



# Perception of Behavior Control as a Dominant Factor Influencing Teacher Behavior in Conveying Information on Reproductive Health and Sexuality to Junior High School Students

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**Abstract.** Adolescents are vulnerable to reproductive health problems. Teachers are one of the most trusted sources of information for adolescents, but few teachers communicate reproductive health to students. This study aims to analyze the factors that most influence the teacher's behavior in providing reproductive health and sexuality information to students. This research was conducted in 2022 using a cross-sectional approach to a population of junior high school teachers in Grogol Sukoharjo District. The research sample was 130 teachers who were taken by exhaustive sampling technique. Data analysis in this study was bivariate (chi-square test) and multivariate (multiple logistic regression tests). Perceived behavioral control is the most influential factor on teacher behavior in conveying reproductive health information to students with OR= 0.428 (95% CI: 0.189-0.967). Teachers who have high perceived behavioral control are at risk of not providing reproductive health information to students 0.428 times compared to teachers who have low perceived behavioral control. Efforts are needed to improve teacher skills to provide reproductive health education comfortably to students.

**Keywords:** Perception of Behavioral Control, Teacher, Behavior, Reproductive Health, Information.

## 1 Introduction

The problem of reproductive health and adolescent sexuality is a problem of global concern [1]. The development from children to adults is one of the things that makes adolescents vulnerable to reproductive health and sexuality problems [2]. At this time adolescents experience social and sexual development such as puberty. The search for identity with high curiosity also characterizes adolescents [3]. Adolescents' great curiosity must be balanced with the provision of appropriate information regarding reproductive health and sexuality in adolescents. A study in Semarang Indonesia found that adolescents need reproductive health information, and adolescents like this reproductive health information to be included in the school curriculum [4]. Other research in Lao PDR and India also revealed that the school through the curriculum is a source of information for adolescents [5]–[7].

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Delivery of information on reproductive health in schools can be conveyed by teachers who are one of the parties who are often invited to discuss reproductive health by adolescents after friends, and mothers [8]. The role of the teacher is very crucial because most of the students' time is spent at school [9]. However, the problem is the development of information technology that is very advanced, so that access to information for adolescents is also getting easier. Exposure to media containing sexual content in early adolescence was associated with risky sexual behavior in adulthood. This exposure can affect the early age of premarital sexual intercourse and unsafe sexual behavior in adolescents [10]. Research based on the population of senior high school students in Surakarta also found that exposure to pornography through information media is associated with adolescent sexual behavior [11]. This is a challenge in itself, so it needs to be followed up with more massive delivery of reproductive health and sexuality information to adolescents.

Reproductive health information for adolescents needs to be provided considering that 8% of men and 2% of adolescent women in Indonesia have had premarital sex. Teenagers engage in premarital sex for reasons of mutual love (54% women, 46% men) and curiosity (4% women, 34% men). This premarital sex behavior has an impact on unwanted pregnancies in female adolescents aged 15-19 years by 16.4% [8]. Another impact is that there are still HIV cases in adolescents aged 15-19 years in Indonesia, namely 3% in 2018 and 2019 [12]. Then Sukoharjo Regency is one of the districts in Central Java which has shown a significant increase in cases, from 17 new cases in 2018 to 47 new cases in 2019. The highest percentage of HIV cases based on age in Sukoharjo Regency, namely aged 25-49 years (72.3%), 20-24 years (8.5%), and 15-19 years (4.3%) [13]. Grogol sub-district is a sub-district in Sukoharjo with the highest increase in HIV cases, namely 0.086%. Therefore, efforts are needed to provide comprehensive reproductive health and sexuality information to adolescents. This information can be conveyed by various parties such as teachers.

The delivery of reproductive health information by teachers to adolescents has obstacles such as a feeling of discomfort for personal counseling with adolescents [14]. Research in South India also revealed that there is still an assumption from teachers that giving sexuality education to adolescents will initiate premarital sexual behavior [15]. Teachers actually already understand the importance of providing reproductive health information to adolescents, but there are limitations in practice both in terms of competence, training and self-confidence [9]. The research that has been conducted describes the perceptions and obstacles of teachers in reproductive health education for adolescents. Then research that has been conducted in Indonesia has looked more at the internal aspects of teachers such as teacher characteristics both gender, employment status, participation in training, knowledge, attitudes, perceptions, and teacher motivation to provide information on reproductive health [16], [17]. There are also external aspects that have been studied in Indonesia to find out whether there is a relationship with teachers' behavior in communicating reproductive health to students, namely school support and facilities [18].

