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Policy Brief
Adolescent Sexual and Reproductive Health in Indonesia: The Unfinished Business

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Executive Summary

After 25 years, Indonesia's success in making regulations, policies, and strategies that promote reproductive health and family planning is still overshadowed by some unfinished homework such as the high maternal mortality rate (MMR), domestic violence, and child marriage. So far, the program approach to issues of sexual and reproductive health and rights chiefly focuses on reducing risks and negative consequences rather than prioritizing positive methods. This tactic is deemed problematic since reproductive health and sexuality are normative and multidimensional parts throughout human life that begin long before an individual initiates sexual interaction. In adolescents, reproductive and sexual health development plays a significant role in building social, emotional, and cognitive skills and raising awareness of the importance of being healthy and prosperous about sexuality, regardless of the presence of sexual activity. Children and adolescents will only serve as quality resources to gain the demographic dividend momentum if they grow up healthy and prosperous.

The fact that adolescents have insufficient knowledge of sexual and reproductive information and services is in line with the low self-acceptance of physical and sexual changes due to puberty. For them, it's as if wading through a transitional dark alley from childhood towards adulthood. As a result, the awareness of the importance of being healthy and prosperous concerning sexuality is so low that early adolescents are vulnerable to becoming victims of sexual abuse and violence, and other violent practices against children despite their aspirations for education, work, and reproductive life in the future.

Gender intensification during puberty shapes different dimensions of adolescent life, one of which is the empowerment reflected through freedom of movement, speech, and decision-making. Most adolescents have the freedom to perform activities related to school and religion. Still, only a few indicate that they can have fun, meet, or do activities with the opposite sex (GEAS, 2019). Only 45% of students feel confident to say no if other people do something they don't want because of this lack of empowerment. Furthermore, more than half of the students agreed on the stereotypical gender traits and roles. Male students show deeper agreement on norms indicating men's authority in the household and their resilience over women's vulnerability. Adolescents also provide a moderate level of support for accepting the perceived typical behavior, such as games involving the opposite sex. As a result, the tolerance to gender-based bullying behavior is pervasive; even male adolescents' support in this practice is greater than that of females.

Prominent gender differences in various aspects of adolescent life studied by GEAS clearly show the unequal intensification of gender norms in this period. Therefore, in accelerating the ICPD agenda's accomplishment, the government needs to target the earliest possible age based on precise and accurate data. The government must design a program of action that can guarantee and respect human rights everywhere, strengthen civil society organizations, and mobilize those who have pushed and fought for this issue.

01. Background

Together with 178 countries globally, Indonesia has pledged to invest in sexual and reproductive health and rights for women and girls through the 1994 International Conference on Population and Development (ICPD) in Cairo. After 25 years, Indonesia's success in making regulations, policies, and strategies that promote reproductive health and family planning is still overshadowed by some unfinished homework such as the high maternal mortality rate (MMR), domestic violence, and child marriage.

Millions of women and children in Indonesia are currently unable to meet their sexual and reproductive health rights. In 2015, at least 1 in 3 women experienced violence in domestic and public spheres, and 1 in 4 girls aged 20-24 years married before the age of 18. This situation is exacerbated by a high prevalence of stigmatization of adolescent sexuality.

SDGs Main Targets:

Goal 05
Achieve gender equality and empower all women and girls.

5.1 End all forms of discrimination against all women and girls everywhere.
5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.
5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.

So far, the program that deals with sexual and reproductive health and rights issues primarily focuses on reducing adverse risks and consequences rather than prioritizing positive approaches. This method is considered problematic since reproductive health and sexuality is a normative and multidimensional part of human life that begins long before an individual initiates sexual interaction. In adolescents, reproductive and sexual health development plays a significant role in building social, emotional, and cognitive skills and raises the awareness of the importance of being healthy and prosperous about sexuality, regardless of the presence of sexual activity. These critical skills are essential during early adolescence (10-14 years old) due to rapid and interconnected changes during this period, along with the onset of puberty, intensification of gender-related attitudes and behaviors, which will eventually inform their behavior and health in the future (Anna K paper).

