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Analysis of the Relationship between Adolescents Need for Reproductive Health Services and Barriers to Access to Reproductive Health Services for Adolescents in Bata Laiworu District, Muna Regency

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ABSTRACT

Introduction: Reproductive health problems are of particular concern, especially those that occur in Indonesian teenagers, both in terms of knowledge and actions for prevention and treatment that need to be taken into account. Based on Indonesian Demographic Health Survey Data, only a small number of young women aged 15 to 19 years have sufficient knowledge. Negative impacts on adolescent reproductive health can be avoided with good sexual and reproductive health information, both directly and indirectly, therefore it is interesting for researchers to conduct an analysis of the relationship between adolescent needs for reproductive health services and barriers to access to adolescent reproductive health services in Bata Laiworu District, Muna Regency.

Method: Quantitative observational analytical research using a cross-sectional approach, a population of 1,088 and a sample size of 285 students using lemeshow. The sampling method uses Proportional Random Sampling.

Result: Based on the Chi Square test that has been carried out, it can be seen (continuity correction) with a p value of $0.000 < 0.05$, meaning there is a relationship between adolescent needs and the use of adolescent reproductive health services.

Conclusion: It is necessary for schools to consider including a reproductive health curriculum for students through more in-depth counseling guidance.

Introduction

The country's development is largely influenced by its teenage population or younger generation, which has the potential to provide

benefits, progress or even failure for the nation in the years to come. Adolescence is a crucial period both physically, emotionally and socially, which can give rise to adolescent health problems.^[1]In Indonesia, drinking alcohol, using illegal

substances, smoking, having an unbalanced diet, not moving much, not exercising, having poor personal hygiene, and depression due to mental stress due to several problems within oneself and one's family. The development of adolescents in Indonesia will be affected if this problem is not addressed now.^[2]

Adolescence is a crucial period because it is a transition from children to adults, so there is great potential for the emergence of many problems or teenage problems that are of concern to the world. Adolescence Care Health Services has been an Indonesian government program since 2003. Through the health service, this program is run by Community Health Centers which are involved in the main activities of maternal and child health. Adolescent Care Health Services is one of the strategies developed to improve the quality of adolescent health services through adolescent health visits/examinations to schools. Health Center tries to provide the service facilities that teenagers need (comprehensive, friendly and respecting teenagers' privacy). Reproductive health services are expected to provide knowledge, attitudes and healthy reproductive health behavior for adolescents. Adolescent reproductive health services were established as an effort to improve the ability of adolescents to recognize and understand their reproductive health and to act and behave in a healthy and responsible manner.^[3]

Reproductive health in adolescents not only discusses reproductive organs and how they function, but is also closely related to risky adolescent behavior which can affect the health and function of these reproductive organs. These risky behaviors include smoking, drinking alcohol, drug abuse, and having premarital sexual relations. Based on the results of the 2017 IDHS survey, it shows that 55% of male teenagers and 1% of female teenagers smoke, 15% of male teenagers and 1% of female teenagers use illegal drugs, 5% of male teenagers drink alcoholic drinks, and 8% of men and 1% of women have ever done so. sexual relations while dating.

Data from the 2017 Indonesian Demographic Health Survey, which shows unequivocally that only a small percentage of young women aged 15 to 19 years have sufficient knowledge, namely 33% of young women and 37% of young men. Negative impacts on adolescent reproductive health can be avoided with

good sexual and reproductive health information, both directly and indirectly. Teenage pregnancy is associated with increases in unsafe abortions, complicated births, maternal deaths, low birth weight, and infant mortality, which together account for 30% of the global burden of disease (Disability-adjusted life years).^[4]

Reproductive health problems are of particular concern, especially those that occur in Indonesian teenagers, both in terms of knowledge and actions to prevent and treat them. Adolescents' lack of knowledge regarding reproductive health can be used as a basis for the government and health workers to pay attention to and improve the health status of adolescents. The role of the government and health workers in providing education about reproductive health is very important. According to research by the National Population and Family Planning Agency, only 49.5% of adolescent girls and boys know that having sex puts them at risk of pregnancy, 29% of adolescent girls and 32.2% of adolescent boys know their fertile period. In South Kalimantan Province, as many as 55.2% of teenagers know the fertile period, and as many as 70.8% of young women know that they can get pregnant after having one sexual intercourse.^[5]

