

Towards a planned future: Reproductive Health Education for Youth Empowerment



Executive Summary



The lack of knowledge and skills in reproductive health can have a lasting and snowball effect on young people's well-being. However, most Indonesian adolescents aged 10-14 years lack sufficient opportunities in obtaining accurate reproductive health knowledge to maintain their health and decide their future conscientiously.

We invite the Ministry of Education and Culture to provide comprehensive reproductive health education in schools across Indonesia by involving teachers and parents. Comprehensive Sexuality Education (CSE) or *Pendidikan Kesehatan Reproduksi Menyeluruh* (hereinafter referred to as PKRM) not only provides information about the development of the human body and reproductive system but also builds self-confidence, life skills (i.e., critical thinking, communication, planning and making responsible decisions), and foster understanding about family, society, and culture.



01. Background

High-quality and competitive human development are some of the main directions of the 2005-2025 long-term national development, made evident by one of the Ministry of Education and Culture's special visions: realizing relevant and high-quality education¹. PKRM is critical to achieve these visions and fulfill human rights. The challenges of globalization and information technology also increase young people's need to obtain accurate and reliable information during the transition from childhood to adulthood.

PKRM is a curriculum-based learning process about the cognitive, emotional, physical, and social aspects of sexuality. PKRM aims to equip children and adolescents with knowledge, skills, attitudes, and values that will empower them to achieve health, welfare, and dignity; develop respectful personal and social relationships; assess how their options may affect their well-being and others; and understand and ensure protection of their rights throughout life²



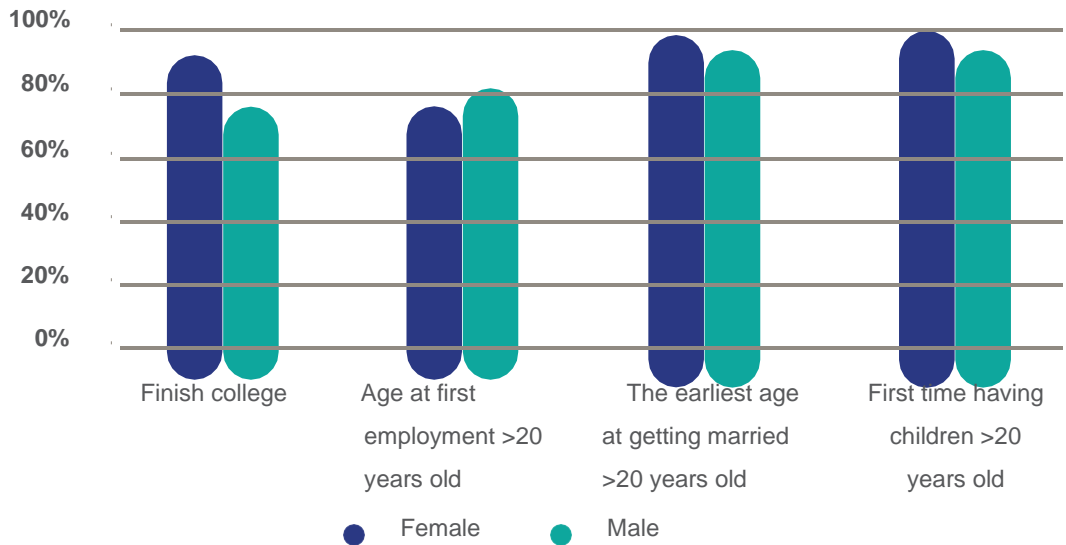
02. The situation of urban adolescents aged 10-14 years based on Indonesian GEAS research

1. Most teenagers have dreams of pursuing higher education. We need to highlight that the percentage of male adolescents expecting higher education is lower than their female counterparts.

Most of them also think that they will work and start a family only after graduating from college (over 20 years of age).

Figure 1.

Future aspirations/hopes of adolescents aged 10-14 years in three cities in Indonesia

