

The Relationship Between Family Resilience and The Role of Peers on Reproductive Health Behaviour in Adolescents at SMPN 258 East Jakarta

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ABSTRACT

Reproductive health issues are still a significant problem among adolescents, such as free sex, abortion, sexually transmitted infections, and HIV/AIDS, requiring government attention. One of the causes is the inadequate family resilience of adolescents and the influence of peers. This study aimed to determine the relationship between family resilience and the role of peers on reproductive health behaviour in adolescents at SMPN 258 East Jakarta. The research design used a *cross-sectional* approach with a *proportionate stratified random sampling* technique. This research was conducted in May 2023. This study's population were adolescents still active at SMPN 258 Jakarta. A total of 250 adolescents participated in this study. From the *Chi-square* test results, it was found that there was a relationship between family resilience and the role of peers on adolescent reproductive health, with a *p-value* of family resilience of 0.002 ($p < 0.05$) and the part of peers of 0.003 ($p < 0.05$). The researcher recommends this study as a policy basis to the DKI Jakarta Health Office regarding the importance of understanding, assistance, and supervision from parents regarding adolescent reproductive health and to the school by providing counselling on choosing good peers.

Keywords: Adolescents; Family Resilience; Reproductive Health; Role of Peers

ABSTRAK

Permasalahan kesehatan reproduksi masih menjadi masalah utama di kalangan remaja seperti seks bebas, aborsi, infeksi menular seksual, HIV/AIDS yang memerlukan perhatian dari pemerintah. Salah satu penyebabnya adalah rendahnya ketahanan keluarga remaja dan pengaruh teman sebaya. Tujuan penelitian ini adalah untuk mengetahui hubungan ketahanan keluarga dan peran teman sebaya terhadap perilaku kesehatan reproduksi pada remaja di SMPN 258 Jakarta Timur. Desain penelitian menggunakan pendekatan *cross-sectional* dengan teknik pengambilan sampel *proporsional stratified random sampling*. Penelitian ini dilakukan pada bulan Mei 2023. Populasi dalam penelitian ini adalah remaja yang masih aktif di SMPN 258 Jakarta. Sebanyak 250 remaja berpartisipasi dalam penelitian ini. Dari hasil uji *Chi-square* diketahui ada hubungan antara ketahanan keluarga dengan peran teman sebaya terhadap kesehatan reproduksi remaja dengan nilai *p-value* ketahanan keluarga sebesar 0,002 ($p < 0,05$) dan peran teman sebaya sebesar

0,003 ($p < 0,05$). Peneliti merekomendasikan penelitian ini sebagai landasan kebijakan kepada Dinas Kesehatan DKI Jakarta mengenai pentingnya pemahaman, pendampingan, dan pengawasan dari orang tua mengenai kesehatan reproduksi remaja serta kepada pihak sekolah berupa pemberian penyuluhan dalam memilih teman sebaya yang baik.

Kata Kunci: Remaja; Ketahanan Keluarga; Kesehatan Reproduksi; Peran Teman Sebaya

INTRODUCTION

Adolescents comprise the largest age group in Indonesia at 24 per cent of the total population. According to the National Population and Family Planning Agency, adolescents are the population aged 10 to 24 years and are single (BKKBN & Kementerian, 2018). The size of the adolescent population will affect the formation of social, economic, and demographic perspectives at this time or in the future because, along with the process of growth and development, adolescents always want to try new and risky things which have adverse effects and are detrimental to the future (Sari, 2019). Thus, adolescents need to seek serious attention because they are vulnerable to the risk of reproductive health problems such as premarital sexual behaviour, sexually transmitted infections, HIV/AIDS, and others.

Data from the Indonesian Demographic and Health Survey (2017) revealed that (2%) of female adolescents and (8%) of male adolescents had practised premarital sexual intercourse, and (11%) of them

faced unwanted pregnancy. Among these adolescents, (59%) of females and (74%) of males reported that they started having sex at the age of 15-19 years. The family is the primary and most important source for adolescents in shaping attitudes, mindsets, and knowledge, one of which is related to reproductive health. Family resilience is defined as the family's ability to manage resources and deal with problems that arise to fulfil the needs of all family members (Arsad *et al.*, 2022). The strength of family resilience owned by the family will more easily shape the personality of adolescents not to be trapped in negative influences. (Ulfiyah, 2021).

