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Relationship between peer conformity and reproductive health maintenance behaviours among early adolescent girls in Islamic boarding schools

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Abstract

Reproductive health problems are often experienced by early adolescents who live in Islamic boarding schools because Islamic boarding schools have a higher population density and interpersonal contact than other schools. In the early adolescent years, there is a tendency in terms of a solid urge to behave like peers, so conformity quickly occurs when adolescents adopt reproductive health care behaviours. This study aimed to determine the relationship between peer conformity and reproductive health maintenance behaviour of early adolescent girls at Islamic boarding schools. This study used a correlational research design with a cross-sectional approach and a purposive sampling technique conducted on 165 early adolescents. The analytical method used for this study was univariate and bivariate analysis tests, in bivariate

tests using the Pearson test processed with the Statistical Package for Social Sciences (SPSS) program. The analysis showed that all early adolescents (100%) had a history of vaginal discharge. The results of the bivariate test showed a value of $p=0.0001$. The level of reproductive health maintenance behaviour is determined by the extent to which conformity occurs in adolescents. Conformity that occurs can affect and change one's perceptions and behaviour.

Introduction

Hygiene problems often occur in places with high occupant density and interpersonal contact, including Islamic boarding schools. Islamic boarding schools are Islamic religious education institutions that develop in society.¹⁻³ One health problem that often occurs in Islamic boarding schools is related to reproductive health. Phenomena that occur in Islamic boarding schools show behaviour that is not following the principles of reproductive health, including drying underwear in a bedroom that has no ventilation, wearing underpants that are too tight during menstruation or not, and using powder and applying ointment to the female area. In addition, the practice of washing the female organs is not quite right, namely by washing from the back to the front and using soap (soaking water, crystal x), which is believed to rejuvenate the female area and overcome leucorrhoea.^{4,5}

Adolescent students who are at the Darul Falah Sidoarjo Islamic Boarding School still experience high reproductive health problems, namely 68%; many of the students have reproductive health problems starting from the menstrual cycle, vaginal discharge, and itching in the genital area.⁶ Leucorrhoea is caused by the behaviour or habits of a person who ignores the cleanliness of their reproductive organs.⁷⁻⁹ As a result, the problem of leucorrhoea that is

delayed in treatment will harm women's health, such as the emergence of infertility, endometritis, pelvic inflammation, and salpingitis, so that prevention can be practiced to overcome reproductive health problems, namely by carrying out personal hygiene of the genital organs.^{1,10}

Maintaining reproductive health has three aspects: maintaining the cleanliness of the genital organs, handling menstrual problems, and detecting venereal disease problems.¹¹⁻¹³ Thirteen point five percent of young female students at Darus Sholah Jember Islamic Boarding School get information about reproductive health from school, 6% from social media, and 50% from peers.⁷ Peers have an active role in providing knowledge or information related to reproductive health because 60% of adolescents communicate well with their friends.⁶

Peers are one of the driving factors (reinforcing factors) to the formation of behaviour. Peer groups can make adolescents change their behaviour, including maintaining reproductive health caused by pressure, known as conformity. Conformity occurs when adolescents have relationships with peers and experience essential changes in their teenage lives.^{14,15} Peers have the most substantial influence during early adolescence but begin to diminish in middle and late adolescence.¹⁶ In early adolescence, there is a tendency for the strongest urge to behave the same as peers; this is because the urge to be accepted into a group is still very high.¹⁷

The data described above is supported by research results which show that communication with peers is the most critical factor influencing adolescent reproductive health practices.⁶ Based on the description above, the researcher was interested in digging deeper into the relationship between peer conformity and the behaviour of maintaining reproductive health for young women at Islamic boarding schools.

Materials and Methods

This study used a correlational research design with a cross-sectional approach that measured the relationship between peer conformity and reproductive health care behaviour for young women at Islamic boarding schools. The population in this study consisted of 280 young female students who lived for 24 hours in Islamic boarding schools, one Islamic boarding school in Jember and one in Situbondo districts. The sampling technique used was purposive sampling with a total sample of 165 young female students, with the inclusion criteria being young female students aged 11-14 years and already experiencing menstruation. The exclusion criteria were young female students who were not willing to become participants and young students aged 11-14 years who were not at the research location due to illness.

The instrument used in collecting data in this study was a questionnaire. The peer conformity variable questionnaire contains 14 statement items with a Likert scale of 1-5 and has three indicators, namely cohesiveness, agreement, and obedience, whose validity and reliability test results are based on the Cronbach alpha value of 0.679 and the value of $r=0.657$, while the questionnaire variable on reproductive health maintenance has 15 statement items with a Likert scale of 1-4 and has indicators of genital care, menstruation management and early detection of venereal diseases whose reliability test results are 0.85. The analytical test used was univariate and bivariate analysis. Univariate analysis assessed the characteristics of respondents, and the bivariate test measured the relationship between two variables with Pearson's test with $p<0.05$. This research has undergone research ethics trials and has been declared ethically feasible according to the seven 2011 World Health Organization (WHO) standards and refers to the 2016 Council for International Organizations of Medical Sciences (CIOMS) guidelines with ethical number 766/UN25.8/KEPK/DL/2019 by the research ethics committee of the Faculty of Dentistry, Universitas Jember.

