

HUBUNGAN ANTARA PENGETAHUAN DAN PENGGUNAAN LAYANAN KESEHATAN REMAJA DI KOTA PADANG



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Abstrak

Peralihan anak menuju dewasa hingga remaja cenderung lebih berani mengambil risiko sehingga berdampak pada masalah kesehatan reproduksi seperti pergaulan bebas yang berujung pada seks pranikah, aborsi, dan munculnya HIV-AIDS. Selama ini, pemerintah telah melakukan pencegahan melalui Pelayanan Kesehatan Peduli Remaja (PKPR) dan telah dilaksanakan di seluruh Indonesia, termasuk kota Padang. Namun cakupan pelayanan yang diberikan masih rendah. Penelitian ini dilakukan untuk mengetahui pengetahuan siswa SMA dalam pemanfaatan PKPR di Kota Padang Tahun 2020. Penelitian dilaksanakan dengan pendekatan cross sectional di SMA Negeri Kota Padang pada bulan Maret - Oktober 2020. Data dari 145 siswa dianalisis menggunakan metode Tes Mann-Whitney. Hasil penelitian menunjukkan bahwa terdapat perbedaan rata-rata yang signifikan antara pengetahuan tentang penggunaan PKPR. Agar pemanfaatan PKPR dapat ditingkatkan dan dimaksimalkan, maka diperlukan program promosi pendidikan tentang pemanfaatan PKPR bagi remaja oleh stakeholders dan pemerintah mengingat pengetahuan dan pemanfaatan PKPR oleh remaja masih rendah.

Kata kunci: Remaja, Siswa SMA, Program kesehatan perawatan remaja

RELATIONSHIP BETWEEN KNOWLEDGE AND UTILIZATION OF ADOLESCENT CARE HEALTH SERVICES IN PADANG CITY

Abstract

The transition of children to adulthood through adolescence tends to be more daring to take risks so that it has an impact on reproductive health problems such as promiscuity leading to premarital sex, abortion, and the emergence of HIV-AIDS. So far, the government has carried out prevention through the Youth Care Health Service (PKPR) and has been implemented throughout Indonesia, including the city of Padang. However, the scope of services provided is still low. This study was conducted to examine the knowledge of high school students in the use of PKPR in Padang City in 2020. It was carried out through a cross-sectional approach at Padang City High School in March - October 2020. 145 students were analyzed using the Mann-Whitney test. The results showed that there was a significant average difference between knowledge on the use of PKPR. For the use of PKPR to be increased and maximized, and educational promotion program is needed about the use of PKPR for adolescents by stakeholders and the government considering that knowledge and utilization of PKPR by adolescents is still low.

Keywords: Adolescents, High school students, Youth care health program

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Introduction

Teenagers are unmarried residents aged 10-18 years.⁽¹⁾ A total of 1.2 billion youth aged 15-24 years which is 16% of the global population.⁽²⁾ The proportion of the population of adolescents aged 10-19 years in 2010 was around 18.3% of the total population of around 43 million people.⁽³⁾ Human growth and development occur very rapidly both physically, psychologically, and intellectually during adolescence. Adolescents have a great curiosity, like challenges and adventures, and tend to be willing to take risks without any careful consideration. This has an impact on risky behavior for health problems.⁽¹⁾

Around 2.8% of adolescents aged 15-19 years in Indonesia are involved in drug abuse. A total of 32.1% of girls and 36.5% of boys aged 15-19 years had started dating when they were not even 15 years old. 0.7% of girls aged 15-19 years and 4.5% of boys aged 15-19 years have had premarital sex.⁽⁴⁾ Furthermore, as many as 7% of adolescent girls aged 15-19 years have been born. Meanwhile, mothers less than 20 years of age contributed to the Neonatal Mortality Rate (34/1000), infant mortality (50/1000), and under-five mortality (61/1000) in Indonesia. This incident is a result of the lack of adolescent knowledge about reproduction. Only about 9.9% of women and 10.6% of men aged 15-19 years in Indonesia have comprehensive knowledge about HIV-AIDS.⁽⁴⁾

To overcome these various problems in adolescents, it is necessary to have a youth care health service program that can meet the health needs of adolescents, including reproductive health services. The Indonesian Ministry of Health has created a Youth Health Program in Indonesia through the Youth Care Health Service (PKPR) which was started in 2003 at the Puskesmas. This program aims to prevent and protect adolescents from risky sexual behavior. PKPR also has a role in preparing adolescents to live a healthy and responsible reproductive life for future preparation as parents.⁽¹⁾

