

Conference Paper

The Misconception of Teachers' and Students' Knowledge Regarding Puberty in Higher Elementary Education

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Abstract

The Indonesian Adolescent Reproductive Health Survey (Survei Kesehatan Reproduksi Remaja Indonesia-SKRRI) highlights the lack of knowledge amongst adolescents regarding puberty. Other studies have identified the limited advice from parents, because parents and teachers frequently opt not to discuss experiences related to adolescent reproductive health. This study aims to understand the perception of teachers and students in higher grades with regards to puberty. The study used a qualitative approach, collecting data via in-depth interviews with teachers and students. There were seven informants, consisting of five teachers and two students studying in grade IV-VI from two schools in North Jakarta. The study shows teachers, as well as students, often had only a limited understanding of puberty and considered it a vulgar subject which should not be discussed. Teacher capacity building is needed regarding the material and delivery methods of puberty content.

Keywords: puberty, higher grade, elementary school

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1. Introduction

Puberty education is unusual in Indonesian schools, particularly in the elementary school level. This is, in fact, a prerequisite for healthy and responsible behavior before students become teenagers. Reproductive and sexual health, both services and information in comprehensive sexual education are precondition for the success of the Sustainable Development Goals [1]. Interventions must be conducted early, because the effectiveness of the program decreases along with the increases of ages [2].

Premature puberty, especially in girls, results in several situations, for example certain physical growth [3, 4]; physical as well as mental and social [5], even also related to the age of parents [6]. Indonesian adolescents (SKRRI-Survei Kesehatan Reproduksi Remaja Indonesia/ Adolescent reproductive health survey) have relatively lack of knowledge about the physical signs of puberty, even though respondents are over fourteen years

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old, who generally have experienced puberty. Only 65% of Indonesian young people practice sexual abstinence [7] so that the risk of teenage pregnancy and sexual transmitted infection is still arise. Parents and teachers are not chosen to discuss experiences related to adolescent reproductive health. Almost all of the respondents of SKRRI (90%) have internet access [8] as a source of information and entertainment. Other studies have also found limited role from parents in educating children experiencing puberty [9]. Children often show bad attitude towards parents and the environment [10]. The demographic dividend that is being enjoyed by Indonesia must be anticipated in order to prevent a burden/disaster in the future.

Many teachers reported that it was challenging to provide adolescents with reproductive and sexual health information. Based on these reasonings, they agreed to involve health professionals or psychologists in schools [11]. The study was aimed at understanding the misconception of teacher's and student's knowledge regarding puberty in higher grades at elementary school.

2. Method

The research used a qualitative approach, with a phenomenology study design. Data was collected through in-depth interviews involving 7 informants consisting of teachers and students who study in higher grades of elementary schools. The selected primary schools are a public school and a private religious-based school in North Jakarta. Data collection was conducted in August 2019.

3. Results and Discussion

3.1. Informants characteristics

There are 7 informants with characteristics as described in table 1.

3.2. Knowledge of puberty

Teachers who teach at higher grades (grade IV, V, and VI) have different understanding about the concept of puberty, i.e. specific changes in puberty and physical-psychological-social-religious aspects of puberty. These can be shown when the teachers explain signs of specific changes in puberty. Most teachers have limited knowledge about the concept, only mentioning primary physical signs i.e. menstruation and wet

TABLE 1: Characteristics of the informants.

| Code | Status | Age | Sex | grade | school characteristic |
|------|---------|-----|--------|-------|--------------------------|
| P1 | student | 10 | Female | IV | general, public |
| P2 | student | 11 | Female | V | religious based, private |
| G1 | teacher | 53 | male | VI | general, public |
| G2 | teacher | 32 | female | V | religious based, private |
| G3 | teacher | 29 | female | IV | umum, negeri |
| G4 | teacher | 35 | female | V | religious based, private |
| G5 | teacher | 31 | female | V | religious based, private |

dreams. This is consistent with the SKRRI data which specify the beginning of menstruation is the most popular sign of puberty (89%) [8]. Other specific changes, such as acceleration of body growth (height-weight-shape), changes in chest shape, Adam's apple, hair in certain body parts etc., only mentioned by a small number of teachers. Changes in emotions are also mentioned by several teachers due to the tendency of conflict occur that lead to numerous hostility (brawl / fights) among adolescents.

