



Service Implementation Analysis of Adolescent Reproductive Health toward Adolescents' Expectations and Needs

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Abstract

Lack of knowledge and information on sexual and reproductive health has led to an increase in reproductive health problems, such as sexual violence and abuse, marriage and teenage pregnancy. There are several government programs related to youth health, but only a few young people can use and take advantage of these programs. This study aims to outline the needs and expectations of adolescents in sexual education and reproductive health. The method used is a qualitative method and an in-depth interview was conducted. Use deliberate sampling techniques to determine samples. The interview results showed that all adolescents had heard of adolescent reproductive health (KRR), but they could not fully explain the definition and scope of KRR. The availability of KRR information and services around the residence is still poor, and although there is no regular schedule and incomplete, most are obtained from the school. The services that young people need include youth-friendly counseling, counseling and health checks. The expected facilities are easy-to-use facilities, affordable costs and flexible service hours. Support from policy makers, plan implementers, schools and youth residential communities are needed to provide youth-friendly and easily accessible KRR services.

Introduction

Approximately 1.2 billion people, or 1 in 6 of the world's population, are adolescents aged 10 to 19 years and as many as 80% of them come from developing countries. Most are healthy, but there are still many premature deaths, diseases, and injuries among adolescents. Disease can hinder their ability to grow and develop to their full potential. Alcohol or tobacco use, lack of physical activity, unprotected sex and/or exposure to violence can harm not only their current health, but also their health as adults, and even the health of their children in the future (Jarrrsa et al., 2017; WHO, 2018).

In 2016, according to the National Labor Force Survey (Sakernas), 62.89% of Indonesian youth aged 15-19 years were still in school. Based on data on the Indonesian Population Projection 2000-2025, the proportion of the population of adolescents aged 10-19 years in 2010 was around 18.3% of the total population

or around 43 million people (Puslitbang, 2015). Even though they are a major part of the population, various needs related to sexuality and reproductive health are still not being met through the existing health care system available to adolescents (WHO, 2014).

In Indonesia, adolescent risky behavior begins with sexual initiation from the age of 15-19. This figure is quite high, namely 33.3% for girls and 34.5% for boys. In 2015, it was reported that 8.26% of teenage boys in the cohort, and 4.17% of girls had had premarital sex (Puslitbang, 2015). Premarital sex can lead to an increased risk of contracting sexually transmitted diseases, the most devastating of which is usually HIV-AIDS. In fact, the proportion of HIV infection among those aged 15-24 years continues to increase in Indonesia, from 18.4% in 2014, to 19.3% in 2015, and 21.0% in 2016 (Ditjen PP & PL Ministry of Health of the Republic of Indonesia, 2017).

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This is exacerbated by the existence of inappropriate information and knowledge about reproductive health and HIV/AIDS, therefore teenagers who are in puberty and have a high curiosity can have unsafe sex. Efforts to address adolescent reproductive health problems in Indonesia have existed since 2003 under the name “Adolescent Care Health Services” or known as *Pelayanan Kesehatan Peduli Remaja (PKPR)*. In addition to PKPR, the National Family Planning Coordinating Board (*BKKBN*) has also established a risk behavior prevention program for adolescents through an organization called the Youth/Student Information and Counseling Center (*PIK R / M*). This group trains youth to act as peer educators (UNFPA, 2012).

However, the utilization of adolescent reproductive health services tends to be low. Research in Ethiopia has found that as many as 62.8% of adolescents aged 15-24 years have never used adolescent reproductive health services (Jarssa, 2017). Previous research has also shown that PKPR utilization is still low at <60% (data varies from 12% to 53.7%) below the service coverage standard (Gebreyesus et al., 2019). The low level of utilization of reproductive health services by adolescents is influenced by many factors. Several studies have found that knowledge, individual perceptions such as vulnerability, severity, and seriousness, perceived benefits and barriers, fear of social values, inadequate supervision and information from parents, awareness to use services and failure of services to keep adolescent privacy confidential have an effect on utilization rate (Abajobir & Seme, 2014; Mekonen et al., 2018; Thongmixay et al., 2019; Negash, 2016; Ansha et al., 2017; Hayrumyan et al., 2020; Violita & Hadi, 2019). The government has a responsibility to increase knowledge and understanding of and how to respond to the needs of youth to gain better access to reproductive health services (Chandra-Mouli & Patel, 2017). This study aims to describe the implementation of Adolescent Reproductive Health services to meet the needs of adolescents for sexuality and reproductive health education in schools and health care facilities. The results of this study are expected to be a recommendation for designing and evaluating adolescent reproductive health

service programs in Indonesia.

