PREDICTORS OF UTILIZATION ON REPRODUCTIVE AND SEXUAL HEALTH CARE AMONG ADOLESCENTS IN INDONESIA : A DATA ANALYSIS OF SKRRI 2007



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BACKGROUND

- Approximately 1.8 billion adolescents aged between 10 and 19 years worldwide.
- Estimated 600 million female adolescents with problems associated to risky behaviors (estimated 47% sexually active worldwide)
- Adolescents have rights to receive reproductive and sexual health care, but their right were ignored because of a number of hurdles.
- In Indonesia, there is a gap on utility to adolescents reproductive and sexual health care between Java-Bali areas and outside Java Bali areas.
- Aim: to explore the predictors of reproductive and sexual health care utility between the well-developed and less-developed regions in Indonesia using the Indonesian Adolescents Reproductive Health Survey (SKRRI) 2007 dataset

METHODS

We used logistic regressions to predict factors associated with the utilisation of reproductive and sexual health care among adolescents in Indonesia.



VARIABLES SELECTION

6.289 resp (Java-Bali), 13.438 outside Java-Bali)
Based on SKRRI 2007 data set,
Characteristic of respondents: age 15-24 years,
education level, residence, SES status, information
about ASRH and contraception by health care providers,
information about signs of STI's (pus, abscess)
Utilization health care facility.

RESULTS

Table 1. Utilization of Reproductive Health Care based onAdolescents Characteristics

Variables	Java-Bali area (OR, 95%CI)	Outside Java-Bali area (OR, 95%CI)	
Ages (year)	1.1 (0.7-1.9)	0.8 (0.6-1.0)	
Education level	1.5 (0.9-2.4)	1.2 (0.8-1.7)	
SES	0.6 (0.4-1.1)	1.2 (0.9-1.6)	
STI's information by provider	2.9 (0.4-22.0)	6.1 (2.9-13.3)****	
Sign of STI's (pus)	0.8 (0.5-1.4)	0.5 (0.4-0.7)*****	
Sign of STI's (abscess)	1.7 (1.0-2.8)**	2.4 (1.8-3.1)****	
Contraception used	0.0 (0.0-0.1)****	0.1 (0.1-0.2)****	
Note: ****p<0.000			

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Table 2. Logistic Regression Result between Java-Bali andOutside Java-Bali Region

Variables	Java-Bali area OR (95%CI)	Outside Java-Bali area OR (95%CI)
STI's information by provider	1.4 (0.3-7.4)	5.9 (2.7-12.8)****
Sign of STI's (pus)	1.7 (0.7-4.1)	0.9 (0.6-1.5)
Signs of STI's (abscess)	3.0 (1.4-6.6)**	3.1 (2.1-4.5)****
Contraception used	0.0 (0.0-0.1)****	0.1 (0.1-0.2)****

Note: ******p<0.01, ********p<0.000 Variables which not significant, excluded in this model (age, SES status, residence, education level)

Conclusion

- Lack of awareness from community and health care providers have large contribution towards the reproductive and sexual health among adolescents in the future (contraception for adolescents who are sexually active still illegal).
- Indonesia government should improve policies about adolescents reproductive and sexual health care, through planning the budget,
- Change community mindset, and providers responsibility and attitude in health care setting.
- Key Terms: adolescents, utilisation, reproductive and sexual health care



THANK YOU