

# Personality and Motivation to Live Healthily in Relation to Understandings of Reproductive Health

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The objective of this research is to identify and examine the effects of Personality (P) and Motivation to Live Healthily (MLH) in relation to an Understandings of Reproductive Health (URH). An ex post facto method has been used by selecting twenty-three samples for each cell. The reliability of P was 0.929, of MLH .879 and URH.89. Data was analysed by two-way ANOVA. Research results revealed that there was understanding of reproductive health significant difference between those students who have most motivation to live healthy lives compared a motivation to live a low healthy life. Moreover, there was a significant interaction effect between personality and motivation to live healthily given an understanding of reproductive health.

**Key words:** *Personality, motivation, and live healthy on understanding of reproductive health.*

## Introduction

As a developing country, Indonesia comprises the fourth biggest population of 258 million inhabitants, equivalent to 3.5% of the world's population (data from United States of America, Department of Commerce). Such a high population is of serious concern because of extreme mortality rates as a result of obstetric difficulties or diseases related to reproductive health. This mortality rate is comparable to that caused by malignant cancers. According to a report from National Basic Health Research (Riskesdas) of Health Research and Development Agency, Ministry of Health, Republic of Indonesia, December 2008, obstetric and reproductive mortality rates for people aged 15-44 is still high at 5,4%. This statistic equates to mortality rates caused from disease. The international community discussed the challenges of population in September 1994 in Cairo, where 184 countries gathered to plan an equality between human

life and existing resources. For the first time, an international agreement on population focused on reproductive health and women's rights as a central theme.

Problems related to reproductive health are brought about by a lack of information, understanding and awareness and many teenagers experience these cases. There are many underlying factors related to this, from understanding the need to maintain cleanliness of the reproductive organs to understanding the reproductive processes and the impact of irresponsible behaviour such as unwanted pregnancy, abortion, transmission of sexually transmitted diseases including HIV/AIDS.

With regard to data from the Health Research and Development Agency of the Ministry of Health of the Republic of Indonesia and based on the 2008 National Basic Health Research, it is clear that Indonesian teenagers' knowledge is still slight concerning the problem of HIV/AIDS. From those aged 15-24 years, only 63.2% of them know about HIV/AIDS and 14.2% is known about transmission. This minimal understanding is also shown by DKI Jakarta Province about HIV/AIDS knowledge (data from United States of America, Department of Commerce).

Results of research relating to personality, motivation for healthy living and understanding of reproductive health were presented by Debra A. Major, Jonathan E. Turner, and Thomas D. Fletcher (2006) in *Linking Proactive Personality and the Big Five to Motivation to Learn and Development Activity*. The results of this study indicate that proactive personality, in part, consists of only five major aspects, which accounts for 26% of the variance. Structural equation modelling results show that proactive personality, openness, extraversion, and awareness can predict learning motivation (Debra A. Major, Jonathan E. Turner, and Thomas D. Fletcher, 2006).

Research by Annette L. Stanton *et.al* (2002) entitled; *Psychosocial Aspects of Selected Issues in Women's Reproductive Health: Current Status and Future Directions* concluded that a substantial individual variability exists and that most women are able to adapt well to changes in reproductive health (Annette L. Stanton *et.al*, 2002).

Another body of research carried out by Carey J. Fitzgerald (2009) entitled *Altruism and Reproductive Limitations* show that various types of functional reproductive limitations (*schizoid* personality disorder and *schizophrenia*), physical (*malnutrition*), and sexual (*bisexuality and homosexuality*) influence altruistic intentions towards individuals. This study indicates that there is a tendency to help healthy people over people who have reproductive limitations. From the three types of reproductive limitations, functional limitations have the strongest effect on altruistic decision making, which is indicated by the symptoms of people not likely to help people with abnormal social behaviour.

Based on the relevant research above, it can be synthesised that the research is focused on (i) proactive personality, openness, extraversion, and awareness can predict learning motivation; (ii) the variability of women's individual capability to adapt from changes in reproductive health; (iii) reproductive functional limitations affect altruistic intentions towards individuals and; (iv) social motivation is a fundamental factor in providing a generative framework for considering the meaning and implications of individual differences. This study is different in that it examines students' understandings of reproductive health against the characteristics of the 'big five' motivators for healthy living.

