

Adolescent Development Intervention at the Earliest Stage for a Healthy and Superior Future



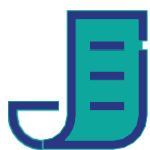
Executive Summary



A growing number of adolescents in Indonesia are exposed to violence, mental health issues, and risky behavior early in their life, which may hamper their achievements in education and the future. Some teenagers will find it hard to be economically independent and productive after high school due to a lack of knowledge and skills and scarcity of job opportunities.

We invite the Ministry of National Development Planning (hereinafter shall be referred to Bappenas) to make mental health and violence prevention programs a priority for human resource development during adolescence. With coordination from Bappenas, we hope the synergy between adolescent education, health programs, and economic productivity can be achieved more quickly. We can deliver the intervention program for adolescent development as early as 10-14 years of age to provide sufficient knowledge and skills upon high school graduation. Many teenagers, especially boys, plan only to finish high school and directly on the lookout for employment.

These programs should be supported by structural interventions to create a safe environment for children and adolescents, ensure equality of educational opportunity, and provide jobs with a decent income.



01. Background

Human resources development is one of the central visions and directions for 2005-2025 Long-Term Development, which is in line with other development objectives, e.g., the Sustainable Development Goals 3 (good health and welfare), 4 (quality education), and 5 (gender equality). Investment and intervention priorities for education, health, and social security in adolescence align with and support the national development plan by prioritizing welfare and justice.



02. Education and Health Situation of Adolescents aged 10-14 years based on Indonesian GEAS research

GEAS Indonesia's research on female and male adolescents aged 10-14 years in three cities (Bandar Lampung, Denpasar, and Semarang) has revealed health and education issues that severely affect human resources quality.

1. Teenagers hold high aspirations for education, work, and family life, but recent socio-economic surveys indicate that these may not be met.

GEAS found that more than 80% of teenagers hope to finish college, in which those who are thinking about the time to start work, marry, or have children; 73% wish to begin work over the age of 20 and more than 90% of adolescents, both male and female, also wish to marry and have children after 20.

However, the data from Susenas 2019 shows that many Indonesian adolescents will not meet their aspirations to finish college. Furthermore, only 25% of the population between the age of 19-24 are attending school, which means three-quarters of Indonesian adolescents quit before or during high school.

In 2019, the workforce aged 15-24 years was dominated by high school graduates (55%), but this demographic group also has the highest unemployment rate (9%) than primary school graduates or the uneducated.

Moreover, despite equal school enrollment rates, girls experience lower work participation and income than boys. Female adolescents' aspirations to marry and have children upon adulthood remain hindered by cultural, social, and economic challenges. In 2018, 11% of girls aged 20-24 were married before 18, compared to 1% of boys (UNICEF and Indonesian Statistics, 2020). Child marriage is more often experienced by women, especially those who live in rural areas and from households with the lowest expenditure quintile.

Figure 1.

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



2. Many adolescents have been exposed to violence and risky behavior by parents/adults and their peers, especially boys who have fallen victim to and become perpetrators of violence earlier than girls.

Table 1.
Experience of violence and bullying 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
Have been touched by an adult around private parts	5.7	18.2
Have witnessed their mother beaten, threatened, or hurt	9.3	13.7
Have been physically bullied by peers	9	23.9
Have physically bullied their peers	8.4	16.9

Adolescents reported emotional violence in verbal abuse as the most common case, but many teenage boys have also experienced sexual abuse. The percentage of boys exposed to some forms of violence (e.g., being touched in a private part by an adult, witnessing their mothers hit/threatened/hurt, bullied by peers) is even two to three times higher than girls.

Violence during childhood and adolescence can damage many aspects of life both today and in the long run, manifested through trauma, depression, stress, anxiety, and behavioral problems. These issues may lead to substance abuse, criminal behavior and hinder educational attainment, work, and various future opportunities.

3. Too many teens experience mental health problems with anxiety and depression, especially teenage boys who have consumed addictive substances such as tobacco and alcohol.

Figure 2.

Experience of signs of anxiety and depression in adolescents aged 10-14 years in three cities in Indonesia

