



## Exploration of Behavior and Needs in Reproductive Health Assistance Activities for Street Children in Semarang City

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### Abstract

**Background:** Street Children are children who spend or spend most of their time on the streets, markets, shops and other crowded centers. One of the problems often faced by street children is reproductive health problems. Reproductive health problems that occur in street youth are free sex, sexually transmitted infections, and HIV/AIDS. Street children need competent assistances in providing education about reproductive health. The purpose of this study was to analyze the needs and potential of assistances in providing reproductive health education for street youth.

**Methods:** This qualitative research involved 17 subjects who accompany street children. Data collection techniques with interviews and documentation. The research was conducted in 5 institutions that assist street children, namely 1) Mandiri RSPA, 2) Indonesian Gold Foundation NGO, 3) Anantaka NGO, 4) Setara NGO and 5) Rumpin Bangio NGO. The research was conducted from January-May 2021.

**Results:** The results showed that the assistances had good knowledge, attitudes, and practices about reproductive health. Mentoring activities can provide positive motivation to street youth and minimize social deviant behavior. Mentoring activities received support from various parties such as UNICEF and the Semarang City Social Service.

**Conclusion:** Knowledge, attitude and behavior about reproductive health is an important capital in the implementation of reproductive health education for street children.

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## INTRODUCTION

Unicef data shows that there are 258 million children and adolescents experiencing difficulties in accessing education. The limited access to education is largely due to poverty (Unicef, 2021). The high poverty rate is also a factor in the increasing number of street children (Societal et al., 2021). Lack of parental attention also encourages children from poor families to become street children. The Integrated Social Welfare Data (DTKS) records that 183,104 children live on the streets (Armita, 2016; Pusat Promosi Kesehatan Kemenkes, 2011). Central Java is the second highest contributor to street children in Indonesia with around 5,000 street children (Nainggolan & Haryati, 2018).

Children and youth are the future assets of a country (Husna et al., 2016). The government must provide protection and attention to children, including providing proper education and ensuring their survival (Kertati, 2018). Social Welfare Institutions are social associations that carry out the implementation of social welfare established by the community. The institution is a partner of the central government, provincial regional governments, and district/city regional governments in the implementation of social welfare (KPAI, 2014). Social institutions also have a function to improve people's living standards in social empowerment which includes social security, social rehabilitation and social services (UU RI, 2014). Article 9 of the 2014 child protection law states that every child has the right to education and protection from sexual crimes and violence. Therefore, it is necessary to assist the family or adequate alternative assistance to ensure that children's rights can be fulfilled (DPR RI, 2014). The importance of reproductive health education for children is also one of the goals listed in the Sustainable Development Goals / SDGs targets. Reproductive health includes three components, namely ability, success and safety (PPKK, 2011).

Street children are faced with many limitations, including access to information on reproductive health (Pusat Promosi Kesehatan Kemenkes, 2011). This causes street children not to get the right solution in solving reproductive health problems (Perpres, 2014). Data on the number of street children in the city

of Semarang is still quite high, as many as 289 children. Street children are exposed to many health problems, especially reproductive health problems such as free sex, sexually transmitted infections, and HIV/AIDS (Wilopo, 2006). The results showed that living freely on the streets can trigger risky behavior. Although street children have known sexual diseases such as HIV-AIDS, sexual relations with their partners who are fellow street children are still carried out (Sari et al., 2019). Mentoring street children is needed to prevent risky behavior, especially related to reproductive health. Research proves that good communication between children and their assistances can effectively prevent risky behavior in adolescents (Newby et al., 2011). This study aims to study the behavior and needs of assistances in the task of providing reproductive health education assistance to street children in the city of Semarang.

## METHOD

The research was conducted with a qualitative descriptive design. This research was conducted in a child social protection house managed by 5 Non-Governmental Organizations (NGOs), namely: 1) Mandiri RSPA, 2) Indonesian Gold Foundation NGO, 3) Anantaka NGO, 4) Setara NGO and 5) Rumpin Bangio NGO. The selection of these 5 NGOs as research locations was because the NGOs had recruited some volunteers to accompany street children. From these 5 NGOs, 17 assistants were selected as informants or research subjects.

