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## HEALTHY VILLAGE DEVELOPMENT PROGRAM (PPDS) HALFWAY HOUSE HEALTH REFORM AGENT FOR MARGINALIZED GROUPS IN JAKARTA

Jusuf Kristanto<sup>1</sup>, Reni Chairani<sup>2</sup>

<sup>1,2</sup>Departement of Nursing, Health Polytechnic Ministry of Health Jakarta, Indonesia

Email: [jusufkristianto@gmail.com](mailto:jusufkristianto@gmail.com)<sup>1</sup>, [reni\\_chairani@yahoo.com](mailto:reni_chairani@yahoo.com)<sup>2</sup>

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### ABSTRACT

Street children are a social problem that has hit big cities in Indonesia, especially Jakarta. The government has not fully addressed the aspects of developing literacy education for street children, considering the low literacy culture in Indonesian society. Negative impacts arise due to the lack of children's literacy skills, especially among street youth groups who are vulnerable to drug abuse and bad behavior.

This research uses quantitative methods to overcome these problems through an Operational Study with three stages: problem identification, shelter program development, and shelter intervention implementation. This program involves street teenagers in Jabodetabek who are still returning home, with statistical tests such as chi-square, logistic regression, and t-test. Interventions are carried out through education, counseling services, coaching, mentoring, home visits, skills training, and waste management.

The analysis results show a significant increase in the average score of adaptive behavior for street teenagers and family resilience related to efforts to prevent drug abuse and other bad behavior after implementing the Healthy Village Development Program (PPDS) Shelter Home for Health Reform Agents for Marginalized Groups. The success of this program can become a model for the development of other shelters by providing additional skills to street children.

**Keywords:** Street children, Development of Healthy Village Shelter Homes, Health Renewal Agents, Marginalized Groups

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### INTRODUCTION

The street children referred to experience particular difficulties and are used to living on the streets, which must be dealt with quickly. Apart from that, the problems that often arise for street children themselves are related to exploitation, violence, work, sex, health, drugs, and others. These street children appear due to the family's economic factors, which are insufficient for school fees, so they demand to help the family meet its living needs. Some are invited by their friends to beg on the streets. As a result, this job earns money quickly and is not too hard for children to do (Aminah & Sumadiyah, 2021).

The phenomenon of street children is a social problem. By becoming street children, they lose their rights as children, such as the right to go to school or receive an education. At that time, they should have received education and teaching, but the situation was the opposite where they had to work. This is something that needs attention and treatment quickly and appropriately. Since experiencing the economic crisis, the problem of street children is an important issue that must be handled and resolved. Street children, homeless children, or sometimes also referred to euphemistically as independent children, are children who are excluded, marginal, and alienated from loving treatment because most of them, at a relatively early age, have had to deal with the harsh city environment, and even very little Friendly (Suyanto, 2013).

To make all this happen, one of the efforts that can be taken is through education and protecting children by providing guarantees for improving their rights. Many children do not receive attention from their parents and family, so they have to live by earning a living (money) as street children. Children like this have borne heavy burdens both physically and mentally at an early age. This hinders them in education and other self-development (Suyanto & Hariadi, 1999). The grouping of street children, according to UNICEF (United Nations Children's Fund), is differentiated into three groups street: living children are children who participate fully on the streets and rarely meet their families; street working children, children from street families are street children who live on the streets to meet economic needs, and still have a strong relationship with their families, Children from Street Families are street children who come from street families such as under bridges and in illegal houses around train tracks. Problems: Street teenagers are vulnerable to health problems requiring special attention and services. There are many reasons why the younger generation is forced to live on the streets, such as forced labor carried out by the younger generation due to poverty, peer influence, disputes, domestic violence, and changes in family structure due to the death or divorce of parents (Woan et al., 2013).

