

Reproductive Health Education For Adolescents: A Study On Surakarta City

Rahesli Humsona*

Department of Sociology, Faculty of Social and Political Sciences
Sebelas Maret University Surakarta Indonesia
rahesli64@gmail.com

Sri Yuliani

Public Administration Science, Faculty of Social and Political Sciences
Sebelas Maret University Surakarta Indonesia

Abstract—Limited knowledge and inadequate understanding on reproductive health information can lead adolescents to risky sexual behavior. For that reason, this study aimed to find out adolescents' knowledge on reproductive health and factors affecting it. From the findings of research, a reproductive health education model would be developed consistent with adolescents' age development. Through adequate reproductive health knowledge, adolescents would understand the risk and responsibility of their sexual behavior. The research method employed was a descriptive qualitative one to get a comprehensive and complete understanding on adolescents' knowledge concerning reproductive health. Fifteen sample adolescents were selected purposively, while data collection was carried out using observation, in-depth interview, FGD and documentation technique. Data analysis was conducted using an interactive model of analysis encompassing three components: data reduction, data display, and conclusion drawing.

The result of research showed that all of informant had ever received material about reproductive health. Information on reproductive health was obtained from school, family, playmates, and media. Among information sources, peer is the most important source. Even gadget use is firstly influenced by peer. From a variety of knowledge source, in fact majority adolescents' knowledge on reproductive health was less adequate, even some other was misleading. Reproductive health education with conventional method seems to be no longer adequate. Recalling that group is an important information source to adolescents, reproductive education model through Peer Education could be developed using innovative strategy.

Keywords: *Reproductive Health Education, Adolescents.*

I. INTRODUCTION

About 20% of Indonesian populations are 10-19 years old. It means there are about 50 millions adolescents. Adolescence is a transitional period, in which adolescents often face complex and less resolvable problems. USAID (2015) mentioned three risks the adolescents often encounter (TRIAD KRR): risks related to sexuality (unexpected pregnancy, abortion and being infected with sexual infectious disease), drug and substance abuses, and HIV/AIDS. Transitional period of adolescent life is divided into five stages called *Youth Five Life Transitions: continue learning,*

start working, form families, (exercise citizenship), and practice healthy life. The adolescents successfully practicing health life are believed to be determinant of success in other four life areas. In other words, when adolescents are failed in

behaving healthily, they are more likely to be failed in other four life areas.

The result of UNICEF's survey shows that 15%-20% of abortion cases in Indonesia are committed by adolescents (BKKBN of Jakarta, 2009). Meanwhile, data of National Commission for Child Protection survey in 2008 shows that there are 62,7% Junior High School students are not virgin and 21.2% of them admit that they have ever committed abortion (BKKBN of Central Java, 2009). The findings of Dita's study on Surakarta City shows that sexual intercourse has been usually made by adolescent with their boy/girlfriend (Dita, 2015), confirming Martina's finding in Jebres Sub District (Martiana, 2010). There are adolescents making sexual intercourse with their boy/girlfriend, but the case of adolescent-age prostitution client shows an increase (Humsona, et al.: 2015). Limited knowledge and inadequate understanding on reproductive health information can lead adolescents to risky sexual behavior. For that reason, this study aims to find out adolescents' knowledge on reproductive health and factors affecting it. From the findings of research, a reproductive health education model will be developed consistent with adolescents' age development. Through adequate reproductive health knowledge, adolescents will understand the risk and responsibility of their sexual behavior. They will rethink when their interest arises in making sexual relation during adolescence.

II. METHODS

Research method employed was qualitative one to get a comprehensive and complete understanding on adolescents' knowledge concerning reproductive health. Qualitative data collected in this study included both primary and secondary data. Primary data derived directly from its source, 15 adolescents aged 12-19 years. All of them were students in Surakarta City. Primary data collection was carried out using observation, in-depth interview and Focus Group Discussion (FGD) techniques (Krueger, 1994; Irwanto, 2006). Secondary data was collected using documentation technique. To

validate the data, source and method triangulations were used (Moleong, 1995). Data analysis was conducted using an interactive model of analysis encompassing three components: data reduction, data display, and conclusion drawing (Miles and Huberman, 1992). The analysis was also done along with the informants involved in data collection.