Data collection techniques through in-depth interviews and observation (documentation). The instrument used is an interview guide related to the research focus. There are 6 research focuses, namely: 1) knowledge of assistances about reproductive health, 2) Attitudes of assistances on reproductive health, 3) practices of reproductive health assistance, 4) practical experience of reproductive health assistance, 5) need for mentors for mentoring activities, 6) support and barriers in reproductive health assistance activities. Data analysis was carried out using content analysis. This research has passed the ethical review by the Research Ethics Commission of the Faculty of Public Health, Diponegoro University No. No 128/EA/KEPK-

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## RESULT AND DISCUSSION

This research was conducted on 17 assistants who are under the guidance of the Child Social Protection House and have been mentors for  $\pm$  1 year. The mentors come from street children who are assisted, educated, and fostered by the foundation so that they have the desire to be an assistance for the children who are in the foundation. In addition, several assistances accidentally became mentors because they had participated in an event held by the foundation so in the end they were interested and joined to become assistances for street children.

### Assistance knowledge about reproductive health

The results of the study showed that the assistances had provided education about reproductive health to street children. Educational materials put more emphasis on things that can be done and things that cannot be done by children and teenagers. Behaviors that may be carried out include maintaining the cleanliness of the reproductive organs and maintaining sexual boundaries. The things that teenagers should not do include free sex, drugs, alcohol, smoking, the use of gadgets to access pornographic sites, and sexual harassment and violence.

The assistants have also provided education about the impact of free sex behavior such as sexually transmitted diseases and unwanted pregnancies, as well as how to deal with and deal children who are sexually abused. The mentor also conveyed about puberty and the physical changes that teenagers go through when they go through puberty. The physical changes experienced by male adolescents are in the form of voice changes, growing Adam's apple, and wet dreams in male adolescents, while the physical changes experienced by female adolescents include the growth of breasts and menstruation. Adolescent girls who have experienced menstruation are given the knowledge to maintain cleanliness and health of the genitals by regularly changing sanitary napkins, how to wash sanitary napkins clean, and how to dispose of sanitary napkins wrapped

in crackle plastic..

The following are excerpts from statements from research subjects that show the assistance's knowledge of reproductive health :

*"Kalau terkait seks bebas kita ngasih tau akibat-akibatnya nanti, terus dijelasin juga penyakit apa saja yang bisa menular dari seks bebas"* (Win)

*"When it comes to free sex, we will tell you about the consequences later, and also explain what diseases can be transmitted from free sex"* (Win)

*"..... tentang menstruasi, pubertas, penyakit seksual, sama alat kontrasepsi, itu yang paling kita biasanya memberikan motivasi kepada anak-anak"* (Sis).

*"..... about menstruation, puberty, sexual diseases, and contraception, that's what we usually motivate children the most"* (Sis).

The results of the interview showed that the assistances had a fairly good knowledge of reproductive health. This basic knowledge of reproductive health becomes the basis for assistances in carrying out mentoring activities for street children. Knowledge of reproductive health provided by the assistance can prevent the risk of street children from experiencing sexually transmitted diseases, such as HIV/AIDS (Rahmah et al., 2020). Research also shows that reproductive health education can increase the knowledge of street children about sexually transmitted diseases and make teenagers more careful in avoiding the transmission of these diseases (Sujiah, 2012).

