HEALTH SEEKING BEHAVIOR IN STREET CHILDREN IN DKI JAKARTA

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Abstract

One of the implementation of the national health system and access to health services is the searching treatment pattern. Street children have a high risk in health problems. The reluctance and unclear obstacle of street children in obtaining health services causes street children to find treatment by self-medication outside the health facilities so that it often brings impact on late diagnosis in overcoming diseases suffered by street children. This research has purpose to explore information about treatment searching behavior in street children in DKI Jakarta by looking for the relationship of knowledge, attitudes, availability of health insurance, accessibility of health services, social support with treatment searching behavior for street children in DKI Jakarta. The research design used cross sectional with a sample of 250 respondents from 7 shelters in DKI Jakarta. The sampling was conducted by cluster random sampling regardless of the strata that exist in that population and members of the population were considered homogeneous. Data collection was conducted in a quantitative method (survey) with questionnaires and qualitative (in-depth interviews). Diseases often suffered by respondents with headaches is 27.3% and fever 23.7%, 6.3% nausea, 4% itchy on the skin, itchy on genital 0.8%, difficulty of breathing 3.2%, ARI 16.6%, diarrhea 1.6%, toothache 5.1%, aches 5.4% and others 5.9%. Most of the respondents have positive behavior when they were sick or when experiencing health problems for 131 people (51.8%) and the first time they were sick was going to the Health Center for treatment with the number of respondents 106 people (41.9%). Most of the respondents had JKN health insurance, which was 175 people (69.2%) and 131 people (51.8%) used health services with JKN. A total of 143 people (56.5%) answered difficulties in obtaining health insurance. The bivariate analysis results show that there was a relationship between knowledge and treatment searching behavior on street children, with a p-value = 0.030 and the relationship between attitudes and treatment searching behavior, with p-value = 0.01 (p value <0.05). Knowledge and attitudes towards the searching behavior of street child treatment are basically quite good because they are above 50%. The searching treatment pattern for street children is more affected by the knowledge and attitudes shown by positive behavior when sick or experiencing health problems.

Keywords: behavior, searching treatment, street children.

1. INTRODUCTION

Street children generally face the environment and risks that can have a serious impact on their health and growth. Irwanto, et al (1995) conducted a research of 25 street child workers in three major cities that are Jakarta, Surabaya and Medan. From the research result, found many health complaints experienced by street children or workers in the last 30 days, that are: 36% of children complained of headaches, 24% of nausea and diarrhea for 16% [1].

Another research was conducted by Pardoen, et al (1996) on 50 street vendors who were street children in DKI Jakarta [2]. The research result found many health complaints experienced such as 72% cough, 7% eye irritation, 66% dizziness, 62% skin irritation and 54% nausea. Meanwhile, the research results conducted by Nuraini and Dewi (2009) states that 37.3% of street children in Bandung suffer from ARI, 23.5% suffer from diarrhea and 17.6% suffer from skin disease [3]. Eventhough most street children are often affected by disease, few of them are touched by health services. In 1998 in Surabaya, out of 891 street children identified, only 24.81% claimed to have received health services and assistance [4].

Law No. 36 of 2009 concerning Health states that everyone has same rights in obtaining access to health resources and comprehensive health services which include promotive, preventive, curative and rehabilitative efforts, including street children to deal with their problems including providing services proper health.

The Ministry of Health has implemented a variety of child health programs that are directed at fulfilling the rights and protection of children through program interventions in accordance with targets that do vary in both types of strategies in providing health services. For this reason, several programs have been developed to improve access to child health services such as the utilization of MCH books, IMCI, SDIDTK, PKPR Health Center, KtP/A Health Center, Health Center to foster children in nursing homes/LKSA and street children [5].

Nevertheless, the results of research conducted by Rachmawati and team (2017) state that street children in shelters have not been the priority recipients of the Society Health Care (PKPR) health program because of the wide scope of work of the Health Center [6]. Beside that, the PKPR Society Health Center program has not been implemented optimally because there is no partnership between the Health Center and shelters. The implementation of the PKPR Health Center program is still limited to social care institutions, because social care institutions have permanent buildings, administrators, nursing home decrees and clear funding.

DKI Jakarta Government has specific policies and programs related to handling street children by facilitating access to street children health through the National Health Insurance (JKN) program. Through the JKN program, the government has helped disadvantaged societies to become participants through membership of Contribution Aid Recipients (PBI) so that they can access all health services for free starting from the first level and the level of referral. However, street children are often constrained in getting health services.

The lack of JKN socialization and reluctance of street children to go to health services which will have an impact on late diagnosis in handling diseases suffered by street children. Considering these factors, the searching treatment pattern for street children is deemed necessary in implementing a national health system for health services for street children in DKI Jakarta.

2. MATERIALS AND METHODS

This type of research was survey used quantitative and qualitative approaches. The quantitative approach used a cross sectional design. Data collection was conducted on 7 shelters in the DKI Jakarta area, that are the Swara shelter in East Jakarta, Anak Kurnia shelter in East Jakarta, Sekar shelter in North Jakarta, Karya Putra Indonesia Mandiri in Central Jakarta shelter, Taruna Pertiwi shelter, South Jakarta, Bina Nusantara shelter in West Jakarta and Kumala shelter in North Jakarta. In May-June 2019. The population in this research were street children who were in the DKI Jakarta shelter with inclusion criteria of respondents aged 10-19 years and had experienced pain in the last 1 year. Data on population of street children in DKI Jakarta was not known thoroughly so that sampling was conducted by cluster random sampling. Sampling was conducted randomly regardless of the strata in the population and members of the population are considered

homogeneous. The number of samples totaling 250 respondents were calculated using a different hypothesis test 2 proportions. The number of samples multiplied by the design effect becomes 2x 112 = 224. To avoid the possibility of dropping out, the number of samples was added 10% into 250 respondents.