Method

This research is a qualitative descriptive study to provide an overview or description of Adolescent Reproductive Health services. Qualitative research models are commonly used in observation and social research, including research on reproductive health services (Forrest Keenan, van Teijlingen, and Pitchforth 2005). Research with a qualitative approach was conducted using in-depth interviews by telephone calls with informants. The aim is to get a deeper picture of the access and use of adolescent to education and Adolescent Reproductive Health (KRR) services and how they feel about their perceived needs and expectations for KRR education and services. Informants in this study consisted of high school students and PIK-R managers in schools. Determination of the sample using purposive sampling based on the considerations of the researcher according to the research objectives. Inclusion criteria are teenagers who are active students and are willing to be respondents.

Qualitative data collection was carried out using in-depth interviews. Data collection was carried out immediately after the ethical review was carried out and the researcher obtained research permission. Interview guidelines in the form of question sheets to obtain information related to the needs and expectations of informants regarding sexual education and reproductive health. Informants were asked to be willing to be part of the research after reading the in-depth interview information sheet which stated that this study did not intend to judge which answers were right or wrong, but rather to emphasize exploring the experience of the informants, having scientific and academic value so that the identity of the informants will be kept confidential. Data from in-depth interviews were analyzed using content analysis methods, namely data collection, data reduction, and verification. Content analysis is done by identifying categories before looking for them in the data. This research has received ethical approval No: 114/EC/KEPK/VI/2020 from the Commission on Ethics for Health Research, Faculty of Health Sciences, Jenderal Soedirman University.

Results and Discussion

The results showed that the knowledge of adolescents about their reproductive health was quite good. Even so, teenagers still need a variety of information related to how to maintain the cleanliness and health of their reproductive organs and the impact of sex before marriage. Sex education and reproductive health are clearly still the needs of teenagers in today's modern era. Knowledge of reproductive health, especially with regard to knowledge about sexually transmitted infections, among adolescents is still quite low (Thin Zaw et al., 2020). Support from families and schools is needed to provide education regarding adolescent reproductive health from an early age. Sex education that is given thoroughly from an early age is able to reduce the number of pregnancies in adolescents and is able to delay the desire of teenagers to have sex outside of marriage (Rabbitte & Enriquez, 2019).

Sex education is the delivery of complete information about human sexual anatomy, sexual reproduction and reproductive health. The need for sex education needs to be given, both by parents at home and teachers at school (Maimunah, 2019). Schools play a central role in having a positive and sustainable impact on children's sexual health and well-being (Pareek & Thakur, 2016). This sex education has not been widely applied in the school curriculum as a scientific study material to equip teenagers about reproductive health (Kumar, 2017). The provision of sex education is actually carried out by other parties outside the school through counseling. Adolescents are also not aware of any reproductive health services available at health care facilities.

“Engga ada, layanan kesehatan reproduksi mungkin ada ka tapi saya kurang tahu” (Z, 17 tahun)

(No, there may be reproductive health services but I don't know” (Z, 17 years old)

“Kalo informasi dari puskesmas saya belum pernah, mungkin sih diadakan tapi saya belum pernah ikut/dengar.” (G, 16 tahun)

(I have never received information from the public health center, maybe it is held but I have never attended/heard of it.” (G, 16 years old)

“Kalau disekitar rumah si setau saya ngga ada

puskesmas ataupun bidan kak, paling dekat ya rumah sakit... Kalau di rumah sakit saya belum pernah si kak buat minta konsultasi atau pengecekan kesehatan reproduksi jadi kurang tau. Cuma tau yang di sekolah aja...” (D, 16 tahun)

(As far as I know, there is no health center or midwife around the house, (Sis), the closest one is the hospital... In the hospital, I have never asked (Sis) for a consultation or reproductive health check, so I don't know. I only know what at school...” (D, 16 years old)

Reproductive health services are widely available in health facilities, especially primary health facilities. This reproductive health service seems to be quite accessible to adolescents with poor quality because the adolescents themselves cannot be fully involved in providing services among other aspects of the quality of KRR services as stated by World Health Organization (WHO) (Ndayishimiye et al., 2020). So that there are still a few teenagers who access reproductive health services because of the lack of information on the existence of services and the lack of adequate media causing teenagers to prefer to access information about their reproductive health through social media.

