

**Study on Health Seeking Patterns of Youths (15-24)
in the Special Region of Yogyakarta**

Final Report



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Chapter I Introduction

1.1 Background

Adolescence is a period where a person has changes and physical, psychological, and intellectual development, and at the same time, adolescents are expected to be able to prepare themselves to face the world of adults (Pusat Data dan Informasi Kementerian Kesehatan RI, 2015). In this stage of life, adolescents try to show their efforts to build their sense of self-worth and to strengthen their links with the individuals and institutions in their communities. Some characters of the adolescent show adolescent will be brave to take action without adequate information about the impact, and it can lead them to some risky sexual behavior. The physical and hormonal changes that occur in adolescence can trigger sexual activity motivation that makes teenagers prone to reproductive health problems such as premarital sex, abortion, sexually transmitted diseases (STDs), HIV/AIDS, and narcotics. Prevalence of women age that get their first menstruation is 12-year-old, but 2,0 percent of women said that they get the period when they are ten y.o. or younger. High prevalence of men-age that get their first wet dream is 12 years old, but 0,8 percent of the men said that they get it when they are ten y.o. or younger (Pusat Data dan Informasi Kementerian Kesehatan RI, 2015).

Women adolescents choose to discuss with peers, mothers, and teachers about their first menstruation, and men adolescents will choose to discuss with peers, teachers, and religious leaders about their wet dream. The data shows that adolescents also discussed with health professional although but the amount is small (Badan Kependudukan dan Keluarga Berencana Nasional et al., 2017) but a high number of women adolescents that want to get reproductive health information is from health professional and mother (Pusat Data dan Informasi Kementerian Kesehatan RI, 2015). Based on this fact, the government should emphasize the need for protection and support systems (i.e., counseling service) so they can avoid the harm of unexpected sexual action as an independent human (World Health Organization, 2018). In line with the issue, the Indonesia Government Regulation (Peraturan Pemerintah) states that reproductive health should be started in the adolescent period (Presiden Republik Indonesia, 2014).

Health seeking behavior among adolescents may be related to the distribution and availability of health services, and private clinics become the first choice for urban adolescents and second choice for rural adolescents (Kabir H *et al.*, 2014). More than half of runaway and homeless adolescents use the internet to browse about general health information and HIV, so the study suggests using the internet as a way to maintaining contact with youth (Barman-Adhikari and Rice, 2011). An online platform experiment with school-based intervention regarding adolescent sexual reproductive health shows that the adolescent uses the internet to seek help when they are going through the difficulties. Young men and women will see help if the appropriate help source is available (Nicholas *et al.*, 2010).

Some critical aspects identified by previous systematic reviews about adolescent-friendly health care that most important are satisfaction with care, the experience of care, quality of care, and patient-centered care. Some domains of adolescent-friendly service with examples of relevant indicators including the accessibility of health care, staff attitude, communication, medical competency, guideline-driven care, age-appropriate environment, Involvement in health care, and health outcomes (Ambresin et al., 2013). Therefore, based on this background, it is essential to conduct **“Study on Health Seeking Patterns of Youths (15-24) in the Special Region of Yogyakarta”**.

1.2 Rationale for Research

Noticing that adolescent health-seeking behavior in Indonesia is mostly unknown, we argue that this research is pertinent. Notably, this is relevant in Yogyakarta that is dubbed as “education city”, where adolescents from all over Indonesia come to pursue higher education. Yogyakarta is a melting pot in its term, comprised of young people from different regions in Indonesia, with a variety of social-cultural and economic background that interact closely for several years while continuing their education. Their social construct is very dynamic and keeps evolving. Without understanding their health-seeking behavior, it will be most difficult for the government and the concerned private sector to plan for and provide services that best-suited adolescent needs and preferences.

There is another aspect that is still missing in the literature primarily in Indonesia, which is the knowledge on health-seeking behavior among adolescents who are not in school, street children, disabled teenagers, and adolescent parents (Tsuda *et al.*, 2017). It appears that they are invisible to the system, and very little is known about their health needs and health-seeking behavior. Most of the existing adolescent health programs are on the supply side and available through school-based intervention and/or family (Salam *et al.*, 2016). Besides, government adolescent health programs that are community-based is usually provided through the public health facilities’ network (Kementrian Kesehatan RI, 2014). In the era of national health insurance, the marginalized adolescent group of the population is facing the risk of lack of access to health facilities due to their difficulty to get JKN membership (National Research Council and Institute of Medicine, 2009). In other words, it might be more difficult for government adolescent health programs to reach them. It is a window of opportunity for the private sector to play a role and provide a suitable service for adolescent health too (WHO, 2001). However, without enough demands, it will be challenging for the private sector to step in (Family Planning Strategy Working Group, 2017).

Hence, we need to understand the health-seeking behavior among youths in Yogyakarta and to understand the barriers and enablers of their behavior. Notably, we would like to be able to map out the orbits of influence that affect the trajectory and pattern of health-seeking behavior to inform a Human Centred Design approach towards generating demand for adolescent health services.

1.3 Objectives

The main objectives of this study were:

1. To document patterns of health-seeking among youths in the Special Region of Yogyakarta.
2. To understand the barriers and facilitators of health-seeking among youths in the Special Region of Yogyakarta.
3. To map the orbits of influence that affect the trajectory and pattern of health-seeking among youths in in the Special Region of Yogyakarta.
4. To inform a human-centered design approach towards generating demand for youth health services in the Special Region of Yogyakarta.
5. To provide baseline data to evaluate the impact of the youth health services program on-demand generation of health services in the Special Region of Yogyakarta.

Chapter 2

Methods

2.1 Study Design

We conducted a cross-sectional study with mixed-method design, which is a procedure for collecting, analyzing and mixing both quantitative and qualitative data at some stage of the research process within a single study, to understand a research problem more completely (Creswell and Creswell, 2018). The rationale for mixing was that neither quantitative nor qualitative methods were sufficient by themselves to capture the trends and details of the situation. When used in combination, quantitative and qualitative methods complement each other and allow for more complete analysis.

This study used one of the most popular mixed methods designs: sequential explanatory mixed methods design, consisting of two distinct phases (Creswell and Creswell, 2018). In the first phase, the quantitative data were collected first, and the data were subjected to multivariable analysis. The goal of the quantitative phase was to identify potential predictive power of selected variables on the health service utilization and to allow for purposefully selecting informants for the second phase.

In the second phase, a qualitative multiple case study approach was used to collect text data through individual semi-structured interviews and focus group discussion to help explain why certain predisposing, enabling, and reinforcing factors, tested in the first phase, may be significant predictors of the health service utilization. The rationale for this approach was that the quantitative data and results provided a general picture of the research problem, i.e., what predisposing, enabling, and reinforcing factors contribute to and/or impeded participants' health service utilization, while the qualitative data and its analysis were refined and explained those statistical results by exploring participants' views in more depth.

2.2 Study Setting

This study was conducted in all 5 districts of the Special Region of Yogyakarta, i.e. Yogyakarta Municipality, Sleman, Bantul, Kulon Progo, and Gunung Kidul. We recruited adolescents and young people age 15-19 y.o. and 20-24 y.o. We also considered involving school and out of school participants from urban and rural settings.

Participants

The population in this study were the adolescents and young people who resided in study area. Criteria for selecting the participants included:

1. Aged 15-24 years.
2. Resided in study area more than 6 months.
3. Both school and out of school participants.

2.3 Sample Size and Sampling Procedures

The sample size for quantitative study

The primary consideration in determining the sample size is representativeness. Therefore, this study used a probability sampling in order to draw inferences for the first (quantitative) phase. The number of subjects were calculated using the stratified sampling equation (Lemeshow et al., 1990) as follow:

$$n = \frac{z_{1-\alpha/2}^2 \sum_{h=1}^L [N_h^2 P_h (1-P_h) / w_h]}{N^2 d^2 + z_{1-\alpha/2}^2 \sum_{h=1}^L N_h P_h (1-P_h)}$$

Using confidence level 95%, absolute precision 0.05, a number of stratum 2 (15-19 y.o. and 20-24), and proportion of adolescents who knew where to find an RH service facility 22% (Moeliono, 2017), the minimum sample in all of the study area is 1,317 participants. The detail of the number of samples described in Table 1.

Table 1. Number of Minimum Sample of Study Area

District/ Municipality	15-19 y.o. Population	20-24 y.o. Population	Total	Number of Samples	15-19 y.o. Sample	20-24 y.o. Sample
Yogyakarta	36.576	54.499	91.075	263	106	157
Bantul	72.043	77.952	149.995	264	127	137
Sleman	94.927	123.348	218.275	264	115	149
Kulon Progo	27.626	22.753	50.379	263	144	119
Gunung Kidul	50.685	36.841	87.526	263	152	111
Total	281.857	315.393	597.250	1.317	644	673

The sampling procedure for the quantitative study

The sampling procedure was schematically explained in Figure 1.

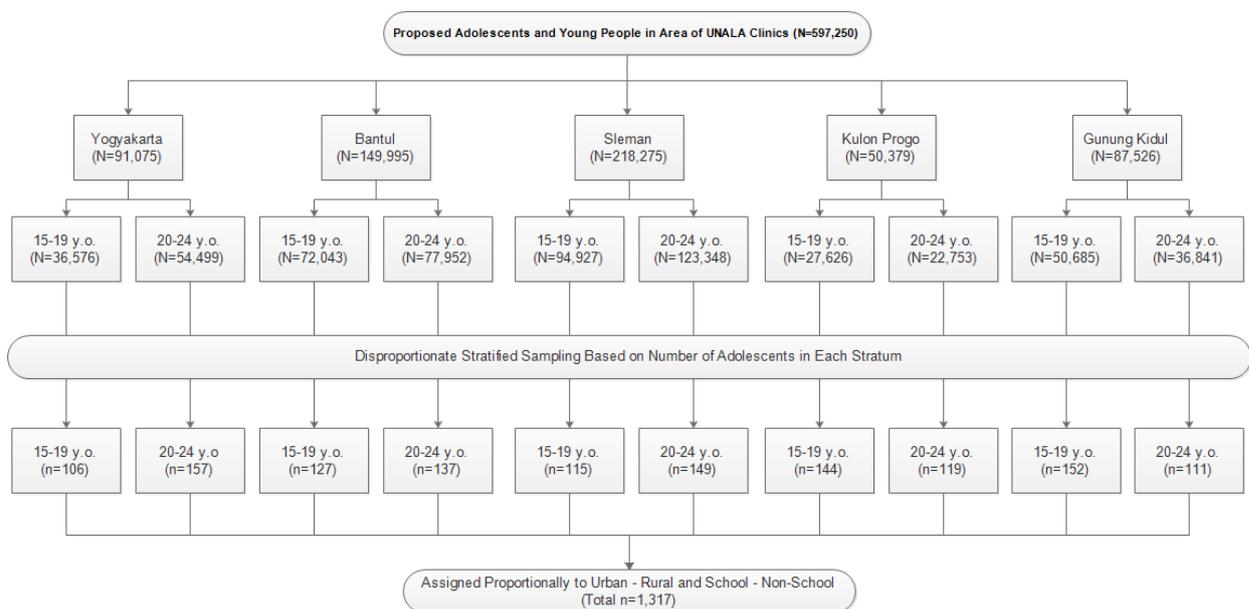


Figure 1. Participants Sampling Scheme

- a. Choosing the sample area
 1. We selected two sub-districts which represent an urban and rural area randomly in each district/municipality.
 2. In each sub-district, we chose three villages randomly.
 3. We distributed a number of samples in each village proportionally; with considering age category and school & out of school criteria.
- b. Choosing a household for survey
 4. We found a spot that is recognized as the center of citizen distribution (i.e., an intersection in the center of the village or “kelurahan” by estimating via Google Maps Applications).
 5. We put a pen in smooth flat surface land and spin it.
 6. We looked carefully at the direction that will be pointed by the pen when it is stopped.
 7. We counted the number of households in the selected area.
 8. With a random number table, we felt the pen into the table to choose the first household.
- c. Choosing the following household
 9. The first household respondent was the base to select the following respondents.
 10. We collected the data from the household. If we found the next house did not merit to our eligible characteristics, then we went to another next household.
- d. Choosing the respondents
 11. We collected the data, only one adolescent for a household.
 12. If there were 2 or more adolescent in a household, we selected only one randomly.
 13. If we did not meet the adolescent, we chose the next household.

The sampling size and procedure for the qualitative study

For the second (qualitative) phase of the study, the purposeful sample, which implies intentionally selecting individuals to learn to understand the central phenomenon, i.e., health service utilization, was used. The idea was to purposefully select informants, who best answered the research questions and who were “information-rich” persons. Due to the nature of the sequential design of this study, the selection of the participants for the second (qualitative) phase depend on the results from the first (quantitative) phase. Based on these results, maximal variation sampling, in which a researcher samples cases or individuals differing on some characteristic, was used. For this study, the participants were selected based on the statistically significant difference results from the multivariable analysis. In case none of the factors of multivariable analysis was statistically significant, the participants were selected based on their different characteristics/ settings, include age stratum, urban-rural criteria, and school-out of school category. Therefore, the alternative consisted of 8 groups, as described in Table 2.

Table 2. Alternative of Qualitative Phase Informants

Group	Age Stratum	Settings	Category	Number of In-depth Interview Participants
1	15-19	Urban	School	1
2		Rural		1
3	20-24	Urban		1
4		Rural		1
5	15-19	Urban	Out of School	1
6		Rural		1
7	20-24	Urban		1
8		Rural		1
Total Participants in Each Districts/ Municipalities				8
Total Participants				40

After obtaining adolescent data, this study continued to analyze the understanding and availability of services from adolescent clinics in viewing the same theme. We considered the selection of respondent samples through 10 FGDs based on urban-rural characteristics in 5 districts/cities. Characteristics such as the type of services such as midwives and doctors were further considered.

Theoretical framework

In this study, we used the theory of Understanding Significant help-seeking behavior and use of social support from WHO in 2007. This conceptual framework explained that adolescent decision making was related to a particular social context. This model explained that adolescent decisions were strongly influenced by individual factors as well as exogenous factors related to social support that occurs naturally. To better understand the theory/model, Figure 3 illustrated the process.

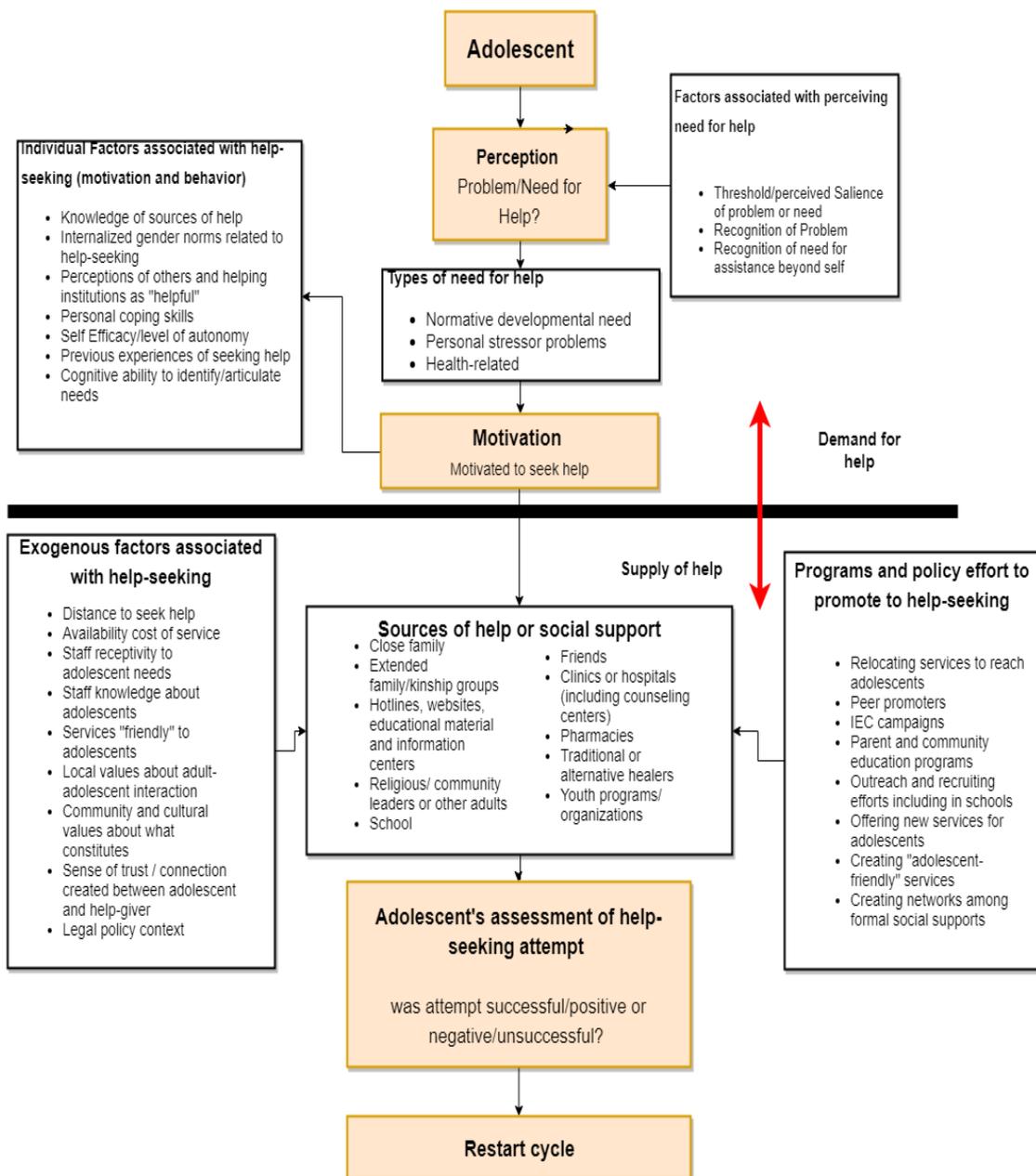


Figure. 1. A Framework for Understanding Adolescent help-seeking behavior and use of social support (WHO, 2007)

Variables

To answer all of the research questions, we proposed to accommodate the required themes, i.e.:

1. Patterns of health-seeking among youth, with detail information about knowledge of health services, health-seeking patterns, types of services that young people use, and people that accompany young people when they access services.
2. Orbits of influence that affect health-seeking (who and what influences young people to go to seek health care).

3. Barriers towards accessing health services include financial, structural, societal, cognitive and interpersonal barriers that affect health-seeking.
4. Aspirations pertaining to youth-friendly services.

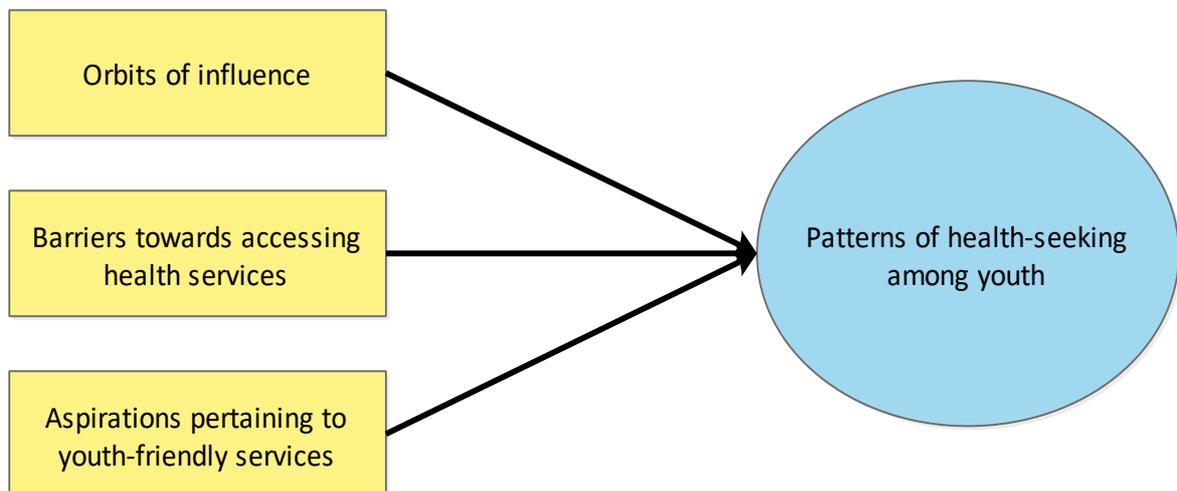


Figure. 2. Research Framework

2.4 Data Collection Methods and Instruments

The first, quantitative phase of the study focused on identifying predisposing, enabling, and reinforcing factors contributing to and/or impeding adolescents' health service utilization. The cross-sectional survey design, which implied the data collected at one point in time, was used. The primary technique for collecting the quantitative data was a standard questionnaire developed by John Cleland: Illustrative Questionnaire for Interview-Surveys with Young People, which was referred by WHO into a rapid survey tool (Cleland, 2001). The tool was modified regarding our research objectives. To ensure the validity and reliability, the survey instrument was pilot-tested on the 30 randomly selected participants representing the adolescents 19-24 y.o. in Yogyakarta Municipality. These participants were excluded from the subsequent major study. Based on the pilot test results the survey items were revised. The survey instrument was online-based questionnaires using Limesurvey platform.

The second, qualitative phase in the study focused on explaining the results of the statistical tests, obtained in the first, quantitative phase. The multiple case studies design were used for collecting and analyzing the qualitative data. The primary technique was conducting in-depth semi-structured interviews and focus group discussion with some informants, considering maximal variation principle. The Interview protocol included open-ended questions. The content of the protocol questions were grounded in the results of the statistical tests of the relationships between the adolescents' health service utilization and predisposing, enabling, and reinforcing factors as the predictors. The questions focused on the issue of health service utilization, especially on reproductive health and about the details

of the cases selected on maximal variation principle. The protocol was pilot-tested on three adolescents selected from the same target population, but then excluded from the full study.

2.5 Data Analysis

Before the statistical analysis of the quantitative survey results, the screening of the data conducted on the univariate. Data screening included descriptive statistics for all the variables and information about the missing data. Descriptive statistics for the survey items summarized in the text and reported in tabular form. Frequencies analysis conducted to identify valid percent for responses to all the questions in the survey. In addition, it was continued with bivariate statistical analysis (cross-tabulation) to identify the relationship between dependent and independent variables to obtain crude odds ratio. Adjusted odds ratio were obtained using multivariable analysis (multiple logistic regression). All statistical analysis of the quantitative results conducted with STATA version 13.0.

In the qualitative analysis, data collection and analysis proceed simultaneously. In the qualitative phase of the study, the text data obtained through the interviews and focus group discussion were coded and analyzed for themes with the help of the NVivo, software for qualitative data analysis. The steps in qualitative analysis included: (1) preliminary exploration of the data by reading through the transcripts and field notes; (2) coding the data by segmenting and labeling the text; (3) using codes to develop themes by aggregating similar codes together; (4) connecting and interrelating themes; and (5) constructing a narrative. To augment further discussion, the visual data display were created to show the evolving conceptual framework of the factors and relationships in the data.

2.6 Limitations

It should be noted, this study was a household-based survey. Therefore adolescents involved as respondents or research subjects were found in the household. Researchers did not carry out data collection procedures in the adolescent communities; therefore the estimated counts might be different from the others. Sequential explanatory mixed methods design as the approach of this study was useful for exploring quantitative results in more detail. In other hands, this approach had some limitations, included:

1. As any mixed methods design, it required a lengthy time to complete.
2. It required feasibility of resources to collect and analyze both types of data.
3. Quantitative results of the first phase may show no significant differences.

2.7 Research Permission and Ethical Considerations

Ethical approval for the study was obtained from the Medical and Health Research Ethics Committee (MHREC) Faculty of Medicine, Public Health and Nursing Universitas Gadjah Mada (UGM). All participant were asked to sign an informed consent and got identification numbers from UGM. Informed consent became a clearance to guarantee that a participant's personal information will not be published. The information that stated including participant' identification research number, characteristic (gender, urban-rural, age, school and out of

school). All interviews were conducted in a private corner/place of the household. FGDs conducted based on same characteristic of participants.

An informed consent form was developed. The form stated that the participants were guaranteed certain rights, agree to be involved in the study, and acknowledge their rights were protected. A statement relating to informed consent was affixed to the questionnaires and reflected compliance by participation. The anonymity of participants were protected by numerically coding each returned questionnaire and keeping the responses confidential. While conducting the individual interviews with the selected respondents, they were assigned fictitious names for use in their description and reporting the results. All study data, including the survey files, interview tapes, and transcripts, were kept in locked metal file cabinets in the researcher's office. Participants were told summary of data through dissemination meeting, but in no way, it was possible to trace responses to individuals.

2.8 Organizational Management

This research was conducted by Center for Health Policy and Management (CHPM/PKMK) Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada team and was supported by UNFPA. The team composed of the core research team and the enumerators (supporting team) were involved in this research. The CHPM core team consisted of the Principal Investigator (PI), Co-PI, Project Manager, and Data manager. The principal investigator was responsible for leading and ensuring the content of the research will meet the objectives of the research objectives and communicating with UNFPA. Co-PI had a responsibility to work with PI and engaged in local stakeholder and implementor as an art of implementation research. The research assistant helped Co-PI for guaranteeing literature review, presentation of results and key finding and conducting community of practice.

The community of practice became a place with a lot of purpose including knowledge sharing, updating adolescent and implementor problems, and monitoring the research project. We proposed to create Community of Practice with webinar series, for efficiency reason but with a lot of benefit including mapping interest of stakeholders regarding adolescent and sexual reproductive issues. We believe COP made our research richer in content and values. Co-PI and research assistant provided COP with Adolescent and sexual reproductive health expert. Project manager and administrator were charged for watching over the timeline of the research, hiring data collector, providing technical accommodation including permitting of research, submitting ethical clearance, arranging training data collector. Lastly, the core team also had a data manager which had the responsibility to provide datasheet and standardized research instruments, train data collector, supervise data collection, and translate raw data into the result. For translating data into key finding and results, data manager worked with Co-PI and research assistant.

The core team were supported by data collectors. The project manager hire 10 data collectors who conducted qualitative and quantitative data collection. Under the supervision of data managers, data collectors collected data, and find specific respondents who were the participants in the focus group discussions and in-depth interviews. Qualitative data

collection were implemented together with core teams. To ensure the quality of research data, the data manager monitored quantitative data process and Co-PI confirmed the qualitative data that were submitted by data collectors. The management of the program was illustrated in

Figure 2.

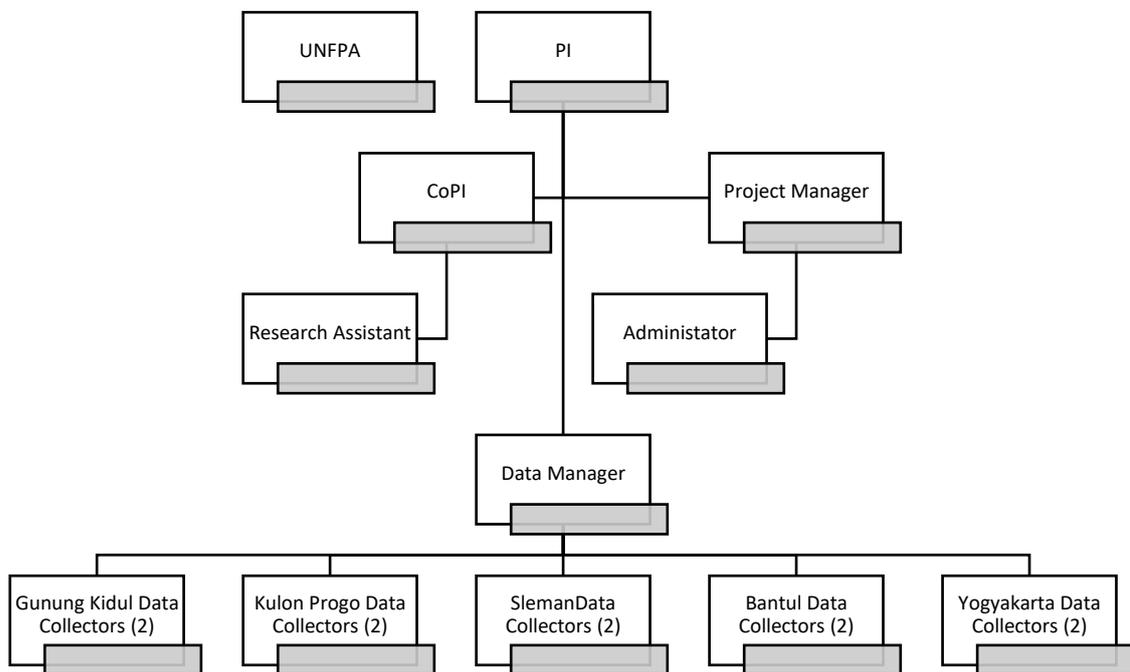


Figure 2. Organization Chart for the Management of the Project

Chapter III Results and Discussions

This study was conducted using a mix-method design, which involved two phases of analysis, i.e., quantitative and qualitative data analysis. In the first phase, the quantitative data were collected and analyzed first. Then in the second phase, a qualitative multiple case study approach was used and analyzed. Therefore, we presented the result in two sections, i.e. quantitative and qualitative findings.