Children and adolescents will only be a development modality to gain the Indonesian demographic dividend momentum in 2030 if they can grow up healthy and prosperous. Therefore, in accelerating the ICPD agenda's accomplishment, the government needs to target the earliest possible age based on the exact and accurate data.

02. Sexual and Reproductive Health Situation of adolescents age 10-14 years in Indonesia

1. Knowledge, attitudes, and behavior of reproductive and sexual health in adolescents

Knowledge

Global Early Adolescent Study-Indonesia (GEAS-ID) found that early adolescents have insufficient knowledge in preventing pregnancy and HIV and poorly informed about youth-friendly services and programs such as PKPR and PIK-R, especially for women.

Puberty-related attitudes

Most adolescents have a positive attitude on puberty but a relatively low sense of comfort towards sexuality. Most teenage respondents agreed that they like to be male/female at this period.

The discomfort with sexuality during puberty is evident from almost half of the students feeling guilty when they saw their own naked body in the mirror. Also, one-third of the students feel guilty for having a romantic attraction to other people or touching their private body parts.

Future reproductive aspirations

Youth aspirations to marry are nearly universal, with 96% expecting to get married and 93% intending to have children. However, they do show a desire to marry at a mature age, with more than half of adolescents expecting to be married at 25 and 35% expecting to have children in the same period. Nearly all adolescents want to start work between the ages of 21 and 25, and very few want to quit school before 18 (5%).

Sexual Behavior

The development of romantic relationships in adolescents follows sequential phases, in which the intensity, duration, and quality of romantic relationships increase with their age (Collins, 2003; Seiffge-Krenke, 2003). Results from GEAS show that more than two-thirds of adolescents have experienced falling in love (including 5% who reported same-sex attraction). Nearly half (46%) of adolescents had been dating, and 14% of adolescents were dating at the survey time. Although without parental consent, many admit that they have been dating secretly.

Table 1.

Knowledge, attitudes, and behavior of adolescent reproductive and sexual health

Sexual Knowledge, Attitudes, and Behaviors	Total	Male (%)	Female (%)
Knowledge			
A girl can get pregnant after having sex for the first time	2,096 (44.7%)	1,066 (48.3%)	1,030 (41.6%)
Condoms can prevent pregnancy	1,474 (31.5%)	945 (42.8%)	529 (21.4%)
Birth control injections can prevent pregnancy	1,062 (22.7%)	559 (25.3%)	503 (20.3%)
Birth control pills can prevent pregnancy	748 (16.0%)	420 (19.0%)	328 (13.2%)
Know where to get contraceptives			459 (18.5%)
Embarrassed to go to the clinic or a health center to get contraceptives			807 (32.6%)
A person can get HIV after having sex for the first time	1,554 (33.2%)	784 (35.5%)	770 (31.1%)
Condoms can prevent HIV transmission	1,104 (23.6%)	718 (32.5%)	386 (15.6%)
Taking birth control pills before sexual intercourse can protect against HIV	589 (12.6%)	360 (16.3%)	229 (9.2%)
Know about PIK-R	1,185 (25.3%)	573 (26.0%)	612 (24.7%)
Have visited the PIK-R	115 (32.1%)	77 (38.7%)	38 (23.9%)
Know about PKPR	1,463 (31.2%)	793 (35.9%)	670 (27.0%)
Have visited the PKPR	234 (60.8%)	167 (64.5%)	67 (53.2%)