### The attitude of the assistance towards the provision of adolescent reproductive health education

The assistant in this study applied an attitude that was able to motivate street youth in coaching activities and reproductive health education. The assistances can respond to the problems narrated by the foster children well and respond in simple language that is easy to understand. The assistance is also able to show empathy to street youth by asking how the teenager feels when faced with a problem. On the other hand, there are still mentors who think that discussing sexual knowledge with

children is taboo, for example when discussing or knowing that there are teenagers who masturbate. Assistances are worried that if they discuss this, it will trigger teenagers to do these things. The following is an excerpt from the statement of the research subject that reflects the attitude of the assistance:

*"pubertas itu perubahan sekunder kayak proses menstruasi dan kematangan sperma, terus kalau ada anak yang onani pernah saya tegur supaya anak itu ada rasa takut dan saya bawa ke dokter juga"* (Bgs)

*"Puberty is a secondary change, such as the menstrual process and sperm maturity, so if there is a child who masturbates, I have warned the child to have fear and I will take him to the doctor too"* (Bgs)

*"kalau melihat langsung kejadian onani mungkin aku panik karena pengetahuanku tentang seksual masih minim"* (Ghis)

*"If I saw directly the incident of masturbation I might panic because my knowledge about sex is still minimal"* (Ghis)

*"kalau kesehatan reproduksi itu terkait kesehatan alat kelamin gitu, terus kita juga sering menanyakan anak-anak yang pernah dipukul itu kenapa lalu responnya bagaimana seperti itu"* (Ind)

*"If reproductive health is related to genital health, then we also often ask children who have been beaten, why and how do they respond like that"* (Ind)

The findings of this study are in line with the results of Tilahun's research (2012) which shows that there are 30% of social workers have a negative attitude when providing education about sexual and reproductive health. The negative attitude of social workers can prevent adolescents from obtaining information related to reproductive health, thereby increasing the risk of adolescents experiencing sexually transmitted diseases, unwanted pregnancies, and unsafe abortions (Tilahun et al., 2012). The negative attitude of social workers can prevent adolescents from obtaining information related

to reproductive health, thereby increasing the risk of adolescents experiencing sexually transmitted diseases, unwanted pregnancies, and unsafe abortions (Tilahun et al., 2012). Findings from the Ababor study (2019) revealed that most health facilities are busy taking care of other problems faced by street youth, such as food, clothing, and housing (Ababor et al., 2019).

The results of this study indicate that the attitude of the assistance in providing reproductive health education to street youth is still lacking. This is because the assistance feels awkward when discussing some things that are considered taboo. The assistant is expected to have a positive attitude in providing reproductive health education to street youth.

#### **Assistance Practices for the provision of adolescent reproductive health education**

Practices carried out by assistances to provide reproductive health education in the form of motivation and advice to establish good communication relationships with street children or youth, to minimize risky sexual behavior. In addition, several assistants also provide counseling services for street children who want to consult about the problems they face. If there are street children who experience early pregnancy, the assistance will work with health workers from the puskesmas to provide special services. The assistance also uses easy-to-understand language when delivering reproductive health education materials to street children. The following is an excerpt from the statement of the research subject that shows the aspect of mentoring practice :

*"aku taunya menstruasi, pubertas, penyakit seksual, sama alat kontrasepsi, pendamping biasanya memberikan motivasi kepada anak-anak"* (Sis)

*"I know menstruation, puberty, sexual diseases, and contraception, assistances usually motivate children"* (Sis)

*"kalau terkait seks bebas mungkin kita ngasih tau akibat-akibatnya nanti, terus dijelaskan juga penyakit apa saja yang bisa menular dari seks bebas"* (Nn)

"If it's related to free sex, maybe we can tell you the consequences later, and then explain what diseases can be transmitted from free sex" (Nn)

"reproduksi itu tentang mens gitu, kita memberikan konseling terkait reproduksi, kemudian terkait pacaran sehat, kemudian batasan-batasan seksual, menyampaikan kepada anak-anak dengan bahasa yang sederhana" (Pri)

"Reproduction is about menses, we provide counseling related to reproduction, then related to healthy dating, then sexual boundaries, conveying to children in simple language" (Pri)

The findings of this study are in line with research by Newby (2011), Bayley, and Wallace (Newby et al., 2011). The existence of good communication between children and adults can effectively prevent and reduce risky behavior. Discussions between adults and adolescents about sex can form positive sexual knowledge, attitudes, values, and behaviors. Sex education has an important role in preparing adolescents for their sexual development. Information received by adolescents through informal sources, such as the media and peers, can lead to misperceptions and wrong beliefs, so adults should maximize their role as a source of sex education information (Newby et al., 2011).