Quantitative data was collected by questionnaire interviews. The data obtained was then analyzed by univariate and bivariate analyses. Univariate analysis to describe the characteristics of dependent and independent variables, that are the variable knowledge, attitudes, availability of health insurance, accessibility of health services, social support, perceived needs, and treatment searching behavior. While the bivariate analysis was tested using the chi square test to determine the magnitude of the relationship between the dependent variable and each independent variable and the relationship between the two variables was meaningful or not significant.

A qualitative approach using in-depth interview data collection techniques for street child managers at the Provincial Health Office and Health Center levels, managers of shelters and street children were analyzed using source triangulation techniques, then analyzed using thematic analysis. This research was through ethical review procedures and was declared feasible to be conducted based on a statement from the ethics research committee of the Respati University, Indonesia.

3. RESULTS AND DISCUSSIONS

Illustration of Shelterhouse

Shelter as social institutions that are engaged in dealing with social problems of street children and minimizing the number of children who go down and work on DKI Jakarta streets. All shelters in this research are shelters that are members of the communication forum for DKI Jakarta shelters and already have founding permits and are under the DKI Jakarta Social Service. The location of shelters is generally in a location in the middle of the city that makes it easy to reach street children. Shelter are permanent buildings that not too large but can be used as a center for activities for street children. The form of shelters activities includes; conduct outreach independently or in combination with volunteers caring for street children to identify street children in several places in the neighborhood through approaches and interactions so that street children can be handed over to parents in shelters for guidance and social handling, Package A and B class learning activities, life skills in the form of paper recycling skills, music skills, skills in the workshop as a mechanic and driving a car. In addition, the shelter distributes Productive Economic Business (UEP) assistance for parents in the development of small businesses for parents of children who are not working and the assistance of the Child Social Welfare Program (PKSA) from the Ministry of Social Affairs and DKI Jakarta Social Service.

Respondent Characteristic

The general data is data on socio-demographic frequency distribution identified by respondents of street children including; current age, gender, school status, education, reasons for dropping out of school and employment.

Table.1 Frequency Distribution Based on Characteristics of DKI Jakarta Street Children 2019

Types of Characteristic	n	%
Gender		
Male	127	50,8 %
Female	126	49,8 %
Current School Status		
Ever attended school/in school	235	92,9%
Never attended school/ in school	18	7,1 %
Reason for dropping out of school		
None	51	20,2 %
Conducted or feels enough	13	5,1 %
Managing other ART	3	1,2 %
Needed to help family business	18	7,1 %
No Fee	50	19,8 %
Need to make money	72	28,5 %
Dislike with school (again)	10	4,1 %
Not passing the exam	1	0,4 %
Distant/unreachable school	2	0,8 %
Others	33	13,0 %
Education		
Never go to school	35	13,8%
Elementary School (ES)	185	73,1 %
Junior High School (JHS)	18	7,1 %
Senior High School (SHS)	15	5,9 %
Ocupation		
Not working	27	10,7 %
Buskers/*ondel-ondel*	77	30,4 %
Taxibike	12	4,7 %
Car glass cleaner	3	1,2 %
Freelance	2	8 %
Tissue Seller	46	18,2 %
Food Trader	33	13 %
Newspaper Seller	5	2 %
Beggar	6	2,4 %
Scavenger	42	16,6 %

The research results show that based on the respondents age characteristics when interviewed according to the inclusion criteria of 10-19 years, most respondents had attended school or were currently in school at 235 (92.9%). Whereas the most reason for respondents who did not go to school was because they needed to make money and there was no money. The work of most of the respondents is *ondel-ondel*, buskers, tissue sellers and scavengers.

Table.2 Frequency Distribution Based on Diseases Often Suffered by Street Children in DKI Jakarta

Frequently Suffered Diseases	n	%
Fever	60	23,7 %
Dizziness / Headache	69	27,3 %
Nausea	16	6,3 %
Itchy on skin	10	4 %
Itchy on genital	2	0,8 %
Difficulty breathing	8	3,2 %
ISPA (cough, runny nose, sore throat)	42	16,6 %
Diarrhea	4	1,6 %
Toothache	13	5,1 %
Aches	14	5,4 %
Others	15	5,9 %

Table 2 Displays the diseases that respondents often complain about in the past 1 year are dizziness/headache, fever and ARI (cough, runny nose, sore throat).

Treatment Searching Behavior

Treatment searching behavior that is conducted first when feeling not well or sick can be seen in the following table;

Table 3. Distribution of the frequency of behavior performed the first time when sick

Behavior Conducted Fisrt When Sick	N	%
Independent practice midwife/nurse	8	3,2 %
Health Center	106	41,9 %
Clinic	18	7,1 %
General doctor practice	5	2,0
Specialist doctor practice	2	0,8 %
Hospital	13	5,1 %
Traditional/Herbal Clinic	1	0,4 %
Buy medicine at drugstore	56	22,1 %
Drink herbs	1	0,4 %
Healing without medicine (srapings, massage)	11	4,3 %
Do nothing (Rest)	32	12,6 %

The health facilities that mostly chosen by respondents for treatment when sick were 106 people (41.9%) even though there were respondents who preferred to buy medicine at a drugstore (without a prescription) and chose to do nothing (rest) when sick. While other respondents prefer to go to the clinic, hospital, got scraping/massage, general practitioner practice, independent nurse/midwife practice, specialist medical practice, clinic and drinking herbs.