This study proposes the following questions:

1. Is there any difference in understanding reproductive health between students who have *accurate personality* with the *inaccurate personality*?
2. Are there differences in student's understandings of reproductive health for those with a high healthy living motivation and those with a low healthy living motivation?
3. With regard to students with a high healthy life motivation, are there any differences in student's understandings related to reproductive health and those who have *accurate and inaccurate personalities*?
4. With regard to students with a low understanding of reproductive health, are there any differences in healthy living motivation between students who have accurate and inaccurate personalities?
5. Is there an influence of interaction between personality and motivation for healthy living towards student's understanding of reproductive health?

## Literature Review

### *Healthy Reproduction Understanding*

Gage and Berliner (1984) state that understanding is the ability to accept what has been communicated and to practice it without having to connect with other sources or see the implications. Bigge and Hunt (1988) explain that knowledge is the basis of understanding and that knowledge and understanding have a sharp, mutual relationship. Understanding requires truth in the right sense, a real understanding of everything and in certain situations is a meaning that shows the main goal or idea. Understanding is not the same as consciousness or the ability to explain verbally. Understanding is a description or a feeling that motivates a life situation.

Understanding is necessary in learning activities because understanding is not just knowing, but also so employing learning materials an individual has acquired. Bigge dan Hunt (1988) states that 'a person understands any an object, process, idea or fact if the (or she) sees how it can be used to fulfil some purpose or goal.'

Bigge dan Hunt goes on to state that *'the degree of one's understanding is always relative.'* Clearly, individual activity about knowing how a computer can be used to type and store data, shows that the individual has begun to understand the functions of that device. However, if they wants to use it with good results, then they must know how to use it competently and efficiently. Thus, if individuals want to understand something in depth, it requires deep knowledge about the object.

Guralnik (1988) argues that there are four notions of understanding, namely (i) the ability to see and truly understand everything in nature; (ii) specific real knowledge of things in nature; (iii) awareness of one's own mental attitude and behaviour; and (iv) self-confession of shortcomings and weaknesses. In order to explain an understanding of reproductive health, we need to pay attention to reproductive health issues. These issues gained world attention, as discussed, at the *International Conference on Population and Development (ICPD)* forum in Cairo, Egypt in September 1994. In the ICPD action program, aspects of the scope of reproductive health included a range of services.

The ICPD forum defined reproductive health as a state of complete physical, mental and social health (not just the presence of disease and weakness) in all matters relating to the reproductive system, its functions and processes. In light of this definition, reproductive health implies that people can have a satisfying and safe sex life and reproduce where and whenever they choose. Implicit in this last condition is the right of men and women to obtain information and have access to family methods that are supportive, effective, affordable and acceptable. This also relates to options and preferred methods for regulating fertility that are not contrary to law. They must also have the right to access appropriate health services, thus allowing women to remain safe through pregnancy and childbirth in order to deliver a healthy baby.

Zimbardo, Philip G, Richard J. Gering. 1996 state that, essentially:

Human beings are clearly sexual beings, the area of human sexuality is often misunderstood and reduced to being synonymous with sexual intercourse. Human sexuality is, therefore, seldom discussed among reproductive health professionals, let alone incorporated into reproductive health programs. And yet, the majority of threats to reproductive health are not attributable to pathogens, lack of medicines and poor health services alone. They are equally rooted in sexual relationships that are negatively influenced by gender-biased societal norms.

Furthermore, in an effort to consider the advantages and disadvantages of reproductive health, Zimbardo, Philip G, Richard J. Gering. 1996 divide the six dimensions of sexuality into specific

categories: (i) sensuality, (ii) intimacy, (iii) reproductive health, (iv) sexual identity, (v) sexual socialisation, and (vi) sexual orientation.