The teachers also mention behavioral changes concerning appearance, students begin to reflect and dress up (especially for girls), having interest with the opposite sex, use the term 'boyfriend', and try to attract attention. Regarding religious aspect, teachers commented the obligation to perform worship when the students have *aqil-baligh* and cover/protect the 'upper' which is around the chest up and 'lower' which is around the genitalia especially for girls. Both teachers in public and private religious schools are drawn to have a similar understanding of this.

Teachers find learning materials related to puberty or reproduction in grade VI (in public schools) in grade V (and in religious schools). They feel uncomfortable when they have to deliver material related to puberty, reproduction education, and sexuality. They are selective in choosing material to deliver in class therefore not all materials are covered. Study found that most of the teacher tend to give the responsibility to deliver the 'sensitive' topics to other teacher who in charge to religious subject [12]. The other study found that about 80% of puberty education needs to include understanding of 'skin health education', 'nutrition education', 'education about emotional change', teaching methods of transmission and prevention of HIV and other sexually transmitted diseases, and 'training in the management of normal and painful menstruation and the cause [13].

Informants P1 and P2 live with biological parents and a younger sibling. They live in a flat which consists of two rooms, the oldest child has her own room. Understanding of students is relatively limited regarding to the sign of puberty. One of the informants had menstruation in grade IV. Both informants were taught early on (when they were toddlers or kindergarten) about protecting upper and lower body parts and the prohibition of being seen or touched by anyone but their mother, but this prohibition came from her own mother who also taught at the school where the informant is studying.

Students' knowledge in the sign of puberty is very limited. One student only answers 'adults' when asked about puberty without explaining further. Students express their feelings as 'normal' when topics about reproduction and puberty are discussed in the classroom. However, the opposite picture is stated by teachers who experience obstacles when starting classes because students will ask each other questions and taunt their friends, especially about menstruation. The girls are perceived to feel ashamed by the teacher because some of their friends are bullied. Another sign i.e. the acceleration of growth (weight-height-body shape) is only mentioned by a few teachers. In fact, these signs are important to be recognized because the acceleration of growth can be intervened to anticipate the situation of physical growth in the future. This situation can also have an impact on the socio-psychological aspects of adolescents. Many teens are also threatened with growth disorders because of wrong diet and growth failure.

3.3. Learning Methods

The teachers use limited learning methods to convey puberty material to avoid discomfort. Since the material was first delivered, students have responded by laughing and joking making the teaching uncomfortable to continue the lesson. The most common material technique used is by story-telling and discussion. The teacher does not use pictures or videos to explain because they are considered vulgar. On the contrary, research shows the effectiveness of video as puberty education media, with the requirement of mentoring teachers or parents [14].

Generally they consider the material is more suitable to be delivered by religious teachers in public schools and teachers who teach Fiqih in religion-based schools. The informants considered religious education to be an entry point for education, as well as providing a basis for understanding and then directing future behavior. Intervention in the form of counseling has a relationship with the knowledge and attitudes of young girls in dealing with puberty [15].

In contrast to the instructors, students claim to feel normal when discussing the material. Teachers should have creativity and innovation when delivering puberty material in basic education [16]. Implementation of various methods can be done such as discovery/inquiry, problem based, project based, and cooperative. The teachers also need to accommodate a variety of intelligences and learning styles according to the interests of students. Students also need to be given the confidence to hold certain responsibilities in school programs [17].

Both schools should apply coeducation, combining classes of male and female students, when giving material related to puberty. Noise during the learning process occurs because some students ask each other questions and taunt their friends who have not or have experienced a primary sign, especially those who have become 'victims'. Some people believe that coeducation will lead to premature puberty and in turn leads to erotic acceptance / pleasure or even loss of attraction. Groups that support coeducation state that the experience of playing and learning in schools reflects real life in the family and community which will lead to the normalization of relationships between men and women, thus increasing the normalcy of friendship, not excessive eroticism [18]. The application of coeducation reinforce student's character in term of strengthening their belief regardless of their self-concept on puberty.

Interventions can also be carried out separately for each gender. Research shown the impact of education with adolescent knowledge and attitudes [15]. In addition to school, education must also be carried out at home by family/parents, but there are still many parents who have limitations to educate children about puberty. Parents generally respond to the children's bad behavior by giving advice directly [10].

4. Conclusion

Teacher and student misconceptions in puberty education exist and have an impact on the ambiguous knowledge and understanding of both parties. The teacher delivered selected information, therefore their students received limited information instead of comprehensive learning material. Interventions are needed to bridge the gap, for example in the form of increasing teacher capacity, both in mastering the concepts and core material of puberty and the delivery methods.

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Conflict of Interest

The authors have no conflict of interest to declare.

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