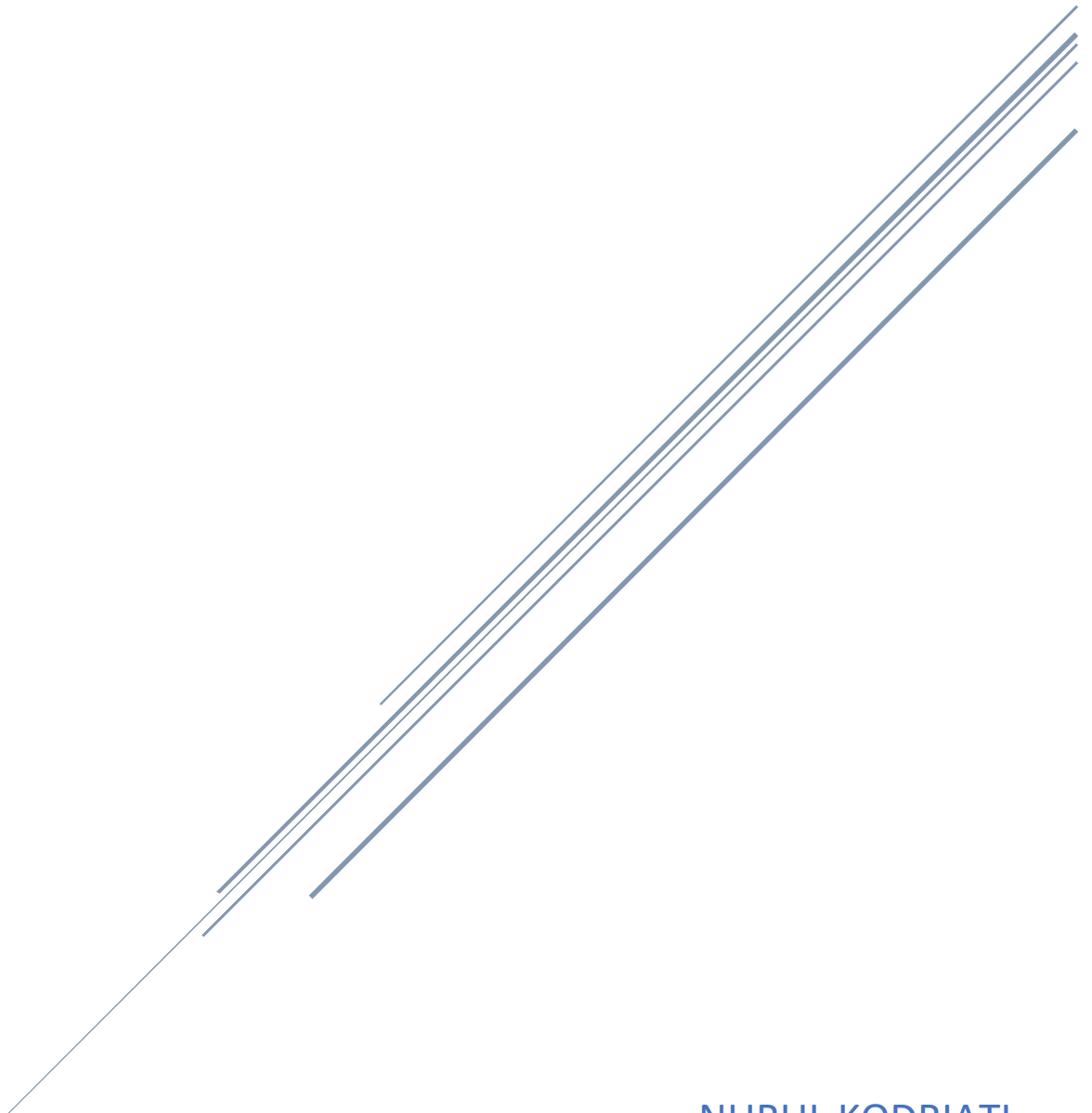


SUMMARY REPORT 2023

MID TERM YOUNG HEALTH PROGRAMME



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ACRONIM

| | |
|------|-----------------------------------|
| FGD | Focus Group Discussion |
| NCD | Noncommunicable Diseases |
| KII | Key Informant Interview |
| SRHR | Sexual Reproduction Health Rights |
| YHP | Youth Health Program |

BACKGROUND

More than one-third of the world's population is under the age of 20, and noncommunicable diseases (NCDs) affected more than 2.1 billion of them in 2017. Risk factors such as poor diet, smoking, sedentary behaviour, and overweight/obesity increase the risk of NCDs, with many of these beginning in childhood and affecting health throughout life. Within a decade, the percentage of having 4 risk factors increased three folds (44%) with average of Physical inactivity, insufficient vegetables and fruits were among the highest compared to other risk factors (Biswas et al., 2022). Similar trends were also observed for three and two risk factors but with a higher percentage average.