A person's behavior is influenced by logical thinking. Based on the Theory of Planned Behavior, a person's behavior is also influenced by behavioral control which is described by the individual's perception of factors that can facilitate him to behave. A review article that was conducted on reproductive health communication using the Theory of Planned Behavior has only been carried out on reproductive health com-

munication between parents to children, and has not been carried out on teachers. Based on this review, it was found that a person's reproductive health communication is influenced by attitudes, subjective norms, and perceptions of behavioral control [19]. Theory of Planned Behavior is an appropriate framework to see how a person's beliefs and perceptions of reproductive health education in adolescents [20]. Further research is needed to see how internal and external influences affect teacher behavior. Therefore this study aims to analyze the relationship between knowledge, attitudes, self-confidence, perceived barriers, perceived behavior control, motivation to follow the opinions of people who are considered important, school support and self-disclosure of students to teachers with teacher behavior in providing reproductive health information and sexuality to students. Furthermore, this study aims to analyze the factors that most influence teacher behavior in providing reproductive health information to students in junior high schools, Grogol Sukoharjo District

## 2 Method

This research is included in the analytic observational with cross sectional approach. The research was conducted in 2022 in Grogol Sukoharjo District. Junior high school teachers are the population in this study with a total sample of 130 teachers taken by exhaustive sampling. The inclusion criteria are teachers who are registered in the regional teacher database in the Grogol Sukoharjo District and the exclusion criteria in this study are teachers who were not present during data collection and paid leave. The independent variables in this study were knowledge, attitude, self-confidence, perceived obstacles, perceived behavior control, motivation to follow the opinions of others which the teacher considered important, school support, and student self-disclosure. While the dependent variable is the teacher's behavior in conveying reproductive health information to students.

The definition of knowledge in this study is a collection of information about reproductive health education owned by teachers. Then attitude is the teacher's view of the advantages and disadvantages of the behavior of providing reproductive health information to students. Followed by self-confidence which is the feeling that the teacher has that the teacher believes he can provide reproductive health information to students. After that, the perception of obstacles means the teacher's mindset regarding the obstacles the teacher feels when giving reproductive health information to students. Then the motivation to follow the opinions of others who are considered important is an encouragement in the teacher to accept and carry out the opinions of people who are considered very important by the teacher. In addition, there is school support, which is the support provided by schools for teachers so that they can convey reproductive health information to students. Then the last independent variable is student self-disclosure. Student self-disclosure is student openness to teachers to communicate reproductive health. The dependent variable in this study is teacher behavior in providing reproductive health information to students. The teacher has good behavior when he has delivered comprehensive reproductive health material, namely regarding reproductive organs and their functions, puberty, changes in the reproductive organs in men and women, the roles of men and women, risky sexual behavior, the impact of risky sexual behavior, sexual harassment, the impact of sexual

harassment, how to prevent sexual harassment, how to access reproductive health and sexuality information, how to seek help and support if you have reproductive health problems, and adolescent reproductive health services. The categorization of all variables in this study uses the median value because the data are not normally distributed.

Data collection was carried out offline (collect teachers on one day then the teacher fills out the questionnaire that has been given). This research using a questionnaire that had been tested for validity and reliability. The reliability test value in this study was seen based on the Cronbach's alpha value. The values are knowledge (0.695), attitude (0.794), self-confidence (0.707), perceived obstacles (0.749), perceived behavioral control (0.663), motivation to follow people who are considered important (0.648), school support (0.715), and student self-disclosure (0.703). Analysis of research data was carried out both univariate, bivariate with the chi-square test, and multivariate with multiple logistic regression tests.

In this study, it passed ethical eligibility based on the Health Research Ethics Commission (KEPK) FK UMS Number 4218/B.2/KEPK-FKUMS/IV/2022. Respondents in this study were also explained about the purpose and process of the research and the confidentiality of the data provided to the researcher. The research sample also has the right to accept or refuse to be a respondent.

### 3 Result and Discussion

In this study, the characteristics of the respondents were obtained in the form of age, gender, and level of education. Most of the research respondents were in the age range of 44-59 years and were female. In the aspect of education, almost all of the respondents had a bachelor's degree (Table 1).

