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Volume 9 Number 8 August 2018 effectiveness of Risk Reduction (RR) and Risk Avoidance (RA) Approach to Reduce Risk behavior in the senior High school student in Denpasar City and Palangka Raya City ni Komang Yuni Rahyani<sup>1</sup>, Asih Rusmani<sup>2</sup>, Gusti Ayu Marhaeni<sup>1</sup>, ni nyoman suindri<sup>1</sup> <sup>1</sup>Midwifery Department Polytechnique of Health, Ministry of Health, Diploma 4 Study Program, Jalan Raya Puputan Nomor 11 Arenon Denpasar, Bali, Indonesia, <sup>2</sup>Midwifery Department Polytechnique of Health, Ministry of Health, Diploma 3 Study Program, Palangkaraya, Center of Kalimantan, Indonesia  
AbstrACt Adolescent as the age group that is vulnerable to health problems associated with risky behavior. This study aimed compare effectiveness the Avoidance and Reduction reproductive standard to students behavior three schools Bali Palangkaraya.

design quasy study pretest control design. Respondents enrolled the were at level to in and Raya, using and approach. total 132 in who willing be and subsequently to respondents, as as students school. was significant relationship the of RR, and with the /

the age of the respondents; and an increasing attitude that supports abstinence and self-efficacy in the treatment group (RA controls pretest posttest  $<.05$ ). need do intensive with the school and the policy maker for the continuity of the promotion and prevention program for adolescent.

Keywords: adolescent, risk avoidance, risk reduction, reproductive health program  
IntRoDuCtIon The effects unsafe behavior increase risk adolescents pregnancy and sexually infections STIs 1-4 . Globally was that many 47% high school had intercourse, 40% not condoms the sexual and 15% had four or more sexual partners 2, 5, 6 .

Intervention the of comprehensive Reduction (RR) behavior promotion can prevent or reduce the of Human Virus (HIV), other The intervention effectively sexual and the protection sexual in whereas Corresponding author: ni Komang Yuni Rahyani Email: yunirahyani@yahoo.co.id, Phone: 081236308392 the of abstinensia remains inconclusive because the outcome or effect is still highly varied 7.

This will the of standard in (Center Information and Communication of Reproductive Health of and Narcotics Agency the of the AIDS and Drugs Student Group) compared with Risk Avoidance (RA) and Risk Reduction (RR) interventions. RA include: or until marriage, RR include efforts plus sexual 1.6-8 . to research Lucin Palangkaraya that barriers utilization the for and of Health Youth among adolescent were embarrassment, lack of time, less communicative and room counseling 9 . problem is: RR and programs reduce risk compared to the standard program in Denpasar City and DOI Number: 10.5958/0976-5506.2018.00950.6

Indian Journal of Public Health Research & Development, August 2018, Vol. 9, No. 8  
1531 Palangkaraya City. The aim of this study is to compare the effectiveness of RR and RA programs with standard programs of Center for and of Health Youth National Agency the form the and Student between pretest posttest decrease behavior adolescents Bali Palangka This is to theoretical practical especially the themselves, educators those for sexual reproductive health programs for school-based adolescents.

The of study quasi-experimental, ie pretest with group design by providing intervention in the form of providing school-based health at to high students Denpasar Palangkaraya using and materials, to for Information and Communication of Reproductive Health of Youth and / or National Narcotics Agency in the form of AIDS Drugs Group. schools involved selected and treated, the RR, standard were randomly well.

treatment in form RR were public high 4 Denpasar and senior school 3 at Palangka Raya, RA treatment group at public senior school Denpasar and senior high 2 Raya and group

the of programs public high school Kota and senior school Palangka Raya City. MATERIALS AND METHODS The sample used to Lemeshow al, the size the of public high with confidence  $\beta =$  The of values the groups was 1.8

with the standard deviation of 2.8, so that the sample size was obtained:  $n = \left(\frac{Z_{\beta} + Z_{\alpha/2}}{\mu_1 - \mu_2}\right)^2 \sigma^2$  Sample the was into groups and differently, there one or comparison to the validity the study (Kerlinger, 2003). The variables independent variables, variables, dependent variables.

Univariate, bivariate, and multivariate analyzes used independent of chi and way anova. were for changes in attitudes, values normative beliefs, and of use condom the sexual between the before after intervention. analysis data steps, cleaning statistical analysis.

