
DEVELOPMENT OF REPRODUCTIVE HEALTH CHILDREN AGE BASIC CLASS SCHOOL FOR PARENTS GUIDE

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Abstract

This study aims to develop the reproductive health of primary school-age children who are motivated from the spread of cases of sexual violence that are no longer just adolescents. It is suitable for students to get to know and understand reproductive health for the happiness of children in the future.

This development research with the method of development of ADDIE model. Such as initial field test in Griya Taman Srago Residence, and field operation test in Pepe Ngawen Klaten village. The first step through analysis with needs assessment. And perform task analysis. The output to be generated is the characteristics of the student's parents, gap identification, is required. The second step is the panduan design with the advantages of the solution. The third step of development for panduan development with guidebooks in other words. How to teach, how to arrange, learning methods, learning strategies that are appropriate for use in material issues to parents in order to educate children well. The steps are concrete steps to apply the learning medium that is being created. The last stage is an evaluation to see the success of the panduan created.

The products produced are educational guides. Reproduction of guidebooks equipped with care and introduction in the form of story comics. The results of research and development show: 1) The elasticity of the guide according to the expert of the successive of the legibility, validity, objectivity, systematic, and practicality meet the requirements are 84.79%, 89.88%, 90%, 83.03%, and 50% “.

Keywords: Research Development, panduan, health, treasury, and basic education

INTRODUCTION

The definition of reproductive health is a state of perfect health both physically, mentally and socially and is not solely free from disease or disability in all aspects relating to the reproductive system, its functions and processes. While reproductive health according to WHO is a physical, mental and social condition intact, not only free from disease or disability in all aspects related to the reproductive system, its functions and processes.

Reproductive education is defined as an education on the anatomy of organs that can be continued on sexual reproduction and its consequences if done without complying with the rules of law, religion, and customs, as well as the mental and material readiness of a person.

The purpose of sex education by age of development is different. Like the age of five, the goal is to introduce sex organs owned, such as explaining other limbs, including explaining its function and how to protect it. If not done before then the possibility of children will get a lot of problems such as having the habit of holding the pubic apparatus before bedtime, likes to hold the breast of others or

other problems. For school ages from 6 to 10 years to understand gender differences (men and women), inform human origin, clean genitals well to avoid germs and diseases. While age before adolescence, sex education aims to explain puberty and its characteristics, and accept changes in body shape.

Sex education is useful for explaining sexual adverse behavior (such as free sex), instilling morals and principles of “say no” to premarital sex and building self-acceptance. In fact, sex education is also important given to children at the age of marriage for the debriefing of married couples who want to marry men with healthy sex and accordingly.

Women and men alike have sexual needs. If the fulfillment of these needs is done on the basis of agreement or volunteer between both parties (male and female), then there will be no problems. However, if actions relating to sexual needs are not made on the basis of volunteerism (eg there is an element of coercion or violence), it will create problems and anxieties.

Sexual harassment refers to the act of sexual nuance conveyed through physical or non-physical contacts targeting a sexual body or sexuality of

a person resulting in discomfort, degrading, and possibly causing health problems and threatening safety.

Sexual harassment is any form of behavior that connotes or leads to sexual matters unilaterally and unexpectedly by the target person due to negative reactions such as shame, anger, hatred, offense, and so on to the individual victim of this abuse. The range of sexual harassment is immense: head eyes, naughty whistles, sex or gender-related comments, porn humor, pinch, poke, tap or touch on certain body parts, certain gestures or sexual gestures, invitations to date with lure or threats, solicitation of sexual intercourse with rape. Sexual harassment can happen anywhere and anytime.

While most victims of sexual harassment are women, it does not mean that men are immune (never experienced) to sexual harassment. A human being, any person or any of the people, since birth has an inherent right in him that must be fulfilled and respected by anyone, called human rights. One of the rights is the right to be free from torture and bad behavior.

Sexual harassment and abuse are included in torture and ill-treatment. Therefore, to anyone sexual harassment is done, it is always wrong.

Another notion of sexual harassment is an annoying, annoying, and unexpected action committed by a person or group of persons against another party, directly related to the sex of the party who is harassed and perceived to degrade the dignity and dignity of the person he is harassing.

Lack of understanding about sexual behavior in adolescence is very detrimental for teenagers themselves including their families, because at this time adolescents experienced an important development that is cognitive, emotional, social and sexual, this development will last about 12 years to 20 years. This lack of understanding is caused by several factors including: customs, culture, religion and lack of information from the right source. This lack of understanding will result in a variety of precise impacts very detrimental to the youth and family groups (Soetjiningsih, 2007: 133).

In children who are facing a transition period, children need encouragement of parents to foster courage and confidence in facing problems (BKKBN, 2011). Parents need to set an example that is good for the children, both in telling the truth and in carrying out their daily life and social life (BKKBN, 2011).