**Table 1. Respondent Characteristics**

Variable	Frequency	%
<b>Age (y.o)</b>		
(22-43)	49	37.7%
(44-59)	81	62.3%
<b>Gender</b>		
Male	47	36.2%
Female	83	63.8%
<b>Education</b>		
Bachelor	126	96.9%
Master	4	3.1%

Then based on the results of the univariate analysis it was found that more teachers had good knowledge and confidence if they could inform reproductive health material. Many teachers are also motivated to follow the views of people who are considered important, such as the principal. Teachers' perceptions of obstacles to conveying reproductive health information tend to be low. Teachers also feel that student self-disclosure and school support fall into the good category. However, the teacher's attitude regarding reproductive health education to students is negative and the teacher does not convey enough information on reproductive health (Table 2).

**Table 2. Variable Frequency Distribution**

Variable	Frequency	%
<b>Knowledge about Sexual and Reproductive Health</b>		
Good	72	55.38%
Not good	58	44.62%
<b>Attitude</b>		
Positive	15	11.53%
Negative	115	88.47%
<b>Confidence</b>		
Good	72	55.38%
Not good	58	44.62%
<b>Perception of Barrier</b>		
High	36	27.70%
Low	94	72.30%
<b>Perception of Behavioral Control</b>		
High	85	65.38%
Low	45	34.62%
<b>Motivation to Comply</b>		
High	71	54.62%
Low	59	45.38%
<b>School Support</b>		
Support	66	50.76%
Not Support	64	49.24%
<b>Student Self-Disclosure</b>		
Good	76	58.46%
Not Good	54	41.54%
<b>Teacher's Behavior</b>		
Good	61	46.92%
Not Good	69	53.08%

Based on Table 3 it is found that the variables that have a relationship with teacher behavior are knowledge, attitudes and self-confidence. Teachers who are good at conveying reproductive health information tend to have poor knowledge, positive attitudes, and lack of confidence in providing reproductive health education to students.

**Table 3. Bivariate Analysis Results**

Variable	Teacher Behavior						P value	Contingency Coefficient
	Not Good		Good		Total			
	N	%	N	%	N	%		
<b>Knowledge</b>								
Not Good	21	36.2	37	63.8	58	100	<b>0.001</b>	0.290
Good	48	66.7	24	33.3	72	100		
<b>Attitude</b>								
Negative	65	56.5	50	43.5	115	100	<b>0.029</b>	0.188
Positive	4	26.7	11	73.3	15	100		
<b>Confidence</b>								
Not Good	21	36.2	37	63.8	58	100	<b>0.001</b>	0.290
Good	48	66.7	24	33.3	72	100		
<b>Perception of Barrier</b>								
High	15	41.7	21	58.3	36	100	<b>0.107</b>	-
Low	54	57.4	40	42.6	94	100		
<b>Perception of Behavioral Control</b>								
Low	19	42.2	26	57.8	45	100	<b>0.071</b>	-
High	50	58.8	35	41.2	85	100		
<b>Motivation to Comply</b>								
Low	30	50.8	29	49.2	59	100	0.642	-
High	39	54.9	32	45.1	71	100		
<b>School Support</b>								
Not Support	35	54.7	29	45.3	64	100	0.717	-
Support	34	51.5	32	48.5	66	100		
<b>Student Self-Disclosure</b>								
Not Good	27	50	27	50	54	100	0.553	-
Good	42	55.3	34	44.7	76	100		

**Table 4. Multivariate Analysis Results**

Variable	p-value	OR	95% CI for OR	
			Lower	Upper
Knowledge	0.026	0.405	0.183	0.899
Confidence	0.007	0.337	0.152	0.745
Attitude	0.060	3.541	0.948	13.233
Perception of Behavioral Control	0.041	0.428	0.189	0.967

Nagelkerke R Square = 0.244

Omnibus Test, p-value= 0.000

The results of the multivariate analysis in this study found that the variables related to teacher behavior were knowledge, self-confidence, and perceptions of behavior control. The model formed is declared feasible because it fulfills the significance of the model with the value of the omnibus test (p-value = 0.000). The Nagelkerke R Square value is 0.244 which means that the independent variables contained in the model can explain teacher behavior by 24.4%. The variable that has the most dominant effect on teacher behavior is perceived behavior control with OR 0.428 (95% CI OR: 0.189-0.967). This means that teachers who have high perceived behavioral control tend to be more at risk of not conveying reproductive health information to students 0.428 times compared to teachers who have low perceived behavioral control (Table 4).