Another research conducted by the Directorate General of Children and Social Welfare and SKTS in 2013 found that 72.25% of economic reasons for supporting parents drove children to take to the streets, and 76.58% of children still lived with their parents. There are (children on the streets) and 86.67% of street children are still in school. The results of the two studies above are supported by qualitative research conducted by (Pidada, 2021) on families of teenagers living on the streets of Jakarta. This research reveals the influence of friends, imitation of their parents' previous work as street buskers, and their reasons for working to gain support. The family economy is a factor that drives the younger generation onto the streets. Street teenagers spend most of their time working, playing, and doing other activities on the streets, making them very vulnerable to health problems and crime. The harsh life of street teenagers means that street children are not immune to acts of violence such as sexual

harassment, premarital sex, drug abuse, and even acting as drug dealers (McMurray, 2003). This situation is similar to the results of the Indonesian Demographic and Health Survey (2017), which found that 67.7% of teenagers had experienced premarital sex, even mothers aged 15 to 19 years.

The results of (Chairani et al., 2022) reveal that smoking behavior starts at the age of 10 years, where 13.4% of teenagers consume cigarettes regularly and every day and 9.63% of teenagers are used to drinking alcohol. The above health problems are caused by modernization. Street youth cannot keep up with cultural developments affecting their social life. Situations of social inequality, especially economic difficulties, cause cultural backwardness—differences in the level of cultural progress of society. Even though there are various limitations, street teenagers are expected to be able to contribute to the household budget. They are willing to divide their time between work and study or play according to their developmental tasks. If this is allowed, Indonesia will lose many potential young people. Therefore, it is hoped that the government can develop the potential of a young generation with a character that can be formed through the involvement of families, schools, and communities (Suharta et al., 2020). This statement is supported by (Woan et al., 2013), who found that the causes of teenagers living on the streets include poverty, which forces teenagers to work, the influence of peers, family disputes and violence, as well as changes in family structure due to the death or divorce of parents. They argue that there are many factors. Young people run away from their families. Another study by the Directorate General of Children and Social Welfare and STKS in 2013 found that 72.25% of economic reasons for supporting parents drove children to take to the streets, and 76.58% of children still live with their parents. (children are on the streets). 86.67% of street children are still in school. The results of the two previous studies are supported by (Chairani et al., 2022) qualitative research on families of street teenagers in Jakarta, which found that family financial support pushed teenagers onto the streets.

Learning Objective this research aims to understand the specific reproductive health needs of street children and develop appropriate assistance programs. The mental health challenges faced by street youth are the elimination of specialized mental health support services, increasing access to health services, and addressing risky behaviors such as smoking among street children. Researchers are increasing educational opportunities and social support for street children to improve their overall well-being and reduce the prevalence of street children in Indonesia.

According to a report from the Indonesian Ministry of Social Affairs in 2015, the number of street children reached 1.1% of all teenagers in Indonesia. This data is the basis for the government to launch the campaign Towards an Indonesia Free of Street Children 2017. This is

the government's effort to continue the liberation program of street children in Indonesia in 2014 (Zamir, 2017), but this has yet to be achieved. One strategy for implementing the MIBAJ program is to provide support through the Child and Family Strengthening Council (TEPAK) to meet children's basic needs and rights (Pandey et al., 2016). Based on the performance report of the Ministry of Social Affairs RI in 2016, the MIBAJ program had a positive impact, as evidenced by the reduction of the number of street children by up to 0.7%. With this success, there is still a lot of work that the government and the community must do to continue working synergistically to curb the growth of street children. There is an urgent need to develop the young generation on the streets to become a healthy and productive young generation (Sugiyanto et al., 2016). Street teenagers, as a marginalized health group, are an inseparable part of the health problems of Indonesian teenagers in general. The complex problems faced by street teenagers require special and appropriate treatment. Because they can no longer be classified as children, it is no longer appropriate to be classified as adults. Limited health services to meet the needs of teenagers, including minimal counseling for street teenagers, is one of the factors that worsen.