In Indonesia, the prevalence of "sufficient" physical activity ranges from 12.2% to 52.3%, while the prevalence of sedentary behaviour for three hours per day ranges from 24.5% to 33.8% (Andriyani et al., 2020). The adolescents were more likely to do physical activity when they perceived that they have support from their parents (Yusuf et al., 2021). During the pandemic, the changes in sedentary behaviour were mainly due to educational demands, psychological effects due to the pandemic, devices and internet availability, parental control, and social facilitators (Andriyani et al., 2021). In terms of smoking, boys aged between 10-20 years were more likely to start habit of smoking. Thus, the prevalence of smoking within this age group increased three folds (Kodriati et al., 2020) believing that smoking brings them more benefits for their social life. Unfortunately, boys were affected with these beliefs given that adults men around them are mostly smokers and thus some of these boys have misunderstanding that smoking is part of the manhood they need to acquire (Kodriati et al., 2018). Other risk factors tend to have an increased pattern of prevalence as well. Thus, investing in a study on NCD risk factors among adolescents is very crucial in order to prevent NCDs in the population in general.

The Young Health Program (YHP) was launched by Plan Indonesia in

collaboration with the Lentera Anak Foundation. This program is a component of AstraZeneca's global community investment initiative, which began in Indonesia in 2021 and will conclude in 2025. This program primarily benefited young people aged 10 to 24 and focused on noncommunicable diseases (NCDs) such as type 2 diabetes, cancer, heart and respiratory disease, and mental and neurological health conditions.

Plan believes that NCDs occurred because of lifestyle factors such as tobacco use, alcohol consumption, physical inactivity, and an unhealthy diet. Another cause of NCD is thought to be air pollution. The first goal of this program is to increase the target group's knowledge of NCD prevention and risk factors. Second, YHP aims to improve beneficiaries' ability to make informed health decisions.

Goals: Contribute to the improved health and well-being of young people aged 10 to 24 in Indonesia.

Purpose of research: To collect data for a mid-term study of the YHP in Indonesia, to inform the progress of outcome targets and follow up strategies based on the findings.

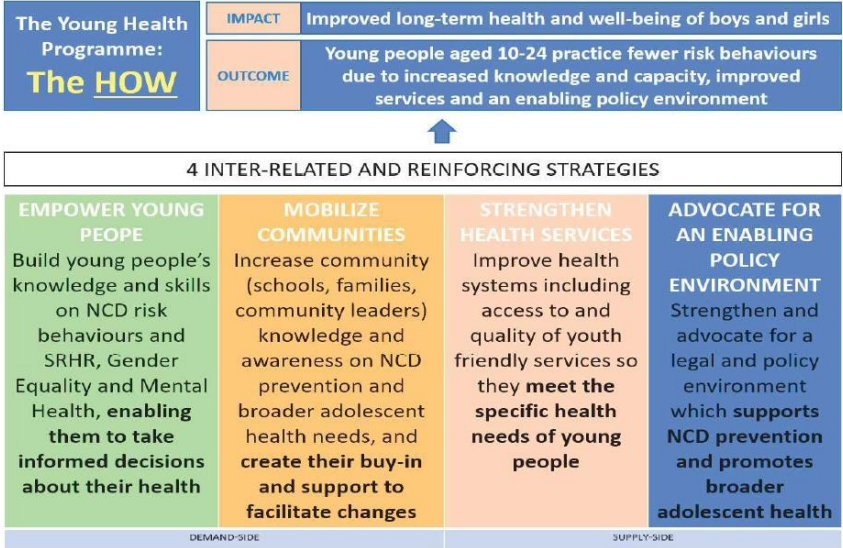


Figure 1 Theory of change and program component

METHODOLOGY

The YHP global methodology and data collection tools employed in this

study. To collect mid-term data on the indicators outlined in the YHP M&E framework, a combination of quantitative and qualitative research methods was utilised.