Most of the respondents for 131 people (51.8%) have positive behavior when they are sick or experiencing health problems and only 122 people (48.2%) who behaved negatively. Most of the respondents with total 175 people (69.2%) had medium knowledge about finding treatment when sick and those who had high knowledge were 72 people (28.5%). Respondents who have positive attitude before searching for treatment when sick are 128 people (50.6%) and 122 people (49.4%) have a negative attitude before searching for treatment.

Respondents who have health insurance (BPJS/JKN-KIS) are 175 people (69.2%) and who do not have a health insurance card (BPJS/JKN-KIS) are 78 people (30.8%). The respondents

who used health insurance when sick are 131 people (51.8%) and who do not use health insurance are 122 people (48.2%). 143 people (56.5%) answered that they got difficulties in getting health insurance (BPJS/JKN-KIS) and 110 people (43.5%) said that it is not difficult to get health insurance (BPJS/JKN-KIS). Most of the respondents have Family Card amounted 230 people (90.9%) and those who do not have Family Card are 23 people (9,1%).

Related to health service information, most respondents said that they received information about health services are 188 people (74.3%) and who have never received information about health services are 65 people (25.7%). Respondents said that those who gave a lot of advice for treatment when they were sick are families with 210 respondents (83%), who do not get advise are 19 people (7.5%), from friends amounted 13 people (5.1%) and the fewest give advice for treatment when there are sick are 11 people (4.3%). Accessibility (convenience) of respondents in getting health facilities is positive or easy with respondents totaling 154 people (60.9%) and who said difficulties in accessibility reached health facilities for 99 people (39.1%). Respondents who received positive social support for getting treatment in health facilities are 249 people (98.4%) and those who do not support only 4 people (1.6%). Most of the respondents felt they needed health services when they are sick for 138 people (54.5%) and those who do not need health services when they are sick totaling 115 people (45,5%).

Table 4. Bivariate Analysis Results of Each Variable with Treatment Search Behavior in Street Children of DKI Jakarta in 2019

Independent Variables	P-Value
Knowledge	0,030
Attitude	0,010
Accessibility of health service	0,220
Availability of health insurance	0,153
Social Support	0,662
Perceived Needs	0,991

Based on the results of the *Chi Square* analysis in table 4, it is known that not all independent variables have a relationship with searching behavior. Only the knowledge variable shows that there is a relationship between knowledge and treatment searching behavior in street children in DKI Jakarta, with a p-value of 0.030 where (p-value <0.05). This also happens to attitude variables where it is known that the p-value attitude is 0.01 where (p-value <0.05) which shows there is a relationship between attitudes and treatment searching behavior on street children in DKI Jakarta.

While the analysis using *Chi Square* result for health service accessibility variables, availability of health insurance, social support and perceived needs indicate that there is no significant relationship with treatment searching behavior in street children in 2019, with the health service accessibility variable p-value 0.220, variable availability of health insurance p-value 0.153, social support variable p-value 0.662 and need variable perceived p-value 0.991.

Street children in DKI Jakarta are rarely found at intersections or crossroads of the city. Since the publication of Regional Regulation Number 8 of 2007 concerning Public Order, In article 40 Points a, b, c, DKI Jakarta Government Regulation Number 8 of 2007 concerning Public Order, it is clearly written that every person or entity is prohibited from being beggars, buskers, hawkers and car dyers; telling other people to be beggars, buskers, hawkers and car dyers; buy to

hawkers or give some money or stuffs to beggars, buskers and car dyers. Like DKI Jakarta Governor Regulation Number 221 concerning Implementation Guidelines for Regional Regulation Number 8 of 2007 article 2 paragraph 1 concerning Implementation Guidelines for Regional Regulation Number 8 of 2007, written guidance, control and supervision of the implementation of public order are conducted by the Public Order Enforcer together with the Regional Work Unit (SKPD). The above regulation is a legal basis for raids on street singers, beggars and street children by the Public Order Enforcer. The policy has become a broad legitimacy and justification for the authorities in handling street children, so that it tends to cause violations of children's rights. Even though the approach is not one of the best solutions in handling street children and does not mean that DKI Jakarta is free from street children, the number of street children will continue to increase dynamically, maybe they don't meet on the streets but most of them move to work in suburbs such as Depok, district/city of Bekasi, district/city of Bogor and some of them change professions to become buskers or *ondel-ondel* who enter housing or settlements.

Equal to the Jakarta governors commitment to reduce the number of street children by strengthening a number of programs. One of the government efforts for street children is by providing shelter houses that can be used as activities center for street children. The halfway house makes an approach by bringing street children to a halfway house for guidance. The approach taken is not only with street children themselves but also with parents and the surrounding environment. Family is a very fundamental thing to change their behavior. Basically the pattern of parenting parents who encourage children to plunge into street children.

From the study result, the socio-demographic characteristic shows that the majority of respondents are 10 years old, but overall the age level of the respondents had met the inclusion criteria. The age of the respondent at the interview was the age of the school age.

