

A Reproductive Health Learning Model For Adolescents At Pesantren In Madura Of East Java, Indonesia

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Abstract—The focus of this study was the phenomenon of learning practices about reproductive health maintenance and care among the *pesantren* communities. The purpose of the present study was to analyze and develop a *pesantren*-based adolescent reproductive health learning model. The present (method) study was a descriptive analytic study by the use of a cross-sectional design and a qualitative approach. It was conducted in some *pesantren* in Madura (Bangkalan, Sampang, Pamekasan and Sumenep Regencies). The result research show that there productive health model learning for adolescents at *pesantren*, potentially implementable in *pesantren* in Madura region, covers aspects of materials, learning methods and media used.

Keywords: *Learning model, reproductive health, pesantren*

INTRODUCTION

Problems related to reproductive health include, among others, unsafe sexual behavior; sexually transmitted diseases such as STIs and HIV/AIDS; infectious diseases caused by lack of reproductive organ hygiene; drugs; unwanted pregnancy; abortion; early marriage; having too many children; as well as violence and sexual abuse. Antara News (2012) reported that the number of adolescents in Indonesia was more than 70 million, or 13 times the population of Singapore. In addition, a study conducted by University of Indonesia and the Australian National University in 2010 indicated that as many as 20.9% of girls in Indonesia has become pregnant as a result of extra-marital sex and 38.7% have experienced early marriage. Also, of the thousands of cases of HIV/AIDS for the 2005–2012 period, 45% were contributed by adolescents.

Ministry of Health of Republic of Indonesia (2011) stated that Madura had a very high infant mortality rate compared with the rest of the other regions in East Java. Additionally, according to the results of the

spatial analysis conducted by the MoH of Republic of Indonesia (2011), this region had some conditions highly correlated with the incidence of infant mortality. These conditions included the highest proportion of poor population (28.52 to 39.42%); the highest number of malnourished and undernourished children under five years old (21 to 31.16% for the regions of Bangkalan, Pamekasan, Sumenep and Sampang); percentage of the distance to the nearest health facility (less than 1 km) in very low category (22.8 to 32.9%); low percentage of access to delivery assisted by health personnel (31.69 to 60.92%); and the number of traditional birth attendants 1.5 to 3 times that of midwives. Also, the prevalent cultures of early marriage among the Madurese constituted one of the causes of high infant mortality rate.

These facts indicate serious reproductive health problems among adolescents in Madura. Taboos and lack of openness to information related to sexual behavior among the community are among the reasons teenagers looking for indecent information. As a result, sexually deviant

behaviors, such as same-sex intercourse (Wijaya, 2008) and the dating culture among *santri* (Ardianingsih, 2005; Rifa'i, 2009). There is an increasing concern that it may cause further negative impacts, ranging from moral decadence, free sex, to the trend of early marriages, as well as extra-marital pregnancy. Therefore, comprehensive reproductive health education by the use of a *pesantren*-based learning model is needed. Moreover, *pesantren* represents the Madurese's educational institution of main choice for their children.

The focus of this study was the phenomenon of learning practices about reproductive health maintenance and care among the *pesantren* communities. The problem statement of this study is how was the practice learning about reproductive health among *pesantren* communities? And what was the framework of appropriate adolescent reproductive health learning model to improve the reproductive health independence among *pesantren* adolescents and communities at large?

The purpose of the present study was to analyze and develop a *pesantren*-based adolescent reproductive health learning model. More specifically, the objectives of this study were to:

1. Identify practices of adolescent reproductive health maintenance at *pesantren*.
2. Develop a framework of an appropriate adolescent reproductive health learning model to improve the reproductive health independence of adolescents at *pesantren*.