RESULTS This is by explanation advance to the selected team to collect the data, the next respondent given consent coercion. The ensures confidentiality the obtained as well as the identity of the respondent. Ethical clearance been by Ethics of the Faculty of Medicine, Udayana University, Denpasar.

The schools involved in this study were public senior high school 2, 4 and 5. Meanwhile, the schools involved in Raya public high 1, 2 3. respondents not according gender, and characteristics .05). Table 1 describes the characteristics of respondents in three public senior high schools in Denpasar City and in Palangka Raya.

1532 Indian Journal of Public Health Research & Development, August 2018, Vol. 9, No. 8 table 1. number of respondents by characteristics and intervention in three public senior high schools in Denpasar City and Palangka Raya City, year 2015 (n = 210 people) RR (n=70 people) RA (n=70 people) Control (n=70 people) p-value n % n % n % Gender Male Female 38 32 54.3 47.7 49 21 70.0 30.0 35 35 50.0 0.041\* Grade 10 11 12 30 39 1 42.9 55.7 1.4 17 50 3 24.3 71.4 4.3 23 39 8 32.9 55.7 11.4 0.017\* Age (year) 14 15 16 17 6 31 32 1 8.6 44.3 45.7 1.4 2 25 39 4 2.9 35.7 55.7

5.7 5 31 22 12 7.1 44.3 31.4 17.1 0.004\*\* There are differences in pretest scores based on dependent variables (knowledge, attitudes supporting abstinensia, known norms, to premarital perceptions condom or at sex, perceptions of avoiding pregnancy, and peer behavior known (p <.05), as described in Table 2. table 2.

Differences in pretest scores in the RR, RA and control groups in Denpasar City and Palangka Raya City (2015). Variables Pretest (n=210 people) Mean sd Mean diff 95% CI p-value Knowledge: RR RA Control 8.88 8.51 8.82 1.62 1.55 2.02 0.06 -0.31 -0.52-0.63 -0.89-0.26 0.847 0.289 Attitude toward abstinent: RR RA Control 50.26 50.08 48.84 1.58

1.53 3.01 1.41 1.24 0.69-2.13 0.52-1.96 0.001\*\*\* 0.001\*\*\* Peer normative believe: RR RA Control 6.91 6.87 6.71 0.28 0.44 0.70 0.20 0.16 0.03-0.36 0.01-0.32 0.021\* 0.069 Indian Journal of Public Health Research & Development, August 2018, Vol. 9, No.

8 1533 Self efficacy: RR RA Control 16.08 16.67 13.63 4.02 3.34 5.82 2.46 3.04 0.95-3.96 1.53-4.54 0.002\*\* 0.001\*\*\* Avoiding pregnant: RR RA Control 6.97 6.98 6.83 0.16 0.11 0.65 0.27 0.16 0.01-0.14 0.02-0.28 0.035\* 0.021\* Condom use: RR RA Control 25.06 24.66 23.3 3.61 3.11 4.88 1.76 1.36 0.44-3.07 0.04-2.67 0.009\*\* 0.043\* Peer behavior: RR RA Control 24.97 24.40 22.84 1.23 1.84 1.66 2.13 1.84 1.37-2.88 0.90-2.41 0.001\*\*\* 0.001\*\*\* Note: \*p < .05; \*\*p < .01; \*\*\*p < .005 There significant in scores the component <.001), norms <.001), perceptions of condom use (p <.05), and known peer behavior (p <.001) which is shown in Table 3 below.

table 3. Differences in posttest scores in the RR, RA and control groups in Denpasar City and Palangka Raya City (2015) Variables Posttest (n=210 people) Mean sd Mean diff 95% CI p-value Knowledge: RR RA Control 8.88 9.00 7.94 1.65 1.51 1.31 0.90 1.06 0.44-1.35 0.60.1.51 0.001\*\*\* 0.001\*\*\* Attitude toward abstinent: RR RA Control 50.78 50.47 50.21 1.52 1.80 1.84 0.57 0.26 -0.01-1.4 -0.32-0.83 0.052 0.381 Cont...table 2.