PKPR has been carried out in health centers throughout Indonesia. Until the end of 2014, it was reported that 406 (81.69%) out of 497 districts/cities in Indonesia had at least 4 Puskesmas

capable of implementing PKPR so that 2,999 of 9,731 PHC (Primary Health Care) (31%) had been able to implement PKPR. The coverage of districts/cities capable of implementing PKPR continues to increase, but the coverage is still below the target of 90%.⁽¹⁾ This is because the number of PKPR visits both for health checks, disease treatment, counseling services, and referral services is still very low.⁽⁵⁾

The research of Wassie Negash et al. (2016) shows that knowledge, parental support, and sources of information as well as knowing the existence of reproductive health services are factors that support the use of reproductive services.⁽⁶⁾ One model that shows the utilization of health services in the PKPR case is to use Lawrence Green's theory in Notoadmojo, behavioral causes are formed from 3 factors, including predisposing factors as the basis for someone's motivation to do something. Behavior leads to individual actions and reflections produced through a balance of anatomical, physiological, and psychological systems.⁽⁷⁾ This predisposing factor includes knowledge gained from one's own experience or the experience of others. Knowledge allows one to obtain additional information based on common sense.⁽⁸⁾ Someone who knows will determine how to react and make decisions on a problem.⁽⁹⁾

By the end of 2019, the government is targeting 45% of PHC in Indonesia to have implemented the PKPR program, including the province of West Sumatra. West Sumatra is included in 14 provinces (42.4%) that have achieved the target percentage of districts/cities with a minimum of four PHC capable of implementing PKPR in 2014, which is 94.74%.^(10, 11) However, the results of research by Annisah at SMA N 9 Padang City, West Sumatra, revealed that more than half of the respondents had low knowledge of PKPR and did not take advantage of these activities.⁽¹²⁾

The Indonesian Child Protection Commission (KPAI) found that West Sumatra had 107 cases of sexual behavior and 17 cases of premarital sexual behavior in adolescents, 80% of these cases occurred in the city of Padang.⁽¹³⁾ Research on 97 high school students in the city of Padang showed that 77% of high school students had a girlfriend,

26% had kissed, 13% had touched a boyfriend's sensitive area, and 5% of students were expelled from school because they were pregnant out of wedlock.

Unfortunately, as many as 78% of teenagers think that dating is a natural thing and 43% of parents of teens already know if their teenage children have accessed pornographic content.⁽¹⁴⁾ This study intends to see how the knowledge of high school students in the utilization of Youth Care Health Services (PKPR) in Padang City in 2020.

Method

A quantitative approach was carried out using a cross-sectional study design at Padang City High School, West Sumatra in May - October 2020. A total of 23,956 teenagers from Padang City were the population in this study. A minimum sample of 106 people was obtained through calculations using the survey sample formula from Lameshow with 95% CI and 10% precision.⁽¹⁵⁾ Found as many as 145 people who are willing to become respondents and are students of class XI and XII SMA through voluntary sampling technique. Data analysis was obtained by filling out a valid and reliable questionnaire. The research instrument used an online questionnaire distributed through social media such as WhatsApp using the Google form platform.

The utilization of PKPR is the dependent variable, while knowledge of reproductive health issues and available services is the independent variable in this study. Analysis of research data using the Mann Whitney test to see the average difference between the dependent and independent variables. The significant of association between variables was determined by p value less than 0.05 with confident interval 95%. Analysis data used SPSS program.

Results

A univariate test was conducted to see the distribution and frequency of knowledge and utilization of PKPR by respondents. The distribution and frequency can be seen in the following table :

The results of this study indicate that the median knowledge of students is 9,000, the stan-

dard deviation is 2.5678. Respondents had the lowest knowledge score of 2 and the highest was 14.

Table 1. Knowledge of Reproductive Health and PKPR in Padang City

Variable	Mean	Standard Deviation (SD)	Min - Max
Knowledge	9,000	2,5676	2,0 - 14,0

Table 2. Utilization of PKPR in Padang City

Variabel	f	%
Utilization of PKPR		
Yes	11	7,6
No	134	92,4
Total	145	100

Table 2 reveals that there are as many as 92.4% of respondents who do not use PKPR.

Answers to questions about knowledge about reproductive health issues and available services revealed that 97.9% of respondents knew HIV-AIDS could be transmitted through sexual intercourse and 47.6% of respondents knew that condom use was allowed for unmarried adolescents to avoid pregnancy. is the wrong thing. However, more than half of the respondents (57.9%) did not know that the Youth Care Health Service (PKPR) was available at the nearest Puskesmas and 52.4% of the respondents thought that PKPR was a health service available in every school. (Table 3)

Table 3. Respondent's answers to Knowledge Regarding Health Problems and available PKPR Services

Knowledge Indicator	Reply with					
	Correct		Wrong		Do not know	
	f	%	f	%	f	%
Women can get pregnant in one go sexual intercourse	76	52,4	29	20,0	40	27,6
Masturbation or masturbation can cause serious health problems	80	55,2	10	6,9	55	37,9
Free sex and multiple partners can cause disease	141	97,2	1	0,7	3	2,1