III. RESULT AND DISCUSSION

A. Adolescents' Knowledge on Reproductive Health

Reproductive health, according to *Family Care International* is a complete health situation including physical, mental, and social aspects in relation to the functioning of reproductive system. Reproductive health contains a number of elements that overall can be grouped into two: sexual health and reproductive health (Sciortino, 1999).

Included into the definition of sexual health, according Dixon-Mueller as cited by Darwin (1994), are the following elements: (1) avoided from sexual infectious diseases (SID), (2) avoided from harmful practice and violence, (3) control over sexual access (including sexual abuse), (4) sexual gratification, and (5) information on sexuality. The elements of reproductive health include, among others: (1) safe and effective protection (and termination) of unexpected pregnancy, (2) protection from harmful reproductive practices, (3) contraceptive preference and satisfaction with contraceptives, (4) information on contraception and reproduction, (5) safe pregnancy and delivery, (6) sterility management.

One of important factors that should abide in order to achieve an ideal reproductive health situation is the individual's protected reproductive right. Reproductive right is an elaboration of human rights involving three basic rights: (1) couple's or individual's right to deciding independently and responsibly the number of children and space of childbirth, and to getting information and instrument for that, (2) right to achieving sexual and reproductive health standard, and (3) right to deciding independent of discrimination, compulsion, or violence.

The result of research showed that all of informants have received material about reproductive health at school. The material was delivered using lecturing method in the classroom, and then the students were given opportunity of questioning. Reproductive health is not a stand-alone lesson, but it is inserted into Biology, Social Sciences and Religion subjects. So the teacher delivers Reproductive Health material using different approach. Reproductive health material in Biology learning contains knowledge about human's body organs. In Social Science, he/she may use approach concerning inter-human social relation based on local values and norms. Meanwhile, in Religion subject, he/she used moral approach consistent with individual religions.

In addition to at school, students acquire knowledge on reproductive health at home. Mother delivers knowledge on reproductive health to her daughter more dominantly, while father does so to his son. However, knowledge on reproductive health derives most dominantly from friends and media. Knowledge coming from friends and media is usually more trustable to adolescents. The sources are pornographic VCD, internet and social media.

Adolescents' knowledge on reproductive health is still less adequate, for example, there is still an assumption that first sexual relationship done will not result in pregnancy. So, when adolescents make sexual intercourse only once, they will unlikely be pregnant. This assumption comes from friends or boy/girlfriend. In addition, only few adolescents know that there is a risk of being infected with sexual disease and how to cope with it. Only few adolescents know that sexual intercourse made during adolescents will result in risk of being infected with sexual infectious disease (SID) and HIV/AIDS.

This study also finds that some adolescents admitted that they have had active sexual behavior. Some of them make it with friends or boy/girlfriend. Even some others are involved in prostitution network, as either prostitutes or clients. Although they have made sexual intercourse actively, the knowledge on reproductive health is less adequate. For example, some adolescents who have made sexual intercourse commercial clean him/her self by taking a bath only. This behavior is based on inadequate knowledge on reproductive health.

Using Bourdieu's practical theory, clients' attitude and behavior can be understood through habitus, capital and domain involving it (Prasetyawati and Ramli, 2012). Habitus includes knowledge, thought and action. Rational action is human activity based on his/her rationality in achieving certain objective, but such the rationality is also based on knowledge derived from family, school and peer educations. Habitus is a practical sense supporting the actors to act on, and to react to in specific situations with an incalculable way previously, and not merely a conscious compliance with rules. Considering the considerable effect of adolescent-age group, knowledge on reproductive health is dominated by information coming from peer. Even this study also finds that introduction, choice and way of using gadget are affected by group. Interesting content for adolescents related to reproductive health is also affected by group.

B. A Model of Reproductive Health Education through Peer Education

Although the obligation of meeting adolescent's sexual and reproductive health need has been known widely, its service is still left far behind. Previously, there has been a small-scale innovative project, but only few attempts have been taken to expand it. As a result, this small-scale project does not produce widely acceptable program patterns for adolescent reproductive health. At the same time, there is a limited experience for either program management or implication to resource. Thus, proactive action is needed to expand this innovation smoothly and cost-effectively (Muis, 2011). Considering the considerable effect of social group, peer education strategy can be used to improve adolescents' knowledge on reproductive health. Peer Education is a learning activity process occurring among peers or colleagues to develop individual's or group of individuals' knowledge, attitude, and action (Iryanti, 2013).