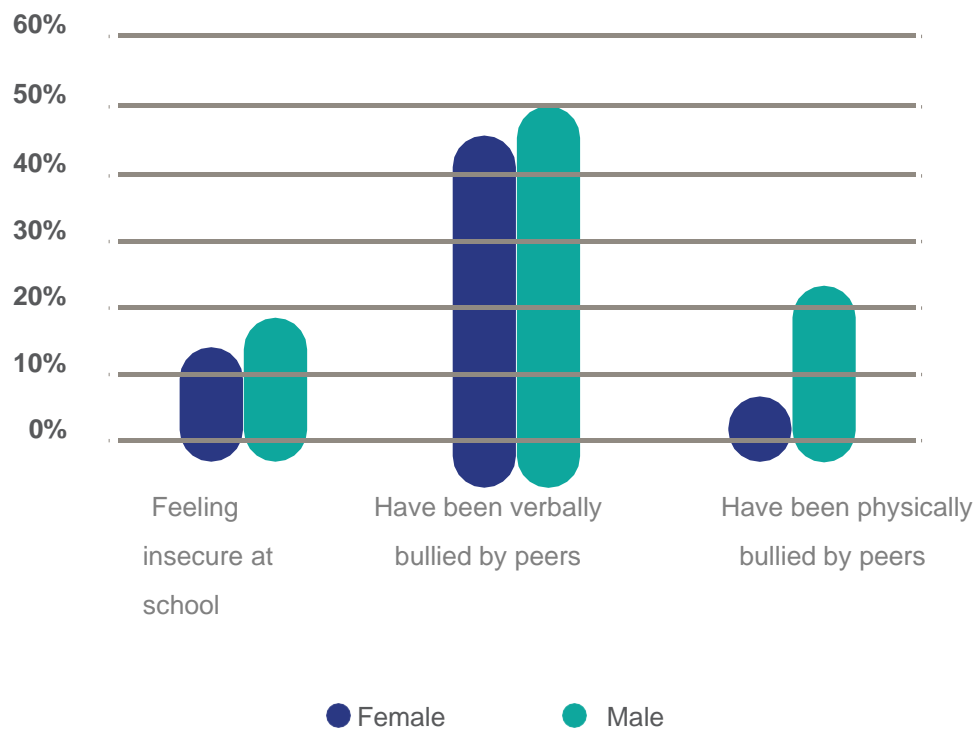


75% of boys and 91% of girls think they will graduate from college. Meanwhile, 11% of boys vs. 6% of girls have thought of dropping out in the past year. Of those planning to work, 72% wanted to start working at 21 years of age or older, and of those planning to marry or have children, 95% wanted to do so over the age of 20.

2. Many teens feel insecure at school and experience verbal, physical, or emotional abuse from their peers and adults around them. The percentage of those who have experienced abuse are higher for boys than girls.

20% of boys and 15% of girls feel insecure or threatened at school. In the past six months, 48% of adolescents have experienced verbal abuse/attack, while 24% of boys and 9% of girls have suffered physical abuse from their peers. Teachers are viewed as an ineffective authority in dealing with bullying since they often ignore (brushing it aside as a light joke) or even act as one of the perpetrators.

Figure 2.
Feelings of insecurity at school and experiences of being bullied by peers, 10-14 years old in three cities in Indonesia



Furthermore, many adolescents face emotional, physical, and sexual abuse from the adults around them, which can negatively impact their mental health and educational attainment. The percentage of those who have experienced abuse are higher for boys than girls. Half of the adolescents reported that they are anxious for no reason, 32% are miserable that they cannot sleep at night, and 20% are extremely depressed that they are thinking about self-harm. School is viewed as one of the primary reasons for anxiety/sadness, triggered by a massive load of assignments, fear of failure, and abysmal teacher-student communication.

Table 1.
Experience of violence in adolescents aged 10-14 years in three cities in Indonesia

Forms of violence	Percentage	
	Female	Male
Experiencing violence/verbal abuse by parents/adults	52.8	55.8
Fear of being hurt by parents/adults	31	34
Feeling unloved	47.6	41.8
Feeling like nobody can protect them	29.4	30
Have been touched by an adult around private parts	5.7	18.2
Have witnessed their mother being hit, threatened, or hurt	9.3	13.7

- Adolescents have insufficient knowledge of reproductive health. For example, only 45% of adolescents responded that it was true that a woman can get pregnant after sex for the first time. Only 33% of adolescents answered that it was true that someone can contract HIV after having sex for the first time.

Table 2.
Reproductive health knowledge: Percentage of adolescents aged 10-14 years in three cities in Indonesia who answered “correct” for the following statements:

	Female	Male
“Teenage girls can get pregnant after sexual intercourse for the first time.”	41.6	48.3
“Teenage boys or girls can contract HIV after they have sexual intercourse for the first time.”	31.1	35.5

The lack of knowledge and skills in reproductive health makes adolescents vulnerable to unsafe behavior and unhealthy and irresponsible choices. Easy access to the internet and social media also enables them to experiment anonymously or in secret and obtain information that is not always accurate.

4. Adolescents have not required some essential life skills and the opportunities to practice them. For example, many teenagers have not planned their life goals and have not been able to express their opinions, wants, and needs.

Life skills, such as decision making, problem-solving, creative and critical thinking, effective communication, interpersonal relationship skills, empathy, emotion and stress management, can help adolescents achieve health and well-being in their life development. However, life skills lessons are currently not delivered in every public school, and not all teenagers can utilize them in their families and schools.