### **Literature review**

Adolescents, as a group, are vulnerable to health problems. Street adolescents are vulnerable to health problems due to limited socio-economic and environmental resources. This group has poor housing conditions and a lack of health insurance. These limitations can create disparities and give rise to feelings of helplessness, isolation, difficulty accessing health services, and discrimination in the use of health services.

### **Risk factors**

These risk factors reduce the younger generation's ability to prevent disease and health problems (Flaskerud & Winslow, 1998);(Anderson & McFarlane, 2011); (Allender, 2014). According to (Freudenberg, 2000), teenagers on the streets. , (Li et al., 2008) are teenagers who do not have a permanent address and live most of their lives on the streets or in temporary housing due to economic demands, namely running away from home or working on the streets. Limited economic and environmental resources are the problem and reason why teenagers live on the streets and become street teenagers. (Fahrudin, 2013) the classification of street children, including street teenagers, can be divided into the following three categories:

**Street children** are children who play on the street most of their time or work to support their family's economic life and still live with their family

**Street children** do not live with their families and spend most of their time on the street but sometimes return to their homes and families irregularly.

**Children from** street families are children from families who do not have a home, spend their entire lives on the streets, and do not live in one place.

The phenomenon of the increasing number of street children is increasingly exacerbating social problems, especially among teenagers. These street teenagers are very dependent on groups. They are at risk of experiencing unhealthy behavior such as emotional instability, sexual exploitation, drug abuse, and infections due to poor personal hygiene and unhealthy eating patterns. He further explained that teenagers living on the streets are seen as a source of security problems, giving rise to a negative stigma in society. The number of young people on the streets is changing and increasing in almost all countries, and the situation of young people on the streets is worsening. This condition is part of the Healthy Society 2020 goal, which focuses on street youth: improving the quality of life through increasing healthy behavior, equitable distribution of health services, and an environment that supports healthy living has become one of the world's concerns for achieving this goal (Allen, 2014). As socially vulnerable teenagers, street teenagers also have to overcome risk factors such as age factors during adolescence, which is a critical period of transition to adulthood. Teenagers are divided into three categories according to their age: early adolescence (12-13 years) and middle adolescence (14 years). -16 years), and late adolescence (17-20 years). The adolescent transition period is a crisis for the formation of self-identity, and the tendency to be independent and separated from the family is an important reason why teenagers are considered a vulnerable group. This condition helps teenagers learn about life by thinking positively and creatively, being more responsible for their actions, and providing opportunities to solve the problems they face when they grow up. This can be used as a potential for teenagers that needs to be developed and managed. Adolescent development (Cheung & Rensvold, 2002)(Allender, 2014)

Street literacy as a health promotion initiative Health promotion initiatives, which represent primary prevention, are processes that increase society's ability to monitor health conditions, as described by the World Health Organization . Health promotion can also be interpreted as motivation to improve well-being and realize health potential (Pender, 1996, Allender et al., 2014). Chukwuma (Li et al., 2008)suggests that health promotion is also part of professional nursing services, which aims to increase public awareness of their health risks. Health can also be interpreted as motivation to improve well-being and realize health potential (Pender, 2011);(Allender, 2014). Based on a literature review conducted by(Griffin & Botvin, 2010), multi-level shelter homes carried out by individuals, families, schools, and communities are factors that play a role in protecting young people from the use of tobacco, alcohol, and illegal drugs.

### **Protects problem behavior**

Supporting teenagers at various levels is part of health promotion in primary prevention, a process that increases teenagers' ability to monitor their health status. Street literacy supports young people on the streets acquire practical skills in various fields, such as reading, writing, critical thinking, effective communication, developing potential, and participating in society (UNESCO). Support for street youth may include learning resources and assistance with youth health issues. This is by the findings of (Syecha, 2016), who stated that the availability of health information sources (TV, radio, newspapers, mobile phones, internet, friends, family, posters/billboards/banners, discussions/s eminars) is still low—a significant relationship with health literacy. According to Skinner (Pender, 2011);(Allender, 2014), behavior is an individual's response to external stimuli through a process that can develop. With this research, the tiered Shelter Home development model implemented by individuals, families, and youth support groups is expected to incentivize street youth to respond to existing stimuli. Based on the discussion above regarding the relevance of this research, the nursing Shelter Home development presented in The step-by-step shelter model has value because it can change street youth and their environment towards healthy behavior. This is the opinion of experts that health promotion efforts implemented through the tiered Shelter Home model aim to change the risky behavior of street teenagers into healthy behavior

