Community Development Journal (hal: 446-454)
Volume 8. No. 3
Desember 2024

p-ISSN: 2580 5282
e-ISSN: 2580 5290
DOI: 10.33086/cdj.v8i3.6561

Optimalization Family Health Task in Adolescent Reproductive Health Through Familly Support Group at Jenggawah Village

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Artikel submit	102324
Artikel review	120924
Artikel accepted	120524

Abstract

Reproductive health problem among adolescent are increases, such as child marriage, premarital sexual behavior, sexual violence, use drugs and cigarettes, balanced nutrition and access to health services. Adolescents in rural areas dominate reproductive health problems among adolescents. The family was contributing to adolescent decision to act. The objective were to improve family health maintenance task in adolescent reproductive health using family support group (FSG) method. The family support group involving 20 families with 2 meetings, that are increasing knowledge at meeting 1 and implementing FSG at meeting 2. Before and after the FSG was carried out, participants were given the opportunity to fill out a questionnaire about family health maintenance tasks. The results of this community service was increases implementation of family health maintenance tasks in improving reproductive health in adolescents. The majority of families' ability to recognize problems has increased by 85% in the good category, the majority of families' ability to make decisions has increased by 100% in the good category, families' ability to care for the family has increased by 65% in the good category, families' ability to modify the environment experienced an increase of 70% in the good category and families' ability to access health services increased by 90% in the good category. Family support groups can be one method applied to improve adolescent reproductive health through optimizing family health maintenance tasks.

Keywords: family support group; family health maintenance task; reproductive health; adolescent.

Abstract

Permasalahan terkait kesehatan reproduksi remaja semakan banyak terjadi, seperti penikahan usia anak, perilaku seksual pra nikah, kekerasan seksual, penggunaan NAPZA dan rokok, pemenuhan gizi seimbang dan akses pelayanan kesehatan. Remaja di daerah rural lebih mendominasi masalah-masalah kesehatan reproduksi pada remaja. Keluarga menjadi faktor yang berkontribusi dalam pengambilan keputusan remaja untuk bertindak. Tujuan kegiatan ini adalah meningkatkan tugas pemeliharaan kesehatan keluarga dalam kesehatan reproduksi remaja dengan metode *family support group* (FSG). *Family support group* melibatkan 20 keluarga dan dilakukan melalui 2 pertemuan yaitu peningkatan pengetahuan pada pertemuan 1 dan pelaksanaan FSG pada pertemuan 2. Sebelum dan setelah dilakukan FSG, partisipan diberikan kesempatan untuk mengisi kuesioner tentang tugas pemeliharaan kesehatan keluarga. Hasil dari pengabdian masyarakat ini diperoleh peningkatan pelaksanaan tugas pemeliharaan kesehatan keluarga dalam meningkatkan kesehatan reproduksi pada remaja. Mayoritas kemampuan keluarga dalam mengenal masalah mengalami peningkatan sebanyak 85% dalam kategori baik,

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mayoritas kemampuan keluarga mengambil keputusan mengalami peningkatan sebanyak 100% dalam kategori baik, mayoritas kemampuan keluarga dalam merawat keluarga mengalami peningkatan sebanyak 65% dalam kategori baik, mayoritas kemampuan keluarga dalam memodifikasi lingkungan mengalami peningkatan sebanyak 70% dalam kategori baik dan mayoritas kemampuan keluarga mengakses layanan kesehatan mengalami peningkatan sebanyak 90% dalam kategori baik. *Family support grup* dapat menjadi salah satu metode yang diterapkan untuk meningkatkan kesehatan reproduksi remaja melalui optimalisasi tugas pemeliharaan kesehatan keluarga.
Kata kunci: Family support group; tugas kesehatan keluarga; kesehatan reproduksi; remaja.

INTRODUCTION

Adolescent reproductive health programs have been integrated into a health service model called Pelayanan Kesehatan Peduli Remaja (PKPR). Reproductive health in adolescents is one of the strategic issues by Badan Kependudukan dan Keluarga Berencana (BKKBN) for work programs until 2024. Reproductive health in adolescents is one of the things that needs attention because there are changes in development of physically, psychological and intellectual. Lack of attention of adolescent to their changes, a great sense and the urge to face challenges without prior careful consideration causes adolescent to be at risk of experiencing problems. Early marriage, unplanned pregnancies, infections of the reproductive system are problems that are often experienced by adolescent. Reproductive health problems are more common in adolescent in rural areas (Maurida et al., 2023). The main objective of this community service is to increase the family health maintenance task in adolescent reproductive health through family support groups. The hope of this activity is that families can improve their knowledge, attitudes and skill which will be carried out in the form of family discussions.