Based on the explanation above, in order to empower the community and make it easier for teenagers to get health services, the youth posyandu was born, which is a Community-Resourced Health Effort activity which is also called a community-based health effort managed and organized from, by, for and with the community, including teenagers. This activity aims to improve the health status of teenagers and teach them healthy living skills. It is hoped that the youth posyandu will be accessible to all teenagers, whether in school or those who are not or have dropped out of school, by providing services that are more open, friendly and respecting the privacy of teenagers so that it is hoped that teenagers will be open about their problems. Youth posyandu is held by teenagers and for teenagers with direction and guidance from the community health center and of course health workers. In the process, adolescent posyandu visits are still very limited due to various obstacles and factors that influence this, so that adolescents do not utilize adolescent posyandu as a medium or means to improve adolescent health.^[6]

In 2018, the percentage of community health centers that had organized adolescent health activities throughout Indonesia was 62.08%, this percentage has reached the national target of 40%.^[7] Rahmawati, who researched the use of Adolescent Care Health Services in the city of Surabaya, explained that of the 130 respondents, 37 teenagers (28.47%) utilized/used the Adolescent Care Health Services policy at the Surabaya City Health Center.^[8] The results of research from the city of Badung showed that around 5% (16 people) of 327 teenagers had engaged in sexual activity at the age of 14-19 years. Of the 16 people, one person had a sexually transmitted infection and two were pregnant. From the research above, it can be seen that the coverage of adolescents who use or utilize adolescent reproductive health services in Indonesia is still low.

Two types of structural factors have an impact on the use of reproductive health services, namely confidentiality and a comfortable environment. Confidentiality is important for American adolescents with fear of notification to parents, through communication with providers. Concern about privacy for the addition of a youth confidentiality module to the curriculum, suggests the implementation of a privacy policy and evidence-based practice. So the gender gap and visits to reproductive health services are caused by teenagers receiving friendly services.^[9]

Data from the Muna District Health Service in 2021 shows that of the 26 Community Health Centers implementing, only 2094 visits were obtained. On average, 1 community health center receives 80 visits per year, and an average of 6 visits per month. In 2021, the number of visits to the Bata Laiworu Health Center, which was carried out starting in June 2021, resulted in 315 visits (9.7%) of the target of 3258. Meanwhile, in 2022, the number of youth integrated service post services reached 381 teenagers (9.7%) until October. of 3,899 target teenagers. From this data, it can be seen that visits by teenagers who participate in reproductive health services are very far below the target, so it can be concluded that there are several factors that prevent teenagers from participating in these services.

Based on the background above, researchers are interested in conducting an analysis of the relationship between adolescents' needs for

reproductive health services and barriers to access to adolescent reproductive health services in Bata Laiworu subdistrict, Muna district.

Method

Quantitative observational analytical research using a cross-sectional approach, a population of 1,088 and a sample size of 285 students using lemeshow. For all young men and women aged 15-18 years in the Batalaiworu District, Muna Regency. The sampling method uses Proportional Random Sampling.

Result

Table 1 shows that of the 178 respondents the greatest needs for teenagers are 92 respondents (51.7%) who don't need it and 86 respondents (48.3%) who need it.

Table 2 shows that 70.2% of the 10 question items mostly disagree because a lack of education on matters related to reproduction can actually trigger undesirable things to happen. One of the things that often occurs due to a lack of socialization and education is sexually transmitted diseases, pregnancy at a young age, and even abortion which results in the loss of lives of teenagers.

Table 3 shows that hows that in the group of cases with adolescent needs that needed there were 59 respondents (33.1%) and 30 respondents (16.9%) who did not need it. Meanwhile, the control group with adolescent needs was 27 respondents (15.2%) and 62 respondents (34.8%) were not in need. Based on the Chi Square test that has been carried out, it can be seen (continuity correction) with a p value of $0.000 < 0.05$, meaning there is a relationship between adolescent needs and the use of adolescent reproductive health services. Based on the relationship analysis, the OR value = 4.519 is obtained, meaning that adolescents who do not consider reproductive health to be a necessity are 4 times more likely to be at risk of lacking awareness of adolescent reproductive health.