Children of their age should carry out activities that focus on activities that support their future, namely school. The majority of respondents are in school. Some respondents who drop out of school have a reason because they need to find 28.5% of money and no fees of 19.8%. The reasons for dropping out of school are expressed by respondents of street children as follows;

"There is no money"

(Seno, 16 y.o., street children)

"My own will"

(Pito, 14 y.o., street children)

There are many triggers that make street children to choose to drop out of school. The economic pressure of the family often makes street children discourage them from studying at school. Besides that, the children interest in studying at school is weak. This is closely related to the orientation of street children who prefer to get money on the streets rather than going to school. Other causes are lack of costs so that they cannot afford other school facilities. Although know for DKI Jakarta there are no school fees, they have not been able to encourage the interest of street children to go to school [7]. In addition, the low income of the family encourages them to work as if they have an obligation to help their parentsto fulfill their daily needs.

Based on the type of work of the respondents, most of them got jobs as singer/*ondel-ondel* (30.4%), tissue sellers 18.2%, scavengers 16.6%. The material limitations provided by their master influences the emergence of the desire of street children to earn their own money. That desire is to be able to fulfill their needs without having to depend on parents completely. Busking activities

were often found in respondents assisted by Kurnia Kramat Jati children's shelter. They are mostly busking on public transportation and city buses. The phenomenon that occurs in DKI Jakarta changes in busking facilities to ondel-ondel involving many children we encounter on a number of roads and alleys between residents' settlements [8].

Likewise, scavenging activities are commonly found in Central Jakarta and East Jakarta. Scavenging activities are conducted from morning to night using a cart. Some reasons that cause children to become street children include; because of being forced by their parents for their pleasure so that children are exploited, some are forced because parents are unable to meet family needs. While, another reason is to feel comfortable gathering with friends on the streets. Families are often associated with the cause they become street children. The family is the first social environment for children that give the behavior basis of the development of attitudes and values of life of the family. Family relationships and unpleasant family conditions such as parents divorce and lack of attention from parents cause is the reason they become street children. The same thing was stated by Nuryana (1998) who stated that the emergence of street children was closely related to the family economic and social background [9]. Herlina (2014) also revealed the same thing, the lack of knowledge between parents and children and the breakdown of parent relationships so that disharmony in domestic life often leads to inner conflicts in children. And often street children prefer to be at the streets to get freedom and pleasure [7].

The life of street children with all its limitations causes street children to be very vulnerable to various health problems. From the results of research on diseases that are often complained about by street children, among others; dizziness/headache 27.3%, 23.7% fever and ARI (cough, runny nose, sore throat) for 16.6%, 6.3% nausea, 4% itchy skin, 0.8% genital itching, breathlessness 3.2%, diarrhea / diarrhea 1.6%, toothache 5.1%, aches 5.4% and others 5.9%. Street children who still live with parents are generally in slum areas with poor sanitation, besides their work location or place of life on the streets exposed to air pollution from cigarette smoke and vehicle fumes, the impact of direct sunlight, causing them to be vulnerable against various types of infectious diseases. Other conditions like, inadequate and irregular eating patterns can cause a weakened immune system, making it easier to get sick and various activities conducted by street children outside the home actually brings risk for the physical condition and health of street children.

Treatment Search Behavior

Based on the results of research conducted to 253 respondents, it is found that the behavior for the first time when sick most of the respondents search for treatment by going to the health center for 106 people (41.9%), buying medicines at 56 drugstores (without prescription) (22.1%) and chose not to do anything/rest for 32 people (12.6%). Basically the respondents knew where to look for treatment that was supposed to be to a medical treatment facility. Respondents who did the treatment by buying medicine to a drug store/shop (without prescription) because they felt that the pain complaints that were felt were not too severe so that they could be overcome by buying medicine at a drug store/drugstore (without prescription), although some of the respondents did not know drink, indications and contra indications of the drug he bought. They only rely on asking the drugstore staff about what drugs to drink for their pain complaints. There are also those who buy medicine at drugstores because of their previous experience with illness. On street children who are still following their parents/family usually buy drugs according to the recommendations of family members. But generally 2 days after taking the medicine they bought

at a drugstore (without prescription) their health condition did not improve, most of the respondents would search for treatment at a medical health facilities.

From the interviews, respondents prefer society health center compared to other medical health facilities. Various reasons they prefer medical treatment are mostly due to their rapid healing, having BPJS and affordable costs, only a few respondents choose medical treatment because it is more convincing, close to home/shelter and modern/medical treatment to maintain the confidentiality of the disease. Respondent who chose not doing anything when they are sick, mostly found in street children who did scavenging activities. The reason they don't want to seek treatment, because they consider only normal pain, does not interfere with daily activities and will recover with rest or lying down. Another reason they claimed to be unable to pay for treatment. They seem indifferent to their health conditions when they are sick and still assume that they will recover by themselves. In accordance with the results of the 2013 *Riskesdas*, the level of public awareness of health was only 20 percent. Only a few respondents did treatment with traditional medicine and drank herbs. The reason for respondents choosing traditional medicine and herbal medicine is that it is more comfortable than other treatments and requires a lower cost.

The analysis using *Chi Square* results in table 4. shows that there is a relationship between knowledge and treatment searching behavior on street children in DKI Jakarta, with a p-value of 0.030 knowledge (p-value <0.05). These results are in line with what is said by Notoadmodjo (2007) for health behavior so someone needs knowledge and awareness of the benefits to be obtained [10]. The results showed that the majority of respondents with 175 people (69.2%) had moderate knowledge about searching treatment when sick and only 6 people (2.4%) had low knowledge about searching treatment when sick. The knowledge is in the form of a response if sick to search medical treatment to the society health center totaling 224 people (88,5%).