With the appropriate learning model, it is expected that adolescents at *pesantren* would receive correct and comprehensive information on reproductive health, which in turn makes them who graduated from *pesantren* better prepared to decide how to maintain and care their reproductive health. It can indirectly minimize the phenomenon of early marriage in Madura region as *santriwati* would have a better understanding of the impact to be

encountered in the future. This learning model is indispensable as a preventive effort either to reduce the issue of unsafe sex or to reduce the number of abortions or, in the long term, to reduce infant mortality rate in Indonesia, especially in Madura.

METHODS

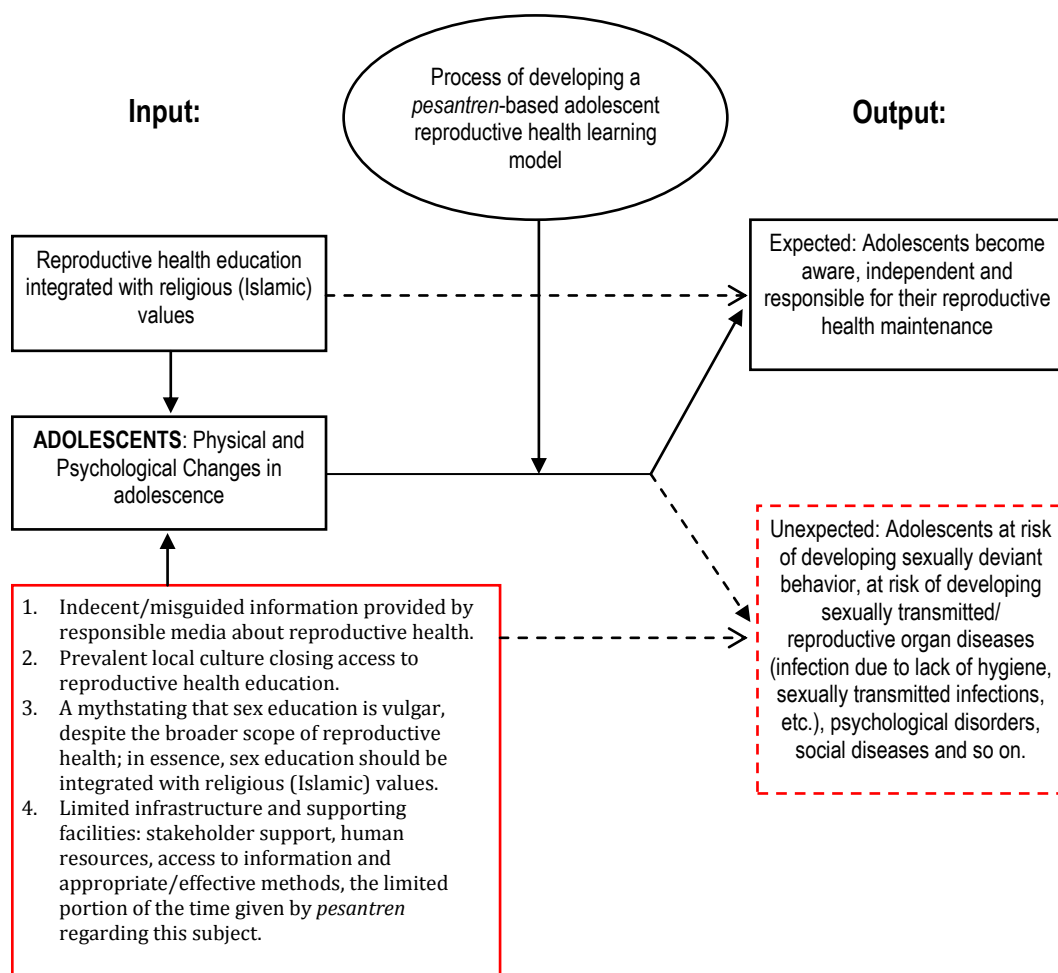
The present study was a descriptive analytic study by the use of a cross-sectional design and a qualitative approach. It was conducted in *pesantren* in Madura (Bangkalan, Sampang, Pamekasan and Sumenep Regencies) for one year (2013). Each regency was represented by two (2) types of *pesantren*: *Salafi* and modern. Subjects of the study were administrators, *ustadz* and *ustadzah* (male and female religious teacher, respectively) and *kyai* (Muslim cleric). For each type of *pesantren*, those representative *pesantren* considered as mastering the learning system concerned, especially those providing the learning related to adolescent reproductive health education in *pesantren*, were taken. The researcher also took study subjects external to *pesantren*, i.e., health personnel, when they delivered reproductive health education to the *santri*. Purposive sampling technique was used for selection of study subjects. Prior to data collection, the researcher explained the purpose and objectives of the research, ask the subject's willingness to participate in the study and asked for proof of willingness to participate by completing an informed consent. It was only then that the researcher collected data. Subsequently, data was collected by conducting in-depth interviews with subjects, as well as directing observing the physical conditions and social phenomenon and the learning process of the subjects during the study. The researcher triangulated the data obtained by conducting interviews with informants, such as *santri/santriwati* and local health personnel.

