

reproductive health services utilization and accessibility associated factors among junior and senior high school students in jombang

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Reproductive Health Services Utilization and Accessibility Associated Factors among Junior and Senior High School Students in Jombang, East Java, Indonesia

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ABSTRACT

Background: Knowledge of junior and senior high school students about reproductive health (RH) in Indonesia still lack. Policy actions and strategic efforts to decrease maternal mortality rate, unmet- needs, promote sexual, RH service as innovation to educate students, and its utilization remains very low and little information was found. There are so many students who did not know how to maintain good reproductive health. Efforts to give lessons RH and sexual education to students today is still considering taboo. This study conducted to assess utilization of RH services and accessibility associated factors among junior and senior high school students in Jombang, East Java, Indonesia.

Methods: This study utilized cross-sectional design, was conducted from January to May, 2018. Purposive random sampling technique was used to select a total of 150 students who attended junior and senior high school. Utilization of RH services and accessibility was measured using one item asking whether they had used either of RH services components during at last one year. The data was entered using Ms.Excel and further analysis was done using SPSS version 21 software. Descriptive statistics, cross tabulations, bivariate, and multivariate logistic regression analysis were used. All variables were set by p-values less than 0.05 and reported by Adjusted Odds Ratio with its 95%CI.

Results: Based on the results of 150 participants, about 33 (22%) participants reported that they utilized RH services. On multivariable logistic regression analysis after adjusting for other variable, discussion with health workers (AOR 3.0, 95%CI [1.7-5.2]), exposure from school teachers (AOR 0.36, 95%CI [0.2-0.6]), and having favorable knowledge and attitude towards RH services (COR 1.46, 95%CI [1.01 to 2.13]) were found.

Conclusions: That means overall utilization of RH services was low among junior and senior high school. Needs interventions in the form of education, discussion with health workers, history of perceived STIs symptoms, and information were the association factors of RH services utilization among junior and senior high school students in Jombang.

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I. INTRODUCTION

26 Knowledge of junior and senior high school students about reproductive health (RH) in Indonesia still lack.^[1] Policy actions and strategic efforts to decrease maternal mortality rate, unmet-needs, promote sexual, promote RH services as innovation to educate students, and its utilization remains very low and little information was found. There are so many students who did not know how to maintain good reproductive health.^[2] Efforts to give lessons RH and sexual education to students today is still considering taboo. World Health Organization defines adolescents as persons with the age group of 10-19 years.^[3] Adolescence is the period of transition from childhood to adulthood which is characterized by spurts of physical, mental, emotional and social development with experimentation and engagement of a wide range of behaviors.^[4] Recently adolescents number is estimated to be 1.25 billion globally^[5] of which, 513 million are 15-19 years old^[6] and 85% of them in developing

countries.^[7] They are most vulnerable to a range of RH problems, such as too-early pregnancy and childbearing; unsafe abortion and Sexually transmitted infections (STIs) including HIV.^[8]

In developing countries, there are about 12.8 million births among adolescents aged 15-19 years and a large proportion of these pregnancies are un^[16]planned or unmet-needs.^[9] Each year more than 2 million adolescents undergo an unsafe abortion and for a variety of reasons, adolescents are more likely to seek ab^[2]ortions later in their pregnancies than adult women.^{[10][11][12]} Studies in Indonesia revealed that high maternal mortality rate (MMR) in Indonesia 229 per 100 thousand live births (233-379) in 2008.^{[13][14][15]} One of the causes of death among these pregnancies at a young age. Data marriage in Indonesia 2015 showing that 40% of weddings between 13 to 18 years, and 70% of them because of teenage pregnancy. Teenage pregnancy caused lack of information about RH in young generation including elementary-junior-senior high school students, many marriages occurred after they finish, even unfinished. There are so many students who did not know how to maintain good RH. The problem is media or tools in RH education, utilization of RH services and accessibility very limited, students confusing when encountering a variety of issues related to RH, sexuality, maturation process, etc.

Based on that background and literature, a problem of Indonesia which quite a lot contributed to high maternal mortality rate, lack of reproductive health education during childhood, adolescence or before marriage (the bride), lack of knowledge a^[12]t early detection of pregnancy risk, as well as delays in referral to mothers with high risk.^{[16][17]} This study conducted to assess the magnitude and factors utilization of RH services and accessibility associated factors among junior and senior high school students in Jombang, East Java, Indonesia. RH service utilization is very crucial to improve RH service utilization of junior and high school young people in the study area in the way that reduce morbidities and disabilities related to RH.

