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The Role of Family-Based Health Education in Preventing Adolescents Diseases

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ABSTRACT

The health of adolescents, both globally and in Indonesia, has become a serious concern due to the rising prevalence of conditions such as obesity, diabetes, and mental health disorders. Contributing factors include lifestyle habits and a lack of health knowledge. Health education within the family environment is considered essential for preventing diseases among adolescents. This study aims to examine the extent to which family health education (variable X) influences disease prevention among adolescents (variable Y). The study population consists of 1,000 parents in the city of Medan, with a sample size of 120 respondents. Simple linear regression analysis was used to assess the impact of family health education on adolescent disease prevention. The findings indicate that family health education has a significant and positive influence on preventing diseases in adolescents, with a T-value of 2.508 and a significance level of 0.019 ($p < 0.05$). The better the health education within the family environment, the more effective disease prevention efforts are among adolescents. In conclusion, families play a vital role in supporting adolescent health through health education.

INTRODUCTION

Adolescent health issues, both physical and mental, have emerged as increasingly significant public health concerns worldwide, including in Indonesia. According to the World Health Organization (WHO), approximately 15% of adolescents aged 10–19 globally suffer from mental health disorders, contributing to 13% of the global disease burden in this age group (1). This means that around 13% of the global burden of disease among adolescents is due to mental disorders. Results of a national survey adolescent health issues, both physical and mental, have emerged as increasingly significant public health concerns worldwide, including in Indonesia. According to the World Health Organization (WHO), approximately 15% of adolescents aged 10–19 globally suffer from mental health disorders, contributing to 13% of the global disease burden in this age group. The most common disorders included anxiety (3.7%), followed by major depression (1.0%), behavioral disorders (0.9%), and PTSD and ADHD (0.5%). These figures highlight a concerning prevalence of mental illness among Indonesian adolescents.

In addition to mental health issues, physical diseases pose significant risks for adolescents. Each year, it is estimated that there are 333 million new cases of treatable sexually transmitted infections (STIs) globally. Adolescents, particularly those aged 15–19, are among the most vulnerable groups. WHO reports that one in every twenty adolescents is infected with an STI annually, excluding HIV and other viral infections (3). Individuals aged 15–24 account for approximately 53% of all reported STI cases, making them the group most affected (4). Chlamydia is the most common STI, with 62% of all new cases occurring among adolescents (3). Moreover, there has been a significant increase in gonorrhea and syphilis cases among adolescent girls aged 15–24 (5). These data emphasize the urgent need for effective health education and intervention.

Adolescence represents a highly vulnerable stage of life, marked by substantial physical, emotional, and social transitions. During this phase, adolescents begin to explore their identity, face peer pressure, and make life choices while possessing a limited understanding of the associated risks and consequences (6). Therefore, appropriate guidance is essential, especially from schools, communities, and, most importantly, the family. The family environment plays a crucial role in shaping adolescents' health behaviors (7). However, many families remain unaware of their role in disease prevention, underscoring the need for increased awareness and engagement in family-based health education (8). Family health education encompasses the dissemination of information on healthy lifestyles, disease prevention, and the development of positive attitudes toward health. As the primary

social unit influencing an individual's development, the family instills values that often persist into adulthood and inform long-term health behaviors (9).Therefore, the family's role in health education is fundamental, as it serves as a key source of knowledge and emotional support for adolescents (10,11). When families are able to provide accurate and relevant health information, adolescents are better prepared to confront and manage the health challenges they encounter. Unfortunately, many families in Indonesia have not fully recognized their role in providing appropriate health education to their children. This lack of awareness can contribute to adolescents engaging in high-risk behaviors, such as unprotected sexual activity, substance abuse, or poor mental health management. The absence of adequate knowledge and skills in health education within the family context may result in adolescents adopting risky behaviors that negatively affect their overall well-being.