The study indicators comprised of knowledge, attitudes, and behaviour of five different NCD risk factors. Those risk factors were tobacco use, alcohol use, physical inactivity, unhealthy diet, and air pollution (as recommended by YHP).

To assist the main researchers organizing the midterm implementation, a research assistant based in Jakarta was recruited. Her tasks were to assist research permit, to organize the potential enumerators, to organize enumerators training and to organize administrative work during the midterm.

Qualitative Sample. Respondent Criteria Selection and Recruitment

Young Health Programme had been implemented in 40 schools which consist of 8 and 32 Junior and senior high schools, respectively. Junior high schools are students aged 11-15 y.o whereas Senior high schools are students aged 15-18 y.o. The number of students in each school are at least 600 students. Thus, this study requires two steps of sample selection. Firstly, school level selection selected randomly five schools for each Jakarta administrative area (north, south, west, and south). Secondly, student level selection which was selected students randomly but equally between boys and girls from grade 8, 9, 11 and 12. The young people aged 19-24 y.o were selected from communities with diverse backgrounds (e.g., minority disabilities, sexual orientation). Summary of the respondents for each method could be referred to Table 1. The selection of both schools and respondents will be performed in Ms. Excel.

Table 1. Summary of planned respondents for each data collection method

| Respondents/ informants for each Method | | | |
|----------------------------------------------------------|-------------------------------------------|---------------------|--------------------------------|
| Survey | FGD * | KII | Assessment tools |
| Peer educators (40 persons) | Young people beneficiaries of the project | Health professional | For process And peer education |
| Young people beneficiaries age 10 - 15 y.o (160 persons) | Peer educators | Govt | |
| 16 - 18 y.o (140 persons) | Parents /caregivers | Civil Society | |
| 19 - 24 y.o (60 persons) | Teachers | Alliances/networks | |
| | Community stakeholders/leaders | | |

Table 2 summarised the details of the respondents at schools. All schools had equal number of male and female students. For junior high schools, 20 students were recruited from each school. Meanwhile, in senior high schools, 120 students were recruited from 10 schools and the other 20 students were from 2 schools.

Table 2. Summary of respondents from schools

| No | Age (Total no of respondents) | Schools' name | No of students (M/F) |
|----|-------------------------------|-----------------------------------------------|----------------------|
| 1 | 10-15 y.o (160 students) | SMP Negeri 244, Cilincing, North Jakarta | 10 M &10 F |
| | | SMP Negeri 231, Cilincing, North Jakarta | 10 M &10 F |
| | | SMP Negeri 111, Palmerah, West Jakarta | 10 M &10 F |
| | | SMP Negeri 89 Grogol Petamburan, West Jakarta | 10 M &10 F |
| | | SMP Negeri 98 Jagakarsa South Jakarta | 10 M &10 F |
| | | SMP Negeri 211 Jagakarsa South Jakarta | 10 M &10 F |
| | | SMP Negeri 62 Jatinegara East Jakarta | 10 M &10 F |
| | | SMP Negeri 106 Ciracas East Jakarta | 10 M &10 F |
| 2 | 16-18 y.o (140 students) | SMA 45 Jakarta, Cilincing, Jakarta Utara | 6 M & 6 F |
| | | SMA 13 Jakarta Koja Jakarta Utara | 6 M & 6 F |
| | | SMA 73 Jakarta Tanjung Priok Jakarta Utara | 6 M & 6 F |
| | | SMA 17 Jakarta Taman Sari Jakarta Barat | 6 M & 6 F |
| | | SMA 101 Jakarta, Kembangan, Jakarta Barat | 6 M & 6 F |
| | | SMA 65 Jakarta Kebon Jeruk Jakarta Barat | 6 M & 6 F |
| | | SMA 47 Jakarta Kebayoran lama Jakarta Selatan | 6 M & 6 F |

| | | | |
|--|--|----------------------------------------------|-----------|
| | | SMA 6 Jakarta Kebayoran Baru Jakarta Selatan | 6 M & 6 F |
| | | SMA 8 Jakarta Tebet Jakarta Selatan | 6 M & 6 F |
| | | SMA 98 Jakarta Pasar Rebo Jakarta Timur | 6 M & 6 F |
| | | SMA 54 Jakarta Jatinegara Jakarta Timur | 5 M & 5 F |
| | | SMA 113 Jakarta Cipayung Jakarta Timur | 5 M & 5 F |

Analytical Framework: Getting to Answer Matrix for Key Evaluation/Assessment/

This study consisted of four district objectives. Each of the objectives had several outcome indicators and specific methods of measurement to achieve it. Please refer to Table 3 for detailed information of objectives, outcomes, methods, and tools employed in this study.