II. METHOD

This study utilized cross-sectional design, to assess utilization of RH services and accessibility associated factors among junior and senior high school students in Jombang, East Java, Indonesia, during January to May 2018.

A. Population and sample

^[22] The population of this study junior and senior high school in Pondok Pesantren Dar^[14]ul Ulum (Darul Ulum Islamic Boarding School), Jombang, East Java, Indonesia. Purposive random sampling technique was used to select a total of 150 students. Inclusion criteria were that allocated from grade 7 to 12, have never been received reproductive health study, and nor health workers study (e.g. doctors, midwives, and nurses). Exclusion criteria were that students do not live in a various dormitory.

B. Data collection

Data collection began after the approval of the study proposal from the Research Committee at Faculty of Health Sciences and Institution of Research and Community Services (LP3M) Universitas Pesantren Tinggi Darul Ulum, Indonesia. A cover letter was attached to each questionnaire to assure that the participant's information is confidential. Participants were given a briefing background before the questionnaires distribution. Permission was taken directly from the participants by filled the consent form then collected data were obtained by answering a self-administered questionnaire. The questionnaire comprises of close-ended questions. The session has been ended within 20 minutes and the study data stored in the researcher's personal computer.

The dependent variable in this study was whether a participant had utilized RH services within the last 12 months anywhere whether in government or private health institutions. This was measured through the dichotomous response (yes or no). The positive response was further validated with questions on the type of RH services utilized. This included information and counseling on RH issues, family planning, voluntary testing and counseling on HIV, abortion care, maternal and child care, testing and treatment of STIs. A positive ("yes") response to any one of these services was regarded as

service utilization. The questionnaire was developed by collecting and adopting after customizing into the study context from various literature.^{[18][19][20]}

C. Data analysis

Regarding data analysis and management, all returned questionnaires were checked for completeness and consistency manually. The collected data were reviewed, coded, verified, and statistically analyzed. Utilization of RH services and accessibility was measured using one item asking whether they had used either of RH services components during at last one year. The data was entered using Ms.Excel and further and exported to Statistical Package for the Social Sciences (SPSS) version 21. Frequencies and percentages were used to summarize descriptive statistics. Bivariate logistic regression analysis was done by entering variables that were found to affect utilization of RH services and accessibility associated factors among junior and senior high school students. Variables with the p-value of less than or equal to 0.25 were entered into multivariate logistic regression. Those variables statistically significant at a p-value less than 0.05 in multivariate logistic regression analysis were found to be entered as statistically significant. Adjusted odds ratio with the confidence level of 95% was considered to assess the strength of the association between dependent and independent variables. Before carrying out this study the research protocol was approved by Ethics committee of the Faculty of Public Health, Airlangga University, Indonesia.

D. Phrases are operated as follows

Attitude

Participants have a favorable attitude if their score equal or above mean score (66.48) of the total 24 attitude questions with 1–5 Likert scale points.

Knowledge of RH services

First knowledge about the RH services was assessed by asking participants whether they were aware of RH service components or not. Then RH knowledge was assessed through 8-item scale on knowledge of RH service components and the sum of scores ranging from one (minimum) to eight (maximum) for subjects were used in the analysis.

RH services utilization and accessibility

This was measured through the dichotomous response (yes or no) by asking whether a participant had utilized one or more of RH service components within the last 12 months. The positive response was further validated with questions on the type of RH services utilized. A positive (“yes”) response to any one of these services was regarded as service utilization.

III. RESULT

Based on the results of 150 participants, about 50 (33.33%) were males, 100 (52.8%) were females, and a majority in age 10-15 135 (90%); 141 (94%) were single, just 9 (6%) in a relationship. Majority of them were moslem 150 (100%). Regarding their current educational status, 50 (33.33%) in junior high school and 100 (52.8%) of them were attending senior high schools. The result also shows that the fathers 111 (91.9%) and mothers 39 (26.0%) of participants were formally educated and 135 (90%) of fathers and 18 (12%) of mothers were employed (Table 1).

