



EXPLORATION OF THE MODEL OF NAGARI CHILD ASSISTANCE IN REDUCING ADOLESCENT SEXUAL BEHAVIORS AT RISK IN SENIOR HIGH SCHOOL 1 LAREH SAGO HALABAN DISTRICT

Lisma Evareny

Diploma III Midwifery Program of Polytechnic Health Ministry of Padang (in Bukittinggi)

ABSTRACT

Adolescent assistance can be a solution for adolescents who need counseling, a way out of adolescent problems or reproductive problems, by paying attention to aspects of communication and privacy. Kabupaten 50 Kota is one of the districts in the province of West Sumatra that have many problems regarding adolescent reproductive health behavior. So that a companion group of nagari was formed. Nagari child companion group has been implemented from 2014, but it is still simple not to use the module as a media tool in providing health education. So that it is necessary to develop a model of nagari assistance in reducing risky sexual behavior in adolescents in the District of Fifty Cities. The development of the nagari children's mentoring model is expected to increase adolescent knowledge about sexuality, sexually transmitted diseases, human immunodeficiency of viruses (HIV), and drugs. Design of this research is using qualitative methods with an explorative approach. The population in this study were all students and students of Halaban I High School.

The implementation of the PIK R program during 2016 - 2018 with the method of mentoring nagari by PIK R members has not reached adolescents in each of the villages, but peer assistance in high school has been carried out. By involving them as peer educators in this program activities at Lareh Sago Halaban I High School. Results can be seen from the new increase in awareness of members in an effort to prevent risky sexual behavior in adolescents, transmission of STIs and HIV / AIDS. As a youth companion, he is still not confident because there is no specific training on how to become a peer companion for teenagers in reducing risky sexual behavior in adolescents. Stakeholder involvement from the beginning of the program is running and in determining the direction of policy is very helpful in the success of this program. However, starting from this school year there has been no guidance to the Gelamai R PIK.

The involvement of stakeholders is still not maximal in coordinating prevention and prevention of risky sexual behavior in adolescents where each program manager runs individually. With this program from the BKKBN, it is hoped that it can bridge all the implementation of the program.

KEYWORDS : nagari children, risk sexual behavior

BACKGROUND

Teenage is a period of transition from children to adults. In adolescence humans cannot be called adults but cannot be called children. Adolescence is a transition period between childhood and adulthood that runs between the ages of 10 years and 24 years. Adolescence is a developmental process that includes changes related to psychological development, physical (changes in the body: menses, wet dreams, enlarged breasts, growing Adam's apple), and social changes occur in him. (Kusumaryani, 2017)

Teenagers have several stages of development, one of which is the emergence of liking with the opposite sex. This can increase the feeling of wanting to have in adolescents, so it is called the term dating. (Arie, 2011)

According to (Infodatin, 2015), the age range of adolescents first dating is 15-17 years. About 33.3% of adolescent girls and 34.5% of adolescent boys start dating before they are 15 years old. At that age, it is feared that adolescents do not have adequate life skills, so the teenager is at risk of unhealthy dating behavior, namely premarital sex. Premarital sexual behavior is all the actions or behavior that is driven by sexual desire carried by two people, men and women without status of a legal marriage (Jusuf, 2010) The forms of sexual behavior according to that is *touching, kissing, petting* and *sexual intercourse*.

Results of the research National Survey of Family Growth (NSFG) that 44% of female adolescents and 47% of adolescent boys have had sexual relations (Martinez and Abma, 2015) According to the Survey Demographics Indonesian Health (Central Bureau of Statistics *et al.*, 2013), about the percentage of premarital sex in adolescents in 2007 was 3.7% of teenage boys and 1.3% of teenage girls had premarital sex. In 2012 it was found that 4.5% of teenage boys and 0.7% of teenage girls had premarital sex.

From the same survey it was found that the reasons for premarital sexual relations were mostly out of curiosity / curiosity (57.5% of men), just happened (38% of women) and forced by partners (12.6% of women). This reflects a lack of understanding of adolescents about healthy life skills, the risk of sexual intercourse and the ability to reject relationships that they do not want (Central Statistics Agency *et al.*, 2013)

Premarital active sex adolescents can cause pregnancy in adolescents and transmission of sexually transmitted diseases. Unwanted pregnancies in adolescents can continue to abortion and teen marriage. Both have an impact on the future of adolescents, the fetus conceived and their families (Central Bureau of Statistics *et al.*, 2013).

Lima Pulu Kota district is one of the districts in West Sumatra Province which has many problems regarding adolescent reproductive health behavior. Commemoration of National Education Day in West Sumatra which is identical to the Minang Sphere, a country that is strong with traditional syara 'customs, Syara' is based on this Kitabullah, was shocked by the news about the existence of "*arisan sex*" among adolescents in Lima Pulu Kota district.

