



Indian Journal of Public Health Research & Development

An International Journal

SCOPUS IJPHRD CITATION SCORE

Indian Journal of Public Health Research and Development
Scopus coverage years: from 2010 to till date. Publisher:
R.K. Sharma, Institute of Medico-Legal Publications
ISSN:0976-0245E-ISSN: 0976-5506 Subject area: Medicine:
Public Health, Environmental and Occupational Health
CiteScore 2017-0.03
SJR 2017 - 0.108
SNIP 2017-0.047



Website:

www.ijphrd.com

Indian Journal of Public Health Research & Development

EXECUTIVE EDITOR

Prof. Vidya Surwade

Deptt. of Community Medicine, Dr Baba Saheb Ambedkar, Medical College & Hospital, Rohini, Delhi

INTERNATIONAL EDITORIAL ADVISORY BOARD

1. **Dr. Abdul Rashid Khan B. Md Jagar Din**, (*Associate Professor*)
Department of Public Health Medicine, Penang Medical College, Penang, Malaysia
2. **Dr. V Kumar** (*Consulting Physician*)
Mount View Hospital, Las Vegas, USA
3. **Basheer A. Al-Sum**,
Botany and Microbiology Deptt, College of Science, King Saud University,
Riyadh, Saudi Arabia
4. **Dr. Ch Vijay Kumar** (*Associate Professor*)
Public Health and Community Medicine, University of Buraimi, Oman
5. **Dr. VMC Ramaswamy** (*Senior Lecturer*)
Department of Pathology, International Medical University, Bukit Jalil, Kuala Lumpur
6. **Kartavya J. Vyasa** (*Clinical Researcher*)
Department of Deployment Health Research,
Naval Health Research Center, San Diego, CA (USA)
7. **Prof. PK Pokharel** (*Community Medicine*)
BP Koirala Institute of Health Sciences, Nepal

NATIONAL SCIENTIFIC COMMITTEE

1. **Dr. Anju D Ade** (Professor)
Community Medicine Department, SVIMS, Sri Padamavati Medical College, Tirupati,
Andhra Pradesh.
2. **Dr. E. Venkata Rao** (*Associate Professor*) Community Medicine,
Institute of Medical Sciences & SUM Hospital, Bhubaneswar, Orissa.
3. **Dr. Amit K. Singh** (*Associate Professor*) Community Medicine,
VCSG Govt. Medical College, Srinagar – Garhwal, Uttarakhand
4. **Dr. R G Viveki** (*Associate Professor*) Community Medicine,
Belgaum Institute of Medical Sciences, Belgaum, Karnataka
5. **Dr. Santosh Kumar Mulage** (*Assistant Professor*)
Anatomy, Raichur Institute of Medical Sciences Raichur(RIMS), Karnataka
6. **Dr. Gouri Ku. Padhy** (*Associate Professor*) Community and Family
Medicine, All India Institute of Medical Sciences, Raipur
7. **Dr. Ritu Goyal** (*Associate Professor*)
Anaesthesia, Sarswathi Institute of Medical Sciences, Panchsheel Nagar
8. **Dr. Anand Kalaskar** (*Associate Professor*)
Microbiology, Prathima Institute of Medical Sciences, AP
9. **Dr. Md. Amirul Hassan** (*Associate Professor*)
Community Medicine, Government Medical College, Ambedkar Nagar, UP
10. **Dr. N. Girish** (*Associate Professor*) Microbiology, VIMS&RC, Bangalore
11. **Dr. BR Hungund** (*Associate Professor*) Pathology, JNMC, Belgaum.
12. **Dr Sartaj Ahmad**, PhD Medical Sociology, *Associate Professor*,
Swami Vivekananda Subharti University Meerut UP India
13. **Dr Sumeeta Soni** (*Associate Professor*)
Microbiology Department, B.J. Medical College, Ahmedabad, Gujarat, India