Perceived behavioral control is the most influential factor on teacher behavior in conveying reproductive health information to students. These results are consistent with studies in South Korea and Indonesia which state that perceptions of behavioral control influence reproductive health behavior [20], [21]. Someone who has a high perception of behavioral control tends to carry out health behaviors. However, in this study it was found that teachers who had provided good reproductive health education to students tended to have low perceptions of behavioral control and vice versa. This can happen because the teacher will explain the material automatically in subjects related to science. In addition, students in this study sometimes asked questions and consulted teachers regarding reproductive health so that the teacher tended to try to answer even though the teacher felt that his skills in providing reproductive health information were still lacking. This is similar to research that was conducted in India which stated that teachers' skills in conveying reproductive health information still need to be improved [15], [22], [23].

Teacher training is one way to improve teacher skills. This training is key because teachers in this study feel confident in providing reproductive health information if they have good communication skills, understand the material to be delivered, there are reproductive health education policies in schools, and there are tools or media that can be used. Teachers can also be trained on the use of innovative educational media according to student development to increase their skills [24].

In this study, the material most often given by teachers to students was about puberty, the physical changes in boys and girls when they were teenagers. This is in accordance with research in Kenya which states that the material that has been given

by the teacher is about puberty [25]. Other research in Indonesia also revealed that material in the biological sphere is material that is often delivered by teachers [26]. The material that is still not provided by the teacher is regarding risky sexual behavior, the impact of premarital sexual behavior, skills to refuse invitations to premarital sexual behavior and ways to prevent sexual harassment. This material is rarely conveyed by the teacher because there is still a feeling of discomfort and taboo in conveying the topic, and they do not know how to convey the material [25], [26]. If reproductive health and sexuality education is delivered properly, especially through a strong and comprehensive curriculum, it will be beneficial to increase students' knowledge about reproductive health, as well as improve students' skills to prevent risky behavior [27]–[29].

The problem is that there are still quite a lot of teachers who don't know what needs to be conveyed to students and how to provide this information to students. The results of this study are the same as what happened to the parents. Parents who are also a source of information on reproductive health for adolescents also experience difficulties in conveying this information because parents do not have sufficient knowledge and skills to discuss reproductive health with adolescents [30]. This condition needs to be considered considering that adolescents need a trusted source of information to discuss reproductive health. Educational institutions, health services and parents are valid sources of information needed by adolescents [31].

In this study, teachers who were good at conveying reproductive health information tended to have less knowledge (p-value 0.001) and limited self-confidence (p-value 0,001). Teachers continue to provide reproductive health information to students because they have a positive attitude that reproductive health information is very important for students (p-value 0.029). However, the material delivered to students is still in the category of puberty signs. This condition is reinforced by students in junior high schools who tend to only discuss biological aspects such as puberty with teachers. Students still feel embarrassed to discuss issues of risky sexual behavior, sexual harassment, and ways to prevent sexual harassment. This needs to be addressed because teenagers basically need comprehensive material and not only about puberty and the development of reproductive organs in males and females [32]–[34]. Teachers need to get material on how to provide comprehensive reproductive health information to students so that students and teachers feel comfortable discussing this material.

Based on this research, teachers usually provide information about reproductive health through subjects and consultations outside class hours. The intensity of providing education is still in the not so frequent or rare category. Based on research conducted in Namibia, teachers can increase the frequency of reproductive health communication with students by building closeness and a positive environment with students [24], [35]. In addition, providing education on reproductive health to students can also work together with health workers or youth health services in health services [32], [36].

The limitation of the research is that the sampling technique does not use randomization, but all teachers are used as research samples so that further research can expand the area and randomization is carried out for sampling. Further research also needs to see whether teachers who have received reproductive health information tend to have good behavior in providing reproductive health information to students.



#### 4 Conclusion

Teachers tend to convey reproductive health information to students. Perceived behavioral control is the most influential factor in reproductive health communication with students. Teachers who have low perceived behavioral control tend to provide reproductive health information to students. The teacher provides information on reproductive health when asked by students or during lessons in class so that the teacher will still explain it to students even though the perceived behavior control is low. Teachers also feel that training on material and how to convey reproductive health information to students is an important aspect. Student openness is needed to discuss reproductive health with teachers and there is a need for training on how to educate teachers on reproductive health.

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