A. Model Reframing Process

During the process of reframing a reproductive health learning model for *pesantren* communities, the researcher conducted discussions with *pesantren* stakeholders regarding the concept and importance of reproductive health independence for adolescents at *pesantren* through a learning process. Subsequently, the researcher asked participants to the study, especially stakeholders of the *pesantren* concerned, to discuss a reproductive health

learning model most appropriately applied to adolescents at *pesantren* that could be implemented together in order to achieve the goal of adolescent reproductive health independence. Then, the researcher analyzed the results of these discussions descriptive-phenomenologically and developed a framework of *pesantren*-based adolescent reproductive health learning model.

B. Conceptual Framework of the Study



RESULTS AND DISCUSSIONS

A. Characteristics of Subjects

Table 1 Characteristics of Teachers at <i>Pesantren</i> by Age, Education, Teaching Experience and Major Role at <i>Pesantren</i> in Madura Region			
No.	Characteristics	Total	%
1.	Age		
	20-30 years	6	75.0
	31-40 years	1	12.5
	41 years and older	1	12.5
	Total		
2.	Education		
	Bachelor's degree (educational and <i>STAIN</i> /State Islamic College)	2	25
	<i>Pesantren</i>	1	12.5
	<i>Madrasah diniyah</i> (Islamic school)	1	12.5
	Senior High School/Graduate of 'Package C' of Equivalency Education Program	3	37.5
	Junior High School	1	12.5
	Total	8	100
3.	Teaching experience at <i>Pesantren</i>		
	1-3 years	4	50
	4-5 years	1	12.5
	6-10 years	0	0
	10-20 years	2	25
	20 years or more	1	12.5
	Total	8	100
4.	Major Position/Role in <i>Pesantren</i>		
	Management Board	6	75
	Teacher	1	12.5
	Management Board and Teacher	1	12.5
	Total	8	100

In the present study, 75% of the informants were the member of management board of the *pesantren* who were also the teachers for subjects related to reproductive health in *pesantren*. Most (75%) were dominated by informants with those aged between 20 to 30 years. Furthermore, most

of them (37.5%) were graduates of senior high school/Package C and 25% had a bachelor's degree. In terms of teaching experience, 50% of the teachers had 1–3 years of experience and approximately 20% had 10–20 years of experience. The above description of the representative

characteristics of teachers at *pesantren* indicated a current limitation of the available human resources in terms of academic competence since only 25% of the teachers had a bachelor's degree.

B. Description of Study Location

The following is an overview of the characteristics of *pesantren* studied, which are spread over four regencies in Madura: Bangkalan, Sampang, Pamekasan and Sumenep.

Interviews with informants in four regencies of Madura showed that there were marked differences between *Salafi* and modern *pesantren*. One characteristic of *Salafi pesantren* was the intensive study of *Salafi* books or *kitab kuning*. Their learning methods were developed by their own teachers or boards of management and non-formal in nature. However, some of them allowed their female students to attend formal education outside *pesantren*.