Table 1. Socio-demographic, community and family characteristics of junior and senior high school students in Jombang, East Java, Indonesia (May, 2018)

Socio-demographic	Socio-demographic, community and family characteristics		
	Characteristic	Frequencies	Percentage
Age	10–15	135	90.0%
	16–20	15	10.0%
Sex	Male	50	33.33%
	Female	100	52.8%
Relationship	Relationship	9	6.0%
	Single	141	94.0%
Educational status	Junior high school	50	33.33%
	Senior high school	100	52.8%
Pocket money in IDR	No money	45	30.0%
	Less than 500.000	93	62.0%
	More than 500.000	12	8.0%
Mother's education	ES, JHS, SHS	111	74.0%
	College/University	39	26.0%
Father's education	ES, JHS, SHS	39	26.0%
	College/University	111	91.9%
Mother's occupation	Unemployed	132	88.0%
	Employed	18	12.0%
Father's occupation	Unemployed	15	10.0%
	Employed	135	90.0%

^{a.} Total sample: 150 participants

a. Knowledge, attitudes about RH services utilization and accessibility

Sixty three (42%) of participants know at least one and four RH service components respectively. One hundred thirty eight (92%) of participants have an information on RH services and 108 (72%) of participants were aware of at least one health facility where RH services could be delivered. Source of information on RH services (Multiple Response) majority choose medias 66 (44%), school teachers 63 (42%), and health workers 54 (36%). Most of the participants 108 (72%) have involved in the available school clubs. Awareness of health facilities where to get RH services (Multiple Response) most of them answer hospital 102 (68%) and public health services 54 (36%). Knowledge and attitude towards RH services use, most of them were favorable 81 (54%) (Table 2).

Discussion on RH topics with (Multiple Response) majority choose brother/sister 99 (66%), friends 81 (54%), and health workers 33 (21%) as their potential sources of information for RH services (Fig. 1).

Table 2. Knowledge, attitudes about RH services utilization and accessibility (May, 2018)

RH services utilization and accessibility	Socio-demographic, community and family characteristics		
	Characteristic	Freq.	Percentage
Awareness of RH services	Yes	138	92.0%
	No	12	8.0%
Awareness of Health facilities	Yes	108	72.0%
	No	42	16.6%
Source of information on RH services (Multiple Response)	Parent talk	18	12.0%
	Friends	39	26.0%
	Relatives	12	8.0%
	Health workers	54	36.0%
	School teachers	63	42.0%
	School clubs	30	20.0%
	Medias	66	44.0%
Participated in school clubs or community	Yes	108	72.0%
	No	42	28.0%
Discussion on RH topics with (Multiple Response)	Mother	18	12.0%
	Father	7	4.6%
	Brother/sister	99	66.0%
	Friends	81	54.0%
	Health workers	33	22.1%
	Relatives	7	4.6%
Awareness of health facilities where to get RH services (Multiple Response)	Hospital	102	68.0%
	Public Health Services	54	36.0%
	Clinic	36	24.0%
	Traditional	9	6.0%
Knowledge and attitude towards RH services use	Unfavorable	69	46.0%
	Favorable	81	54.0%

^h Total sample: 150 participants

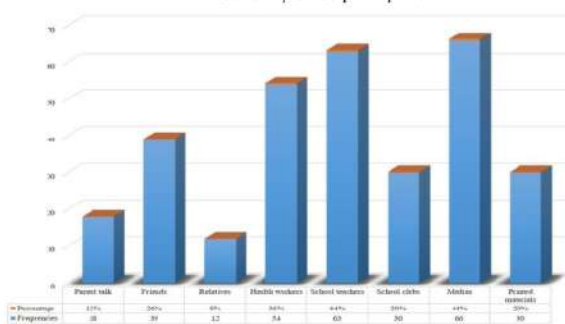


Fig. 1. Sources of information on RH services (May, 2018)

b. Utilization and accessibility of RH services

This study result showed that 33 (22%) of overall study subjects had received at least one component of the RH services in the last twelve months. Majority of participants 117 (78%) reported did not use RH services in the last twelve months. The most frequently utilized RH services were informed and counseling on RH issues 78 (52%) and 33 (22%) about family planning (GenRe-Program). The most frequently reported reasons for not utilizing RH services, are not encountering any problem 249(42.8%), and believe that the services were not necessary 135 (23.2%) majorly (Fig. 3).

