

Effectiveness of Health Education Reflective Methods Against Levels of Knowledge About the Dangers of Drugs in Students

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ABSTRACT

The background of the study is that Health Education with reflective methods allows the participants to have a dialogue in their minds and create listeners as well as personal stories to support themselves. The purpose of this study was to identify the effectiveness of health education reflective methods on the level of knowledge about the dangers of drugs in students in Madrasah Aliyah Guppi Batuara Gantarang District Bulukumba Regency. The method used is a quasi-experimental type *pre-test-post-test non-randomized control group design*. The sample in the study was X-class students consisting of 30 intervention group respondents and 30 control group respondents. The results of the Uji statistic using the Wilcoxon test, namely the intervention group using reflective methods obtained a value of $p: 0.000$ which means that there is a change between the level of knowledge before and after being given the reflective method and the control group before and after being given counseling there is no change in the level of knowledge with the value of $P 0.231$ means that there is no change between the control groups before and after counseling. Conclusions and suggestions that health education with reflective methods are more effectively used in the level of knowledge of students about the dangers of drugs in Madrasah Aliyah Guppi Batuara Gantarang District Bulukumba Regency. It is hoped that reflective health education methods can be applied routinely to students or adolescents to avoid drug use.

Keywords: Health Education; reflective methods; level of knowledge

INTRODUCTION

Drugs are familiar in Indonesian society, drugs have become a scourge for parents among drug users. (Prawiro, 2013). The number of drug users in Indonesia is increasing every year. School-aged children between 14 and 18 are at risk for tasting drugs. Adolescence is a time when children are prone to drugs and fall into the wrong association. (BNN, 2017). Of the 3.6 million addicts in Indonesia, an average of 15 thousand people die from drugs every year. (BNN, 2017). Most of the users who died were young people under 30 years old. In a survey conducted by BNN in 2015, the largest drug users were in the 15-24 age group. YCAB research in 2002 showed that the largest age group of children trying drugs for the first time was the age of 12-17 years.

Based on this, health education is one of the efforts made to the maximum in the prevention of drug abuse. Health Education with reflective methods allows the participants to have a dialogue in their minds and create listeners as well as personal stories to support themselves. Through this method participants can explore ideas, rethink interactions, and imagine the future consequences of planned actions without having to first do so. (Given, 2007). Drug Health Education is all conscious and planning efforts made to improve human behavior, according to the principles of education, namely at the level before a person uses drugs, in order to avoid abuse. Substance abuse is not only dangerous and detrimental to the family and causes widespread social impacts, so it is necessary to focus on preventive activities as an effort to make the younger generation have a mindset, attitude, and be able to resist drug abuse and circulation. (Lolok and Yuliastri, 2020).

Therefore, different anti-drug health education is needed, so in this study anti-drug health education was given using a reflective learning model in the hope that participants can provide experience *sharing* so that the expected goals can be achieved.

MATERIALS AND METHODS

The sample in this study was class X students with a sample of 60 respondents consisting of an intervention group of 30 respondents and a control group of 30 respondents with sample selection using *random sampling* techniques. This type of research is quasi-experiment with a type of *pre-test-post-test non randomized control group design*. Health Education is carried out 1 time per group. In the intervention group implemented Health

Education with reflective methods that have been distributed modules to respondents, this activity lasts for 60-70 minutes. Health Education lecture methods in control groups are carried out without module division lasting for 40-45 minutes. Variable knowledge levels are measured by distributing questionnaires before and after health education.

RESULT

Table 1. Distribution of Respondent Characteristics

Characteristic	Intervention Group		Control Group		Total
	N	%	N	%	
Age (Years)					
15	5	16.6	3	10	60
16	20	66.6	23	76.6	
17	5	16.6	4	13.3	
Gender					
Male	8	26.6	5	16.6	60
Female	22	73.3	25	83.3	
Types of Parental Work					
Work	30	100	28	93.3	60
Nor Working	0	0	2	6.6	
Residence					
With Parents	21	70	26	86.6	60
Not With Parents	9	30	4	13.3	
Marital Status of parents					
Together	28	93.3	29	96.6	60
Split/ Divorce	2	6.66	1	3.3	

Based on table 1 on the characteristics of respondents, it shows the number of respondents as many as 30 people in the intervention group and 30 people in the control group. In the intervention group, there were 20 respondents (66.6%) aged 16 years, 5 respondents (16.6%) aged 15 and 17 years old (16.6%). Based on gender, female respondents were more numerous (73.3%) than men (26.6%). In the control group, 15 years of age was 10%, 16 years of age was 23 respondents (76.6%), age 17 years was 13.3% and female sex was 25 respondents (83.3%) than men (16.6%).

Tabel 2. Effectiveness of Health Education Reflective Methods Against Levels of Knowledge

Level Of Education	Group Intervention					Group Control				
	Pre		Post		P Value	Pre		Post		P Value
	F	%	F	%		F	%	F	%	
4	0	0	0	0	0,000	2	6.7	0	0	0,231
6	2	6.7	0	0		2	6.7	0	0	
7	7	23.3	0	0		2	6.7	4	13.3	
8	13	43.3	5	16.7		7	23.3	7	23.3	
9	6	20.0	10	33.3		2	6.7	9	30.0	
10	2	6.7	8	26.7		13	43.3	2	6.7	
11	0	0	4	13.3		2	6.7	4	13.3	
12	0	0	3	10.0		0	0	4	13.3	
Total	30	100	30	100		30	100	30	100	

Table 2 shows the assessment of the level of knowledge, namely before health education was carried out in the intervention group, the highest level of knowledge was obtained with a value of 8 as many as 13 respondents (43.3%) and values 6 and 10 as many as 2 respondents (6.7%). After health education was carried out in the intervention group, there was a change in the highest level of knowledge, namely with a value of 9 as many as 10 respondents (33.3%) and the lowest level of knowledge at a value of 12 (10%) and 11 (13.3%). In the control group, before health education was carried out, the highest level of knowledge was obtained at a value of 10 as many as 13 respondents (43.3%) and the lowest level of knowledge at scores 4, 6, 7, and 11, each of which consisted of 2 respondents (6.7%). After health education was carried out, the highest value was 9 as many as 9 respondents (30%) and the lowest value was at 10 with 2 respondents (6.7%).