NATIONAL EDITORIAL ADVISORY BOARD

1. **Prof. Sushanta Kumar Mishra** (Community Medicine)
GSL Medical College – Rajahmundry, Karnataka
2. **Prof. D.K. Srivastava** (*Medical Biochemistry*)
Jamia Hamdard Medical College, New Delhi
3. **Prof. M Sriharibabu** (*General Medicine*) GSL Medical College, Rajahmundry,
Andhra Pradesh
4. **Prof. Pankaj Datta** (*Principal & Prosthodontist*)
Indraprastha Dental College, Ghaziabad

NATIONAL EDITORIAL ADVISORY BOARD

5. **Prof. Samarendra Mahapatro** (*Pediatrician*)
Hi-Tech Medical College, Bhubaneswar, Orissa
6. **Dr. Abhiruchi Galhotra** (*Additional Professor*) Community and Family
Medicine, All India Institute of Medical Sciences, Raipur
7. **Prof. Deepti Pruthvi** (*Pathologist*) SS Institute of Medical Sciences &
Research Center, Davangere, Karnataka
8. **Prof. G S Meena** (*Director Professor*)
Maulana Azad Medical College, New Delhi
9. **Prof. Pradeep Khanna** (*Community Medicine*)
Post Graduate Institute of Medical Sciences, Rohtak, Haryana
10. **Dr. Sunil Mehra** (*Paediatrician & Executive Director*)
MAMTA Health Institute of Mother & Child, New Delhi
11. **Dr. Shailendra Handu**, *Associate Professor*, Pharma, DM (Pharma, PGI
Chandigarh)
12. **Dr. A.C. Dhariwal**: *Directorate of National Vector Borne Disease*
Control Programme, Dte. DGHS, Ministry of Health Services, Govt. of
India, Delhi

Print-ISSN: 0976-0245-**Electronic-ISSN:** 0976-5506, **Frequency:** Quarterly
(Four issues per volume)

Indian Journal of Public Health Research & Development is a double blind peer reviewed international journal. It deals with all aspects of Public Health including Community Medicine, Public Health, Epidemiology, Occupational Health, Environmental Hazards, Clinical Research, and Public Health Laws and covers all medical specialties concerned with research and development for the masses. The journal strongly encourages reports of research carried out within Indian continent and South East Asia.

The journal has been assigned International Standards Serial Number (ISSN) and is indexed with Index Copernicus (Poland). It is also brought to notice that the journal is being covered by many international databases. The journal is covered by EBSCO (USA), Embase, EMCare & Scopus database. The journal is now part of DST, CSIR, and UGC consortia.

Website : www.ijphrd.com

©All right reserved. The views and opinions expressed are of the authors and not of the Indian Journal of Public Health Research & Development. The journal does not guarantee directly or indirectly the quality or efficacy of any product or service featured in the advertisement in the journal, which are purely commercial.

Editor

Dr. R.K. Sharma
Institute of Medico-legal Publications
Logix Office Tower, Unit No. 1704, Logix City Centre Mall,
Sector- 32, Noida - 201 301 (Uttar Pradesh)

Printed, published and owned by

Dr. R.K. Sharma
Institute of Medico-legal Publications
Logix Office Tower, Unit No. 1704, Logix City Centre Mall,
Sector- 32, Noida - 201 301 (Uttar Pradesh)

Published at

Institute of Medico-legal Publications
Logix Office Tower, Unit No. 1704, Logix City Centre Mall,
Sector- 32, Noida - 201 301 (Uttar Pradesh)

Reproductive Health Behavior of Street Youth Guided by Karya Putra Indonesia Mandiri Foundation in Central Jakarta Region

Prihayati¹, Hansrizka Raisna², Ridwan Amiruddin³, Owildan Wisudawan B.⁴

¹Faculty of Health Sciences, University of Muhammadiyah Prof. Dr. HAMKA, Jakarta, Indonesia, ¹Doctoral Program Student, Faculty of Public Health Hasanuddin University, Makassar, Indonesia, ²Magister Program of Public Health, University of Muhammadiyah Prof. Dr. HAMKA, Jakarta, Indonesia, ³Department of Epidemiology, Faculty of Public Health Hasanuddin University, Makassar, Indonesia, ⁴Faculty of Public Health Hasanuddin University, Makassar, Indonesia

Abstract

Background: Adolescents psychologically have a negative self-concept that is easily influenced and tends to behave freely. This study aims to determine whether there is a relationship between the role of parents and the role of friends with the reproductive health behavior of street adolescents. The problem with this research is the high rate of teenage pregnancy in Indonesia and adolescents account for 30% of unwanted pregnancies and unsafe abortions.