Changes in human behavior involve three behavioral domains: cognitive, affective, and psychomotor. Bloom (Allender, 2014),

A description of each field relevant to the research is as follows. Domain knowledge (cognition) enables the process of behavioral adoption. Adopting behavior has five stages, namely, awareness of the stimuli a person experiences—interest, when someone becomes interested in a stimulus. The evaluation considers the existing stimuli. Trial is the phase where you try a new behavior. Adoption is the stage where an individual begins to behave differently. SM Attitude range is a person's response that indicates their willingness to respond to a particular stimulus. Attitude has three components, Namely beliefs about the stimulus, emotional states about the stimulus, and behavioral tendencies. Attitude assessment can be done directly by asking respondents questions directly. In contrast, attitude assessment can be done indirectly through survey questions that lead to respondents' responses and tendencies in response to stimuli.

The expected results will be more accurate because skills in the field of action or measurement can be carried out through observation or observations. Human behavior and abilities are divided into guided practice, mechanical practice, and adoption. Guided practice requires the assistance of another person in acting. The acceptance stage is the most promising in health promotion because of the human ability to develop, change, and implement high-quality behavior.

## RESEARCH METHODS

This research uses quantitative methods to overcome these problems through an Operational Study with three stages: problem identification, shelter program development, and shelter intervention implementation. Sampling method The sample was taken from 60 street children using simple random sampling. The target children have almost the same education, economics, and social environment background. The following three steps are carried out: a). the first step is selecting a halfway house that will become a group supported by the Halfway House by considering the large population of street teenagers who are in the halfway house and the potential resources of the halfway house for developing street teenagers; b) the second step, calculate the number of samples proportionally at each halfway house; c) the third step, random selection of street teenagers in halfway houses. The sample inclusion criteria are street children who are teenagers (12-20 years); on the street teenagers, namely teenagers who are on the streets every day to work or play, such as at terminals, stations, or red lights, but still/sometimes live with their parents; being in a halfway house; as well as street teenagers who are willing to be sample.

## RESULTS AND DISCUSSION

Results of research conducted on street teenagers in Jakarta. Univariate analysis includes the characteristics of respondents and aspects of healthy behavior of street teenagers before and after being assisted by the research shelter in the group. Bivariate analysis is discussed which includes differences in mean behavioral variables consisting of knowledge, attitudes, and skills or actions of teenagers before and after being assisted by the Shelter Home research in the group assisted by the Shelter Home.

### Description of the Characteristics of Respondents in the Shelter Home Assisted Group

**Table 1.** Distribution of Respondents Based on Characteristics of Street Teenagers Fostered in Halfway Houses in Jakarta (n=60)

Characteristics	Shelter Home Development Group	
	n=60	%
1. 1. Age		
1) Early teens (12-13 years)	18	30,0
2) Middle teens (14-16 years)		
3) Late teens (17-20 years)	34	56,7

	<b>8</b>	<b>13,3</b>
<b>2. Gender</b>		
1) Male	<b>38</b>	<b>63,3</b>
2) Female	<b>22</b>	<b>36,7</b>
<b>3. Status of School</b>		
1) Still n school	<b>50</b>	<b>83,3</b>
2) Not going school	<b>10</b>	<b>16,7</b>
<b>4. Youth employment status</b>		
1) Buskers are not routine	<b>11</b>	<b>18,3</b>
2) Regular Buskers	<b>49</b>	<b>81,7</b>
<b>5. Saat ini tinggal bersama</b>		
1) Parents & Shelter Home	<b>28</b>	<b>47</b>
2) Friends		
3) Halfway house	<b>0</b>	<b>0</b>
	<b>32</b>	<b>53</b>