The Role of Parent As an Educator. Parents need to instill in to children the importance of education and science they get from school. In addition religious and moral values, especially the value of honesty should be instilled to children from

an early age as stock and fortress to deal with the changes that occur, so that children avoid unwanted things (BKKBN, 2011).

The following questions complement the CDC *Reproductive Health Assessment Toolkit for Conflict-Affected Women* and can be used to collect information about adolescents' knowledge, attitudes and utilization of reproductive health services, as well as their sexual behaviors. When incorporating ASRH services as a part of a comprehensive reproductive health package, these indicators can serve as a baseline to guide programming and assess changes over time.

This condition may be related to the mindset of couples with higher economic status, ie the child is the responsibility not as an asset to help the family economy (Friedman, 1994; McDonald, 2010).

Another simple maternal mortality measure is the proportion of maternal deaths to all female deaths of childbearing age from maternal causes (PMDF). PMDF is believed to be recorded more accurately than maternal death (Hill, Kenneth, et al., 2007). The way of delivery about sex education should also be age-appropriate, not to spoon their minds. Therefore, we must be very clever in the delivery of sex education, it is done so that they are easy in receiving and understanding what they learn. Before we teach about sex education to our students, we should first know and understand about sex education itself (Boyke, 2013).

Research conducted by Lee (2008) in 155 adolescents, found 12% of teenagers who did not prepare for menarche revealed that they felt themselves dirty, embarrassing, and disgusting to find his pants full of menstrual blood stains. Children who get menstruation at school are also often leaked or translucent until blood seeps and is seen in school skirts and usually children cry, shy, afraid, anxious, even feel disgusted and reluctant to accept the fact (Lee, 2008).

According to Lagan (2014), "Sexual assault, as defined in the Sexual Assault Prevention and Response Program Manual, is intentional sexual contact, characterized by use of force, threats, intimidation, abuse of authority or when the victim does not or cannot consent. Sexual assault includes rape, forcible sodomy and other unwanted indecent contact".

METHOD

The ADDIE model is a model of a learning system design that shows the basic stages of a simple and easy-to-learn learning system. This model consists of five phases or the main stage, namely:

1. Analysis

2. Design
3. Development
4. Implementation
5. Evaluation

DISCUSSION

Analysis

The analysis is the first step of the health guidance production guide model of parent and teacher guidance in the ADDIE model.

Step analysis through two stages:

1. Performance Analysis

Performance analysis is conducted to know and clarify whether the performance problems faced require a solution in the form of implementation of parent and teacher learning programs in teaching reproductive health of lower grade elementary school children.

Lack of knowledge about reproductive education of children for elementary school children and skills to teach causes low knowledge of children in recognizing reproductive health, it is necessary solution in the form of health production manual handbook.

The lack of knowledge of parents in teaching children's reproductive health requires an appropriate information repair solution on the reproductive health of primary school children under the age-appropriate age. For example, provide teaching guidelines for reproductive health.

2. Needs Analysis

Needs analysis is a necessary step to determine the skills or competencies that need to be learned by students to improve knowledge and application of reproductive health. This can be done if the learning program is considered as a solution of the learning problem being faced.

The author designs the learning program and performs the analysis phase. Two key questions to look for are:

- a. learning objectives of reproductive health that have been determined and required by the students.
- b. learning objectives of reproductive health that have been determined and can be achieved by students.

The results of data analysis that has been collected leads to learning as a solution to overcome the problem of learning of reproductive health that is being faced, then the designer of learning program do needs analysis by answering some questions.

The question is as follows

- a. Characteristics of students who will follow the reproductive health learning program for elementary school children (learner analysis)

- b. The knowledge and skills parents, teachers, and children (pre-requisite skills)
- c. What skills or competencies parents and teachers need to possess (task or goal analysis)
- d. The indicator or criteria used to determine that the student has attained a predetermined competency after performing reproductive health lessons (evaluation and assessment.
- e. Conditions required by students to demonstrate the competence of reproductive health that has been studied? (setting or condition analysis)

Design

a. Design is the second step of the ADDIE learning system design model. This step is: The essence of the analysis step because of studying the problem then find alternative solutions that have been identified through the needs analysis step. An important step needs to be taken to determine the reproductive health learning experience that students need to have during their parent and teacher teaching activities.

b. Steps that must be able to answer the question, whether the reproductive health learning program can overcome the problem of reproductive health of students. The ability gap here is the difference in the ability that students have with the abilities students should have about reproductive health.

c. In this study, the students' ability gap is not able to achieve the standard of reproductive health competency which include in science and religion study which has been determined after following the reproductive health learning process by parents and teachers.

d. Students are only able to achieve 60% competency level of the competency standard that has been outlined.

e. At the time of doing this step are made the key questions of which are as follows.