Results

Table 1 shows the distribution of the characteristics of early adolescent female students at Islamic boarding schools in Jember and Situbondo, totaling 165 adolescents (100%). The data shows that all adolescents experienced vaginal discharge, but no infection occurred. Based on reproductive health information, 100% of adolescents have received the information, whereas 73.9% of the information obtained comes from their Islamic boarding schools. For peer conformity, 64.8% is in the moderate category, while 54.5% is in the good category for reproductive health maintenance.

Table 2 shows the study results by connecting the independent and the dependent variables using the Pearson test with a value of $p=0.001$, which means a significant correlation exists between peer conformity and reproductive health maintenance behaviour in adolescents in Islamic boarding schools.

Discussion

Conformity can influence adolescent reproductive health maintenance behaviour because adolescents are more involved with peers in their daily environment. It means that the emergence of reproductive health maintenance behaviour can be determined to what extent conformity occurs in adolescents. According to previous studies, one of the stages of adolescent development that must be achieved is the search for self-identity, which causes the focus of adolescents to shift to social life by tending to interact with their peers because they are considered capable of responding to inappropriate behaviour.^{18,19} Teenagers tend to do the same thing as their peers do.

Peer conformity is an individual's tendency to change perceptions, opinions, and behaviours influenced by peers or peer pressure. This pressure can be caused by adolescent interest that

appears directly or indirectly in adolescents. Peer conformity is a natural thing that happens to teenagers.²⁰ During the stages of early adolescent development, the role of peers is significant compared to the role of the family. Peers have a role as providers of information about the world outside the family. Then, from the peer group, adolescents receive feedback about their potential and learn whether their behaviour is better, sound, or worse than other adolescents. Teenagers will start needing more friends and solidarity.²¹

Conformity due to pressure can affect and change the perceptions and behaviour of a teenager. Conformity consists of aspects of normative social influence which means that there is a behaviour change based on fulfilling other people's expectations or the desire to be liked and reducing the fear of rejection.²⁰ The feeling of wanting to be liked and accepted by their peers causes adolescents to follow the rules adopted by adolescent groups, so conformity influences behaviour, including reproductive health maintenance behaviour.

Changes in behaviour in adolescents due to peer conformity do not just happen. There is a change in behaviour in early adolescents through three stages, namely when adolescents begin to know the meaning and benefits of behaviour, the occurrence of attitudes or reactions that are still closed from individuals to existing stimuli, and when individuals begin to carry out what is known and addressed.²² Because of the strong emotional bonds and group conformity in adolescents, this is usually often considered as a factor that causes the emergence of new behaviour. So changes in behaviour due to conformity occur because of pressure from peers. It is identical to previous research that peer group conformity has a relationship with adolescent behaviour.²³

Conformity can affect adolescent reproductive health maintenance behaviour because adolescents are more involved with peers in their daily environment. It indicates that the emergence of reproductive health maintenance behaviour can be of high, moderate, or low value determined by the extent of conformity in adolescents. Conformity in groups does not

always lead to negative things. However, conformity can also lead to good things, as happened in the early youth of female students at the Jember and Situbondo Islamic Boarding Schools, which has a positive correlation direction, meaning that the higher the peer conformity value, the higher reproductive health maintenance behaviour. The conformity that occurs leads to things that have positive value because adolescents and their peers have equal knowledge and are supported by a conducive youth environment, so adolescents and peers are required to behave in a way that does not deviate, especially in reproductive health maintenance behaviour. This research has limitations; notably, the sensitive nature of the topics discussed in this study may have made some female students feel uncomfortable, which could influence their responses. Additionally, the Islamic boarding school selected for this research is of a traditional type where discussing women's reproductive health is often considered a taboo subject.

Conclusions

Peer conformity is related to reproductive health maintenance behaviour in early adolescent girls at Islamic boarding schools. The School Health Unit's program in Islamic boarding schools needs to facilitate adolescents in terms of maintaining reproductive health, such as providing information about personal hygiene after urinating and defecating, the practice of maintaining vaginal hygiene during menstruation, and providing special classes for female students for inter-group discussions related to reproductive health.

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Table 1. Frequency distribution of respondent characteristics at Islamic boarding schools (n=165).

Participant characteristics	n	%
Age (years)		
11	1	0.6
12	17	10.3
13	51	30.9
14	96	58.2
Menarche (years)		
10	6	3.6
11	28	17
12	74	44.8
13	57	34.5
History of adolescent vaginal discharge		
Once	165	100.0

Never	0	0.0
History of leucorrhea infection		
Once	0	0.0
Never	165	100.0
Reproductive health information		
Once	165	100.0
Never	0	0.0
Sources of reproductive health information		
Islamic boarding school	122	73.9
Friend	18	10.9
Social media/internet	25	15.2
Peer conformity		
Low	31	18.8
Medium	107	64.8
High	27	16.4
Reproductive health maintenance		
Less	7	4.3
Enough	90	54.5
Good	68	41.2
Total	165	100.0

Table 2. Relationship between peer conformity and reproductive health maintenance behaviour of female adolescents at Islamic boarding schools (n=165).

	Reproductive health maintenance behavior	
Peer conformity	Pearson correlation	0.341
	Sig. (2-tailed)	0.001
	N	165