Material and Method: Cross sectional research design. The sample in this study was YPKIM fostered adolescents aged 15-19 years. Data processing and analysis using chi square test and multiple logistic regression.

Findings and Discussion: Poor reproductive health behaviors in YPKMI street adolescents by 33.3%. Based on the results of bivariate analysis found there is a relationship between the role of parents and the role of friends with reproductive health behavior. Multivariate analysis shows that knowledge is the most dominant risk factor associated with reproductive health behavior (OR = 6,610).

Conclusion: The results of this study prove the need to increase reproductive health knowledge in street adolescents to improve reproductive health behavior better by creating programs specifically for the coaching of adolescents, especially street adolescents.

Keywords: *Reproductive health, Sexual behavior, Street youth.*

Introduction

Adolescent relationships today tend to be free and experience a shift in values, where adolescence is a critical period where changes in emotions, thoughts, social environment and responsibilities are experienced¹. Sexual Behavior is any behavior carried out because of

sexual urges. In this concept no matter how and with whom or what that impulse is released. In adolescent sexual behavior, open communication with parents seems to be important. Teenagers need sex education from older people to access contraception or refuse peer calls or partners to have sex before they are ready. In the US, public health activities to improve open communication between parents and adolescents to produce positive adolescent health. Not all sexual relations are voluntary, especially for girls, but also because of coercion among women aged 17 years, according to data from the National Survey of Children, there are 7% who are forced to have sexual relations².

Corresponding Author:

Prihayati

Faculty of Health Sciences, University of Muhammadiyah Prof. Dr. HAMKA, Jakarta, Indonesia
e-mail: prihayati575859@gmail.com

Sexually transmitted infections (STIs) and unwanted pregnancies are very important public health problems, although in the long term they are needed to prevent them. Because there are a number of risk factors for STIs, prevention includes the delays in the emergence of sexual relations between teenagers who are actively engaging in sexual relations³. In 2012, an estimated 2.1 million adolescents were living with HIV. Despite effective interventions to prevent and treat HIV, adolescents face difficulties in accessing it. As a result the emergence of new infections among adolescents infected with HIV is common. Programs designed specifically for HIV-positive adolescents must focus more on interventions that have proven to be more effective in overcoming fundamental factors that drive incidents and the lack of effective care and care in this age group.

In adolescent sexual behavior, open communication with parents seems to be important⁴, Because teenagers need sex education from older people to access contraception or refuse peer calls or partners to have sex before they are ready. In the US, public health activities to improve open communication between parents and adolescents to produce positive adolescent health. Not all sexual relations are voluntary, especially for girls, but also because of coercion among 17-year-old women in the National Survey of Children, 7% are forced to have sexual relations. Data from research from Katherine in 2003, parents who communicate with their daughters about sex will influence sexual behavior in a more positive direction. A family-based approach to improving communication can reduce the risk of risky sexual risk-related behaviors related to HIV⁵.

The halfway house is a temporary informal camp, where street children meet to get information and initial guidance before being referred to further development processes. The purpose of establishing a halfway house is to re-socialize to reshape children’s attitudes and behaviors that are in accordance with the values and norms prevailing in society and provide early education to meet the needs of children and prepare their future so that they become productive societies. Of the dozens of Shelter Houses that carry out street youth development in the DKI Jakarta area and in the Central Jakarta area there are five Shelter Houses Foundation, two of which are still active to date and one of them is shelter Yayasan Karya Putra Indonesia Mandiri (YKPMI). Based on observations made by researchers together with interviews with the Chairperson and Staff of the YKPMI Shelter Foundation, the 2014 data of the YKPMI Shelter

Foundation has 215 street children assisted in 10 points in Central Jakarta and East Jakarta.

Material and Method

This type of research is a quantitative study using a cross-sectional approach, which is a study that studies the relationship between the role of parents and the role of friends on the reproductive health behaviors of YKPMI street adolescents by observation or data collection at the same time.

