

Conference Paper

Assessing the Reproductive Health Knowledge of Early Adolescents in North Coastal Line

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Abstract

Adolescents residing in the North Coastal line have high risks associated with reproductive health. This is due to the entertainment industry and prostitution business in the area creating an unfavorable environment for adolescents. A young mating culture is also strong. The high rate of divorce and the number of mothers who become Indonesian women laborers working abroad weakens the role of parents in character building and the moral education of adolescents. It allows adolescents to fall into sexual activity, drug use, and HIV infection. The purposes of this study were to gain insight into adolescents in the North Coastal line and their families and to assess the baseline reproductive health knowledge of the adolescents. Thus, the interventions suggested based on their needs. A cross-sectional study was conducted in Pusakajaya Public Junior High School 1 and 2, in which 269 seventh grade students (male=135, female=134) were interviewed using a semi-structured questionnaire. Respondents were chosen using purposive sampling. Data analyzed with univariate analysis. Results of this study showed that most of the adolescents confessed to being less than obedient to their religion. More than half of them were not actively engaged in school and were poorly motivated to do well. Many of them lived with a single parent or relatives. Many parents of the adolescents were divorced, most had a low level of education, some were unemployed, and many of the mothers worked as Indonesia women laborers abroad. The findings of this study showed that all aspects of reproductive health knowledge of the adolescents that include female puberty signs, male puberty signs, adolescent pregnancy risk, HIV/AIDS, sexually transmitted diseases and risk of smoking and substance abuse were in the 'poor' category (90.3%, 99.6%, 100%, 89.2%, 98.1% and 99.3% respectively).

Keywords: reproductive health, knowledge, early adolescent, north coastal line

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1. Introduction

The age of adolescence is a transition period from childhood to adulthood. Adolescence is characterized by significant physiological, psychological and social changes that put adolescents at high risk for sexual and reproductive health (SRH) problems [1]. Therefore, adolescent reproductive health is an important issue that impacts national development

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[2]. This is due to the number of adolescents in Indonesia, approximately 19.5%, [3] and in West Java about 18.7% of the total population [4].

There are three main problems in adolescent reproductive health. They were sexuality, substance abuse and sexually transmitted infections (STIs), including the human immune deficiency virus and acquired immune deficiency syndrome (HIV/AIDS). Sexuality is a crucial problem for teenagers, especially girls. This problem can arise due to early sexual activity or marriage at a young age, sparked by culture. Approximately 26.5% of women marry in their teens [5]. For a girl, pregnancy is a consequence of sexual behavior. Some sources indicate high rates of pregnancy in adolescents [6, 7]. Complications that may occur due to adolescent pregnancy include increased incidence of maternal death [6, 8] and neonatal mortality [9].

The early initiation of sexual activity means an adolescent faces an increased risk of STIs, HIV/AIDS, unwanted pregnancy and unsafe abortion [10]. The incidence of AIDS in adolescents is high [3]. Other high-risk behaviors are drug and substance abuse, including smoking. Smoking is closely related to non-communicable diseases such as cardiovascular disease, chronic obstructive pulmonary disease, and cancer [11]. Results of the National Narcotics Survey showed that about one million drug users were in their teens [12]. These risk behaviors increased the chance of engaging in premarital sexual intercourse [13] and also increased exposure to STIs and HIV/AIDS [12, 14]. Needle-sharing also enhanced the risk of disease transmission [15].

Adolescents that live in the North Coastal line have a high risk associated with reproductive health because the entertainment industry and prostitution business in the area creates an unfavorable environment for adolescents. Environmental-based diseases such as HIV/AIDS have increased in this district, and the cases mostly in the sub-districts of the North Coastal line [15–17]. The young marriage culture in this area is also strong. The high rate of divorce and the number of mothers who become Indonesian women laborers working abroad weakens the role of parents in character building and the moral education of adolescents. It allows adolescents to fall into sexual activity, drug use and sexually transmitted infections [18].

Poor social and cultural conditions that not balanced with useful information will encourage adolescents to choose unhealthy sexual and reproductive behaviors. Thus, access to information and education in sexual and reproductive health is critical to enable teens to protect their health and empower them to use their sexual and reproductive health rights [19]. However, there is not enough information about reproductive health. It is essential to determine the current level of adolescent reproductive health knowledge so programs and health services can meet their needs. Therefore, the purposes of this study were to gain insight into the characteristics of adolescents in the North Coast Line and their families and also to assess the baseline reproductive health knowledge of the adolescents. Thus, the interventions suggested based on their needs.

2. Methods

A cross-sectional study conducted in Pusakajaya Junior High School 1 and 2 of the Subang District from August until December 2016. This location purposely selected because of the Pusakajaya sub-district nearby including the Patimban and Genteng prostitution areas. Respondents chose by using purposive sampling, in which 269 seventh grade students (male=135, female=134) were interviewed using a semi-structured questionnaire.

Permission was obtained from the Principal of the Junior High Schools and informed written consent obtained from the subjects. Confidentiality and anonymity assured for all the interviewees. Adequate measures were observed to ensure objectivity in the data collection. The collected data was compiled, stating the frequency of every response for each item and then transcribed onto a master sheet. Statistical analysis done by calculating the percentages of each rate. Percentages were calculated to draw out the differences in the responses and to highlight significant responses. Data analyzed using univariate analysis. Tables and graphs were drawn to demonstrate the results of the present study.

3. Results

3.1. Demographic and family characteristics

Since the interviews conducted with a susceptible age group, the questions of sexual and reproductive health were positioned late in the questionnaire. The conversation started with very general questions on their demographic characteristics.