In Indonesia, the role of families in providing health education to adolescents is often suboptimal. Many parents remain unaware of the significance of their role in guiding their children on critical health issues, resulting in a large number of adolescents growing up without adequate knowledge of how to independently maintain their health (12,13). One of the primary challenges faced by families in delivering health education to adolescents is the lack of access to valid and reliable information. In today's digital era, health-related information is easily accessible through the internet (14). While this accessibility offers advantages by enabling the public to acquire knowledge more conveniently, much of the information available is inaccurate and potentially misleading (15,16). Adolescents exposed to misinformation particularly on sensitive topics such as reproductive health or mental health are at risk of making poor health decisions, which may have long-term detrimental effects (16)(17).

This phenomenon is evident in the growing number of adolescents who obtain inaccurate information about reproductive health from unreliable sources, such as online forums that are not moderated by qualified professionals. As a result, they fail to recognize the risks associated with unsafe sexual behavior, which in turn increases their vulnerability to sexually transmitted infections (STIs) or unintended pregnancies (17,18). Similarly, in the context of mental health, a lack of understanding about how to manage stress or depression may lead adolescents to adopt unhealthy coping mechanisms, such as the use of addictive substances as a form of escape (19).

The lack of effective communication within the family is also one of the major barriers to delivering appropriate health education to adolescents. Many families in Indonesia still feel uncomfortable or consider it taboo to discuss certain health issues with their children, particularly those related to reproductive health (20,21). This often causes adolescents to feel reluctant to talk to their parents about the health problems they are experiencing, leading them to seek information from alternative sources that may not always be reliable. When family communication is not open, adolescents tend to face their health challenges alone, without the emotional support and guidance they should be receiving from their parents (22,23). In this context, family-based health education plays a crucial role in providing adolescents with a comprehensive understanding of various aspects of health. Health education not only involves disease prevention, but also the promotion of a healthy lifestyle, the ability to manage stress, and strategies for maintaining mental well-being (24,25). Parents who are well-informed about adolescent health issues are more capable of providing appropriate guidance, thereby better preparing their children to face diverse health challenges. Conversely, parents who lack the necessary knowledge or skills to deliver health education may put their children at risk of being unprepared to handle such challenges (26).

This is consistent with findings from a study conducted in Malang, which revealed that parental involvement in introducing reproductive health behavior plays a critical role in preventing adolescents' misunderstanding that may lead to engagement in risky sexual behaviors (27) . Such involvement requires effective and positive communication skills in order to foster a constructive understanding of reproductive health. Cultural factors may also influence the openness of communication regarding reproductive health issues. Therefore, health literacy is essential for parents to serve as effective guides in the development of adolescents' reproductive health. In line with these findings, another study aimed to examine the influence of adolescents' knowledge and the role of parents in providing reproductive health information on adolescents' attitudes toward reproductive health. The study found that parental involvement is significantly associated with adolescents' understanding of reproductive health, with a significance value of 0.046 for parental role and 0.041 for knowledge level. These results indicate that information received from parents contributes positively to adolescents' reproductive health knowledge and

practices (28). According to data obtained from the Central Statistics Agency (BPS) of Medan City, several prominent diseases among adolescents were recorded in 2023. Tuberculosis (TB) was particularly notable, with more than 4,000 reported cases during the first half of the year alone. Type 1 diabetes also showed an upward trend, with over 1,500 cases recorded among adolescents. Furthermore, mental health issues such as anxiety and depression have become increasingly prevalent, affecting an estimated 15% of adolescents in the city or more than 10,000 individuals. Dengue Fever (DHF) also emerged as a major public health concern, with over 5,000 reported cases. These data clearly indicate that Medan City is facing serious health challenges among its adolescent population. Therefore, the author is motivated to investigate the role of family-based health education in preventing adolescent diseases. This study aims to examine the influence of health education within the family environment on the prevention of disease risks among adolescents in Medan City.