3.1 Quantitative Findings

a. Characteristics of Sample

A total of 1.371 adolescents from five districts in Daerah Istimewa Yogyakarta were included in the analysis. Table 1, we found that gender and age were statistically significant with last education attended. Male adolescents (79.4%), female adolescents (65.9.7%) and adolescents aged 15 – 19 years old were basic education graduates. Majority adolescents in our study had upper stipend/income than the median, although their gender was not statistically significant. This study we also found that there were associated between adolescents' age and stipend/income. Adolescents were 15-19 years old (76.0%) had the lower stipend than median and the percentage of upper stipend than median were higher to adolescents were 20-24 years old (76.2%). Additionally, gender, age and region were significantly associated with adolescents' employment status. Most of the adolescents in our study were student/undergraduate. Mostly adolescents in DIY region were all living with parent and its statistically significant.

Table 1. Baseline characteristics of sample

Variable	Gender		Comparison		Age		Comparison	
	Male n= 696 %	Female n= 621 %	Odds ratio (CI 95%)	P value	15-19 n= 646 %	20-24 n=671 %	Odds ratio (CI 95%)	P value
Last education attended								
Basic Education	79.4	65.9	1		90.9	55.9	1	
Higher education	20.5	34.1	0.50 (0.39 - 0.64)	<0.000	9.1	44.1	0.13 (0.09 - 0.17)	<0.000
Stipend/Income								
Lower than median (<IDR 600,000)	49.0	49.9	1		76.0	23.8	1	
Upper than median (≥IDR 600,000)	51.0	50.1	1.04 (0.83 - 1.29)	0.737	24.0	76.2	0.10 (0.08 - 0.13)	<0.000
Employment Status								
Student/Undergraduate	51.0	64.7	1		74.0	41.6	1	
Employed/self employed	36.8	25.8	1.81 (1.42 - 2.31)	<0.000	13.9	48.6	0.16 (0.12 - 0.21)	<0.000
Unemployed	12.2	9.5	1.63 (1.14 - 2.34)	0.008	12.1	9.8	0.69 (0.48 - 0.99)	0.043
Living with parents								
No	10.6	11.0	1		6.0	15.4		
Yes	89.4	89.0	1.03 (0.73 - 1.46)	0.853	94.0	84.6	2.82 (1.92 - 4.15)	<0.000

Table 1. Baseline characteristics of sample (continued)

Variable	Region				
	Yogyakarta n = 263 %	Sleman n = 264 %	Bantul n = 264 %	Kulon Progo n = 263 %	Gunung Kidul n = 263 %
Last education attended					
Basic Education	59.3	62.1	69.3	83.3	91.3
Higher education	40.7	37.9	30.7	16.7	8.7
Odds ratio (CI 95%)	1	0.89 (0.63 - 1.26)	0.64 (0.45 - 0.92)	0.29 (0.19 - 0.44)	0.14 (0.08 - 0.23)
P value		0.510	0.017	<0.001	<0.001
Stipend/Income					
Lower than median (<IDR 600,000)	43.7	46.2	55.3	44.5	57.4
Upper than median (≥IDR 600,000)	56.3	53.8	44.7	55.5	42.6
Odds ratio (CI 95%)	1	0.90 (0.64 - 1.27)	0.63 (0.44 - 0.88)	0.97 (0.69 - 1.37)	0.58 (0.41 - 0.81)
P value		0.566	0.008	0.861	0.002
Employment Status					
Student/Undergraduate	71.1	62.1	53	46	55.1
Employed/self employed	24.7	33.7	29.9	38.4	31.2
Odds ratio (CI 95%)	1	1.56 (1.06 - 2.29)	1.62 (1.09 - 2.41)	2.40 (1.63 - 3.53)	1.63 (1.10 - 2.40)
P value		0.022	0.016	<0.001	0.015
Unemployed	4.2	4.2	17	15.6	13.7
Odds ratio (CI 95%)	1	1.14 (0.48 - 2.70)	5.46 (2.73 - 10.94)	5.76 (2.85 - 11.64)	4.22 (2.08 - 8.58)
P value		0.765	<0.001	<0.001	<0.001
Living with parents					
No	35	4.9	5.7	3	5.3
Yes	65	95.1	94.3	97	94.7
Odds ratio (CI 95%)	1	10.39 (5.63 - 19.16)	8.93 (5.00 - 15.94)	17.15 (8.12 - 36.23)	9.57 (5.28 - 17.35)
P value		<0.001	<0.001	<0.001	<0.001

b. Distribution of Adolescents' Health Insurance

Table 2 revealed that the ownership of health insurance among adolescents and also their type of health insurance based on gender. The type of health insurance were JKN/KIS, school insurance and others. Both male and female adolescents had a health insurance. Male adolescents were more likely have JKN/KIS as their health insurance compared to female. This study found that the ownership of health insurance and also the type of health insurance among adolescents did not seem to differ significantly according to gender groups.

The ownership of health insurance and the type of health insurance among adolescents also did not seem to differ significantly according to age groups. Both adolescents aged 15 – 19 years old and 20 -24 years old had a health insurance. Adolescents aged 15-19 years old were more likely did not know that they had KIS/JKN as their health insurance compared to adolescents aged 20-24 years old.

The ownership of health insurance and the type of health insurance among adolescents also did not seem to differ significantly according to region groups. Adolescents in Bantul were more likely did had health insurance compared with adolescents all region in DIY (OR 1.38; 95% CI 0.82 - 2.33). Adolescents who living in Sleman were more likely had JKN compared with adolescents in all region in DIY (OR 1.76; 95% CI 0.41 – 7.46).

Table 2. Distribution of Adolescents' Health Insurance on Gender and Age Characteristics

Variable	Gender		Comparison		Age		Comparison	
	Male	Female	Odds ratio (CI 95%)	P value	15-19	20-24	Odds ratio (CI 95%)	P value
	n= 696 %	n= 621 %			n= 646 %	n=671 %		
Ownership of Health insurance								
No	14.9	13.7	1		14.2	14.5	1	
Yes	81.8	85.8	0.87 (0.64 - 1.19)	0.389	83.4	83.9	1.01 (0.74 - 1.37)	0.953
Don't know	3.3	0.5	6.27 (1.82 - 21.58)	0.004	2.3	1.6	1.44 (0.63 - 3.29)	0.390
Type of health insurance								
	n = 569	n = 533			n = 539	n = 563		
JKN/KIS								
No	1.4	3.0	1		1.7	2.7	1	
Yes	97.9	96.8	2.16 (0.92 - 5.09)	0.078	97.6	97.2	1.60 (0.69 - 3.69)	0.268
Don't know	0.7	0.2	8.00 (0.76 - 83.88)	0.083	0.7	0.2	6.67 (0.64 - 69.34)	0.112
School Insurance								
No	96.1	94.2	1		96.1	94.3	1	
Yes	2.5	4.3	0.56 (0.28 - 1.10)	0.091	2.6	4.1	0.62 (0.32 - 1.22)	0.171
Don't know	1.4	1.5	0.92 (0.34 - 2.46)	0.865	1.3	1.6	0.80 (0.29 - 2.16)	0.655
Others								
No	96.3	96.6	1		97.4	95.6	1	
Yes	1.6	1.9	0.84 (0.34 - 2.10)	0.718	0.7	2.7	0.27 (0.09 - 0.83)	0.022
Don't know	2.1	1.5	1.65 (0.57 - 3.48)	0.456	1.9	1.8	1.02 (0.42 - 2.48)	0.957

Table 2. Distribution of Adolescents' Health Insurance on Region Characteristic (continued)

Variable	Region				
	Yogyakarta	Sleman	Bantul	Kulon Progo	Gunung Kidul
	n = 263 %	n = 264 %	n = 264 %	n = 263 %	n = 263 %
Ownership of Health insurance					
No	14.1	12.1	11	20.9	13.7
Yes	81.7	86	88.3	76.8	85.6
Odds ratio (CI 95%)	1	1.22 (0.73 - 2.03)	1.38 (0.82 - 2.33)	0.63 (0.40 - 1.00)	1.07 (0.65 - 1.76)
P value		0.442	0.222	0.050	0.773
Don't know	4.2	1.9	0.8	2.3	0.8
Odds ratio (CI 95%)	1	0.52 (0.16 - 0.67)	0.23 (0.05 - 1.13)	0.37 (0.12 - 1.08)	0.19 (0.04 - 0.90)
P value		0.276	0.070	0.068	0.037
Type of health insurance					
	n = 215	n = 227	n = 233	n = 202	n = 225
JKN/KIS					
No	2.3	1.3	1.7	4	1.8
Yes	97.7	97.8	98.3	94.6	98.2
Odds ratio (CI 95%)	1	1.76 (0.41 - 7.46)	1.36 (0.36 - 5.14)	0.57 (0.18 - 1.77)	1.31 (0.35 - 4.96)
P value		0.442	0.648	0.329	0.686
Don't know	0	0.9	0	1.5	0
Odds ratio (CI 95%)	1				
P value		0.993	1.000	0.993	1.000
School Insurance					
No	90.7	93.8	100	94.6	96.4
Yes	8.8	4.8	0	0.5	2.7
Odds ratio (CI 95%)	1	0.53 (0.25 - 1.14)		0.05 (0.01 - 0.40)	0.28 (0.11 - 0.72)
P value		0.105	0.987	0.005	0.008
Don't know	0.5	1.3	0	5	0.9
Odds ratio (CI 95%)	1	2.75 (0.28 - 26.63)		10.21 (1.29 - 80.59)	1.80 (0.16 - 19.98)
P value		0.383	0.992	0.027	0.633

Variable	Region				
	Yogyakarta	Sleman	Bantul	Kulon Progo	Gunung Kidul
	n = 263 %	n = 264 %	n = 264 %	n = 263 %	n = 263 %
Others					
No	94.9	95.6	99.1	93.6	98.7
Yes	4.7	2.6	0	0.5	0.9
Odds ratio (CI 95%)	1	0.56 (0.20 - 1.58)		0.11 (0.01 - 0.85)	0.18 (0.04 - 0.85)
P value		0.276	0.978	0.035	0.03
Don't know	0.5	1.8	0.9	5.9	0.4
Odds ratio (CI 95%)	1	3.76 (0.42 - 33.92)	1.77 (0.16 - 19.62)	12.95 (1.67 - 100.52)	0.92 (0.06 - 14.78)
P value		0.238	0.643	0.014	0.952

c. The Distribution of Payment Method for Access to Health Facility

Table 3 revealed that the distribution of payment method among adolescents based on gender, age and region groups. Male adolescent were more likely prefer use health insurance as their payment method when access to health facilities compared to female adolescents. Adolescents aged 15 – 19 years old were more likely prefer use health insurance as their payment method when access to health facilities compared to adolescent age 20 - 24 years old (OR 1.38; 95% CI 1.03 – 1.83). Adolescents in all DIY region were significantly more likely prefer out of pocket as the their payment method when access to health facilities.

Table 3. Distribution of Payment Method on Gender and Age Characteristic

Payment Method	Gender		Comparison		Age		Comparison	
	Male	Female	Odds ratio (CI 95%)	P value	15-19	20-24	Odds ratio (CI 95%)	P value
	n = 369 %	n = 409 %			n = 378 %	n = 400 %		
Payment method								
Out of pocket	50.9	52.1	1		47.4	55.5	1	
Use health insurance	47.4	46.5	1.04 (0.78 - 1.39)	0.769	50.8	43.3	1.38 (1.03 - 1.83)	0.028
Don't know	1.6	1.5	1.13 (0.36 - 3.57)	0.831	1.9	1.3	1.73 (0.54 - 5.56)	0.353

Table 3. Distribution of Payment Method on Region (continued)

Payment Method	Region				
	Yogyakarta	Sleman	Bantul	Kulon Progo	Gunung Kidul
	n = 111 %	n = 168 %	n = 176 %	n = 175 %	n = 148 %
Payment method					
Out of pocket	67.6	43.5	54	44.6	29.7
Use health insurance	27	56.5	45.5	53.7	68.9
Odds ratio (CI 95%)	1	0.31 (0.18 - 0.52)	0.47 (0.28 - 0.80)	0.33 (0.20 - 0.56)	0.17 (0.10 - 0.30)
P value		<0.001	0.005	<0.001	<0.001
Don't know	5.4	0	0.6	1.7	1.4
Odds ratio (CI 95%)	1		0.06 (0.01 - 0.54)	0.16 (0.04 - 0.68)	0.10 (0.02 - 0.51)
P value		0.981	0.012	0.013	0.006

d. Orbit of Influences that Affect the Pattern of Adolescent's Health-seeking Behavior

Table 4 revealed that adolescents' attitude towards health seeking patterns based on gender, age and region groups. Attitude towards adolescents health seeking patterns were they will access facility when they got sick, they will ask health providers about health problems, they must be accompanied by their parents when access health facility, they were ashamed to ask permission from their parents to access clinic because of health problems related to menstruation or sex organs, they prefer to buy a medicine alone. Adolescents living in Gunung Kidul were almost 4 times agree to access health facility when they got sick or health problem compared to those whose lived in Yogyakarta. Although, it did not seem to differ significantly according to gender and age groups.

Adolescents who living in Bantul were 3 times agree to ask anything to the health providers about health problems related to sex organs and sex compared to those whose lived in Yogyakarta. Although, it did not seem to differ significantly according to gender and age groups. Male adolescents were significantly less likely to agree to be accompanied by their parents when access health facility compared to female adolescents. Adolescents aged 15 – 19 years old were 2 times to agree to be accompanied by their parents when access health facility compared to adolescents aged 20 – 24 years old. Adolescents who living in Bantul and Kulon Progo were less likely to agree to be accompanied by their parents when access health facility compared to those whose lived in Yogyakarta.

Male adolescents were almost 2 times to agree to be afraid or ashamed to ask permission from their parents to go to the clinic because they have problems related to menstruation or sex organs compared to female adolescents. Adolescents who living in Kulon Progo were significantly more likely to agree to be afraid or ashamed to ask permission from their parents to go to the clinic because they have problems related to menstruation or sex organs compared to those whose lived in Yogyakarta. Although, it did not seem to differ significantly according to age groups.

Male adolescents were almost 2 times to agree to buy their own medication compared to female adolescents. Adolescents aged 15 – 19 years old were significantly more likely to disagree to buy their own medication compared to adolescents aged 20 – 24 years old. Adolescents who living in Sleman were significantly more likely to disagree to buy their own medication compared to those whose lived in Yogyakarta.

Table 4. Distribution of Adolescents' attitude towards health on Gender and Age Characteristic

Attitude towards adolescent health	Gender		Comparison		Age		Comparison	
	Male n= 696	Female n= 621	Odds ratio (CI 95%)	P value	15-19 n= 646	20-24 n=671	Odds ratio (CI 95%)	P value
	%	%			%	%		
I will access health facility if I got sick or health problems								
Disagree	0.9	1.3	1		1.1	1.0	1	
Agree	99.1	98.7	1.50 (0.52 - 4.35)	0.455	98.9	99.0	0.96 (0.33 - 2.76)	0.943
I will ask anything to the health providers about health problems, including sexuality and sex organs								
Disagree	8.6	6.0	1		7.0	7.7	1	
Agree	91.4	94.0	0.67 (0.44 - 1.03)	0.066	93.0	92.2	1.21 (0.47 - 1.70)	0.586
I have to be accompanied by my parents if I will visit a health facility								

Attitude towards adolescent health	Gender		Comparison		Age		Comparison	
	Male	Female	Odds ratio (CI 95%)	P value	15-19	20-24	Odds ratio (CI 95%)	P value
	n= 696	n= 621			n= 646	n=671		
	%	%			%	%		
Disagree	27.0	20.0	1		16.1	31.0	1	
Agree	73.0	80.0	0.67 (0.52 - 0.87)	0.003	83.9	69.0	2.34 (1.79 - 3.05)	<0.001
I am afraid or ashamed to ask permission from my parents to go to the clinic because I have problems related to menstruation or sex organs								
Disagree	75.1	82.9	1		77.9	79.7	1	
Agree	28.9	17.1	1.61 (1.23 - 2.11)	0.001	22.1	20.3	1.12 (0.86 - 1.46)	0.407
I prefer to buy my own medication than my close friends or family know about my health problems, especially about a sensitive issues								
Disagree	64.1	75.7	1		74.9	64.4	1	
Agree	35.9	24.3	1.74 (1.37 - 2.21)	<0.001	25.1	35.6	0.60 (0.48 - 0.77)	<0.001

Table 4. Distribution of Adolescents' attitude towards health on Region Groups (continued)

Attitude towards adolescent health	Region				
	Yogyakarta	Sleman	Bantul	Kulon Progo	Gunung Kidul
	n = 263	n = 264	n = 264	n = 263	n = 263
	%	%	%	%	%
I will access health facility if I got sick or health problems					
Disagree	4.2	0	0	0	1.1
Agree	95.8	100	100	100	98.9
Odds ratio (CI 95%)	1	<i>Empty</i>	<i>Empty</i>	<i>Empty</i>	3.78 (1.04 - 13.71)
P value					0.043
I will ask anything to the health providers about health problems, including sexuality and sex organs					
Disagree	10.3	6.8	4.2	7.6	8.0
Agree	89.7	93.2	95.8	92.4	92.0
Odds ratio (CI 95%)	1	1.56 (0.84 - 2.91)	2.63 (1.28 - 5.42)	1.39 (0.76 - 2.55)	1.31 (0.75 - 2.40)
P value		0.159	0.009	0.286	0.365
I have to be accompanied by my parents if I will visit a health facility					
Disagree	17.1	20.8	34.8	26.6	19.0
Agree	82.9	79.2	65.1	73.4	81.0
Odds ratio (CI 95%)	1	0.78 (0.51 - 1.21)	0.38 (0.26 - 0.58)	0.57 (0.37 - 0.87)	0.88 (0.56 - 1.37)
P value		0.276	<0.001	0.009	0.571
I am afraid or ashamed to ask permission from my parents to go to the clinic because I have problems related to menstruation or sex organs					
Disagree	80.6	82.9	81.4	73.0	76.1
Agree	19.4	17.1	18.6	27.0	23.9
Odds ratio (CI 95%)	1	0.85 (0.55 - 1.33)	0.95 (0.61 - 1.46)	1.54 (1.02 - 2.31)	1.31 (0.86 - 1.97)
P value		0.486	0.808	0.040	0.2015
I prefer to buy my own medication than my close friends or family know about my health problems, especially about a sensitive issues					
Disagree	65.4	75.0	73.1	66.5	67.7
Agree	34.6	25.0	26.9	33.5	32.3
Odds ratio (CI 95%)	1	0.63 (0.43 - 0.92)	0.69 (0.48 - 1.01)	0.95 (0.66 - 1.36)	0.90 (0.63 - 1.30)
P value		0.016	0.056	0.782	0.579

Table 5 revealed that the most preferable source of information used among Adolescents based on gender, age and region groups. Source of information among adolescents were health providers, social media, website/search engine, youtube, television, families, friends, and others. It was a few respondents reported prefer television, families, friends and other sources as their most preferable source of information. Male adolescents were significantly less likely to prefer website/search engine as their source of information compared with female adolescents (OR 0.58; 95% CI 0.37 – 0.92). We found that male adolescents were more likely to prefer families and friends as their source of information compared with female adolescents. Although, the most preferable source of information used among adolescents did not seem to differ significantly according to gender groups. Adolescents aged 20-24 years old were more likely to prefer website/search engine as their source of information compared with adolescents aged 15-19 years old (OR 0.55; 95% CI 0.34 – 0.87). We also found that adolescents aged 15-19 years old were less likely to prefer media social as their source of information compared with adolescents aged 20-24 years old. Although, the most preferable source of information used among adolescents did not seem to differ significantly according to age groups. Adolescents who living in Sleman were significantly more likely to prefer sosial media (OR 5.47; 95% CI 2.27 – 13.14), Youtube (OR 4.38; 95% CI 1.51 -12.74) and television (OR 30.87; 95% CI 5.88 – 162,15) as their source of information compared to those who lived in Yogyakarta. Adolescents who living in Sleman (OR 0.22; 95% CI 0.07 – 0.71), Bantul (OR 0.09; 95% CI 0.04 – 0.20) and Gunung Kidul (OR 0.04; 95% CI 0.02 – 0.11) were significantly less likely to prefer families as their source of information compared to those who lived in Yogyakarta.

Table 5. Distribution of Most Preferable Source of information Used by Adolescents on Age and Gender Characterictic

Variable	Gender		Comparison		Age		Comparison	
	Male	Female	Odds ratio (CI 95%)	P value	15-19	20-24	Odds ratio (CI 95%)	P value
	n = 646	n = 602			n = 608	n = 640		
	%	%			%	%		
Most Preferable Source of information Used by Adolescents								
Health providers	9.9	8.1	1		10.4	7.8	1	
Social Media	43.8	45.3	0.79 (0.53 - 1.19)	0.266	45.6	43.6	0.79 (0.52 - 1.18)	0.251
Website/Search Engine	14.6	20.6	0.58 (0.37 - 0.92)	0.020	14.6	20.2	0.55 (0.34 - 0.87)	0.010
Youtube	8.8	10.0	0.73 (0.43 - 1.22)	0.230	9.9	8.9	0.83 (0.49 - 1.40)	0.497
Television	7.3	4.3	1.38 (0.75 - 2.54)	0.294	6.4	5.3	0.91 (0.50 - 1.64)	0.755
Families	9.6	6.1	1.28 (0.74 - 2.23)	0.376	7.4	8.4	0.66 (0.38 - 1.14)	0.135
Friends	3.3	3.3	1.80 (0.39 - 1.64)	0.550	2.8	3.8	0.56 (0.27 - 1.16)	0.119
Others	2.8	2.2	1.06 (0.47 - 2.37)	0.887	3.0	2.0	1.10 (0.49 - 2.45)	0.818

Table 5. Distribution of Most Preferable Source of information Used by Adolescents on Region Characterictic (continued)

Variable	Region				
	Yogyakarta	Sleman	Bantul	Kulon Progo	Gunung Kidul
	n = 258	n = 258	n = 262	n = 232	n = 238
	%	%	%	%	%
Most Preferable Source of information Used by Adolescents					
Health providers	7.4	3.1	14.9	0	19.7
Social Media	24.4	56.2	50.4	62.5	29.8
Odds ratio (CI 95%)	1	5.47 (2.27 - 13.14)	1.02 (0.55 - 1.91)		0.45 (0.24 - 0.86)
P value		<0.001	0.949	0.978	0.015
Website/Search Engine	26	15.5	6.5	14.2	25.6

Variable	Region				
	Yogyakarta	Sleman	Bantul	Kulon Progo	Gunung Kidul
	n = 258 %	n = 258 %	n = 262 %	n = 232 %	n = 238 %
Odds ratio (CI 95%)	1	1.42 (0.57 - 3.54)	0.12 (0.06 - 0.26)		0.37 (0.19 - 0.69)
P value		0.454	<0.001	0.980	0.002
Youtube	5	9.3	11.1	11.6	10.1
Odds ratio (CI 95%)	1	4.38 (1.51 - 12.74)	1.09 (0.46 - 12.74)	1.49	0.75 (0.31 - 1.76)
P value		0.007	0.849	0.979	0.505
Television	0.8	10.1	5.3	6.5	6.7
Odds ratio (CI 95%)	1	30.87 (5.88 - 162.15)	3.41 (0.70 - 16.55)		3.23 (0.68 - 15.44)
P value		<0.001	0.128	0.997	0.141
Families	25.2	2.3	4.6	3.9	2.9
Odds ratio (CI 95%)	1	0.22 (0.07 - 0.71)	0.09 (0.04 - 0.20)		0.04 (0.02 - 0.11)
P value		0.011	<0.001		<0.001
Friends	8.1	2.3	3.8	0	1.7
Odds ratio (CI 95%)	1	0.68 (0.20 - 2.31)	0.23 (0.09 - 0.59)		0.08 (0.23 - 0.25)
P value		0.563	0.002	0.999	<0.001
Others	3.1	1.2	3.4	1.3	3.4
Odds ratio (CI 95%)	1	0.89 (0.19 - 4.25)	0.55 (0.18 - 1.64)		0.40 (0.13 - 1.23)
P value		0.885	0.284	0.981	0.122

Table 6 revealed that preferable media social among adolescents as their source of information based on gender, age and region groups. Media social used by adolescents were Instagram, facebook, twitter, whatsapp and line. It was a few respondents reported prefer twitter and line as their preferable media social as their source of information. Male adolescents were significantly less likely to prefer facebook as their preferable media social compared to female adolescent (OR 0.42; 95% CI 0.30 - 0.56). Adolescents aged 15-19 years old were 3.9 times were more likely prefer whatsapp as their preferable media social to get information compared to adolescent aged 20-24 years old (OR 3.89; 95% CI 1.68 - 8.99). Adolescent who living in Sleman (OR 0.45; 95% CI 0.25 - 0.82), Bantul (OR 0.28; 95% CI 0.15 - 0.50), Kulon Progo (OR 0.53; 95% CI 0.28 - 0.98) and Gunung Kidul (OR 0.44; 95% CI 0.23 - 0.86) were significantly less likely to prefer facebook than other media social as their preferable media social compared to those who lived in Yogyakarta.

Table 6. Distribution of Preferable Media Social Used by Adolescents on Age and Gender Characteristic

Variable	Gender		Comparison		Age		Comparison	
	Male	Female	Odds ratio	P	15-19	20-24	Odds ratio	P
	n = 432 %	n = 444 %			n = 424 %	n = 452 %		
Preferable Social Media Used by Adolescents								
Instagram	36.8	20.0	1		25.5	31.0	1	
Facebook	56.3	74.5	0.42 (0.30 - 0.56)	<0.000	67.2	63.9	1.28 (0.95 - 1.72)	0.108
Twitter	1.4	1.6	0.48 (0.16 - 1.47)	0.199	0.7	2.2	0.39 (0.10 - 1.45)	0.159
Whatsapp	4.9	2.5	1.07 (0.49 - 2.32)	0.867	5.7	1.8	3.89 (1.68 - 8.99)	0.002
Line	0.7	1.4	0.28 (0.07 - 1.15)	0.077	0.9	1.1	1.04 (0.27 - 3.95)	0.958

Table 6. Distribution of Preferable Media Social Used by Adolescents on Region Characteristic (continued)

Variable	Region				
	Yogyakarta n = 110 %	Sleman n = 230 %	Bantul n = 236 %	Kulon Progo n = 182 %	Gunung Kidul n = 118 %
Preferable Social Media Used by Adolescents					
Instagram	15.5	28.3	37.3	25.8	26.3
Facebook	80.9	67.4	54.2	71.4	61
Odds ratio (CI 95%)	1	0.45 (0.25 - 0.82)	0.28 (0.15 - 0.50)	0.53 (0.28 - 0.98)	0.44 (0.23 - 0.86)
P value		0.009	<0.001	0.043	0.017
Twitter	0	3	0.8	0.5	2.5
Odds ratio (CI 95%)	1				
P value		0.987	0.989	0.989	0.987
Whatsapp	2.7	0	6.4	1.6	9.3
Odds ratio (CI 95%)	1		0.97 (0.25 - 3.70)	0.36 (0.07 - 1.97)	2.01 (0.49 - 8.21)
P value		0.970	0.960	0.239	0.330
Line	0.9	1.3	1.3	0.5	0.8
Odds ratio (CI 95%)	1	0.78 (0.08 - 8.02)	0.58 (0.06 - 6.91)	0.36 (0.02 - 6.11)	0.55 (0.03 - 9.33)
P value		0.838	0.645	0.481	0.678

e. Support and Obstacles

Table 7 revealed that adolescents' knowledge about the accessibility of health facilities based on gender, age and region groups. Health facilities were puskesmas, private clinic, public hospital, private hospital, general practice and midwife. Male adolescent were significantly less likely to recognise private clinic (OR 0.70; 95% CI 0.56 - 0.88) and midwife (OR 0.65; 95% CI 0.50 - 0.84) as health provider compared to female adolescents. Adolescent aged 15 - 19 years old were significantly less likely to recognise private hospital as health provider compared to adolescents aged 20-24 years old (OR 0.70; 95% CI 0.56 - 0.87). Adolescent who living in Sleman and Bantul were more likely to recognize puskesmas, private clinic, public hospital, private clinic, general practice and midwife as health provider compared to those who lived in Yogyakarta.