The provision of adolescent reproductive health services tailored to the problems and stages of adolescent growth and development is in line with Government Regulation Number 61 of 2014 concerning Reproductive Health. Adolescent reproductive health services can be implemented through the provision of information and education regarding education on healthy life skills, mental resilience through social skills, reproductive systems, functions and processes, healthy and safe sexual behavior, risky sexual behavior and its consequences, family planning, and risky behavior. or other health conditions that may affect reproductive health (Peraturan Pemerintah Republik Indonesia Nomor 61 Tahun 2014 Tentang Kesehatan Reproduksi).

Submission of material in a fun way can increase the knowledge of street youth about reproductive health. Based on the findings of the research, it can be concluded that the assistance provides reproductive health education for street youth through discussions that are tailored to gender and age and use easy-to-understand language. The communication that exists between the assistance and the street children is formed through motivation and advice on reproductive health regarding the behavior that can and should not be done. Assistances as adults can maximize their role in providing reproductive health education for street children. Government Regulation Number 61 of 2014 concerning Reproductive Health explains that the educational material provided through the school curriculum is a formal education process, so it can be concluded that reproductive health education carried out by assistances is included as a non-formal education process because it is carried out outside of school and the implementation of learning is not bound time (Sujiah, 2012).

#### **Assistance's experience in providing knowledge on adolescent reproductive health**

Mentoring activities bring a variety of experiences. The following interview excerpts illustrate the pleasant experiences encountered by the assistances :

"menyenangkan waktu lagi bercanda, jadi ngilangin stress, waktu belajar gak bosen" (sis)

"It's fun when you're joking, so you get rid of stress, you don't get bored while studying" (sis)

"banyak belajar dengan anak-anak dan mendapat relasi" (Bgs)

"Learn a lot with the children and get in touch" (Bgs)

"menyenangkan karena kegiatannya gak formal, tidak berseragam, tidak terikat, bisa duduk-duduk sambil mengajar itu menyenangkan bagiku" (Btg)

"It's fun because the activities are not formal, not in uniform, not tied, being able to sit around while teaching is fun for me" (Btg)



“yang menyenangkan saat kehadiran kita ditunggu, ketika saya datang disambut oleh anak-anak, saya bisa mendampingi belajar anak sampai lulus SMK itu rasanya plong dan lego” (I)

"It's fun when our presence is awaited, when I come to be greeted by the children, I can accompany children to study until they graduate from Vocational School, it feels like a long time and lego" (I)

“menyenangkan karena aku senang anak-anak, bisa interaksi dan belajar bareng anak-anak kayak ngilangin stress gitu jadi hiburan” (Ind)

"It's fun because I like children, being able to interact and learn with children is like relieving stress, so it becomes entertainment" (Ind)

Based on the results of the interviews above, it can be concluded that the assistances had various pleasant experiences while nurturing street children.

In addition to the pleasant experience, the assistances also received a sad experience. The following interview excerpts show the sad experiences faced by assistances:

“waktu awal komhar berdiri itu tetangga banyak yang gak suka, banyak omongan dari tetangga, selain itu di sini juga kekurangan relawan” (Sun)

“At the beginning of the establishment of the Komhar, many neighbors did not like it, there was a lot of talk from neighbors, besides that there is also a shortage of volunteers here” (Sun)

“sedih ketika anak-anak diberi pendidikan dan sudah diajari terus tiba-tiba keluar dari yayasan dengan alasan rindu orang tua atau mau bekerja, tapi ternyata kembali ke jalanan” (TL)

"It's sad when children are given education and have been taught to suddenly leave the foundation with the excuse of missing their parents or wanting to work, but it turns out to be back on the streets" (TL)

“kalau menyedihkan kadang pas lagi

ngajar terus ada anak yang cerita tentang kehidupan dipukul orang tuanya gitu” (Wan)

"If it's sad, sometimes while teaching, there are children who tell stories about life that their parents beat them" (Wan)

Based on the results of the interviews above, it can be concluded that the assistances felt a sad experience while nurturing children in the foundation, such as being overwhelmed in taking care of the children and often listening to children's stories about parental violence.