METHODS

This study was conducted in Medan City and involved parents of adolescents as research subjects. A quantitative approach was employed, utilizing a simple linear regression method to analyze the relationship between the independent and dependent variables. The objective of this study is to examine the extent to which health education within the family environment influences the prevention of diseases among adolescents (29). The population of the study consisted of 1,000 parents of adolescents residing in Medan City, with a simple random sampling technique applied. A total of 120 respondents were selected as the sample. The data collected were analyzed using simple linear regression to assess the influence of family-based health education on adolescent disease prevention. This regression analysis aimed to identify the strength and direction of the relationship between these variables and to determine whether health education in the family plays a significant role in reducing the risk of diseases among adolescents (30).

RESULT AND DISCUSSION

RESULT

Respondent Characteristic

Table 1. Distribution of Respondent Characteristics

Characteristic	Frequency (n)	Percentage (%)
Gender		
Male	64	53.33
Female	56	46.67
Age Group		
18-25 years	40	33.33
26-35 years	45	37.50
36-45 years	25	20.83
> 45 years	10	8.34
Education Level		
Junior High School	15	12.50
Senior High School	55	45.83
D3	20	16.67
Bachelor's Degree (S1)	25	20.83
Master's/Doctoral Degree (S2/S3)	5	4.17
Occupation		
Private Sector Employee	50	41.67
Civil Servant	30	25.00
Entrepreneur	25	20.83
Others	15	12.50

This study involved 120 respondents from various regions in Medan City. Based on gender, the majority of respondents were male, totaling 64 individuals (53.33%), while female respondents accounted for 56 individuals (46.67%). In terms of age group, the largest proportion of respondents fell within the 26–35 age range, comprising 45 individuals (37.50%), followed by those aged 18–25 with 40 individuals (33.33%), 36–45 with 25 individuals (20.83%), and over 45 years old with 10 individuals (8.34%). Regarding the highest level of education, most respondents had completed senior high school or its equivalent, with a total of 55 individuals (45.83%). Respondents holding a diploma (D3) numbered 20 (16.67%), while 25 individuals (20.83%) held a bachelor's degree (S1), and 5 individuals (4.17%) had completed postgraduate education (S2/S3). Respondents with junior high school or equivalent education totaled 15 individuals (12.50%). In terms of occupation, the largest category was private sector employees, with 50 individuals (41.67%). Civil servants accounted for 30 respondents (25.00%), entrepreneurs for 25 individuals (20.83%), and the remaining 15 respondents (12.50%) worked in other occupations, such as freelance or informal employment.

Validity Test

The validity test was conducted to ensure that the items and data used for hypothesis testing were derived from instruments that had already been validated. This assessment involved 120 respondents, consisting of parents of adolescents residing in Medan City

Table 2. Results of Validity Test

Variable	Item	r_{count}	r_{table}	Description
Health Education in the Family Environment	Frequency of Health Education	0.840	0.284	Valid
	Open Discussion about Health	0.790	0.284	Valid
	Family Role in Health Education	0.870	0.284	Valid
	Preventive Information from the Family	0.641	0.284	Valid
	Healthy Habits Taught by Family	0.770	0.284	Valid
Adolescent Disease Prevention	Knowledge of Disease Prevention	0.711	0.284	Valid
	Frequency of Preventive Actions	0.750	0.284	Valid
	Information from Family	0.732	0.284	Valid
	Importance of Prevention	0.880	0.284	Valid
	Family Support	0.860	0.284	Valid

An instrument is considered valid if the calculated r-value (r count) exceeds the critical r-value (r table). Based on Table 2, it is evident that all items for both the independent variable Health Education in the Family Environment and the dependent variable Adolescent Disease Prevention are valid, as each r count is greater than the r table value of 0.284. This confirms that the measurement instrument used in this study has successfully passed the validity test. Therefore, the instrument is considered reliable and can be confidently used for further analysis in this research.

Reliability Test

Reliability testing is conducted to determine whether the measurement instrument is dependable and consistent when used repeatedly. In this study, the Cronbach's Alpha method was employed to assess reliability, where a value greater than 0.6 indicates that the instrument is considered reliable. Table 3 presents the results of the reliability test processed using SPSS, demonstrating that the measurement tools used in this study are consistent and dependable for further analysis.