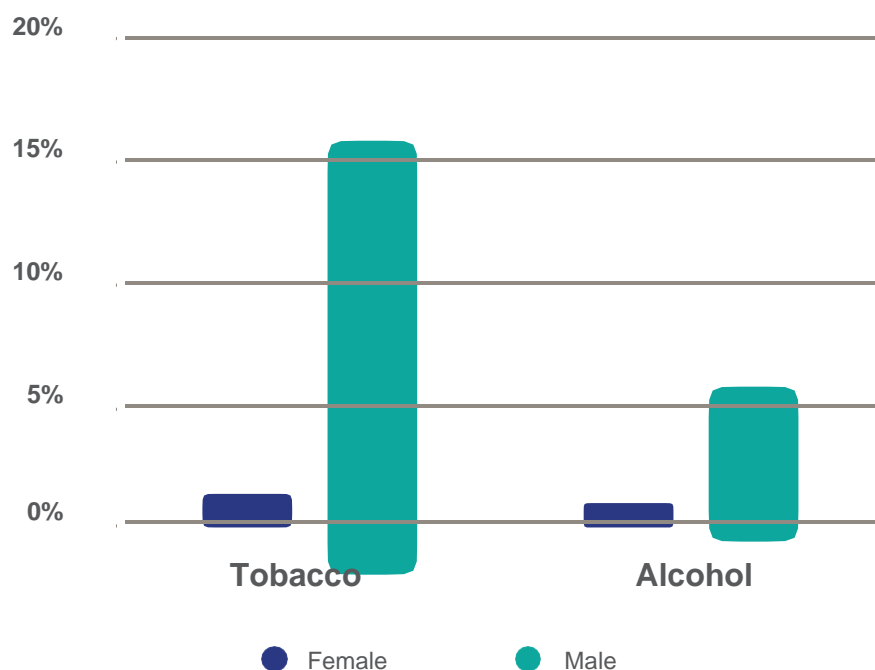


Half of the adolescents experienced anxiety for no apparent reason, and one-third felt sad or so unhappy that they can't sleep at night. It is worrying that nearly 20% of teens are so depressed that they think of hurting themselves. Violence and socio-economic challenges promote mental health problems, and adolescents experience depression/anxiety as a direct response to these challenging situations.

Adolescents with mental health problems are more likely to experience learning difficulties, have difficulty relating to their family and environment, and engage in risky behavior. Currently, youth mental health is not an issue on Indonesia's development priority. However, the consequences of mental health problems can last into adulthood by limiting one's chances of full and productive participation in the future.

Figure 3.

Use of addictive substances (tobacco and alcohol in adolescents aged 10-14 years in three cities in Indonesia) aggregated by gender.



Tobacco and alcohol consumption among male adolescents is 16% and 5%, respectively, a significantly higher rate than their female counterparts. Exposure to these substances at a very young age is more likely to lead to addiction and chronic illnesses that hinder future health, quality of life, and productivity.



03. Youth Have the Right to Receive Educational, Health, Social and Economic Investments as Early as Possible for Equal Productive Participation

GEAS Indonesia's research has demonstrated that our youth hold high aspirations for education, employment, and reproductive life. However, adolescents face an unsafe environment, coercion and violence, and mental health problems such as depression and anxiety arising from difficult socio-economic situations. These challenges can prevent them from achieving their full potential and participating productively in a healthy and prosperous state.

We recommend Bappenas to:

1. Make youth mental health and prevention of child and adolescent violence (including the provision of youth-friendly counseling services) a priority for Indonesia's human resource development

By explicitly making youth mental health and preventing violence against children and adolescents a development priority, we hope other ministries will adopt it as one of their priority programs. We also hope to foster synergies between youth development programs in education and the health and social sectors.

2. Fund, coordinate, and promote youth-related programs early on to ensure Indonesian adolescents have sufficient life skills and health when they graduate high school, followed by adequate job opportunities for high school graduates.

Although nearly 90% of adolescents aspire to finish college, most teenagers will only be able to complete secondary education. However, high school graduates have a higher unemployment rate than graduates from other education levels. We need to conduct a thorough evaluation of the knowledge and skills and the adequacy of job opportunities for high school graduates.

3. Deliver and coordinate assistance/social security programs for adolescents to deal with the impact of low employment opportunities

The highest unemployment rate is in the 15-24-year-old age bracket at 18.6%. Failure to meet high future aspirations can also have detrimental physical and mental consequences. However, currently, there is no universal social security/assistance program for youth who are not in school or have not found decent work.

4. Promote *Pendidikan Kesehatan Reproduksi Menyeluruh* (PKRM) or the Indonesian equivalent for Comprehensive Sexuality Education to other relevant ministries and government partners.

PKRM offers essential life knowledge and skills such as effective communication, critical thinking, planning for the future, and making responsible and healthy decisions. However, multi-sectoral interventions under Bappenas coordination are needed to increase the positive impact on adolescents.

PKRM is an adolescent development intervention that has been proven to promote youth health and positive development. The PKRM international standard curriculum has been established and adopted by various countries, with youth's full participation in the design and implementation and input from educators and parents. The involvement of both adolescents and educators/parents ensures that it is age-appropriate and culturally sensitive to the local community. Several non-governmental organizations and schools have collaborated to provide PKRM in several cities, with curricula ready to be developed and adapted throughout Indonesia.

5. Finance structural interventions to prevent violence, mental health, and youth unemployment

Structural interventions include providing equitable quality education, equal access to universal health services responsive to the needs of adolescents, and social safety nets for adolescents. The program also delivers financing to youth development-related sectors, e.g., institutions/organizations that provide formal and non-formal training, youth services in physical-mental health, education, family/economic crises, disabilities, etc. A part of the program involves encouraging synergies between the government and the private sectors to provide training or decent work for adolescents.



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