The age of the respondents was early adolescent, and the number of male and female were balanced. There were 17.1% living with a single parent and 19.7% with relatives. Most of the adolescents confessed to being less obedient regarding religiosity. About 59.1% had the poor motivation to do well in school, and 79.6% were not actively engaged in school.

Approximately 15.6% of the parents of the adolescents were divorced. Often the number of family members were large (about 44.4%). Most parents of the adolescents had low education levels (father 83.6% and mother 91%), and 6.7% of the fathers of the adolescents were unemployment. While 21.6% of the mothers of the adolescents worked as Indonesian women laborers.

3.2. Reproductive health knowledge

The adolescents' level of knowledge about reproductive health was poor in all categories. The results showed 90.3% (male=40.9%; female=49.4%) for signs of female puberty, 99.6% (male=49.8%; female=49.8%) for signs of male puberty, 100% for the risk of adolescent pregnancy, 89.2% (male=43.9%; female=45.3%) for HIV/AIDS, 98.1% (male=48.7%; female=49.8%) for sexually transmitted infections and 99.3% (male=49.4%; female=49.8%) for the risk of smoking and substance abuse (Table 3).

TABLE 1: Demographic Characteristics of Respondents.

Characteristics	Frequency	Percentage (%)
Age		
10–15 years	269	100
>15 years	0	0
Sex		
Male	135	50.2
Female	134	49.8
Current living arrangement		
Both parents	170	63.2
Single parent	46	17.1
Relatives	53	19.7
Religiosity		
Obedient	21	7.8
Less amenable	248	92.2
Motivation to do well in school		
Good	110	40.9
Poor	159	59.1
Engagement in school		
Good	55	20.4
Poor	214	79.6

Source: Primary Data

4. Discussion

Motivation and active engagement in school, religiosity, and living with both parents can protect young people from taking risks [21]. The findings of this research showed that many of the adolescents who were less obedient regarding religiosity had poor motivation and engagement in school. A number of the teenagers did not live with both parents because their parents were divorced or worked out of town, and therefore had less supervision. These negative characteristics could encourage them to engage in high-risk behaviors.

Most parents of the adolescents had low education levels, and some had lower economic status because of their occupation. To get a higher salary, some mothers worked as Indonesian women workers abroad. This had an impact on their children's education. Families with these characteristics may increase the risks for their children by devaluing education and encouraging early marriage and childbearing. Families with low education levels may also discourage adolescents from seeking information and services [21].

Similar to previous studies [1, 22, 23], adolescents in the North Coastal line had a lack of knowledge about reproductive health. It can lead them to unhealthy behaviors. Knowledge about reproductive health is essential to enable adolescents to make healthy decisions so that they can guard their health.

TABLE 2: Family Characteristics of Respondents.

Characteristics	Frequency	Percentage %
Marriage status of the parent		
Married	204	75.8
Divorced	42	15.6
Divorce due to death	23	8.6
Number of family members		
Small (≤ 4 people)	149	55.4
Large (≥ 5 people)	120	44.6
Family education		
Father		
High	44	16.4
Low	225	83.6
Mother		
High	24	8.9
Low	245	91.0
Occupation		
Father		
Army/Police man	2	0.7
Government Officer	18	6.7
Entrepreneur	58	21.6
Farmer	88	32.7
Fisherman	1	0.4
Laborer	84	31.2
Unemployed	18	6.7
Mother		
Government Officer	10	3.7
Entrepreneur	40	14.9
Farmer	17	6.3
Fisherman	0	0
Indonesia women laborer	58	21.6
Unemployed	144	53.5

Source: Primary Data

Therefore, it is essential to strengthen the knowledge and skills of the adolescents to help them make healthy decisions about reproductive health. This effort can make by providing reproductive health education in schools, as well as out of school. A positive social environment is also essential to encourage adolescents to choose a healthy lifestyle. Health service centers for adolescents to obtain information are also important.

TABLE 3: Reproductive Health Knowledge of Respondents.

Variable/Sub-variable	Category												Total	
	Good				Sufficient				Poor				F	%
	Male		Female		Male		Female		Male		Female			
	f	%	f	%	f	%	f	%	f	%	f	%		
Male puberty signs	0	0	0	0	1	0.4	0	0	134	49.8	134	49.8	269	100
Female puberty signs	0	0	4	1.5	2	0.7	20	7.5	110	40.9	133	49.4	269	100
Adolescent pregnancy risk	0	0	0	0	0	0	0	0	135	50.2	134	49.8	269	100
HIV/AIDS	0	0	0	0	17	6.3	12	4.5	118	43.9	122	45.3	269	100
STIs	0	0	0	0	4	1.5	0	0	131	48.7	134	49.8	269	100
Risk of smoking	0	0	0	0	2	0.7	0	0	133	49.4	134	49.8	269	100
Risk of substance abuse	0	0	0	0	2	0.7	0	0	133	49.4	134	49.8	269	100

Source: Primary Data; f=frequency, F=total frequency

5. Conclusions

Most of the adolescents had negative characteristics, including poor motivation to do well in school and also less engagement in school. Some of them did not live with their parents. The family characteristics of the adolescents were also negative. Many of their parents were divorced, most of the parents also had a low education level and lowered the salary in their occupations. The adolescents had poor knowledge in all categories of reproductive health, including signs of puberty, STI, HIV/AIDS, smoking and substance abuse risks. Hence, it is essential to improve the knowledge of adolescents' experience by giving them an appropriate education about reproductive health.

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Competing Interest

The author declares that they have no competing interests.

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