

SPECIAL ARTICLE

Risk Taking Behavior of Adolescents in Indonesia (Country Report)

by

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Abstract

Adolescent problems in Indonesia are becoming more and more relevant due to the increasing reports recently. Although data gathered are very limited a certain consideration should be well planned to get all resources in terms of motivation in paying more attention to the future of Indonesia youth problems such as narcotics/drug abuse, sexual activities including sexual transmitted diseases etc. A good communication with the other Asean countries in controlling those risk taking behaviors in adolescent will be very promising to gain the improvement of people's life quality by the year 2.000.

Introduction

Indonesia with a population of 160 million is a nation with a large potential of human resources.

The goal of the Indonesian Development by the year 2000 will demand a better set of standards from those which exist today.

Thus the children, the newborns, as well as the adolescents, require not only the chance to survive from early life health problems, but also intensified and synthesized nurturing through better education and the acquisition of skills, mental and moral forging to face adapting the future life harmoniously.

Adolescents in Indonesia are about more than 14 million, spread over the whole country, where most of them live in Java as the centre of higher education.

The problem of adolescents all over the world is based upon the interaction of host (adolescent), agent, and environment that influenced the rapid growth and development process.

The evidence of earlier entering of puberty, modernization and rapid progress in technology and the availability of lethal agents support the assumption that the adolescent has changed a little in recent decades.

Cases in Indonesia

The challenges we face are indication of changes regarding with population explosion despite a successful family planning, urbanization, changes in agricultural cultivation, industrialization processes, intensification of inter-island and inter-regional communication. Such changes take place rapidly and trigger off related changes including the adolescent's development process. With regard to the definition of risk taking behavior mentioned above an attempt is done to present some studies available which might be closely related to

Some authors from developed countries reported the concept of risk taking behaviors as one of the major problems that should be paid more attention to, today.

Tonkin Roger (1987) cited Hollinger's description of the concept as follows: "Self destructive behavior appears to range from covert to overt manifestations. Suicide, homicide and accidents, can be seen as various dimensions of this self destructive continuum". Beforehand Irwin Charles (1986) stated that the behaviors associated with the major mortalities and morbidities of adolescents share common theme "risk taking": substance use/abuse, behavior associated with accidents and sexual activity.

In developing countries such as Indonesia and others, adolescent problems regarding risk taking might be identical or possibly rather different, due to cultural differences. Although limited data have been gathered in this aspect the authors hope that this presentation will give a positive input to identify kinds of risk taking behavior in certain areas of Indonesia.

the definition including substance use/abuse, sexual activity, accidents, and aggression related to injury or accidents.

The data were collected from hospitals, police reports and the youth clinics. During the National Pediatric Conference in Jakarta 1987, Daldiri et al. presented that a total of 5067 cases of narcotics had been reported in 1980-1985. But unfortunately detail informations were not available. Some informations on cases of delinquency are presented in Table 1^A.

Table 1^A : *Child Delinquency in Indonesia 1985*

Kinds of Cases	Number	(%)
1. Mass fighting amongst students	164	(43,15%)
2. Stealing	143	(37,65%)
3. Building destruction	29	(07,63%)
4. Violence against teacher	16	(04,21%)
5. Killing/Murder (teacher or friends)	13	(03,94%)
6. Idiology	5	(01,31%)
7. Pickpocketing (blackmailing)	5	(01,31%)
8. Making use of rifle	2	(0,52%)
9. Gambling	1	(0,26%)
Total	380	

Source : National Police Report.

About 6351 cases with behaviors related to aggression and delinquency were reported during the same period of time.

Another study was done in Surabaya (1986) where about 55 children with the age of 6-17 yrs were diagnosed as having

aggressive and non aggressive behavior namely in 25 and 30 children respectively. Kinds of delinquency were running away from school/home, fighting with friends, and stealing. The age distribution is presented in table 1^B.

Table 1^B : *Age distribution of Delinquency in Children Aggressive & non Aggressive*

Age (years)	Number	(%)
6 - 8	19	(34.5%)
9 - 11	23	(41.8%)
12 - 14	12	(21.8%)
15 - 17	1	(1.8%)
Total	55	(100%)

The non aggressive group mainly came from the low socio-economic parents (56.7%) where the aggressive group were from the low class (32%), and the middle class.

The aggressive type is indicated by a behavior pattern which is repeatedly done and remains constant, against the human rights by doing violence such as attack, overwhelming, raping, or even killing other

people. The non aggressive type is indicated by a pattern of constant behavior contrasting the age norms but without violence to other people, and appearing as chronic offending against various important rules. Behavior related to sexual activities has been studied and analyzed from the side of psychiatric, obstetric and pediatric points of view. Further comprehensive multidisciplinary studies are needed in order to get an accurate conclusion.