Generally, adolescents are not free to talk about sexual problems in the family due to the lack of communication built by the family (Santoso, 2022). Many families still consider it taboo to talk about matters related to adolescent sexual development. As a result, adolescents choose friends as a place to share about this matter. (Sari, 2019). Adolescents tend to get the wrong information containing sexual elements

because adolescents easily accept different information without being selective (Bujawati et al., 2017; Sari, 2019). A preliminary study conducted by researchers in March 2023 at SMPN 258 Jakarta with interviews with 15 adolescents found that all had never received reproductive health education. Still, eight adolescents had received information about the behaviour of maintaining reproductive organ hygiene through counselling teachers and women's activities conducted once a week. At the same time, the researcher also interviewed the counselling teacher of SMPN 258 Jakarta, who said that adolescents are introduced to gender and how to maintain reproductive hygiene starting from grade VII. However, the fact is that ten adolescents said they still did not understand HIV/AIDS or sexually transmitted infections, and 5 of them admitted that they had and were dating. From the results of observations, researchers found two pairs of teenagers were busy together while embracing in the corner of the 3rd-floor. When returning from school, there were teenage couples riding bicycles while hugging.

METHOD

The research design used a *cross-sectional* approach. The research was conducted in May 2023 at SMPN 258 Jakarta. The population of this study were 684 adolescents in grades VII and VIII who were still active at SMPN 258 Jakarta. A total of 250 respondents were obtained using the *proportionate stratified random sampling* technique using the Slovin formula. The UPNVJ Health Research Ethics Commission has ethically tested the instruments in this study in the form of a respondent characteristics questionnaire, and a family resilience questionnaire (*WFRQ*) developed by Walsh has been used by research. (Utari et al., 2022) The peer role questionnaire was adapted from (Badaki & Adeola, 2017 Kosati, 2019) and the reproductive health behaviour (*ARH*) questionnaire by (Kholifah et al., 2017). This questionnaire has been tested for validity and reliability at SMPN 147 Jakarta. Univariate test data analysis in frequency distribution results and bivariate test using *chi-square* test to see the relationship between variables with SPSS. Researchers used the median value to categorize each instrument because the data were not normally distributed.

RESULTS AND DISCUSSION**Table 1. Distribution of Respondents' Characteristics**

Demographic Data	Frequency (n)	Percentage (%)	Mean	SD
Age			13.85	0.750
Gender				
Male	126	50,4%		
Women	124	49,6%		
Parental Education				
Not in School	2	8%		
SD	12	4,8%		
SMP	32	12,8%		
HIGH SCHOOL	122	48,8%		
S1	56	22,4%		
S2	26	10,4%		
Parents' Income				
< Jakarta UMR (<4,900,000)	146	58,4%		
> Jakarta UMR (>4,900,000)	104	41,6%		
Living Together				
Nuclear Family (Father & Mother)	243	97,2%		
Non-family (Grandma, Aunty)	6	2,4%		
On your own	1	0,4%		
Marital Status of Parents				
Married	227	90,8%		
Divorce Life	14	5,6%		
Death Divorce	9	3,6%		
Family Resilience				
Low	124	49,6%		
High	126	50,4%		
The Role of Peers				
Negative	121	48,4%		
Positive	129	51,6%		
Reproductive Health Behaviour				

Less good	118	47,2%
Good	132	52,8%

Table 1. Regarding the characteristics of 250 respondents, it is known that most respondents are, on average, 13.85 years old. Most of the respondents in this study were male, totalling 126 respondents (50.4%). The last education of the majority of respondents' parents was a high school graduate, totalling 122 respondents (48.8%). Most respondents' parents' income was <UMR Jakarta (<4,900,000), totalling 146 respondents (58.4%). A total

of 243 respondents (97.2%) lived with their nuclear family (Father and mother), and the marital status of the respondents' parents was mostly married, 227 respondents (90.8%). A total of 126 adolescents, or 50.4%, had high family resilience. A total of 129 adolescents, or 51.6%, have a positive peer role. Moreover, as many as 132 adolescents, or 52.8%, have good reproductive health behaviour.

