Self efficacy of street children in JABODETABEK in utilizing health services

Self efficacy of street children in JABODETABEK in utilizing health services

R Chairani[1], A Y S Hamid[2], J Sahar[3], T E Budhi[4]

[1]Doctoral student, Faculty of Nursing, Universitas Indonesia
[2]Department of Mental Health Nursing, Faculty of Nursing, Universitas Indonesia
[3]Department of Community Health Nursing, Faculty of Nursing, Universitas Indonesia
[4]Environment Science Study Program, Universitas Indonesia
Jl. Margonda Raya, Pondok Cina, Depok, Jawa Barat 16424 - Indonesia

reni.chairani51@ui.ac.id
achir@ui.ac.id
junaitisahar@gmail.com
soesilo@indo.net.id

Abstract. Discomfort that is often felt by street children in utilizing health services occurs because of negative perceptions of themselves which come from themselves and surrounding environment. This caused street children as marginal groups, as they do not have the confidence to access health services. This condition is complicated by the limited health services for adolescents. Street children need to develop self-efficacy that can build their confidence and courage in the process of seeking treatment. This study aims to describe self-efficacy which is an internal factor that can influence the behavior of street children in seeking health services. Cross sectional quantitative research with simple random sampling method used to retrieve 115 samples of the children-on-the-street aged 12-20 years in five urban areas in Indonesia, namely Jakarta, Bogor, Depok, Tangerang and Bekasi (JABODETABEK). The results showed that self-efficacy variables could influence the behavior of street children using health services (OR = 3,847). These results proved that street children with high self-efficacy had four-times potential of behavior in utilizing health services compared to street children with low self-efficacy. This also proved that increasing self-efficacy could help street children to have healthy behaviors and improve their ability to monitor their health independently. Increasing self-efficacy is one of the effective strategies to overcome health problems in street children.
Key words: Utilizing Health Services; Self-Efficacy; Street Children; JABODETABEK

1. Introduction

Street children as vulnerable group have a risky life that is prone to health problems, and criminal actions, such as sexual harassment, child exploitation, and drug trafficking. Therefore children need special attention and health care.[1,2] Existing Teen Care Health Care Program (PKPR) still has very little benefit felt by adolescents. The benefits of the existing Teen Care Health Care Program (PKPR) are still very minimal for teenagers. This limitation was allegedly due to the use of the Community Health Center (Puskesmas) which coincided with school time, officers who were less concerned about the needs of adolescents, uncomfortable environment, and ignorance for health consultations. Adolescent health care

service programs are also still limited in buildings and in schools, and street children become marginalized groups in health services.[4]

A person's behavior in utilizing health services is strongly influenced by his perception of the concept of health and sickness, confidence in recovery, and expected results. This behavior is also experienced by street children who often experience discomfort with negative perception of society, which is one of many obstacles in utilizing health services.[4] High self-efficacy will form a positive perception of oneself because of development of cognitive and moral functions. Self-efficacy is also related to individual's potential to acquire healthy behavior, which is shown by the confidence in committing a behavior to support his health.[5]

The purpose of this study is to describe the self-efficacy of street children and internal factors of adolescents who can influence the behavior of street children in utilizing health services. Health services play a role in providing educational services, health counseling, and medical services which are actually very useful for street teenagers. The Directorate of Child Social Welfare of Indonesia reported there are 420,000 street-involved children and youth in Indonesia and 200,000 of them have received some support from the government.[6] A fraction of the Indonesian children under 18 live or work in the street in some major urban areas, mainly due to extreme poverty.[6] Street children basically need these services as a form of social support and effective intervention strategies to prevent maladaptive behavior they often face.[4] Psychosocial support from adults is needed to give love and to help them quit doing maladaptive behavior.[7]

2. Methods

2.1 Design and participant recruitment

Quantitative research with cross sectional approach was conducted in period of July-September 2017. This study aims to prove the research hypothesis whether internal factors: self-efficacy and knowledge of street children are related to their behavior in utilizing health services. Simple random sampling method was used for sampling. Lemeshow's formula was used to measure the size of the sample and add 20% to anticipate the respondents who dropped out.[8] The sample size in the study was 115 street children in 5 urban areas (Jakarta, Bogor, Depok, Tangerang, and Bekasi). The sample chosen must match the inclusion criteria, which are willing to participate, within age range (12-20 years), and being on the street to work or play, but still return home.

