

Knowledge, Attitude, and Risk Behavior Regarding Sexually Transmitted Infections (STIs) Among Street Children in Medan

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Abstract

Introduction: Sexually transmitted infections (STIs) are still a main health problem all over the world, both in developed and developing countries. Individual who are at high risk of having free sex who is at risk of getting STI is in street children.

Objective: To describe knowledge, attitudes, and risk behaviors regarding STIs among street children in Medan.

Methods: this research is a descriptive surveillance study with a cross-sectional method involving 61 street children aged 6-18 years as respondents in Medan. Data of this research are collected by filling the questionnaire through direct interviews with respondents. The validity instruments tested by using validity construct test and reliability instrument tested by using Cronbach Alpha.

Results: All respondents were not fully aware of STIs. The majority (55,7%) had a poor knowledge, 29,5% had a moderate knowledge, and only 14,8% had a good knowledge. 30 respondents (49,2%) indicate a poor attitude regarding STIs, 19 respondents (31,1%) indicate a moderate attitude and 12 respondents (19,7%) indicate a good attitude. We also found majority 52.5% had a high risk behavior, 32,7% had a moderate risk behavior and only 14,8% had a low risk behavior.

Conclusion: Generally, street children had a poor knowledge, attitude and had a high risk behavior regarding STIs.

Keywords: Street Children, Sexually Transmitted Infections, Knowledge, Attitude, Risk Behavior

I. INTRODUCTION

Sexually transmitted infections (STIs) are still a main health problem all over the world, both in developed and developing countries. The effort to prevent the STIs that carried out in many countries do not seems to give a satisfaction result.¹ This is caused by several obstacles such as the emerge of drug resistances, improper treatment, difficult to arrange a diagnosis, the influence of environmental factors that increase easiness in transmission, and negative public stigma towards STIs patients. Sexually transmitted infections mostly occur through sexual contact (90%), blood transfusion, syringes, and from maternal transmission during pregnancy and childbirth.² Diseases classified into STIs are gonorrhoea, genital sores (genital herpes, syphilis, mole ulcer), genital tumor (condyloma acuminata), scabies, pediculosis pubis, molluscum contagiosum, hepatitis and HIV.³ The incidence of STIs has increased in Indonesia. This was shown in data from the survey in 2016, the incidence of STIs was 19.973 cases when compared to the results of the survey in 2015 which were 16.110 cases and in 2014 there were 11.141 cases.⁴

Street children are children experiencing poverty, homelessness or both, who are still immature (physically and psychologically), under 18 years old and spends most of their time on the streets by doing activities to earn money to sustain their life which sometimes gets physical or mental distress from their environment. *United Nations International Children's Emergency Fund* (UNICEF) estimates approximately 100 million children and adolescents grow up in the streets of big cities.⁶ Based on the data from DKI Jakarta Social Service, the number of street children in 2009 was 3.724. In 2010, it increased to 5.650 and in 2011 was 7.315 children. Based on the data from North Sumatera Province Social Service, the number of street children in 2014 was 2.267, in 2015 it counted 2.099 and in 2016, it was 2948 children.⁷ Meanwhile, according to data from Medan Social Service the number of street children in 2014 was 463, in 2015 it was 535 and in 2016 was 663 children.⁸

Street children have a lack knowledge about reproduction health. This certainly will affect their attitudes and behavior towards risk of STIs. Limited social contact and information received only from the street environment shapes their knowledge according to what they see, hear and feel on the streets. Based on data from Amelia Foundation that handling street children's education in Central Jakarta and North Jakarta, almost all of 100 street children they served have experienced sexual violence.⁹ This sexual violence is carried out by fellow street children or other older people. The result of a study conducted by Civil Society Organizations in Medan involving 40 street children also reported similar things. That street children experienced arbitrary sexual treatment such as sodomy, oral sex and rape.^{5,9}

II. METHODS

This research is a descriptive surveillance study with a cross-sectional method to describe the variable from this study that are knowledge, attitude and risk behavior regarding STIs involving 61 street children aged 6-18 years as respondents in Medan. The sampling was done by accidental sampling and each of them asked to fill the questionnaire. The validity instruments tested by using validity construct test and reliability instrument tested by using Cronbach Alpha. The result will be analyzed and presented in frequency distribution table. This study has been approved by the Health Research Ethics Commission of the Faculty of Medicine, Universitas Sumatra Utara / H. Adam Malik General Hospital Medan.