Puberty-related attitudes			
Enjoy being a boy/girl during puberty	3,036 (77.6%)	1,417 (82.4%)	1,619 (73.9%)
Want to be treated like adults	2,629 (67.2%)	1,236 (71.9%)	1,393 (63.5%)
Proud of the changes experienced during puberty	2,368 (60.5%)	1,148 (66.8%)	1,220 (55.7%)
Feeling embarrassed about the body during menstruation			586 (38.2%)
Feel it is essential to maintain the confidentiality of menstruation			830 (54.1%)
Feeling guilty when looking at their own naked body in the mirror	2,242 (47.9%)	988 (44.8%)	1,254 (50.6%)
Feeling guilty about having romantic attraction to someone	1,564 (33.4%)	653 (29.6%)	911 (36.8%)
Feeling guilty when touching their private parts	1,492 (31.9%)	675 (30.6%)	817 (33.0%)
Feeling guilty when having sexual feelings/urges	3549 (75,8%)	1588 (72,0%)	1961 (79.2%)
Curiosity about love and sex is not normal	1,239 (26.5%)	491 (22.2%)	748 (30.2%)
Sexual Behaviors			
Fell in love with someone of the opposite sex	2,958 (63.2%)	1,316 (59.6%)	1,642 (66.3%)
Fell in love with someone of the same sex	172 (3.7%)	122 (5.5%)	50 (2%)
Have dating experience	1,030 (25.3%)	463 (24.9%)	567 (25.6%)
Currently dating (during the time of the study)	645 (13.8%)	403 (18.3%)	242 (9.8%)

Have been in a secret relationship	1,427 (45.6%)	663 (46.1%)	764 (45.2%)
Spending time every day with one's partner	199 (11.6%)	135 (14.8%)	64 (7.9%)
Spend 1-4 times a week with one's partner	442 (25.7%)	286 (31.3%)	156 (19.3%)
Have been alone without adult supervision	1,163 (24.8%)	705 (31.9%)	458 (18.5%)
Have held hands	884 (18.9%)	465 (21,1%)	419 (16.9%)
Have sent sexual images of themselves to other people	106 (2.3%)	94 (4.3%)	12 (0,5%)

2. Adverse childhood experiences (ACEs)

Bullying and ACEs

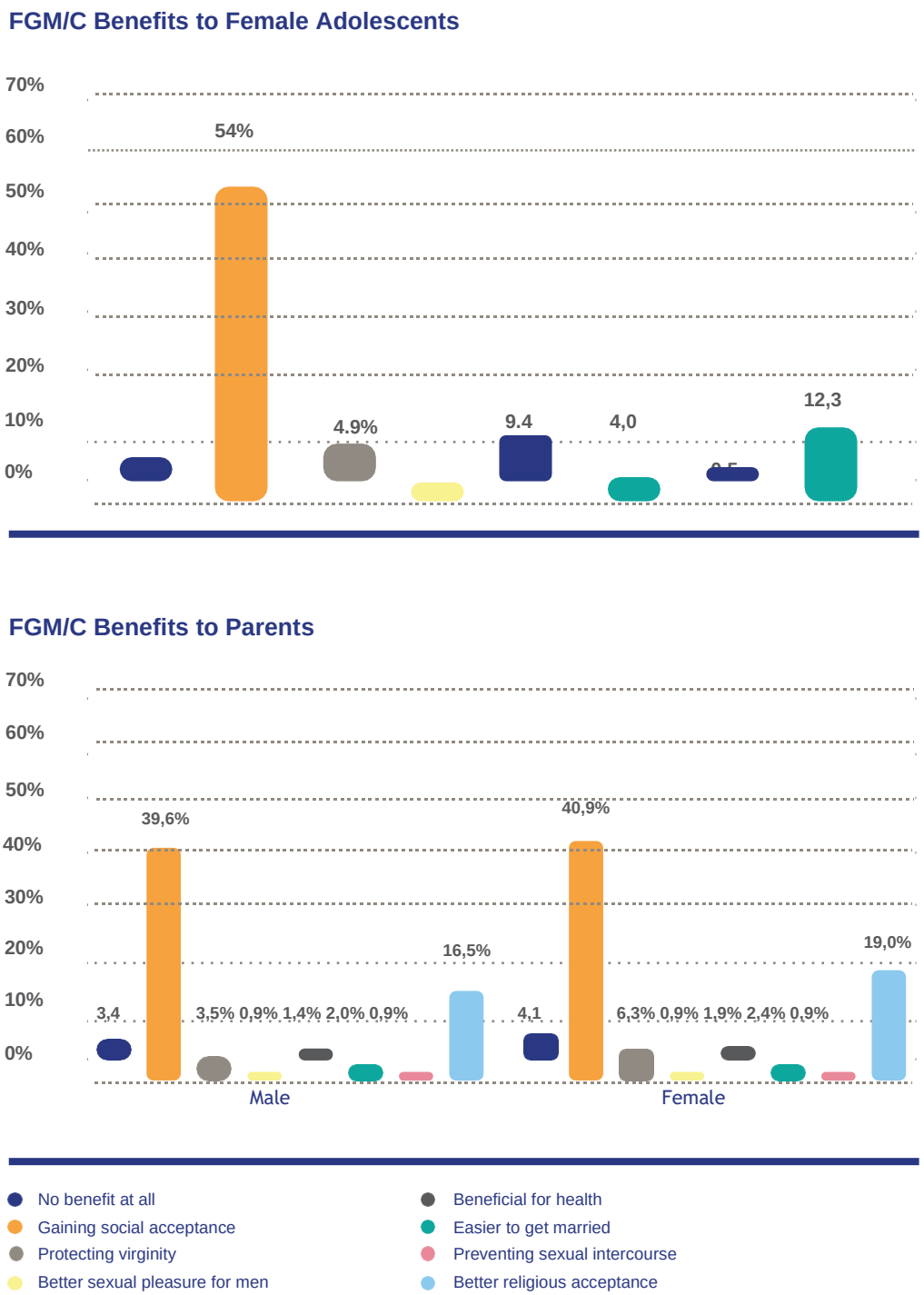
Bullying typically happens to those with unfortunate physical conditions (appearance, body) and atypical gender behavior (tomboy, sissy, or mama's boys). Calling people with their parents' names in a derogatory manner is still a common way of bullying. In YVR, young girls share their experiences of being at the receiving end of bullying with other people catcalling or touching them around their private body parts, such as breasts and buttocks. Boys reported more significant experiences of sexual harassment: for example, having been groped on their private parts (18% versus 6%), and forced sexual intercourse (7% versus 2%). The overall findings around adverse experiences are consistent with research conducted by Dukes et al. (2010), stating that male adolescents are more likely to become victims of physical abuse, carry weapons, and get injured.