2.2 Instruments

The instrument used in this study was developed based on the World Health Organization's framework of health-seeking behaviour assessment of sexually transmitted disease[9], combined with King's system theory and McLeroy's multilevel intervention theory. The instrument set was piloted at a shelter in Jakarta and yielded reliable results. Cronbach's alphas of the questionnaires are as follows, self efficacy: 0.804; and *Kuder-Richardson* (KR-20) was used for knowledge questionnaires:0.749. The first author administered the questionnaires to all participants and stayed around to help with any emerging queries from the participants.

2.3 Ethical considerations

This study has passed the ethical test by the Ethics Committee of the Faculty of Nursing, University of Indonesia, and has applied the basic ethical principles: respect for human dignity, beneficence, and justice that guarantees the rights of respondents and anticipates ethical problems. All respondents were given information about goals, benefits, and research procedures in easy-to-understand languages. Efforts to reduce the negative stigma towards street children were done by ensuring all respondents get proper treatments according to the protocol, and acquire equal benefits without discriminating. This was done to fulfill the right to fair treatment.

2.4 Data analysis

The X^2 Yates Corrections test was used to test the significance of the relationship between independent variable and the nominal variable with a nominal value of α=5%. This analysis was used to examine significance of the relationship between independent variables (self-efficacy and knowledge of street children), with dependent variables, which is the behavior of utilizing health services. The final step, the test of multiple logistic regression statistics, was used by researchers to determine the dominant factors related to the behavior of utilizing health services. All data were analyzed using SPSS software (Version 20.0. Armonk, NY: IBM Corp., 2011) Statistical significance was set on 0.05.

2.5 Results

The study result described internal factors consisting of: self-knowledge and efficacy affected street children's behavior in using health services to prevent drug abuse. The following table describes the distribution of respondents' characteristics and experiences of street children in using health services: The street children's age in this study ranged from 12 to 20 years, with the majority (60%) aged 14-16 years (table 1). Most of them were male (63.5%), currently attending school (77.4%) and working on the street (79.1%). 91.3% of the participants who lived with parents also had many occupations (91.5%).

Table 1. Demographic characteristics of the street children (N =115).

Characteristics	n	%
Age		
Early adolescent (12-13 years)	24	20.9
Middle adolescent (14-16 years)	69	60.0
Late adolescent (17-20 years)	22	19.1
Sex		
Male	73	63.5
Female	42	36.5
Currently attending school		
Yes	89	77.4
No	26	22.6
Currently working		
Yes	91	79.1
No	24	20.9
Currently living		
At home with parents	105	91.3
With peer, but not at home	4	3.5
At a shelter	6	5.2
Parents' working status		
Working	105	91.3
Not working	10	87.0

112 out of 115 street adolescent reported they rarely seek health care service because of the distance, monetary reason, and lack of information about available health care service (table 2). Furthermore, most participants (67%) reported they had fairly pleasant experience with health care service. 87 out of 115 participants stated they experienced unpleasant health care service, ranging from unfriendliness (32.2%) and discrimination (20.7%), to time rushing of the assessment (24.1%) and consultation (3.5%). Slightly half of the participants expected to have more available adolescent health services.

Table 2. Health care utilization among street adolescents.

Experience with health care utilization	n	%
The reason for not seeking health care service:	112	
Long distance	41	35.7
No fund	29	25.2
Not knowing about health care service for adolescent	42	36.5
Experience with the health care service:	115	
Very pleasant	14	12.2
Pleasant	14	12.2
Fairly pleasant	77	67.0
Poor	10	8.7
Experience with unpleasant health care service:	87	
Discrimination	18	20.7
Lack of privacy	11	12.6
Unfriendly providers	28	32.2
Lack of explanation or advice from the providers	6	6.9
Rushing assessment	21	24.1
Rushing consultation	3	3.5
Expectation for the health care service:	115	
Building more adolescent health service not only at the health care centers	58	50.4
Ensuring privacy	5	4.4
Friendly health care providers	40	34.8
Sufficient time for consultation	2	1.7
Sufficient explanation or advice pertinent to the health problem	3	2.6
Careful assessment	2	1.7
Home visit/shelter visit	1	0.9
Rehabilitation for street children in the shelthers	4	3.5

The $\chi 2$ test resulted from two internal variables (knowledge and self-efficacy), which proves that the self-efficacy variable is significantly associated with self-efficacy as behavioral variable of utilizing health services ($p = 0.000$). Table 3 illustrates the proportion of good self-efficacy, which is more dominant in street children with good behavior in utilizing health services (67.7%). Self-efficacy variables are significantly associated with the behavior of utilizing health services ($p = 0.000$).