Table 7. Distribution of knowledge about accessibility among adolescents on Age and Gender Characteristic

Knowledge about accessibility	Gender		Comparison		Age		Comparison	
	Male n= 696 %	Female n= 621 %	Odds ratio (CI 95%)	P value	15-19 n= 646 %	20-24 n=671 %	Odds ratio (CI 95%)	P value
<i>Puskesmas</i>								
No	10.3	10.3	1		9.3	11.3	1	
Yes	89.7	89.7	1.00 (0.70 - 1.42)	0.982	90.7	88.7	1.25 (0.87 - 1.78)	0.225
<i>Private clinic</i>								
No	67.1	58.9	1		65.8	60.8	1	
Yes	32.9	41.1	0.70 (0.56 - 0.88)	0.002	34.2	39.2	0.81 (0.64 - 1.01)	0.061
<i>Public Hospital</i>								
No	47.0	43.3	1		47.2	43.4	1	
Yes	53.0	56.7	0.86 (0.69 - 1.07)	0.182	52.8	56.6	0.86 (0.69 - 1.06)	0.161
<i>Private Hospital</i>								
No	47.4	43.3	1		50.0	41.1	1	
Yes	52.6	56.7	1.85 (0.68 - 1.05)	0.136	50.0	58.9	0.70 (0.56 - 0.87)	0.001
<i>GP</i>								
No	81.0	78.6	1		81.4	78.4	1	

Knowledge about accecability	Gender		Comparison		Age		Comparison	
	Male n= 696	Female n= 621	Odds ratio (CI 95%)	P value	15-19 n= 646	20-24 n=671	Odds ratio (CI 95%)	P value
	%	%			%	%		
Yes	19.0	21.4	0.86 (0.65 - 1.12)	0.268	18.6	21.6	0.83 (0.63 - 1.08)	0.170
Midwife								
No	81.5	74.1	1		78.6	77.3	1	
Yes	18.5	25.9	0.65 (0.50 - 0.84)	0.001	21.4	22.7	0.03 (0.71 - 1.20)	0.572

Table 7. Distribution of knowledge about accessibility among adolescents on Region (Continue)

Knowledge about accecability	Region				
	Yogyakarta n = 263	Sleman n = 264	Bantul n = 264	Kulon Progo n = 263	Gunung Kidul n = 263
	%	%	%	%	%
<i>Puskesmas</i>					
No	26.2	3	1.1	4.9	16.3
Yes	73.8	97	98.9	95.1	83.7
Odds ratio (CI 95%)	1	11.38 (5.35 - 24.22)	30.94 (9.59 - 99.77)	6.84 (3.67 - 12.73)	1.82 (1.19 - 2.79)
P value		<0.001	<0.001	<0.001	0.006
<i>Private clinic</i>					
No	77.9	54.5	53.8	81.7	48.3
Yes	22.1	45.5	46.2	18.3	51.7
Odds ratio (CI 95%)	1	2.94 (2.02 - 4.30)	3.04 (2.08 - 4.43)	0.79 (0.51 - 1.21)	3.78 (2.59 - 5.53)
P value		<0.001	<0.001	0.278	<0.001
<i>Public Hospital</i>					
No	69.6	36.7	17.4	35.7	66.9
Yes	30.4	63.3	82.6	64.3	33.1
Odds ratio (CI 95%)	1	3.94 (2.74 - 5.66)	10.84 (7.18 0 - 16.37)	4.11 (2.86 - 5.92)	1.13 (0.78 - 1.63)
P value		<0.001	<0.001	<0.001	0.512
<i>Private Hospital</i>					
No	53.2	26.9	8.7	69.2	69.6
Yes	46.8	73.1	91.3	30.8	30.4
Odds ratio (CI 95%)	1	3.09 (2.15 - 4.45)	11.93 (7.29 - 19.50)	0.51 (0.35 - 0.72)	0.50 (0.35 - 0.71)
P value		<0.001	<0.001	<0.001	<0.001
<i>GP</i>					
No	81.4	76.1	81.1	84.4	76.4
Yes	18.6	23.9	18.9	15.6	23.6
Odds ratio (CI 95%)	1	1.37 (0.90 - 2.08)	1.02 (0.66 - 1.58)	0.81 (0.51 - 1.27)	1.35 (0.88 - 2.05)
P value		0.143	0.928	0.355	0.166
<i>Midwife</i>					
No	95.1	81.8	69.7	76	67.3
Yes	4.9	18.2	30.3	24	32.7
Odds ratio (CI 95%)	1	4.27 (2.25 - 8.10)	8.36 (4.51 - 15.48)	6.06 (3.24 - 11.32)	9.34 (5.05 - 17.27)
P value		<0.001	<0.001	<0.001	<0.001

Table 8 revealed adolescents' experience when access health service in the last six months. From gender groups, female adolescent were significantly less likely to access health provider when they got sick compared to male adolescents. From age groups, when got sick, adolescents aged 15-19 years old were significantly less likely to access health provider but also did not access health provider compared to adolescents aged 20 – 24 years old. From region groups, adolescents who living in Kulon Progo and Sleman were significantly more likely to access health provider when they got sick compared to those who lived in Yogyakarta. Adolescents who living in Kulon Progo and Bantul were significantly more likely did not access health provider when they got sick compared to those who lived in Yogyakarta.

Table 8. Distribution of Experience of Access Health Service in the Last 6 Months on Age and Gender
Characteristic

Access Health Services in the last 6 month	Gender		Comparison		Age		Comparison	
	Male	Female	Odds ratio (CI 95%)	P value	15-19	20-24	Odds ratio (CI 95%)	P value
	n= 696	n= 621			n= 646	n=671		
	%	%			%	%		
No, I never got sick	19.5	13.0	1		19.8	13.3	1	
Yes, I got sick and went to HP	53.0	65.9	0.54 (0.39 - 0.73)	<0.000	58.5	59.6	0.66 (0.48 - 0.89)	0.007
No, I got sick but did not access HP	27.4	21.1	0.87 (0.61 - 1.23)	0.434	21.7	27.1	0.53 (0.38 - 0.76)	<0.000

Table 8. Distribution of Experience of Access Health Service in the Last 6 Months on Region
Characteristic (continued)

Access Health Services in the last 6 month	Region				
	Yogyakarta	Sleman	Bantul	Kulon Progo	Gunung Kidul
	n = 263	n = 264	n = 264	n = 263	n = 263
	%	%	%	%	%
No, I never got sick	14.1	11.7	22	0.8	33.8
Yes, I got sick and went to HP	42.2	63.6	66.7	66.5	56.3
Odds ratio (CI 95%)	1	1.81 (1.06 - 3.08)	1.01 (0.63 - 1.63)	29.17 (6.89 - 123.42)	0.55 (0.35 - 0.87)
P value		0.030	0.962	<0.001	0.011
No, I got sick but did not access HP	43.7	24.6	11.4	32.7	9.9
Odds ratio (CI 95%)	1	0.67 (0.38 - 1.19)	0.17 (0.09 - 0.29)	13.83 (3.24 - 58.98)	0.09 (0.05 - 0.17)
P value		0.173	<0.001	<0.001	<0.001

Table 9 revealed that health facility accessed among adolescents in the last six months, based on gender, age and region groups. Health facilities were puskesmas, private clinic, public hospital, private hospital, general practice and midwife. From gender groups, male adolescents were more likely to access public hospital and private hospital compared to female adolescents. But, only public hospital as the most frequently accessed facility in the last 6 months among male adolescents.

Health facility access in the last 6 months among adolescents did not seem to differ significantly according to age groups. Both adolescents aged 15 – 19 years old and 20 – 24 years old access puskesmas, private clinic, public hospital, private hospital, general practice and midwife. But midwife, public hospital and puskesmas become the most frequently accessed facility in the last 6 months among adolescents aged 15 – 19 years old.

According to region groups, adolescents who living in Sleman were more likely to access puskesmas, private clinic, public hospital, private hospital, general practice and midwife in the last 6 months. Adolescents who living in Bantul were more likely to access private clinic and midwife in the last 6 months. But, only midwife as the most frequently accessed facility in the last 6 months among adolescents from Sleman and Bantul. Adolescents who living in Kulon Progo were more likely to access puskesmas, public hospital, general practice and midwife in the last 6 months. Adolescents who living in Gunung Kidul were more likely to access private clinic, public hospital, general practice and midwife in the last 6 months. But, only midwife and public hospital as the most frequently accessed facility in the last 6 months among adolescents from Kulon Progo and Gunung Kidul.

Table 9. Distribution Health Facility Accessed in the Last 6 Months on Age and Gender Chacteristic

Variable	Gender		Comparison		Age		Comparison	
	Male n= 369	Female n= 409	Odds ratio (CI 95%)	P value	15-19 n= 378	20-24 n= 400	Odds ratio (CI 95%)	P value
	%	%			%	%		
Health facility accessed in the last 6 months								
<i>Puskesmas</i>								
No	47.7	52.6	1		49.2	51.2	1	
Yes	52.3	47.4	0.12 (0.92 - 1.61)	0.175	50.8	48.8	1.08 (0.82 - 1.44)	0.569
Private clinic								
No	84.8	80.7	1		86.5	79.0	1	
Yes	15.2	19.3	0.75 (0.51 - 1.09)	0.129	13.5	21.0	0.59 (0.40 - 0.86)	0.006
Public Hospital								
No	84.8	91.7	1		88.9	88.0	1	
Yes	15.2	8.3	1.97 (1.26 - 3.10)	0.003	11.1	12.0	0.92 (0.59 - 1.42)	0.698
Private Hospital								
No	79.9	81.2	1		82.8	78.5	1	
Yes	20.1	18.8	1.08 (0.76 - 1.54)	0.666	17.2	21.5	0.76 (0.53 - 1.08)	0.130
GP								
No	89.2	85.1	1		88.1	86.0	1	
Yes	10.8	14.9	0.69 (0.45 - 1.06)	0.093	11.9	14.0	0.83 (0.54 - 1.26)	0.385
Midwife								
No	96.5	90.5	1		94.2	92.5	1	
Yes	3.5	9.5	0.35 (0.18 - 0.66)	0.001	5.8	7.5	0.76 (0.43 - 1.35)	0.350
Most frequently accessed facility in the last 6 months								
GP	8.7	10.0	1		8.5	10.3	1	
Midwife	2.7	9.5	0.33 (0.14 - 0.76)	0.009	6.6	6.0	1.33 (0.64 - 2.76)	0.436
Private Hospital	12.2	11.5	1.23 (0.66 - 2.27)	0.516	10.6	13.0	0.98 (0.53 - 1.83)	0.963
Public Hospital	7.9	2.9	3.09 (1.37 - 7.00)	0.007	5.8	4.8	1.48 (0.69 - 3.19)	0.314
Private clinic	11.4	16.6	0.79 (0.43 - 1.44)	0.446	10.8	17.3	0.76 (0.42 - 1.39)	0.375
<i>Puskesmas</i>	51.5	41.8	1.42 (0.86 - 2.36)	0.172	50.0	43.0	1.41 (0.85 - 2.34)	0.185
Others	5.7	7.6	0.87 (0.42 - 1.78)	0.700	7.7	5.8	1.61 (0.79 - 3.31)	0.189

Table 9. Distribution Health Facility Accessed in the Last 6 Months on Region Characteristic
(Continue)

Variable	Region				
	Yogyakarta n = 111	Sleman n = 168	Bantul n = 176	Kulon Progo n = 175	Gunung Kidul n = 148
	%	%	%	%	%
Health facility accessed in the last 6 months					
<i>Puskesmas</i>					
No	52.3	43.5	54	42.3	61.5
Yes	47.7	56.5	46	57.7	38.5
Odds ratio (CI 95%)	1	1.42 (0.88 - 2.30)	0.93 (0.58 - 1.50)	1.49 (0.92 - 2.41)	0.68 (0.42 - 1.13)
P value		0.150	0.775	0.100	0.137
Private clinic					
No	84.7	75.6	78.4	94.3	80.4
Yes	15.3	24.4	21.6	5.7	19.6
Odds ratio (CI 95%)	1	1.78 (0.95 - 3.33)	1.52 (0.81 - 2.86)	0.33 (0.15 - 0.76)	1.35 (0.70 - 2.60)
P value		0.069	0.190	0.009	0.374
Public Hospital					
No	93.7	87.5	93.8	88.6	79.1
Yes	6.3	12.5	6.3	11.4	20.9
Odds ratio (CI 95%)	1	2.12 (0.87 - 5.18)	0.99 (0.37 - 2.37)	1.92 (0.78 - 4.69)	3.94 (1.66 - 9.32)
P value		0.098	0.985	0.155	0.002
Private Hospital					
No	75.7	73.8	85.8	88	77

Variable	Region				
	Yogyakarta n = 111 %	Sleman n = 168 %	Bantul n = 176 %	Kulon Progo n = 175 %	Gunung Kidul n = 148 %
Yes	24.3	26.2	14.2	12	23
Odds ratio (CI 95%)	1	1.10 (0.63 - 1.92)	0.51 (0.28 - 0.94)	0.42 (0.23 - 0.79)	0.93 (0.52 - 1.65)
P value		0.726	0.032	0.008	0.800
GP					
No	91.9	73.2	94.9	86.3	90.5
Yes	8.1	26.8	5.1	13.7	9.5
Odds ratio (CI 95%)	1	4.15 (1.93 - 8.89)	0.61 (0.23 - 1.59)	1.80 (0.80 - 4.03)	1.18 (0.49 - 2.84)
P value		<0.001	0.312	0.153	0.705
Midwife					
No	98.2	90.5	93.8	96.6	88.5
Yes	1.8	9.5	6.3	3.4	11.5
Odds ratio (CI 95%)	1	5.74 (1.29 - 25.46)	3.63 (0.79 - 16.71)	1.93 (0.38 - 9.76)	7.07 (1.60 - 31.29)
P value		0.022	0.097	0.424	0.010
Most frequently accessed facility in the last 6 months					
GP	4.5	13.1	4.5	11.4	12.2
Midwife	0.9	6	9.7	4	9.5
Odds ratio (CI 95%)	1	2.27 (0.23 - 22.07)	10.62 (1.06 - 106.57)	1.75 (0.17 - 17.68)	3.89 (0.41 - 37.18)
P value		0.479	0.045	0.635	0.238
Private Hospital	16.2	14.9	8.5	11.4	9.5
Odds ratio (CI 95%)	1	0.31 (0.10 - 0.99)	0.52 (0.14 - 1.93)	0.28 (0.09 - 0.89)	0.22 (0.06 - 0.73)
P value		0.048	0.329	0.032	0.013
Public Hospital	1.8	1.8	3.4	9.1	9.5
Odds ratio (CI 95%)	1	0.34 (0.04 - 2.61)	1.87 (0.27 - 13.20)	2 (0.34 - 11.70)	1.94 (0.33 - 11.56)
P value		0.300	0.528	0.442	0.465
Private clinic	16.2	13.7	22.2	5.1	14.2
Odds ratio (CI 95%)	1	0.29 (0.09 - 0.92)	1.35 (0.39 - 4.72)	0.12 (0.03 - 0.44)	0.32 (0.10 - 1.05)
P value		0.035	0.634	0.001	0.060
Puskesmas	54.1	38.7	50	57.1	32.4
Odds ratio (CI 95%)	1	0.25 (0.09 - 0.69)	0.92 (0.29 - 2.94)	0.42 (0.15 - 1.17)	0.22 (0.08 - 0.64)
P value		0.008	0.884	0.096	0.005
Others	6.3	11.9	1.7	1.7	12.8
Odds ratio (CI 95%)	1	0.65 (0.18 - 2.38)	0.27 (0.05 - 1.55)	0.11 (0.02 - 0.57)	0.75 (0.20 - 2.81)
P value		0.514	0.141	0.009	0.674

f. Reasons for Visiting Health Care Facilities

Table 10 revealed that there were several reasons why adolescents visit health care facilities in the last six months, some of these reasons based on gender. Health problems that often used as reasons why respondents visit health care facilities were fever, common cold, and diarrhea. It was few respondents reported their visits to health care facilities for other reasons such as counseling, injury, dermatology and venereology problems, and others, both male and female. Nevertheless, a significant difference was seen in cases of injury and other problems. Boys were more likely to report an injury as a reason to visit health care facilities compared to girls. Boys also were less likely to report other health problems as their reason for visiting health care facilities.

This study also revealed several reasons why adolescents visit health care facilities in the last six months based on the age category. The reason for visiting health care facilities also did not seem to differ significantly according to age groups. It means that both the 15-19 and 20-24 age groups had the same pattern in health problems that was used as a reason to

visit health care services. However, other reasons were significantly different between the two age categories. Respondents aged 20-24 were more likely to report other health problems as the reason they visited health care services compared to those in the 15-19 category.

This study also revealed several reasons why adolescents visit health care facilities in the last six months based on the region. Adolescents living in Sleman were more likely to report injury and counselling as a reason they visited health care facilities compared to those who lived in Yogyakarta. Adolescents living in Bantul were more likely to report other reason as a reason they visited health care facilities compared to those who lived in Yogyakarta. Adolescents living in Kulon Progo were more likely to report injury and fever as a reason they visited health care facilities compared to those who lived in Yogyakarta. Adolescents living in Gunung Kidul were more likely to report injury and Dermatology and venereology problems as a reason they visited health care facilities compared to those who lived in Yogyakarta

Table 10. Respondents' Reasons for Visiting Health Care Facilities by Age and Gender Characteristic

Variable	Gender		Comparison		Age		Comparison	
	Male	Female	Odds ratio (CI 95%)	P value	15-19	20-24	Odds ratio (CI 95%)	P value
	n= 369	n= 409			n= 378	n= 400		
	%	%	%	%				
Reasons for visits								
Fever								
No	45.3	47.7	1		45.2	47.8	1	
Yes	54.7	52.3	1.10 (0.83 - 1.46)	0.499	54.8	52.3	1.11 (0.83 - 1.47)	0.483
Common cold								
No	54.5	53.8	1		57.4	51.0	1	
Yes	45.5	46.2	0.97 (0.73 - 1.29)	0.849	42.6	49.0	0.77 (0.58 - 1.02)	0.073
Diarhea								
No	85.9	81.4	1		82.3	84.8	1	
Yes	14.1	18.6	0.72 (0.49 - 1.06)	0.093	17.7	15.3	1.20 (0.82 - 1.75)	0.352
Injury								
No	90.5	94.6	1		91.0	94.3	1	
Yes	9.5	5.4	1.84 (1.06 - 3.20)	0.030	9.0	5.8	1.62 (0.93 - 2.80)	0.085
Dermatology and venereology problems								
No	95.4	93.9	1		93.9	95.3	1	
Yes	4.6	6.1	0.74 (0.39 - 1.40)	0.355	6.1	4.8	1.30 (0.69 - 2.43)	0.411
Counselling								
No	96.2	94.9	1		96.0	95.0	1	
Yes	3.8	5.1	0.73 (0.36 - 1.45)	0.369	4.0	5.0	0.78 (0.39 - 1.56)	0.489
Others								
No	71.8	61.6	1		70.9	62.3	1	
Yes	28.2	38.4	0.63 (0.46 - 0.85)	0.003	29.1	37.8	0.68 (0.50 - 0.91)	0.011

Table 10. Respondents' Reasons for Visiting Health Care Facilities by Region Characteristic (Continue)

Variable	Region				
	Yogyakarta	Sleman	Bantul	Kulon Progo	Gunung Kidul
	n = 111 %	n = 168 %	n = 176 %	n = 175 %	n = 148 %
Reasons for visits					
Fever					
No	33.3	33.9	71	30.3	60.8
Yes	66.7	66.1	29	69.7	39.2
Odds ratio (CI 95%)	1	0.97 (0.59 - 1.62)	0.20 (0.12 - 0.34)	1.15 (0.69 - 1.91)	0.32 (0.19 - 0.54)
P value		0.918	<0.001	0.589	<0.001
Common cold					
No	37.8	39.3	67	58.9	62.2
Yes	62.2	60.7	33	41.1	37.8
Odds ratio (CI 95%)	1	0.94 (0.57 - 1.54)	0.30 (0.18 - 0.49)	0.42 (0.26 - 0.69)	0.37 (0.22 - 0.61)
P value		0.808	<0.001	0.001	<0.001
Diarhea					
No	73	75	91.5	90.9	83.1
Yes	27	25	8.5	9.1	16.9
Odds ratio (CI 95%)	1	0.9 (0.52 - 1.55)	0.25 (0.13 - 0.49)	0.27 (0.14 - 0.53)	0.55 (0.30 - 1.00)
P value		0.705	<0.001	<0.001	0.050
Injury					
No	95.5	88.1	96	90.9	93.9
Yes	4.5	11.9	4	9.1	6.1
Odds ratio (CI 95%)	1	2.86 (1.04 - 7.87)	0.88 (0.27 - 2.84)	2.13 (0.76 - 6.00)	1.37 (0.45 - 4.21)
P value		0.041	0.828	0.151	0.580
Dermatology and venereology problems					
No	94.6	90.5	98.9	97.1	91.2
Yes	5.4	9.5	1.1	2.9	8.8
Odds ratio (CI 95%)	1	1.84 (0.70 - 4.86)	0.20 (0.04 - 1.01)	0.51 (0.15 - 1.73)	1.68 (0.62 - 4.58)
P value		0.217	0.052	0.283	0.307
Counselling					
No	97.3	84.5	98.9	100	97.3
Yes	2.7	15.5	1.1	0	2.7
Odds ratio (CI 95%)	1	6.59 (1.94 - 22.35)	0.41 (0.07 - 2.52)	Empty	1 (0.22 - 4.56)
P value		0.002	0.338		1.000
Others					
No	65.8	67.9	54	85.7	57.4
Yes	34.2	32.1	46	14.3	42.6
Odds ratio (CI 95%)	1	0.91 (0.55 - 1.51)	1.64 (1.00 - 2.68)	0.32 (0.18 - 0.57)	1.42 (0.85 - 2.37)
P value		0.716	0.049	<0.001	0.174

g. Factors Influenced Adolescents to Access to The Health Care Facility

Table 11 revealed that there were several reasons why adolescents visit health care facilities in the last six months. Factors influenced adolescents to access the health facility, such as suggested by their family members, relatively close to distance, perceived quality, affordable, advertisement, and others. From the gender perspectives, there was only perceived quality that experienced differently by girls or boys. Boys were more likely to access health care services because of the quality of care reason. From the age category, there was the only suggestion from family members experienced differently by 15-19 and 20-24. Respondents aged 15-19 were more likely to access the health care facility because of

suggestions from their families. From gender perspective, respondents who living in Sleman were more likely to access the healthcare facility because of close distance and advertisement compared to those who lived in Yogyakarta. Respondents who living in Bantul were more likely to access the healthcare facility because of suggestion from family members and perceived quality compared to those who lived in Yogyakarta. Respondents who living in Kulon Progo were more likely to access the healthcare facility because of suggestion from family members compared to those who lived in Yogyakarta.

Table 11. Factor influenced adolescents to access to the health facility by Age and Gender
Chacteristic

Variable	Gender		Comparison		Age		Comparison	
	Male n = 369	Female n = 409	Odds ratio (CI 95%)	P value	15-19 1	20-24 0	Odds ratio (CI 95%)	P value
	%	%			n = 378 %	n = 400 %		
Factors influenced adolescents access to health facility								
suggested by family members								
No	14,4	16,9	1		16,4	15,0	1	
Yes	85,6	83,1	1.40 (0.96 - 2.04)	0,076	83,6	85,0	1.54 (1.06 - 2.23)	0,024
close distance								
No	21,4	23,2	1		21,2	23,5	1	
Yes	78,6	76,8	1.21 (0.82 - 1.79)	0,337	78,8	76,5	0.90 (0.61 - 1.32)	0,591
Perceived quality								
No	30,9	31,8	1		33,1	29,8	1	
Yes	69,1	68,2	1.15 (1.04 - 2.19)	0,029	66,9	70,3	1.09 (0.76 - 1.57)	0,646
Affordable								
No	15,2	21,3	1		17,7	19,0	1	
Yes	84,8	78,7	1.11 (0.79 - 1.56)	0,543	82,3	81,0	1.14 (0.81 - 1.60)	0,435
Confidentiality								
No	61,2	60,9	1		63,5	58,8	1	0,319
Yes	38,8	39,1	1.04 (0.77 - 1.41)	0,789	36,5	41,3	0.86 (0.63 - 1.16)	0,319
Advertisement								
No	15,2	20,0	1		14,6	20,8	1	
Yes	84,8	80,0	0.98 (0.74 - 1.31)	0,917	85,4	79,3	0.82 (0.61 - 1.09)	0,175
suggested by friends								
No	69,9	72,1	1		70,1	72,0	1	
Yes	30,1	27,9	1.11 (0.82 - 1.52)	0,498	29,9	28,0	1.10 (0.80 - 1.49)	0,560
suggested by health providers								
No	82,7	84,4	1		83,6	83,5	1	
Yes	17,3	15,6	1.13 (0.77 - 1.65)	0,524	16,4	16,5	0.99 (0.68 - 1.45)	0,971

Table 11. Factor influenced adolescents to access to the health facility by Region Characteristic
(continued)

Variable	Region				
	Yogyakarta 0	Sleman 1	Bantul 2	Kulon Progo 3	Gunung Kidul 4
	n = 111 %	n = 168 %	n = 176 %	n = 175 %	n = 148 %
Factors influenced adolescents access to health facility					
suggested by family members					
No	24,3	20,8	10,2	6,3	31,8
Yes	75,7	79,2	89,8	93,7	68,2
Odds ratio (CI 95%)	1	1.22 (0.69 - 2.16)	2.82 (1.47 - 5.42)	4.79 (2.27 - 10.13)	0.69 (0.40 - 1.20)
P value		0,493	0,002	<0.001	0,191
close distance					
No	9	19,6	11,9	17,1	18,9
Yes	91	80,4	88,1	82,9	81,1
Odds ratio (CI 95%)	1	0.40 (0.19 - 0.86)	0.73 (0.33 - 1.62)	0.48 (0.22 - 1.02)	0.42 (0.20 - 0.91)
P value		0,019	0,439	0,057	0,029
Perceived quality					
No	20,7	22	8,5	13,7	29,7
Yes	79,3	78	91,5	86,3	70,3
Odds ratio (CI 95%)	1	0.92 (0.51 - 1.66)	2.80 (1.39 - 5.65)	1.64 (0.88 - 3.08)	0.62 (0.35 - 1.01)
P value		0,795	0,004	0,121	0,103
Affordable					
No	13,5	15,5	27,3	19,4	34,5
Yes	86,5	84,5	72,7	80,6	65,5
Odds ratio (CI 95%)	1	0.85 (0.43 - 1.69)	0.42 (0.22 - 0.79)	0.65 (0.33 - 1.25)	0.30 (0.16 - 0.56)
P value		0,651	0,007	0,198	<0.001
Confidentiality					
No	25,2	24,4	21,6	29,1	58,1
Yes	74,8	75,6	78,4	70,9	41,9
Odds ratio (CI 95%)	1	1.04 (0.60 - 1.82)	1.22 (0.70 - 2.14)	0.82 (0.48 - 1.40)	0.24 (0.14 - 0.42)
P value		0,876)	0,476	0,471	<0.001
Advertisement					
No	30,6	57,1	45,5	84	79,7
Yes	69,4	42,9	54,5	16	20,3
Odds ratio (CI 95%)	1	0.33 (0.20 - 0.55)	0.53 (0.32 - 0.87)	0.08 (0.05 - 0.15)	0.11 (0.06 - 0.20)
P value		<0.001	0,013	<0.001	<0.001
suggested by friends					
No	74,8	66,7	73,3	64,6	78,4
Yes	25,2	33,3	26,7	35,4	21,6
Odds ratio (CI 95%)	1	1.48 (0.87 - 0.53)	1.08 (0.63 - 1.86)	1.63 (0.96 - 2.76)	0.82 (0.46 - 1.46)
P value		0,150	0,781	0,071	0,497
suggested by health providers					
No	79,3	75,6	88,6	84,6	88,5
Yes	20,7	24,4	11,4	15,4	11,5
Odds ratio (CI 95%)	1	1.23 (0.69 - 2.02)	0.49 (0.25 - 0.94)	0.70 (0.38 - 1.29)	0.50 (0.25 - 0.98)
P value		0,474	0,033	0,252	0,044

h. Type of Self-Medication and Social Support Influenced Adolescents

Table 12 revealed that there were several type of self medication and social support influenced adolescents, based on age, gender and region groups. The type of self medication were buy medicine in kios, buy medicine in pharmacy, traditional medicine and others. Factor personal which influenced adolescents to go to the health facility were family, friend, school, employer and health provider support. From gender groups, there were significant differences between males and females in experiencing bought medicine in the pharmacy. School and health provider support were significant differences as personal factors influenced males and females adolescents to go to health facility.

The type of self medication did not seem to differ significantly according to age groups. Similar with gender groups, school and health provider support were significant differences as personal factors influenced adolescents aged 15 – 19 years and 20 – 24 years old to go to health facility.

The type of self medication did not seem to differ significantly according to region groups, except Adolescent living in Kulon Progo. Adolescents living in Sleman were significantly more likely influenced by school and health providers supports as personal factor to go to health facility compared to those who lived in Yogyakarta. Adolescents living in Bantul were significantly more likely influenced by friend and school supports as personal factor to go to health facility compared to those who lived in Yogyakarta. Adolescents living in Kulon Progo were significantly less likely influenced by health providers supports as personal factor to go to health facility compared to those who lived in Yogyakarta. Adolescents living in Gunung Kidul were significantly more likely influenced by school supports as personal factor to go to health facility compared to those who lived in Yogyakarta.