Sexual behavior is one of the problems that should be faced by adolescent today. Affandi B. et al. reported in 1986 that only 16.2% out of 400 cases of delayed menstruation in adolescents responded to the questions regarding with sexual behavior. From the available data it was obvious that simple sex education amongst the adolescents were very minimal. Sexual transmitted diseases were known by 7.6% of primary school leavers, 33% of secondary school educated respondents, and 55.4% of the higher educated groups. Sexual experience in 72 (62.6%) of the married group out of 115 respondents happened before marriage, and from the unmarried group about 248 (87%) had the

Table 2 : *Prevalence of Traffic Accidents in Adolescent in the Dr. SOETOMO Provincial Hospital Surabaya during 1986-1987*

Year	Male	Female	Total
1986	2803	1248	4051
1987	2632	1187	3819
Total	5435	2435	7870

With regard to motor vehicle accidents concerning the means how collisions occurred, collisions against other motor vehicles were the most highly encountered and on the contrary, motor vehicle versus train the least (table 3).

Whether risk taking behaviors of the

first experience with their lovers. The age related to the first sexual experience was as follows: 12 to 15 years in 5.6%, 16 to 19 years in 53.3% and over 20 years in 41.1%.

Reasoning of doing sexual intercourse amongst the unmarried group in the majority of cases (68.8%) was a spontaneous will of the couple.

Only 13.3% confessed for the sake of curiosity, and in 9.8% it was force. From the evidence it seemed likely that besides the strong sexual desire, there was a shift of norms that could had influenced, leading to lack of mechanism which was supposed to stop the sexual activities.

Very limited data about accidents and injury related to risk taking behavior are available: consequently an investigation on the epidemiology of injury and the background causes of the behavior is mandatory. Records from the Department of Surgery Dr. Soetomo provincial Hospital Surabaya showed that among 19.737 victims of motor vehicle accidents during the year 1986-1987, 7870 (39.87%) were adolescents, where males comprised about twice the frequency of females (table 2).

adolescents were strongly related to the accidents mentioned above is hard to say since the data available lack further information on whoever was the driver or any suspicious condition leading to the unexpected happenings.

Table 3 : *Motor Vehicle Accident in Adolescents and Type of Accidents in the Dr. SOETOMO Provincial Hospital During 1986-1987*

Type of Accidents	No Cases		Total
	1986	1987	
Versus train	-	2	2
Versus motor vehicle	878	854	1732
Versus other vehicle	303	215	518
Versus pedestrian	989	880	1869
Versus other than vehicle	42	43	85
Uncontrolled motor vehicle	91	74	165
While getting motor vehicle	3	138	141
Unrelated to collisions	1494	1370	2864
Unexplained	250	243	493
Total	4051	3819	7870

Programmes for the Adolescent Problems

The national operational program dealing with adolescent problems is based upon Basic Guidelines of State Policy ("GBHN") through the promotion and activities of the Advancement of Child Welfare. To manage the adolescent problems program packets for young adolescents (12-15 years) and adolescents (15-21 years) have been planned for 5th "REPELITA" (Five years Development Plan), and will be reached within the decade of Child Welfare (1986-1996).

The principal of adolescent program packets are :

1. Advancement and Development of children within the age group
2. Family life education
3. Mental health education for youth
4. Youth rubric through mass media
5. Youth service centres

6. Protection and training in youth labor
Specific program locally developed is relevant to the size of the problem at each area.

In East Java province a coordinating body specific for youth delinquency and narcotic abuse has been organized by government. This multidiscipline organization consists of: subdepartment of health, social affairs, religion, education and culture, police, public prosecutor, department of justice, and department of labor & human resources. It is called "BAP-PENKAR = Badan Pelaksana Penanggulangan narkotika dan Kenakalan Remaja" (Executor Body for Narcotics and Youth Delinquency Control)". A very important government program to support the tradition of Self Reliant Community Organizations ("LSM = Lembaga Swadaya Ma-

syarakat") has paid much attention to the child welfare. The existence of community youth organization e.g. "Karang Taruna" is about 59900 throughout whole Indonesia, which will be the backbone of the adolescent efforts to overcome their problems. The role of pediatricians is to promote child growth and development

from the very early life to the adolescent age, in terms of physical and non physical health.

Either through the professional organization as a part of on government support, or through the government policy of the Department of Health and medical education centres.

REFERENCES

1. AFFANDI B. et al. : Some characteristic of youth-girls with menstrual delay, at R. Saleh clinic, Jakarta. Presented at the Scientific meeting of Indonesian Obstetric and Gynaecology Association Padang, Juli 2-5 (1986).
2. DALDIRI R. 1986, Youth Delinquency and Narcotics abuse : The VII th - Indonesian Pediatric Congress proceeding, p. 231 (1987)
3. ENDANG W.G. et al. Comparative study of Psychiatry aspect of Agressive and Non Agressive Behavior problem. Presented at the Indonesian Psychiatric Association (IDAJI) meeting, Semarang, Desember 14-16 (1987).
4. IRWIN CHARLES : Biopsychosocial Correlate of Risk taking Behavior during adolescence, Can the physician intervene? Journal of Adolescent Health Care 7: 825 - 96S (1986).
5. TONKIN, ROGER : Adolescent Risk-taking Behavior (review article), Journal of Adolescent Health Care 8: 213 - 220 (1987).
6. The Indonesian Child Welfare Foundation (YKAI) : General concept for the advancement and Development of Child welfare as human resources to forge the Nation ahead (1984).