Table 3. Support received by the street adolescents according health care seeking behavior (N =115)

	Health seeking behavior			P value
	Poor n (%)	Good n (%)	Total f (%)	
Knowledge level				0.067
Poor	20 (64.5)	11 (35.5)	31 (100.0)	
Good	38 (45.2)	46 (54.8)	84 (100.0)	
Self-efficacy				0.000*
Poor	38 (71.7)	15 (28.3)	53 (100.0)	
Good	20 (32.3)	42 (67.7)	62 (100.0)	

There were several meaningful variables that contributed to building regression models of internal factors which influence street behaviour in utilizing health services. The results of multivariate analysis using the Enter method showed variables (1) knowledge of health services benefits and (2) self-efficacy that influence street children behavior in using health services in Jabodetabek (table 4).

Table 4. Predictors of health care utilization of the street adolescents

Variable	B	P Wald (Sig.)	OR	95% CI
Knowledge	1,056	0,047 *	2,875	1,012 - 8,170
Self efficacy	1,347	0,006 *	3,847	1,463 - 10,114

*** $p \leq 0.25$, **$p \leq 0.01$, *** $p \leq 0.001$**

3. Discussion

The main objective of this study is to investigate the extent to which internal factors influence the behavior of street children in utilizing health services. Self efficacy was found to be the strongest predictor of the health care utilization of children on the street in this study (OR: 3,847). These results proved that street children with high self-efficacy would have the potential to use health services four times more than street children with low self-efficacy. The analysis is in line with research conducted by[10] which stated that self-efficacy played a significant role in seeking treatment process. Another similar study stated that there was a significant relationship between self-efficacy and smoking behavior in adolescents with p=0.000, which proved that adolescent smoking behavior did not occur in adolescents with high self-efficacy.[11] All results above were different from research conducted by [12] which stated that there was no correlation between self-efficacy and treatment seeking behavior in breast cancer survivors (p=0.116). This difference proves that a person's behavior is not only influenced by self-efficacy, but also by other factors such as knowledge and surrounding environment.

Self-efficacy is one of the internal predisposing factors that can motivate someone to use health services in solving their health problems. Teenagers with high self-efficacy will strive to develop their cognitive and moral functions to form positive perceptions of themselves and beliefs about their abilities in achieving expected goals. Individial behavior in seeking health care is strongly influenced by one's perception of health and illness, confidence in healing, and expected outcomes.[5]

The growth of a person's self-efficacy can come from four sources, namely the condition of one's emotions, past self-experiences, the experiences of others, and the influence of the social environment. [13] In this study, the source of adolescent self-efficacy from emotional conditions and self-experiences is illustrated by data. A total of 67% of respondents said that it was quite pleasant when using health services, while 32.2% said that the officers were less friendly which made the experience of getting health services less enjoyable.

Negative experiences could have an impact on low self-efficacy to utilize existing health services in street children. This was in line with the results of research conducted by [14] which stated that self-efficacy played a significant role in psychological well-being. Pleasant psychological conditions will help adolescents feel optimistic about their self-confidence to overcome the problems faced, including health problems by utilizing available health services. Adolescent self-efficacy is also related to beliefs or trust in the benefits of health services, if adolescents believe in the benefits of health services, the potential to use health services is high. This trust grows along with adolescents experience when they or those around them acquire satisfactory results of health services they have received.[15]

The source of self-efficacy can also come from outside the adolescent's self that is the experience of others and the influence of the social environment. In theory teenagers have a tendency to imitate what others do, especially their peers, and learn from other people's experiences (vicarious experience). How to increase adolescent confidence to take action that should be done can be through counseling with

trusted peers or adults. Counseling is expected to help improve self-efficacy in adolescents which will strengthen their motivation in using health services to solve their health problems. This opinion is in accordance with the results of previous studies stating that motivation to seek treatment is the most dominant variable that causes a person to have 5.9 times potential to use existing health services.[16] The efficacy of street children towards the benefits of health services is a motivation to utilize existing health services. This has been shown in this study with data of 88% of respondents having used health services, even though they have experienced unpleasant services like the previous description.