Prevention of Female Genital Mutilation or Cutting (FGM/C)

Female circumcision is internationally included in the category of Female Genital Mutilation/Cutting (FGM/C). Referring to the global FGM/C category, Indonesia commonly practices Type I (clitoridectomy), which consists of partial or total cutting of the clitoris and/or prepuce, and Type IV (a less invasive procedure), which comprises of pricking, scraping, and cauterization. More than a third of adolescents who have heard of the FGM/C think it is beneficial and needs to continue, and those who agree with the benefits, 54% believe that it has health advantages (GEAS, 2019). Unlike teenagers who have little knowledge about FGM/C, 86% of parents or caregivers have heard of the phenomenon. Among the parents who knew about FGM/C, less than a third think that the practice should be continued.

Figure 1.

Benefits of female circumcision according to girls and parents



03. Implications of the lack of empowerment and unequal gender norms to sexuality and reproductive health in early adolescence

The fact that adolescents have inadequate knowledge of sexual and reproductive information and services is consistent with the low self-acceptance of physical and sexual changes due to puberty. For them, it's as if wading through a transitional dark alley from childhood towards adulthood. As a result, they fail to master the social, emotional, and cognitive skills required to navigate puberty's rapid and interrelated changes and the intensification of gender-related attitudes and behaviors in this period. This issue diminishes their awareness of the importance of maintaining their health and well-being about sexuality. Inherently, early adolescents are at risk of abuse, sexual violence, and other violent threats that can endanger their pursuits of better education, work, and reproductive lives in the future.

Gender intensification during puberty shapes different dimensions of adolescent life, one of which is the empowerment reflected through freedom of movement, speech, and decision-making. Most adolescents have the freedom to perform activities related to school and religion. Still, only a few indicate that they can have fun, meet, or do activities with the opposite sex (GEAS, 2019). Only 45% of students feel confident to say no if other people do something they don't want because of this lack of empowerment. Gender differences are prominent in almost all aspects, e.g., female adolescents have insufficient knowledge of health information and services. On the other hand, male adolescents feel more confident discussing, obtaining information, or getting contraception than their female counterparts.