Table 12. Type of self-medication and social support influenced the respondent's access to the health facility by gender and age category

Variable	Gender		Comparison		Age		Comparison	
	Male	Female	Odds ratio (CI 95%)	p value	15-19	20-24	Odds ratio (CI 95%)	P value
	n = 191	n = 131			n = 140	n = 182		
	%	%			%	%		
type of self medication in the last 6 months								
Buy medicine in kiosk	14,7	2,3	1		8,6	10,4	1	
Buy medicine in pharmacy	73,8	90,8	0.12 (0.04 - 0.43)	0,001	82,9	79,1	1.27 (0.59 - 2.73)	0,532
Traditional medicine	4,7	3,1	0.24 (0.04 - 1.29)	0,096	4,3	3,8	1.36 (0.37 - 5.02)	0,647
Others	6,8	3,8	0.28 (0.06 - 1.35)	0,112	4,3	6,6	0.79 (0.23 - 2.67)	0,707
Personal factors influenced adolescents to go to the health facility								
	n = 696	n = 621			n = 646	n = 671		
Family Support								
No	2,4	2,1	1		1,5	3,0	1	
Yes	97,6	97,9	0.85 (0.41 - 1.77)	0,672	98,5	97,0	1.95 (0.91 - 4.21)	0,087
Friend support								
No	n = 626	n = 573	1		n = 582	n = 617	1	
Yes	7,8	7,0	0.88 (0.57 - 1.36)	0,577	7,9	7,0	0.87 (0.57 - 1.34)	0,537
School support								
No	n = 355	n = 402	1		n = 478	n = 279	1	
Yes	5,9	2,2	0.36 (0.16 - 0.81)	0,013	2,5	6,5	2.68 (1.27 - 5.65)	0,010
Employer support								
No	n = 193	n = 129	1		n = 76	n = 246	1	
Yes	11,9	8,5	0.69 (0.32 - 1.47)	0,334	11,8	10,2	0.84 (0.37 - 1.89)	0,677
Health providers support								
No	n = 696	n = 621	1		n = 646	n = 671	1	
Yes	76,6	69,1	0.68 (0.53 - 0.87)	0,002	67,5	78,4	1.75 (1.36 - 2.24)	<0.000

Table 12. Type of self-medication and social support influenced the respondent's access to the health facility by region category (continue)

Variable	Region				
	Yogyakarta	Sleman	Bantul	Kulon Progo	Gunung Kidul
	n = 115 %	n = 65 %	n = 30 %	n = 86 %	n = 26 %
type of self medication in the last 6 months					
Buy medicine in kiosk	6,1	7,7	0	19,8	7,7
Buy medicine in pharmacy	77,4	86,2	96,7	74,4	84,6
Odds ratio (CI 95%)	1	0.88 (0.27 - 2.91)		0.30 (0.12 - 0.75)	0.86 (0.17 - 4.46)
P value		0,835	0,984	0,011	0,863
Traditional medicine	8,7	0	3,3	1,2	3,8
Odds ratio (CI 95%)	1			0.04 (0.00 - 0.38)	0.35 (0.03 - 4.65)
P value		0,983	0,985	0,005	0,426
Others	7,8	6,2	0	4,7	3,8
Odds ratio (CI 95%)	1	0.62 (0.12 - 3.22)	0,46	0.18 (0.04 - 0.80)	0.39 (0.03 - 5.21)
P value		0,572	0,999	0,024	0,476
Personal factors influenced adolescents to go to the health facility					
	n = 263	n = 264	n = 264	n = 263	n = 263
Family Support					
No	2,7	1,1	0	2,7	4,9
Yes	97,3	98,9	100	97,3	95,1
Odds ratio (CI 95%)	1	2.38 (0.61 - 9.30)	<i>Empty</i>	1 (0.34 - 2.89)	0.52 (0.21 - 1.34)
P value		0.213		1.000	0.178
Friend support	n = 221	n = 251	n = 263	n = 259	n = 205
No	9,5	5,6	2,3	10,4	10,2
Yes	90,5	94,4	97,7	89,6	89,8
Odds ratio (CI 95%)	1	1.78 (0.88 - 3.59)	4.50 (1.78 - 11.35)	0.90 (0.49 - 1.64)	0.92 (0.49 - 1.74)
P value		0.108	0.001	0.737	0.798
School support	n = 187	n = 164	n = 140	n = 121	n = 145
No	8,6	3	1,4	5	0,7
Yes	91,4	97	98,6	95	99,3
Odds ratio (CI 95%)	1	2.97 (1.06 - 8.31)	6.46 (1.46 - 28.56)	1.79 (0.68 - 4.72)	13.47 (1.76 - 102.84)
P value		0.037	0.014	0.237	0.012
Employer support	n = 38	n = 80	n = 62	n = 82	n = 60
No	5,3	10	6,5	17,1	10
Yes	94,7	90	93,5	82,9	90
Odds ratio (CI 95%)	1	0.5 (0.10 - 2.48)	0.80 (0.14 - 4.62)	0.27 (0.06 - 1.25)	0.5 (0.09 - 2.62)
P value		0.396	0.808	0.095	0.412
Health providers support	n = 263	n = 264	n = 264	n = 263	n = 263
No	74,1	59,1	69,7	82,1	80,2
Yes	25,9	40,9	30,3	17,9	19,8
Odds ratio (CI 95%)	1	1.98 (1.37 - 2.87)	1.25 (0.85 - 1.82)	0.62 (0.41 - 0.95)	0.71 (0.47 - 1.06)
P value		<0.001	0.256	0.027	0.097

i. Youth Aspiration

Table 13 revealed that all of the respondents based on gender, age and region groups stated that they wanted the health facility owned the characteristics such as skilled health providers, uphold the confidentiality issues, provide peer counselor, flexible hour of services, short waiting time, affordable, provide interesting advertisement, no discrimination, provide media for communication and conselling service. There were differences between male and female on peer counselor needs and the service time flexibility. There was also a difference between age category on peer counselor needs. But, there were no significant differences in region groups

In general, it can be seen in Table 14 that the accessed health service facilities have fulfilled the respondents' expectations. However, there are still gaps in provide media for communication and counseling services, based on age, gender and region groups. Most respondents also felt that they had not encountered any interesting health facility advertisements.

Table 13. Health facility characteristics needed by gender and age category

Health Facility Characteristics Needed	Gender		Comparison		Age		Comparison	
	Male 1	Female 0	Odds ratio (CI 95%)	P value	15-19 1	20-24 0	Odds ratio (CI 95%)	P value
	n= 696	n= 621			n= 646	n=671		
	%	%			%	%		
Skilled health providers								
Disagree	0,1	0,5	1		0,3	0,3	1	
Agree	99,9	99,5	3.37 (0.35 - 32.52)	0,293	99,7	99,7	0.96 (0.13 - 6.85)	0,97
Confidentiality								
Disagree	0,3	0,2	1		0,5	0,0	Omitted	
Agree	99,7	99,8	0.56 (0.06 - 6.19)	0,636	99,5	100,0		
Peer counselors								
Disagree	14,7	9,7	1		15,0	9,7	1	
Agree	85,3	90,3	0.622 (0.44 - 0.87)	0,006	85,0	90,3	0.61 (0.43 - 0.85)	0,003
Flexible hour of services								
Disagree	3,2	1,0	1		2,8	1,5	1	
Agree	96,8	99,0	0.30 (0.12 - 0.74)	0,009	97,2	98,5	0.53 (0.24 - 1.15)	0,109
Short waiting time								
Disagree	0,3	0,2	1		0,2	0,3	1	
Agree	99,7	99,8	0.56 (0.05 - 6.19)	0,636	99,8	99,7	1.93 (0.17 - 21.32)	0,592
Affordable								
Disagree	0,4	0,2	1		0,3	0,3	1	
Agree	99,6	99,8	0.37 (0.04 - 3.59)	0,393	99,7	99,7	0.96 (0.13 - 6.85)	0,970
Interesting advertisement								
Disagree	3,9	2,6	1		3,3	3,3	1	
Agree	96,1	97,4	0.65 (0.35 - 1.23)	0,187	96,7	96,7	1.00 (0.55 - 1.85)	0,977
No discrimination								
Disagree	0,6	0,6	1		0,8	0,4	1	
Agree	99,4	99,4	1.12 (0.28 - 4.50)	0,872	99,2	99,6	0.57 (0.14 - 2.42)	0,451
Provide media for communication								
Disagree	1,0	0,3	1		0,9	0,4	1	
Agree	99,0	99,7	0.32 (0.06 - 1.54)	0,154	99,1	99,6	0.48 (0.12 - 1.92)	0,299
Counselling service								
Disagree	0,9	0,3	1		0,9	0,3	1	
Agree	99,1	99,7	0.37 (0.07 - 1.85)	0,226	99,1	99,7	0.32 (0.06 - 1.58)	0,163

Table 13. Health facility characteristics needed by region (continue)

Variable	Region				
	Yogyakarta 0	Sleman 1	Bantul 2	Kulon Progo 3	Gunung Kidul 4
	n = 263 %	n = 264 %	n = 264 %	n = 263 %	n = 263 %
Skilled health providers					
Disagree	0	0	0	0	1,5
Agree	100	100	100	100	98,5
Odds ratio (CI 95%)	<i>Empty</i>	<i>Empty</i>	<i>Empty</i>	<i>Omitted</i>	<i>Omitted</i>
P value					
Confidentiality					
Disagree	0	0	0	0	1,1
Agree	100	100	100	100	98,9
Odds ratio (CI 95%)	<i>Empty</i>	<i>Empty</i>	<i>Empty</i>	<i>Omitted</i>	<i>Omitted</i>
P value					
Peer counselors					
Disagree	11	13,3	6,8	13,3	17,1
Agree	89	86,7	93,2	86,7	82,9
Odds ratio (CI 95%)	1	0.81 (0.48 - 1.37)	1.69 (0.91 - 3.13)	0.81 (0.48 - 1.36)	0.60 (0.36 - 0.99)
P value		0,434	0,093	0,424	0,046
Flexible hour of services					
Disagree	3,8	3,4	1,1	1,1	1,1
Agree	96,2	96,6	98,9	98,9	98,9
Odds ratio (CI 95%)	1	1.12 (0.45 - 2.80)	3.44 (0.93 - 12.64)	3.42 (0.93 - 12.59)	3.42 (0.93 - 12.59)
P value		0,809	0,063	0,064	0,064
Short waiting time					
Disagree	0	0,8	0	0	0,4
Agree	100	99,2	100	100	99,6
Odds ratio (CI 95%)	1	0.5 (0.04 - 5.55)	<i>Empty</i>	<i>Empty</i>	<i>Omitted</i>
P value		0,572			
Affordable					
Disagree	0	0,4	0	0	1,1
Agree	100	99,6	100	100	98,9
Odds ratio (CI 95%)	1	3.03 (0.31 - 29.36)	<i>Empty</i>	<i>Empty</i>	<i>Omitted</i>
P value		0,338			
Interesting advertisement					
Disagree	3	6,4	0,4	3,4	3
Agree	97	93,6	99,6	96,6	97
Odds ratio (CI 95%)	1	0.45 (0.19 - 1.07)	8.25 (1.02 - 66.44)	0.88 (0.34 - 2.33)	1 (0.37 - 2.70)
P value		0,073	0,047	0,805	1,000
No discrimination					
Disagree	0,4	0	0	1,9	0,8
Agree	99,6	100	100	98,1	99,2
Odds ratio (CI 95%)	1	<i>Empty</i>	<i>Empty</i>	0.20 (0.02 - 1.70)	0.50 (0.04 - 5.53)
P value				0,139	0,570
Provide media for communication					
Disagree	0,4	1,5	0	0,4	1,1
Agree	99,6	98,5	100	99,6	98,9
Odds ratio (CI 95%)	1	0.25 (0.03 - 2.23)	<i>Empty</i>	1 (0.06 - 16.07)	0.33 (0.03 - 3.20)
P value		0,214		1,000	0,339
Counselling service					
Disagree	0,4	0,8	0	1,1	0,8
Agree	99,6	99,2	100	98,9	99,2
Odds ratio (CI 95%)	1	0.5 (0.57 - 5.55)	<i>Empty</i>	0.33 (0.03 - 3.20)	0.50 (0.04 - 5.53)
P value		0,572		0,339	0,570

Table 14. Health facility characteristics accessed by gender and age category

Variable	Gender		Comparison		Age		Comparison	
	Male	Female	Odds ratio (CI 95%)	P value	15-19	20-24	Odds ratio (CI 95%)	P value
	n = 369 %	n = 409 %			n = 378 %	n = 400 %		
Skilled health providers								
No	3,8	5,9	1		7,1	2,8		
Yes	83,5	87,0	1.48 (0.75 - 2.92)	0,253	84,9	85,8	0.38 (0.19 - 0.78)	0,008
Don't know	12,7	7,1	2.78 (1.24 - 6.22)	0,013	7,9	11,5	0.26 (0.11 - 0.61)	0,002
Confidentiality								
No	4,3	4,6	1		5,0	4,0		
Yes	77,2	81,9	1.01 (0.51 - 2.00)	0,977	78,0	81,3	0.76 (0.38 - 1.51)	0,441
Don't know	18,4	13,4	1.47 (0.69 - 3.12)	0,318	16,9	14,8	0.91 (0.43 - 1.94)	0,814
Peer counselors								
No	63,4	66,3	1		67,5	62,5	1	
Yes	13,3	12,5	1.11 (0.72 - 1.71)	0,626	10,3	15,3	0.63 (0.40 - 0.97)	0,037
Don't know	23,3	21,3	1.14 (0.81 - 1.62)	0,443	22,2	22,3	0.92 (0.65 - 1.31)	0,660
Flexible hour of services								
No	18,4	18,3	1		20,4	16,5	1	
Yes	72,4	72,1	1.00 (0.69 - 1.44)	0,993	69,6	74,8	0.75 (0.52 - 1.09)	0,133
Don't know	9,2	9,5	0.96 (0.55 - 1.69)	0,892	10,1	8,8	0.93 (0.53 - 1.64)	0,803
Short waiting time								
No	35,8	35,0	1		37,8	33,0	1	
Yes	63,1	64,8	0.95 (0.71 - 1.28)	0,746	61,4	66,5	0.80 (0.60 - 1.08)	0,150
Don't know	1,1	0,2	4.33 (0.48 - 39.27)	0,192	0,8	0,5	1.38 (0.23 - 8.42)	0,724
Affordable								
No	8,4	6,8	1		8,2	7,0	1	
Yes	89,7	91,0	0.80 (0.47 - 1.37)	0,421	89,4	91,3	0.84 (0.49 - 1.42)	0,510
Don't know	1,9	2,2	0.70 (0.23 - 2.14)	0,534	2,4	1,8	1.16 (0.38 - 3.53)	0,792
Interesting advertisement								
No	65,9	68,7	1		66,4	68,3	1	
Yes	23,3	20,8	1.17 (0.83 - 1.65)	0,373	21,7	22,3	1.00 (0.71 - 1.41)	0,990
Don't know	10,8	10,5	1.07 (0.68 - 1.71)	0,758	11,9	9,5	1.29 (0.81 - 2.05)	0,286
No discrimination								
No	10,8	10,5	1		11,4	10,0	1	
Yes	84,6	87,8	0.93 (0.59 - 1.47)	0,770	84,1	88,3	0.84 (0.53 - 1.32)	0,448
Don't know	4,6	1,7	2.61 (0.98 - 7.95)	0,055	4,5	1,8	2.26 (0.85 - 6.02)	0,103
Provide media for communication								
No	36,3	41,8	1		40,5	38,0	1	
Yes	33,9	29,3	1.33 (0.95 - 1.86)	0,098	30,2	32,8	0.86 (0.62 - 1.21)	0,397
Don't know	29,8	28,9	1.19 (0.84 - 1.68)	0,323	29,4	29,3	0.94 (0.67 - 1.33)	0,735
Counselling service								
No	24,9	27,9	1		29,9	23,3	1	
Yes	44,7	48,4	1.03 (0.73 - 1.46)	0,855	44,4	48,8	0.71 (0.50 - 1.00)	0,050
Don't know	30,4	23,7	1.43 (0.97 - 2.10)	0,069	25,7	28,0	0.71 (0.48 - 1.05)	0,086

Table 14. Health facility characteristics accessed by Region

Variable	Region				
	Yogyakarta	Sleman	Bantul	Kulon Progo	Gunung Kidul
	n = 111 %	n = 168 %	n = 176 %	n = 175 %	n = 148 %
Skilled health providers					
No	1,8	1,8	5,1	1,7	14,2
Yes	97,3	81,5	91,5	90,9	66,9
Odds ratio (CI 95%)	1	0.84 (0.14 - 5.15)	0.33 (0.70 - 1.56)	0.98 (0.16 - 5.97)	0.09 (0.02 - 0.38)
P value		0,856	0,163	0,984	0,001
Don't know	0,9	16,7	3,4	7,4	18,9
Odds ratio (CI 95%)	1	18.67 (1.28 - 272.12)	1.33 (0.10 - 18.19)	8.67 (0.58 - 130.11)	2.67 (0.23 - 31.41)
P value		0,032	0,829	0,118	0,436
Confidentiality					
No	5,4	3,6	4	2,3	8,1
Yes	91	78	92	82,3	55,4
Odds ratio (CI 95%)	1	1.30 (0.41 - 4.14)	1.37 (0.45 - 4.21)	2.14 (0.59 - 7.77)	0.40 (0.15 - 1.13)
P value		0,661	0,577	0,248	0,084
Don't know	3,6	18,5	4	15,4	36,5
Odds ratio (CI 95%)	1	7.75 (1.66 - 36.07)	1.50 (0.29 - 7.75)	10.12 (1.95 - 52.41)	6.75 (1.64 - 27.68)
P value		0,009	0,629	0,006	0,008
Peer counselors					
No	63,1	53	76,7	64	66,9
Yes	8,1	19	13,6	8	14,2
Odds ratio (CI 95%)	1	2.80 (1.25 - 6.24)	1.38 (0.61 - 3.13)	0.97 (0.40 - 2.36)	1.65 (0.71 - 3.82)
P value		0,012	0,438	0,95	0,242
Don't know	28,8	28	9,7	28	18,9
Odds ratio (CI 95%)	1	1.15 (0.67 - 2.00)	0.27 (0.14 - 0.53)	0.96 (0.56 - 1.64)	0.62 (0.34 - 1.12)
P value		0,606	<0.001	0,872	0,112
Flexible hour of services					
No	9,9	28	10,8	22,3	18,2
Yes	59,5	61,3	88,1	69,1	79,1
Odds ratio (CI 95%)	1	0.36 (0.18 - 0.75)	1.36 (0.61 - 3.01)	0.52 (0.25 - 1.08)	0.72 (0.34 - 1.55)
P value		0,007	0,45	0,078	0,403
Don't know	30,6	10,7	1,1	8,6	2,7
Odds ratio (CI 95%)	1	0.12 (0.05 - 0.29)	0.03 (0.01 - 0.17)	0.12 (0.05 - 0.31)	0.05 (0.01 - 0.17)
P value		<0.001	<0.001	<0.001	<0.001
Short waiting time					
No	27	42,9	33	45,7	23,6
Yes	73	55,4	67	53,7	75,7
Odds ratio (CI 95%)	1	0.48 (0.28 - 0.80)	0.75 (0.45 - 1.27)	0.43 (0.26 - 0.73)	1.18 (0.67 - 2.09)
P value		0,005	0,289	0,002	0,556
Don't know	0	1,8	0	0,6	0,7
Odds ratio (CI 95%)	1				
P value		0,984	1,000	0,985	0,984
Affordable					
No	2,7	6,5	10,2	10,9	5,4
Yes	96,4	89,9	86,4	88	93,9
Odds ratio (CI 95%)	1	0.38 (0.10 - 1.41)	0.24 (0.07 - 0.82)	0.23 (0.06 - 0.79)	0.49 (0.13 - 1.88)
P value		0,15	0,024	0,019	0,297
Don't know	0,9	3,6	3,4	1,1	0,7
Odds ratio (CI 95%)	1	1.64 (0.14 - 19.39)	1 (0.09 - 11.52)	0.31 (0.02 - 4.66)	0.37 (0.02 - 8.10)
P value		0,696	1,000	0,401	0,532
Interesting advertisement					
No	30,6	58,9	79,5	76	79,7
Yes	55	28,6	15,3	7,4	14,9
Odds ratio (CI 95%)	1	0.27 (0.16 - 0.46)	0.11 (0.06 - 0.19)	0.05 (0.03 - 0.11)	0.10 (0.05 - 0.19)
P value		<0.001	<0.001	<0.001	<0.001
Don't know	14,4	12,5	5,1	16,6	5,4
Odds ratio (CI 95%)	1	0.45 (0.21 - 0.96)	0.14 (0.05 - 0.33)	0.46 (0.23 - 0.95)	0.14 (0.06 - 0.36)
P value		0,039	<0.001	0,036	<0.001
No discrimination					

Variable	Region				
	Yogyakarta n = 111	Sleman n = 168	Bantul n = 176	Kulon Progo n = 175	Gunung Kidul n = 148
	%	%	%	%	%
No	3,6	11,9	1,7	28	4,7
Yes	93,7	85,7	97,7	66,9	90,5
Odds ratio (CI 95%)	1	0.28 (0.09 - 0.83)	2.20 (0.48 - 10.05)	0.09 (0.03 - 0.26)	0.74 (0.21 - 2.58)
P value		0,022	0,307	<0.001	0,633
Don't know	2,7	2,4	0,6	5,1	4,7
Odds ratio (CI 95%)	1	0.27 (0.42 - 1.68)	0.44 (0.03 - 6.70)	0.24 (0.05 - 1.28)	1.33 (0.21 - 8.29)
P value		0,160	0,558	0,096	0,758
Provide media for communication					
No	18,9	38,1	35,8	56	39,9
Yes	62,2	36,9	25,6	18,3	25
Odds ratio (CI 95%)	1	0.29 (0.16 - 0.54)	0.22 (0.12 - 0.40)	0.10 (0.05 - 0.19)	0.19 (0.10 - 0.36)
P value		<0.001	<0.001	<0.001	<0.001
Don't know	18,9	25	38,6	25,7	35,1
Odds ratio (CI 95%)	1	0.65 (0.32 - 1.35)	1.08 (0.54 - 2.16)	0.46 (0.23 - 0.92)	0.88 (0.43 - 1.79)
P value		0,251	0,83	0,029	0,728
Counselling service					
No	9	17,3	28,4	46,3	24,3
Yes	81,1	59,5	37,5	24	43,9
Odds ratio (CI 95%)	1	0.38 (0.18 - 0.83)	0.15 (0.07 - 0.31)	0.06 (0.03 - 0.12)	0.20 (0.09 - 0.43)
P value		0,015	<0.001	<0.001	<0.001
Don't know	9,9	23,2	34,1	29,7	31,8
Odds ratio (CI 95%)	1	1.22 (0.46 - 3.26)	1.09 (0.43 - 2.78)	0.58 (0.23 - 1.47)	1.19 (0.45 - 3.10)
P value		0,688	0,855	0,254	0,727

Table 15 show that Kind of health services preference among adolescents, based on gender, age and region groups. From gender groups, online consultation and direct prescription did seem differ significantly among male and female adolescents as their preferred health service. From age groups, face to face consultation and online consultation did seem differ significantly among adolescents aged 15 – 19 and 20 - 24 as their preferred health service.

According to region groups, adolescents living in Sleman and Bantul were significantly more likely to prefer online consultation, physical examination, online prescription and direct prescription as their preferred health service compared to those who lived in Yogyakarta. Adolescents living in Kulon Progo were significantly more likely to prefer online prescription as their preferred health service compared to those who lived in Yogyakarta. Adolescents living in Gunung Kidul were significantly more likely to prefer online consultation and online prescription as their preferred health service compared to those who lived in Yogyakarta.

Table 15. Kind of preferred services by gender and age category

Health Service Preference	Gender		Comparison		Age		Comparison	
	Male n= 696	Female n= 621	Odds ratio (CI 95%)	P value	15-19 n= 646	20-24 n=671	Odds ratio (CI 95%)	P value
	%	%			%	%		
Face to face consultation								
No	6,0	5,3	1		7,0	4,5	1	
Yes	94,0	94,7	0.87 (0.55 - 1.40)	0,574	93,0	95,5	0.62 (0.39 - 1.00)	0,053
Online consultation								
No	44,7	35,7	1		44,0	37,1	1	

Health Service Preference	Gender		Comparison		Age		Comparison	
	Male	Female	Odds ratio (CI 95%)	P value	15-19	20-24	Odds ratio (CI 95%)	P value
	n= 696	n= 621			n= 646	n=671		
%	%	%	%					
Yes	55,3	64,3	0.69 (0.55 - 0.86)	0,001	56,0	62,9	0.75 (0.60 - 0.94)	0,011
Physical examination								
No	12,9	14,7	1		15,0	12,5	1	
Yes	87,1	85,3	1.16 (0.84 - 1.58)	0,365	85,0	87,5	0.81 (0.59 - 1.11)	0,189
Online prescription								
No	54,9	55,7	1		57,3	53,4	1	
Yes	45,1	44,3	1.03 (0.83 - 1.28)	0,762	42,7	46,6	0.85 (0.69 - 1.06)	0,152
Direct prescription								
No	14,5	21,1	1		19,0	16,2	1	
Yes	85,5	78,9	1.57 (1.18 - 2.09)	0,002	81,0	83,8	0.82 (0.62 - 1.09)	0,183

Table 15. Kind of preferred services by Region (continue)

Health Service Preference	Region				
	Yogyakarta	Sleman	Bantul	Kulon Progo	Gunung Kidul
	n = 263	n = 264	n = 264	n = 263	n = 263
%	%	%	%	%	
Face to face consultation					
No	2,3	4,2	1,1	5,7	15,2
Yes	97,7	95,8	98,9	94,3	84,8
Odds ratio (CI 95%)	1	0.53 (0.19 - 1.47)	2.03 (0.50 - 8.21)	0.38 (0.15 - 1.01)	0.13 (0.05 - 0.31)
P value		0,227	0,320	0,053	<0.001
Online consultation					
No	62,4	37,9	10,6	54,4	37,3
Yes	37,6	62,1	89,4	45,6	62,7
Odds ratio (CI 95%)	1	2.72 (1.91 - 3.86)	13.96 (8.77 - 22.21)	1.39 (0.89 - 1.97)	2.79 (1.95 - 3.97)
P value		<0.001	<0.001	0,064	<0.001
Physical examination					
No	15,6	6,4	8	14,1	24,7
Yes	84,4	93,6	92	85,9	75,3
Odds ratio (CI 95%)	1	2.68 (1.48 - 4.86)	2.14 (1.22 - 3.73)	1.13 (0.70 - 1.82)	0.56 (0.36 - 0.87)
P value		0,001	0,007	0,624	0,010
Online prescription					
No	79,8	50,4	27,7	65,8	52,9
Yes	20,2	49,6	72,3	34,2	47,1
Odds ratio (CI 95%)	1	3.90 (2.65 - 5.74)	10.37 (6.92 - 15.53)	2.06 (1.39 - 3.06)	3.53 (2.40 - 5.20)
P value		<0.001	<0.001	<0.001	<0.001
Direct prescription					
No	15,6	8,3	6,1	16,7	41,4
Yes	84,4	91,7	93,9	83,3	58,6
Odds ratio (CI 95%)	1	2.03 (1.17 - 3.52)	2.86 (1.56 - 5.24)	0.92 (0.58 - 1.46)	0.26 (0.17 - 0.39)
P value		0,011	0,001	0,722	<0.001

j. Multivariable Analysis

Table 16 summarised the significant results of multiple logistic regression analysis between the 4 independent variables and the likelihood to have health insurance and JKN.

Table 16. Multivariable analysis results for factors associated with the ownership of health insurance and JKN

Variable	Ownership of Health Insurance						Ownership of JKN					
	No n= 189 %	Yes n= 1102 %	Unadjusted Odds ratio (CI 95%)	P value	Adjusted Odds ratio (CI 95%)	P value	No n= 244 %	Yes n= 1073 %	Unadjusted Odds ratio (CI 95%)	P value	Adjusted Odds ratio (CI 95%)	P value
Gender												
Female	45	48.4	1		1		43.0	48.1	1		1	
Male	55	51.6	0.87 (0.64 - 1.19)	0.389	0.87 (0.64 - 1.19)	0.396	57.0	51.9	0.81 (0.62 - 1.08)	0.154	0.82 (0.62 - 1.09)	0.177
Age												
20 - 24	51.3	51.5	1		1		50.8	51.0	1		1	
15 - 19	48.7	48.9	1.01 (0.74 - 1.37)	0.953	0.95 (0.69 - 1.31)	0.753	49.2	49.0	0.99 (0.75 - 1.31)	0.964	0.93 (0.70 - 1.25)	0.641
Living with parents												
No	15.6	9.2	1		1		18.4	9.0	1		1	
Yes	80.4	90.8	2.41 (1.59 - 3.65)	<0.001	3.13 (1.94 - 5.06)	<0.001	81.6	91.0	2.27 (1.55 - 3.34)	<0.001	2.70 (1.74 - 4.20)	<0.001
Region												
Kota Yogyakarta	19.6	19.5	1		1		21.7	19.6	1		1	
Sleman	16.9	20.6	1.22 (0.73 - 2.03)	0.442	0.80 (0.46 - 1.39)	0.424	17.2	20.7	1.33 (0.85 - 2.08)	0.206	0.93 (0.57 - 1.52)	0.782
Bantul	15.3	21.1	1.38 (0.82 - 2.33)	0.222	0.92 (0.52 - 1.63)	0.785	14.3	21.3	1.65 (1.04 - 2.63)	0.035	1.19 (0.72 - 1.96)	0.502
Kulon Progo	29.1	18.3	0.63 (0.40 - 1.00)	0.050	0.40 (0.24 - 0.68)	0.001	29.5	17.8	0.67 (0.45 - 1.00)	0.052	0.46 (0.29 - 0.73)	0.001
Gunung Kidul	19.1	20.4	1.07 (0.65 - 1.76)	0.773	0.71 (0.41 - 1.23)	0.229	17.2	20.6	1.33 (0.85 - 2.08)	0.213	0.95 (0.58 - 1.55)	0.845

After accounting for other remaining variables, living with parents were significantly associated with the ownership of health insurance. The likelihood to have health insurance was highest among adolescent who living with parents. Adolescents who living with parents were 3 times to have health insurance compared with those whose not living with parents (AOR 3.13; 95% CI 1.94 to 5.06).

Living with parents and region groups were significantly associated with the ownership of JKN. Adolescents who living with parents had considerably higher odds to have JKN. Adolescents who living with parents were almost 3 times to have JKN as their health insurance

compared with those whose not living with parents (AOR 2.70; 95% CI 1.74 to 4.20). Adolescents who living in Kulon Progo were less likely to have JKN as their health insurance compared to those who lived in Yogyakarta (AOR 0.46; 95% CI 0.29 to 0.73).