Table 3. Reliability Test Results

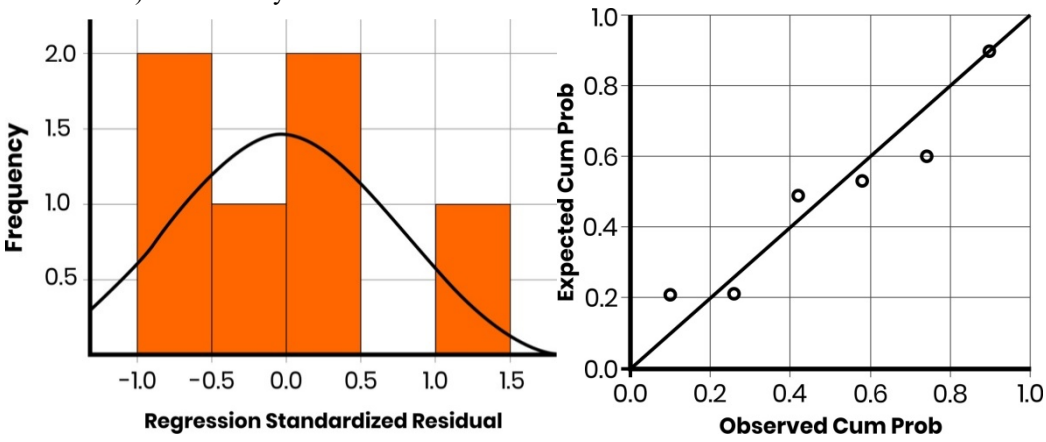
Variable	Croncbach's Alpha value	Description
Family-Based Health Education	0.732	Reliable
Adolescent Disease Prevention	0.810	

Table 3 demonstrates that all variables, both independent and dependent, are reliable and suitable for further analysis. This is confirmed by the Cronbach's Alpha values, all of which exceed the accepted threshold of 0.6. Specifically, the variable *Family-Based Health Education* has a Cronbach's Alpha of 0.732, while the variable *Adolescent Disease Prevention* records a value of 0.810. Since all these values are above 0.6, it indicates that the instruments used to measure these variables are highly reliable.

Classical Assumption Testing

Normality Test

The normality test, specifically the Kolmogorov-Smirnov test, was employed to ensure that the data for both the independent variable (Health Education in the Family Environment) and the dependent variable (Adolescent Disease Prevention) are normally distributed



Gambar 1&2. Normality Test Plot

The test results indicated an Asymp. Sig (2-tailed) value of 0.200, which exceeds the threshold of 0.05. This confirms that the data are normally distributed. Consequently, the regression model can be appropriately applied to assess the role of family-based health education in preventing adolescent diseases, without concerns regarding the violation of the normality assumption. This finding strengthens the validity and reliability of the study's results.

Multicollinearity Test

Regression models are considered acceptable when there is no multicollinearity among the independent variables. This condition is confirmed when the Variance Inflation Factor (VIF) is less than 10 and the Tolerance value is greater than 0.1. Based on the results presented in Table 5, the absence of multicollinearity among the variables indicates that each variable can be evaluated independently and accurately. This finding strengthens the validity of the regression model used in the study.

Table 4. Multicollinearity Test Results

Model	Collinearity Statistics	
	Tolerance	VIF
(Constant)		
Family-Based Health Education	.337	5,786

Independent Variable: Edukasi Kesehatan di Lingkungan Keluarga

Several factors influence the role of health education within the family environment in the prevention of adolescent diseases. One of the key factors is the health knowledge provided by the family. The education adolescents receive at home regarding healthy lifestyles, nutrition, hygiene, and physical activity is crucial; the higher the level of education received, the more likely adolescents are to understand how to prevent illness. In addition, emotional and psychological support from the family plays a significant role. Adolescents who feel

supported by their families are more motivated to adopt healthy behaviors, as the sense of security and care provided by the family enhances their receptiveness to health education. Another contributing factor is the health-related habits practiced within the household.