According to the data, in Lima Pulu Kota district, 3 students were pregnant out of wedlock due to sexual *arisan*. The results of the 2015 health survey in Lareh Sago Halaban District found that 68% of adolescents had low knowledge about adolescent reproductive health. Data from SMAN 1 Subdistrict Lareh Sago Halaban, during the past year there were 50% of students claiming to be dating, and almost 90% of those dating claimed to have held hands. In the case of 2014, there were kissing photos of uniformed students circulating on social networks that were students of SMAN 1, Lareh Sago Halaban. So that a companion group of nagari was formed. The nagari child companion group has been implemented from 2014 by PKBI Payakumbuh and Lima Pulu Kota Districts, but it is still simple not to use the module as a media tool in providing health education.

Less than optimal provision of reproductive health information in schools, often directs teenagers to look for other sources of information, which can fulfill their curiosity about sexuality. (National, 2015). This shows that the media has become a source of information that cannot be separated from teenagers. From the description above, it would be necessary to explore the model of nagari assistance in reducing risky sexual behavior in adolescents in Lima Pulu Kota. The purpose of this study was to exploit the nagari child assistance model in reducing risky sexual behavior in adolescents in Lareh Sago Halaban Senior High School I in Kabupaten Lima Pulu Kota.

MATERIALS AND METHODS

This study uses qualitative methods, while in terms of objectives, this

study is explorative research. This study was conducted at SMA N 1 Lareh Sago Halaban District 50 City. The subjects of this study were adolescent, adolescent counselors and PIK R. coaches.

There are two types of data in this study, primary data and secondary data. The primary data source is the doctor or health officer of the District Health Office 50 City as his counselor and his assistant. The researcher obtained the primary data from the source directly, namely when the researcher conducted interviews and direct observation of the nagari child assistance activities. Secondary Data Secondary data is data that is not attempted alone by the researcher. Regarding this secondary data source researchers immediately conducted interviews and observations on people other than respondents.

Data collection techniques used in this study are interviews or interviews, this method is used to obtain data about the counselor or companion and adolescents both about education, family and other environments as well as the problems faced, Observation: in this case the researcher conducts observations and records systematically regarding the phenomena investigated. Documentation is a method used to find data about things or variables in the form of transcripts, books and so on. Data obtained from this method is a general description of the location of the study and focus group discussion is used to determine the activities of the adolescent mentoring model.

Data analysis is the process of organizing and sorting data into patterns, categories and basic descriptions so that themes can be found and work hypotheses can be formulated as suggested by the data

RESULTS AND DISCUSSION

1. Characteristics of research subjects

The total subjects of this study were 51 people, with details of 1 District Health Office program manager, 2 PIK R supervisors, 39 PIK R members and 9 PIK R Gelamai core administrators, Lareh Sago Halaban I High School. Data were obtained from in-depth interviews and FGDs.

Companions of nagari (teenagers) children number 48 people. 30 people who were chosen as respondents were focus group discussions to gather information and their opinions about the PIK R program, especially mentoring teenagers in their *nagari*. The average age of 14-15 years. Average class X and XI.

Stakeholder Informant. The key informants consisted of key informants, namely the PIK R supervisor, District 50 District Health Office staff, PKBI District Lima Pulu Kota. The informant from this school has been in charge of the PIK R program for the past 4 years.

2. Input

The input component consisting of personnel, facilities, funds and organizations shows that the PIK R program has sufficient staff, namely 9 (nine) people and the rest are staff from high school students themselves. Facilities for activities such as teaching aids and leaflets are still inadequate, which have been assisted by the BKKBN. The available funds are also considered to be lacking with the activities carried out so that activities are adjusted to existing funds and there is no additional funding in the form of assistance from the local government or the community.

3. Process

The process component consisting of planning, implementation and evaluation shows that most of the planning has been well designed by the PIK R Gelamai management, while planning in the health office is limited to making schedule activities every month, such as schedules for going down the field, advocacy to relevant agencies, meetings monthly and internal monitoring and evaluation. The Health Office handles PIK R, which is the Health Department.

4. Output

The results obtained from the evaluation and monitoring of R Gelamai PIK activities were limited to the socialization of the PIK R. The nagari assistance program in reducing risky sexual behavior after the implementation of the PIK R program for 3 years (beginning of 2016 until the end of 2018), has not yet been applied to each nagari. Other PIK R programs that are about reproductive health can be seen at the level of knowledge, attitudes, and behavior of everyday teenagers as follows:

Knowledge: Most of the PIK R member respondents are less aware of: what are STIs, their symptoms, and how to prevent them. Almost all PIK R member respondents already know about: what is HIV / AIDS, its symptoms, and how to prevent it.