## Personality

When we talk about personality, we talk about what makes that person unique; a trademark that distinguishes themselves from others. Personality is a collection of several characteristics such as responsibility, courtesy and quietness and used to describe people having a "good personality". According to Frederick Rhodewalt (2008), personality is a complex cognitive organisation that influences behaviour:

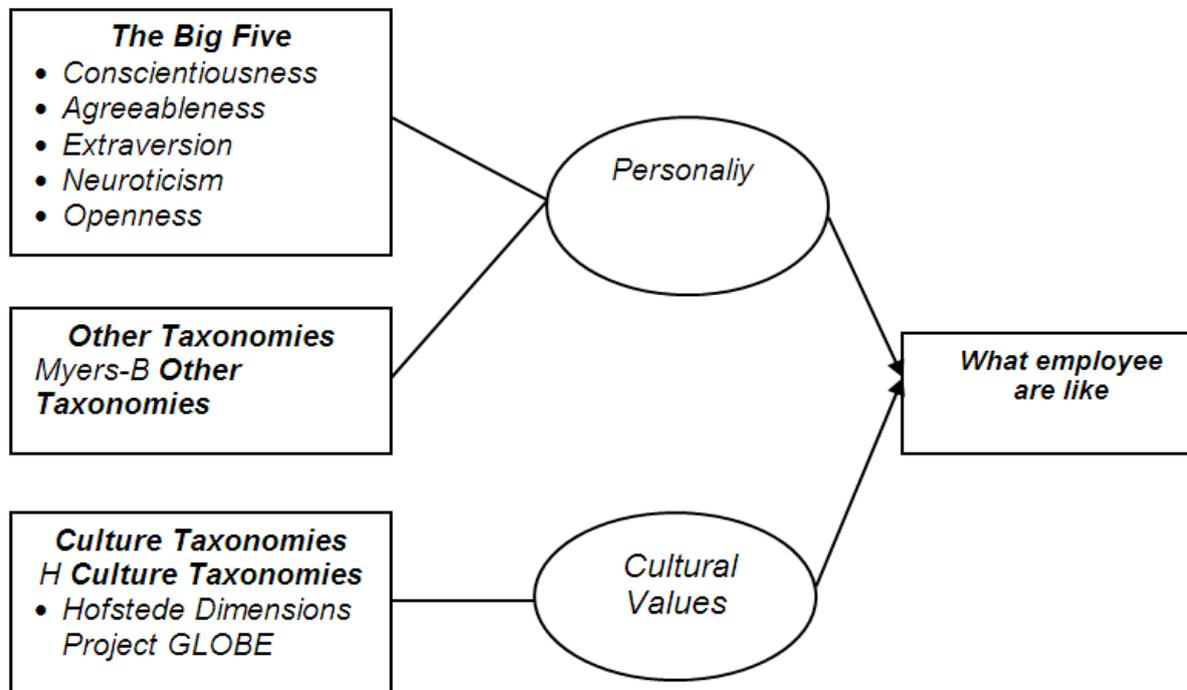
Personality is the complex organization of cognitions, affects and behaviours that gives direction and pattern (coherence) to the person's life Personality consists of both structures and processes and reflects both nature (genes) and nurture experience.

Characteristics of personality types are a function of the environment. One important part of the environment is the cultural equality in which humans are raised. Cultural values are defined as shared beliefs about the state of the country or code of ethics in a particular culture. Personality types include awareness, friendliness, neuroticism, openness to experience, and extraversion.

Colquitt, LePine dan Wesson (2009) state in *The Big Five Model Personality* that there are five dimensions that underlie human personality. These include conscientiousness, agreeableness, neuroticism, openness, and extraversion. The five personality dimensions can be measured through indicators: *conscientiousness* (reliable, organisational, trustworthy, ambitious, hardworking and diligent); *agreeableness* (kind, cooperative, sympathetic, helpful, polite and warm); *neuroticism* (nervous, moody, emotional, alert, restless, and irritable); *openness* (curious, delusional, creative, inferior, polite, and smart) and; *extraversion* (talkative, sociable, passionate, assertive, brave, and powerful).