1. What special abilities and competencies should students have after completing a reproductive health teaching program?
2. What indicators can be used to measure the success of students in following the program of reproductive health learning.
3. What tools or conditions do students need in order to demonstrate competence - knowledge, skills, and attitudes - after following a learning program?
4. What teaching materials and activities can be used in support of parental and teacher learning programs?

Development

- a. Development is the third step in implementing the model of ADDIE learning system design. Development steps include activities to create, purchase, and modify teaching materials. In other words includes choosing activities, determining appropriate methods, guidelines and learning strategies to be used in conveying the program materials or substances.
- b. Steps of development, there are two important goals achieved. Such as :
 - 1. Producing, buying, or revising teaching materials that will be used to achieve previously formulated reproductive health teaching objectives.
 - 2. Choose the best guide or combination of guides to use to achieve the learning objectives.

During the development step, the designer makes the key questions to look for, the questions are: 1) Teaching materials should be sought to be used in achieving reproductive health teaching objectives. 2) The teaching materials are prepared to meet unique and specific student needs. 3) Teaching materials should be purchased and modified so they can be used to meet unique and specific student needs. 4) A combination of guidance needed in organizing a learning program.

Implementation

Implementation or delivery of learning materials is the fourth step of the model of ADDIE learning system design. The main objectives of this step include: guiding students to achieve the goals or competencies of reproductive health. Ensure the occurrence of problem solving or solutions to overcome learning outcomes faced by students. Ensuring that at the end of the reproductive health learning program, students need the competence of knowledge, skills, and attitudes required in reproductive health. The key questions that the designer of a learning program seeks to answer when performing the implementation steps are as follows.

- a. The most effective learning method to use in the delivery of reproduction materials or materials is by an animal story.
- b. Efforts or strategies such as that can be done to attract and nurture the interest of students to remain able to focus attention on the delivery of materials or learning substance delivered in the form of comic stories before bed.

Evaluation

Evaluation is the last step of the ADDIE learning system design model. Evaluation is a

process undertaken to provide value to reproductive health learning programs. Evaluation of reproductive health learning program aims to know several things, namely:

- a. Student attitudes toward reproductive health learning activities as a whole.
- b. Increased competence in students, which is the impact of parental and teacher teaching in the learning program.
- c. The benefits are felt by the family and the school due to the increased competence of students after following the reproductive health learning program.

It is important that the designers of the reproduction learning program in doing evaluation steps, among others: happy students to the reproductive health learning program that they follow so far. Great benefits are felt by students in following reproductive health learning program. Students can learn about the material or substance of learning reproductive health. Students are able to apply knowledge, skills, and attitudes that have been studied, and the contribution of reproductive health learning programs that are carried out on student achievement. Aspects of assessment are as follows.

- a. Aspects of instrument legibility, among which clarity of the statement of the instrument filling instructions; clarity of statement of criteria on every aspect; clarity of description of each item criteria.
- b. Aspects of validity, ie aspects that measure the ability of standard instruments on the quality of learning guides.
- c. The aspect of objectivity, the aspect that measures the ability of the standard instrument to obtain the data as it is about the quality of the learning guide with a minimum of personal influence / presumption.
- d. Aspects of systematic, namely aspects that measure the order of preparation of the contents of standard instruments of quality assessment of reproductive health learning guides.
- e. Practice aspects, ie aspects that measure ease of use, implementation, and inspection of standard instruments of quality assessment of reproductive learning guides

Table 1. The criteria of the rating category are ideal

No	Scores range (i)	Category
1.	$X > \bar{x} + 1,80 S_{bi}$	Very good
2.	$\bar{x} + 0,60 S_{bi} < X \leq \bar{x} + 1,80 S_{bi}$	Good

3.	$\bar{x}\bar{x} - 0,60 S_{bi} < X \leq \bar{x}\bar{x} + 0,60 S_{bi}$	Enough
4.	$\bar{x}\bar{x} - 1,80 S_{bi} < X \leq \bar{x}\bar{x} - 0,60 S_{bi}$	Less Good
5.	$X \leq \bar{x}\bar{x} - 1,80 S_{bi}$	Very Bad

The resulting product is a guide to reproduction education in the form of guidebooks that are equipped with how to care and introduce in the form of story comics. The results of research and development indicate that: 1) Readability of the guides by experts qualifies as “excellent 84.79%, 89.88% and 90%” qualified “good” qualified by 83.03% whereas according to parents of qualified “ , 50% “.

CONCLUSION

The resulting product is a reproduction education guide in the form of guidebooks equipped with how to care and introduce in the form of story comics. The results of research and development indicate that: 1) The guidance elasticity according to the expert in a row of readability, validity, objectivity, systematicity and practicality qualifies as “excellent 84.79%, 89.88%, 90%, 83.03 %, 50% “.

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