The task of supporting the reproductive health of street children is a social task that requires volunteerism. The pleasant and sad experiences experienced by the assistances encouraged them to continue to assist. Volunteering, gratitude, and a positive outlook are the capital to serve as an assistance (Sarwar et al., 2022).

In addition to the pleasant experience, the assistances were also faced with a sad experience when providing health education to street children. The assistants received information about violence perpetrated by parents against foster children, exploitation of children to sell newspapers, beg, or busking. The negative treatment received by street children in this study was generally accepted by street children in various places. The results showed that children who took to the streets were driven by poverty, parental divorce, and school failure (Yizengaw & Gebiresilus, 2014). Research also shows that most street children leave their homes and take to the streets due to poverty and cases of abuse (Cumber & Tsoka-Gwegweni, 2016).

The violence and bad treatment received by street children cause the failure of the assistance in return street children to their respective families. Previous research shows that as many as 33.4% of street children who have received assistance and support from social institutions choose to return to live on the streets. The reasons that encourage street children to return to street life consist of a lack of interest in services, unfriendly staff, limited services, and long service waiting times (Habtamu & Adamu, 2013).

Based on the findings of previous studies, it can be concluded that the experience of assistances in providing reproductive health education to street youth does not always go well. The attitude of street children who are difficult to manage and choose to return to life on the streets can be caused by the limited services available and the low enthusiasm of adolescents in participating in reproductive health education. The violence received by street children from their parents can be a trigger for children to leave home and choose to live on the streets.

### **Assistance needs for reproductive health education materials, media and methods**

The results of interviews with assistances indicate that assistances need additional training on reproductive health materials. The following interview excerpts show some of the materials they need to strengthen their mentoring activities:

"...materi pencegahan kehamilan, pencegahan seks bebas, merokok, miras, perkelahian, dan narkoba" (Sis)

"...pregnancy prevention materials, prevention of free sex, smoking, alcohol, fights, and drugs" (Sis)

"...terkait cara agar terhindar dari pelecehan seksual, onani, terus kehamilan, dan alat kontrasepsi" (Ind)

"...related to ways to avoid sexual harassment, masturbation, continuing pregnancy, and contraception" (Ind)

"...terkait onani kak, efek dan dampaknya seperti apa, kemudian dampak kehamilan, seks bebas, dan kekerasan seksual" (Bgs)

"...related to masturbation, Sis, what are the effects and impacts, then the impact of pregnancy, free sex, and sexual violence" (Bgs)

"...kehamilan, seks bebas, kekerasan seksual, terus kalau untuk anak laki-laki lebih ke onani sih mbak, kayak efek atau dampaknya apa saja" (E)

"...pregnancy, free sex, sexual violence, and for boys it's more like masturbation, sis, what are the effects

or effects" (E)

"...kalau menurut prioritas mungkin dari pacaran, seks bebas, terus kehamilan, menstruasi gitu" (Ghis)

"...according to priority, maybe dating, free sex, pregnancy, menstruation" (Ghis)

"...pacaran, seks bebas, kemudian terkait pubertas salah satunya menstruasi, kalau laki-laki mimpi basah" (Nn)

"...dating, free sex, then related to puberty, one of which is menstruation, if men have wet dreams" (Nn)

Based on information from the assistances, it is necessary to strengthen reproductive health materials including prevention, impact, consequences, and handling of free sex, sexual harassment, and the dangers of smoking, alcohol, and drugs. Especially for girls, assistances need to get material reinforcement related to puberty, which consists of menstruation, prevention and impact of early pregnancy, as well as the introduction of contraceptives.