Attitude: Almost all PIK R members who attend mentoring for nagari children have a very agreeable attitude about the dangers of STIs and HIV / AIDS, concern about being infected, must know the symptoms and methods of prevention, and act on the effects of STIs and HIV as a result of risky sexual behavior among teenagers wrong that will develop in the future. Likewise very agreeing attitudes towards preventing and avoiding risky sexual behavior when hearing information on STIs and HIV / AIDS.

Behavior: Almost all respondents who were mentoring nagari children were dating, but there were several students outside of PIK members who risked sexual behavior which disrupted the concentration of learning and the environment. So that PIK coaches have difficulty in handling cases that occur every month about risky sexual behavior in these high school students. This nagari child companion feels that she has not contributed much in reducing risky sexual behavior in her area but is actively trying in PIK R Gelamai every week. And hope to be guided by the authorities in handling the issue of adolescent reproductive health.

5. Planning

The planning of the PIK R program is carried out only involving the BK teacher and Student Advisor. The intervention program was made based on the implementation guidelines (BKKBN) on the PIK R then described in each school. Like the following interview quote:

The work plan every year we make ... and we are here adjusting to the work plan of PIK R ... because we have almost all of them in high school and all of them are exactly the same ... especially for the target number ... it has been determined there ... when is it appropriate for the opportunity at school ... this work plan with implementation is related to funding ... for example, usually every quarter of a year the funding is still not down ... then usually for activities that invite outsiders or are large we switch to quarterly -the next quarter ... so from January to March our most routine activities are only in the form of socialization to new members of PIK R." (Program manager).

Field program planning for program managers is assisted by 3 volunteers from the PIK R who are already in class 9. They work based on the plans made together, as quoted by the following interview:

"... in the PIK R there must be a chairperson, treasurer and secretary, and they can cooperate well and each member enters the school. if there are 3 people in the PIK R secretariat, the finance and administration department ... if there are 10 people who are programmed by PIK R, we have 10 people ... of which 10 people are 1 leader. (Program manager)

"... if the routine routine activities are carried out it is mandatory for all PIK R members, if our activity funding has cash. (PIK R Management).

6. Implementation

"... This nagari child assistance program has been vacuum for a long time since 2 years ago. In the beginning, the PKBI team often invited discussions outside of school hours, which was Sunday. In carrying out activities do not have a specific guide, so just walk away. Every Wednesday there is a management meeting and sometimes there are those who monitor us from the District BKKBN; whether the program runs smoothly. But since this school year we seemed to have been released from the BKKBN. Once a month from the district was present. So that the younger sister of the new member of PIK R doesn't know much about the program" (PIK R core management)

Activities in carrying out adolescent assistance and in reducing risky sexual behavior and prevention of HIV / AIDS have been going on since 2016. Various activities have been carried out in this project according to the strategies and programs previously agreed upon.

The pattern of approach to youth peer assistance through collaboration with student programs in solving risky sexual behavior problems. The most common cases are the problem of dating, the misuse of social media. For the nagari itself, each member of the PIK R has not played a role because there is not enough knowledge to become a companion. In schools a group and individual approach is carried out. This difference

occurs, because in PIK R it is more concentrated and temporarily overcomes problems in the school environment.

The role of the program manager here is very vital because he who manages all activities is assisted by the BKKBN sub-district and district administrators, as monitors of the implementation of the activities. In every implementation PIK R activities always coordinate across sectors, for example with the health office or BKKBN. As explained in the following interview:

".. if we currently have the MoU ... there are 1 success ... Lareh Sago Halaban Health Center for hotspots in their own schools ... then District BKKBN"

".. with PKBI we have no MoU yet, but in terms of reproductive health ... yes we get counseling from BKKBN"(Program manager).

"..... if the health services support is not good in the past 6 months we have been ignored ... don't know why first ... we are always monitored every month."

We also need knowledge to be confident in assisting peers in reducing risky sexual behavior, which is the most frequent case here. "So we are waiting for the schedule ... when the health office and BKKBN carry out"

7. Monitoring and Evaluation

Monitoring and evaluation is a routine activity that can be carried out in stages, structured and scheduled, carried out by the BKKBN team in the district of 50 cities. Implemented through participatory approaches based on programs and activities to assess the achievements and progress of implementing activities. The main indicators measured here are indicators of the intended PIK R interests. For the implementation of monitoring and evaluation to be carried out in accordance with its objectives, each activity is reported every month. The data and information above will be used as guidelines in carrying out the next activity. Evaluation activities are carried out every three months.