Table 3. Summary of overall collected data and its analysis plan

| Outcome | Outcome indicators | Method of measurement | Tools to be used |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------|
| Objective 1: Young people have increased knowledge and capacity to protect and promote their long term health, including NCD prevention, SRHR, gender and emotional wellbeing | | | |
| 1.1 Young people have correct knowledge on the five NCD risk factors and SRHR | <ul style="list-style-type: none"> • % of young people demonstrating correct knowledge on tobacco use • % of young people demonstrating correct knowledge on harmful use of alcohol • % of young people demonstrating correct knowledge on unhealthy diet • % of young people demonstrating correct knowledge on air pollution • % of young people demonstrating correct knowledge on SRHR | 1. Quantitative | Survey |

| | | | |
|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------|
| 1.2. Young people have healthy attitude | <ul style="list-style-type: none"> • % of young people demonstrating healthy attitude relating to tobacco use • % of young people demonstrating healthy attitude relating to harmful use of alcohol • % of young people demonstrating healthy attitude relating to physical inactivity • % of young people demonstrating healthy attitude relating to unhealthy diet • % of young people demonstrating healthy attitude relating to air pollution • % of young people demonstrating healthy attitude relating to SRHR • % of young people demonstrating healthy attitude relating to gender | Quantitative | Survey |
| 1.3 Young people demonstrate positive behaviour regarding the five NCD risk factors, SRHR and emotional wellbeing | <ul style="list-style-type: none"> • % of young people reporting positive behaviour relating to tobacco use • % of young people reporting positive behaviour relating to harmful use of alcohol • % of young people reporting positive behaviour relating to physical inactivity | Quantitative | Survey |

| Outcome | Outcome indicators | Method of measurement | Tools to be used |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------------|
| | <ul style="list-style-type: none"> • % of young people reporting positive behaviour relating to unhealthy diet • % of young people reporting positive behaviour relating to air pollution • % of young people reporting positive behaviour relating to SRHR • % of young people reporting positive behaviour relating to emotional wellbeing | | |
| Peer educators are empowered and have increased capacity | <ul style="list-style-type: none"> • Peer educators demonstrating empowerment and increased capacity to fulfil their role (public speaking, delivering trainings, engaging with stakeholders) | Quantitative and qualitative | Peer education assessment and focus group discussions |
| Objective 2: Communities are informed and mobilised to provide a safe and supportive environment which facilitates healthy behaviour among young people | | | |
| 2.1 Young people feel supported by their communities to demonstrate healthy behaviour. | <ol style="list-style-type: none"> 1. % of young people reporting that they feel supported by their family to demonstrate healthy behaviour 2. % of young people reporting that they feel supported by their school/university to demonstrate healthy behaviour 3. % of young people reporting that they feel supported by their community leaders to | 1. Quantitative | Survey |

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| | demonstrate healthy behaviour | | |
| 2.2. Community members have increased knowledge of NCD risk behaviours, SRHR, gender equality and the health needs of young people | The extent to which families, schools/universities and community leaders create a safe and supportive environment | Qualitative | FGD |
| Objective 3: Health services have the capacity to support the health of young people, including accessible and quality youth friendly services | | | |
| 3.1. Health services are accessible to young people | <ol style="list-style-type: none"> 1. % of young people who know where and how to access health services (including SRHR and mental health services) 2. % of young people who have access health services in the last 12 months | Quantitative | Survey |
| 3.2 Health facilities provide quality youth friendly services | <ol style="list-style-type: none"> 1. The extent to which health facilities in YHP areas implement youth friendly health services. 2. % of young people reporting satisfaction with the quality of services | <ol style="list-style-type: none"> 1. Qualitative 2. Quantitative | <ol style="list-style-type: none"> 1. KII and score carding reports 2. Survey and score carding reports |
| Objective 4: Laws and policies support NCD prevention and promote the broader health of young people | | | |
| 4.1 Government institutions implement laws and policies around NCD prevention and young people's health | 1. The extent to which laws and policies around NCD prevention and young people's health exist and are implemented | 1. Qualitative | Follow up KII with Govt stakeholders/policy makers |