The hallmark of the modern *pesantren* was a system that sought to implement an integrated formal and non-formal education. Formal and non-formal education was developed in parallel and complementarily in order to achieve the goals of *pesantren*; students were not only provided with subjects of *kitab kuning* but the general sciences were also included in the curriculum of *pesantren*.

C. Practices of Reproductive Health Learning at Pesantren in Madura Region

Almost all *Salafi pesantren* did not provide subjects on reproductive health in a specific learning, but almost all *Salafi pesantren* believed that subjects associated with reproductive health have been included in the subjects of *kitab kuning*. Here is a detailed description of each of the *pesantren* with regard to adolescent reproductive health learning at *pesantren* in 4 (four) regencies in Madura (Matrix 2).

Matrix 2 shows that almost all *Salafi pesantren* have not or did not provide

reproductive health subjects to *santri/santriwati*, but nearly all of informants from *Salafi pesantren* stated that studies related to reproductive health subjects have already been contained in *Salafi* books. Subjects related to adolescent reproductive health included menstruation, puberty, avoidance of immoral behaviors, getting in touch with friends and the opposite sex and marriage. Those subjects already existed in *kitab kuning*, among others, *Fathul Qorib Fath*, the commentary *Al Kallam*, *Ayyuhal Walad*, the *Barjuri* Book and the *Sarqowi* Book and others. Those subjects were also related to *akhlaq* and *fiqh*, which were given to *santri/santriwati* 1–2 times a week by their own *ustadz/ustadzah*. In addition, there was one *Salafi pesantren* that also used learning resources other than *kitab kuning* used to help *ustadz/ustadzah* present the subjects, i.e. books and video tutorials on menstruation for *santriwati*. Methods of learning used in *Salafi pesantren* both for general subjects and those related to reproductive health ranged from traditional methods, such as classical, *Weton* (a method of teaching in which *santri* sit in a circle in front of *kyai* working on various texts) and *Sorogan*, lectures, discussions, self-taught (reading alone in the library), to field practice. According to the informants, the method of learning considered as the most effective was *Sorogan*.

Most of modern *pesantren* have already taught subjects of adolescent reproductive health in the form of a special learning delivered either by *ustadz/ustadzah* or *kyai*, which was supported by fairly competent speakers such as local health personnel, health office and the police. There was only one *pesantren* that admitted not providing reproductive health subjects and those related to reproductive health for adolescent *santri/santriwati*, namely the modern *pesantren* Al-Ibrohimi of Bangkalan. However, the board of management explained that the general subjects related to *akhlaq* were still given. The subjects were delivered by *ustadz/ustadzah*. Methods of

learning commonly used for teaching and learning at *pesantren* during this time were lecture and questions and answers. According to the informants, the method considered as the most effective was questions and answers since *santri/santriwati* were required to be active in receiving the materials. However, another respondent argued that practice was the most effective methods since *santri/santriwati* could directly apply the materials given.

The other three modern *pesantren* stated that they already provided subjects on adolescent reproductive health, such as menstruation, puberty, avoidance of immoral behaviors, getting in touch with friends and the opposite sex and marriage. Those subjects were delivered either specifically or through other related subjects such as *fiqh*, biology and studies of *Kallam* books and *Kitab Kuning*. Learning frequency varied ranging from once a year but there were also subjects delivered simultaneously with the schedules of biology and *fiqh*. However, with regard to the delivery of reproductive health subjects specifically such as through health training/counseling, there were *pesantren* that performed it conditionally but some carried it out every semester. The methods used in delivering reproductive health subjects also varied, ranging from lectures, discussions, and practice, to persuasion and problem solving. Interviews with management boards of *pesantren* indicated that there were some methods of learning considered as the most effective, such as sharing of ideas, since *santri/santriwati* and *ustadz/ustadzah* could discuss more openly and recognize what *santri/santriwati* needed. In fact, an informant from Sampang argued that essentially there was no one method considered as the most effective since all the methods were complementary, for example, persuasion and problem solving. Likewise, media used in delivering the subjects also varied, ranging from books, power point/projector, to videos displaying the impacts of free sex, to teenage short stories.