Table 17. Multivariable analysis results for factors associated with payment method and access health services in the last 6 months

Variable	Payment Method						Access Health Services in the Last 6 Months					
	Out of Pocket n= 401 %	Use Health Insurance n= 365 %	Unadjusted Odds ratio (CI 95%)	P value	Adjusted Odds ratio (CI 95%)	P value	No n= 322 %	Yes n= 778 %	Unadjusted Odds ratio (CI 95%)	P value	Adjusted Odds ratio (CI 95%)	P value
Gender												
Female	53.1	52.0	1		1		40.7	52.3	1		1	
Male	46.9	48.0	1.04 (0.78 - 1.39)	0.769	0.96 (0.71 - 1.30)	0.803	59.3	47.4	0.62 (0.47 - 0.80)	<0.001	0.60 (0.46 - 0.80)	<0.001
Age												
20 - 24	53.4	47.4	1		1		56.5	51.4	1		1	
15 - 19	44.6	52.6	1.38 (1.03 - 1.83)	0.028	1.48 (1.09 - 2.00)	0.011	43.5	48.6	1.23 (0.94 - 1.59)	0.123	1.09 (0.82 - 1.44)	0.554
Living with parents												
No	10.0	5.8	1		1		20.5	8.1	1		1	
Yes	90.0	94.3	1.81 (1.05 - 3.14)	0.033	3.85 (1.99 - 7.43)	<0.001	79.5	91.9	2.92 (2.01 - 4.25)	<0.001	1.86 (1.20 - 2.87)	0.005
Region												
Kota Yogyakarta	7.5	20.6	1		1		35.7	14.3	1		1	
Sleman	23.7	20.0	0.31 (0.18 - 0.52)	<0.001	0.19 (0.10 - 0.35)	<0.001	20.2	21.6	2.68 (1.82 - 3.94)	<0.001	2.12 (1.40 - 3.22)	<0.001
Bantul	20.0	26.0	0.47 (0.28 - 0.80)	0.005	0.31 (0.17 - 0.57)	<0.001	9.3	22.6	6.08 (3.81 - 9.69)	<0.001	5.15 (3.17 - 8.38)	<0.001
Kulon Progo	23.4	21.4	0.33 (0.20 - 0.56)	<0.001	0.19 (0.11 - 0.35)	<0.001	26.7	22.5	2.11 (1.46 - 3.04)	<0.001	1.73 (1.16 - 2.59)	0.007
Gunung Kidul	25.4	12.1	0.17 (0.10 - 0.30)	<0.001	0.10 (0.06 - 0.20)	<0.001	8.1	19.0	5.90 (3.61 - 9.64)	<0.001	4.83 (2.89 - 8.06)	<0.001

Table 17 summarised the significant results of multiple logistic regression analysis between the 4 independent variables and the likelihood to using health insurance as payment method and access health services in the last 6 months. After accounting for other remaining variables, age, living with parents and region groups were correlated with the payment method. Adolescents aged 15 – 19 years old were more likely to using health insurance as their payment method (AOR 1.48; 95% CI 1.09 to 2.00). The likelihood to using health insurance as payment method was highest among adolescent who living with parents. Adolescents who living with parents were almost 2 times to using health insurance as their payment method compared with those whose not living with parents (AOR 3.85; 95% CI 1.99 to 7.43). In contrast, adolescents who living in Sleman (AOR 0.19; 95% CI 0.10 to 0.35), Bantul (AOR 0.31; 95% CI 0.17 to 0.57), Kulon Progo (AOR 0.19; 95% CI 0.11 to 0.35) and

Gunung Kidul (AOR 0.10; 95% CI 0.06 to 0.20) were more likely to out of packet as their payment method compared to those who lived in Yogyakarta.

The likelihood of accessing health service in the last 6 months differed significantly across the gender, living with parents and region groups. Male adolescents were less likely to access health service in the last 6 months compared to female adolescents (AOR 0.60; 95% CI 0.46 to 0.80). Adolescents who living with parents were almost 2 times to access health service in the last 6 months compared with those whose not living with parents (AOR 1.86; 95% CI 1.20 to 2.87). Adolescents who living in Sleman (AOR 2.12; 95% CI 1.40 to 3.22), Bantul (AOR 5.15; 95% CI 3.17 to 8.38), Kulon Progo (AOR 1.73; 95% CI 1.16 to 2.59) and Gunung Kidul (AOR 4.83; 95% CI 2.89 to 8.06) were more likely to access health services in the last 6 months compared to those who lived in Yogyakarta.

Table 18 Multivariable analysis results for factors associated with accessed puskesmas and private clinic

Variable	Most Frequently Accessed Facility in the Last 6 Months						Most Frequently Accessed Facility in the Last 6 Months					
	Non Puskesmas		Unadjusted Odds ratio (CI 95%)	P value	Adjusted Odds ratio (CI 95%)	P value	Non Private Clinic		Unadjusted Odds ratio (CI 95%)	P value	Adjusted Odds ratio (CI 95%)	P value
	n= 417 %	Puskesmas n= 361 %					n= 668 %	Private Clinic n= 68 %				
Gender												
Female	57.1	47.4	1		1		51.0	61.8	1		1	
Male	42.9	52.6	1.48 (1.11 - 1.96)	0.007	1.39 (1.04 - 1.86)	0.026	49.0	38.2	0.64 (0.42 - 0.97)	0.037	0.66 (0.43 - 1.01)	0.053
Age												
20 - 24	54.7	47.6	1		1		49.5	62.7	1		1	
15 - 19	45.3	52.3	1.32 (1.00 - 1.76)	0.051	1.28 (0.95 - 1.71)	0.099	50.4	37.3	0.58 (0.38 - 0.88)	0.011	0.67 (0.44 - 1.03)	0.067
Living with parents												
No	9.6	5.4	1		1		7.3	12.7	1		1	
Yes	90.4	93.6	1.56 (0.91 - 2.66)	0.103	1.83 (1.02 - 3.28)	0.041	92.7	87.3	0.54 (0.29 - 1.02)	0.058	0.66 (0.33 - 1.31)	0.235
Region												
Kota Yogyakarta	12.2	16.6	1		1		13.9	16.4	1		1	
Sleman	24.7	18.0	0.54 (0.33 - 0.87)	0.012	0.45 (0.27 - 0.76)	0.003	21.7	20.9	0.82 (0.42 - 1.60)	0.560	0.93 (0.45 - 1.89)	0.833
Bantul	21.1	24.4	0.85 (0.53 - 1.37)	0.503	0.72 (0.43 - 1.18)	0.195	20.5	35.4	1.47 (0.79 - 2.73)	0.221	1.71 (0.89 - 3.29)	0.109
Kulon Progo	18.0	27.7	1.13 (0.70 - 1.83)	0.608	0.90 (0.54 - 1.50)	0.687	24.8	8.2	0.28 (0.12 - 0.65)	0.003	0.35 (0.14 - 0.84)	0.019
Gunung Kidul	23.9	13.3	0.41 (0.24 - 0.68)	0.001	0.34 (0.20 - 0.58)	<0.001	19.0	19.1	0.85 (0.43 - 1.69)	0.652	1.00 (0.48 - 2.05)	0.994

Table 18 summarised the significant results of multiple logistic regression analysis between the 4 independent variables and the likelihood to accessed puskesmas and private clinic in the last 6 months. After accounting for other remaining variables, gender, living with parents and region groups except Sleman and Gunung Kidul were correlated with adolescents' accessed to puskesmas. Male adolescents were more likely to accessed puskesmas compared to female adolescents (AOR 1.39; 95% CI 1.04 to 1.86). Adolescents who living with parents were almost 2 times to accessed puskesmas compared with those whose not living with parents (AOR 1.83; 95% CI 1.02 to 3.28). in contrast, adolescents who living in Sleman (AOR 0.45; 95% CI 0.27 to 0.76), and Gunung Kidul (AOR 0.34; 95% CI 0.20 to 0.58) were less likely to accessed puskesmas compared to those who lived in Yogyakarta.

The likelihood of accessed private clinic in the last 6 months differed significantly across region groups except Sleman, Bantul and Gunung Kidul. Adolescents who living in Kulon Progo (AOR 0.35; 95% CI 0.14 to 0.84) were less likely to accessed private clinic compared to those who lived in Yogyakarta.

Table 19 Multivariable analysis results for factors associated with accessed midwife

Variable	Most Frequently Accessed Facility in the Last 6 Months					
	Non Midwife n= 729 %	Midwife n= 49 %	Unadjusted Odds ratio (CI 95%)	P value	Adjusted Odds ratio (CI 95%)	P value
Gender						
Female	50.7	79.6	1		1	
Male	49.2	20.4	0.26 (0.13 - 0.54)	<0.001	0.25 (0.12 - 0.52)	<0.001
Age						
20 - 24	51.6	49.0	1		1	
15 - 19	48.4	51.0	1.11 (0.62 - 1.98)	0.752	1.24 (0.68 - 2.67)	0.481
Living with parents						
No	8.0	10.2	1		1	
Yes	92.0	89.8	0.76 (0.29 - 1.99)	0.578	0.50 (0.18 - 1.40)	0.187
Region						
Kota Yogyakarta	15.1	2.0	1		1	
Sleman	21.7	20.4	6.96 (0.88 - 55.2)	0.066	8.21 (0.99 - 68.01)	0.051
Bantul	21.8	34.7	11.76 (1.54 - 89.67)	0.017	15.89 (2.01 - 125.91)	0.009
Kulon Progo	23.0	14.3	4.58 (0.56 - 37.77)	0.157	5.98 (0.92 - 51.85)	0.104
Gunung Kidul	18.4	28.6	11.49 (1.49 - 88.77)	0.019	14.05 (1.74 - 113.50)	0.013

Table 19 summarised the significant results of multiple logistic regression analysis between the 4 independent variables and the likelihood to accessed midwife in the last 6 months. After accounting for other remaining variables, gender and region groups except Sleman and Kulon Progo were correlated with adolescents' accessed to midwife. Male adolescents were less likely accessed midwife in the last 6 months compared to female adolescents (AOR 0.25; 95% CI 0.12 to 0.52). in contrast, adolescents who living in Bantul (AOR 15.89; 95% CI 02.01 to 125.91), and Gunung Kidul (AOR 14.05; 95% CI 1.74 to 113.50) were more likely to accessed midwife compared to those who lived in Yogyakarta.

Table 20. Multivariable analysis results for factors associated with most of preferable source of information and conselling service

Variable	Most Preferable Source of Information						Conselling Service (Adolescents Experienced)					
	Non Social Media	Social Media	Unadjusted Odds ratio (CI 95%)	P value	Adjusted Odds ratio (CI 95%)	P value	No	Yes	Unadjusted Odds ratio (CI 95%)	P value	Adjusted Odds ratio (CI 95%)	P value
	n= 692 %	n= 556 %					n= 206 %	n= 363 %				
Gender												
Female	47.5	49.1	1		1		55.3	54.5	1		1	
Male	52.5	50.9	0.94 (0.75 - 1.17)	0.584	0.94 (0.74 - 1.19)	0.600	44.7	45.5	1.03 (0.73 - 1.46)	0.855	1.19 (0.81 - 1.74)	0.371
Age												
20 - 24	52.2	50.2	1		1		45.2	53.7	1		1	
15 - 19	47.8	49.8	1.08 (0.87 - 1.35)	0.485	1.03 (0.81 - 1.31)	0.780	54.8	46.3	0.71 (0.50 - 1.00)	0.050	0.88 (0.60 - 1.28)	0.499
Living with parents												
No	14.6	5.9	1		1		7.8	11.6	1		1	
Yes	85.4	94.1	2.71 (1.80 - 4.08)	<0.001	1.65 (1.05 - 2.60)	0.029	92.2	88.4	0.64 (0.35 - 1.18)	0.152	1.39 (0.68 - 2.82)	0.361
Region												
Kota Yogyakarta	28.2	11.3	1		1		4.8	24.8	1		1	
Sleman	16.3	26.1	3.97 (2.73 - 5.78)	<0.001	3.45 (2.33 - 5.11)	<0.001	14.1	27.5	0.38 (0.18 - 0.83)	0.015	0.35 (0.16 - 0.79)	0.012
Bantul	18.8	23.7	3.14 (2.16 - 4.56)	<0.001	2.74 (1.85 - 4.04)	<0.001	24.3	18.2	0.15 (0.07 - 0.31)	<0.001	0.13 (0.06 - 0.29)	<0.001
Kulon Progo	12.6	26.1	5.16 (3.50 - 7.61)	<0.001	4.44 (2.95 - 6.67)	<0.001	39.3	11.6	0.06 (0.03 - 0.12)	<0.001	0.05 (0.02 - 0.12)	<0.001
Gunung Kidul	24.1	12.8	1.31 (0.88 - 1.96)	0.176	1.14 (0.75 - 1.72)	0.540	17.5	17.9	0.20 (0.09 - 0.43)	<0.001	0.19 (0.08 - 0.42)	<0.001

Table 20 summarised the significant results of multiple logistic regression analysis between the 4 independent variables and the likelihood to using media social as the most preferable source of information and conselling service among adolescents. After accounting for other remaining variables, living with parents and region groups except Gunung Kidul were correlated to using media social as the most source of information among adolescents. Adolescents who living with parents were almost 2 times to prefer social media as their most preferable source of information with those whose not living with parents (AOR 1.65; 95% CI 1.05 to 2.69). Adolescents who living in Sleman (AOR 3.45; 95% CI 2.33 to 5.11), Bantul (AOR 2.74; 95% CI 1.85 to 4.04) and Kulon Progo (AOR 4.44; 95% CI 2.95 to 6.67) were more likely to prefer social media as their most preferable source of information compared to those who lived in Yogyakarta.

The likelihood of received conselling service among adolescents differed significantly across region groups. Adolescents who living in Sleman (AOR 0.35; 95% CI 0.16 to 0.79), Bantul (AOR 0.13; 95% CI 0.06 to 0.29), Kulon Progo (AOR 0.05; 95% CI 0.02 to 0.12) and Gunung Kidul (AOR 0.19; 95% CI 0.08 to 0.42) were less likely to received conselling service compared to those who lived in Yogyakarta.

3.2 Qualitative Results

a. Qualitative Participant Characteristics

Informants who involved in the qualitative phase listed below.

Table 21. Qualitative Participants Characteristics

Participants Characteristics	Rural	Urban	Total
15-19	8	10	18
Female	4	4	8
Out of School	1	3	4
School	3	1	4
Male	4	6	10
Out of School	3	2	5
School	1	4	5
20-24	8	11	19
Female	4	7	11
Out of School	3	2	5
School	1	5	6
Male	4	4	8
Out of School	1	3	4
School	3	1	4
Total	16	21	37

b. Themes

The qualitative themes were based on the proposed variables on Methodology section. These variables also align with the framework we use for understanding adolescent help-seeking behaviour and use of social support (WHO, 2007). There are four themes emerged here. First, patterns of Heath-seeking among youth, including adolescent

understanding of illness, time period when teenagers decide to go to the health facility, and related to co-payment. Second theme is orbits of influence health seeking behaviour among youth. This includes source of information from the internet the teenagers prefer to, the media they use and also the most trusted agency that they usually ask for help in terms of health concern. Third theme, barriers towards accessing health services and the last theme is about aspirations pertaining to youth-friendly services.

c. Patterns of Health-Seeking Among Youth

1. Adolescent understanding of illness

Yogyakarta adolescents have a various understanding of sickness in which some argue that sickness is a condition that interferes with physical activity but those who comment that they can realize someone is sick from the outward appearance of the teenager. The condition that interferes with physical activity is described by a sign that adolescents are unable to move as usual, cannot sleep, are weak and dizzy. Sick conditions that can be identified from appearance are having a pale face and coughing. Most teenagers' understanding of the state of illness is a severe condition.

"I think the illness that I suffered will heal by itself, because I feel that the pain has not been severe. Moreover, I'm afraid to see syringes". X, 20 years old, Male, Urban.

"I was sick and took medicine at home and found that the condition did not heal. I went to the general practitioner after the second day. I am usually confident that my pain will heal by itself". Y, 15 years old, Male, Urban.

2. When do teenagers decide to go to health services?

As the result of the interviews, there is a pattern of when adolescents decide to what when they have sickness at figure 2. Figure shows that when adolescents get the sign of sickness then they will take an action to self-medication, just ignore it or directly go to health facilities.

The action of self-medication will be started with asking for assistance of family member to give them a medicine. Usually, the family already stock some of medicine or leftover drugs from previous treatments. They will get the medicine from store (i.e indomaret), medicine store or pharmacy. Some kind of common drugs which are already supplied by family are drugs for headache, stomach-ache, fever, and cough. If the family trusted at traditional medicine, they will go for it. Here is an example of believing in traditional medicine quotation:

"I like herbal medicines because they are more affordable". Z, 24 years old, Female Urban.

Many cases were reported by adolescents that they will ignore (careless about their sickness. They just go sleep, or take a nap, rearrange their activities or eat more often and portion. Some of the quotations already mention in previous data. The figure 2 will illustrates in detail about their decision.

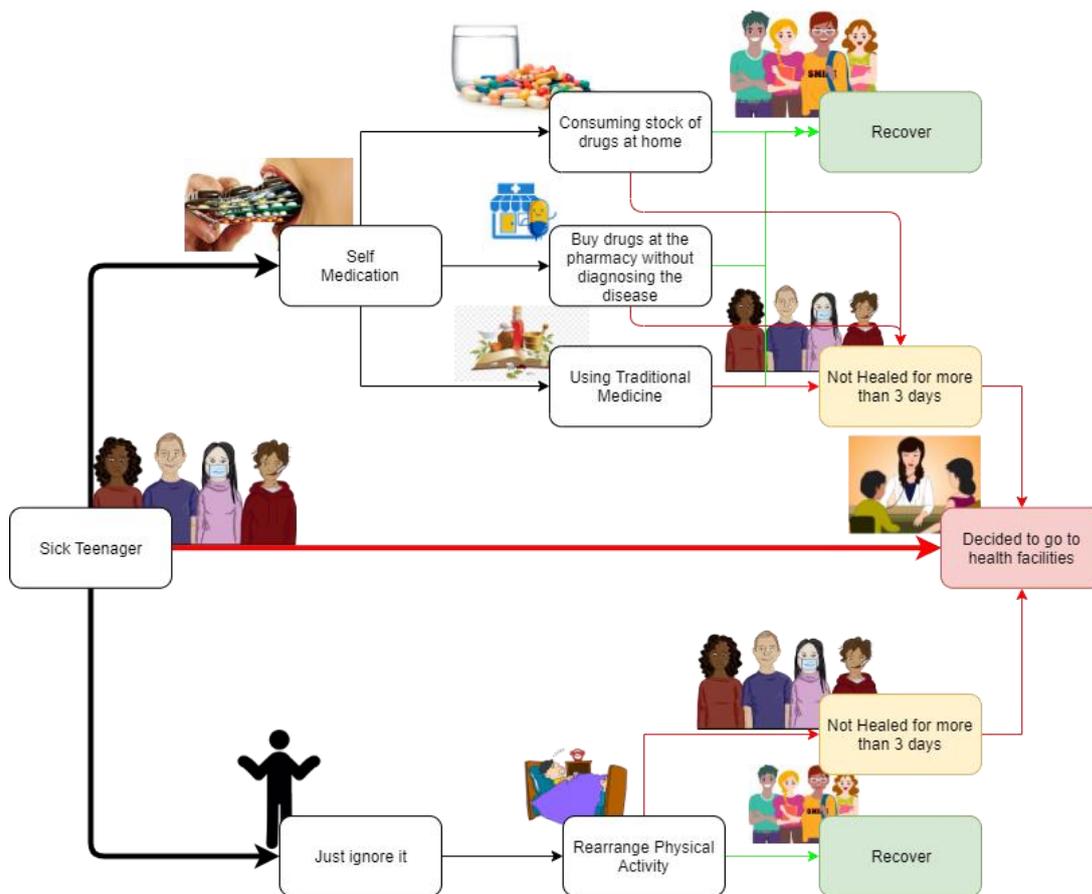


Figure 5. adolescent decision-making journey for treatment

3. Copayment

Most adolescents already have national health insurance, but the copayment rate is still quite high. This is caused by several cases such as:

Teenagers access services not in JKN registered health facilities. Respondent says that they register at the Puskesmas and if they use the Puskesmas service it will be free, but they prefer to find a treatment in the afternoon after the operation time of puskesmas. The following is a quote about the flexible needs of adolescent time:

"I once suffered from influenza, and I had to attend lectures at 9.30. I went to the puskesmas already tight at 10.50 and arrived at the puskesmas at 11 where the queue for registration was closed... Finally, I had to access health services in other facilities". (D 19 years old, School, Female Urban).

In addition, adolescents feel that they have easy access to buying drugs directly as another factor that contributes to this out of pocket scheme:

"The pharmacy has the availability of medicines that we need at low prices and can be purchased directly. We don't need to wait, so many teenagers go to the pharmacy". (G, 15 years old, Male, Urban).

Option out of the JKN system. The results of in-depth interviews with adolescents found several reasons for adolescents leaving the JKN system, namely fear of being treated differently from general patients and getting a long bureaucracy. They worried about quality of health service that will be received by them when using JKN scheme. Some of the participant mention about the reduction in the number services of i.e. drugs from 5 to 3 item and the full of medical check-up.

“I am a JKN participant of Puskesmas. When I am sick, I prefer to go a private clinic, because they will give an injection. The puskesmas will give me an oral medicine because of the JKN system. The injection will be more effective that’s why I go to the clinic even I have to pay”. (C, 19 years old, Urban).

Regarding the bureaucracy issues, the participant mentions about it in indepth interviews:

“The service bureaucracy with BPJS (JKN) is very long. We can leave at 7 am and return at 6 pm. If this is the case, I can conclude that I can die waiting for puskesmas’ service”. (B, 21 years old, Male, Rural).

Do not want to involve parents when sick. Several adolescents felt worried about the respond of the family especially parent when they ask about the JKN card. Parent will keep the adolescent insurance card because of social believing that they should take care their children and the adolescent is careless and maybe will lose the card. By adolescent perspectives in previous statement, the adolescent worried to be labeled as a drama queen or overprotective from the parents. The following is a quote about the role of parents in accessing adolescent health services:

“When I was sick, I actually did not want to go to a health facility. But my parents at home continue to force me. The more they force me, then I thought I should not bother my parents”. Teenager 22, 20, male, out of school, rural.

Visits to health facilities, related to other administrations. Most of the youth involved in the study were adolescents with the status of workers and students. If they are sick, they will go to the health service to get a sick certificate.

“I once went to the puskesmas but was not sick. I just want to get a sick letter at the health center and examined by a doctor. I got the letter by paying 15,000 rupiah.” Teenager 36, 17, Female, School, Rural.

d. Orbits of Influence in Health Seeking Behaviors Among Youth

1. Internet as Source of Information

We asked the respondents to what extent they used the internet to search for information related to health. Majority of the respondents said that they like to search things happened to their body that they want to know about it. Most of them said that they do not have any preferable website when they do the searching. Some said that they are likely to read some of the articles, compared to each other and draw conclusion on it. Some understood that google already has the ability to determine the trustworthy site by putting it on the top, so they are more likely to read the top articles appear on the search engine.

"If you search somethings at google, they will give us many choices. Usually I go to the first option appeared and then go to the others." B, 20 years old, Sleman, Rural

"I look up at google to search the signs and symptomps) (Y, 21 years old, Kulon Progo Urban)

"I always do my own searching if I don't know what happened to my body" (T, 18 years old, Bantul, Urban)

"I use my own intuition. But I always fo to the first article appear on google.(D, 24 years old, Bantul, Rural)

Some respondents mentioned the name of the website. Halodoc and Alodokter appear in the discussions. Showing that some respondents are aware of some famous health related website.

"I usually use Halodoc. And I go searching on journals even only a little bit" (N, 20 years old, Kulon Progo, Urban)

"I ever downloaded Alodokter. I asked in the room chat to dermatologist and surgeon. But I already uninstalled it." (A, 18 years old Sleman, Urban)

2. The Incidental Source of information

YouTube also well known to be used as the source of information that is more practical or technical. The audio-visual information is preferable for some adolescents that are curious of something that are closely related to their health. For instance, a smoker said that he used YouTube to know how to clean the lungs or to diminish the cough. Some respondent also said they used YouTube to know how to clean the teeth since he is wearing tooth wire.

"I smoke. I look information of how to clean my lungs. Or how to diminish my cough" (A, 18 years old, Gunung Kidul, Rural)

"I use the Youtube to search things like: dental health, how to clean my teeth. Because I wear braces. And also I searched like how to vanish tattoo marks" (A, 19 years old, Sleman, Urban)

3. Most influential Social Media

As one might expect, Instagram appears several time in the discussions. Six respondents report that they follow some health related accounts and like to read the information provide there. Some of them do not really remember of the account's names, some can mention such as: *dokteroz* and *faktakesehatan*.

"I follow some accounts on Instagram like Dokter OZ dan I like to read the information there daily (N, 16 years old, Sleman, Rural).

"I use Instagram to know fact and myths related to Health" (A 18 years old, Yogya, Urban)

4. Family as Source of Information

The family, especially parents appears to be the most influential health information for adolescents as our respondents. That might be because 84% of the total respondents are living with the parents, since our study is using household approach. There are several ways of how parents can be an important source of information for adolescents.

First, parents will suggest their teenage child to go to see health professionals for things that are happened to their body. For instance, a girl in Sleman ever experienced inconsistency period, asked the parents regarding her problem, then the parents suggested her to seek information to the doctor.

I like to share my stories to my parents. My parents then will suggest me to the doctor to get examined" (A, 20 years old, Sleman, Urban)

"So, I ever experience I did not have my period for some times and then in the next month I got my period twice. I asked to my mom, she said it is normal, then I seek for information to Puskesmas" (N, 16 years old, Sleman Rural)

"I got hypotension an then my parent suggested me to go to the health facility. There were many people queueing there, but the treatment was effective" (W, 21 years old, Bantul, Rural)

Second, parents will be the source of information to adolescents. Adolescents will ask parents if something happened to their body. However, some adolescents also acknowledge that their parents do not have all the answers. These adolescents will ask question related to the common disease that the parents may have already experience before

"I asked my mother, why I don't feel fit." (D, 17 years old, Sleman, Rural)

"I trust my family. Because my family got the knowledge from the grandparents. Usually medicine from grandparents worked" (R, 17 years old, yoga, Slum, Sekolah)

"I asked my parents sometimes If I got fever. But if I got like burn on my skin, I will google it" (L, 16 years old, Yogyakarta, Rural)

"Sometimes the parents do not know as well" (Z, 18 years old, Yogyakarta, Urban)

e. Barriers Towards Accessing Health Services

Other findings can be seen from the results of interviews with adolescents related to the obstacles they often experienced when they are accessing health services. The reported obstacles are usually obstacles that are demand side for help from them. To better understand these obstacles, we present the nodes frequency data in the figure 2.



Figure 6. Nodes frequency for the barriers

There are 4 main reasons that become the barrier of adolescents to access health services which are laziness, long queues, shame and believing health service only for treatment. Adolescents have the main characteristic of being careless to the health problems they are experiencing. They decide to keep doing their thing such as playing an online game and hangout with friend and believe their sickness will become better by itself. The research provides the quotation below:

"When teens like me consider themselves sick, some of them think that pain is just a feeling that will be healed when playing with friends. We will forget the pain because we enjoy playing time with friends." (B, 20 years old, Sleman, Rural)

Teenagers have a lazy nature that greatly influences the pattern of health service search. Lazy nature is not only told by rural and urban teenagers but also teenagers in all age groups.

"In my opinion, most teenagers have a lazy nature. They wait until the health problems get worse, then they seek for treatment. If it's not urgent, they consider pain is normal. For example, there was a friend of mine who are careless until he couldn't handle the pain. As a result, he had to get inpatient services at the hospital". (D, 21 years old, Bantul,).

Some adolescent reported that they believe they will face long line to access health care especially public health care (puskesmas). They were experienced and worried to long cycle of health service bureaucracy even though they were satisfied with the services provided. There are two expression of the quotations as follows:

"I felt worried to access puskesmas and I asked my mother to go with me. I didn't want to have experienced be alone there, facing long waiting time, and complicated administration". (W, 21 years old, Urban)

"I went to the puskesmas at 7 am, took a queue, was called by a health worker and they would ask about my illness. I thought the doctor who served me was very friendly and the service was pleasant ... I waited until 12 am and I felt so bored". (D, 17 years old, Sleman, Rural,).

Adolescents have feelings of shame about the views of the social environment that are large enough to result in them being reluctant to access health services. These barriers began in the search for information about health services to the people around. Finally, some

of them decided to search for information from sources on the internet. These feeling appears regardless of gender.

“They felt ashamed because as a man he went to the puskesmas, even though the puskesmas was close. Especially if his parents know. They must be shy”. (A, 19 years old, Male, Yogyakarta, Urban, Out of School.

“I have my money to go to health care, but I thought my family member will think I am a drama queen. I cannot handle a little pain”. (I, 17 years old, Female, Urban, Out of School).

f. Youth Aspiration of Health Services

We asked the adolescents of what are their considerations of an ideal health facilities. Here are the list of the aspirations from the most frequent thing they mentioned:



Figure 7. Word Frequency of Youth Aspiration of Ideal Health Services

1. Complete Health Facility

Complete health facility is the most frequent list mentioned by the adolescents. The term can simply mean that the facility provide all the needs of the community. Some adolescents define more that the health facility shall have complete health specialist that are essential to answer their needs. Some others associate the complete health facility with good services from the health providers. They added that the complete health facility can satisfy the patients when they seek for help there. The other integrate complete health facility with high quality services.