Personality is unique between individuals. Various definitions of personality exist and have been constructed by experts in the field through theoretical perspective and specific research methodologies. One such definition is provided by Luthan (2008) who states that 'personality will mean how people affect others and how the understand and view themselves, as well as their pattern of inner and other measurable traits and person – situation interaction.' Clearly, personalities are formed based on interactions with the environment that creates a uniqueness between each person. Personality is formed by the way in which people influence others as well as how they understand and view themselves.

**Image 2.1** below illustrates culture and personality in describing an individual's psychology. Developed by Colquit, LePine dan Wesson (2013):



### Healthy Life Motivation

John W Atkinson (1975) confirmed that '*motive is the reintegration by a cue of a change in an affective situation.*' This means that motives are defined as a tendency for changes in the state of one's attitude, starting from self-encouragement and ending with self-adjustment to a better situation. The element of effort is intensity. If someone is motivated, he or she will endeavour to be stronger. The possibility of a high level of effort leads to favourable performance results, unless the effort is channelled in a direction not beneficial to the organisation. It is important to consider the quality of effort and its intensity of application. Efforts that are directed and consistent with organisational goals are types for which we should strive. Finally, motivation can be seen as a process of fulfilling needs.

According to Tory Higgins (2012), motivation is goal-oriented energy. It is 'the notion of motivation as all-purpose energy that can then be directed and bring different images to mind. One image is igniting the fuel in your car and then guiding the car to a destination.'

Maslow (1954) confirmed that needs are arranged in a hierarchy. The level of need from the lowest are (a) physiological needs (*physiological needs*); (b) safety and security needs; (c) the

need for ownership, social and love (*social needs*); (d) the need for esteem/ego (*esteem needs*); and, the highest level of needs, (e) the need for self-actualisation.

There are three motivational characteristics of an individual to act in accordance with the object to be achieved: (i) intensity; linking weak and strong impulses to determine individuals to behave; (ii) give directions (*giving directions*); the appointment of individuals in avoiding or carrying out certain behaviours; (iii) persistence or the tendency to repeat behaviour continuously. On the other hand, Higgins (2012) argues that success and failure involve several goals, or needs, whether fulfilled or satisfied (success) or unfulfilled (failed) with the choice made. Making "good" choices is effective ("successful") and making "bad" choices is ineffective ("failure"). He states that:

Humans as living things have a variety of needs, both material and psychological. Generally, every need requires fulfilment. Behind the fulfilment efforts there is always a motive that drives it and it is a natural for every human being, that in him there are impulses to do something, for example 'the urge to want to know' about something. The driving force to do something is often called the 'motive'.

Given the statement above, the meaning of health is broad as a person is not only seen through the physical body but also through the soul/mentality. Economic pressures have affected individuals' mental health. This can be seen from the high numbers of unemployed people, cost of living increases, unavailability of employment opportunities and the absence of capital for entrepreneurship. Together, these trigger social insecurity in the form of theft, robbery, fraud and other forms of public illness. Mental illness has a profound effect on environmental damage, because mentally unhealthy individuals will encourage someone to behave badly. Subsequently, this motivates individuals to survive. Healthy conditions depend not only on social conditions, environmental factors and individual resistance to disease but on the psychological state of each individual (T. Abelin, Z.J. Brzezinski., And Vera D.L. Carstairs, 1987).

## **Research Methods**

This study uses a quantitative and ex post facto approach with a 2 x 2 factorial design to examine the interrelationship and influence between research variables and measures. Additionally, this investigation examines three variables, one of which is a dependent variable and the other two independent variables. In this research, students' understandings of Reproductive Health (RH) is considered a dependent variable (Y). While the independent variables are (1) personality (A), which is accurate personality (A1); and inaccurate personality (A2). The second independent variable is (2) healthy life motivation characterised by high motivation (B1); and (B2) characterised by low motivation.

The data analysis technique is one of descriptive statistics in the form of average, median, mode and cumulative frequency distribution. Data is displayed in the form of frequency distributions and histograms. A Requirements Analysis Test was carried out prior to a regression analysis. These tests were the Normality Test and the Homogeneity Variance Test. A hypothesis test using ANAVA 2x2 and the Tukey Test, was conducted after the prerequisite tests.

