ORIGINAL ARTICLE

The intersection between Health and Culture: A Qualitative Exploratory Study about Indonesian Adolescents' Sexual Reproductive Health Services

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ABSTRACT

Background: Adolescence is a stage of human development when psychological and anatomical transformation processes have occurred. It is believed that when the transformation has limited adequate support, it may subsequently create problems in regards to sexual and reproductive health, for instance. Evidence shows that limited access to Adolescents' Sexual Reproductive Health (ASRH) services leads to a lack of appropriate information and knowledge regarding ASRH and subsequently increased adolescents' vulnerability to sexual reproductive health risks as unsafe sex, sexual coercion, and early pregnancy.
Aim: This study explored ASRH services from adolescents, young mothers, and providers of ASRH services.
Method: An exploratory qualitative study was employed involving one-to-one, in-depth interviews with ten adolescents, ten young mothers, and seven ASRH services providers. Each participant was interviewed once. Data collected in public health centers and analyzed using a thematic analysis approach adapted from Braun and Clark's strategy.
Results: Three themes emerged, i.e., "Transition period, knowledge and Information about SRH"; "Access to ASRH services" and "It is challenging to discuss sexual matters." Adolescents are generally have limited knowledge about SRH. They have challenges using available reproductive health services because of Indonesian socio-cultural barriers, i.e., discussing sexual reproductive health as taboo in Indonesian society.
Conclusion: The need for programs to address the role of underlying social norms in a more strategic and context-specific way to help adolescents navigate their sexual and reproductive lives.
Keywords: sexual reproductive health; adolescents; Indonesia; a qualitative study.

INTRODUCTION

About one billion adolescents globally, with 70% living in low-lower and middle-upper middle-income countries (LMICs), including Indonesia [1]. Adolescence is a stage of human development where psychological and anatomical transformation processes occur, subsequently resulting in reproductive maturity [2]. However, not all adolescents could successfully manage those transformations. Many of them experience stress and try to engage in risky behaviors such as sexual experimentation that adverse health and psychosocial outcomes, including unintended pregnancy, sexually transmitted diseases, early marriage, education exclusion, and social judgment [3]. Evidence shows that limited access to Adolescents' Sexual Reproductive Health (ASRH) services leads to a lack of appropriate information and knowledge regarding ASRH and subsequently increased adolescents' vulnerability to sexual reproductive health risks as unsafe sex, sexual coercion, and early pregnancy [4].

It is believed that limited access to ASRH services is influenced by a range of social, cultural, political, and economic factors and inequalities. It also leads to barriers to their access to ASRH information and services [5]. For instance, in Indonesia, sexual matters are considered inappropriate, even for an adult, and a premarital sexual relationship is considered out of the cultural expectation [6]. Data show that adolescents often access inadequate information about reproductive health from informal sources, e.g., peers, internet websites, and the media [7]. Kemenkes reported that amongst 9,442 unmarried Indonesian adolescents, 90% had accessed pornographic websites to gain information about reproductive health and sexual practices, and 9% engaged in sexual relationships [8].

In response to that issues, the Indonesian government developed a program called "Program Generasi Berencana (Genre)" in 2014, which includes 'delaying marriage' to reduce adolescent pregnancy as one of the health campaigns. However, data show that 1 out of 4 adolescents were married before age 18 in Indonesia within 2015 and the most significant factor lead to adolescents marriage was unintended pregnancy due to premarital sexual relationship [9]. ASRH has attracted attention by researchers and the government for some time in Indonesia. For example, exploring unsafe abortion among unmarried female adolescents [10] reported that female Indonesian adolescents attempting to terminate their pregnancies by taking traditional medication, practicing traditional abdominal massages, or seeking illegal abortion services. In contrast, other academic researchers evaluated ASRH education [11], which were pilot projects to educate Indonesian adolescents about SRH. These all studies were inviting pregnant adolescents as participants. This study explored experience about ASRH services from adolescents, young mothers, and providers of ASRH services.