Knowledge is the result of knowing, based on a person sensing process towards certain objects using their five senses [11]. Most human senses are obtained from the senses of vision and hearing[12]. People who have sufficient knowledge of treatment searching behavior is good. The higher a person knowledge is, the greater the likelihood that someone will take action related to that knowledge. People knowledge to search treatment can be affected by internal and external factors. One external factor is information [10]. The results showed that the majority of respondents said they had received information about health services totaling 188 people (74.3%). Availability of information is important for the development of appropriate health services. Even though a person is low educated, but if he obtains health service information properly and correctly, it will increase their knowledge.

The results of the analysis using *Chi Square* in table 4. shows that there is relationship between attitude and treatment searching behavior of street children in DKI Jakarta with p-value of 0.01 (p-value <0.05). Attitudes are interpreted as a reaction or response that originated from an individual to an object which then raises individual behavior towards the object in certain ways. The process that begins the formation of attitudes is the presence of objects around the individual providing a stimulus which then affects the individual sensory devices, information that is captured about the object is then processed in the brain and raises a reaction. It can be interpreted that attitudes are formed through social processes that occur during their lives, where individuals get information and experience. The process can take place in the family environment, as well as society and there is a reciprocal relationship between individuals and their surroundings. interactions and relationships then form patterns of attitudes towards individuals. As Azwar (2005)

stated that the factors forming attitudes include; strong experience and influence of other people who are considered important [12].

The results showed that most of the respondents, are 128 people (50.6%) had a positive attitude before acting in the search for treatment if they are sick. A positive attitude is shown in the result research that respondents prefer always and often to medical treatment such as health centers, general practitioners practices/clinics, and hospitals. The influence of others as one of the factors forming attitudes in searching treatment can be equated with social support. Shown by the results of the study that the majority of respondents said that many gave advice for treatment when sick are families with 210 respondents (83%) meaning family support was one of the factors that could shape the positive attitude of respondents in searching treatment when sick.

The results of the analysis show that there is no significant relationship between accessibility and treatment searching behavior. Although public transport rarely passes through these health care facilities is not a problem because most respondents use other vehicles such as motorbikes to reach health service facilities, and from the results of data analysis from 253 respondents 60.9% of respondents said that they did not experience difficulties in accessing the health services. The results of this research are inversely proportional to the research conducted by Levesque, Jean-Frederic, Mark F. Harris, Grant Russella, in Uganda in 2013 showing that poor people who are vulnerable to disease have lower access to health services than non-poor people [13]. Respondents did not experience problems or difficulties in accessing health services, this means that access to health service preparedness is fulfilled for each sub-district and kelurahan in DKI Jakarta. Strategic goals of the Directorate General of Health Services in the Ministry of Healths Strategic Plan for 2015-2019 which is the decision of the Minister of Health No. HK.02.02/MENKES/52/2015 is the realization of improved access to basic health services and quality referrals for the society, the Directorate of Health Service Facilities have to ensure the improvement of infrastructure and health equipment in health care facilities according to standards. The realization of improved access to health services can be achieved by ensuring strategic processes such as the realization of the accuracy of budget allocations, the realization of strengthening quality, advocacy, guidance and quality of supervision, the realization of an integrated planning system and the realization of strengthening the quality of health service facilities [14].

The analysis results showed that there was no significant relationship between the availability of health insurance and treatment searching behavior. Having health insurance will make it easier to treat when sick at a health facility. This is not equal with the research conducted by Amalia Luna and Wuryaningsih C, et al (2018) stating that there is a significant relationship to the availability of health insurance with street child treatment searching behavior where p-value is 0.054 [15]. The existence of various health programs has been planned by the government to improve the health of the Indonesian people, one of the current government programs is the BPJS Health program. This BPJS health program is a National Health Insurance (JKN) program, where JKN is the latest health care program whose system uses an insurance system, which means that all Indonesian citizens are required to set aside a small portion of their money for future health insurance, while for poor people or PBI (Benefit Beneficiary) is called the Indonesia Healthy Card Program (KIS). This program is funded by the government and conducted by a legal entity called the Social Security Organizing Agency (BPJS) [16]. Based on the results of research conducted on 253 respondents, it was found that the majority of respondents have KK (Family Card) which for 230 people (90.9%), with a high enough percentage we could see that the respondents already had

one document (KK) to make BPJS/JKN-KIS, in this case they will not have any difficulties in obtaining JKN-KIS and from 253 respondents the majority have health insurance (BPJS/JKN-KIS) which is 175 people with a percentage of 69.2%. The research result have shown that 69.2% of street children already have BPJS/JKN-KIS, and the majority of respondents use BPJS/JKN-KIS with a percentage of 51.8% (131 people) and only 122 people (48.2%) those who have not utilized BPJS/JKN-KIS, this has shown that the government program on National Health Insurance for the poor has played a very significant role in improving the prosperity of the Indonesian people to the lowest level, in this case the program has provided protection and mitigation financial burden for the poor [17].

Likewise with social support there is no significant relationship with treatment searching behavior. The research results are not in accordance with the theory presented by Anderson. This is possible because most street children who get family support are compared to support from friends or other people. The greater the support obtained, the greater the chance for treatment to health services. Social support is the process of a person relationship with social environment. The research results that have been analyzed are in line with the research conducted by Setiadi in 2008, that are the research of internal and external social support proved very useful. The existence of active family involvement is a form of functional family support both in the form of informational support, instrumental, assessment, emotional.