Table 2.

Confidence related to adolescent sexual and reproductive health

Self-confidence.	Total	Male (%)	Female (%)
Confidence in saying no to things other people want them to do	2,104 (44.9%)	809 (36.7%)	1,295 (52,3%)
Confidence to express their feelings to someone they like	1,032 (22.0%)	666 (30.2%)	366 (14.8%)
Confidence to talk about contraception with one's boy/girlfriend	341 (7.3%)	239 (10.8%)	102 (4.1%)
Confidence to obtain information on pregnancy prevention	541 (11.5%)	299 (13.5%)	242 (9.8%)
Confidence in getting contraception if required	445 (9.5%)	262 (11.9%)	183 (7.4%)

Gender norms that regulate male/female adolescent relationships are also measured by the acceptance of heteronormative relationships, sexual double standard, and stereotypical gender roles and characteristics, where the score in this indicator is in the range of 1 to 5. The results show that:

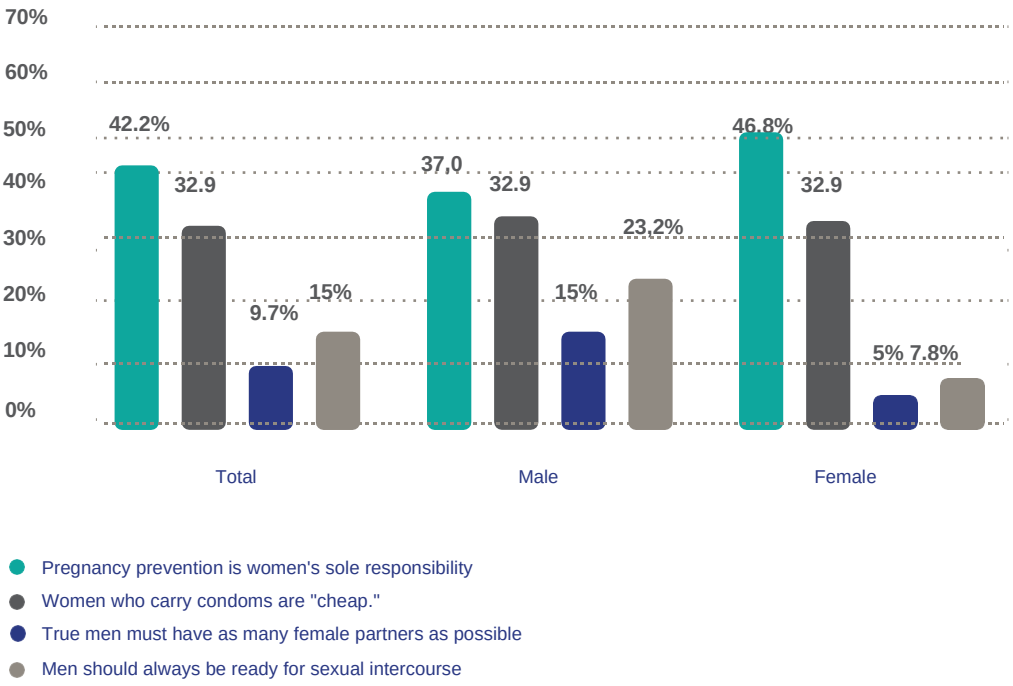
- The perception of acceptance for heteronormative romantic relationships during adolescence is high (average score is 3.17).
- Fewer than half of adolescents agree with the sexual double standard (mean score 2.78).
- Aggregation by sex showed that men are more likely to favor sexual double standard (2.84 versus 2.72) and heteronormative romantic relationships (3.42 versus 2.95). Both are deemed to be normative during early adolescence.
- More than half the students agree on the stereotypical gender roles and characteristics. Male students show deeper agreement on the norms indicating men's authority in the household and their resilience over women's vulnerability.