GENERAL DESCRIPTION OF THE COMMUNITY, PROBLEMS AND TARGET SOLUTIONS

General description

Jenggawah village is one of the rural areas in East Java. As a rural area, the characteristics of the population in Jenggawah village are still tied to connectivity or togetherness which is manifested in cultural homogeneity. The government, through PKPR (Pelayanan Kesehatan Peduli Remaja), has carried out sosialization regularly about adolescent health, including optimizing adolescent reproductive health. However, family and environmental influences in the community also need to be involved in adolescent behavior

Tabel 1. Target description

No	Name of target	Characteristics of target	Amount	General problem or targets
1	Community Group	Family with adolescent	20	Health sector

Problem

Reproductive health problems in adolescents are closely related to adolescent behavior, that are smoking, drinking alcohol, drug abuse and premarital sexual relations. Based on the results of the SDKI (Survey Demografi dan Kesehatan Indonesia) at 2017, it showed that 55% of male adolescent and 1% of women adolescent smoke, 15% of male adolescent and 1% of women adolescent use illegal drugs, 5% of male adolescent drink alcoholic drinks, and 8% of men and 1% of women have free sex during dating (Rahmadani et al., 2023). Previous research concluded

p-ISSN: 2580 5282
e-ISSN: 2580 5290
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that 19.6% of young women in rural areas plan to get married at the age of <18 years (Maurida et al., 2023). Women aged 20-24 years who were married before the age of 18 in 2018 were estimated to reach around 1,220,900 and this condition make Indonesia in the 10 countries with the highest absolute rate of child marriage in the world (BKKBN, 2020). The incidence of reproductive organ infections was experienced by 2.9 million young women aged 15-24 years, of which 68% of young women experience pathological vaginal discharge and 48% of young women experience reproductive tract infections. This is related to adolescent skill in caring for their genital organs (Kemenkes RI, 2021). A preliminary study conducted on families with adolescent in Jenggawah Village obtained data that 10 of 10 families did not know about family health maintenance tasks which have an influence on improving adolescent reproductive health.

Tabel 2 Problem and solution

No	Problem	solution		Indicators of goal
1	Adolescent reproductive health	Family health maintenance task	Increase skor	knowledge /afektif/ skill

Target solution

Treatment that can be done to prevent reproductive health problems is by providing health education (Ningsih & Hennyati, 2018.)One method that can be used is a family support group (FSG), which is an activity that involves the family in improving the health of family members. FSG is a method that prioritizes group discussions, making it easier for families to understand the problems being discussed. Family support group (FSG) is a method with stages of therapeutic communication. A study has proven that FSG has an effect on dietary compliance in diabetes mellitus sufferers (Supriyatna et al., 2020). Other research also explains that FSG influences the self-esteem of teenagers after drug rehabilitation (Ramadhan et al., 2024). FSG emphasizes the importance of family presence in the problems faced by family members

METHOD

This activity is a research implementation entitled "Analisis Faktor yang Mempengaruhi Kesehatan Reproduksi pada Remaja di Daerah Rural" The stages of implementing community service begin with the licensing process for the activity area. The next step is coordination with the community service area and identification of community service participants. Then coordination about schedule and place. Community service implementers conduct a family support group (FSG) with two meetings :

1. Meeting 1

The first meeting was socialization about reproductive health and family health maintenance task using the lecture method, question and answer using booklet media.

2. Meeting 2

The second meeting held a group discussion consisting of 5 steps

a. Step 1: understand the problem
   This activity is carried out by discussing the problems by each family related to adolescent reproductive health. The output is a list of problems that includes 6 indicators of adolescent reproductive health (planning the age of marriage, pre-marital sexual behavior, sexual violence behavior, drug use and smoking, care for genital organs, balanced nutrition and access to information about reproductive health)
b. Step 2: how to solve the problem
   This activity is carried out by sharing information on how to overcome problems that occur. The output is a list of ways to solve the problem

p-ISSN: 2580 5282
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c. Step 3: choose a way to solve the problem
   This activity was carried out by discussing optimizing family health maintenance tasks to improve reproductive health in adolescents. The output is a way of solving problems based on optimizing family health maintenance tasks
d. Step 4: take action to resolve the problem
   This activity is carried out by explaining family health maintenance tasks in relation to improving reproductive health in adolescents
e. Step 5: improving reproductive health
   This activity is carried out by discussing family attitudes in improving adolescent reproductive health

Before the FSG activity, the family will first be assessed regarding the family health maintenance tasks regarding adolescent reproductive health. After the health education activities, the family will also be measured again on the family health maintenance tasks on adolescent reproductive health. The indicator of family health maintenance task on adolescent reproductive are the family's ability to recognize problem, the family's ability to decide on treatment for family members, the family's ability to care for family members, the family's ability to modify the environment and the family's ability to utilize health services. There are 16 statement in questionare that explored five indicators which likert scale choice that is very agree, agree, disagree and very disagree.