| | | | |
|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----|
| 4.2 Young people actively contribute to existence and implementation of laws and policies around NCD prevention | 1. The extent to which young people's voices are included in government decision making around NCD prevention and young people's health. | Qualitative | FGD |
| | 2. The extent to which young people's advocacy leads to development or implementation of laws and policies in relation to NCD prevention | | |

RESULTS

Number of respondents recruited.

The number of respondents recruited in this survey was within the sample size calculated before the study, 380 respondents. The minimum sample size for this study should follow this calculation: with a 5% margin of error, 95% confidence level and 50% response distribution will lead to an estimation of 380 samples. The number of samples of peer educators also met the planned number of this population, 40 peer educators.

Brief survey results

Table 4. Respondents' characteristics

| No | Characteristics | N (%) |
|---------------|-----------------------|-------------|
| 1 | Gender | |
| | Male | 193 (50.8%) |
| | Female | 184 (48.4%) |
| | Others and no answer | 3 (0.8%) |
| 2 | Peer educators | 44 (11.6%) |
| | Regular students | 336 (88.4%) |
| 3 | Training involved | |
| | Physical activity | 7 (1.8%) |
| | Gender and equality | 14 (3.7%) |
| | Reproductive health | 15 (3.9%) |
| | smoking | 69 (18.1%) |
| | Mental health | 38 (10%) |
| | Understanding alcohol | 14 (3.7%) |
| Air pollution | 1 (0.3%) | |

| | |
|------------------------|-------------|
| Healthy diet | 26 (6.8%) |
| No history of training | 196 (51.6%) |

Table 5. Number of respondents who answer no health effect of tobacco

| No | Type of diseases | No of respondents who answer no |
|----|-------------------------|---------------------------------|
| 1 | cancer | 33 (8.7%) |
| 2 | Teeth | 41 (10.8%) |
| 3 | Obesity | 242 (63.7%) |
| 4 | Blood circulation risks | 60 (15.8%) |
| 5 | Reproductive health | 120 (31.6%) |
| 6 | Hearing problem | 294 (77.4%) |
| 7 | Asthma | 27 (7.1%) |

Only 186 (48.9%) people answered correctly for second hand smoking and 134 (35.3%) answered correctly for third hand cigarette smoking. 317 (83.4%) people did not smoke at all and there were 21 (5.5%) people who smoked every day and almost every day.

Table 6. Number of respondents who answer no health effect of alcohol

| No | Type of diseases | No of respondents who answer no |
|----|-------------------------|---------------------------------|
| 1 | cancer | 55 (14.5%) |
| 2 | Reduce sexual desire | 163 (42.3%) |
| 3 | hypertension | 40 (10.5%) |
| 4 | Blood circulation risks | 41 (10.8%) |
| 5 | Health disease | 33 (8.7%) |
| 6 | Increase memory | 295 (77.6%) |
| 7 | Mental health | 98 (25.8%) |

Only 153 (40.3%) understood about binge alcohol. There were 339 people who did not drink alcohol at all (89.2%). There are 6 people who drink alcohol every day and almost every day (1.6%).

Table 7. Number of respondents who answer no health effect of physical activity

| No | Type of diseases | No of respondents who answer no |
|----|-----------------------|---------------------------------|
| 1 | Increase muscle | 16 (4.2%) |
| 2 | Strengthen bone | 27 (7.1%) |
| 3 | Reduce blood pressure | 48 (12.6%) |
| 4 | Increase eye function | 205 (53.9%) |
| 5 | Reduce blood glucose | 70 (18.4%) |
| 6 | Reduce heart disease | 30 (7.9%) |
| 7 | Improve teeth | 232 (61%) |
| 8 | Weight control | 25 (6.5%) |

| | | |
|---|-----------------|-----------|
| 9 | Prevent obesity | 32 (8.4%) |
|---|-----------------|-----------|

In the last four weeks, there were 20 people (5.3%) who did not exercise at all. However, 169 people (44.5%) reported exercising for 30 to 60 minutes.