D. Development of Reproductive Health Learning Model for Adolescents at Pesantren in Madura

Based on discussions with stakeholders of *pesantren*, almost all the *pesantren* expected the development of a comprehensive and appropriate learning model for *santri/santriwati* of *pesantren*.

Here is the framework of learning model developed by the researcher on the basis of the considerations and inputs provided by those executing the learning process of reproductive health for adolescents at *pesantren* in Madura region (Figure 1).

The purpose of reproductive health learning for adolescent is to modify adolescents' behaviors to be independent in maintaining their reproductive health on the basis of both scientific knowledge and the laws and philosophy of Islam (rooted in the Quran and Hadith). According to behavioral theories, behavioral modifications require gradual changes starting from improvements in cognitive aspects, followed by improvements in affective aspects and changes in the psychomotor/behavioral aspects. Sources of reproductive health learning materials for adolescents at *pesantren* within the framework of learning model is a combination of scientific and religious science (Islam) materials that includes, among others:

1. Anatomy and physiology/function of reproductive organs from scientific and religious view points
2. Knowing Adolescence: physiological hormones related to adolescent sexual drives and efforts to respond it as exemplified by the Prophet Muhammad
3. Various deviant behaviors in adolescents and their causes
4. Reproductive health-related diseases and the history of *Jahiliyyah*
5. Being smart and civilized *Santri*

In delivering such subjects, the teachers use three (3) major phases. In the initial phase, subjects are delivered by using

lectures, which is a basic method commonly used in all *pesantren* in Madura region. This method can be supported by various learning media, ranging from the study of books/*kitab kuning*/modules on reproductive health, lectures with the aid of whiteboard, to the use of modern technology such as PowerPoint/projector. This method is considered as the basis of a fairly effective method for improving the cognitive aspects of *santri/santriwati*.

In the middle phase, subjects are delivered the typical method of most *pesantren* in Madura, *Sorogan*, with the aid of a communication book for adolescent reproductive health study individualized for each adolescent at *pesantren*. This communication book is aimed at facilitating reproductive health learning between *santri/santriwati* and teachers (ustadz/ustadzah who deliver reproductive health subjects). In addition, it serves as a medium of sharing the issues of reproductive health problems potentially experienced by *santri/santriwati* with their *ustadz/ustadzah*. Simultaneously, at this stage *santri/santriwati* can consult individually with their *ustadz/ustadzah*.

In the final stage, methods emphasizing assistance to *santri/santriwati* are used to ascertain and analyze the situation of reproductive health problems in the surrounding environment as well as finding out their linkages to the causative factors. Thus, *santri/santriwati* deeply understand the extent of the reproductive health problem so as to make decisions independently in case of problems associated with reproductive health on themselves and the surrounding environment. This phase uses methods ranging from small-to-medium case studies, followed by discussions in small groups of adolescents and discussion forums with teachers and fellow teenagers on a larger scale. In this phase, the teachers tend to serve as facilitators in the discussions. More creatively, teachers can direct *santri/santriwati* to make a simple role play related to the case under discussion. This

phase can be supported by various media, depending on the imagination of *santri/santriwati* and teachers. It can include the provision "a card of case studies of reproductive health issues", which is used as a reference for individual assignments of case studies in groups, as well as a movie VCD on reproductive health issues. The learning materials could be given in a special learning, but it could be given simultaneously or integrated with other subjects such as general subjects (biology and *penjasorkes*) and local content/religious subjects (*fiqh* and *aqidah akhlaq*). Moreover, learning could be combined with the materials in *kitab kuning*, which has been the distinctiveness of all *pesantren* in Madura region. With the learning model, it is expected that adolescents at *pesantren* would be able to independently make appropriate decisions with regard to their reproductive health, which would impact on their future health.