“Kalo misalnya tentang menstruasi sih kalo aku sendiri cari-cari di internet sih, kalo misalnya yang selain itu paling dari sekolah... Kalo saya pertama kali mencari menggunakan internet, karena kadang suka, suka apah,” (L, 17 tahun)

(For example, about menstruation, I search the internet myself, for example, other than that, most of them are from school... I used the internet for the first time, because sometimes I like it, what do I like?,” (M, 17 years old))

“Yang pertama itu aku nyarinya gi google, terus kalau sistus nya itu aku carinya yang terpercaya gitu ada dokter maksudnya yang nulis itu dokternya langsung gitu. Atau ngga mungkin kaya tanya tanya di twitter ini gimana gimana gitu. Kalau media cetak jarang si, paling buku biologi hehe” (E, 17 tahun)

(“The first one I looked for on google, then if the site I was looking for was reliable, there was a doctor, meaning that the doctor wrote it straight away. Or maybe it's like asking questions on Twitter, something like that.

If print media is rare, at least I just find in biology book hehe” (E, 17 years old))

“Sosial media. Karna mudah diakses.” (Z, 16 tahun)

“(Social media. It’s easy to access.” (Z, 16 years old))

The limitations of adolescents in accessing KRR services have an impact on adolescents’ knowledge of incomplete reproductive health. Lack of knowledge can be caused by lack of education or providing information related to reproductive health (Wijaya et al., 2014). The adolescent phase is part of the human life cycle where in this phase adolescents tend to have delinquency which is closely related to sexuality. The results of the study by Kumalasari et al. (2020) stated that there is a relationship between knowledge and control of adolescent behavior in behaving. Low knowledge and behavioral control tend to encourage teenagers to have sex before marriage (Kumalasari et al., 2019). But on the one hand, teenagers’ high curiosity about reproductive health information, encourages them to do something they have never experienced to prove the information they get. As a result, cases of risky sexual behavior in adolescents are increasing (Zainafree, 2015). Media access and contact with information on reproductive health related to risky premarital sexual behavior Unwanted Pregnancy (KTD) which is very vulnerable to lead to unsafe abortion (Azinar, 2013).

The Adolescent Reproductive Health Program is a program that receives special attention from the government in order to meet the needs of adolescents to obtain comprehensive information about their reproductive health. The implementation of the program is carried out differently in each public health, depending on the availability of available resources (Falatansah & Indarjo, 2016). The results showed that the availability of KRR services in the environment around the informants was still very limited. So there are still a few of them who take advantage of KRR services. With regard to the availability of the information needed, the adolescence stated that they had good enough and easily accessible information in online and print media, but it was still incomplete and there were still concerns

about false information (hoax). As for the school and around the informant’s residence, the availability of information is still lacking and is only given during the commemoration of certain health days.

“Kalau di sekolah, 2 tahun ini mendapatkan hanya 2 kali dari PIKRnya sendiri (kaya tentang pelayanan informasi kesehatan remaja, seperti yang membahas HIV/AIDS, pembulian, kesehatan reproduksi). Namun jarang dilakukan, 1 tahun hanya sekali. Penyedia informasi terkadang dari sekolahan sendiri inisiatif dari ekskul PIKRnya, atau kadang pernah mendatangkan dari luar. Kalau ada agenda itu semua dari kelas 1,2,3 wajib ikut serta kak dikumpulkan di Aula” (G, 16 tahun)

(In school, in the past 2 years, they have only received 2 times from PIKR (such as regarding adolescent health information services, such as those discussing HIV/AIDS, bullying, reproductive health). But rarely done, 1 year only. Information providers sometimes come from the school itself on the initiative of the PIKR extracurricular, or sometimes invite speakers from outside. If there is an agenda, all of those from grades 1,2,3 must participate, Sis, we are collected in the hall” (G, 16 years old))

Most of the informants in this study had never used and sought KRR services and only a small proportion had used online consulting services. Furthermore, most of the informants had discussed KRR with friends and parents because they felt comfortable telling stories with friends and also helped educate their peers. The topics they discussed included HIV, premenstrual syndrome, menstruation, and dating. This is supported by research conducted in Ngesrep Village which shows that adolescents need comprehensive information, including its relation to pregnancy, sexual diseases and HIV/AIDS which is provided at school (Shaluhiah et al., 2017).