“I think the quality should be good. The people should be nice. The way they treat also good. The medicine works as well. Before they give the medicine to the patient, they should check the expiry date and also the tools” (I, 15 years old, Gunung Kidul, Urban)

“Complete facility, quick service. It is the best. The facility is complete as well” (A, 17 years old, Gunung Kidul, Rural)

“They can serve better. The facility is complete” (T, 18 years old, Bantul, Urban)

“The facility can be supporting. Also the staffs should be nice, and they provide complete medicine” (A, 20, Sleman, Urban)

2. Adolescent oriented

By definition, talking about a friendly youth health services means that the health services should be adolescent oriented. According to the respondents, it means that the facility should differentiate services to youth and any other age category. They who suggested this argue that if the service is distinguished between adolescents and other age category then it will make the adolescents feel more comfortable to talk about their condition. Other respondent also emphasised that high quality services means that they can fully understood adolescent need.

“Specific to the adolescent I think. So there should be geriatric clinic, podiatry clinic and adolescent clinic. It is not good to mixed it up” (A, 22 years old, Gunung Kidul, Rural)

“To make it special for adolescents, so it is easy to understand the characteristic of the adolescents. Because it is different between adults, adolescents and children. It should be separated the service to adults, adolescents and children” (Z, 18 years old, Yogyakarta, Urban)

“quality services means that they should understand what adolescents need” (O, 20 years old, Gunung Kidul, Urban)

3. Experienced Doctor and Competent Staffs

The other most frequent code is experienced doctor. Most respondents are aware that experienced doctor is essential to create a qualified health facility. This means that the doctor should be capable in the field. In addition to that, the doctor is expected to be friendly. The word ‘Friendly’ and ‘capabale’ come along together during several discussions. The other word that came along with experienced health professional was confidential. One of the adolescents’ need is getting assurance that the health providers can keep the information they shared confidential.

“The medicine should work, the tools are complete, the doctor was nice and good, can keep it confident” (I, 15, Gunung Kidul, Urban)

“So yeah, the adolescents should do the counselling, it should be open, they should be confidential as well. They should create the situation that is comfortable to do consultation” (A, 18 years old, Sleman, Urban)

“The doctors should be nice and professional” (M, 18 years old, Kulon Progo, Rural)

4. Friendly services

Furthermore, not to mention the word 'capable', adolescents prefer health facility that provides friendly services represented by the providers. It does not necessarily mean that only the doctor that should be friendly but all the related health staffs are expected to be friendly as well. Besides that, one respondent points out that she wants providers that are not talking non-sense and the service systems should be not complicated.

"Satisfy services should include nice staffs and doctors who serve" (A, 22 years old, Gunung Kidul, rural)

"The health staffs are nice, because I know them from I was little" (A, 18 years old, Yogyakarta, Urban)

"Nice, good, not talking to much, efficient, the people who go there should be treated first before they ask for the payment" (R, 20 years old, Sleman, Urban)

5. Waiting time consideration

The word 'quick services' and the similar terms appears 13 times from all discussions. This shows that good time management in health services is crucial from adolescent's perspective. Quick services here means that the patient does not wait too long from when he s/he come to get the queue number the s/he gets the call for counselling and examined, also until they receive the medicine. The respondents respect health services that also put respect on their time they have spent to come to a health facility.

"Fast services and right treatment. The facility should be nice and complete" (A, 23 years old, Yogya, Urban)

"No queueing. So, when we get there, only few minutes, they will treat us" (Y, 21 years old, Kulon Progo Rural)

"Easy administration, no queueing and the doctor should be well experienced and professional" (Z, 18 years old, Yogyakarta, Urban)

"Fast bureaucracy. If the bureaucracy was good, usually other things will be good as well" (H, 21 years old, Gunung Kidul, Rural)

6. Clean Facility

Having a clean facility is also important for adolescents. Although it may not be the first thing that is considered by the majority of the respondents. Some respondents still mentioned that higyenity is ideal for a health facility. Some also added that besides hygiene, they will consider a facility that has television and air conditioner to make it comfortable to wait.

"The facility should be hygiene. It shoul be clean" (D, 17 years old, Bantul, Urban)

"The place is clean. There are AC and television so people who wait do not get bored" (L, 16 years old, Yogyakarta, Rural)

7. Health counselling

Another paramount factor that is considered by adolescents regarding their aspiration of a health facility is the health facility is expected to give health counselling to an individual

or to a community. Adolescents acknowledge that health information that is coming from the health provider is the most trustworthy. Therefore, health counselling is needed. Some respondents point out that, usually the targeted participants of health counselling is parents or adults. On the other hand, the adolescents also need reliable source of information.

"Maybe, the Puskesmas should give counselling. There are education activity goes to school about adolescent health" (N, 18 years old, Sleman, Rural)

"Counselling is important so we know how to live healthy" (D, Bantul, Urban)

"The health facility should do education and counselling activities to the adolescents. Usually they do it only for adults" (L, 16 years old, Yogyakarta, Rural)

8. Payment consideration

The payment system is mentioned quite regularly by the respondent. Some said that the health services should be affordable to the adolescent. Some already mentioned the importance of owning National Health Insurance to be able to access health services.

"The price should be suitable to adolescents. Affordable. So if adolescents want to seek treatment they are not burdened by the high price" (A, 20 years old, Sleman, Urban)

"Adolescents can use BPJS card because usually poor people who are in low economic status may be hampered because of the economy: (T, 18 years old, Bantul, Urban)

"Good facilities mean it should be comfortable and affordable" (A, 19 years old, Kulon Progo, Urban)

9. Online Consultation

In the interview, we also asked about adolescent aspiration regarding online consultation. Most of them give positive feedback of the online consultation. They said that it will cut the time to go to the health services. Also online consultation is good for those who are shy to ask their condition.

"I like online consultation because it save my time. If I want to ask somethings I can chat wherever and whenever" (T, 18 years old, Bantul, Urban)

"Online consultation is good. If I am working I can still ask them directly. Because if the facility only open on working hours then it will be difficult. In this time like now, it is efficient to use online services" (A, 19 years old, Kulon Progo, Urban)

However, there are respondents who are unsure of online consultation. Probably they were worried of the capability of the health staffs, whether the sites are trustworthy or not.

"I am afraid that I chat the people and they cannot understand what my illness is" (A, 19 years old, Bantul Urban)

Chapter IV

Conclusion and Recommendations

4.1 Conclusion

1. Adolescents in study area are very dependent on family decisions (parents) when accessing health services, especially girls and those who live with parents.
2. The majority of adolescent in study area access the Puskesmas when got sick, especially boys and those who live with parents.
3. Almost all adolescents in study area already have health insurance. JKN get the highest percentage.
4. Some adolescents choose not to use JKN to access health services because of negative beliefs about the services they receive. Probability for out of pocket payment (OOP) in the 20-24 age group are greater than those in the 15-19 group. OOP probability are smaller in adolescents living with parents. Compared to those who live in the city of Yogyakarta, OOP are greater in another 4 districts.
5. Sick or illness is perceived as a major problem affecting physical activity
6. A significant gap between the aspirations and experiences of adolescents accessing health services occurs in peer counselors, flexibility in service time, waiting time, attractive advertisement, provision of IEC media, and counseling.
7. Probability for adolescents in 4 districts to counseling are smaller than teenagers in the city of Yogyakarta.

4.2 Recommendations

1. Adolescent health programs in the Special Region of Yogyakarta need to consider the involvement of parents.
2. The programmers need to consider the opportunities for integrating adolescent health programs to the JKN scheme.
3. The programmers need to improve health service gaps between the aspirations and experiences of adolescents accessing health services occurs in peer counselors, flexibility in service time, waiting time, attractive advertisement, provision of IEC media, and counseling.
4. Outreach activities should be improved in areas outside the city of Yogyakarta.

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Annex I. Literature Review

1. Adolescent Health

Nowadays, Adolescent health is becoming a global priority agenda because this period becomes the moment for the adoption of behavior, both benefit, and risk to their health. Most of the adolescent are healthy, but some will face main health such as Injuries, Mental Health, Violence, HIV/Aids, Other Infectious Disease, Pregnancy, Alcohol and Drugs, Nutrition and micronutrient deficiencies, undernutrition and obesity, Physical Activity, and Tobacco use (WHO, 2018). Previously, we should understand about adolescent development and adjustment that will be detailed at the figure.

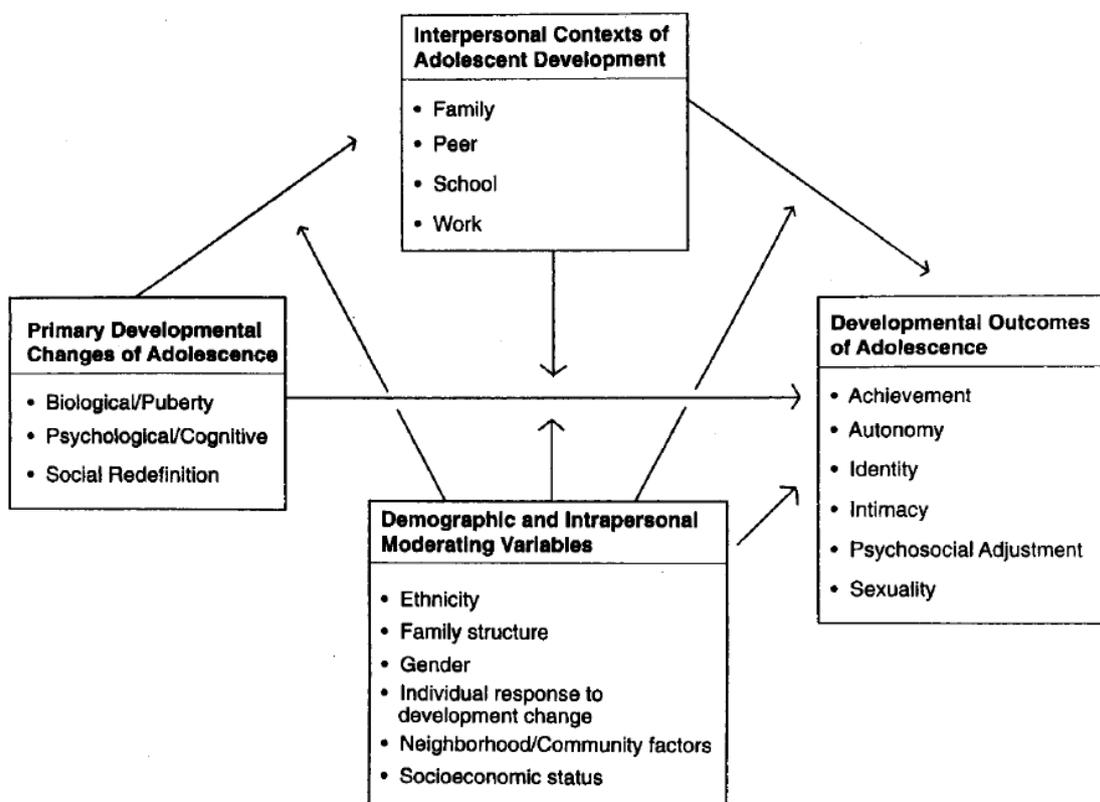


Figure 3. Framework for understanding adolescent development and adjustment. From "Research Methods With Adolescents," by G. N. Holmbeck and W. Shapera (Williams, Holmbeck and Greenley, 2002).

In the review, the paper uses this framework to correct problems that are relevant to adolescent health psychology. This figure explains that the natural biopsychosocial model addresses the biological, psychological, and social changes of the adolescent development period. There are three levels of prevention in adolescent, which are primary, secondary, and tertiary and adolescence time can result in many health problems that arise and affect future outcomes in adulthood. Besides that, World Health Organization (WHO) determined some prevent adolescent health with the highest international standards for guideline development including the synthesis and assessment of the quality of evidence, and is based

on the Grading of Recommendations, Assessment, Development and Evaluation (GRADE) approach (World Health Organization, 2018). Many recommendations to adjust the intervention both in policy and health service should base on evidence.

We have to understand that development interventions for adolescent should be done with full involvement of stakeholders who comprehend local context, scientific evidence and available resource of the adolescent. The interventions strategy should detect adolescent decision contributed to their health outcomes, the related factors to their decisions, the prompt interventions to the factors, and indicator and means verifications for interventions(EWEC, 2017). Hereby some evidence examples of interventions, using the internet to deliver sexual health education in North Nottinghamshire become a practical and accessible way. Two third of adolescent informs their willingness to use genitourinary medicine (GUM), which is an internet platform for education (Goold, Ward and Carlin, 2003). Another internet-based intervention reported will influence youth health-seeking behavior when they aware of relevant web-based services (Nicholas *et al.*, 2010). The intervention should address that the most important of adolescent health stakeholder is adolescent themselves.

2. Health_Seeking Behavior

Health seeking behavior has been defined as a decision-making process by individual and or/household behavior, community norms, and expectations that will be hoped meet to provider related health services(Neme A, 2018). The pattern of health-seeking behavior governs by client based factors, provider based factors caretaker perceptions; social and demographic factors, cost, social networks, and biological signs and symptoms work (Oberoi *et al.*, 2017). A health-seeking behavior study found that there two approaches which emphasized the 'endpoint' (utilization of the formal system, or healthcare-seeking behavior) the 'process' (illness response, or health-seeking behavior)(Mackian, 2003). Health seeking behavior will be influenced by the sociodemographic of the patient such as education, household sizes, socio-economic status(Latunji and Akinyemi, 2018), Gender autonomy, physical accessibility, Cultural context (Shaikh and Hatcher, 2005) and others. There is a figure that detailed health-seeking behaviors.

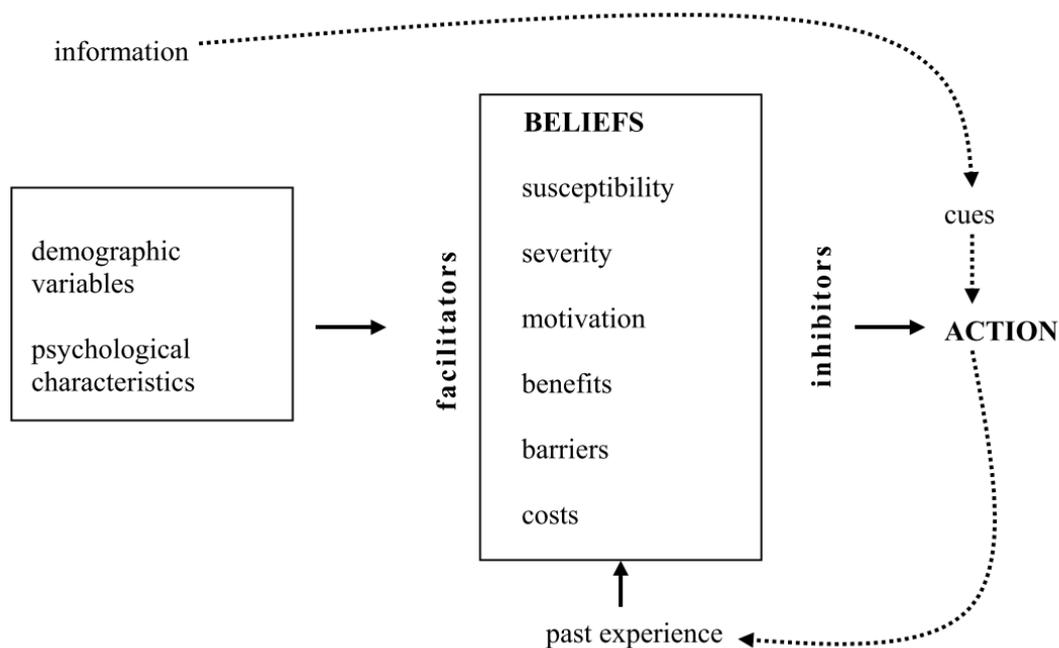


Figure 4. Predicting health behavior with social cognition models (Mackian, 2003)

2.1 Health seeking behavior framework

This study using the Adolescents, social support, and help-seeking behavior guideline (WHO, 2007). This conceptual framework presents an interactive model for understanding adolescent help-seeking behavior model within a given social context. We must identify why the adolescent need for help. Three categories need for help, which is normative developmental needs, personal stress or problem, and specific health needs. The present of need for help will motivated adolescent to seek help. Social support as help-seeking has two sets of definitions that we can conceive of help-seeking behavior as the demand for help or social support by the adolescent. In turn, social support can be defined as the supply of this help. By focusing on both the individual adolescent and his/her help-seeking behavior and the sources of help available, we need a more interactive approach than merely focusing on the behavior of the individual adolescent. Through this framework, we will know the related between individual factors and exogenous factors to the available social supports and conducted programs and policy to promote help-seeking.

2.2 Individual factors associated with help-seeking behavior

The model presents many individual factors influence the help-seeking behavior of adolescents. Many changes and transition that occur during adolescence, and at the same time, it is a period of risk (WHO, 2012) and they require and seek help for solving their problems (Menna and Ruck, 2004). Many adolescents may face some problems which adolescents need for seeking help are sexuality/intimate relationships, employment, homeless, family violence, sexual abuse, substance use, education (Menna and Ruck, 2004), peers and health problem. Adolescents are a heterogeneous group, so the need for help is

understandably different (WHO, 2012). To understand adolescent problems, why they seek help and what help they seek, we must concern on the definition of the “need’ and thus help conducted depend on the perception of adolescents and adult around them both formal and informal support because some studies found that adult perception of adolescent needs and adolescents’ perceptions of their own needs often mismatch (WHO, 2012). We must know the types of the problem determines whom adolescents ask for help (Menna & Ruck, 2004).

Internalized gender norms related to adolescent help-seeking behavior but have different manifestations depending on context and culture. Gender as a key to understanding the help-seeking behavior of adolescents and social supports offered (WHO, 2007). These studies found that females are more likely to report problems with family, interpersonal relationship, and health, whereas males are more likely to acknowledge educational or school-related problems (Menna & Ruck, 2004). Studies from industrialized countries confirm that girls are generally likely to seek help than boys, together with developing countries also finds that girls are generally paying attention to health issues and use health services. Gender norms influence perceived parental roles affect the nature of adolescent-adult trust/conflict and social support outside the home. Studies in western settings found that adolescent boys and girls say they more frequently rely on or trust their mothers than their fathers. In much of Asia, the Middle East and Africa, internalized gender norms, particularly taboos and restrictions on the sexual behavior and mobility of young women, limit young women’s use of and access to formal health and other social services. Young girls report that they are shyer, embarrassed, and fear about accessing health service, especially if the doctors are male and married adolescent women have a lack of decision-making authority (WHO, 2007).

Another essential factor of seeking help is the trust of young people to their available social support, cost, and access issues. Adolescents are likely to seek treatment for health needs first by informal social support or family members whom they personally know or who are closer at than other service providers. Adolescents in the western setting report that they don’t use existing social supports because of lack of trust and past disappointment on the part of providers of help. Adolescents who had negative experiences in seeking help may be reluctant to trust such persons or services in the future.

Some adolescent belief that they can resolve their problem well on their own and seem never to have problems, while some adolescents may believe that they require the help of others. A young person can resolve his problems learned from observing and internalize the ways his parents and other adults around him cope with stress and in which situations his parents tend to seek help. Different issues that adolescent with low self-agency or self-concept unable to seek help, such as a most depressed person, victimized of sexual exploitation(WHO, 2007).

Sometimes Adolescents get criticized or turned away when they seek help issues that adults find to be sensitive or taboo. Some studies (Golberstein *et al.*, 2010) report that reducing perceptions of public stigma may not lead to significant increases in help-seeking

behavior. This does not imply that reducing stigma is unimportant, because other facets of stigma may affect help-seeking and stigma may have other negative consequences, such as reduced self-esteem or impaired social relationships

2.3 Exogenous factors associated with adolescent help-seeking behavior

Exogenous factors are related to the supply of help or the nature of social support interact with individual factors. There are important issues when assessing exogenous factors. First, we must pay attention to the role of informal social support for adolescent development such as the concept of family, friends and local community setting including religion and how they influence adolescent development, because adolescents generally prefer on family and friends first even formal health and social service infrastructures exist (WHO, 2007). A young woman may prefer to turn to her mother for advice and help, rather than to a nurse or a doctor when she suffers from painful menstrual periods or adolescents they need help from friends or siblings whom they can trust to keep their secrets (WHO, 2012). Moral and spiritual status and family connected being protective factors of adolescent behavior (WHO, 2007).

Second, recognizing the distances and difficulties for young people to seek help outside their communities (Menna & Ruck, 2004). Adolescents may not know where and when health services are provided, health facilities may be located a long distance from where they live/study/work, or health services may be expensive and beyond their reach. What this means is that health services are not accessible to them (WHO, 2012). Sometimes when availability service of infrastructure for an adolescent exists, can occur mismatches between the kinds of help adolescents need and the kind of services, this becomes a crucial point. Limited research about how adolescents make decisions about which source of help or social support they use and where they seek regular health care. The crucial issues from the exogenous factors are staff attitudes to adolescents and require training staff about adolescence and increasing both their skills and knowledge for working with adolescence because they never trained for adolescent development needs. Key informants said that they are overworked and make them reluctant to receptive or welcoming for adolescents.

Third, help-seeking also influenced by the norms of adolescent-adult communication. Family can be sources of their support to access some information or help, but they also can be barriers to receiving help. Adults are often dictating rules and closely monitoring adolescent behavior (WHO, 2007). The legal and policy context became an indirect factor to adolescent help-seeking behavior because adolescents may be unable to obtain them for a variety of reasons – restrictive laws and policies may prevent some health services from being provided to some groups of adolescents (e.g., the provision of contraceptives to unmarried adolescents) (WHO, 2012).

2.4 Program efforts and policy initiatives to promote adolescent help-seeking behavior

Besides focused on process indicators, we must have the effort to promote adolescent help-seeking to encourage them to use of existing health and social services. There are some strategies to promote adolescent help-seeking, including 1) creating “adolescent-friendly” services. We must concern on how to make service providers friendly for the adolescent to

obtain the service they need. Services may be 'friendly' to some adolescents, such as those from well-to-do families, but maybe decidedly 'unfriendly' to others, such as young people living and working on the streets. In other words, they may be available, accessible, and acceptable but not necessarily equitable (WHO, 2012). 2) relocate health service in school-based health clinics to improving adolescent health and attract them to existing health services. 3) Peer promoters to creating spaces for youth to discuss their needs (including specific health needs) and seeking to create positive youth peer groups. 4) conducting a program that involves family members and other adult community members such as teacher and community leaders to inform or sensitize parents about adolescent health and development. 5) promoting adolescent help-seeking behavior can use Information, education, communication (IEC) campaigns. Mostly adolescent get health-related information from websites and the internet, and also adolescent can receive information from different material such as brochures, telephone hotlines, radio, and television. Conducting national policies to promote adolescent help-seeking is essential to improve adolescent health and well-being. Some industrialized countries and Asia have implemented comprehensive national youth policies such as conducting intersectional coordinating among various government sectors working on youth-related issues, engaging youth in planning and providing comprehensives health and social services, school-based health education and also special service for pregnant adolescent (WHO, 2007)

3. Adolescent Health Situation in Indonesia

Adolescence period marks a time when someone experiences biologically and psychologically transformation from childhood to adulthood. Many would believe that adolescence period is the healthiest period during human's life and therefore may neglect the health of adolescents. However, a growing number of researchers have suggested that adolescence and young adulthood experience significant changes in health problems and determinants of health in the future (Patton, 2000). Several health problems faced by adolescents are: first, increase mortality due to preventable causes, such as injury, HIV, tuberculosis, and maternal death. Second, mental disorders rise sharply during the adolescence period. Third, related to non-communicable disease in later life, many risk processes that involving adolescence including tobacco, alcohol and illicit substance misuse, unsafe sex, obesity and lack of physical activity (Sawyer, no date; Patton, 2000).

In this section, this paper will describe the adolescent health situation in Indonesia. It begins by describing challenges of Indonesian adolescent health; then it will focus on adolescent reproductive health and the issues surrounding; finally it will look at regulations or policies related to adolescent health.

3.1 Adolescent Health Challenges in Indonesia

It could be argued that smoking among adolescents is one of the enormous public health issues in Indonesia. Regular smokers among boys aged 15 to 19 increased from 36.8% in 1997) to 42.6% in 2000 (WHO, 2003). Data from a tobacco survey of schoolchildren aged 13-15 years the Global Youth Tobacco Survey (GYTS) conducted in 50 schools shows the

prevalence of students who have smoked by 33%, while the current prevalence of smokers (daily and occasional smokers) among students is 22% 4. Susenas Data from 2001 shows that the percentage of smoking at the age of 10 years and over in West Java is 31%, which is higher than the national average (27.7%). Still, from the 2001 Susenas results, the highest percentage of age to start smoking in West Java was in the age group of 15- 19 years (62.9%), while the percentage for younger smoking starts, 10-14 years is 5.6%. While data from GYTS in 2009 showed the proportion of ever smoking in males aged 13-15 years was 57.8% in the population of school children in Java and Sumatra (Puslitbang, 2015). According to the latest National Basic Health Research (BHR), in the age group 15-19 years old, 12.7% of them are daily smokers, 6.9% are frequent smokers. Meanwhile, for older adolescent age group 20-24, 27.3% of young adults are daily smokers, and 5.9 are frequent smokers (Indonesian Ministry of Health, 2018).

Alcohol consumption is also another issue among adolescents. The high prevalence of underage drinkers and early initiation into drinking practices has led to decades of research on the consequences of adolescent alcohol use. Studies have linked adolescent drinking to other adolescent problem behaviors, including automobile accidents, drug abuse, engagement in risky sexual activities, school absenteeism, and weak or failing grades(Wang *et al.*, 2015). Indonesian Demographic and Health Survey (IDHS) in 2017 revealed that the age at which alcohol began, especially at the age of 15-19 years in men was 70 percent and women 58 percent. While at the age of 20-24 years, men who consume alcohol as much as 18 percent and women 8 percent. According to National BHR, 11.1 adolescent age group 15-24 consume alcohol beverage at least once in the latest one month. With the preferences of the beverage are beer, wine, and traditional muddy drink (Indonesian Ministry of Health, 2018).

3.2 Adolescent Reproductive Health Situation in Indonesia

Not many great studies previously have been done to analyze the adolescent reproductive health (ARH) situation in Indonesia. Situmorang (2003) stated that there are at least three ARH issues. First one lacks knowledge regarding SRH. Little knowledge of human reproduction has led some young people to be involved in risky sexual behavior. There are some believes that is still popular at the time regarding SRH, such as first time of intercourse will not cause pregnancy. Also, misunderstanding of sexually transmitted diseases (STDs) and HIV/AIDS, fertile period, and unsafe abortion can still be found among adolescents. Other issues that Situmorang (2003) raises is premarital sex, Indonesian young people are experiencing rapid changes in the society regarding attitude and behavior. It may also be because of the influence of media, especially those who live in urban areas. Access to a variety of entertainment facilities, including night-clubs, discotheques, and pornographic materials through movies, videos, magazines, books, and the internet, may encourage young people to experiment more with their natural curiosity. These activities undoubtedly can lead to risky sexual behavior, which then can lead to unwanted pregnancy, that can also bring to unsafe abortions, and STDs, including HIV/AIDS.

Furthermore, there are still no regulations to protect and encourage young people to access barrier contraception such as condoms, which also can contribute to the rise of STDs among young people. The last issue is about the limited access to ARH information and services. Young people, especially those who are unmarried, do not receive sufficient information on reproductive health matters. Information regarding puberty and sexual health mostly gained from friends, mass media, and religious teachers, is likely to be incomplete, uninformative, or obscured by religious and moral messages. As most parents still hold conservative norms, they feel uncomfortable about discussing sexual issues with their teenage children. Sex education is rarely found in school curricula. Talking about sex in public is still taboo, and at the state level, there is a strong belief that sex should be treated as a private matter and not a public concern. Therefore, sexuality remains marginal in the health and education agendas.

A study by Utomo and McDonald (2009) criticizes the contested values and policy inaction in Indonesia. They argued that the law regarding access to reproductive health care in Indonesia is unfair. The example they gave is a married 16-year-old Indonesian girl can have sex, become pregnant, and have access to reproductive health services and be considered a responsible adult and mother-to-be. In contrast, consistent with traditional idealized morality, a 17-year-old (of legal voting age) who is single and pregnant is considered a sinner and is disrespected and maybe stigmatized when she goes to health services. This situation contrasts sharply with the international reproductive health messages that were promoted at the International Conference on Population and Development (1994), the Fourth World Conference on Women (1995), and the 2005 World Summit and that were adopted by many international agencies and nongovernmental organizations (NGOs) that advocate for access to reproductive health information and services to all regardless of their sex, age, marital status, or sexual orientation (Utomo and McDonald, 2009).

According to the latest data by IDHS 2017 regarding sexual experience among young people aged 15-24 years old, men (8%) are more likely than women (2%) to have had premarital sex. The proportion of women and men who reported having had sexual intercourse varies by the characteristics of age, place of residence and education level (Center for Population Research and Development and Family Planning Board, 2018). Below is a figure showing the percentage of sexual activity outside marriage among adolescents in 2007 and 2012 (Pusat Data dan Informasi Kementerian Kesehatan RI, 2015).