III. RESULTS

From 61 street children as a respondent, the highest proportion based on gender was female with 33 respondents (54,1%), meanwhile male was 28 respondents (45,9%). The highest proportion according to the age group was 14–18 years old (50,8%) and the lowest was 6–9 years old (13,1%). According to education status, the majority respondents were dropped out at high school (68,9%), 19,7% were dropped out at middle school and only 11,5% respondents were in primary school. According to the religion, the majority were Muslim (52,5%), followed by Protestant 36,1% and Catholic 11,5%. Description of respondents characteristic based on duration of being a street children that is 29 respondents (47,5%) had become street children for more than 3 years, 16 respondents (47,5%) for 1-3 years, 9 respondents (14,8%) for 6 months to 1 years, and 7 respondents (11,5%) had become a street children less than 6 months.

Description of Respondent's Knowledge Regarding STIs

Knowledge	Number (n)	Percentase (%)
Good	9	14,8
Moderate	18	29,5
Poor	34	55,7
Total	61	100

Description of Respondent's Attitude Regarding STIs

Attitude	Number (n)	Percentase (%)
Good	12	19,7
Moderate	19	31,1
Poor	30	49,2
Total	61	100

Description of Respondent's Risk Behavior Regarding STIs

Risk Behavior	Number (n)	Percentase (%)
High risk	32	52,5
Moderate risk	20	32,7
Low risk	9	14,8
Total	61	100

Description of Knowledge, Attitude and Risk Behavior Regarding STIs Based on Age Group

Age Group (years old)	Total	Knowledge			Attitude			Risk Behavior		
		Good	Moderate	Poor	Good	Moderate	Poor	High	Moderate	Low
6-9	8	-	2	6	2	3	3	7	1	-
10-13	22	6	5	11	4	7	11	7	11	4
14-18	31	5	10	16	9	9	13	6	7	18
TOTAL	61	11	17	33	15	19	27	20	19	22

Description of Knowledge, Attitude and Risk Behavior Regarding STIs Based on Gender

Gender	Total	Knowledge	Attitude	Risk Behavior
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		Good	Moderate	Poor	Good	Moderate	Poor	High	Moderate	Low
Female	33	7	9	17	7	12	14	6	10	17
Male	28	3	11	14	3	7	18	3	5	20
TOTAL	61	10	20	31	10	19	32	9	15	37

Description of Knowledge, Attitude and Risk Behavior Regarding STIs Based on Education Status

Education Status	Total	Knowledge			Attitude			Risk Behavior		
		Good	Moderate	Poor	Good	Moderate	Poor	High	Moderate	Low
Primary School	7	-	1	6	1	3	3	7	1	-
Middle School	12	2	6	4	3	5	4	6	2	4
High School	42	4	9	29	6	11	25	6	12	24
TOTAL	61	6	16	39	10	19	32	19	15	28

Description of Knowledge, Attitude and Risk Behavior Regarding STIs Based on Duration of Being a Street Children

Duration	Total	Knowledge			Attitude			Risk Behavior		
		Good	Moderate	Poor	Good	Moderate	Poor	High	Moderate	Low
< 6 months	7	1	3	3	3	1	3	1	4	2
6 months – 1 years	9	2	3	4	1	2	6	2	2	5
1-3 years	16	4	3	9	2	4	10	1	3	12
> 3 years	29	2	10	17	7	11	11	6	8	15
TOTAL	61	9	19	33	13	18	30	10	17	34

IV. DISCUSSION

Description of respondent’s characteristic based on age group shows that majority are 14-18 years old (50,8%). This result is similar with other study among street children in four big cities in Indonesia that street children who are >14 years old doing more sexual activities than <14 years old.⁵ And also in study that was done before by Hutagalung involving 45 respondents showed that 30 respondents (66,7%) are >15 years old and the remains 15 respondents (33,3%) are <15 years old. This study also describe that there is a relationship between age and sexual activities among street children. Street children who are more than 15 years old indicates a poor sexual attitude and has a risk of getting STIs compared to age under 15 years old.¹⁰