In addition to strengthening the material, the assistances also need media assistance and reproductive health assistance methods. The following are excerpts from interviews with mentors:

".....lebih menarik video, kalau buku gak akan mau baca, kalau video lebih memaparkan langsung jadi anak akan lebih paham" (Sis)

".....video is more interesting, if the book doesn't want to read, if the video is more direct, the child will understand better" (Sis)

".....bisa sambil bermain bentuk kelompok-kelompok, terus menggunakan alat peraga, video, dan diskusi" (Nn)

".....can while playing in groups, continue to use props, videos, and discussions" (Nn)

".....metode paling video karena anak-anak kan suka nonton, terus nanti bisa dipause dijelaskan setelah itu lanjut lagi videonya" (Yan)

".....The most video method is

because children like to watch it, then you can pause it and explain it later, then continue with the video” (Yan)

“.....lebih ke alat peraga karena lebih real mereka liat kayak patung gitu, terus video juga bisa” (Ghis)  
 “.....More to props because they look more realistic like a statue, then videos can also be done” (Ghis)

The assistants of street children need media and methods in carrying out mentoring activities. The assistances hope that media such as videos and posters or pictures will be available for street children's reproductive health education activities. The media is needed because the enthusiasm of street children for reading is low, so they prefer pictures and watching videos. Street children face unfavourable psychological and social situations. This situation causes street children's interest in reading to be not the same as children's in general (Merga et al., 2018).

The use of video media, images and props are very necessary for mentoring activities. The assistances can provide explanations between watching videos so that children can understand the information more easily. In addition to using videos and posters, assistances also need props to convey material and discuss in groups. The use of various media and methods is very important to increase children's learning motivation (Agustini & Ngarti, 2020). The use of media, especially videos, can make children understand the material faster because children can feel part of the atmosphere described in the video (Nurwahidah et al., 2021). The use of attractive teaching aids is one of the principles that must be considered in the implementation of Communication, Information and Education or Health Education (Priyatni & Rahayu, 2016).

### Assistance Support and Obstacle

The activity of providing reproductive health assistance for street children received support from various parties. The following are excerpts from interviews that demonstrate this support:

“.....dukungan yang pasti dari yayasan emas Indonesia, terus sebagian besar dukungan orang tua anak-anak” (sis)

"...definite support from the golden foundation of Indonesia, and most of the support from the parents of the children" (sis)

“...dukungan dari teman-teman relawan mau ikut memberikan materi” (Bgs)

“...the support from fellow volunteers is willing to participate in providing material” (Bgs)

“...dukungan dari orang tua anak-anak untuk ikut kegiatan belajar” (Ghis)

“...support from children's parents to participate in learning activities” (Ghis)

“...dukungan dari teman-teman mbak ikut bantu ngajar juga, ada dari mbak mahasiswa UNNES” (Wan)

“... support from your friends also helps you teach, some from UNNES students” (Wan)

“.....kegiatan ini didukung sama UNICEF, plant internasional, terus LP3A, dinsos” (Btg)

“.....This activity is supported by UNICEF, international plants, and LP3A, social services” (Btg)

“...terkait dana biasanya kami kerjasama dengan basnas, selain itu ada donator orang tua juga” (I)

“... Regarding funds, we usually cooperate with the National Basis, besides that there are also donors from parents” (I)

“.....dukungan dari orang tua anak malah senang kalau ada teman belajar di sini, kemudian dukungan dari dinsos, dinas pendidikan juga” (Pri)

"...the support from the parents of the child is happy if friends are studying here, then the support from the social service, the education office as well" (Pri)

The assistants in this study received various support from related partners. Financial support from various parties is a potential or important social capital for the continuity of the



process of mentoring street children. Financial support was obtained from permanent donors as well as temporary donors in several Child Protection Social Homes and also operational funding support from the social welfare office of the Semarang city government.