The statistical hypotheses to be tested are provided below:

1.  $H_0 : \mu A_1 = \mu A_2$   
 $H_1 : \mu A_1 \neq \mu A_2$
2.  $H_0 : \mu B_2 = \mu B_1$   
 $H_1 : \mu B_2 \neq \mu B_1$
3.  $H_0 : \mu A_1B_1 \leq \mu A_2B_1$   
 $H_1 : \mu A_1B_1 > \mu A_2B_1$
4.  $H_0 : \mu A_2B_2 \leq \mu A_1B_2$   
 $H_1 : \mu A_2B_2 > \mu A_1B_2$
5.  $H_0 : \text{interaction } A \times B = 0$   
 $H_1 : \text{interaction } A \times B \neq 0$

Remarks:

$\mu A_1$  = Average score of understanding of RH from students with *accurate personality*

$\mu A_2$  = Average score of understanding of RH from students with *inaccurate personality*

$\mu B_1$  = High Motivation group of students.

$\mu B_2$  = Low Motivation group of students.

$\mu A_1B_1$  = Average score of *accurate personality* students with high healthy life motivation in understanding RH.

$\mu A_2B_1$  = Average score of *inaccurate personality* students with high healthy life motivation in understanding RH.

$\mu A_1B_2$  = Average score of *accurate personality* students with low healthy life motivation in understanding RH.

$\mu A_2B_2$  = Average score of *inaccurate personality* students with low healthy life motivation in understanding RH.

Interaction  $A \times B$  = Interaction of personality and healthy life motivation towards RH understanding.

**Table 1:** Research Design

		<i>Personality (A)</i>	
		<i>Accurate (A<sub>1</sub>)</i>	<i>Inaccurate (A<sub>2</sub>)</i>
Motivation (B)	High (B <sub>1</sub> )	A <sub>1</sub> B <sub>1</sub>	A <sub>2</sub> B <sub>1</sub>
	Low (B <sub>2</sub> )	A <sub>1</sub> B <sub>2</sub>	A <sub>2</sub> B <sub>2</sub>

Relevant information:

A = *Personality*

A<sub>1</sub> = *Accurate Personality* group of students

A<sub>2</sub> = *Inaccurate Personality* group of students

B = *Motivation*

B<sub>1</sub> = *High Motivation* group of students

B<sub>2</sub> = *Low Motivation* group of students

A<sub>1</sub>B<sub>1</sub> = *Accurate Personality* with the high motivation group of students

A<sub>2</sub>b<sub>1</sub> = *Inaccurate Personality* with the high motivation group of students

A<sub>1</sub>b<sub>2</sub> = *Accurate Personality* with the low motivation group of students

A<sub>2</sub>b<sub>2</sub> = *Inaccurate Personality* with the low motivation group of students

## Results and Discussion

**Table 2:** Two-Way ANOVA:

Source of Variance	df	Sum of Squares	Mean Square	F <sub>count</sub>	F <sub>tablel</sub> □		
					□□ □□0 .05	□□□ 0.01	□□□ 0.001
Corrected Model	3	15614	5204.7	32.770***	2.95	4.57	7.19
Corrected Total	55	23873	434.06				
<i>Personality</i> Effect (A)	1	9360.2	9360.2	58.934***	4.16	7.53	13.29
Motivation Effect (B)	1	2605.786	2605.786	16.406***			
Interaction A*B	1	3648.2	3648.2	22.970***			
<b>Total</b>	<b>56</b>	<b>1.298.918</b>					

**Table 3:** Tukey Test Result

The Group being Compared	Q <sub>calculation</sub>	Q <sub>table</sub>	Information
A <sub>1</sub> B <sub>1</sub> with A <sub>2</sub> B <sub>1</sub>	34,4	4,05	Significant
A <sub>1</sub> B <sub>2</sub> with A <sub>2</sub> B <sub>2</sub>	14,29	4,05	Significant

### Analysis for H<sub>1</sub>

Based on the table above, the value of  $F_{count} = 58,934$  while  $F_{table} = 13.29$  at  $\alpha = 0.001$ . The results of the study present significant differences in understandings of reproductive health between students who have accurate and inaccurate personalities. There are four interpretations of 'understanding': (i) the ability to see and truly understand everything in nature; (ii) specific real knowledge of things in nature; (iii) self-awareness of one's mental attitude and behaviour; and (iv) self-recognition of deficiencies and weaknesses (David B. Guralnik, 1988).