Description of respondent’s characteristic based on gender shows that from 61 respondents, 33 (54,1%) are female; while 28 (45,9%) are male. This result is similar with study that was done by Hutagalung at the Pinang Baris Medan terminal region found that from 45 street children as respondents, 25 (55,6%) are female and 20(44,4%) are male. Female street children tends to be a victims of sexual exploitation compared to male gender that this underlying higher incidence of STIs among street children.¹⁰

Description of respondent’s characteristic based on education status shows that majority were dropped out in high school which numbered 42 respondents (68,9%). There is a relationship between level of education and knowledge of the street children towards prevention of STIs. The higher level of their education status, the better their knowledge to prevent STIs. However, street children are commonly have dropped out from school so in general street children has poor knowledge.¹² Among street children themselves, it is easier to have free sex because their free environment and minimum supervision from family or parents coupled with many other supporting factors include promiscuity among street children that increase the risk of getting STIs.¹¹

Description of respondent’s characteristic based on duration of being a street children shows that many of them (47,5%) had been a street children for 3 years. This indicate that respondents already familiar with the pattern of sexual behavior among them.¹¹ The easy way to gain knowledge about sex influence their attitude. The social interaction among them also become an effective tool in exchanging information about sex. The wrong information leads to wrong behavior and understanding about sex has the potential to cause many problems. Not surprisingly, many of young street children had practicing free sex.¹⁰

In this study, we found that mainly the street children in Medan has poor knowledge about STIs. Many of them doesn't know the signs and symptoms of STIs that particularly found in genital part; they don't know yet about group of infectious diseases transmitted through sexual contact called Sexually Transmitted Infections (STIs). They do not know what to do if they are infected with STIs where they need to get a treatment in nearest health care facility. Still many of street children are not aware about the main source of transmission of STIs is free sex.

Lack of knowledge of free sex offenders exclusively in street children is very influential towards STIs and how to prevent them. Some fact found provide program implications, namely when the sex offender has poor knowledge hence condom usage as prevention of STIs is also decrease, and even they are susceptible STIs transmission.¹³ The street children have a lack knowledge about reproduction health. This surely will affect their attitude and behavior regarding STIs.¹ Limited social contact and information that only received from the street environment shapes their knowledge according to what they see, what they hear and what they feel in the streets. The street children gets knowledge about sex from among them of the same age or older, reading pornographic book, watching pornographic movies / VCD, or peeking the people who are having sexual intercourse. The easiness of getting inappropriate information affect the street children's attitude towards sexual relationship.¹

This study shows that majority street children in Medan as a respondent indicate a poor attitude regarding STIs. Many of them declare that oral sex doesn't increase STIs transmission whereas in fact, oral sex provoking and transmit the STIs. They claim that there is no need to utilize health services when they are infected because they think that STIs are not a dangerous disease even though in fact STIs are dangerous and causing morbidity and even mortality. Respondent also stated that STIs are not become a problem to keep usual activities thus assuming STIs does not require special handling. This underlying the incidence of STIs increase among street children but the exact number of incidence can not be determined because they do not want to voluntarily goes to health care facilities for getting treatment.¹⁰

From this study, we found that majority of street children in Medan shows high risk behavior of having STIs. The result shows that most of them have had free sex (premarital sex), practicing unprotected sexual intercourse and are at risk getting STIs. They practice oral and anal sex without using condoms that are also can cause STIs, they never conduct health consultations with health care provider (VCT-HIV clinic, government facilities, hospital) to carry out STIs tests. This contributes in increasing STIs among street children that is not well recorded. If we looked back in the way of the street children's life, they are at risk on getting sexual violence among them or other older people.^{5,9} Amelia Foundation which handles street children's education in Central and North Jakarta explained almost all of 100 street children they served have experienced sexual violence and unprotected sexual behavior increase incidence of STIs.¹⁰

V. CONCLUSION

Knowledge and attitude are very influential on risky behavior regarding to STIs including street children. Poor knowledge and attitude coupled with the possibility of them getting sexual violence underlying higher incidence of STIs among street children, inclusively in Medan.

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