Table 1 explains the results of the analysis of 60 research respondents from groups, namely: (1) middle adolescents (14-16 years) constitute the largest proportion; (2) the most significant proportion of respondents are male; (3) the majority of respondents have school status; (4) the most significant proportion of respondents have non-formal employment status; (5) half of the respondents while living with their parents and in a halfway house. The analysis above proves that street teenagers who live daily on the streets to work or play are a group that is very at risk of adolescent health problems, especially reproductive health.

**Description of Street Adolescent Behavior towards Adolescent Health Problems**

Description of healthy behavior of street teenagers in groups assisted by Shelter Homes that implement street literacy

**Table 2.** Differences in Mean Health Behavior Scores for Street Adolescents Before and After Being Fostered by a Shelter Home, By Implementing Street Literacy in the Shelter Home Group

<b>Variabel</b>	<b>Mean</b>	<b>SD</b>	<b>SE</b>	<b>95% CI</b>	<b>P Value</b>
<b>Difference in Mean Knowledge Score</b>					
Knowledge score difference	7,43	2,05	0,26	7,96 s.d. 6,91	0,000
Pre knowledge score	11,10	2,25	0,29		
Post knowledge score	18,53	1,66	0,22		
<b>Difference in Mean Attitude Scores</b>					
Difference in attitude	14,95	5,49	0,71	16,37 s.d.	0,000

scores	13,53				
Pre attitude score	54,67	6,64	0,86		
Post attitude score	69,62	3,63	0,47		
<b>Skill Score Difference</b>					
Skill score difference	6,23	2,11	0,27	6,78 s.d 5,69	0,000
Pre skill scores	30,33	2,41	0,31		
Post skill score	36,57	1,51	0,20		

The difference in Mean Knowledge Score The mean knowledge score of the shelter group in the pre and post measurements had a difference of 7.43 (95% CI: 7.96 to 6.91; SD 2.05), while the difference in attitude score was 14.95 (95% CI: 16.37 to 13.53; SD 5.49) and the difference in skills attitude score was 6.23 (95% CI: 6.78 to 5.69; SD 2.11). A statistical analysis of the mean differences for two paired samples of groups assisted by Shelter Homes shows very significant differences in knowledge scores, attitude scores, and skills scores in the before and after measurements with a significance level of 5% ( $p=0.000$ ).

Street Literacy: Knowledge to prevent health problems in teenagers on the streets. Based on the results of data analysis, the first research hypothesis was proven to be accepted. This means that among street teenagers who participated in street literacy, the average score of street teenagers' knowledge about preventing health problems increased and was higher than on-street knowledge before the knowledge intervention for assisted children at the shelter.

Attitudes regarding preventing health problems in street teenagers who participate in street literacy. The results of the data analysis prove that the second research hypothesis is acceptable, namely that there is a higher mean attitude score in preventing health problems in street teenagers who take part in street literacy, which is higher than the attitudes of street teenagers who do not take part in street literacy ( $p<0.000$ ). The results of the data analysis also illustrate that there are differences in the attitudes of street teenagers regarding preventing drug abuse and other bad behavior, which appears to be higher after three months of implementing intervention and coaching and skills for assisted children in shelter homes. This difference in substantive results is significant regarding changes in street youth behavior after receiving guidance at the Shelter Home ( $p<0.000$ ).

The results of this study are from previous research, which stated that there was an increase in the positive attitudes of street teenagers regarding preventing drug abuse and other bad behavior after participating in a health education program (Elsayed & Al-Sayed, n.d.). This research also proves that cognitive abilities that are formed through techniques for providing

information that is appropriate to the needs of adolescents will have a positive impact on providing a sense of security to adolescents, guiding adolescents toward appropriate emotional responses and behavior. Emotional responses are viewed as conscious or unconscious cognitive evaluations that relate to affective or attitudinal domains (Brett & Stroh, 2003).