Table 1.
Distribution of Respondents According to Adolescent Needs related to Adolescent Reproductive Health in the Batalaiworu District, Muna Regency

Teenage Needs	n	%
Need	86	48.3
No need	92	51.7
Total	178	100.0

Table 2.
Distribution of Respondents' Answers Based on Questionnaire Questions about Teenage Needs

Main Question	Criteria			
	Yes	%	No	%
Do teenagers need education about reproductive health?	68	38.2	110	61.8
Adolescents do not need reproductive health services because they have risky behavior such as smoking and consuming drugs	60	33.7	118	66.3
The need for reproductive health services is only for married people	53	29.8	125	70.2
Those who need reproductive health services are only teenagers with problems, healthy teenagers do not need it	61	34.3	117	65.7
Teenagers do not need direction and education about reproductive health because they will know for themselves	62	34.8	116	65.2

Table 3.
Distribution of Respondents According to Teenagers' Needs with Utilization of Adolescent Reproductive Health Services in the Batalaiworu District, Muna Regency

Teenage Needs	Adolescent Care Health Services				Amount		Statistic Test
	Case		Control				
	n	%	n	%	n	%	
Need	59	33.1	27	15.2	86	48.3	OR=4.516 <i>p</i> =0.000
No need	30	16.9	62	34.8	92	51.7	
Total	89	50.0	89	50.0	178	100.0	

Discussion

Adolescents' need for reproductive health services so as to meet these needs and improve the level of adolescent reproductive health.^[10]Based on the research results, the average number of respondents who disagreed was 70.2%. Reproductive health does not only discuss reproductive organs, but also includes complete physical, mental and social health in all matters related to the functions and processes that occur in the reproductive system. This includes awareness of the right to have or not have children, as well as living a healthy sex life.

The results of univariate analysis show the biggest need for teenagers is that 92 respondents (51.7%) don't need it. The results of the interviews conducted showed that the majority of respondents requires a center for reproductive health services for consultation purposes, but a lack of close relationship between teenagers and counselors is likely to be an obstacle for teenagers to utilize reproductive health services at community health centers and at schools, specifically in the school health business room.

The results of univariate analysis showed that 86 respondents (48.3%) needed reproductive health services. In accordance with the results of the respondent's statement that most teenagers admit that they really need a reproductive health service center for consultation and sexual guidance for teenagers. Most teenagers visit the health center because they have physical health problems, so many teenagers come for consultation regarding their personal problems.

The results of the bivariate analysis showed that there were 59 respondents (33.1%) in the group of cases with adolescent needs. According to the respondent's statement, they felt that they really needed information about reproductive health, such as care for reproductive organs, function of reproductive organs, development of reproductive organs and reproductive organs in adolescents. Although teenagers feel that the role of schools is quite large in providing information related to youth development.

The results of the bivariate analysis showed that there were 30 respondents (16.9%) in the group of cases with unneeded adolescent needs. The results of interviews conducted showed that some respondents were ready for the changes that would occur in their reproduction. This is because

they have received information from parents, especially mothers to their teenage daughters, helping teenagers in responding to 'changes' within themselves.

The results of the bivariate analysis showed that the control group with the needs of teenagers was 27 respondents (15.2%). According to the respondent's statement, so far the school has included reproductive health education in the learning curriculum. This is very necessary and necessary for teenagers to prevent premarital sex, teenagers to be more careful and responsible for their reproductive health and to handle sexual and reproductive health problems.

The results of the bivariate analysis showed that the control group with teenagers who did not need it was 62 respondents (34.8%). According to the results of interviews conducted, respondents considered that there was a need for information and the right to receive education regarding reproduction has been taught by the family. The information and education provided must encourage independence and self-confidence in adolescents, and provide knowledge so that they can make their own decisions regarding their reproduction and sexuality.

Based on the relationship analysis, the value of OR = 4.519 is obtained, meaning that teenagers who do not think that reproductive health is a need are 4 times more likely to be at risk of lacking awareness about it. Adolescent reproductive health. The need for reproductive education should be provided in a friendly and open heart-to-heart atmosphere between parents and children. The difficulty that arises then is if the parents' knowledge is inadequate (theoretically and objectively) causing their attitude to be less open and tend not to provide an understanding of children's sexual problems.

The sexual education information that is most needed by teenagers today is related to politeness towards the opposite sex, children's roles according to gender, development of sex roles and various sex roles. Adolescent reproductive health will have an impact on the child's future so it needs to be implemented and taught appropriately to students by parents, teachers and experts who are competent in reproductive health issues so that adolescents can avoid sexual diseases and promiscuity.^[11]

In an effort to solve the problem, the local government, through the Community Health Center, should conduct outreach in schools so that teenagers receive information about sexual education and reproductive health. Other activities can be carried out by holding seminars or workshops at schools continuously, involving the health service.

This is in accordance with other research which found that health services are needed by teenagers, especially to help teenagers during prevention, early intervention, and for education.^[12] So the reason teenagers use health services is because there are certain needs of teenagers.

Conclusion

There is a relationship between the needs of adolescents and the use of health services, adolescent reproduction. It is necessary for schools to consider including a reproductive health curriculum, given to students through more in-depth counseling guidance.

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