Table 8. Number of respondents who answer not healthy food to each list type of food

| No | Type of food | No of respondents who answer no |
|----|-----------------------------|---------------------------------|
| 1 | Sayur dan buah-buahan | 3 (0.8%) |
| 2 | Protein | 2 (0.5%) |
| 3 | Garam | 263 (69.2%) |
| 4 | Karbohidrat | 2 (0.5%) |
| 5 | Susu termasuk produk olahan | 3 (0.7%) |
| 6 | Lemak dan gula | 270 (71%) |
| 7 | Cabai makanan pedas | 380 (100%) |

Table 9. Number of respondents who answer no to effect of unhealthy diet

| No | Type of diseases | No of respondents who answer no |
|----|----------------------------------|---------------------------------|
| 1 | Increased energy | 314 (82.6%) |
| 2 | Obesity | 37 (9.7%) |
| 3 | Strengthen teeth | 331 (87.1%) |
| 4 | Increase blood glucose | 35 (9.2%) |
| 5 | Increase cancer risk | 49 (12.9%) |
| 6 | Increase hypertension risk | 35 (9.2%) |
| 7 | Reduce chances of bone fractures | 281 (73.9%) |

Table 10. How often respondents do diet-related activities

| No | Activity | Several times in a day | Once a week |
|----|-------------------------------------------------|------------------------|-------------|
| 1 | Add more salt to your prepared food | 68 (17.9%) | 111 (29.2%) |
| 2 | Eat cakes, sweets, chocolate | 21 (5.5%) | 17 (4.5%) |
| 3 | Drink sugary and fizzy drinks | 74 (19.5%) | 109 (28.7%) |
| 4 | Add sugar to your drinks? | 71 (18.7%) | 67 (17.6%) |
| 5 | Eat fast food, fried food or pre-prepared meals | 88 (23.1%) | 66 (17.4%) |
| 6 | Eat packaged snack foods | 99 (26.1%) | 50 (13.16%) |

During the past six months, 328 respondents (86.3%) tried to make their diet healthier. Their decision was influenced the least by teacher/school five persons and the most by themselves 186 respondents (48.9%). The main reasons why they do not try to make their diet healthier are they eat what their family provide, and they don't have time to prepare a healthy meal.

Table 11. Number of respondents who answer no to sources of air pollution inside the home

| No | Type of air pollution | No of respondents who answer no |
|----|-------------------------------------------------------------------------------------------|---------------------------------|
| 1 | Cigarette or other tobacco smoke | 27 (7%) |
| 2 | Television in the house | 333 (87.6%) |
| 3 | Fuels and methods of cooking, heating and lighting the home e.g. kerosene lamps or stoves | 68 (17.9%) |
| 4 | Loud music or noise in the house | 316 (83.2%) |
| 5 | Lack of ventilation | 55 (14.5%) |

Table 12. Number of respondents who answer no to sources of air pollution outside the home

| No | Type of air pollution | No of respondents who answer no |
|----|--------------------------------------|---------------------------------|
| 1 | Burning of household and other waste | 17 (4.5%) |
| 2 | Bicycles | 350 (92.1%) |
| 3 | Cars and lorries | 27 (7.1%) |
| 4 | Large factories | 38 (10%) |
| 5 | Dogs in the streets | 333 (87.6%) |
| 6 | Airplanes | 177 (46.6%) |

Table 13. Number of respondents who answer no to health effects of air pollution

| No | Type of diseases | No of respondents who answer no |
|----|----------------------------------------------------------|---------------------------------|
| 1 | Reduced risk of heart disease | 237 (62.4%) |
| 2 | Inflammation of the throat (Laryngitis) | 99 (26%) |
| 3 | Increased risk of respiratory conditions, such as asthma | 44 (11.6%) |
| 4 | Increased risk of lung cancer | 100 (26.3%) |
| 5 | Improvement of vision ¹² | 273 (71.8%) |

| | | |
|---|--------------------|-------------|
| 6 | Weakening of teeth | 297 (78.1%) |
|---|--------------------|-------------|