Referring to the theory above, attitude is another domain of behavior, which is a person's reaction and readiness to react to certain stimuli. The formation of good attitudes is usually influenced by good knowledge, although it cannot be denied that someone who has good knowledge does not necessarily have a good attitude (Allender, 2014; Bloom, 1956). Affective or attitudinal development is influenced by four components: secure attachment, modeling, guidance, and positive coaching. Guidance at the Shelter Home in PPDS service is carried out in stages at the level of individual street teenagers, groups of street teenagers, and families of street teenagers. It is hoped that it can increase knowledge and attitudes, which supports teenagers in having positive perceptions and attitudes towards efforts to prevent health problems.

The increase in adolescent attitudes is also influenced by the psychosocial development of adolescents, according to Erikson (Potter et al., 2013), which states that adolescents aged 12-18 years are at the stage of identity versus role confusion, with the characteristics of adolescents being more focused on the development of self-identity to create goals. Long-term, and strive to improve self-esteem. Meanwhile, teenagers aged 18-21 years are at the stage of intimacy versus isolation; that is, if teenagers can adapt and have high self-confidence, intimate and mutually beneficial relationships will be achieved by teenagers, but on the other hand, if this fails, teenagers will experience social isolation, namely the teenager's incompetence. Create mutually satisfying or beneficial relationships. This psychosocial development will significantly influence street teenagers' behavior because teenagers will be very and easily influenced by their peers (Griffin & Botvin, 2010). It is hoped that street literacy with assistance can help improve street teenagers' attitudes in preventing health problems.

Skills regarding preventing health problems in street teenagers who take part in street literacy

Referring to the results of the previous analysis proves that the third hypothesis in this research can be accepted, namely, the mean score of skills or actions in preventing health problems among street teenagers who take part in street literacy is higher than the skills or actions of street teenagers who do not take street literacy ( $p < 0.006$ ). Difference

Skills or actions are a person's ability to behave to achieve specific goals. The skills domain includes motor movements, the strengthening of cognitive mental functions, and the results of developing the cognitive and attitude domains (Allender, 2014; Bloom, 1956). Improving the skills or actions of street youth in the groups assisted by Rumah Singgah is very relevant to the

basic concept of the implementation process of the assisted Rumah Singgah implementing street literacy with behavior-oriented assistance. The Shelter Home development process is carried out at the individual level, with groups of teenagers and street youth, which is focused on training in effective communication, empathy, self-control, using adaptive coping mechanisms during stress, training to reject negative influences assertively, and reinforcing positive behavior. In this PPDS Service, teenagers are trained in waste management skills through developing chicken farms and processing waste into organic fertilizer.

## CONCLUSION

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The results of the analysis show a significant increase in the average score of adaptive behavior for street youth and family resilience related to efforts to prevent drug abuse and bad behavior, so this program is expected to implement the Healthy Village Development Program (PPDS) Shelter Home for Health Reform Agents for Marginalized Groups. The success of this program can become a model for developing other shelters by providing additional skills to street children.

Thus, this program succeeded in increasing the adaptive skills and resilience of street youth families and provided a foundation for developing other shelters. The implications are very positive, making a significant contribution to efforts to prevent drug abuse and bad behavior among street children, and can be an inspiration for similar initiatives in the future.