Students' understanding of reproductive health is an individual's ability to utilise what they have understood to achieve certain goals or intentions related to physical, mental and social health in all matters of the reproductive system. Physical, mental and social health are three aspects that influence the formation of personality. However, the dominant aspects of students' understandings of reproduction is the formation of different personalities for each individual.

The link between students' understandings of reproductive health and personality can be seen in the five dimensions of personality, including openness to experience. According to Colquit, LePine and Wesson (2013), '*open people are curious, imaginative, creative, complex, refined, and serious, imaginative, creative, complex, refined, and sophisticated*' (David B. Guralnik, 1988). Openness to experience is one's tendency to describe the extent to which they have an interest in life journeys. The attitudes contained in the person comprise curiosity, imagination, creativity, complication, refinement and modernity and are affected by various problems and insights. They are happy with all new information, like to learn something new, and are good at creating activities that are out of the ordinary.

Humans are social beings who have different physical and psychological characteristics. This variable determines the similarities and differences in individual behaviour (thoughts, feelings and actions) and is influenced by time. It cannot be easily understood as a single social and biological outcome.

### **Analysis for H<sub>2</sub>**

The value of  $F_{count} = 16406$  while for  $F_{table} = 13.29$  at  $\alpha = 0.00$ . These results demonstrate a very significant difference between students' understandings of reproductive health with regard to a high healthy living motivation and a low healthy living motivation.

Health can be interpreted as an effort to develop general and specific strategies and tactics to minimise a person's risk for illness (Philip G. Zimbardo, Richard J. Gering, 1996). Azwar distinguishes two categories; (i) making corrections to minimise or modify the occurrence of hazards from the environment on the health and well-being of human life and, (ii) preventing the sense of streamlining the regulation of environmental resources to improve the health and well-being of humans so as to avoid danger (Azrul Azwar, 1996). When individuals act in a certain way, the strength of that action is followed by a certain output of individuals. If the output referred to is health then, in terms of healthy living, they have high a motivation level. As explained, the tendency to act is based on motives and to achieve high degrees of healthy life, a high personal motivation must exist.

To achieve healthy living, a person needs to have the ability to understand personal problems, especially those related to the reproductive system. This is needed to understand the importance of reproductive health. Goals and purposes related to physical, mental and social health conditions affect human reproduction, as does sexuality. Thus, it is deduced that there are differences in students' understandings of reproductive health and a healthy life motivation.

### **Analysis for H<sub>3</sub>**

Based on Table 3 above, the value of  $Q_{count} = 34.4$  while the value of  $Q_{table} = 4.05$ . Subsequently, the results of the study aim to show students that there are apparent differences in the relationship between a healthy lifestyle and understandings of sexual health and reproduction.

An unsatisfied need creates tension which, in turn, stimulates impulses within the individual. This drive gives rise to a search behaviour to discover certain goals which, if met, will fulfil their needs and encourage reduction in self-tension. Can it be assumed that motivated students are in a tense state? To relax this tension, they made an effort. The greater the tension, the higher the level of effort. If this effort fulfils its needs, then stress will be reduced. As we are concerned with work behaviour, the reduction of stress must also be directed towards school goals. Tory Higgins (2012) claims that motivation can be an energy that can lead to a goal and states that 'the notion of motivation as all-purpose energy that can then be directed brings different images to mind. One image is igniting the fuel in your car and then guiding the car to a destination.'

Maslow (1954) proposed that needs are arranged in a hierarchy. The level of need from the lowest are: (a) physiological needs; (b) safety and security needs; (c) the need for ownership, social and love (*social needs*); (d) the need for esteem/ego and; the highest level of needs, (e) the need for self-actualization. There are three main motivational characteristics or individual forces that act in accordance with attraction or objective attainment. These are (i) intensity - associating weak and strong impulses causes certain individuals to behave; (ii) giving directions; the act of individuals avoiding or carrying out certain behaviours; (iii) persistence or the tendency to repeat a behaviour continuously.