CONCLUSIONS

In conclusion, the current practice of learning reproductive health in *pesantren* in 4 (four) regencies in Madura was still sub-optimal. No single method is effective in enhancing the independence of adolescents at *pesantren* to care about their reproductive health early on. Efforts of developing a reproductive health learning model for adolescents at *pesantren* becomes very important to be continuously sought by all parties to spearhead the move towards adolescent independence so as to care about and be able to maintain their reproductive health. The developed model framework should be implementable with the help of the necessary aids, such as modules or learning VCD, structured syllabus and lesson plans, and other necessary media such as case-studies cards of reproductive health issues and communication book for students' reproductive health study.

RECOMMENDATIONS

More detailed aids need to be developed in order to describe the developed model framework in the form of concrete lesson plans, syllabus-making, and instructional media as previously suggested. In addition, *pesantren* community as a whole needs to be empowered to succeed in the learning process, especially in capacity building of the teachers/technical mentors during the learning process. Thus, there is a need for basic trainings that cover those aspects in the developed model. In addition,

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there is a need for developing a network with all relevant sectors, such as health institutions (community health centers and health offices), social services or the police if possible.

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Matrix 1. Characteristics of Pesantren Studied

No.	Regency	Type of Pesantren	Name of Pesantren	Foundation	Year Established	Characteristic of the Learning in general
1.	Bangkalan	Salafi	Al-Falah As-Salafi Al-Cholili Kepang	Yayasan Al-Falah As-Salafi	1919	Well-dressed; Ahlussunnah Waljamaah; school time: morning, noon, afternoon, evening
2.	Bangkalan	Modern	Al-Ibrohimy Galis	YPI Pontren Al-Ibrohimy	1984	Tadarus, tahlil, Shalawat (segue) and deepening of kitab kuning; education levels provided: Kindergarten, Madrasah Ibtidaiyah, Madrasah Tsanawiyah, Madrasah Aliyah and STITAL (college), madrasah diniyah and salafiyeh.
3.	Sampang	Salafi	Assirojiyyah Kajuk	Yayasan Assirojiyyah Kajuk	1959	Intensive study of kitab kuning; school time: morning, noon, afternoon, evening
4.	Sampang	Modern	Darussyahid	YPI Pontren modern Darussyahid	1990	Mastery of two languages: Arabic and English; Rabithah al-Ma'ahid al-Islamiyyah (RMI), junior and senior high school
5.	Pamekasan	Salafi	Darul Jihad Cendana	Yayasan Assyuhada` Cendana	1949	Intensive study of kitab kuning; school time: morning, noon, afternoon, evening
6.	Pamekasan	Modern	An-Nasyiin	Yayasan An-Nasyiin	1940	Mutual respect and mutual cooperation; school time: morning, noon, afternoon, evening
7.	Sumenep	Salafi	Al Muqri Assalafi	Yayasan Al Muqri Aasalafi	1977	Intensive study of kitab kuning; school time: morning, noon, afternoon, evening
8.	Sumenep	Modern	Annuqoyah	Yayasan Ponpes Annuqoyah	1887	kitabiyah, madrassas diniah and Ahlussunnah Waljamaah; school time: morning, noon, afternoon, evening

Matrix 2. Practices of Reproductive Health Learning at Pesantren in Madura Regional