Knowledge is one of the predictor factors that influence the behavior of street children in utilizing health services (OR=2.875), although the results of the analysis proved that there was no significant relationship between knowledge of street children and behavior of utilizing health services (p=0.067). Results of this study are in accordance with qualitative research conducted by [17] which stated that there was no relationship between knowledge with HIV/AIDS prevention behavior in street children (p=0.174).

The results of this study differ from those conducted by [18] which stated that there was a meaningful relationship between knowledge and utilization of health services. The difference between the results of these studies proves that knowledge is not the only factor that influences the behavior of someone seeking health care. Knowledge about health services must also be extended to explain received benefits, provided services, and way to acquire access of services in order to change the adolescents' perceptions of their health needs.[15] Results of this study are likely to be influenced by the knowledge possessed by street children which is only limited to benefits gained from public health services, which is evidenced by the presence of 36.5% of respondents who stated their unawareness of the existence of special health services for adolescents (PKPR) at the puskesmas.

The ignorance of the community about the availability of adolescent health services was also expressed by street child volunteers in the FGD conducted by previous researchers, Muthmainnah (2013). This strengthens the hypothesis that knowledge is one of the factors that influence adolescent behavior in seeking health care. Results of this study are in line with previous research stated that adolescent ignorance about health services specifically typed for adolescents (PKPR) greatly influenced their behavior in utilizing health services at Puskesmas. This condition will certainly have an impact on non-optimal service, counseling, and counseling on adolescent health.[20,21]

Utilizing existing health services is an adaptive behavior shown by someone in an effort to maintain their health, which stated that a person's healthy behavior is influenced by predisposing, enabling and reinforcing factors.[2] Knowledge as a predisposing factor is a very important domain in shaping individual's behavior, because knowledge is the result of the process of finding out after sensing a particular object.

In principle, street children's cognitive abilities are equal to adolescents in general, therefore through information provision and education conducted by health workers to adolescents and street children volunteer observers are expected to increase their knowledge about health services (PKPR) they can utilize. Decision making by adolescents in utilizing health services is strongly influenced by knowledge about the types of diseases that need to get treatment assistance, and the benefits obtained from health services. Adolescent knowledge is also influenced by the experiences of teenagers, family or friends in their environment in dealing with health problems that have occurred. This knowledge is what underlies the perception of adolescents to assess the gravity of their health and decides to utilize or not existing health services.[15] That cognitive processes systematically utilized the information available around it to decide the behavior to be taken, therefore street children need to know the benefits and types of health services.[5] This was done because health is one of the basic needs of street children who are often overlooked.[22]

4. Conclusions

Self-efficacy is a mental and cognitive representation of adolescents in reality formed by past and present experiences stored in memory. Self-efficacy is the most dominant variable in influencing the behavior of street children in utilizing health services, compared to knowledge variables. However,

street children also need good knowledge regarding health and existing health services, so it is expected that adolescents have high self-efficacy in meeting their health needs. The government and the community should guarantee the health of street children which are basic needs and rights of children.

This study has limited generalizability since we are relied on sample drawn from the street children shelters in Indonesia capital city and its surrounding urban areas. Sampling was carried out using the simple random sampling proportional method, not yet categorizing adolescents according to their respective age. Unavoidable errors might occur, such as a bias in settlement. The results of the study can be generalized according to the location of the study, but for broader generalizations more widespread samples are needed. Cross sectional design is another limitation in this study. The triangulation method can be used for future research because it is more representative in describing the needs of health services for street children.

5. Disclosure statement

No potential conflict of interest was reported by the authors.