Humans, as living things, have a variety of needs, both material and psychological. Every need generally requires fulfilment. To be fulfilled, there is always a motive that drives it and it is natural for every human being. Human beings are impulsive creatures who act in different ways and for different reasons, such as ‘the urge to want to know’ about something. The driving force to do something is often called the "motive".

A healthy life is the goal of every human beings and all human activities require conditions for life goals to be achieved. Healthy living conditions can be achieved by certain efforts. There are many efforts to improve public health, but the most noteworthy centres on environmental health efforts. Environmental health is are environmental conditions and occurrences that affect health quality. Great efforts exist to manage the environment in such a way that human health can be improved. In achieving healthy life goals, a person needs to have the ability to understand personal health problems, especially those related to the reproductive system. This is needed so that specific goals or intentions related to physical, mental and social health can be achieved.

Higgins (2012) attests that individual physical differences cannot be a measure to distinguish each personality. He states that:

Individual differences alone do not reveal personality because differences in eye colour or height are individual differences and yet they typically are not considered to reveal personality. Still, the issue of personality would not even arise if individual differences were not somehow a factor. For most of us, individual differences in walking speed - “fast” walkers and “slow” walkers - would not, by itself, constitute a personality difference. I believe that the individual differences that reveal personality are those that reflect motivated preferences and biases. Specifically, personality is revealed through motivated preferences and biases in the ways that someone sees the world and copes in the world.

Higgins believes that individual differences in personality represent motivational preference and biases. Specifically, personality is revealed through preferences and motivational biases in how one sees the world. Therefore, to achieve the goal of maintaining environmental status and health, different understandings and encouragements among individuals is needed. Physical differences cannot be a measure in distinguishing one's personality and yet motivational power is preferred in the way a person fulfils his needs. It can be reasoned that there are differences in understanding of reproductive health between students with accurate and inaccurate personalities in a groups of students with a high healthy life motivation.

#### **Analysis for H<sub>4</sub>**

Based on Table 3 above, the value of  $Q_{count} = 14.29$  while the value of  $Q_{table} = 4.05$ . The results of the study relate to students with low understandings of reproductive health. Differences exist in students who have a higher motivation for healthy living with respect to students who have an accurate and an inaccurate personality.

LePine and Wesson's (2013) The Big Five theory claims that personality comprises certain characteristics. There are five dimensions that build a human's personality: *conscientiousness*, *agreeableness*, *neuroticism*, *openness* and *extraversion*. Furthermore, the five personality dimensions can be measured through indicators: *conscientiousness* (reliable, organizational, trustworthy, ambitious, hardworking and diligent); *agreeableness* (kind, cooperative, sympathetic, helpful, polite and warm); *neuroticism* (nervous, moody, emotional, alert, restless, and irritable); *openness* (curious, delusional, creative, inferior, polite, and smart) and; *extraversion* (talkative, sociable, passionate, assertive, brave, and powerful). These five characteristics are considered indicators of human behaviour.

There are three main motivational or characteristic reasons for an individual to act in accordance with the objectives of the goals: (i) intensity; linking weak and strong impulses to determine individuals to behave; (ii) *giving directions*; the appointment of individuals in avoiding or carrying out certain behaviours; (iii) persistence or the tendency to repeat behaviour continuously. Higgins (2012) on the other hand argues that success and failure involve several goals, or needs, whether fulfilled or satisfied (success) or not fulfilled (failed) with the choice made. Making 'good' choices effectively and making "bad" choices ineffectively is provided in the statement below"

:

It is true that the language of "success" and "failure" has been typically used more in the domain of performance than in other domains. In the domain of decision making, for example, the terms usually used are "good" or "bad" choices rather than "success" or "failure." But decision making, like other domains, involves some purpose, goal, or need that is either met/satisfied

(success) or not met/satisfied (failure) by the choice that is made. Making a “good” choice is being effective (a “success”) and making a “bad” choice is being ineffective (a “failure”).