Street children is a group of children who are vulnerable to health problems that need attention and health services. Although they have small numbers, they are entitled to the same health care as other children. Law No. 36 of 2009 concerning Health states that everyone has equal rights in obtaining access to comprehensive health resources and health services which include promotive, preventive, curative and rehabilitative efforts, including street children..

The Ministry of Health has been implemented various children health programs that are directed at fulfilling the rights and protection of children by program interventions based on targets that do many types of strategies in providing health services. For this reason, several programs have been developed to improve access to child health services such as the utilization of MCH books, IMCI, SDIDTK, PKPR Health Center, Identity Card/Health Insurance, Society health center to help children in nursing homes/LKSA and street children [5].

Society health center as one of the first level health services that are often chosen by street child respondents in finding treatment. Society Health center in the DKI Jakarta area have long developed a program of PKPR (Youth Health Care Services) 156 society health center from 320 society health center located in DKI Jakarta. A distinctive feature of PKPR is counseling services and improvement in the ability of adolescents to implement Healthy Life Skills Education (PKHS). PKPR can be implemented optimally if it forms a network and is integrated with cross programs, across sectors, private organizations and NGOs related to adolescent health. PKPR can be conducted in health facility buildings and outside health facility buildings. PKPR can be conducted at health centers, hospitals, schools, places of worship or other places where youth gather. Since the society health center is the center of basic health services that can reach all levels of society including adolescents and the availability of health workers, PKPR is very potential to be implemented in the society health center. As revealed by the following informant;

"...If we talk about PKPR, it is automatic for children aged 10-18 years, so they entered the service. If the Society health center is now a screening model from one door".

(Syaiful, 40 y.o., the manager of the PKPR DKI Jakarta Provincial Health Office)

One of the PKPR activities conducted by Society health center is health screening which is routinely conducted every year. As the following informant said;

> *"...Usually 2 times, but because the budget is now being diverted to others, so we all day screening is the referral system, ma'am, so if they need treatment or follow-up we give a reference to the nearest health center ..."*

(Yulis, 47 y.o., the manager of PKPR Society health center Kramat Jati, East Jakarta)

Cases of diseases that are often found by society health center officers when screening include; ARI, gastritis, skin diseases and dental caries. As stated by the informant as follows;

> *"...ARI is not too many, teeth are mostly dental caries because they are a lot of cigarettes, ARI is not diarrhea too much, actually there are so many in the skin, teeth, and gastritis, that's what we find most often"*

(Yulis, 47 y.o., the manager of PKPR Society health center Kramat Jati, East Jakarta)

But unfortunately there is no special record related to data on diseases of street children in the health center or in the health department. Only if street children are referred to counseling rooms, are recorded in the PKPR report. The PKPR report contains menstrual disorders, premarital sex, unwanted pregnancy, teenage labor, abortion, nutritional disorders, drugs, STIs, reproductive tract infections, HIV/AIDS and psychiatric problems. Health care data in general becomes one with other general patient data. Health services for street children are not differentiated from general patients, as the informant said;

> *"...The point is that all of them can access anything, especially in the Sub-District Health Center, they can already have PKPR poly, so they are all teenagers aged 10-19 years, directly to PKPR."*

(Yulis, 47 y,o., the manager of PKPR Society health center Kramat Jati, East Jakarta)

Street children in DKI Jakarta are given easy access of health services to use BPJS, street children who do not have a BPJS can search treatment at a society health center by bringing health books from shelters as revealed by the following informant;

> *"...Use the usual letter, this is from the halfway house, but they don't come by themselves, there are 5-10 people, because they are afraid to go to the fear service, they are not accepted, so waiting for new arrivals"*

(Yulis, 47 y.o., the manager of PKPR Society health center Kramat Jati, East Jakarta)

Street children often have difficulty managing BPJS because they do not have Family Card or Identity Card. The same thing was expressed by one of the informants as follows;

> *"...that's true ... everything has to be networked. It is socialization to the lower level of the society that do not exist ... but sometimes the elements in the society are unlucky, when ordinary people took care of it, in what, sometimes happens to unscrupulous individuals"*

(Endang, 41 y.o., the manager of swara shelter, East Jakarta)

"...Actually RT RW wants to make it, the problem is sometimes they don't have a letter to move. Now asking for the letter of transfer at the Headman was requested to 900,000. Now that's what we don't know or not"

(Yulis, 47 y.o., the manager of PKPR Society health center Kramat Jati, East Jakarta)

Most of the research respondents are street children who still have parents and families, only a few rarely returned to their parents homes or their families. They only know that if they go to a health center they can be served for free if they have BPJS. However, to get BPJS, most of them are still managed by parents or their families. And only few of them are asked to be arranged by the shelter manager.