Other study also states that the prevalence of actual reproductive health behavior among boys and girls in Indonesia are 56,6 and 43,7, respectively. Regarding the activities defined as actual RH behavior, the percentage of respondents who reported touching (39.2%), kissing (13.3%), and masturbation (13.9%) (Susanto *et al.*, 2016). The study also analyses factors related to active reproductive health behavior among boys, which are smoking, access to information on development, the type of relationship envisioned before marriage, and attitudes about RH. Meanwhile, factors related to active reproductive health behavior among girls are access to information on development and substance abuse, as well as attitudes on RH (Susanto *et al.*, 2016).

3.3 Policies Related to Adolescent Reproductive Health

Law number 36 of 2009 concerning Health includes Reproductive Health in Part Six, Article 71 through Article 77. In Article 71, paragraph 3 mandates that reproductive health is carried out through promotive, preventive, curative, and rehabilitative activities. Everyone (including young people) has the right to obtain information, education, and counseling about reproductive health that is correct and can be accounted for (article 72). Therefore, the Government is obliged to guarantee the availability of information facilities and facilities for reproductive health services that are safe, quality, and affordable to the community, including family planning (article 73). Every reproductive health service that is promotive, preventive, curative, and/or rehabilitative, including reproduction with assistance, is carried out safely and healthfully by taking into account specific aspects, especially women's reproduction (article 74). Every person is prohibited from having an abortion unless it meets certain conditions (articles 75 and 76). The government is obliged to protect and prevent women from abortion that is not qualified, insecure, and irresponsible and is in conflict with religious norms and the provisions of the legislation (article 77).

3.4 Programs Related to Adolescent Reproductive Health

There are several government agencies that are responsible for conducting program related to adolescent health in general and adolescent reproductive health in particular.

a. National Family Planning Board (BKKBN)

Their main activities are, first, develop policy related to reproductive health service for adolescents. Second, promote adolescent reproductive health, as well as understand and prevent HIV/AIDS and dangerous substance. These activities include advocate, communicate, inform, and educate to the community, family, and adolescents. Third, strengthening the support and community participation in implementing ARH programs (Bapenas 2015).

b. Ministry of Health

The Ministry of Health has initiated a counseling program for adolescents in junior and high schools by providing information about adolescents' reproductive health to teachers and those responsible for teenagers. The Ministry of Health, through its puskesmas in several areas, has established a program to serve adolescent reproductive health needs. In 1999, the Ministry of Health, in collaboration with WHO also published an ARH pocketbook (Buku Saku) for adolescents aged 14-19 years. Nevertheless, with BKKBN's modules, this book is distributed to a limited number of people and has not reached most adolescents (Situmorang, 2003).

c. Ministry of Women and Child Protection

Their main activities related to adolescents are: first, develop family resilience and empowerment. Second, advocate, educate, and consul to families of how to take care of children, basic family needs, and access to increase the quality of life.

Annex II. Quantitative Instruments

Pengantar Instrumen

Study on Health Seeking Patterns of Youths (15-24) in Yogyakarta (Kajian Pola Pencarian Layanan Kesehatan pada Remaja Usia 15-24 Tahun di Daerah Istimewa Yogyakarta)

Dengan hormat,

Saya yang bertandatangan di bawah ini:

Nama: Shita Listya Dewi

Status: Peneliti PKMK FKKMK UGM

Pusat Studi PKMK FKKMK UGM bermaksud melaksanakan penelitian Study on Health Seeking Patterns of Youths (15-24) in Yogyakarta. Penelitian ini bertujuan untuk mengetahui pola perilaku pencarian layanan kesehatan oleh remaja di Yogyakarta dan mengidentifikasi harapan remaja tentang layanan kesehatan yang akan diakses, sehingga Peneliti mengajak Bapak/ Ibu/ Saudara untuk ikut serta dalam penelitian. Penelitian membutuhkan informasi dari remaja tentang pengalaman dan keinginan remaja yang menjadi subjek penelitian, data diperoleh melalui pengisian kuesioner dan Forum Diskusi Kelompok Terarah ataupun wawancara mendalam yang membutuhkan waktu sekitar 30-50 menit.

A. Kesukarelaan untuk ikut penelitian

Anda bebas untuk memilih keikutsertaan dalam penelitian ini tanpa ada paksaan. Apabila Anda sudah memutuskan untuk ikut, Anda juga bebas untuk mengundurkan diri/ berubah pikiran tiap saat tanpa dikenai denda atau sanksi apapun. Bila Anda tidak bersedia berpartisipasi, maka Anda tetap memiliki kesempatan untuk menyampaikan masukan tentang pola pencarian layanan kesehatan remaja.

B. Prosedur penelitian

Apabila Anda bersedia berpartisipasi dalam penelitian ini, Anda diminta menandatangani lembar persetujuan ini rangkap dua, satu untuk anda simpan, dan satu untuk peneliti. Prosedur selanjutnya, Anda akan diwawancarai oleh peneliti untuk menanyakan hal-hal terkait pola pencarian layanan kesehatan remaja.

C. Kewajiban subjek penelitian

Sebagai subjek penelitian, Anda berkewajiban mengikuti aturan atau petunjuk penelitian seperti yang tertulis di atas. Bila ada yang belum jelas, Anda dapat bertanya lebih lanjut kepada Peneliti.

D. Risiko dan efek samping dan penanganannya

Subjek penelitian yang ikut serta dalam penelitian ini akan berkorban waktu, tenaga, dan pikiran dalam menjawab pertanyaan kuesioner. Oleh karena itu, tidak ada paksaan dalam keikutsertaan. Untuk mengurangi pengorbanan waktu, tenaga, dan pikiran, maka Anda akan dibantu Peneliti dalam memahami dan melengkapi isian instrumen.

E. Manfaat

Keuntungan langsung yang Anda dapatkan adalah Anda berkesempatan untuk menyampaikan informasi dan masukan dalam pengembangan layanan kesehatan yang berorientasi pada remaja yang hasil penelitian nantinya akan diakses oleh khalayak umum

F. Kerahasiaan

Semua informasi yang berkaitan dengan identitas subjek penelitian akan dirahasiakan dan hanya akan diketahui oleh Peneliti. Hasil penelitian ini akan dipublikasikan tanpa identitas subjek penelitian.

G. Kompensasi

Sebagai kompensasi telah mengorbankan waktu, tenaga, dan pikiran maka Anda akan mendapatkan souvenir atau tanda terima kasih lainnya.

H. Pembiayaan

Semua biaya yang terkait dengan penelitian akan ditanggung oleh peneliti dari sumber dana UNFPA Indonesia mulai proses pengumpulan data sampai dengan kegiatan analisis dan penyajian hasil penelitian.

I. Informasi Tambahan

Anda diberikan kesempatan untuk menanyakan semua hal yang belum jelas sehubungan dengan penelitian ini. Bila sewaktu-waktu Anda membutuhkan penjelasan lebih lanjut, Anda dapat menghubungi Shita Listya Dewi dan Relmbuss Biljers Fanda, melalui nomor HP: 08113828812 email: biljerschpm@gmail.com. Anda juga dapat menanyakan tentang penelitian kepada Komite Etik Penelitian Kedokteran dan Kesehatan Fakultas Kedokteran Kesehatan Masyarakat dan Keperawatan UGM (Telp. 08112666869 atau Telp: 0274 588688 pswt 17225) ataupun melalui email: mhrec_fmugm@ugm.ac.id.

Demikian atas perhatian dan kesediaannya, kami sampaikan terima kasih. Berikut kami sertakan lembar persetujuan sebagai responden.

**Lembar Persetujuan Responden/ Partisipan
(INFORMED CONSENT)**

Saya bersedia untuk menjadi responden dalam penelitian ini *Study on Health Seeking Patterns of Youths (15-24) in Yogyakarta* (Kajian Pola Pencarian Layanan Kesehatan pada Remaja Usia 15-24 Tahun Di Daerah Istimewa Yogyakarta) sebagaimana tersebut di atas dan menyatakan bahwa:

1. Saya telah diberi informasi yang cukup mengenai tujuan penelitian ini
2. Saya telah diberi informasi yang cukup bahwa saya bebas memutuskan untuk ikut atau tidak ikut berpartisipasi dalam penelitian ini
3. Saya telah diberi informasi bahwa keterangan yang akan diberikan dijamin kerahasiaannya
4. Saya mengizinkan peneliti untuk menggunakan peralatan audio saat diperlukan untuk kelancaran proses wawancara
5. Wawancara ini untuk keperluan penelitian semata-mata
6. Saya secara sukarela dan sadar telah memberikan izin kepada peneliti untuk melanjutkan proses penelitian ini
- 7.

Demikian pernyataan yang saya buat dengan sebenarnya, penuh kesadaran dan tanpa paksaan.

....., 2019

Pewawancara atau Saksi

Responden



Kuesioner *Health Seeking Behavior* Remaja
 Pusat Kebijakan dan Manajemen Kesehatan
 Fakultas Kedokteran, Kesehatan Masyarakat, dan Keperawatan
 Universitas Gadjah Mada 2019

A. PENGENALAN TEMPAT						
A01. Kabupaten		<input type="text"/>	A04. Alamat			
A02. Kecamatan		<input type="text"/>	A05. Nama responden			
A03. Kelurahan		<input type="text"/>	A06. Koordinat Lokasi			
B. KETERANGAN PETUGAS						
B01. Tanggal wawancara:	<input type="text"/>	Saya menyatakan telah melaksanakan wawancara sesuai prosedur.				
	Tanggal - Bulan - Tahun	[.....]				
B02. Nama pewawancara:		(Tanda tangan pewawancara)				
B03. Tanggal supervisi:	<input type="text"/>	Saya menyatakan telah melaksanakan supervisi sesuai prosedur.				
	Tanggal - Bulan - Tahun	[.....]				
B04. Nama supervisor:		(Tanda tangan supervisor)				
B05. Kunjungan ke (lingkari): 1 2 3		Saya menyatakan bahwa informasi yang saya berikan benar, dan boleh dipergunakan untuk keperluan penelitian.				
B06. Selesai diwawancarai 1. Ya 2. Tidak		[.....]				
		(Tanda tangan responden)				
C. KARAKTERISTIK RESPONDEN						
C01. Jenis Kelamin	1. Laki-laki	2. Perempuan			<input type="text"/>	
C02. Usia respondentahun				<input type="text"/>	
C03. Pendidikan terakhir atau yang sedang ditempuh responden	1. Tidak tahu 2. SD/ sederajat 3. SMP/ sederajat	4. SMA/ sederajat 5. Akademi/ Perguruan Tinggi			<input type="text"/>	
C04. Pendidikan terakhir orang tua/Wali	1. Tidak tamat SD 2. Tamat SD/ sederajat 3. Tamat SMP/ sederajat	4. Tamat SMA/ sederajat 5. Tamat Akademi/ Perguruan Tinggi			<input type="text"/>	
C05. Pekerjaan responden	1. Mengurus Rumah Tangga 2. Pegawai Swasta 3. Wiraswasta 4. Pelajar/ mahasiswa	5. PNS/ TNI/ POLRI 6. Tidak Bekerja 95. Lainnya, sebutkan.....			<input type="text"/>	
C06. Pekerjaan orang tua/Wali	1. Mengurus Rumah Tangga 2. Pegawai Swasta 3. Wiraswasta 4. Petani/ Pekebun	5. PNS/ TNI/ POLRI 6. Tidak Bekerja 95. Lainnya, sebutkan.....			<input type="text"/>	
C07a. Penghasilan (uang saku) responden per bulan Rp.	1. < 0 - 500.000	5. 3.000.001 - 4.000.000				
C07b. Kategori jumlah penghasilan	2. 500.001 - 1.000.000 3. 1.000.001 - 2.000.000 4. 2.000.001 - 3.000.000	6. 4.000.001 - 5.000.000 7. > 5.000.000			<input type="text"/>	
C09. Status perkawinan	1. Menikah	2. Belum Menikah	3. Bercerai atau berpisah		<input type="text"/>	
C10. Jika C09 Menikah, berapa usia pertama kali menikah? Tahun				<input type="text"/>	
C11. Apakah saat ini Saudara tinggal bersama dengan orang tua?	1. Ya	2. Tidak			<input type="text"/>	
C12. Dalam satu bulan terakhir, Apakah Saudara mengalami kesulitan dalam:						
a. Melihat	1. Tidak ada	2. Ringan	3. Sedang	4. Berat	5. Sangat berat	a. <input type="text"/>
b. Mendengar	1. Tidak ada	2. Ringan	3. Sedang	4. Berat	5. Sangat berat	b. <input type="text"/>
c. Berbicara	1. Tidak ada	2. Ringan	3. Sedang	4. Berat	5. Sangat berat	c. <input type="text"/>
d. Berjalan	1. Tidak ada	2. Ringan	3. Sedang	4. Berat	5. Sangat berat	d. <input type="text"/>

D. FAKTOR PEMUNGKIN

KETERSEDIAAN LAYANAN KESEHATAN

D01. Apakah Saudara mengetahui tempat untuk mendapatkan layanan kesehatan?	1. Ya	2. Tidak	<input type="checkbox"/>	
D02. Jika D01 Ya, dimanakah tempat untuk mendapatkan layanan kesehatan tersebut?				
a. Puskesmas		g. Klinik Khusus Remaja, sebutkan _____		
b. Klinik Swasta		h. Konsultasi Online, sebutkan Apps-nya _____		
c. Rumah Sakit Pemerintah		i. UKS atau Klinik Kampus	<input type="checkbox"/>	
d. Rumah Sakit Swasta		j. Bidan		
e. Dokter Umum		k. Dokter gigi		
f. Dokter Spesialis		l. Lainnya, sebutkan _____		
D03a. Apakah Saudara mengetahui waktu pelayanan kesehatan di tempat pelayanan tersebut?	1. Ya	2. Tidak	<input type="checkbox"/>	
D03b. Jika D03a Ya, jam berapa waktu pelayanan kesehatan di tempat pelayanan tersebut?	<input type="text"/>	wib		
D04a. Bagaimana pendapat Saudara tentang waktu pelayanan tersebut?	1. Tepat	2. Cukup	3. Tidak Tepat	<input type="checkbox"/>
D05. Berapa jarak tempat tinggal Saudara menuju tempat untuk mendapatkan layanan kesehatan tersebut?	<input type="text"/>	meter		
D06. Bagaimana pendapat Saudara tentang jarak untuk mendapatkan layanan kesehatan tersebut?	1. Dekat	2. Cukup	3. Jauh	<input type="checkbox"/>

KETERSEDIAAN INFORMASI LAYANAN KESEHATAN

D08. Apakah Saudara pernah memperoleh informasi tentang kesehatan untuk remaja?	1. Ya	2. Tidak	<input type="checkbox"/>				
D09. Jika D08 Ya, dari manakah Saudara mendapatkan informasi tersebut?							
a. Televisi	1. Ya	2. Tidak	a. <input type="checkbox"/>	h. Poster	1. Ya	2. Tidak	h. <input type="checkbox"/>
b. Radio	1. Ya	2. Tidak	b. <input type="checkbox"/>	i. Keluarga	1. Ya	2. Tidak	i. <input type="checkbox"/>
c. YouTube	1. Ya	2. Tidak	c. <input type="checkbox"/>	j. Teman	1. Ya	2. Tidak	j. <input type="checkbox"/>
d. Media Sosial, sebutkan _____	1. Ya	2. Tidak	d. <input type="checkbox"/>	k. Petugas Kesehatan	1. Ya	2. Tidak	k. <input type="checkbox"/>
f. Leaflet	1. Ya	2. Tidak	f. <input type="checkbox"/>	l. Lainnya, sebutkan _____	1. Ya	2. Tidak	l. <input type="checkbox"/>
g. Website atau Search Engine (Google, dsb.)	1. Ya	2. Tidak	g. <input type="checkbox"/>				
D10. Kapan terakhir kali Saudara memperoleh informasi tersebut?	<input type="text"/>	hari yang lalu					
D11. Seberapa sering Saudara memperoleh informasi tersebut	1. Sangat Jarang	2. Jarang	3. Cukup Sering	4. Sering	5. Sangat Sering	<input type="checkbox"/>	
D12. Di antara sumber informasi kesehatan pada D09, sebutkan satu yang paling sukai dan sering digunakan.							
1. Televisi		6. Website atau Search Engine (Google, dsb.)					
2. Radio		7. Poster				<input type="checkbox"/>	
3. YouTube		8. Keluarga					
4. Media Sosial, sebutkan _____		9. Teman					
5. Leaflet		10. Lainnya, sebutkan _____					

KEPEMILIKAN JAMINAN KESEHATAN

D13. Apakah Saudara memiliki jaminan kesehatan?	1. Ya	2. Tidak	3. Tidak Tahu	<input type="checkbox"/>
D14. Jika D13 Ya, jenis jaminan kesehatan apa yang Saudara miliki?				
a. JKN/ KIS/ BPJS Kesehatan	1. Ya	2. Tidak	3. Tidak Tahu	a. <input type="checkbox"/>
b. Asuransi dari universitas atau sekolah	1. Ya	2. Tidak	3. Tidak Tahu	b. <input type="checkbox"/>
c. Asuransi kesehatan lainnya, sebutkan _____	1. Ya	2. Tidak	3. Tidak Tahu	c. <input type="checkbox"/>

E. FAKTOR PENDORONG

DUKLINGAN KELUARGA

E01. Apakah keluarga Saudara mengunjungi layanan kesehatan jika sedang sakit atau mengalami masalah kesehatan?	1. Ya	2. Tidak	3. Tidak Tahu	<input type="checkbox"/>			
E02. Jika E01 Ya, apa jenis layanan kesehatan yang digunakan?							
a. Puskesmas	1. Ya	2. Tidak	a. <input type="checkbox"/>	e. Dokter Umum	1. Ya	2. Tidak	e. <input type="checkbox"/>
b. Klinik Swasta	1. Ya	2. Tidak	b. <input type="checkbox"/>	f. Dokter Spesialis	1. Ya	2. Tidak	f. <input type="checkbox"/>
c. Rumah Sakit Pemerintah	1. Ya	2. Tidak	c. <input type="checkbox"/>	g. Bidan	1. Ya	2. Tidak	g. <input type="checkbox"/>
d. Rumah Sakit Swasta	1. Ya	2. Tidak	d. <input type="checkbox"/>	h. Lainnya, sebutkan _____	1. Ya	2. Tidak	h. <input type="checkbox"/>
E03. Jika semua jawaban E01 Tidak, apa yang keluarga Saudara lakukan jika mengalami gangguan/ keluhan kesehatan?							
a. Pengobatan tradisional	1. Ya	2. Tidak	a. <input type="checkbox"/>	d. Membeli obat secara online (GO-MED, K24 Online, dsb.)	1. Ya	2. Tidak	d. <input type="checkbox"/>
b. Membeli obat sendiri di apotek	1. Ya	2. Tidak	b. <input type="checkbox"/>	e. Menggunakan layanan klinik/ dokter secara online (Misal: HaloDoc, Alo Dokter, dsb.)	1. Ya	2. Tidak	e. <input type="checkbox"/>
c. Membeli obat sendiri di warung	1. Ya	2. Tidak	c. <input type="checkbox"/>	f. Lainnya, sebutkan _____	1. Ya	2. Tidak	f. <input type="checkbox"/>
E04. Jika Saudara sedang sakit, siapa yang mendukung Saudara untuk mengunjungi layanan kesehatan?							
a. Ibu	1. Ya	2. Tidak	a. <input type="checkbox"/>	d. Saudara kandung	1. Ya	2. Tidak	d. <input type="checkbox"/>
b. Bapak	1. Ya	2. Tidak	b. <input type="checkbox"/>	e. Lainnya, sebutkan _____	1. Ya	2. Tidak	e. <input type="checkbox"/>
c. Suami/ istri	1. Ya	2. Tidak	c. <input type="checkbox"/>				
E05. Bentuk dukungan apa yang keluarga Saudara lakukan?							
a. Mengizinkan mengunjungi layanan kesehatan sendiri					1. Ya	2. Tidak	a. <input type="checkbox"/>
b. Merekomendasikan mengunjungi layanan kesehatan tertentu					1. Ya	2. Tidak	b. <input type="checkbox"/>
c. Memberikan biaya pelayanan kesehatan					1. Ya	2. Tidak	c. <input type="checkbox"/>
d. Mengantarkan Saudara ke fasilitas pelayanan kesehatan					1. Ya	2. Tidak	d. <input type="checkbox"/>
e. Menemani Saudara sampai ke ruangan pelayanan kesehatan					1. Ya	2. Tidak	e. <input type="checkbox"/>
f. Lainnya, sebutkan _____					1. Ya	2. Tidak	f. <input type="checkbox"/>

DUKLINGAN TEMAN

E06. Apakah teman dekat Saudara mengunjungi layanan kesehatan jika sedang sakit atau mengalami masalah kesehatan?	1. Ya	2. Tidak	<input type="checkbox"/>						
E07. Jika E06 Ya, apa jenis layanan kesehatan yang digunakan?									
a. Puskesmas	1. Ya	2. Tidak	3. Tidak Tahu	a. <input type="checkbox"/>	e. Dokter Umum	1. Ya	2. Tidak	3. Tidak Tahu	e. <input type="checkbox"/>
b. Klinik Swasta	1. Ya	2. Tidak	3. Tidak Tahu	b. <input type="checkbox"/>	f. Dokter Spesialis	1. Ya	2. Tidak	3. Tidak Tahu	f. <input type="checkbox"/>
c. Rumah Sakit Pemerintah	1. Ya	2. Tidak	3. Tidak Tahu	c. <input type="checkbox"/>	g. Bidan	1. Ya	2. Tidak	3. Tidak Tahu	g. <input type="checkbox"/>

d. Rumah Sakit Swasta	1. Ya	2. Tidak	3. Tidak Tahu	d. <input type="checkbox"/>	h. Lainnya, sebutkan _____	1. Ya	2. Tidak	3. Tidak Tahu	h. <input type="checkbox"/>
E08. Jika semua jawaban E06 Tidak, apa yang teman dekat Saudara lakukan jika mengalami gangguan/ keluhan kesehatan?									
a. Pengobatan tradisional	1. Ya	2. Tidak	a. <input type="checkbox"/>	d. Membeli obat secara online (GO-MED, K24 Online, dsb.)	1. Ya	2. Tidak	d. <input type="checkbox"/>		
b. Membeli obat sendiri di apotek	1. Ya	2. Tidak	b. <input type="checkbox"/>	e. Menggunakan layanan klinik/ dokter secara online (Misal: HaloDoc, Alo Dokter, dsb.)	1. Ya	2. Tidak	e. <input type="checkbox"/>		
c. Membeli obat sendiri di warung	1. Ya	2. Tidak	c. <input type="checkbox"/>	f. Lainnya, sebutkan _____	1. Ya	2. Tidak	f. <input type="checkbox"/>		
E09. Jika Saudara sedang sakit, siapa teman yang mendukung Saudara untuk mengunjungi layanan kesehatan?									
a. Teman sekolah/ kampus	1. Ya	2. Tidak	a. <input type="checkbox"/>	d. Teman kerja	1. Ya	2. Tidak	d. <input type="checkbox"/>		
b. Teman dekat rumah/ tempat tinggal	1. Ya	2. Tidak	b. <input type="checkbox"/>	e. Teman ibadah	1. Ya	2. Tidak	e. <input type="checkbox"/>		
c. Teman kos	1. Ya	2. Tidak	c. <input type="checkbox"/>	f. Lainnya, sebutkan _____	1. Ya	2. Tidak	f. <input type="checkbox"/>		
E10. Bentuk dukungan apa yang teman dekat Saudara lakukan?									
a. Mengizinkan mengunjungi layanan kesehatan sendiri					1. Ya	2. Tidak	a. <input type="checkbox"/>		
b. Merekomendasikan mengunjungi layanan kesehatan tertentu					1. Ya	2. Tidak	b. <input type="checkbox"/>		
c. Memberikan biaya pelayanan kesehatan					1. Ya	2. Tidak	c. <input type="checkbox"/>		
d. Menyediakan fasilitas pelayanan kesehatan					1. Ya	2. Tidak	d. <input type="checkbox"/>		
e. Mengantarkan ke fasilitas pelayanan kesehatan					1. Ya	2. Tidak	e. <input type="checkbox"/>		
f. Lainnya, sebutkan _____					1. Ya	2. Tidak	f. <input type="checkbox"/>		
DUKUNGAN SEKOLAH/ KAMPUS (Jika CDS pelajar/ mahasiswa)									
E11. Jika Saudara sedang sakit, apakah ada dukungan dari sekolah/ kampus Saudara?					1. Ya	2. Tidak			<input type="checkbox"/>
E12. Jika E11 Ya, bentuk dukungan apa yang sekolah/ kampus Saudara lakukan?									
a. Mengizinkan untuk tidak masuk sekolah/ kampus dalam beberapa hari					1. Ya	2. Tidak	a. <input type="checkbox"/>		
b. Merekomendasikan mengunjungi layanan kesehatan tertentu					1. Ya	2. Tidak	b. <input type="checkbox"/>		
c. Memberikan biaya pelayanan kesehatan					1. Ya	2. Tidak	c. <input type="checkbox"/>		
d. Menyediakan fasilitas pelayanan kesehatan					1. Ya	2. Tidak	d. <input type="checkbox"/>		
e. Mengantarkan ke fasilitas pelayanan kesehatan					1. Ya	2. Tidak	e. <input type="checkbox"/>		
f. Lainnya, sebutkan _____					1. Ya	2. Tidak	f. <input type="checkbox"/>		
DUKUNGAN TEMPAT KERJA (Jika CDS bukan pelajar/ mahasiswa)									
E13. Jika Saudara sedang sakit, apakah ada dukungan dari tempat kerja Saudara?					1. Ya	2. Tidak			<input type="checkbox"/>
E14. Jika E13 Ya, bentuk dukungan apa yang tempat kerja Saudara lakukan?									
a. Mengizinkan untuk tidak masuk kerja dalam beberapa hari					1. Ya	2. Tidak	a. <input type="checkbox"/>		
b. Merekomendasikan mengunjungi layanan kesehatan tertentu					1. Ya	2. Tidak	b. <input type="checkbox"/>		
c. Memberikan biaya pelayanan kesehatan					1. Ya	2. Tidak	c. <input type="checkbox"/>		
d. Menyediakan fasilitas pelayanan kesehatan					1. Ya	2. Tidak	d. <input type="checkbox"/>		
e. Mengantarkan ke fasilitas pelayanan kesehatan					1. Ya	2. Tidak	e. <input type="checkbox"/>		
f. Lainnya, sebutkan _____					1. Ya	2. Tidak	f. <input type="checkbox"/>		
DUKUNGAN PETUGAS KESEHATAN									
E15. Apakah petugas kesehatan pernah memberikan informasi tentang layanan kesehatan yang dapat diakses remaja?					1. Ya	2. Tidak			<input type="checkbox"/>
E16. Jika E15 Ya, apakah petugas kesehatan pernah memberikan informasi tentang lokasi layanan tersebut?					1. Ya	2. Tidak			<input type="checkbox"/>
E17. Apakah petugas kesehatan pernah memberikan informasi tentang prosedur menggunakan layanan tersebut?					1. Ya	2. Tidak			<input type="checkbox"/>
F. FAKTOR PREDISPOSISI									
F00. SIKAP TENTANG LAYANAN KESEHATAN REMAJA									
a. Saya akan pergi ke layanan kesehatan jika sakit atau mendapatkan masalah kesehatan.	1. Sangat Tidak Setuju	2. Tidak Setuju	3. Cukup Setuju	4. Setuju	5. Sangat Setuju	a. <input type="checkbox"/>			
b. Saya akan menanyakan apapun ke petugas layanan kesehatan termasuk masalah yang berhubungan dengan organ intim dan seks	1. Sangat Tidak Setuju	2. Tidak Setuju	3. Cukup Setuju	4. Setuju	5. Sangat Setuju	b. <input type="checkbox"/>			
c. Saya harus didampingi orang tua jika akan berkunjung ke fasilitas kesehatan	1. Sangat Tidak Setuju	2. Tidak Setuju	3. Cukup Setuju	4. Setuju	5. Sangat Setuju	c. <input type="checkbox"/>			
d. Saya merasa takut/ malu minta izin orang tua untuk pergi ke klinik karena punya keluhan yang berhubungan dengan menstruasi atau organ intim	1. Sangat Tidak Setuju	2. Tidak Setuju	3. Cukup Setuju	4. Setuju	5. Sangat Setuju	d. <input type="checkbox"/>			
e. Saya merasa lebih baik membeli obat sendiri dari pada teman dekat atau keluarga mengetahui keluhan kesehatan saya, apalagi masalah sensitif	1. Sangat Tidak Setuju	2. Tidak Setuju	3. Cukup Setuju	4. Setuju	5. Sangat Setuju	e. <input type="checkbox"/>			
G. PENGALAMAN MENGAKSES LAYANAN KESEHATAN									
G01. Dalam 6 bulan terakhir, apakah Saudara pernah mengakses layanan kesehatan berikut ini?									
a. Puskesmas, sebutkan _____	1. Ya	2. Tidak	a. <input type="checkbox"/>	i. UKS atau Klinik Kampus, sebutkan _____	1. Ya	2. Tidak	i. <input type="checkbox"/>		
b. Klinik Swasta, sebutkan _____	1. Ya	2. Tidak	b. <input type="checkbox"/>	j. Membeli obat secara online (GO-MED, K24 Online, dsb.), sebutkan _____	1. Ya	2. Tidak	j. <input type="checkbox"/>		
c. Rumah Sakit Pemerintah, sebutkan _____	1. Ya	2. Tidak	c. <input type="checkbox"/>	k. Membeli obat di Apotek/ toko obat, sebutkan _____	1. Ya	2. Tidak	k. <input type="checkbox"/>		
d. Rumah Sakit Swasta, sebutkan _____	1. Ya	2. Tidak	d. <input type="checkbox"/>	l. Dokter gigi, sebutkan _____	1. Ya	2. Tidak	l. <input type="checkbox"/>		
e. Dokter Umum, sebutkan _____	1. Ya	2. Tidak	e. <input type="checkbox"/>	m. Bidan, sebutkan _____	1. Ya	2. Tidak	m. <input type="checkbox"/>		
f. Dokter Spesialis, sebutkan _____	1. Ya	2. Tidak	f. <input type="checkbox"/>	n. Lainnya, sebutkan _____	1. Ya	2. Tidak	n. <input type="checkbox"/>		
g. Klinik Khusus Remaja, sebutkan _____	1. Ya	2. Tidak	g. <input type="checkbox"/>						
h. Konsultasi Online, sebutkan App-nya _____	1. Ya	2. Tidak	h. <input type="checkbox"/>						
G01bb. Diantara fasilitas yang saudara sebutkan, mana yang paling sering saudara kunjungi?									
1. Puskesmas				9. UKS atau Klinik Kampus					
2. Klinik Swasta				10. Membeli obat secara online (GO-MED, K24 Online, dsb.)					
3. Rumah Sakit Pemerintah				11. Membeli obat di Apotek/ toko obat					<input type="checkbox"/>
4. Rumah Sakit Swasta				12. Dokter gigi					
5. Dokter Umum				13. Bidan					