Table 1. Indicator of family's health maintenance task on adolescent reproductive health

Indicators	Statement in questionare
the family's ability to recognize problem	1. Reproductive health is something that needs to be maintained
	2. Reproductive health consists of personal hygiene, preventing sexual violence, preventing drug and cigarette use, consuming balanced nutrition and accessing information about reproductive health
	3. Sexual violence such as cat calling, rape and child marriage are something that has an impact on reproductive health and therefore needs to be prevented
the family's ability to decide on treatment for family members	4. I am committed to working with all my family members to maintain reproductive health
	5. I am committed to supporting positive things that have an impact on the reproductive health of my family members
	6. I am committed to opposing negative things that impact the reproductive health of my family members
the family's ability to care for family members	7. I teach my teenagers to maintain personal hygiene
	8. I teach my teenagers to be able to recognize people, situations and times that may cause them to experience sexual violence
	9. I am able to provide a nutritious meal menu to my teenage children
	10. I divert my teenager's activities to positive things to

p-ISSN: 2580 5282
e-ISSN: 2580 5290
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	avoid cigarettes and drugs
the family's ability to modify the environment	11. I create a comfortable home environment for my teenagers
	12. I make the home environment comfortable to be able to tell stories to each other
	13. I provide the necessary facilities to develop positive things in my teenagers
the family's ability to utilize health services	14. I always take my teenager to have an examination at the nearest health service
	15. I took my child to the nearest health service for preventive measures against things that threaten his reproductive health
	16. I always invite my teenage children to share with health workers about improving reproductive health

Community service activities were carried out involving 20 families and teenagers with the presence of 3 people in each family, they are father, mother and adolescent, so the total number of participants was 60 people. Community service activities was carried out in July 2024. The location of this activity was 15 km from university.

RESULTS AND DISCUSSION

Community service begin with filling a questionnaire regarding family health maintenance tasks. The mother completed the questionnaire on the basis of family discussion. It consists of the family's ability to recognize problems, the family's ability to decide on treatment for family members, the family's ability to care for family members, the family's ability to modify the environment to improve family health and the family's ability to utilize health services (Salamung et al., 2021). The next activity is socialization about adolescent reproductive health and family health maintenance tasks. The presentation of adolescent reproductive health includes the definition, scope of reproductive health and problems that arise in adolescent reproductive health. The results of the questionnaire are as follows

Table 3. family health maintenance tasks before FSG

Indicator	**Category**						**Total**	
	Good		**Enough**		**Less**			
	f	%	f	%	f	%	f	%
the family's ability to recognize problems	1	5%	3	15%	15	75%	20	100%
the family's ability to decide on treatment for family members	5	25%	10	50%	5	25%	20	100%
the family's ability to care for family members	1	5%	2	10%	17	85%	20	100%
the family's ability to modify the environment	4	20%	9	45%	7	35%	20	100%
the family's ability to utilize health services	2	10%	5	25%	13	65%	20	100%

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e-ISSN: 2580 5290
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Table 1 explained that before the FSG, the mayority 75% of families had the ability to recognize reproductive health issues in the less category. This showed that the level of family knowledge related to reproductive health, especially about definition, scope of reproductive health and problems in adolescent reproductive health was still lacking. Most of family very disagree about about the statement number 1, 2 and 3 in questionare. Family knowledge wasone of the factors in improving reproductive health in adolescents (Maurida & Silvanasari, 2023). It was accordance with previous research which concludes that there was an influence of the family's role in providing information about reproductive health on reproductive health in adolescents (Anwar et al., 2020). As many as 50% of families have the ability to decide on adolescent reproductive health care in enough category. This indicates that the family's intention to maintain and improve adolescent reproductive health is in the enough category (Maurida, Putri, Novitasari, et al., 2022). Most of family disagree about the statement number 4, 5 and 6 in questionare The majority 85% of families have the ability to provide adolescent reproductive health care in the less category. Most of family very disagree about about the statement number 7,8,9 and 10 in questionare. This showed that families do not have the skills to maintain and improve adolescent reproductive health, such as teaching adolescents to practice vaginal hygiene, caring for reproductive organs, menstrual hygiene and providing balanced nutrition for adolescents. As many as 45% of families have the ability to modify the environment in the enough category. Most of family disagree about the statement number 11,12 and 13 in questionare. This indicates that families in modifying the environment to improve adolescent reproductive health still need to be improved. The majority 65% of families have the ability to utilize health services in the less category. Most of family very disagree about the statement number 14,15 and 16 in questionare This showed that access to health services has not been optimally utilized by families in improving adolescent reproductive health.

After participants are given an understanding of reproductive health, community service are continued with a family support group with 5 stages.