GEAS founding also demonstrated that adolescents provide a moderate level of support for perceived typical behaviors, such as games involving different sexes, where girls have a more inclusive social perception than boys (score 1.17 vs. 1.06). Student support for unequal gender norms is in line with the finding that 18% of students agreed that it is acceptable to bully those with non-conformist gender behaviors, where men are providing more support on this matter.

The prevalent stereotypical views on adolescent sexuality include women who carry condoms are considered "cheap," and pregnancy prevention efforts should rest solely on women's shoulders.

Figure 2.

Percentage of adolescents who agree with sexual norms



04. The need for gender-sensitive support from parents and other people around them

Despite the notion that their caregivers care about what they think and feel, nearly half of adolescents do not feel comfortable talking to them about personal issues. On the other hand, peers are a significant factor in adolescent life. Unfortunately, some adolescents reported experiences of their peers who are exposed to risky behaviors, e.g., a considerable rate of cigarette use (27.7%), alcohol consumption (10%), and dropping out of school (7%) (GEAS, 2019). Sex-based observations that highlight more male adolescents with friends exposed to risky behaviors stress the importance of designing gender-sensitive programs and interventions.

05. Recommendations

The government must design an action program to resolve this unfinished and slow-moving agenda through:

1. **Achieving universal access to Sexual and Reproductive Health and Rights (SRHR)** as a part of Universal Health Rights (UHC), with a commitment to working on:

    a. **Access for all women, especially girls, to comprehensive and age-responsive information** towards a youth-friendly, high-quality, and timely comprehensive education and services. By doing this, they can make free and informed decisions and choices about their sexuality and reproductive life, sufficiently protect themselves from unintended pregnancy, all forms of sex and gender-based violence, and sexually-transmitted infections (including HIV/AIDS), and facilitate a safe transition towards adulthood.

Effective evidence-based intervention

Increasing awareness on bullying and mental health through **Comprehensive Sexual Education (CSE)** that provides the necessary knowledge, skills, attitudes, and values in managing their reproductive life. CSE provides a vital sexuality and reproductive health knowledge that can reduce misinformation, shame, and anxiety - leading to increased confidence, body comfort and mental health (Boonstra 2011; UNFPA, 2015). CSE helps children identify various types of violence and their underlying norms and dynamics (especially those related to gender and power), understand what is acceptable, how to prevent it, and where to find help and support.

b. **Educational and life skills approach** through:
   - **Increased school participation**
   - **A safe and supportive environment** by developing a positive and violence-free school atmosphere and strengthening relationships between students, teachers, and school administrators.
   - **Life and social skills training** by building the capacity to manage emotions, anger, prosocial behavior, respectful relationships, and conflict resolution, which reduce bullying and peer violence and promote the healthy and wise use of the internet by adolescents.
   - **Prevention programs for children to protect themselves from sexual violence** by increasing awareness and skills on the importance of consent, knowing how to avoid and escape sexual violence and exploitation, and seeking help and support.

2. **Promoting good governance and coordination** with clear leadership and accountability through the explicit appointment of institutions with the right resources in executing the mandate to coordinate multi-sectoral actions to accelerate sexual and reproductive health.

3. **Strengthening the legislation** to ensure legal protection that guarantees explicitly:
    a. Universal legal protection for sexual and reproductive health and rights, including cases of sexual violence and abuse.
    b. Regulations that support the implementation of best practices.
    c. Renewed commitment to law enforcement and implementation.

4. **Mobilizing financing** through the national budgeting process, including gender budgeting and auditing, increasing domestic financing, and exploring new, participatory, and innovative financing instruments and structures.

5. **Addressing sexual and gender-based violence and harmful practices**, in particular children, early and forced marriage, and female genital mutilation, by pledging to fight for:
    a. Zero cases of sex and gender-based violence and harmful practices, including zero for child marriage, early and forced marriage, and FGM/C.
    b. Elimination of all forms of discrimination against women and girls to realize the full socio-economic potential of all individuals.