Table 3. RH service utilization and reasons don't use the services by junior and senior high school in Jombang, East Java, Indonesia (May, 2018)

Characteristics	Socio-demographic, community and family characteristics		
	Characteristic	Frequencies	Percentage
Utilized at least one RH service	No	117	78.0%
	Yes	33	22.0%
RH services utilized	Information and counseling on RH issues	78	52.0%
	Family planning services	33	22.0%
	Pregnancy test	18	12.0%
	Pregnancy care	3	2.0%
	Abortion care services	3	2.0%
	Condom services	42	29.0%
	STIs treatment services	18	12.0%

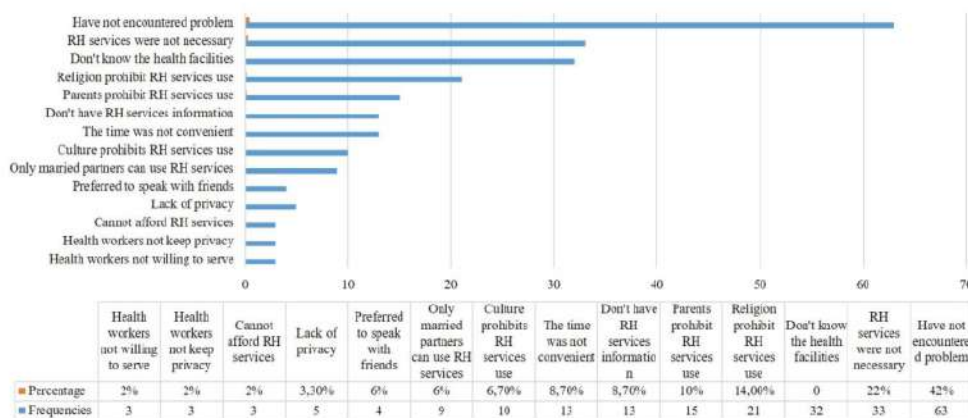


Fig. 2. Reasons not to use RH services (May, 2018)

c. Factors associated with utilization and accessibility of RH services

During bivariate analysis, being in 10-15 age (COR 2.36, 95%CI [1.34 to 4.16]), being in a relationship (COR 2.69, 95%CI [1.14 to 6.34]), having favorable knowledge and attitude towards RH services (COR 1.46, 95%CI [1.01 to 2.13]), heard RH information from school teachers (COR 0.4, 95%CI [0.27, 0.59]) discussing on RH issues with friends (COR 0.46, 95%CI [0.3, 0.72]), and discussing on RH issues with health workers (COR 2.78, 95%CI [1.8, 4.3]) were found to be associated with RH services utilization (Table 4).

Table 4. Bivariate and Multivariate logistic regression analysis of factors associated with RH services utilization and accessibility (May, 2018).

Variables	RH service utilization and accessibility					
	Characteristic	Freq.	Percentage	COR (95%CI)	AOR (95%CI)	
Age	10-15	135	90.0%		1	1
	16-20	15	10.0%	2.36 (1.34-4.16)*	1.15(0.51-2.57)	
Sex	Male	50	33.33%			
	Female	100	52.8%			
Relationship	Relationship	9	6.0%	2.69(1.14-6.34)*	1.9(0.58-6.48)	
	Single	141	94.0%		1	1
Educational status	JHS	50	33.33%		1	1
	SHS	100	52.8%	0.46(0.27-0.79)*	0.56(0.26-1.20)	
	Variable	Characteristic	Yes (%)	No (%)	COR (95%CI)	AOR (95%CI)
Discussion of RH with friends	Yes	90 (60%)	114 (76%)	0.46(0.3-0.72)*	0.73(0.39-1.37)	
	No	60 (40%)	36 (24%)		1	1
With health workers	Yes	69 (46%)	36 (24%)	2.78(1.8-4.3)*	3(1.72-5.24)***	
	No	81 (54%)	114 (76%)		1	1
Sources of RH services with school teachers	Yes	45 (30%)	75 (50%)	0.4(0.27-0.59)*	0.36(0.21-0.61)***	
	No	105 (70%)	75 (50%)		1	1
Knowledge and Attitude for RH services	Unfavorable	60 (40%)	72 (48%)		1	1
	Favorable	90 (60%)	78 (52%)	1.46(1.01-2.13)*	1.21(0.69-2.10)	

*significant at bivariate ** significant at multivariate, $p < 0.05$ *** significant at multivariate, $p < 0.001$

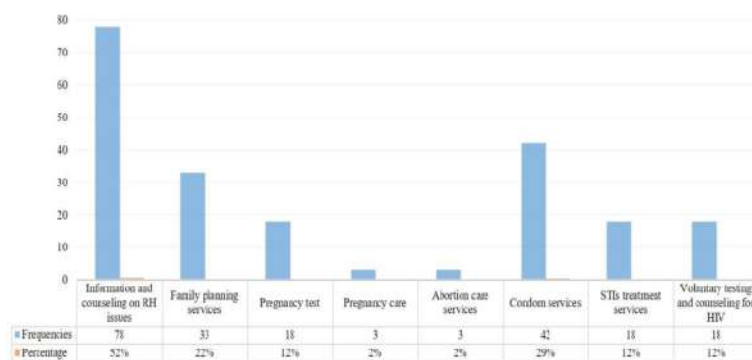


Fig. 3. Components of RH services utilized by junior and senior high school in Jombang, East Java, Indonesia (May, 2018)