But the problem occur when they need further referral to the hospital and do not have a BPJS, there are some that are often complicated by "person" with high costs in managing the Population Registration Number and Identity Card as a condition in processing BPJS. This was acknowledged by the shelter manager because of a lack of socialization at the society level. In fact, they do not want to take care of the BPJS to make it easier to get medical services at the society health center, because they still considered that there is a fee in managing the BPJS. Beside that, they gave more care to the BPJS to their parents, as this informant said;

'...but along with mama, we will make the BPJS if there is money"

(Seno, 16 y.o. street children, Central Jakarta)

But in the case of reference to a hospital, street children who are referred must use Health Insurance/BPJS if they want to be served for free. The Society health center acknowledges that the task is only to provide referrals, while to administer the BPJS it is usually left to the RT/RW domicile where the street children live. This is the shelter manager role in helping the street children to immediately get service reference to the hospital. Like what was told by one of the informants who was the manager of the next stopover;

"...we rely on the network, our network is called the Jatinegara social pillars, so anything complaints ... those who have not been able to access the BPJS or it turns out they sick we can immediately follow up with the first coordination is the TKSK sub-district health workers and the Head of Satpel. The Head of the DKI Jakarta Provincial Office of Education in the District"

(Endang, 41 y.o., the manager of Swara shelter, East Jakarta)

Managers of shelters in DKI Jakarta who are joined in the Jakarta shelter communication forum have a network of cooperation with the Ministry of Social Affairs in handling street children who are seriously ill and need immediate treatment. They mentioned the existence of a network of social pillars consisting of TKSK (District Health Social Workers), *Kasatpel* DKI Jakarta Provincial Office and TRC (Rapid Response Team) Ministry of Social Affairs. The network is a form of rapid response to immediately get service reference at the hospital.

The DKI Jakarta government prepares development funds in each sub-district in the DKI Jakarta, one of them is to overcome social and health problems related to street children in its working area, but it is recognized that it is not yet transparent for its use. As revealed by the following informant;

"The designation so far is not ..less transparent, ... even though it is for society development"

(Endang, 41 y.o., manager of swara shelter, East Jakarta)

4. CONCLUSION

Most street children have good treatment behavior. The pattern of searching treatment for street children is more influenced by the knowledge and attitudes shown by positive behavior when sick or experiencing health problems. However, health information is still needed, JKN/BPJS-KIS in collaboration and full support from the Social Service and Health Service from provinces, districts/cities or health centers in DKI Jakarta. Improve social networks that move with fast reaction in handling street children involving managers of shelters, society groups, cross-programs, cross-sectors and non-governmental organizations so that there are no more delays that affect the health of street children.

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REFERENCES

[1] Irwanto et al., 1995. Child Labor in Three Large Cities: Jakarta, Surabaya, Medan. Jakarta: Unicef and Atma Jaya Catholic University. 1

[2] Pardoen S.R., dkk., 1996 Children in hazardous work in the informal sector in Indonesia. Center for Social Development Studies. Jakarta: Atma Jaya Catholic University Jakarta dan IPEC/ILO. 2

[3] Nur'aini, Dewi, Mira., 2009. Patterns of Activity, Food Consumption, Nutritional Status and Health of Street Children in the City of Bandung. Nutrition and Food Journal. Volume 4(2), pp. 97 – 105. 3

[4] Suyanto, Bagong., 2010. Child Social Problems. Jakarta: Kencana Prenada Media Group. 4

[5] Republic Indonesia Ministry of Health.,2018. Guidelines for Street Child Health Services, Directorate General of Public Health. Jakarta.5

[6] Rachmawati, Faika., et al., 2017. Exploration Study on Promotion of Reproductive Health in Street Children at DKI Jakarta Shelter Houses. Jakarta: Republic Indonesia Ministry of Health. 6

[7] Herlina Astri, 2014. Street Children Life in Indonesia: Causes, Life Order and Vulnerable Vulnerability. Aspirasi Vol.5 (2) 7

[8] Mulia ,R., 2019. "Irony of Children of Ondel-ondel Workers in Jakarta ", 8

[9] Nuryana, Mu'man., 1998. Development strategy for street children. Paper Presented at Seminar on Debriefing of Sakinah Street Children Shelter Volunteers. Jakarta. 9