6. Supporting demographic diversity to promote economic growth and achieve sustainable development by:
    a. Investing in education, employment opportunities, health, including family planning and sexual and reproductive health services for adolescents, especially girls, to ensure demographic dividend achievement.

b. Building a peaceful, just, and inclusive society, where no one is left behind, and all elements of society are valued and able to determine their destiny and contribute to shared prosperity.
c. Providing high-quality, timely, and disaggregated data that ensure citizens' privacy, including teenagers, investing in digital health innovations, including in big data systems, and improving data systems to inform policies aimed at achieving sustainable development.
d. Developing research that supports an evidence-based approach to ensure critical indicator data and practical intervention innovations.
e. Pledging to the notion that everything about young people's health and well-being should not be discussed and decided without their meaningful involvement and participation ("nothing is about us, without us").

7. **Upholding the rights to sexual and reproductive services** in the context of humanitarian and vulnerable conditions by:
    a. Ensuring that basic human needs and the rights of the affected communities, especially women and girls, are addressed as an essential component of the humanitarian and environmental crisis response and the context of post-crisis and at-risk reconstruction. This effort is made by providing access to comprehensive sexual and reproductive health information, including access to legally-protected, safe abortion services and its aftercare to significantly reduce maternal mortality and morbidity, sexual and gender-based violence, and unintended pregnancy under these conditions.

8. **Using norms and value-based approach**, through the following strategy:
    a. Interventions to turn around adherence to restrictive and harmful gender and social norms aimed at children to change the socially accepted way of being male or female.

b. Community mobilization programs aim to change norms, attitudes, and behavior that underlie the imbalance of power between men and women.

Evidence-based effective intervention

Gender transformation approach in Comprehensive Sexual Education (CSE) is a program or curriculum within an educational setting that build critical thinking skills in gender norms and their implications. CSE activities include:

- Improving awareness to unhealthy, rigid, and dangerous gender and sexual norms.
- Questioning the costs (in relation to sexual and reproductive health and rights/sexual and gender-based violence) of complying with these harmful norms for all genders.
- Replacing unhealthy and unequal gender norms with the ones that are healthier, more inclusive, and positive, such as promoting positive masculinity.

9. **Adopting a parent and primary caregiver-driven approach** that focuses on how government and society can increase families' capacity to support children. This joint effort provides concrete behavioral advice for families on how to foster and optimize positive parent-child relationships, avoid the use of violent discipline, and what to do during violent-prone situations. We can achieve this with the following strategies:

a. Establish community-scale care groups that hold information and skills development sessions to support the development of non-violent care delivered through community group meetings facilitated by nurses,

social workers, or trained volunteers, which can be supplemented by one or more home visits for additional support and monitoring.

b. Deliver home visit program that provides information and capacity building sessions to support the development of non-violent childcare, delivered by nurses, social workers, or trained volunteers through a series of home visits.

Proposed program:

Include child violence and mental health programs into Bina Keluarga Balita (BKB) and Bina Keluarga Remaja (BKR), two programs dedicated to children under five and adolescents, that provide assistance and support to parents with concrete examples of positive, anti-violence parenting, and parent-child communication skills.

Integrate the Comprehensive Sexual Education (CSE) curriculum in the PIK-R program.

10. **Fostering a safe environmental approach** by:

10.1 Preventing the spread of violence by training community members to recognize and prevent conflicts, individual risk behaviors, and social norms changes.

10.2 Enhancing the target environment by designing or modifying public areas that are associated with increased risk of violence.

10.3 Reducing violence by identifying the "hot spots" to plan for targeted multi-sectoral community security cooperation-based interventions.

11. **Youth-friendly response and support services** which cover:

a. Clinical investigation combined with intervention: establish protocol and conduct training for service providers to identify and inquire about signs and symptoms of violence and to refer victims to services and support.
b. Counseling and therapeutic approaches: Mental health interventions to address the symptoms or diagnosis of post-traumatic stress disorder, depression, or emotional and behavioral disorders associated with experiencing or witnessing violence
c. Parenting interventions involving social welfare services: Alternative care programs where a variety of services supports families.
d. Care programs for children in the juvenile justice system: Therapeutic interventions to help children change their destructive thinking patterns and anti-social behavior.
e. An online platform that supports young people's needs for adequate information.

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