No.	Name of Pesantren	Provision of Reproductive Health subjects to Santri	Type of Pesantren	Book of Reference	Frequency	Teacher	Methods used
1.	Al-Falah As-Salafi Al-Cholili Keping	Not providing reproductive health subjects to <i>santri/ santriwati</i> , but studies relating to those subjects had already contained in <i>Salafi</i> books. Those subjects, among others, were: menstruation, puberty, avoidance of immoral behaviors, getting in touch with friends and the opposite sex and marriage	Salafi	<i>Kitab kuning</i> : Fathul Qorib Book, the commentary Al Kallam, Ayyuhul Walad and others	Subjects associated with <i>akhlaq</i> (morality) were provided once in a week	Ustadz / uztadsah	Lecture and field practice
2.	Al-Ibrohimy Galis	Have never given subjects on reproductive health and subjects associated with it at all, only subjects on <i>akhlaq</i> (morality).	Modern	-	-	-	-
3.	Assirojyyah Kajuk	There was no reproductive health learning, there were subjects related to reproductive health, through the study of <i>fiqh</i> , including menstruation, puberty, avoidance of immoral behaviors, getting in touch with friends and the opposite sex and marriage	<i>Salafi</i>	<i>Kitab kuning</i> and other books in the library	Through <i>fiqh</i> lessons given twice a week and two additional instruction times (extra-curricular).	Ustadz, Kyai	Traditional system (<i>salafiyeh</i>) directed at the implementation of the three systems, first, classical, second <i>Weton</i> , and third <i>sorogan</i> , and through encouraging students to learn independently through their own reading of the other books in the library
4.	Darussyahid	Subjects on adolescent reproductive health and those related to reproductive health had already been given to <i>santri/ santriwati</i> , even in the Islamic perspective. Those subjects were related to adolescent reproductive health, such as menstruation, puberty, avoidance of immoral behaviors, getting in touch with friends and the opposite sex and marriage.	Modern	<i>Fiqh</i> and <i>Kallam</i> book. Another source used by ustadz/ ustadzah in providing the subjects was videos about the bad implications of promiscuity etc.	Subjects were provided in the form of training and held each semester /once in 6 months.	Teachers and health personnel from the local health office.	Persuasion and problem solving. Both were most effective methods since they were complementary.

5.	Darul Jihad Cendana	Not providing reproductive health subjects in particular learning. Those subjects related to adolescent reproductive health, such as menstruation, puberty, avoidance of immoral behaviors, getting in touch with friends and the opposite sex and marriage had been included in the curriculum (the Book) of <i>pesantren</i> .	<i>Salafi</i>	Fathul Qorib Book, Barjuri Book and Sarqowi Book. Learning resources in addition to the books used to help Ustadz/ ustadzah in presenting the subjects were books and video tutorials on menstruation for <i>santriwati</i> .	This subject was given once a week.	Ustadz/ ustadzah	Lecture (mastery of the subjects and its applications), audio-visual. Aids in presenting the subjects already existed ranging from print media (books, <i>kitab kuning</i> , etc.) to the electronic media (videos, pictures, power point).
6.	An-Nasyiin	Already provided subjects on adolescent reproductive health, among others: menstruation, puberty, avoidance of immoral behaviors, getting in touch with friends and the opposite sex and marriage, all taught.	Modern	<i>Kitab kuning</i> , books, adolescent short stories and projector.	Subjects were given once a year	Ustadz/ ustadzah as well as health personnel of the local <i>puskesmas</i> (community health center), local health office and the police.	Lecture and sharing of ideas. Aids in delivering the subjects already existed ranging from print media (books) to electronic media (projectors).
7.	Al Muqri Assalafi	Not providing subjects on reproductive health but studies related to the subjects already contained in <i>Salafi</i> books.	<i>Salafi</i>	Fathul Qorib Book, the commentary Al Kallam, Ayyuhal Walad and others	Akhlaq (morality) issues were given once a week	Ustadz/ Ustadzah	Lecture, discussion and socialization
8.	An-Nuqoyah	Already provided subjects on reproductive health to <i>santri</i> . However, in this case, it was only in formal school (biology class); in addition, other issues, in particular those correlated with the nature of womanhood such as menstruation, puberty, avoidance of immoral behaviors, getting in touch with friends and the opposite sex and marriage, were also taught.	Modern	The subjects were contained in biology and <i>fiqh</i> books	Health training/ counseling performed conditionally.	Ustadz / ustadzah), sub-district and district health offices	Lecture and practice