In several sub districts of Surakarta City, Jebres Children Forum (*Forum Anak Jebres* thereafter called Fanbers) has been established. On it, expectation can be relied to transmit knowledge to other adolescents. However, the established

Children Forum is still dependent on funding from *kelurahan* (administrative village) and private managements. Even, for example, in Kelurahan Jebres declaring itself as Kids-friendly City (*Kota Layak Anak* thereafter called KLA), Children Forum activities include, among others, competition in vocal art and writing areas, tree planting activities, children day celebration and socialization of Child Protection Law. In the organizational structure of Children Forum, there have been health section, but no activities related to improving knowledge on reproductive health (Yuliani, et al. 2015).

Reproductive health education has been given in all of Junior and Senior High School throughout Surakarta City. However, conventional education strategy had not given the students a comprehensive understanding. The presence of various sexual stimuli's effect to adolescents is difficult to ward off; therefore reproductive health education through peer education strategy needs to use innovative approach. Innovative approach referring to ICPD action program (2014) recommended the community's respond to adolescent reproductive health need to be based on information helping them to be mature necessary to make a responsible decision.

Generally, the process of expanding new innovation can pass through three phases (Haberland and Rogow, 2013): innovation, demonstration in realistic program setting and wide expansion. During phase innovation, effectiveness becomes primary problem. The efficacy of intervention program is identified through trial process. Thus, it is very meaningful to document a promising innovation and to spread the experience and lesson gotten widely. Efficiency becomes major problem during demonstration phase. Innovation is made to see whether or not they can be simplified and whether or not unnecessary or ineffective activities can be removed. Thus, this planned innovation is made in realistic program setting to evaluate the effect and to identify the activities needed when intervention will be made more widely. Finally, expansive strategy can be developed by maintaining effectiveness and efficiency of demonstrated experience becoming the main focus in this phase.

Guided with the process above, ICOMP strategy consists of: (1) Documentation of innovative and successful adolescent sexual and reproductive health programs; (2) dissemination of such the findings; (3) regional and national workshop on more evenly distribution of documentation result and advocacy on adolescent sexual and reproductive health; (4) networking. The establishment of networking for sharing information, skill and empowerment among active adolescents in sexual and reproductive health areas; (5) training for trainer and manager, training curriculum development, training for health personnel and counselor in collaboration with expert institution; and (6) linkages. The innovative approach is expected to improve knowledge on adolescent reproductive health in Surakarta City.

This model developed offered reproductive health education through Peer Educator strategy with innovative approach. Peer Educator is a child exerting positive effect on his/her friends to generate trust and to avoid their friends' suspicion. Innovative approach in reproductive health education should use video electronic media with attractive movie and picture. Video media can be chosen because it is one of effective educating media. Electronic media of video

moves dynamically, using visual and audio images, thereby maximizing the absorption of material delivered. To get deeper understanding, demonstration can be made with attractive games, and intense discussion on reproductive health problem with counselors or other participants. Then, an ability of expanding knowledge to peer by maintaining effectiveness and efficiency of obtained experience can be developed.

IV. CONCLUSION

Adolescents successfully practicing health life are believed to be determinant of success in other four life areas. In other words, when adolescents are failed in behaving healthily, they are more likely to be failed in other four life areas. The result of research showed that all of informants have received material about reproductive health from schools, families, friends, internet and social media. But, knowledge on reproductive health is most dominantly obtained from friends, internet and social media.

Adolescents' knowledge on reproductive health is still less adequate, for example, there is still an assumption that first sexual relationship done will not result in pregnancy. In addition, only few adolescents know that there is a risk of being infected with sexual disease and how to cope with it. This study also finds that some adolescents admitted that they have had active sexual behavior. Some of them make it with friends or boy/girlfriend, and even some others are involved in prostitution network, as either prostitutes or clients.

Considering the considerable effect of adolescent-age group, knowledge on reproductive health is dominated by information coming from peer. Even this study also finds that introduction, choice and way of using gadget are affected by group. Interesting content for adolescents related to reproductive health is also affected by group. To improve adolescents' knowledge on reproductive health, this study offers a model of reproductive health education through Peer Education with innovative strategy.

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