## BIBLIOGRAPHY

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- Allen, D. (2014). *The invisible work of nurses: hospitals, organisation and healthcare*. Routledge.
- Allender, D. (2014). *The wounded heart: Hope for adult victims of childhood sexual abuse*. Tyndale House.
- Aminah, S., & Sumadiyah, S. (2021). THE CONTEXTUAL STUDY OF FAMILY LAW: RETHINKING DIFFERENTIAL ROLES & WOMEN POSITION (INDONESIAN COUNCIL OF ULAMA/MUI) IN PANDEMIC ERA. *JPH*, 8(3).
- Anderson, B., & McFarlane, C. (2011). Assemblage and geography. *Area*, 43(2), 124–127.
- Bloom, B. (1956). *Bloom's taxonomy*.
- Brett, J. M., & Stroh, L. K. (2003). Working 61 plus hours a week: why do managers do it? *Journal of Applied Psychology*, 88(1), 67.
- Chairani, R., Palestin, B., & Netty, E. (2022). Street Literacy as an Effort to Improve Healthy Behavior of Street Teenagers: Is it effective? *Journal of Drug Delivery and Therapeutics*, 12(2-S), 151–154.
- Cheung, G. W., & Rensvold, R. B. (2002). Evaluating goodness-of-fit indexes for testing measurement invariance. *Structural Equation Modeling*, 9(2), 233–255.
- Elsayed, Y. A., & Al-Sayed, S. H. (n.d.). *Urban Structure Transformation between the Role of*

*Urban Planning Methods and Real Estate Market Force—Case Study: the New Millennial Cities in Egypt.*

- Fahrudin, A. (2013). Social welfare and social work in Indonesia. *Social Welfare in East Asia and the Pacific*, 136–157.
- Flaskerud, J. H., & Winslow, B. J. (1998). Conceptualizing vulnerable populations health-related research. *Nursing Research*, 47(2), 69–78.
- Freudenberg, N. (2000). Health promotion in the city: a review of current practice and future prospects in the United States. *Annual Review of Public Health*, 21(1), 473–503.
- Griffin, K. W., & Botvin, G. J. (2010). Evidence-based interventions for preventing substance use disorders in adolescents. *Child and Adolescent Psychiatric Clinics*, 19(3), 505–526.
- Li, J., McMurray, A., & Stanley, F. (2008). Modernity's paradox and the structural determinants of child health and well-being. *Health Sociology Review*, 17(1).
- Pandey, V., Ansari, M. W., Tula, S., Yadav, S., Sahoo, R. K., Shukla, N., Bains, G., Badal, S., Chandra, S., & Gaur, A. K. (2016). Dose-dependent response of *Trichoderma harzianum* in improving drought tolerance in rice genotypes. *Planta*, 243, 1251–1264.
- Pender, N. J. (2011). *Health promotion model manual*.
- Pidada, I. B. A. (2021). Integration Policy of Healthy Badung Krama Assurance Towards Health Services. *International Journal of Social Service and Research*, 1(4), 367–375.
- Potter, K. A., Arthur Woods, H., & Pincebourde, S. (2013). Microclimatic challenges in global change biology. *Global Change Biology*, 19(10), 2932–2939.
- Sugiyanto, D. R., Sumartias, S., Yulianita, N., & Komala, L. (2016). Professional government public relations in indonesia: a review. *Journal of Education and Social Sciences*, 3(2), 53–60.
- Suharta, R. B., Septiarti, S. W., & Kusumawardani, E. (2020). School and Family Partnership: Informal Learning Context To Build Children Character. *JIV-Jurnal Ilmiah Visi*, 15(2), 189–198.
- Suyanto, B. (2013). Girls Trapped in Prostitution. *Research on Humanities and Social Sciences*, 3(7), 23–35.
- Suyanto, B., & Hariadi, S. S. (1999). *Anak Jalanan di Jawa Timur. Surabaya*. Airlangga University Press.
- Syecha, P. N. (2016). Hubungan Akses Informasi Kesehatan Dengan Health Literacy Mahasiswa Universitas Dian Nuswantoro Semarang. *Skripsi, Fakultas Kesehatan*.
- Woan, J., Lin, J., & Auerswald, C. (2013). The health status of street children and youth in low- and middle-income countries: a systematic review of the literature. *Journal of Adolescent Health*, 53(3), 314–321.
- Zamir, M. H. (2017). *Anatomy of a social media movement: Diffusion, sentiment, and network analysis*. University of South Carolina.

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