[10] Notoatmodjo, S., 2007. Health Behavior Sciences. Jakarta: Rineka Cipta.10

[11] Koentjaraningrat, 2015. Introduction to Anthropology. Jakarta: PT Rineka Cipta. 11
[12] Maulana, Heri DJ., 2009. Health Promotion. Jakarta Medical Book Publisher EGC.12
[13] Levesque, Jean-Frederic, Mark F. Harris, Grant Russella, 2013. Patient-centred access to health care: conceptualising access at the interface of health systems and populations. International Journal for Equity in Health, 2013 12(18). 13
[14] Republic Indonesia Ministry of Health.,2017. Action Plan for Activities of the Directorate of Health Service Facilities for 2017-2019. Directorate of Health Service Facilities, Directorate General of Health Services. Jakarta. 14
[15] Amalia, Luna., Wuryaningsih, Caroline Endah, 2018. Relationship between Enabling Factors and Treatment Behavior of Street Children in Bekasi City in 2017. Heakth Research Buletin,Vol 46 (2), 119 – 128. 15
[16] Sabrina Qhisti., 2015. Implementation of the National Health Insurance Program (JKN) in Improving the Quality of Health Services in Surabaya Hajj Hospital. Journal Vol. 3(2). State Administration Study Program, FISIP, Airlangga University. 16
[17] Anonim, 2013. Society Welfare Statistic. Jakarta: BPS. 17
[18] Azwar, S., 2005. Human Attitude: Theory and Measurement. Yogyakarta: Pustaka Pelajar.12
[19] Adi Nur Rahman , 2016. Factors Related to Health Searching Behavior at Santri og Al Bisyri Islamic Boarding School in Tinjomoyo Semarang. Journal of Public Health (E-Journal), Vol 4 (5).
[20] Ana, M., Ari, N, 2008. Formulate Schemes for Providing Guaranteed Health Services that Are Suitable for the Region. Bandung: Advocacy Series on Universalization of Health Services.
[21] Amiruddin, R., Yanti, F, 2013. Risk of contracting HIV-AIDS in Street Children in Makassar City.
[22] Anonim, 2009. Law Number 36 of 2009 concerning Health. Bandung: Fokusmedia.
[23] Apollo, Cahyadi, A., 2012. Double Role Conflict of Married Women who Work reviewed From Family Social Support and Adaptation. Scientific Journal of Widya Mandala Catholic University Madiun Vol.02 (36) ,254-270.
[24] Astuti, 2018. Ministry of Social Affairs Records 16 Thousand More Street Children Are Not Handled.
[25] Social Security Administrator (BPJS) of Health, 2017 . INFOBPJS external media of Health BPJS 47th Edition of 2017 JKN KIS Turn on the Health Industry.
[26] BKSN, 2000. Module for Companion Officers Training for Parents of Street Children. Jakarta: National Welfare Agency.
[27] Repulic Indonesia Ministry of Social Affairs, 2002. Guidelines for Managing Street Children Through Shelter Houses. Jakarta: Directorate General of Social Welfare Development.
[28] Repulic Indonesia Ministry of Social Affairs,, 2007. General Guidelines for Child Welfare. Jakarta
[29] Haning, E., Aimanah, I.U., Rochman, T.N., 2018. Analysis of Needs and Demand of Health Services at Siwalankerto Health Center in Surabaya City in the Age of JKN. Health System Research Bulletin, Vol 21(3), 172–179.
[30] Ikhwanudin A., 2010. Santri Health Behavior: (Descriptive Study of Health Care Behavior, Health System Search and Use and Environmental Health Behavior at Al Fithrah Islamic Boarding School, Surabaya). Surabaya: Departement of Sociologi, FISIP, Airlangga University.
[31] Republic Indonesa Ministry of Health., 2018. Street Children Health Service Guidelines. Jakarta.

[32] Republic Indonesia Ministry of Health.,2016. Public Health Module. Jakarta: Health Human Resources Development and Empowerment Agency.

[33] Republic Indonesia Ministry of Health.,2015. Healthy Indonesia Program To Overcome Health Problems. Jakarta: Ministry of Health.

[34] Republic Indonesia Ministry of Health.,2014. The Sosilaization Handbook on National Health Insurance (JKN) in the National Social Security System. Jakarta.

[35] Kiwanuka, S.N., Ekirapa, E.K., Peterson, S., Okui, O., Rahman, M. H., Peters, D., & Pariyo, G., 2008. Access to and utilisation of health services for the poor in Uganda: a systematic review of available evidence. Transactions of the Royal Society of Tropical Medicine and Hygiene.

[35] Laksono D,A., 2016. Accessibility of Health Services. National Institute of Health Research and Development, the Ministry of Health of Indonesia.

[36] Mahmudiono, Trias, dkk., 2006. Lifestyle Relations of Street Children Against Lung Tuberculosis: Case Study at the Surabaya Human Foundation. The Indonesia Journal of Public Health. Volume 3 (2), pp. 53-57.

[37] Nana Syaodih Sukmadinata, 2009. Educational Research Methods. Bandung: PT. Remaja Rosdakarya.

[38] Notoatmodjo, S., 2014. Health Behavior Sciences. Jakarta: Rineka Cipta.

[39] Notoatmodjo, S., 2010. Health Behavior Sciences. Jakarta: Rineka Cipta.

[40] Notoatmodjo, S., 2005. Research Methodology. Jakarta: Rineka Cipta.

[41] Notoatmodjo, S., 2003. Quoted from Agus Muliadi Manurung: Relationship between Perceived and evaluated need for dental caries treatment by utilizing dental health services to the society of pematang siantar city 2008. USU e-repository@2008.

[42] Notoatmodjo, S., 2003. Health Education and Behavior. Jakarta: Rineka Cipta.

[43] Nursalam., 2003. Concept and Application of Research Methodology in Nursing Science Thesis Guidelines, Thesis and Nursing Research Instruments. Jakarta: Salemba Medika.

[44] Putri, N., Mulyana, R., Resnawaty., 2016. Child Social Welfare Program (PKSA) in Meeting Street Child Welfare. Prosiding KS: Research & PKM, 2 (1): 1-146.

[45] Sarafino, E. P., 2006. Health Psychology: Biopsychosocial Interactions. Fifth Edition. USA: John Wiley & Sons.

[46] Sarwono., 1997. Health Sociology: Several Concepts and Applications. Yogyakarta: Gadjah Mada University Press.

[47] Sugiyono, 2010. Educational Research Methods. Bandung: Alfabeta.

[48] Suharsimi Arikunto, 2006. Research Procedure A Practice Approach. Jakarta: PT Rineka Cipta: 154.

[49] Sunaryo, 2014. Psychology for Nursing. Second edition. Jakarta: EGC Medical Book Publishers.

[50] Widayati, A., 2012. Health Searching Behavior in the Urban Society in Yogyakarta City. Journal of Pharmacy Science and Community, 9(2):59-65.

[51] Yumpi, F., 2013. Reconstruction of Handling Street Children Model through Psychological Assistance, Community-Based Intervention. Journal of Psychology Research, Vol 04, pp. 142-153