This research is a descriptive-analytic study using the quantitative cross-sectional method used to analyze the relationship between parental role variables and the role of friends on reproductive health behaviors in street children fostered by YKPMI in the Central Jakarta Region in 2015.

The sample in this study has the characteristics of inclusion, namely street children fostered by YKPMI in Central Jakarta and East Jakarta, aged 15-19 years and came to YKPMI at the time determined by the researcher. The exclusion characteristics in this study were adolescents aged <15 years and street adolescents who could not read and write.

Findings and Discussion

Univariate Analysis: Univariate analysis is used to look at quantitative data obtained from descriptive research, using tables, graphs and measures of central tendencies, such as the mean or average value of each variable.

The assessment results found that most of the street adolescents fostered by the Karya Putra Indonesia Mandiri foundation had good reproductive health behaviors as many as 40 people (66.7%) and only a small proportion were behaving less well, 20 people (33.3%).

Table 1: Frequency Distribution of Street Youth Assisted by Karya Putra Indonesia Mandiri Foundation according to Reproductive Health Behavior in Jakarta

Reproductive Health Behavior	Total (n)	Percentage (%)
Poorly	20	33,3
Well	40	66,7
Total	60	100

Based on the results of table 1 analysis, it is known that most of the street adolescents fostered by Karya Putra

Indonesia Mandiri Foundation have good reproductive health behaviors, as many as 40 people (66.7%) and only a small portion whose behavior is not good, namely 20 people (33.3%). This study is consistent with Joseph's research findings that the lack of knowledge about reproductive health will affect health behaviors in adolescents⁶.

Table 2: Frequency distribution of YKPIM-assisted street teenagers based on the role of parents and the role of friends in Jakarta

Variable	Total (n)	Percentage (%)
The role of parents		
Fewer roles	20	33,3
Most of the roles	40	66,7
The role of Friends		
Fewer roles	18	30,0
Most of the roles	42	70,0

Based on the results of table 2, it is known that the frequency distribution of the role of parents of YKPMI street teenagers is that most of the roles of parents are mostly 40 people (66.7%) and a small part has fewer roles, 20 people (33.3%). The distribution of the role of YKPMI street adolescent peers mostly played 42 people (70%) and a small part has fewer roles that 18 people (30%).

Bivariate Analysis: Bivariate analysis was performed to see the relationship between each independent variable with the dependent variable, namely reproductive health behavior using a statistical test, the Chi Square test. Bivariate analysis was used in this study as a method to see the relationship between the reproductive health predisposing variables of street children who are under the guidance of YKPIM Jakarta.

Table 3: Relationship between the role of parents and the role of friends with reproductive health behaviors

Variable	Reproductive Health Behavior				Total		OR (95% CI)	p-value
	Poorly		Well		n	%		
	n	%	n	%				
The Role of Parents								
Fewer roles	12	60,0	8	40,0	20	100	6,000	0,005
Most of the roles	8	20,0	32	80,0	40	100	(1,837-19,594)	
The Role of Friends								
Fewer roles	12	66,7	6	33,3	18	100	8,500	0,001
Most of the roles	8	19,0	34	81,0	42	100	(2,444-29,562)	

Based on the results of the analysis in Table 3 shows that in YKPMI street adolescents, it is known that there are 60.0% of teenagers who lack the role of parents, the behavior is not good, while in the youth group who feel the role of parents there are only 20.0% of bad behavior. Statistical test results obtained p-value 0.005 meaning that there is a significant relationship between the role of parents with reproductive health behavior. The results of the analysis obtained OR 6,000 means that a group of adolescents who do not feel the role of parents has a 6 times greater chance to have bad behavior than adolescents who feel the role of parents.

The results of the analysis showed that in the street adolescents guided by YKPMI, it was found that in the group of teenagers who felt the lack of the role of

friends there were 66.7% whose behavior was not good whereas in the group of adolescents who felt the role of friends there were only 19.0% whose behavior was not good. statistics obtained P value 0.001 means that there is a significant relationship between the role of friends with reproductive health behavior. The analysis results obtained OR 8,500 means that the group of adolescents who do not feel the role of friends has a 8.5 times greater chance to have bad behavior than adolescents who feel the role of friends.