“Engga sih, ga pernah.” (Z, 16 tahun)
(No, never.” (Z, 16 years old))

“Saya tidak pernah kak kalau sengaja untuk memanfaatkan layanan tentang KRR seperti itu. Paling hanya yang di sekolahan aja yang penyuluhan dari ekskul PIKR itu yang semua siswa wajib ikut.” (G, 16 tahun)

(I’ve never done it on purpose to take

advantage of services about KRR like that. At least only those at school who receive counseling from the PIKR extracurricular activities, which all students must participate in." (G, 16 years old)

"Kalo yang berhubungan dengan kesehatan reproduksi remaja si saya belum pernah kak mendapatkan fasilitas pelayanannya. Untuk yang PIK-R buat bahas masalah kesehatan reproduksi itu juga belum kak" (D, 16 tahun)

(In terms of adolescent reproductive health, I have never received the service facilities. For the PIK-R, they haven't discussed reproductive health issues yet, Sis" (D, 16 years old)

"ngga enak aja gitu kalo mau nanya ke orang tua gitu, takut...Ngga ke guru aaa, ngga mau aja..." (L, 17 tahun)

(It's not good if asking to my parents like that, I am afraid... (doing nothing), I don't want to..." (M, 17 years old)

Most of the informants stated that their obstacles in accessing KRR information and services included unclear explanations, less affordable costs, and less flexible time and lack of confidence in the information conveyed. Another study stated that one of the factors that hindered the use of KRR services was the unaffordable cost of services and the attitude of health workers who were unable to make teenagers comfortable in accessing information (Mutea et al., 2020; Pandey et al., 2019). Adolescents' ignorance of the existence of reproductive health services causes the utilization of services to tend to be low (Elom et al., 2018). These kinds of barriers are often found in areas with low socioeconomic conditions, culture and other structural factors that affect access to KRR services (Maryatun et al., 2020; Mukondwa & Gonah., 2016; Svanemyr et al., 2017). Other obstacles can also be in the form of policies on access to reproductive health services by adolescents, including gender issues, low fulfillment of adolescent rights, poor coordination between institutions and related stakeholders (Elnimeiri et al., 2020).

KRR service program policies and interventions must be able to understand the needs of all adolescent, including adolescent with disabilities and gender-based (Burke et al., 2017). Collaboration between government

agencies is needed to be able to design programs that are able to overcome obstacles for youth in accessing information on KRR services (Andajani-Sutjahjo et al., 2016). Policy makers and program implementers need to consider service preferences according to the needs of adolescents and parents to design an adequate KRR service program (Self et al., 2018).

"Aaaa, fifty-fifty 50:50. Setengah-setengah. Karena ya itu tadi sih, kan kaya aaa, misal ini yang aaa, untuk melancarkan haid itu kan makan bayem, makan ini, makan ini, makan ini, terus pas lagi haid juga minum kunyit, tapi tuh kan aaa sempet ada orang yang bilang jangan kebanyakan minum kunyit, nanti gini gini, jadi kan, aah bingung, kaya gitu. Jadikan susah, jadi setengah percaya setengah engga kaya gitu." (L, 17 tahun)

(Aaaa, fifty-fifty 50:50. Because yeah, that was it, like rrrr, for example this is rrrr, to launch menstruation, you eat spinach, eat this, eat this, eat this, then when you are menstruating you also drink turmeric, but there are people who say no to not mostly drink turmeric, then it's like this, so I'm confused, like that. It is difficult, sometimes believe sometimes not, such it." (M, 17 years old)

"Iya kak percaya. Hmm, sebenarnya guru belum tentu benar sih kak. Cuma kalau misalnya udah dapet informasi dari guru nih kak baru searching di online, kalau ternyata beda, nanya lagi ke gurunya. Bu yang benar yang mana hehehe. Iya jadi dicrosscheck dulu. Soalnya takut juga sih gurunya ngga taunya sok tau hehehe." (D, 16 tahun)

(Yes I believe. Hmm, actually the teacher is not necessarily right, sis. It's just that if you get information from the teacher, for example, just searching online, if it turns out to be different, ask the teacher again. Which one is the right one hehehe. Yes, so it was crosschecked first. It's because I'm afraid that the teacher doesn't know, just like want to know everything even it's not their thing, hehehe." (D, 16 years old)

Teenagers first hear information about adolescent-friendly health services from their parents, supervisor, and friends. However, only a few of them have ever visited the facility (Wright et al., 2017). Good location, flexible opening hours, close distance, and a comfortable environment and satisfaction with services are aspects that attract teenagers to

visit health facilities (Abate et al., 2019; Femi-Adebayo et al., 2019; Wright et al., 2017). The availability of seminar rooms and educational materials is also an important aspect for adolescents and reproductive health is the health education topic that is most often chosen by adolescents (Wright et al., 2017). In areas with limited access and contact information, most adolescents even rely on their peers for sexual and reproductive health information. Utilization of KRR services in the community is still low due to the reluctance of youth to visit these services. Apart from confidentiality, negative attitudes of officers and social norms in the community cause adolescents to choose to access information related to their own reproductive health (Kyilleh et al., 2018).