METHOD

Ethics approval for the study was gained from the Institutional Ethical Board of Universitas Aisyiyah

Yogyakarta, Indonesia. Additionally, permission from local authorities was also secured before the study started. This was an exploratory, qualitative study involving one-to-one, in-depth interviews with adolescents, young mothers, and providers of ASRH. A non-probability sampling technique, i.e., purposive technique sampling, was used to select the participants. This qualitative study was conducted from February- May 2019 in Java, Indonesia, where discussion about sexual matters is taboo and early marriage was mostly due to premarital pregnancy due to premarital sexual relationship. Participants of this qualitative study were ten adolescents, ten young mothers, and seven providers of ASRH. The sample size was planned due to the practicality of this research. Each participant was interviewed once. People with learning disabilities were excluded as it was considered unjust to approach them as they were less likely to understand what was required from them and why. They may be less likely to provide informed consent to be involved in this study. All participants were identified from the medical record of public health centers. The first author (AWA) and second author (HFK) collected and analyzed the data. A one-to-one in-depth interview was used to collect sensitive data and facilitate adolescents to express their views privately [12] freely. In-depth interviews using a topic guideline were undertaken, and interviews were audio-recorded in Bahasa Indonesia. All interviews were conducted in a private room of public health centers during the day working hours. There was one interview with each participant, with about 60 minutes per interview. Field notes were written soon after each interview to capture contexts such as participant behaviors during meetings and the researcher's thoughts and feelings about the interview process.

Thematic analysis was conducted by adopting a strategy from Braun and Clarke (2006) to identify patterns or themes within qualitative data. The thematic analysis provides core skills useful for conducting many other kinds of analysis [13]. All interview data were transcribed verbatim by the first and second author, and two other project assistants were counterchecked transcribes while listening to the audiotape. The transcriptions were translated into English by a professional translator who experienced qualitative data translation. Back translation was also performed to ensure the correctness and reliability in linguistic. Meaningful statements were identified from the data by reading and rereading the textual data to develop code. The "Open coding" procedure was carried out by writing down as many categories as necessary to address all content aspects.

Consequently, the categories were filtered and merged by rearranging based on the priority to produce a new list of categories and sub-headings. The first and second authors conducted this procedure independently to generate the category system. After that, two lists of categories were discussed and compared. Adjustment, therefore, was made when it was considered necessary. In the end, the categories and subheadings that emerged were compared again with original transcripts to minimize lost meaningful data.

RESULTS

Three themes emerged from this qualitative data, which are: "Transition Period, Knowledge and Information about SRH"; "Access to SRH services," and "It is challenging to discuss sexual matters."

Theme 1: "Transition period, knowledge and Information about SRH."

The theme of "Information and knowledge about SRH" describes adolescents, young mothers, and healthcare providers' experiences related to adolescents' understanding of SRH and the sources of information. There were three sub-themes within this theme, one, i.e., "Transition into puberty"; and "Information sources of SRH."

a. Transition into puberty

This qualitative study shows that transition into puberty causes several problems, including sexual reproductive health problems for adolescents. All adolescents in this study experienced curiosity about sexual matters. The following sample of quotes explain their experiences:

It was started when I was 11 or 12, I think (pause) after my first menstruation….errrr then I accidentally found an adult magazine which brought my senior in school (pause)… errr then I read something related to things to attract boys… errr well started from that then I explored such topics from the internet for me to know more….(Adolescent 4, 17 years old, high school student)

Additionally, all young mothers expressed that puberty led them to become more interested in their opposite gender, and they subsequently built relationships with male adolescents. The majority of young mothers described that they developed a relationship due to feeling love, which triggered them into sexual engagement and caused their pregnancy to occur. For instance, Young mother 1 stated:

I cannot remember when I got my first menstruation (pause), but I liked my senior (pause). I tried to send a letter but never got replied (laughing)…..then he (husband) came to me and said that he wanted me as his girlfriend (pause) I accepted (laughing) then we were getting closer and closer (pause) then we started to did that thing (premarital sexual relationship)…..(Young mother 1, 17 years old, married, dropped out from school in year 2 of high school due to premarital pregnancy)

Puberty also caused some adolescents to experience stressed and tried to withdrawal from their peers. Adolescents then tried to seek 'their life' and engaged in the relationship. The following quote is an example of participants' statements:

I got bullied by my friends since the day I got my first menstruation (pause). They bullied me because the blood in my skirt uniform (pause) was shameful (pause) that is the reason why I left school (pause), but I then feel free now (pause) I have a boyfriend who supported me….he said he would marry me next year (Adolescent 10, 16 years old, left school in year 2 of secondary school)

All healthcare providers also stated that most adolescents were having issues in their transition into puberty due to lack of knowledge, which lead them to high-risk sexual behavior. The example of their statement can be seen in the following quote:

I am aware of the issues of adolescents around this village (pause). Many problems related to sexual reproductive health started in their early adolescents …..yes, it was started in their transition into puberty (pause). Many of them experienced 'crash landing' (pause).

Because they do not know how to manage (pause), they do not k now how to choose the right path (pause) we need to care about. (Healthcare provider 7, lead of youth center clinic)

b. Information sources of SRH

Information sources of SRH were one of the big topics which emerged from this qualitative data. Adolescents, young mothers, and healthcare providers experienced that the internet was the media for adolescents to seek information about sexual matters. This experience describes by adolescent 1:

I know it (sexual matter sites) from my friend (but) let me explain and do not get me wrong (pause) I only explored menstruation and something related to how to avoid vaginal discharge (pause). I also tried to know about problems when adolescents get pregnant (pause). That is all I had…. (Adolescent 1, 16 years old, year one student of high school)

All young mothers also stated that they were exploring the internet to understand sexual matters, and all of them stated that they were at least one time accessed pornographic sites.

Well, I can honestly say that I accessed sexual matters from the internet because of my curiosity (pause)….I also watch "blue movie" several times…….it was mostly with him (boyfriend who become husband) we were experimenting and safe for a relatively long time (pause), but then the pregnancy occurred (pause) yes it (pregnancy) was an accident…..(young mother 9, 19 years old, married, dropped out from school in year 3 of high school due to premarital pregnancy)

Limited knowledge related to SRH also appears as a significant condition amongst adolescents and young mothers, in which for almost adolescents and young mothers caused problems. Adolescents were not aware of physical and psychological changes in their transition into puberty. They also had little or no knowledge related to conception, pregnancy, and physiological changes. This is because they were less likely to access education and information about sexual health, reproduction. This experience explained by adolescent 2:

Nobody told me about puberty (pause), even my mother never talked about that…I know that since I have my menstruation, I will get pregnant…. (Adolescent 2, 16 years old, year one student of high school)

Similar experience also stated by young mother as follow:

I do not know anything about pregnancy. I just got to know that I am pregnant after telling my friend that I have missed my period….I was feeling sick, and my mother realized I was pregnant"(Young mother 10, 18 years old, married, dropped out from school in year 1 of high school due to premarital pregnancy)

Healthcare providers also explained similar information. The statement of Healthcare provider five is an example of their explanation:

We can see that characteristically adolescents who get premarital pregnancy were accessed pornographic sites at least once (pause) they then tried to experiment (pause)….It is also said that they have limited appropriate knowledge about sexual and reproductive health (pause)….I also can say that most adolescents in this era are gadget-friendly, and they also seek information related to sexual matters from the internet (Healthcare provider 5, lead of youth center clinic)

Theme 2: "Access to ASRH services."