The results of this study are consistent with the results of Jennifer's research that parent and teen communication about reproductive health has an important role in improving reproductive health in adolescents⁷.

Multivariate Analysis: Multivariate analysis used is multiple logistic regression test, the steps being carried out are as follows: selection of predictive model candidates. Multivariate analysis in this study was conducted to see the most dominant independent variables related to the dependent variable simultaneously, because the independent variables are categorical and the dependent variables are dichotomous categories, so the analysis conducted is multiple logistic regression. Variables that have been analyzed bivariately and have a p value <0.25 are used as candidate variables to be included in the next analysis multivariately, to determine the best model. The results can be seen in table 4 below.

Table 4: Results of variable analysis as a candidate model

Variable	p-value	Explanation
The role of parents *	0,003	Following the Multivariate
The Role of Friends*	0,001	Following the Multivariate

The results of bivariate tests that have been done previously, it is known that of the eight variables, there are four variables that can be included in multivariate analysis, namely knowledge, attitudes, the role of parents and the role of friends (p-value <0.25). Other variables (age, gender, education and media access) have p-values >0.25 so they are not included in the multivariate analysis.

Conclusions

Communication that occurs between adolescents and parents is very lacking so that there is a failure of family function, this triggers adolescents to behave freely and even violate the norms, because they feel no one cares or prevents it. Lack of appropriate sources of information from the mass media, health workers, religious leaders, religious leaders and peers causes adolescents to obtain information and choose the wrong actions so that they regret after pregnancy after having premarital sex. Although premarital sexual behavior is at risk of being influenced by individuals and the environment, sometimes parents are met who do not regret the pregnancy that occurs in their children.

Conflict of Interest: There is no conflict of interest to be declared.

Source of Funding: Self or other source

The source of funding for this research came from private funds

Ethical Clearance: This research was approved by Karya Putra Indonesia Mandiri Foundation (518/B.04.02/2015) and Postgraduate University Prof. Dr. Hamka (No. 103/SK/Mp-Mhs/YKPIM/X/2015).

Acknowledgments: The author would like to thank all those who participated in this study, to the Chairperson and Staff of the Karya Putra Indonesia Mandiri Foundation and Postgraduate University Prof. Dr. Hamka.

References

1. Herdiana I. Perilaku Seksual Anak Jalanan Ditinjau dengan Teori Health Belief Model (HBM). 2011;13(02):129–37.
2. Jones CL, Jensen JD, Scherr CL, Brown NR, Christy K, Weaver J. The Health Belief Model as an Explanatory Framework in Communication Research. *Pmc*. 2016;30(6):566–76.
3. Kiviat NB, Holmes KK, Koutsky LA. new england journal. *N Engl J Med*. 2006;354:2645–54.
4. Access O. Assessment of adolescents' communication on sexual and reproductive health matters with parents and associated factors among secondary and preparatory schools' students in. *Reprod Health*. 2014;1–10.
5. Hutchinson MK, Jemmott JB, Jemmott LS, Braverman P, Fong GT. The role of mother-daughter sexual risk communication in reducing sexual risk behaviors among urban adolescent females: a prospective study. *J Adolesc Health*. 2003;33(2):98–107.
6. Kyilleh JM, Tabong PT, Konlaan BB. Adolescents' reproductive health knowledge, choices and factors affecting reproductive health choices : a qualitative study in the West Gonja District in Northern region, Ghana. 2018;1–12.
7. Grossman JM, Jenkins LJ, Richer AM. Parents' Perspectives on Family Sexuality Communication from Middle School to High School. 2018;

Published, Printed and Owned : Dr. R.K. Sharma

Printed : Printpack Electrostat G-2, Eros Apartment, 56, Nehru Place, New Delhi-110019

Published at: Institute of Medico Legal Publications Pvt. Ltd., Logix Office Tower, Unit No. 1704, Logix City Centre Mall Sector- 32,
Noida - 201 301 (Uttar Pradesh) Editor : Dr. R.K. Sharma, Mobile: + 91 9971888542, Ph. No: +91 120- 429 4015