Low emotional awareness and stability (neuroticism) are the best personality traits to predict individual performance in group work. It also becomes a measure of the individual's ability to achieve goals, whether they are goals that bring about success and/or failure. From this, it can be assumed that a difference of understanding in reproductive health exists for students with a low healthy life motivation with regards to *accurate* and *inaccurate personality*.

### **Analysis for H<sub>5</sub>**

The results obtained from the second hypothesis testing are null and the hypothesis consequently is rejected. With the rejection criteria H<sub>0</sub>: reject H<sub>0</sub> if the value of F<sub>count</sub> is greater than F<sub>table</sub> at the significance level  $\alpha = 0.001$ . So it is obtained that F<sub>count</sub> = 22.970 while for F<sub>table</sub> or at  $\alpha = 0.001 = 13.29$  thus F<sub>count</sub> > F<sub>table</sub> or 22.970 > 13.29. This demonstrates that there is a positive interaction between personality and motivation for healthy living on students' understanding of Reproductive Health and this can be interpreted as significant.

Understanding and knowing about the link between personality and motivation for healthy living and reproductive health is fundamental. The implication is that personality comprises characteristics based on physical activity and mental drive to achieve life goals. A person's personality becomes a dynamic organisation that determines individual characteristics of psychological and physiological systems.

Luthan (2008) states that ‘personality will mean how people affect others and how the understand and view themselves, as well as their pattern of inner and other measurable traits and person – situation interaction.’ Personality, then, is formed from an interaction with environment and creates uniqueness in each person. This interaction influences others and affects how they understand and see themselves. The interaction provides ways to measure inner and outer natures and the interactions between people. In other words, personality is an individual characteristic that is formed from responses and reactions to others in the environment. This relationship shows how a person thinks, feels, and behaves in accordance with underlying motives.

Higgins believes that individual differences that indicate personality types are personalities that motivate preferences and bias. Specifically, personality is reflected through preferences and motivational biases in how one sees the world. Therefore, different understandings of and encouragements for individuals is needed to achieving and maintain their environmental and

health status. Physical difference should not become a measure to distinguish one's personality; rather motivational power should be preferably considered in how a person fulfils and maintains their needs.

Students' understandings of reproductive health involve the cognitive ability and functions of an individual to achieve certain goals to do with the reproductive system and aspects of sexuality. Physical, mental and social health are three aspects that influence personality formation. However, students' understandings of reproduction in the formation of personality for each individual will be different. As a result, it is assumed that an interaction between personality and healthy life motivation on students' understanding of reproductive health exists.

## **Conclusions**

Based on the above analysis and discussion, the following conclusions are made:

1. Overall there are differences in understandings of reproductive health between students who have accurate and inaccurate personalities. From these findings it can be concluded that understandings of reproductive health is influenced by personality traits or characters of students. Understandings of reproductive health also differ between groups of students with accurate and inaccurate personality. From these findings it can be concluded that an understanding of reproductive health is influenced by personality levels.
2. There is a difference in the level of healthy life motivation between students who have a high understanding of reproductive health compared to students who have a low understanding of reproductive health.
3. With regards to students with a high healthy life motivation, accurate personality has a higher understanding of reproductive health than inaccurate personality. From these findings it can be concluded that the understanding of reproductive health is influenced by students' high healthy life motivations.
4. With regard to students with a low healthy life motivation, an understanding of the reproductive health of accurate personality is better than inaccurate personality. This means that students with low healthy life motivation, understanding reproductive health with an extroversion personality is the same as those who have an introversion personality.
5. The results demonstrated that there is an interaction effect between personality and motivation for healthy living on students' understandings of reproductive health.

Based on the conclusions made above, it can be determined that differences in reproductive health understandings is only influenced by the personality of the extroversion or introversion



if students have a high healthy living motivation. A difference case exists for students' with low healthy life motivations as differences in personality do not cause variances in their reproductive health understandings. This conclusion represents the uniqueness of the research undertaken.

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