The results using the wilcoxon test, showed a P value of 0.000 in the intervention group which means that there is a meaningful change between the level of knowledge before and after being given Health Education with a reflective method ($p: 0.000 < \alpha: 0.05$). Meanwhile, in the control group before and after being given Health Education, there was no change in the level of knowledge with a value of $p: 0.231$ which means that there was no influence on the control group before and after being given counseling on the respondent on increasing knowledge about the dangers of drugs. Of course, metode reflection has benefits for students, namely they are able to find new understandings, are able to train psychologists both

episodic memory and memory as they please, are able to help students in repeating lessons while at school and are able to be a good reminder.

DISCUSSION

One of the factors that affect drug abuse is knowledge, a person in a condition knows that what he will do will have a bad impact on him then the person is likely not going to do bad things. One of the increased knowledge can be done by means of Health Education for adolescents. (Menthan, 2013) deep (Lolok and Yuliastri, 2020). Health education is very helpful for students in understanding drug abuse, thus encouraging their desire to know, then more deeply and finally can help understand the understanding obtained. (Printina, 2018).

Table 2 shows a change in knowledge levels in respondents before and after being given Health Education with reflective methods. Although the Health Education activity is carried out 1 time but respondents / students may be able to concentrate on receiving material about the dangers of drugs, this is because the selection of time (days) in the activity there is no learning process. Peneliti analyzes that the reflexive method is a learning activity in the form of student feedback on what has been given as a form of information, and recalls an action that has been given in the form of observation so that they are able to improve the ability to observe, remember, observe, and reanalyze an action or information that has been obtained. So that this method is very well given in Health Education, especially about the dangers of drugs in increasing knowledge and understanding of students / adolescents compared to health education lecture methods without the division of modules and *sharing experiences*.

Likewise, in the control group there was a change in the level of knowledge by providing Health Education without any reciprocity between students as respondents and researchers so that respondents were less able to improve memory and creativity in receiving materials so that the material provided was not able to reflect back. All respondents in the intervention group and control group had never known drugs, this is because all respondents are still under family supervision (parents) related to education, health, and association supervision.

In contrast to the results of research conducted by Liem, 2015 related to the effectiveness of anti-drug training with reflective methods stating that anti-drug training is

not effective in improving the understanding of the dangers of drug abuse in X-grade students at SMAN 1 Bambanglipuro Bantul Yogyakarta. This is because the training time is too short, which is only two meetings with a duration of one hour each in each session. Health Education is carried out after teaching and learning activities are completed. The selection of time was carried out by the school so as not to interfere with the learning hours of students who were at that time approaching the midterms. The observations showed that the participants were unable to concentrate fully on the given material. The time used along with lunch hour so that it can be indicated that the participants feel hungry and affect their concentration power. However, the participants felt quite helped by the existence of a complete module and a facilitator who could explain well.

The results of the study in Table 2, showed a value of $p: 0.000$ in the intervention group which means that there is a meaningful change between the level of knowledge before and after being given Health Education with reflective methods ($p: 0.000 < \alpha: 0.05$). While in the control group before and after being given Health Education there was no change in the level of knowledge with a value of $p: 0.231$ which means that there is no influence on the control group before and after being given counseling to respondents on increasing knowledge about the dangers of drugs. Of course, the reflexology method has benefits for students, namely they are able to find new understandings, are able to train psychologists both episodic memory and systematic memory, able to help students in repeating lessons while in school and able to be a good reminder.

Bloom (in Djiwandono, 2006) through *Taxonomy Of Educational Objectives* classifies understanding into the cognitive realm. Understanding according to Bloom is an ability to capture the meaning of the material provided by the facilitator. This ability is higher than knowledge alone because knowledge only includes the memory of things that have been learned and stored in memory. In anti-drug training participants will be invited to understand how a substance can become dangerous if misused and its side effects on the user. In the same taxonomy, behavioral intentions can be classified as a form of judgment. Bloom says that assessment includes the ability to give an assessment of something and carry yourself with that assessment.

Lack of knowledge of the adverse effects of narcotics and psychotropics greatly affects the level of abuse. With this knowledge, it is hoped that it can avoid or eliminate the opportunity of narcotics and psychotropic abuse in adolescents. Knowledge is necessary as a psychic impulse because it is a stimulus to one's actions. One of the causes of low knowledge is due to the lack of information received and the attitude of less care about the material conveyed so that it affects the level of knowledge of a person. (Herman, Wibowo and Rahman, 2019).

CONCLUSION

Reflective method health education is more significant influence than health education without reflective methods. It is expected that cooperation from the Health institution with the Educational institution so that this activity can be routinely carried out in schools, especially among adolescents to avoid drug use.

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