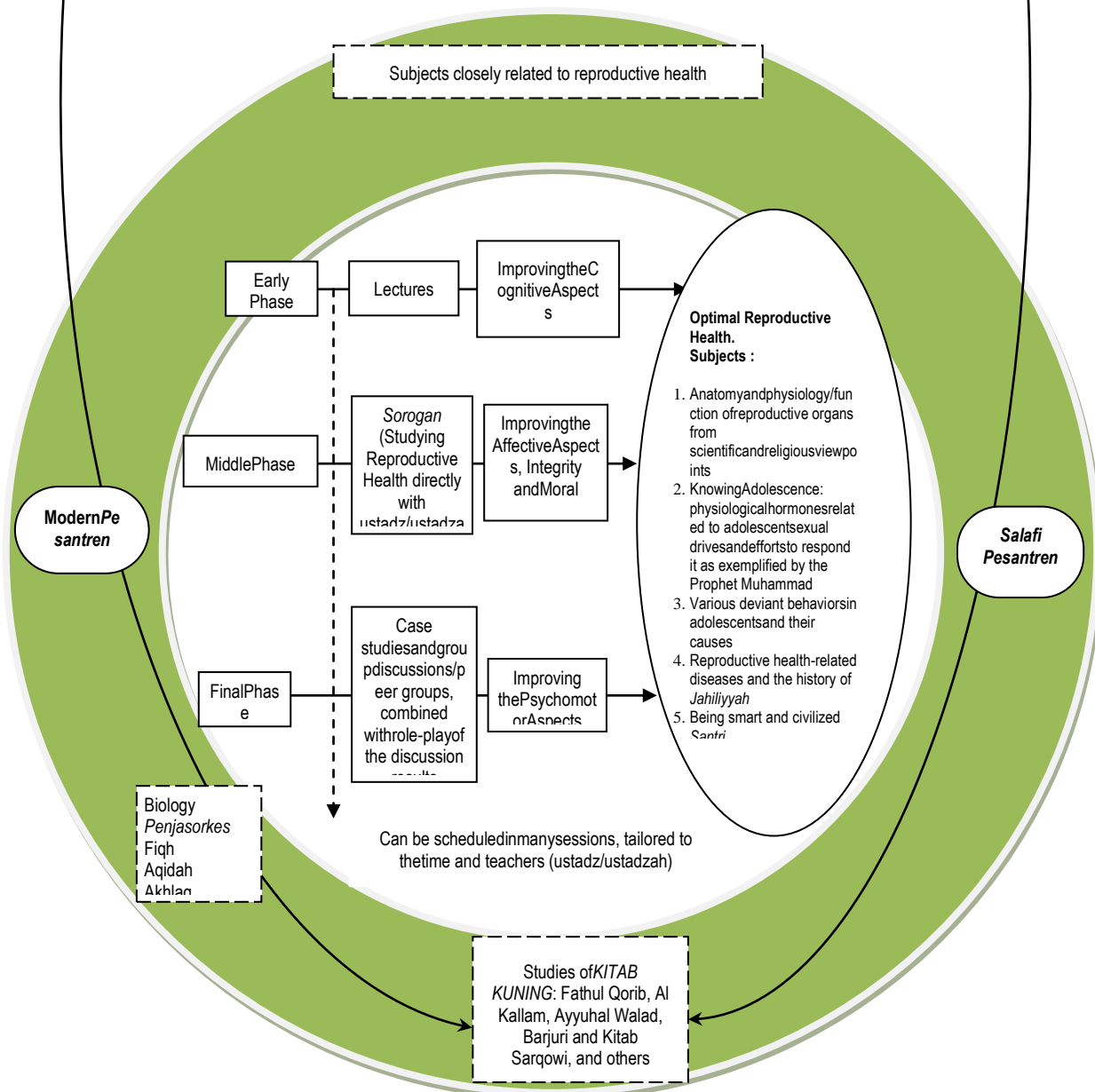


Figure 1
Framework of a reproductive health learning model for adolescents at pesantren in Madura region