryn,2012). Intervention program also deals with social and peer pressures than influencing sexual behavior. The program develops beneficial activities that is designed to help adolescent cope with the pressures Kathryn, 2012). Positive daily activities of IBS students in this study, such as exercise and art should be appreciated to divert sexual desire.

An important aspect of intervention program is curriculum of sex education, and the presentation must not be marginalized at school. In other word, the school have to make every effort to implement the program, not just an unprofessional sideline activity. Several media helps the delivery of the program (Kathryn,2012). This study revealed students earnestly learned three books related to reproductive health. They are expected to become responsible to their own health.

CONCLUSION AND SUGGESTION

Female adolescent needs information on reproductive health and sexuality in addition to *Risalatul Mahid*, *Uqud Al Lujain*, and *Qurratul uyun*. In IBS Al Islah, availability of information resources is very limited. Information on reproductive health and sexuality is very limited. A positive support from peer group will develop responsible sexual experience.

The result of this study support the importance of effort to build poskestren, a health center unit in islamic boarding school. The unit can be filled with health education, including sex and reproductive health education. Senior students have responsibility to train their junior to become responsible IBS students.

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