Table 14. Number of respondents who answer false to bodily changes may occur in young people during adolescence

| No | Type of diseases | No of respondents who answer false |
|----|-----------------------------------------------------|------------------------------------|
| 1 | Only girls develop hair in the pubic area | 318 (83.7%) |
| 2 | Boys can grow hair on their face and chest | 53 (13.9%) |
| 3 | Girls grow breasts | 19 (5%) |
| 4 | Girls begin the menstrual cycle | 19 (5%) |
| 5 | Boys experience ejaculation and may have wet dreams | 22 (5.8%) |
| 6 | Girls and boys develop oilier skin and may get acne | 30 (7.9%) |
| 7 | Only boys begin to feel sexual desire | 296 (77.9%) |

Table 15. Level of agreement to below statements

| No | Activity | Strongly agree and agree |
|----|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 1 | Boys are equally capable of cooking and cleaning as girls | 224 (58.9%) |
| 2 | Boys who don't smoke are not "real men" | 18 (4.7%) |
| 3 | Girls who drink alcohol are asking for trouble | 135 (35.5%) |
| 4 | It is more important for boys to be given a healthy and balanced diet than for girls | 92 (24.2%) |
| 5 | It is more important for girls to seek health services than for boys | 50 (13.1%) |
| 6 | Women and men are both able to thatch roofs, to learn how to weld, do electrical wiring, and fix cars | 159 (41.8%) |
| 7 | Just because society assigns an activity only to men or only to women does not mean that they are not capable of performing the activity | 239 (62.9%) |
| 8 | Boys should not worry about their health; they are stronger than girls | 55 (14.5%) |

Table 16. response when experience negative or difficult feeling

| No | Type of response | No respondents who answer yes |
|----|---------------------------------------------------------------------------------------------------------|-------------------------------|
| 1 | Nothing; I just accept how I am feeling and wait for it to pass | 92 (24.2%) |
| 2 | I keep thinking about how I am feeling | 126 (33.2%) |
| 3 | I use tobacco because it helps me relax | 25 (6.6%) |
| 4 | I use alcohol because it helps me relax | 5 (1.3%) |
| 5 | I eat comfort food like chocolate | 88 (23.1%) |
| 6 | I stay inside the house and don't want to see anybody; I keep my feelings to myself | 77 (20.3%) |
| 7 | I yell, scream | 19 (5%) |
| 8 | I hurt myself | 19 (5%) |
| 9 | I try to think about something else and distract myself by doing something like watch TV or play a game | 137 (36%) |
| 10 | I try to focus on the good side of things and try to think of positive outcomes ² | 120 (31.6%) |
| 11 | I try to calm myself by talking to myself, taking a walk or doing something to relax | 133 (35%) |
| 12 | I talk to my family, friends or other adults to help me feel better | 76 (20%) |
| 13 | I increase my physical activity to reduce stress | 75 (19.7%) |
| 14 | I reduce the amount of time I spend online, especially social media | 44 (11.6%) |

Brief interview results

1. Some respondents reported that YHP Activities benefits their live
 “But after he was at YHP, maybe he understood better. That's it, without me saying any more, until now, he never asked again. He never stole (cigarette) it again or bought (cigarette) it again.” (FGD parents SMU 73)

“Well, maybe during YHP activities, he understands more about health problems, that problem. I also learned what I didn't know. Maybe earlier the knowledge was minimal right, but there he understood.” (FGD Parents SMU 73)

“Maybe because we were told this, along with the research on the

modules. Maybe people out there don't know, but we, peer educators, know first, then we will apply it to our friends.” (students, SMU 99)

2. Students have confidence to talk to people close to them about NCD risks factors
3. The relationship between gender and NCD's risk factors
In many FGD, it was found that according to them the main problem for boys are smoking. Meanwhile, girls were more focus on diet problem.

“I think boys are easier. According to my son, rather than girls, because girls are a bit difficult. They really like noodles. There are lots of girls. Meatball, there are lots of women who like it. Men don't really like snacks such as meatballs, noodles, like that. If girls like snacks, according to my knowledge.” (Parents SMU 73).

“Even 4 healthy 5 perfect also has to have this balance. Like how much salt, how many carbohydrates, how much sugar, I just found out that it's like, for example, we use 4 healthy 5 perfect, but there are lots of side dishes or lots of rice, right? Now that can make you obese or maybe if we consume too much sugar it can develop diabetes.”(female students, SMU 99)

4. Some respondents answered do not know about YHP. Possible reasons for this argument were:
YHP activities had been conducted for a long time causing them to forget about the program.