The school environment and positive relationships with teachers and staff play a role in shaping adolescent behavior. The results of a systematic review conducted by Jamal et al. (2013) expressing unhappy feelings, being treated un-fairly, feeling unsafe at school can cause students to seek a source of diversion either by leaving school at lunchtime or by long-term drug use and other risky behaviors. Knowledge of reproductive health can be applied in the primary health care school curriculum and materials in health promotion are expected to increase adolescent awareness of the risks of infertility and the long-term impact of reproductive health problems (Hammarberg et al., 2017).

In addition to teachers, parents have an important role as a source of information for adolescents. Communication on topics related to sex from parents is needed to increase adolescent knowledge of reproductive health issues. Submission of correct information with an open-minded approach will be able to increase the confidence of adolescents in receiving information from parents (Deshmukh & Chaniana, 2020). The results of this study indicate the information needed by adolescents regarding their reproductive health, including nutritional needs, sex education, violence, and menstruation. More specifically, the informant expressed his need for self-control, sexual violence, juvenile delinquency, as well as HIV-AIDS and how to prevent it. As for the services needed, the informants expressed their need

for consultation, counseling, and health check services that are friendly and open to teenagers. Furthermore, with regard to the expected facilities, male and female informants both expect facilities that are easy to access, affordable costs, without long queues, and flexible service hours. To facilitate access and flexible service hours, health facilities can design technology-based KRR service programs that make it easier for adolescents to access services anytime and anywhere while maintaining the confidentiality of data and information (Ippoliti & L'Engle, 2017).

“Resiko dan dampak dari berhubungan secara seksual dengan siapapun itu. Kalau misal remaja udah tau dampak-dampaknya terutama dampak negatifnya harapannya si udah ada inisiatif buet ngehindarin yaa. Sementara untuk kesehatan reproduksinya, saya merasa masih kurang sih kak. Karna selama ini juga dipelajarin di pelajaran biologi cum di permukaan aja belum sampe kesehatan yang mendalam.” (D, 16 tahun)

(The risks and effects of having sex with anyone, If, for example, teenagers already know the impacts, especially the negative impacts, it is hoped that there will be initiatives to avoid them. As for reproductive health, I feel it's still lacking, sis. Because all this time what has been studied in biology lessons has only been on the surface, not yet deep health explanation.” (D, 16 years old))

“Seperti informasi cara merawat dan menjaga reproduksi. Cara bergaul yang baik dan benar dengan lawan jenis khususnya” (G, 16 tahun)

(It is such as information on how to care for and maintain reproduction. How to get along well and correctly with the opposite sex in particular” (G, 16 years))

“Ya itu sih, gimana cara kita buat menjaga kesehatannya, cara-caranya tuh gimana, harus ngelakuin apa apa apa gitu. Udah sih paling itu.” (L, 17 tahun)

(Yes, that's it, how do we take care of our health, what are the methods, what should we do. That's all.” (M, 17 years old))

School-age youth feel the need to have educational content on sexuality and reproductive health in schools and 33.5% of youth feel that the current related education is inadequate (Jennifer et al., 2012; Sreekumar et al., 2019). Health education sessions in schools

are highly effective in increasing knowledge even though students have a tendency to forget information regarding some aspects that have been obtained over time (Jennifer, et al., 2012). Adolescents expect privacy and confidentiality and the presence of a doctor of the same sex as themselves (Femi-Adebayo et al., 2017; Sreekumar et al., 2019). As for the source of information, several studies mention that teachers are a source of information on sexual and reproductive health in the community, but adolescents prefer to discuss with doctors regarding sexual diseases and feel uncomfortable discussing their doubts about sexual and reproductive health with teachers. However, teenagers do not like government clinics because of the lack of facilities and overcrowding (Jennifer et al., 2012; Sreekumar et al., 2019).

Conclusion

Adolescents need information about adolescent reproductive health such as HIV-AIDS as well as health in general which is conveyed more broadly and in depth. Adolescents have heard about Adolescent Reproductive Health (KRR), but many teenagers have not been able to explain what is meant by reproductive health and the types of reproductive health services. The KRR services that are currently available are still not able to meet the needs of adolescents for information about their reproductive health. There needs to be support from various parties, ranging from policy makers, program implementers, schools, to the community environment where teenagers live to be able to realize KRR services that are adolescent-friendly and easy to reach. This support can be in the form of comprehensive socialization of KRR services to target adolescent, assistance from the public health as program implementers, training of teachers and parents in assisting adolescents in obtaining information on KRR and curriculum-based sex education in schools. It is hoped that with the collaboration of various parties, KRR services can be carried out optimally to meet the information needs of adolescent reproductive health.

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