IV. DISCUSSION

When junior and senior high school students entering a teenage period, adolescents face health risks, one of them is reproductive health. Adolescent reproductive health evident in their early pregnancy, abortion, sexually transmitted diseases including HIV/AIDS and sexual violence. Adolescent reproductive health status is supported also by the problem of nutrition, health, psychological, economic and gender inequalities that make it difficult for young women to avoid sexual intercourse imposed or commercial sex. International Conference on Population and Development (ICPD) in 1994 to encourage the government and community to develop a program to address an issue of sexual and reproductive students. ICPD recommends essential services that should

be highlighted include reproductive health information and counseling; clinical services for students; advisory services relating to the relationship between gender, violence, responsible sexual behavior, and sexually transmitted diseases; as well as the prevention and treatment of sexual abuse.

The overall utilization and accessibility of RH among junior and senior high school students were 21.3% (95% CI [18.3–24.0]). It is similar with the quasi-experience study conducted in Brebes, Central Java, Indonesia.^[1] The possible reason for the discrepancy might be due to respondent characteristics, socio-demographic backgrounds and time reference used in the definition of RH services.

This study also showed that a small proportion 33 (22%) of the participants used RH services. In fact, school teachers may strictly disseminate information that early RH initiation can lead to a risk of unwanted pregnancy and complication in RH. Therefore, before formulating hypotheses about information from school teachers, additional studies using qualitative designs are needed to dig out the deeper meaning and to identify a type of information delivered by school teachers. Needs coordination between RH services with education institution to increase awareness of institution about RH care for junior and senior high school students.

These findings are related to this literary, RH care was needed to improve students' knowledge and attitude about sexuality and decision making related the future plan of the students, student have special sexual and RH needs, students' needs to know a definition of reproductive system, RH on male and female, important of RH, etc.^[21]

In 2011, the World Health Organization (WHO) issued guidelines on preventing early pregnancy and poor reproductive outcomes in adolescents from LMICs focusing on four major pregnancy prevention outcomes: (1) increasing access to and use of contraception; (2) preventing marriage before 18 years; (3) increasing knowledge and understanding of the importance of early pregnancy prevention; and (4) preventing coerced sex.^[22]

In Andrade et al., an in-school sexual reproductive health care program focused on adult-child relationship by training and encouraging teachers in order to improve connectedness with students. Teachers trained to counsel adolescents and their parents about sexual reproductive health issues.^[23]

The junior and senior high school students from this research need RH services such as RH clinic at school area or dormitory. The most frequently utilized RH service component was voluntary testing and counseling service followed by information and counseling on RH issues. Media was the potential source of information on RH services for school youths followed by teachers and health workers. This can be justified by the fact that discussion of services with people allows adolescents to create more opportunities to exchange information, experiences, and build comprehensive knowledge about RH. It can also create opportunities to deal with adolescent problems associated with RH service utilization and accessibility so that health professionals might be the source of accurate information for adolescents which help them for appropriate decision making in health services seeking behavior.

V. LIMITATION

Since this study examines personal and sensitive issues, obtaining honest responses among adolescent students might have been difficult. Therefore this data might have prone to participants bias. The quantitative study design did not allow for probing into certain areas which needed further qualitative description. Finally, the study was conducted in schools of only one district, which means the findings may not be generalizable to the overall adolescent and youth population in Indonesia, who are socio-economically, linguistically, and ethnically diverse. In addition factors at community (e.g. parental attitude and control over the children) and health system are needed to be included in the future researches.

VI. CONCLUSION

This study had showed that low proportion of the school youths visited different health facilities to utilize RH services in the last 12 months. The junior and senior high school students need RH services such as RH clinic at school area or dormitory. The most frequently utilized RH service component was voluntary testing and counseling service followed by information and counseling on RH issues. Media was the potential source of information on RH services for school youths followed

by teachers and health workers. Discussion with health workers, previous history of perceived STIs symptoms, being ever sexually experienced and exposure to information from school teachers were found to be independent determinants of RH services utilization among school youths. This research activity will involve cross-sector, especially the Ministry of Religion and The National Population and Family Planning (BKKBN) of East Java and Ministry of Education (Dinas Pendidikan) of East Java.

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