Only 65% of adolescents stated that they have life goals, and 32% claim to have made a step-by-step plan to achieve them. Only 60% of teenagers reported that their parents asked them for their opinions, 52% felt brave enough to tell others if they saw something wrong, and 66% thought they could ask adults for help.

5. Many adolescents have not discussed reproductive health topics such as puberty, pregnancy, contraception, and HIV/AIDS with other people. Most teens who have addressed the issue have done so with their mothers or friends. Adolescents have not made teachers their go-to source to obtain reproductive health information.

Only 20%, 25%, 15%, and 28% of adolescents have had discussions about sexual relations, pregnancy, contraception, and HIV/AIDS with other people. More adolescents (49%) have had talks about puberty. Among those who had discussed these topics, less than 4% discussed them with teachers (3.6% for puberty, 2.3% for HIV/AIDS, 0.7% for sexual intercourse, 0.4% for pregnancy, and 0.3% for contraception).



03. Adolescents Have the Right to Obtain Knowledge and Support at School to Achieve Their Future Aspirations

GEAS Indonesia's research has shown that our youth hold high aspirations for education, employment, and reproductive life. However, adolescents face obstacles in the form of an unsafe environment, coercion and violence, insufficient knowledge and skills on reproductive health, and a lack of opportunities to obtain accurate information and voice their rights and needs. These challenges can prevent adolescents from developing their full potential and realizing their plans in the future.

Besides, male adolescents tend to be neglected in getting reproductive health information and appear to experience the adverse effects of violence earlier in life. Therefore, we urgently need a policy ecosystem that encourages and protects the fulfillment of adolescent rights.

We recommend that the Ministry of Education and Culture work with other ministries and the community of teachers and parents to:

1. Create a safe and supportive school environment so that youth can fully participate in education and personal development.

Policies, declarations, or slogans on anti-bullying and anti-violence alone are not enough. Some interventions, e.g., creating a positive school climate, providing socio-emotional learning (a form of life skill), formulating anti-bullying curricula in classrooms and for parents, training teachers, and classroom management, and handling of individual and restorative bullying cases, are effective to reduce bullying and violence in schools³.

2. Provide Comprehensive Sexuality Education (PKRM) in schools across Indonesia

The international standard CSE curriculum has been proven and adopted by various countries, with the full participation of youth in the design and implementation and input from educators and parents, to ensure that it is age-appropriate and culturally-sensitive to the local communities. Several non-governmental organizations and schools have worked together to provide PKRM in some cities with customizable curricula across Indonesia. Youth engagement is crucial to find the learning approach that is most useful and sensitive to their needs.

Research shows that PKRM does not improve adolescent sexual behavior, but it prevents initiation of early sexual intercourse instead²

PKRM should be scheduled as a special lesson that is routinely delivered weekly by teachers who have received CSE training. With this strategy, teachers are expected to be one of the reliable information sources for adolescents.

3. Provide the budget and support for the development of school support and related institutions, teachers' capacity-building efforts through reproductive health education training, including supervision and mentoring activities, and PKRM monitoring/evaluation.

Evaluate SETARA curriculum (CSE by Rutgers Indonesia for grade 7 and 8 students) revealed that intensive teacher training - especially on themes regarding values and norms (gender) - monitoring and evaluation of learning, and adequate and routine time allocation in class are essential for CSE effectiveness.

4. PKRM should be based on gender and equality. It needs to consider and involve male adolescents in creating equal and responsible gender relations since they will also benefit positively from the equality of roles and gender relations.

Furthermore, considering that male adolescents are exposed to violence much earlier in life, the life skills taught in PKRM promote non-violence and mental health and provide information and resources for those who experience violence and mental health problems.

5. Organize dissemination activities and community mobilization to increase understanding and acceptance of PKRM objectives and scope

6. Increase cooperation between education and health sectors to provide sustainable and complementary comprehensive reproductive health services for adolescents.

7. Develop alliances and collaborations between sectors and various stakeholders (local government, community leaders, teachers, parents) to deliver multiple adolescent reproductive health programs.

Education in schools alone is not sufficient to significantly impact the well-being and health of adolescents. The findings of several studies recommend other programs that offer positive effects, such as clinical health services, youth development programs, and child-parent relationship programs.

References

- ¹ Ministry of National Development Planning/Bappenas, 2015. Vision and Direction of Long-Term Development (PJP) 2005-2025
- ² UNESCO, 2018. International technical guidance on sexuality education: an evidence-informed approach.
- ³ Gaffney, H., Ttofi, Maria M., Farrington, David P., 2019. Evaluating the effectiveness of school- bullying programs: An updated meta-analytical review. *Aggression and Violent Behavior*, 45: 111-133.



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