G02. Jika G01 (minimal 1 item) Ya, penyakit atau masalah kesehatan apa yang Saudara butuhkan?

a. Demam	1. Ya	2. Tidak	a. <input type="checkbox"/>	f. Masalah kesehatan mental	1. Ya	2. Tidak	f. <input type="checkbox"/>
b. Batuk/ pilek/ masalah pernapasan lain	1. Ya	2. Tidak	b. <input type="checkbox"/>	g. Gangguan menstruasi	1. Ya	2. Tidak	g. <input type="checkbox"/>
c. Diare dan gangguan pencernaan lain	1. Ya	2. Tidak	c. <input type="checkbox"/>	h. Kolesterol	1. Ya	2. Tidak	h. <input type="checkbox"/>
d. Cedera	1. Ya	2. Tidak	d. <input type="checkbox"/>	i. Lainnya, sebutkan _____	1. Ya	2. Tidak	i. <input type="checkbox"/>
e. Masalah kulit dan kelamin	1. Ya	2. Tidak	e. <input type="checkbox"/>				

G03. Jika memilih pada G02bb, Apa alasan Saudara menggunakan layanan tersebut?

a. Jarak yang dekat	1. Ya	2. Tidak	a. <input type="checkbox"/>	f. Mendapatkan iklan/ informasi sebelumnya	1. Ya	2. Tidak	f. <input type="checkbox"/>
b. Harga terjangkau	1. Ya	2. Tidak	b. <input type="checkbox"/>	g. Direkomendasikan keluarga	1. Ya	2. Tidak	g. <input type="checkbox"/>
c. Kerahasiaan terjamin	1. Ya	2. Tidak	c. <input type="checkbox"/>	h. Direkomendasikan teman	1. Ya	2. Tidak	h. <input type="checkbox"/>
d. Faktor petugas (ramah, nyaman untuk berdiskusi, dsb).	1. Ya	2. Tidak	d. <input type="checkbox"/>	i. Direkomendasikan petugas kesehatan	1. Ya	2. Tidak	i. <input type="checkbox"/>
e. Faktor fasilitas (lengkap/ bagus, waktu pelayanan yang fleksibel, dsb.)	1. Ya	2. Tidak	e. <input type="checkbox"/>	j. Lainnya, sebutkan _____	1. Ya	2. Tidak	j. <input type="checkbox"/>

G05. Berapa jarak tempat tinggal Saudara menuju tempat untuk mendapatkan layanan kesehatan tersebut? _____ meter

G06. Dari manakah Saudara mendapatkan informasi tersebut?

a. Televisi	1. Ya	2. Tidak	a. <input type="checkbox"/>	g. Website atau Search Engine (Google, dsb.)	1. Ya	2. Tidak	g. <input type="checkbox"/>
b. Radio	1. Ya	2. Tidak	b. <input type="checkbox"/>	h. Poster	1. Ya	2. Tidak	h. <input type="checkbox"/>
c. YouTube	1. Ya	2. Tidak	c. <input type="checkbox"/>	i. Keluarga	1. Ya	2. Tidak	i. <input type="checkbox"/>
d. Media Sosial, sebutkan _____	1. Ya	2. Tidak	d. <input type="checkbox"/>	j. Teman	1. Ya	2. Tidak	j. <input type="checkbox"/>
f. Leaflet	1. Ya	2. Tidak	f. <input type="checkbox"/>	k. Lainnya, sebutkan _____	1. Ya	2. Tidak	k. <input type="checkbox"/>

G07. Kapan terakhir kali Saudara memperoleh informasi tersebut? _____ hari yang lalu

G08. Seberapa sering Saudara memperoleh informasi tersebut

1. Sangat Jarang	2. Jarang	3. Cukup Sering	4. Sering	5. Sangat Sering	<input type="checkbox"/>
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G09. Dengan siapa Saudara mengakses layanan tersebut?

1. Sendiri	2. Teman Dekat	3. Keluarga	4. Lainnya, sebutkan _____	<input type="checkbox"/>
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G10. Apakah Saudara mengeluarkan biaya untuk layanan tersebut?

1. Gratis	2. Menggunakan jaminan kesehatan	3. Membayar	4. Voucher	<input type="checkbox"/>
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G11. Jika G10 Membayar, berapa biaya yang Saudara keluarkan?

Rp. _____

G12. Apakah fasilitas pelayanan kesehatan yang Saudara akses memiliki karakteristik berikut:

a. Memiliki petugas kesehatan yang terlatih	1. Ya	2. Tidak	3. Tidak Tahu	a. <input type="checkbox"/>
b. Menjunjung tinggi kerahasiaan	1. Ya	2. Tidak	3. Tidak Tahu	b. <input type="checkbox"/>
c. Menyediakan konselor sebaya	1. Ya	2. Tidak	3. Tidak Tahu	c. <input type="checkbox"/>
d. Jam operasional yang sesuai dengan waktu remaja	1. Ya	2. Tidak	3. Tidak Tahu	d. <input type="checkbox"/>
e. Waktu tunggu tidak lama	1. Ya	2. Tidak	3. Tidak Tahu	e. <input type="checkbox"/>
f. Biaya layanan terjangkau	1. Ya	2. Tidak	3. Tidak Tahu	f. <input type="checkbox"/>
g. Iklan yang menarik	1. Ya	2. Tidak	3. Tidak Tahu	g. <input type="checkbox"/>
h. Tidak diskriminatif	1. Ya	2. Tidak	3. Tidak Tahu	h. <input type="checkbox"/>
i. Menyediakan media khusus untuk mengakses informasi kesehatan	1. Ya	2. Tidak	3. Tidak Tahu	i. <input type="checkbox"/>
j. Menyediakan layanan konseling	1. Ya	2. Tidak	3. Tidak Tahu	j. <input type="checkbox"/>

G13. Secara umum, bagaimana penilaian Saudara pada saat menggunakan layanan tersebut?

1. Sangat Tidak Setuju	2. Tidak Setuju	3. Cukup Setuju	4. Setuju	5. Sangat Setuju	<input type="checkbox"/>
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G14. Kesan (penilaian, kritik, atau masukan apa yang Saudara pikirkan pada saat menggunakan layanan tersebut?

G15. Jika semua jawaban G01 Tidak, apa yang Saudara lakukan jika mengalami gangguan/ keluhan kesehatan?

a. Pengobatan tradisional	d. Membeli obat secara online (GO-MED, K24 Online, dsb.)
b. Membeli obat sendiri di apotek	e. Menggunakan layanan klinik/ dokter secara online (Misal: HaloSDoc, Alo Dokter, dsb.)
c. Membeli obat sendiri di warung	f. Lainnya, sebutkan _____

G16. Apa alasan Saudara menggunakan layanan tersebut?

a. Jarak yang dekat	1. Ya	2. Tidak	a. <input type="checkbox"/>	f. Mendapatkan iklan/ informasi sebelumnya	1. Ya	2. Tidak	f. <input type="checkbox"/>
b. Harga terjangkau	1. Ya	2. Tidak	b. <input type="checkbox"/>	g. Direkomendasikan keluarga	1. Ya	2. Tidak	g. <input type="checkbox"/>
c. Kerahasiaan terjamin	1. Ya	2. Tidak	c. <input type="checkbox"/>	h. Direkomendasikan teman	1. Ya	2. Tidak	h. <input type="checkbox"/>
d. Faktor petugas (ramah, nyaman untuk berdiskusi, dsb).	1. Ya	2. Tidak	d. <input type="checkbox"/>	i. Direkomendasikan petugas kesehatan	1. Ya	2. Tidak	i. <input type="checkbox"/>
e. Faktor fasilitas (lengkap/ bagus, waktu pelayanan yang fleksibel, dsb.)	1. Ya	2. Tidak	e. <input type="checkbox"/>	j. Lainnya, sebutkan _____	1. Ya	2. Tidak	j. <input type="checkbox"/>

G18. Berapa jarak tempat tinggal Saudara menuju tempat untuk mendapatkan layanan kesehatan tersebut? _____ meter

G19. Dari manakah Saudara mendapatkan informasi tersebut?

a. Televisi	1. Ya	2. Tidak	a. <input type="checkbox"/>	g. Website atau Search Engine (Google, dsb.)	1. Ya	2. Tidak	h. <input type="checkbox"/>
b. Radio	1. Ya	2. Tidak	b. <input type="checkbox"/>	h. Poster	1. Ya	2. Tidak	i. <input type="checkbox"/>
c. YouTube	1. Ya	2. Tidak	c. <input type="checkbox"/>	i. Keluarga	1. Ya	2. Tidak	j. <input type="checkbox"/>
d. Media Sosial, sebutkan _____	1. Ya	2. Tidak	d. <input type="checkbox"/>	j. Teman	1. Ya	2. Tidak	k. <input type="checkbox"/>
f. Leaflet	1. Ya	2. Tidak	f. <input type="checkbox"/>	k. Lainnya, sebutkan _____	1. Ya	2. Tidak	m. <input type="checkbox"/>

G20. Kapan terakhir kali Saudara memperoleh informasi tersebut? _____ hari yang lalu

G21. Seberapa sering Saudara memperoleh informasi tersebut

1. Sangat Jarang	2. Jarang	3. Cukup Sering	4. Sering	5. Sangat Sering	<input type="checkbox"/>
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G22. Dengan siapa Saudara mengakses layanan tersebut?

1. Sendiri	2. Teman Dekat	3. Keluarga	4. Lainnya, sebutkan _____	<input type="checkbox"/>
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G23. Apakah Saudara mengeluarkan biaya untuk layanan tersebut?	1. Gratis	2. Menggunakan jaminan kesehatan	3. Membayar	↳			
G24. Jika G23 Membayar, berapa biaya yang Saudara keluarkan?	Rp. _____						
G25. Secara umum, bagaimana penilaian Saudara pada saat menggunakan layanan tersebut?	1. Sangat Tidak Puas	2. Tidak Puas	3. Cukup Puas	4. Puas	5. Sangat Puas	↳	
G26. Kesan (penilaian, kritik, atau masukan apa yang Saudara pikirkan pada saat menggunakan layanan tersebut?						↳	
H. HARAPAN DALAM MENGAKSES LAYANAN KESEHATAN							
H01. Apa bentuk layanan kesehatan yang Saudara sukai?						↳	
a. Puskesmas	h. Konsultasi Online, sebutkan contoh Apps-nya _____						
b. Klinik Swasta	i. UKS atau Klinik Kampus						
c. Rumah Sakit Pemerintah	j. Membeli obat secara online (GO-MED, K24 Online, dsb.). Sebutkan contoh Apps-nya _____					↳	
d. Rumah Sakit Swasta	k. Membeli obat di Apotek/ toko obat						
e. Dokter Umum	l. Dokter gigi						
f. Dokter Spesialis	m. Bidan						
g. Klinik Khusus Remaja, sebutkan contohnya _____	n. Lainnya, sebutkan _____						
H02. Jenis layanan apa yang Saudara harapkan disediakan oleh layanan kesehatan tersebut?						↳	
a. Konseling dengan tatap muka	1. Ya	2. Tidak	a. ↳	d. Peresepan obat online	1. Ya	2. Tidak	d. ↳
b. Konseling online	1. Ya	2. Tidak	b. ↳	e. Peresepan obat offline	1. Ya	2. Tidak	e. ↳
c. Pemeriksaan fisik	1. Ya	2. Tidak	c. ↳	f. Lainnya, sebutkan _____	1. Ya	2. Tidak	f. ↳
H03. Karakteristik fasilitas pelayanan kesehatan yang Saudara harapkan adalah:						↳	
a. Memiliki petugas kesehatan yang terlatih	1. Sangat tidak setuju	2. Tidak setuju	3. Netral	4. Setuju	5. Sangat setuju	a. ↳	
b. Menjunjung tinggi kerahasiaan	1. Sangat tidak setuju	2. Tidak setuju	3. Netral	4. Setuju	5. Sangat setuju	b. ↳	
c. Menyediakan konselor sebaya	1. Sangat tidak setuju	2. Tidak setuju	3. Netral	4. Setuju	5. Sangat setuju	c. ↳	
d. Jam operasional yang sesuai dengan waktu remaja	1. Sangat tidak setuju	2. Tidak setuju	3. Netral	4. Setuju	5. Sangat setuju	d. ↳	
e. Waktu tunggu tidak lama	1. Sangat tidak setuju	2. Tidak setuju	3. Netral	4. Setuju	5. Sangat setuju	e. ↳	
f. Biaya layanan terjangkau	1. Sangat tidak setuju	2. Tidak setuju	3. Netral	4. Setuju	5. Sangat setuju	f. ↳	
g. Iklan yang menarik	1. Sangat tidak setuju	2. Tidak setuju	3. Netral	4. Setuju	5. Sangat setuju	g. ↳	
h. Tidak diskriminatif	1. Sangat tidak setuju	2. Tidak setuju	3. Netral	4. Setuju	5. Sangat setuju	h. ↳	
i. Menyediakan media khusus untuk mengakses informasi kesehatan	1. Sangat tidak setuju	2. Tidak setuju	3. Netral	4. Setuju	5. Sangat setuju	i. ↳	
j. Menyediakan layanan konseling	1. Sangat tidak setuju	2. Tidak setuju	3. Netral	4. Setuju	5. Sangat setuju	j. ↳	
H04. Apakah Saudara mengetahui atau pernah mendengar/ memperoleh informasi tentang:						↳	
a. UNALA	1. Ya	2. Tidak	a. ↳				
b. Posyandu Remaja	1. Ya	2. Tidak	b. ↳				
c. Puskesmas PKPR	1. Ya	2. Tidak	c. ↳				

Please find the mobile-version instrument at

<https://chpmpoject.limequery.com/454366?newtest=Y&lang=id>

Annex III. Qualitative Instruments

Pedoman Wawancara Mendalam Terhadap Remaja Study on Health Seeking Patterns of Youths (15-24) in Yogyakarta

PENGANTAR

- Ucapkan salam dan perkenalkan diri Anda
- Ceritakan secara singkat mengenai penelitian ini dan tujuan wawancara
- Responden dipersilakan mengemukakan pendapat dengan terbuka dan bebas, tidak ada jawaban yang benar atau salah dan Anda tertarik dengan pengalaman dan pandangan orisinal dari peserta
- Jelaskan bahwa kerahasiaan responden akan dijamin, rekaman audio hanya akan digunakan untuk kepentingan analisis
- Minta responden untuk menandatangani lembar *informed consent* yang telah disediakan

Tujuan Penelitian:

1. Mengetahui pola perilaku pencarian layanan kesehatan oleh remaja di Yogyakarta
2. Mengidentifikasi harapan remaja tentang layanan kesehatan yang akan diakses.

Data Responden

Alamat :

Umur :

Status Pendidikan :

Pertanyaan Penelitian

Pola Pencarian Layanan Kesehatan Remaja

1. Ceritakan kepada kami, masalah kesehatan apa (atau hal apapun yang mengganggu tubuh maupun pikiran anda) yang sering dialami oleh anda maupun komunitas remaja di sekeliling anda.
2. Apa saja yang biasanya anda atau teman-teman anda lakukan ketika mengalami suatu masalah kesehatan? Ke mana saja anda mencari pertolongan? Kepada siapa anda bercerita mengenai masalah kesehatan yang anda alami?
3. Ceritakan pengalaman anda dalam mencari bantuan kesehatan. Atau, apa alasan anda jika anda memilih untuk tidak mencari bantuan?
4. Mohon gambarkan, bagaimana kamu mengakses informasi mengenai kesehatan selama ini?
5. Dalam 6 bulan terakhir, kamu berobat atau memeriksakan kesehatan kemana? (Note: tidak harus berobat ke fasilitas kesehatan, bisa juga konsultasi online atau bertanya ke tenaga medis? ~~Apa layanan terakhir yang diakses oleh anda dalam 6 bulan atau satu tahun terakhir?~~
Probing:
 - a. Alasan apa yang membuat anda pergi kesana? Jika anda nyaman, boleh disebutkan sakit apa yang membuat anda pergi ke sana
 - b. Di mana Anda mendapatkan pengobatan ~~layanan~~ tersebut?

- c. Dari mana Anda mengetahui bahwa kondisi kesehatan tersebut lebih baik dikonsultasikan ke layanan kesehatan?
- d. Biaya untuk layanan tersebut, berapa ? gratis ?
- e. Apakah anda puas dengan layanan nya, apa yang di alami – ceritakan apa yang di lakukan di layanan, apa yang di rasa kan dan pengalamannya

Orbit Pengaruh yang Memungkinkan Remaja Melakukan Pencarian Kesehatan

- 6. Bagaimana anda dapat mendapatkan informasi dan memutuskan untuk mengakses layanan kesehatan tersebut?

Probing:

- a. Sebelum anda pergi berobat, apakah anda sudah mengenal fasilitas layanan tersebut?
 - b. Ceritakan, siapa yang merekomendasikan layanan tersebut? Apa yang mereka katakan? Bagaimana anda mengambil kesimpulan kalau layanan kesehatan tersebut sesuai dengan kebutuhan anda? Kenapa Anda mempercayai orang yang memberikan rekomendasi tersebut?
 - c. Berapa banyak teman anda yang menggunakan layanan tersebut?
 - d. Siapa yang menemani anda pergi ke tempat layanan kesehatan tersebut? Mengapa kamu memilih pergi dengan mereka?
- 7. Apakah anda pernah mencari informasi tentang kesehatan secara online?

Probing:

- a. Platform dan akun apa?
- b. Mengapa ada mencari di platform dan akun tersebut?
- c. Informasi apa yang anda rasa anda butuhkan?
- d. Apakah informasi tentang kesehatan online mendukung anda untuk mengakses layanan kesehatan? Mengapa?

Hambatan dalam Mengakses Layanan Kesehatan

- 8. Bagaimana tanggapan anda tentang pengeluaran anda untuk biaya kesehatan yang dikeluarkan untuk layanan kesehatan tersebut?

Probing:

- a. Siapa yang membayar pengobatan anda?
 - b. Bagaimana tanggapan anda tentang biaya layanan tersebut? Apakah menurut anda terlalu mahal terlalu murah ataukah cukup? Tolong ceritakan secara detail berapa banyak biaya yang dikeluarkan dan untuk apa saja? Apabila anda diminta untuk berpendapat, berapa biaya yang harusnya anda bayar untuk mendapatkan layanan kesehatan tersebut?
 - c. Sebutkan jenis asuransi apa yang ada punya sekarang? Bagaimana anda menggunakannya untuk mengakses layanan kesehatan?
 - d. Ceritakan hal lain yang anda lakukan/keluarkan untuk mendapatkan layanan kesehatan tersebut!
- 9. Saat mengakses layanan kesehatan, apa yang kamu percaya dari kualitas layanan tersebut?

Probing:

- a. Apakah anda berpikir bahwa informasi yang anda dapat cukup untuk menyakinkan mengakses layanan kesehatan tersebut?
- b. Ketika anda akan mengakses layanan kesehatan tersebut, bagaimana tanggapan anda tentang perasaan orang-orang disekitar anda?

- c. Ceritakan kepada kami, bagaimana keputusan untuk mengakses layanan tersebut dapat muncul?
 - d. Menurut pendapat anda, apakah kamu dapat mengakses layanan kesehatan tersebut seorang diri? Mengapa?
10. Apakah ada aturan khusus yang memaksa kamu pergi fasilitas layanan kesehatan tersebut?
11. Apakah anda pernah mengetahui bahwa anda memiliki kondisi kesehatan yang perlu dikonsultasikan ke layanan kesehatan, namun tidak anda konsultasikan? Mengapa tidak dikonsultasikan?

Aspirasi yang Berkaitan Dengan Layanan Ramah Remaja

12. Ceritakan kepada kami, sejauh mana anda puas dengan layanan kesehatan yang pernah anda diterima?

Probing:

- a. Ceritakan kepada kami, bagaimana tanggapan anda tentang perilaku petugas kesehatan (Menghormati anda sebagai remaja, Jujur, layak dipercaya, ramah dan sangat mendukung anda)!
 - b. Ceritakan kepada kami, bagaimana petugas layanan tersebut berkomunikasi dengan anda? (cara berkomunikasi, kejelasan informasi yang diberikan, durasi layanan)
 - c. Bagaimana tanggapan anda tentang jam layanan yang ditawarkan kepada anda? (fleksibilitas)
 - d. Bagaimana tanggapan anda tentang akses lokasi Fasilitas Kesehatan?
 - e. Bagaimana tanggapan anda tentang fasilitas yang anda butuhkan di fasilitas layanan kesehatan tersebut?
 - f. Apakah mereka memperlakukan anda layaknya orang dewasa yang dapat menentukan sendiri keputusan yang akan diambil?
 - g. Akankah anda menyarankan teman anda untuk mengakses layanan yang anda terima?
13. Apabila anda bisa memilih layanan kesehatan, layanan kesehatan seperti apa yang anda butuhkan? Faktor apa yang membuat anda ingin mengakses layanan tersebut?

Probing:

- a. Layanan Kesehatan Apa yang ingin anda akses?
- b. Berapa jauh jarak yang anda inginkan untuk pergi kesana?
- c. Berapa besar biaya yang ingin anda sediakan kesana? Biaya transportasi?
- d. Bagaimana sistem pemesanan waktu layanan Kesehatan dan akses layanan kesehatan yang anda inginkan?
- e. Bagaimana perilaku petugas kesehatan yang anda inginkan?
- f. Bagaimana fasilitas yang anda inginkan?

Untuk Remaja Yang BELUM PERNAH Mengakses Layanan Kesehatan

Kemungkinan dalam wawancara dengan remaja, ada remaja yang tidak pernah mengakses layanan kesehatan apapun dalam waktu 1 tahun terakhir atau bahkan sudah dalam waktu lama. Oleh karena itu, pewawancara harus lebih fleksibel dan peka dalam melakukan wawancara, dengan tetap mengusung empat tema di atas.

Pertanyaan Penutup

- Apakah ada pertanyaan dari partisipan?
- Ucapkan terima kasih pada semua peserta telah meluangkan waktu dan memberikan masukan yang berharga
- Ingatkan mereka mengenai kerahasiaan dan persetujuan untuk menggunakan foto-foto selama kegiatan Wawancara mendalam.

**Pedoman Diskusi Kelompok Terarah Terhadap Penyedia Layanan Remaja
Study on Health Seeking Patterns of Youths (15-24) in Yogyakarta**

PENGANTAR

- Ucapkan salam dan perkenalkan diri Anda
- Ceritakan secara singkat mengenai penelitian ini dan tujuan wawancara
- Responden dipersilakan mengemukakan pendapat dengan terbuka dan bebas, tidak ada jawaban yang benar atau salah dan Anda tertarik dengan pengalaman dan pandangan orisinal dari peserta
- Jelaskan bahwa kerahasiaan responden akan dijamin, rekaman audio hanya akan digunakan untuk kepentingan analisis
- Minta responden untuk menandatangani lembar *informed consent* yang telah disediakan

Tujuan Penelitian:

1. Mengetahui pola perilaku pencarian layanan kesehatan oleh remaja di Yogyakarta
2. Mengidentifikasi harapan remaja tentang layanan kesehatan yang akan diakses.
3. Mengetahui cara meningkatkan kualitas tenaga kesehatan dalam memberikan layanan kesehatan yang ramah remaja
4. Mengetahui harapan dokter untuk tertarik dalam memberikan layanan kesehatan remaja.

Data

Umur :
Profesi :
Alamat Praktek :

Pertanyaan Penelitian

Pola Pencarian Layanan Kesehatan di antara Remaja

1. Menurut pendapat anda sebagai seorang klinisi, sejauh mana kita penting untuk menaruh perhatian kepada kesehatan remaja?
2. Mari kita elaborasi, faktor apa saja yang mempengaruhi kesehatan seorang remaja?
3. Dalam tiga bulan terakhir praktek anda, seberapa banyak remaja datang ke fasilitas anda untuk mendapatkan layanan kesehatan?
4. Masalah kesehatan remaja apa yang sering anda jumpai dalam pelayanan praktek anda? Secara umum, masalah kesehatan remaja apa yang paling menjadi perhatian di komunitas sekitar anda?
5. Berdasarkan pengalaman dan pengamatan anda, sejauh mana seorang remaja berinisiatif untuk mengakses layanan kesehatan?
6. Berdasarkan pengalaman anda, biasanya remaja datang ke layanan kesehatan itu pada hari apa dan jam berapa? Mohon ceritakan, rata-rata kunjungan remaja dalam satu minggu atau satu bulan di tempat anda.

Orbit Pengaruh yang Memungkinkan Remaja Melakukan Pencarian Kesehatan

7. Bagaimana anda mendefinisiikan fasilitas kesehatan yang ramah remaja?
8. Apakah anda mengidentifikasi fasilitas anda sebagai fasilitas kesehatan yang ramah remaja? Mohon untuk dijabarkan
9. (Jika Ya) Dari media atau petunjuk apa saja, remaja dapat mengetahui keberadaan fasilitas anda?
10. (Jika belum menyediakan) Apakah ada alasan khusus fasilitas anda belum menyediakan layanan yang ramah remaja?

Hambatan dalam Mengakses maupun Memberikan Layanan Kesehatan

11. Berdasarkan pengamatan dan pengetahuan anda, apa sajakah hambatan yang dialami remaja dalam mengakses layanan kesehatan.

Probing:

- Bagaimana dengan biaya, apakah hal ini menjadi hambatan?
 - Bagaimana dengan tingkat kepercayaan remaja mengenai suatu layanan kesehatan?
 - Bagaimana dengan akses informasi terhadap kesehatan remaja? Apakah sudah memadai? Di mana remaja dapat mengakses layanan tersebut?
 - Bagaimana dengan fasilitas yang disediakan untuk layanan kesehatan remaja?
12. Dari segi penyedia layanan kesehatan itu sendiri, apakah anda mengalami hambatan dalam menyediakan layanan kesehatan yang ramah remaja, entah itu dari segi bangunan fasilitas, tenaga, fleksibilitas waktu dan lainnya?
 13. Apakah fasilitas anda bekerja sama dengan komunitas remaja dan pemuda di tempat ini untuk mempromosikan kesehatan remaja? Mohon ceritakan bentuk kerja sama tersebut, apakah sudah ada hasil yang bisa dilihat? apakah ada tantangan dalam mempromosikan kesehatan remaja?
 14. Menurut anda, apakah ada perbedaan akses terhadap layanan kesehatan dari remaja yang bersekolah maupun remaja yang putus sekolah?
 15. Bagaimana menurut anda, apa hambatan remaja-remaja dari kelompok rentan dapat mengakses layanan kesehatan remaja?

Aspirasi yang Berkaitan dengan Layanan Ramah Remaja

16. Menurut anda, layanan ramah remaja yang dapat menjawab kebutuhan remaja di berbagai kelompok itu harus yang seperti apa?
17. Menurut anda, sejauh mana petugas penyedia layanan kesehatan mempengaruhi seorang remaja dalam mengakses layanan?
18. Dari sisi penyedia layanan kesehatan, apa yang anda inginkan untuk fasilitas anda maupun petugas kesehatan di dalamnya untuk dapat meningkatkan layanan kesehatan yang ramah terhadap remaja?

Pertanyaan Penutup

- Apakah ada pertanyaan dari partisipan?
- Ucapkan terima kasih pada semua peserta telah meluangkan waktu dan memberikan masukan yang berharga
- Ingatkan mereka mengenai kerahasiaan dan persetujuan untuk menggunakan foto-foto selama kegiatan FGD.

Annex IV. Publication Plan

The publication plan from the result of the study is shown in the following table.

No.	Topics	Type of Publications
1.	What are the orbits of influence that affect the pattern of adolescent's health-seeking behavior?	Policy Brief
2.	Educating parents is critical for adolescent's health.	Journal Article
3.	Who pays and how much? Out of pocket payment of health services among adolescents in the UHC scheme.	Journal Article
4.	Where do adolescents seek care?	Conference
5.	Are there any gaps between expectation and reality in adolescent health services?	Conference