Healthy behaviors modeled by parents and other family members such as maintaining a balanced diet and engaging in regular physical activity serve as direct examples for adolescents, making it easier for them to adopt disease-preventive behaviors. Lastly, the family's access to accurate health information is also essential. Families with adequate access to up-to-date health information, whether through media or healthcare professionals, are more likely to provide relevant health education to adolescents. All of these factors are interconnected and highlight that the family environment through knowledge, support, and habitual practices plays a central role in aiding adolescents in disease prevention.

Coefficient of Determination (R^2)

The coefficient of determination provides an overview of the extent to which the variation in the dependent variable adolescent disease prevention is explained by the independent variable, namely health education within the family environment.

Table 6. Coefficient Determination (R^2)

Model	R	R Square	Adjusted R Square	std. Error of the Estimate
1	.789[a]	.607	.712	2.36652

a. Predictors: (Constant), Family-Based Health Education
b. Dependent Variable: Prevention of Adolescent Diseases

T test

The results of the t-test indicate that the variable of health education within the family environment has a positive and significant effect on adolescent disease prevention when tested individually, thus supporting the alternative hypothesis (H_a).

Table 7. Partial Test (T)

Model	T	Sign
(Constant)	1626	.112
Family-Based Health Education	2,508	.019

Dependent Variable: Prevention of Adolescent Diseases

DISCUSSION

The results of the partial T-test analysis indicate that the variable "Family-Based Health Education" has a significant effect on "Adolescent Disease Prevention," with a T value of 2.508 and a significance level of 0.019 ($p < 0.05$). These findings suggest that the better the health education provided within the family environment, the more effective the efforts in preventing diseases among adolescents. In other words, family-based health education positively contributes to adolescents' ability to prevent diseases. On the other hand, the constant value was found to be statistically insignificant (significance level of 0.112), indicating that the model does not significantly explain disease prevention among adolescents without considering the role of family-based health education. Therefore, health education within the family is a crucial factor that must be taken into account in efforts to prevent diseases in adolescents.

This result highlights that health education provided by the family has a significant influence on disease prevention in adolescents. The influence stems from the fact that the family is the first environment where adolescents learn about health and healthy behaviors. Information provided at home, such as maintaining hygiene, the importance of physical exercise, and healthy eating habits, serves as a foundational basis for adolescents to understand and implement disease prevention strategies.

Furthermore, family support extends beyond information to include emotional encouragement and care, which motivate adolescents to maintain their health. This variable is closely related to adolescent health behavior, as health education delivered by the family directly shapes the health-related actions of adolescents. Families that demonstrate concern for health through communication and role-modeling of healthy behaviors create a supportive environment for the adoption of disease prevention practices. The connection between family health education and adolescent disease prevention is strong, as adolescents rely on information, support, and modeling from their families to build healthy habits that impact their long-term well-being.

These findings are consistent with previous research by Yulianti et al. (2024), which emphasizes the crucial role of the family environment in child-rearing and developmental processes (31). During adolescence, families significantly influence character formation and mental health. Similarly, a study by Jefry, *et al*., (2023) supports this view, revealing that the family environment has a significant impact on adolescent personality development (32). Their research explains that adolescent personality is shaped through interactions with family members, particularly with parents and siblings. Individuals tend to adopt elements of their environment that align with their needs and preferences while discarding irrelevant influences. Negative environmental influences, such as lack of supervision or exposure to harmful behaviors, can contribute to problematic adolescent behaviors, including drug use, unprotected sexual activity, and criminal involvement (31).

CONCLUSION

Based on the results of the analysis, it can be concluded that family-based health education has a significant and positive influence on adolescent disease prevention. This is evidenced by the partial test results, which yielded a T-value of 2.508 with a significance level of 0.019 ($p < 0.05$). This indicates that the better the health education provided within the family, the more effective the efforts to prevent diseases among adolescents. Therefore, health education in the family environment is a key factor contributing to increasing adolescents' awareness and ability to prevent illness. This study reinforces the importance of the family's role as one of the primary agents of health education in efforts to prevent disease in adolescents.

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