Stage 1 was identifying the problem. At this stage, families exchange information about the problems related to reproductive health. The result of stage 1 was a list of problems. The majority of families have reproductive health problems for adolescent in the aspects of genetical care, provision of balanced nutrition and sexual violence behavior.

Stage 2 was a way of solving the problem. At this stage, the family will discuss family strategies in solving the problem. The result of stage 2 was the output solve the problem. The family believes that families need to increase knowledge about reproductive health in adolescents to be able to provide information to their adolescent. Families stated the need for family support and commitment in improving adolescent reproductive health. The family stated that they would try to seek access to information about reproductive health from health workers to increase the family's knowledge, skills and abilities in improving reproductive health (Lingwood et al., 2020)

Stage 3 was choosing a way to solve the problem. At this stage, the family will discuss to choose the right way to solve the problem according to the family's resources. The results of stage 3 are problem solving options. The majority of families think that knowledge is the foundation for improving reproductive health in adolescents

Stage 4 was taking action to handle the problem. At this stage, families are given direction related to the family health maintenance task, they were improving adolescent reproductive health, which can be done by increasing the family's ability to recognize reproductive health problems including definitions, scope and methods of improvement. Increasing the family's

p-ISSN: 2580 5282
e-ISSN: 2580 5290
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ability to make decisions to improve reproductive health, family commitment in supporting adolescent to improve their reproductive health. Increasing the family's ability to provide care to adolescent in optimizing their reproductive health with assistance in menstrual hygiene skills training, vaginal hygiene and providing nutritious food. Increasing the family's ability to modify the home environment which is related to improving adolescent reproductive health. Improving the family's ability to utilize health services to access information about reproductive health and early examination.

Stage 5 was improving reproductive health. At this stage, families are given the opportunity to commit to optimizing family health maintenance tasks in improving adolescent reproductive health. The result of stage 5 was all participants in community service willing to increase their family health maintenance task in the context of optimizing adolescent reproductive health

After carrying out the 5 stages in the FSG, it is then continued with filling out a questionnaire regarding family health maintenance tasks. The results of the post FSG questionnaire can be seen in the following table

Table 4. Family Helath Maintenance Task After FSG

Indicator	Category						Total	
	Good		Enough		Less			
	f	%	f	%	f	%	f	%
the family's ability to recognize problems	17	85%	5	17%	0	0%	20	100%
the family's ability to decide on treatment for family members	20	100%	0	0%	0	0%	20	100%
the family's ability to care for family members	13	65%	7	35%	0	0%	20	100%
the family's ability to modify the environment	14	70%	6	30%	0	0%	20	100%
the family's ability to utilize health services	18	90%	2	10%	0	0%	20	100%

Table 2 explained that after FSG was carried out, the majority of families' ability to recognize problems increased by 85% in the good category, the majority of families' ability to make decisions increased by 100% in the good category, the majority of families' ability to care for their families increased by 65% in the good category. good, the majority of families' ability to modify the environment has increased by 70% in the good category and the majority of families' ability to access health services has increased by 90% in the good category. Most of family very agree about the statement number 1 until 16 in questionare

Family support group was a method that can be used to optimize the family through a discussion process. Each family had experience and strengths that can be used as examples by other families in solving similar problems according to the resources of family. The task of maintaining family health has 3 outputs, it was family's cognitive abilities in recognizing problems, the family's affective abilities in making care decisions and psychomotor abilities in the family's ability to care for family members in need, modifying the environment and utilizing health services. These three outcomes can be achieved using the family support group method (Naef et al., 2021).. Family behavior in improving reproductive health in adolescents was influenced by perceptions formed by family knowledge (Maurida, Putri, & Rosalini, 2022). Good knowledge can enable families to make the right decisions in the direction of improving health.

p-ISSN: 2580 5282
e-ISSN: 2580 5290
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This condition can enable families to provide appropriate care for adolescent children in improving reproductive health.

CONCLUSIONS AND SUGGESTIONS

Family support groups are one method that can be used to improve family health maintenance tasks. Family support groups can increase the family's ability to recognize adolescent reproductive health, have a commitment to improving adolescent reproductive health, increase the family's ability to assist in training to improve adolescent reproductive health, increase the family's ability to modify the home environment to improve adolescent reproductive health and increase the family's ability to utilize health services as access to information for reproductive health in adolescents.

Family health maintenance tasks is one factor in optimizing the role of the family in improving adolescent reproductive health. Other factors such as family function and family structure are also related to adolescent reproductive health which also need to be improved. Participants in the community service activities that have been carried out are families from rural areas which have a tendency towards cultural homogeneity. Community service using the family support group method needs to add cultural variables when related to families in rural areas.

ACKNOWLEDGEMENT

We would like to thank LPPM (Unit for Research and Community Service) Universitas Dr. Soebandi for the financial support for the implementation of this community service activity. We also express our thanks to all participants in this community service activity.

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