The use of condoms is allowed on unmarried teenagers to avoid pregnancy	38	26,2	69	47,6	38	26,2
HIV-AIDS can be transmitted through sexual intercourse	142	97,9	0	0	3	2,1
Use of non-sterile syringes that are used interchangeably by users Drugs can transmit HIV-AIDS	134	92,4	4	2,8	4	4,8
VCT test (Voluntary Test and Counseling) can be carried out to determine the status of infected with HIV	57	39,3	0	0	88	60,7
VCT test for active people just have sex	20	13,8	21	14,5	104	71,7
Anemia is a condition of lack of hemoglobin in the blood that is often experienced by adolescent girls	116	80,0	7	4,8	22	15,2
Symptoms of infectious diseases in men are pain in the genitals when urinating, a fluid-filled nodule appears and is followed by a feeling of discomfort itchy.	77	53,1	2	1,4	66	45,5
Symptoms of infectious diseases in women are pain when urinating and when urinating sexual intercourse, vaginal discharge smells and itches.	92	63,4	1	0,7	52	35,9
The Youth Care Health Service (PKPR) is a service that only performs examinations general health	45	31,0	29	20,0	71	49,0
Youth Care Health Service (PKPR) providing counseling on sexually transmitted diseases and service tools	96	66,2	1	0,7	48	33,1
Youth Care Health Service (PKPR) available at the nearest health center	56	38,6	5	3,4	84	57,9
The Youth Information and Counseling Center (PIK-R) is a health service that provides available in every school	76	52,4	16	11,0	53	36,6

The types of services provided by the Youth Information and Counseling Center (PIK-R) are counseling, counseling, general physical examination and services sexually transmitted disease	93	64,1	4	2,8	48	33,1
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Table 4. Differences in Average Knowledge of PKPR Utilization in Padang City

Variable	Utilization of PKPR				p-value
	Yes		No		
	f	Mean Rank	f	Mean Rank	
Knowledge	11	108,86	134	70,06	0,003

Bivariate analysis of the relationship according to how the average difference between the independent variable and the dependent variable in this study was shown in the following table:

Table 4 shows that there is a significant average difference between knowledge of the use of PKPR and the variable of PKPR utilization in adolescents in Padang City, which is seen from the p-value of 0.003 or <0.05. The average knowledge of respondents who use PKPR is 108.86 which is higher than the average knowledge of respondents who do not use PKPR is 70.06.

Discussion

The results of this study indicate that the standard deviation value of respondents' knowledge about reproductive health and PKPR is lower than the median value. This shows that the knowledge variable regarding reproductive health and PKPR is homogeneous.⁽¹⁵⁾

Respondents in this study did not use PKPR. This is in line with the research by Tadesse, et al (2020) where it was found that only 37% of respondents had used at least one sexual service and reproductive health service in Ethiopia.⁽¹⁶⁾ However, this study is not in line with research from Tlaye et al (2018), (80.5%) of the respondents had used at least one reproductive health service in Ethiopia.⁽¹⁷⁾

There is a significant average difference between knowledge of the use of PKPR and the variable of PKPR utilization in adolescents in the city

of Padang. These results are in line with research conducted by Abajobir et al (2014) that the use of reproductive health services has a significant relationship with knowledge about reproductive health (AOR = 1.23, 95% CI: 1.23-4.21).⁽¹⁸⁾

The higher a person's level of knowledge, the more they will take advantage of PKPR. Several studies have revealed that adolescents who have good knowledge about reproductive health will benefit from the health services available at PKPR. Students who have a lower level of knowledge tend not to take advantage of available health services due to a lack of information about services. Guidance needs to be carried out by socializing reproductive health and health services that are available periodically through social media to increase students' knowledge.⁽¹⁹⁾ Therefore, the main priority that can be carried out is efforts to increase the knowledge base about the provision of services to adolescents to improve health services and the quality of care for adolescents.⁽²⁰⁾

The knowledge between students who use and do not use PKPR services has a difference. This happens because the use of PKPR encourages students' knowledge of understanding and preventing reproductive health problems now and in the future. The use of PKPR should be utilized more by teenagers considering the program has been launched by the government as one of the solutions to reproductive health problems for adolescents in Indonesia. Moreover, this program is already in the community and is easy to access at Primary Health Facilities. The city of Padang has also been qualified in conducting the PKPR program at least 4 Puskesmas.

Conclusion

The results showed that there was a significant average difference between knowledge of the use of PKPR and the variable of PKPR utilization in adolescents in the city of Padang. For the use of PKPR to be increased and maximized, and educational promotion program is needed about the use of PKPR for adolescents by stakeholders and the government considering that the utilization of PKPR by adolescents is still low.

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