"... monitoring and supervising us indeed if on a regular basis 3 months ... but I also just returned to college at UI so I don't know how lately there is less guidance in PIK R school. Because you thought you were walking. And that is concentrated by the health department now PIK R in Nagari. sometimes kepengen know whether or not friends in the field ... (Promkes program manager).

DISCUSSION

Based on the results of the study it was found that all members of the PIK R had recorded and reported, but in manual form. Recording is done by recapitulating the register every month, and the recapitulation is reported manually every month to BKKBN and District Health Office 50 City.

a. Coverage of Adolescent Mentoring

Based on the results of the study, it was found that the coverage of youth assistance was still less than the previous year, because in the past year there had been no training from the BKKBN and the health office. Although coverage figures still have not reached the specified target. The low attainment of mentoring coverage can be concluded from the results of in-depth interviews caused by low stakeholder participation to actively foster PIK R. This results in the lack of information and knowledge of adolescents so that they do not believe in supporting nagari children in reducing risky sexual behavior.

However, the increase in the number of PIK R members from the previous year has been able to provide a positive picture for the future, where it is hoped that this assistance can be carried out.

b. Case Findings Deviant sexual behavior

Based on the results of research on the discovery of cases of deviant sexual behavior, it was found that along with the increase in knowledge, there was also an increase in the discovery of cases of risky sexual behavior in Lareh Sago Halaban State High School students. But the case can be overcome.

c. Outreach and counseling activity

Outreach and assistance carried out by PIK R is carried out with various activities such as providing reproductive health information, STIs and HIV & AIDS and condoms individually (face to face), group

interactive discussions (DIK), lectures, KIE and condom media distribution, and counseling.

CONCLUSION

1. Existing staff, funds and facilities for the PIK R program as a forum for mentoring nagari children are quite adequate in terms of the number of staff, qualifications as peer companions are still very lacking and the amount of budget provided by donors is sufficient to carry out activities.
2. Program planning has been carried out by the core management and supervisors in coordination with the kecamatan BKKBN. The program was carried out by the PIK R program manager assisted by 3 old PIK members from class 9 who served as core administrators who were quite good at implementing the program.
3. The assistance model for nagari children that has not been running in carrying out new activities is limited to assisting peers at school
4. The implementation of the outreach and mentoring program for adolescents in the program for prevention and control of risky sexual behavior, STIs and HIV / AIDS by equitable PIK R members has not been successful enough, marked by an increase in cases in these high schools. But among PIK members there has been an increase in knowledge, changes in attitudes and risky sexual behavior.
5. The role of stakeholders in the program to reduce risky sexual behavior, STIs and HIV / AIDS in adolescents, has not had such a big influence in determining the policies and sustainability of the nagari child assistance model and peer assistance. This can be seen from the direct involvement of several government agencies such as the BKKBN, the Health Office and the Ministry of Religion which are less involved in helping local governments, especially Lareh Sago Halaban State High School in the prevention and prevention of risky sexual behavior in the city of Sago Lareh Halaban High School and District 50 Kota in particular, it is still constrained by budgets and funds.

REFERENCE

1. Kementerian Kesehatan RI. 2012. Survei Demografi Kesehatan Indonesia 2012 Kesehatan Reproduksi Remaja. Kementerian Kesehatan. Jakarta
2. Kementerian Kesehatan RI. 2015. InfoDATIN: Situasi Kesehatan Reproduksi Remaja. Pusat Data dan Informasi. Jakarta
3. Kusmiran. 2012. Kesehatan Reproduksi Remaja dan Wanita. Salemba Medika. Jakarta
4. Lestari, I.A, Arulita, I.F, Galuh, N.P. 2014. Faktor-Faktor yang Berhubungan (Strasbourg, 2010) dengan Perilaku Seks Pranikah Mahasiswa UNNES. Unnes Journal of Public Health. Vol.3(4) : 27-38
5. SDGs (2015) 'KESEHATAN DALAM KERANGKA SUSTAINABLE DEVELOPMENT GOALS (SDGs)', Rakorpop Kementerian Kesehatan RI, (97), p. 24. Available at: <http://www.depkes.go.id/resources/download/pusdatin/infodatin/infodatin-ibu.pdf>.
6. UNICEF, 2016. Adolescent demographics. <https://data.unicef.org/topic/adolescents/adolescent-demographics/>. 2 Februari 2018
7. WHO. 2018. Adolescent health. http://www.who.int/topics/adolescent_health/en/ 20 Desember 2018
8. Wusu, O. (2013) 'Exposure to media content and sexual health behaviour among adolescents in Lagos metropolis, Nigeria', *Afr J Reprod Health*, 17(2), pp. 157-168.