6. References

[1] McMurray A 2003 *Community Health and Wellness : a Socioecological Approach* (Toronto: Mosby) p 143
[2] Allender JA, Rector C and Warner K 2014 *Community & public health nursing : promoting the public's health,* 7th ed (Philadelphia: Lippincott Williams & Wilkins) p 392, 877, 907
[3] Muhammad J 2013 Puskesmas kurang ramah dalam pelayanan kesehatan reproduksi remaja *Jurnal Kesehatan Reproduksi*. **3** np.1 pp16–23
[4] Kombarakaran FA 2004 Street children of Bombay: their stresses and strategies of coping *Journal Children and Youth Services Review/Elsievier.* **26** pp 853–71
[5] Anderson ET and McFarlane J 2011 *Community as Partner: Theory and Practice in Nursing*, 6th ed (Philadelphia: Lippincott Williams & Wilkins) pp 323-327
[6] Directorate of Child Social Welfare of Indonesia 2013 Profil anak Indonesia (Jakarta: Directorate of Child Social Welfare of Indonesia)
[7] Kayiranga G and Mukashema I 2014 Psychosocial factor of being street children in Rwanda *Procedia - Social and Behavioral Sciences*/Elsievier. **140** pp 522–527
[8] Lemeshow S, Hosmer DW, Klar J and Lwanga SK 1990 *Adequacy of Sample Size in Health Studi*es (Chichester: Wiley)
[9] World Health Organization 1995 *A rapid assessment of health seeking behaviour in relation to sexually transmitted disease* (Geneva: World Health Organization)
[10] Al-Qutab R., Bergreen V, Halabi Y, Jaouni S, Nyström L, Taha, Hana and Wahlström R 2011 Educational intervention to improve breast health knowledge among women in Jordan *Asian Pacific Journal Cancer Prev*. **11** pp 1167–1173
[11] Haryati W, Abdullah A and Bakhtiar 2016 Self efficacy dan perilaku merokok remaja *Jurnal Ilmu Keperawatan* Unsyiah. **4** pp 100–109
[12] Julike F and Endang S 2012 Hubungan antara efikasi diri dengan perilaku mencari pengobatan pada penderita kanker payudara di RSUD Ibnu Sina Gresik *Jurnal Psikologi Klinis dan Kesehatan Mental*.**1** pp 140-146
[13] Philips AC 2010 Bringing out the best: utilizing Bandura's model of self efficacy to expand current concepts of coaching efficacy *Psychology Honors Project,* Paper 21
[14] Putri PNA and Rustika IM 2017 Peran pola asuh autoritatif, efikasi diri, dan perilaku prososial terhadap kesejahteraan psikologis pada remaja akhir *Jurnal Psikologi Udayana*. **4** pp 151–64
[15] Rebhan DP 2008 Health care utilization: understanding and applying thories and models of health care seeking behavior *Disertation.* pp 1–19
[16] Hartini T, Pudjiati and Suryati ES 2012 Persepsi masyarakat dalam pemanfaatan puskesmas sebagai sarana pelayanan kesehatan *Jurnal Keperawatan Poltekkes Jakarta 3*. **1** pp 186-

194
[17] Irsyad A, Setiadi NA and Wijayanti AC 2014 *Proc. Seminar Nasional Fakultas Ilmu Kesehatan Surakarta* Hubungan antara pengetahuan dan sikap dengan perilaku pencegahan HIV/AIDS pada remaja komunitas anak jalanan di Kabupaten Kudus. pp 71-77
[18] Adriana N, Wulandari LP and Duarsa DP 2014 Akses pelayanan kesehatan berhubungan dengan pemanfaatan fasilitas persalinan yang memadai di Puskesmas Kawangu *Public Health and Preventif Medicine Archieve.* **2** pp 175-180
[19] Muthmainnah 2013 Analisis stakeholder remaja terhadap implementasi program pelayanan kesehatan peduli remaja (PKPR) di kota Semarang *Jurnal Promosi dan Pendidikan Kesehatan Indonesia*.**1** pp 170–183
[20] Winangsih R 2015 Supporting and Driving Factors for Utilization of Adolescent Care Health Services in South Kuta *Public Health Prevention Medical Archive*. **3** pp 133-140
[21] Arsani NLKA, Agustini NNM and Purnomo IKI 2013 Peranan program PKPR (pelayanan kesehatan peduli remaja) terhadap kesehatan reproduksi remaja di kecamatan Buleleng. *Jurnal Ilmu Sosial dan Humaniora*. **2** pp 129-137
[22] Unayah N, Mujiyadi B, Suradi and Sabarisman M 2011 *Studi Kebutuhan Pelayanan Anak Jalanan* (Jakarta: P3KS Press)

Acknowledgements
This article is presented at the International Conference on Smart City Innovation 2018 that supported by the United States Agency for International Development (USAID) through the Sustainable Higher Education Research Alliance (SHERA) Program for Universitas Indonesia's Scientific Modeling, Application, Research and Training for City-centered Innovation and Technology (SMART CITY) Project, Grant #AID-497-A-1600004, Sub Grant #IIE-00000078-UI-1.