Table 2. Analysis of the Relationship between Family Resilience and Peer Role on Reproductive Health Behaviour

Family Resilience	SRH Behaviour		Total	P-value	OR (95% CI)
	Less good	Good			
Low	71 (57,3%)	53 (42,7%)	124 (100%)	0,002	2,252 (1,356-3,738)
High	47 (37,3%)	79 (62,7%)	126 (100%)		
The Role of Peers					
Negative	69 (57%)	52 (43%)	121 (100%)	0,003	2,166 (1,306-3,593)
Positive	49 (38%)	80 (62%)	129 (100%)		

Table 2 shows that 124 respondents had low family resilience, 71 (57.3%) had poor reproductive health behaviour, and 53 (42.7%) had good reproductive health behaviour. Furthermore, 126 respondents had high family resilience, 47 respondents (37.3%) had poor reproductive health behaviour, and 79 respondents (62.7%) had good reproductive health behaviour. Based on the *Chi-square* test results, a relationship exists between family resilience and reproductive health behaviour in adolescents at SMPN 258 Jakarta with a *p-value* ($0.002 < 0.05$). This result is in line with the research of Arsad *et al.* (2022), which found there is a relationship between family resilience and risky sexual behaviour in adolescents with a *p-value* ($0.001 < 0.05$). Reinforced research by Ritanti *et al.* (2023), the majority of adolescents have families with good resilience, as many as 159 adolescents (51.5%), where family support and resilience are factors that have a significant role in the recovery process of adolescents to avoid risky behaviour.

The family is the primary source for adolescents in shaping attitudes, mindsets, and knowledge about reproductive health to avoid negative influences. Families can place themselves as friends to adolescents so that adolescents are more open to parents and feel comfortable talking about

things that happen to them. Families can easily control adolescent development and teach the importance of reproductive health. The existence of a harmonious relationship between adolescents and parents will affect the outcome of adolescent reproductive health. Conversely, if parents often quarrel, it will hinder communication within the family. Several studies have mentioned the low level of communication between parents and adolescents regarding reproductive health. This is due to parents' lack of knowledge, parental skills in communication, and the influence of a culture that considers it taboo to discuss sexuality related to reproductive health. (Maina *et al.*, 2020; Bhatta *et al.*, 2021; Usonwu *et al.*, 2021; Toru *et al.*, 2022).

Of the 250 respondents, 121 had negative peer roles, 69 respondents (57%) had poor reproductive health behaviour, and 52 other respondents (43%) had good reproductive health behaviour. Furthermore, 129 respondents had positive peer roles, 49 respondents (38%) of whom had poor reproductive health behaviour, while 80 respondents (62%) had good reproductive health behaviour. Based on the *Chi-square* test results, there is a relationship between the role of peers and adolescent reproductive health behaviour at SMPN 258 Jakarta with a *p-value of*

0.003 ($p < 0.05$).

Following research by Mariani and Murtadho (2018), it was found that there was a relationship between the role of friends on reproductive health behaviour with a *p-value* (0,000 $< .,05$). Research results from Purba & Rahayu (2021) stated that 45 adolescents have a good part of peers (62.5%) in sharing reproductive health information, such as menstruation and wet dreams. Adolescents are very open to peer groups. Adolescents spend more time with friends than parents (Fatmawati & Wahyudi, 2021). They discuss various things or things in common with each other for hours. This needs to follow Nova's research (2023). It was found that there was no relationship between the role of peers and perceptions of reproductive health with a research *p-value* ($0.754 > 0.05$). This is because adolescents' perceptions are influenced by not using the internet appropriately to search for information related to reproductive health, the absence of adolescent participation in PIK-Remaja at school, sinister influence from peers, and the absence of education from parents to adolescents.

CONCLUSIONS

This study concludes a significant relationship between family resilience and adolescent reproductive health behaviour with a *p-value of* ($0.002 < 0.05$). There is a significant relationship between the role of peers and adolescent reproductive health behaviour at SMPN 258 Jakarta with a *p-value of* 0.003 ($p < 0.05$). Researchers recommend the active role of parents and schools in providing understanding, assistance, and supervision related to reproductive health. Adolescents are more selective in choosing friends. Maintain their reproductive health and avoid risky behaviour for the spread of sexually transmitted infections. As well as increasing a close and harmonious relationship with the family.

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