Awareness of various parties providing financial support is a form of social capital in the implementation of reproductive health education for street children. Mentoring activities and various services for street children need financial support (Habtamu & Adamu, 2013). Street children are one of the targets of the Child Social Welfare Program (PKSA) which aims to provide cash assistance, guidance, and care provided by child support agencies (Bappenas & UNICEF, 2017). The target recipients of PKSA are children who are a maximum of 17 years old and need social protection.

In addition to financial support, reproductive health assistance activities for street children also require the support of human resources. Volunteers are needed who can provide reproductive health materials to street children. Volunteer recruitment is very necessary to assist street children. This is necessary considering the number of street children in Semarang City in 2019 reached 383 people (Dinas Komunikasi Informatika Statistik dan Persandian Kota Semarang, 2022).

#### **Assistance's obstacle in providing adolescent reproductive health education.**

Aktivitas pendampingan kesehatan reproduksi anak jalanan juga menghadapi berbagai hambatan. Berikut ini adalah kutipan hasil wawancara yang menunjukkan hambatan tersebut :

“... hambatannya kalau pembelajaran kadang ada yang cuek, ada juga yang gak bisa ikut karena harus ngamen atau minta-minta” (Sis)

“...the obstacle is that sometimes there are those who are ignorant in learning, and some who cannot participate because they have to sing or beg” (Sis)

“...hambatannya susah gabung sih kak, kadang juga kewalahan harus

ngajarin anak terkait kesehatan reproduks” (TL)

“...the obstacle is that it is difficult to join, Sis, sometimes it is also difficult to teach children about reproductive health” (TL)

“....kekurangan relawan untuk ngajar anak-anak, terus kadang anak gak mau dikasih materi dan maunya bermain” (N)

“....there is a lack of volunteers to teach children, then sometimes children don't want to be given materials and want to play” (N)

“...kadang harus teriak-teriak kalau ngasih tau anak-anak atau mesti dikerasin dulu agar anak-anak mau bergerak” (Yan)

“...sometimes you have to scream when you tell the kids or you have to make it louder so the kids want to move” (Yan)

“....hambatannya anak-anak ada yang belum mendapat pendamping karena kekurangan sumber daya” (I)

“....the obstacle is that there are children who have not received assistance due to lack of resources” (I)

The results showed that the obstacles came from 2 parties, namely the assistance and street children. Obstacles from mentors are the main job responsibilities outside of mentoring activities. Barriers from street children in the form of inactivity and lack of enthusiasm among street children towards reproductive health materials. The lack of enthusiasm for street children is because reproductive health education activities are still considered less important than activities that generate money. Street children prefer to allocate their time to activities that bring in money, such as singing on the streets.

Carers have an important role in providing social and emotional support to street children (Pope et al., 2022). Communication and social contact that exists between the assistance and street children regularly can improve the long-term welfare of street children. Furthermore, the assistance provided can improve the skills

of street children, reduce learning problems, and foster healthy relationships between children and their parents. Negative behavior carried out by children can be reduced through the mentoring process (Miftahulhair, 2018).

These obstacles can be overcome together between the assistances and street children. Both parties can discuss finding a way out with the existing facilities in the child protection house. Social institutions and assistants for street children need to understand some of the things that hinder health services for street children. Factors that can hinder these health services include the quality of human resources, difficult access, lack of information about services, fear of receiving stigma and discrimination, and high costs. Therefore, health service providers need to arrange strategies to improve the quality of mentors so that street youth can gain access to reproductive health services (Habtamu & Adamu, 2013).

## CONCLUSION

Based on the results of the study, it can be concluded that the assistances have a fairly good knowledge of reproductive health. The assistants also have attitudes and practices that can motivate street children in maintaining the health and cleanliness of their reproductive organs. Mentoring activities require support in the form of props, pictures and videos as a means to facilitate the delivery of reproductive health materials to street children. Reproductive health assistance activities for street children receive support from partners from both non-governmental organizations and local governments. The process of mentoring street children has obstacles from the assistance element because of their busyness, as well as from the street children themselves because of their inactivity and lack of enthusiasm for participating in the mentoring process.

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