“Anyway, yesterday at school there were (activities), there were, (but I forget) children at school. What time of year is this? Before covid yeah, 2019.” (FGD RPTRA Matahari MAPHAR)

“Speaker 4: That was yesterday, this year only (there were activities in) May 2023, I forgot the date. The PLAN only promotes air pollution.” (FGD RPTRA Matahari MAPHAR)

During COVID 19 pandemic, the activities were conducted online which were not many students pay attention on the activities.

Speakers 2: “Maybe offline. Because there is interaction. Yes, if you're online, it's usually just on (enters zoom) but then the camera is off (and mute) then they just talk (to themselves)” (FGD students SMU 99)

Online session was attended by 100 students out of 360 students in one batch (FGD students SMU 99)

Only contact person of YHP who knows exactly the activity. Please refer to FGD teacher SMU 32

Speakers 2: “YHP. Youth Health Program. If I 'm being honest, the one who interacts a lot with YHP is actually Ms. Merita.”

"I don't know, because usually our school only accepts that (invitation), right? Once the name is listed, what can we do, we can't replace it. Like that, that's it. Maybe the message went directly to Mrs. Meirita, for sure, that's her. Even this program, I know from Mrs. Meirita. We don't know anything; the school doesn't know anything."

Speaker 2: "If I can be honest, it's the same. It's the same because I don't know. Let's be honest I don't really know what the YHP program is like. I happened to know because I was in the same room as Mrs. Merita, who was actively involved in YHP. But make it to students, to teachers, even to *peers' educators*. In my opinion, there aren't really any significant changes."

Similar programs have been conducted at school before YHP.

"Yesterday, last year, the Puskesmas promoted the distribution of blood (Iron) supplement tablets for young women. And it's still going on, right?" (FGD teacher SMU 32)

"Speakers 2: because our school was chosen at the time of the competition and won to represent DKI Jakarta Province to enter a competition at National level and its full support from BPOM who checks that the food in our canteens is free of formalin and so on, as well as support from the government, also mayors and so on. We represent DKI Jakarta." (FGD teacher SMU 32)

"That's right. PJAS's name is Healthy Children's Snack Food (competition)." (FGD teacher SMU 32)

"Speakers 2: If I join the forum. I am a member of the Genre forum. Forum or Planning Generation. People call it Genre. This is directly under the authority of the BKKBN, or National Family Planning Population Agency. So, this Genre Forum is spread all over Indonesia. But because I'm in Jakarta, so I'm a member of the Indonesian Government DKI Jakarta. And now, I am serving as Genre Ambassador in 2022." (FGD students SMU 99)

Brief Interview results

Based on the KII conducted with the government and the health professional, it is found that :

1. YHP is a good program which is in line with the government program. However, it is conducted in general and not specify for the youth.
2. NCD prevention for the youth are implemented by integrating YHP into PKPR or Posyandu Remaja.
3. To prevent NCD among the youth, strong networks consist of the government, NGOs and the community play important role.
4. To reach a lot of audience and participants of YHP, public campaign is needed to be implemented regularly and widely.

CONCLUSIONS

Quantitative and qualitative data collections had been conducted During August 2023. Some of challenges faced during data collections were coordination with implementation team, KOBO Collect, difficult to reach and get responses from the respected informants/institutions. The preparation of the whole study was too short. Thus, it was challenging to find qualified enumerators and supervisors. Since, the data was expected to be collected as soon as possible, the KOBO collect was design using the web version. Unfortunately, there was some maintenance issue which make some of the data did not receive.

Overall, YHP had conducted various program in several institutions, schools or community, in four administrative areas of Jakarta. The knowledge questions showed that certain areas of NCD risk factors could be improved such as some students start smoking during high school or even using smoking as their coping mechanism to stress could be captured in this study. Students also need to encourage to have a better understanding of the effects of their behaviours, what kind of diseases may arise.

During qualitative data collections, the respondents report unfamiliarity with the YHP activities. It may be happened for some reasons such as the YHP activities were not involving all students, not all teachers know about YHP, etc. However, some peer educators and parents mentioned that YHP activities were very positive. It gave the students good understanding and skills not only for themselves but also advocating their parents and friends close to them.

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