Differences in pretest scores in the RR, RA and control groups in Denpasar City and Palangka Raya City (2015). 1534 Indian Journal of Public Health Research & Development, August 2018, Vol. 9, No. 8 Peer normative believe: RR RA Control 6.93 6.88 6.70 0.25 0.43 0.49 0.23 0.18 0.09-0.36 0.04-0.32 0.001\*\*\* 0.008\*\* Self efficacy: RR RA Control 18.63 18.38 19.03 2.60 3.04 1.84 -0.40 -0.64 -1.24-0.44 -1.49-0.20 0.354 0.137 Avoiding pregnant: RR RA Control 6.91 7.00 6.90 0.40 0.00 0.51 0.01 0.10 -0.11-0.14 -0.02-0.22 0.824 0.120 Condom use: RR RA Control 24.93 25.34 24.34 2.87 2.24 2.48 0.58 1.00 -0.26-1.43 0.15-1.84 0.175 0.021\* Peer behavior: RR RA Control 25.11 24.78 23.64 1.07 1.37 1.94 1.47 1.14 0.96-1.97 0.64-1.64 0.001\*\*\* 0.001\*\*\* Source: Primary Analysis (2015) Note: \*p < .05; \*\*p < .01; \*\*\*p < .005 The results obtained on the difference in differences between and in RR, and Cont...

table 3. Differences in posttest scores in the RR, RA and control groups in Denpasar City and Palangka Raya City (2015) intervention found only supporting abstinensia self-efficacy a relationship <.001). there an in attitudes support and in RR, RA and control treatment on pretest or posttest, and the results are shown in Table 4 below.

table 4. Results of oneway anova Analysis: the relationship between RR, RA, and Control treatment with difference change on the dependent variable (2015) Variables treatment group Control p-value RR RA Mean sd Mean sd Mean sd Knowledge -41.41 1.77 41.08 2.00 -40.90 2.91 0.404 Attitude toward abstinent 0.53 1.52 0.38 2.15 1.37 2.36 0.009\*\*

Peer normative believe 0.01 0.26 0.01 0.39 -0.01 0.82 0.939 Self efficacy 2.54 4.44 1.71  
4.24 5.40 5.65 0.001\*\*\* Avoiding Pregnant -0.06 0.37 0.01 0.11 0.07 0.42 0.079 Condom  
use -0.13 2.69 0.68 2.97 1.04 3.87 0.090 Note: \*p < .05; \*\*p < .01; \*\*\*p < .005 Indian  
Journal of Public Health Research & Development, August 2018, Vol. 9, No.

8 1535 DisCussion There difference respondent given program in form RR, and group  
on level class age / age of respondent (p < .05). According to Chin et al. (2012), that the  
heterogeneity of the sample is over 50% of boundary thus substantial substantial  
variations of the individuals involved in the study should be tested 7-11 . There  
significant in and posttest several RR, and control groups in Denpasar City and Palangka  
Raya City, particularly the component <.001, attitudes abstinensia RR with <.005 groups  
control p self- efficacy reject sex adolescent perceptions contraceptive condom in sex  
with and of behavior in control (p<.05).

highly difference outcomes knowledge, self- efficacy, of use perceptions peer behavior  
are the result of learning and other internal factors. Internal include gender, genetic  
attitude adolescent 4 . main issues among in worldwide mental problems, and HIV  
sexually infection and infectious violence, injuries, malnutrition, and substance abuse 5.

There a between and values the RA control particularly the component abstinensia <.01)  
and self-efficacy to reject premarital sex (p <.001). These results indicate if not all the  
expected components change, although there no significant but appears be increase  
pretest posttest gives meaning. knowledge is not the main fact that affects behavior, but  
better can attitudes, of peer skills.

Statistical results do not always show a direct impact on knowledge to behave  
1,4,7,11-13 . According the study Viner al 14 , found adolescence affected social  
(personal, community, national besides effects to and brain development that leading  
the new sets of behaviors and Structural as strongest determinants of adolescent health  
in the worldwide, such as income inequality and access to education.

Addressing risk protective to risky among in social at community and the most  
important is in family 15-17 . ConCLusion There significant in characteristics the in RR,  
and control according gender, / and age p The results the and intervention differed the  
group, as the results. was very relationship the of RA control (p attitude self-efficacy of  
respondents <.005).

is increase attitudes that support abstinensia and self-efficacy in RR, RA and control  
treatment in both pretest and posttest (p <.05). Financial support and sponsorship  
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IV.1/01048/2015. Conflict Interest: There no of interest. ethical Clearance: Obtained Udayana University Committee ReFeRenCes 1. Blanc, K. Way Sexual and knowledge use adolescents developing Stud Plan. 1998;29(2):106–16.

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