The theme of "Access to SRH services" includes perceptions and responses to ASRH services. In particular, adolescents' health-seeking behavior and the perceived socio-cultural barriers to access the services. There are two sub-themes: "Intention to seek ASRH services" and "Socio-cultural barrier to access ASRH services."

a. Intention to seek ASRH services

This qualitative data show that most adolescents have the intention to access the services. However, they have lack information about the procedure to access and considering their privacy. Young mothers also explained that they, therefore, have no adequate information about pregnancy prevention and the consequences of adolescent pregnancy due to limited information. The following quotes illustrate their experiences:

Of course, I would like to access that kind of service when it is friendly for the young like us (pause). They (healthcare provider) should keep our secret…but I am not sure about how to access that service….should I talk to them about my sexuality problem? Or would it be more about managing puberty? Not sure about that….(adolescent 6, 18 years old, completed high school)

Finding also shows that young mothers also give inspiration to their adolescent counterpart related to access to ASRH as described below:

for those (other adolescents) who are still have a better future, not like me (pause) it would be better when you have a desire to know more about sexual reproductive matters (pause) just come to that service (pause) then you would not get lost… I remember I was like lost due to avoid to seek that service and doing something stupid rather than seeking help from them (healthcare providers) I was worried if that kind of service safe (pause) (adolescent 2, 18 years old, completed high school)

Findings also reveal that healthcare providers have similar views, which stated below:

the reason why adolescents seem reluctant to access the service is that they think that this service is not safe for them (pause) they consider about their privacy and worried about what might people said…(healthcare provider 6, midwife staff)

b. Barriers to access ASRH services

This qualitative study's findings show that reproductive health services are generally available in the community, including health education and counseling. However, there was low utilization of services amongst adolescents due to socio-cultural barriers. Many adolescents' testimonies also indicated that they were unaware of SRH services. For example, Adolescent 4 and Young Mother 8 reported:

I have never heard about it (SRH clinic) (pause), but if I knew this sort of place I might not go there, as people will start to talk about reasons of why I visit such a clinic…it would be very shameful and embarrassing" (adolescent 4, 18 years old, completed high school)

"There was a session with our teacher about how a woman becomes pregnant, I remember she talked about

how sperm and egg meet and how it grows up in the uterus that's all (pause) I also heard about sexual reproduction individual consultation, but I never accessed that kind of services since I think people would start to talk about it if I come to that service….I believe that kind of services are provided for married people (young mother 8, 17 years old, married, dropped out from school in year 1 of high school due to premarital pregnancy)

Although SRH services were provided, adolescents' views regarding SRH were based on the social belief that SRH services are for married couples. Findings suggested that while SRH information was provided in schools, the information's focus tends to be biological and anatomic rather than on relationships and sexual behavior, which have the risk of pregnancy or preventing pregnancy. The information provided, therefore, was more likely did not meet with adolescents' needs. Almost all healthcare providers also stated about the barriers to provide SRH services in the Indonesian community, which expressed in the following statement:

It is challenging to reach adolescents also to educate them about SRH (pause). They do not want to be very open (pause) in particular with their older counterpart or their parents (pause) if they (adolescents) ask about sexual and reproductive issues, the person will be seen as a bad girl or boy…..so I think they are afraid to go to the clinic (Healthcare provider 7, midwife staff).

Theme 3: "It is challenging to discuss sexual matters."

The theme of "It is challenging to discuss sexual matters" describes experiences of adolescents, young mothers, and healthcare providers related to the barriers when seeking advice about sexual matters within the Indonesian context. There two sub-themes emerged, which were "it is shameful" and "it needs appropriate words and moment."

a. "it is shameful

The findings explained that Indonesian culture, which considers discussing sexual matters as taboo, leads to adolescents' hesitance, young mothers, and even healthcare providers to start conversations about ASRH. All the participants stated that they reluctant to have a discussion about sexual matters with others. Young mother ten articulate her experience as this following explanation:

Indeed it is challenging to talk about that (sexual) matters (pause) it would be kind of naughty conversation and would be very shameful (pause) when my parent or people know that (young mother 4, 17 years old, dropped out from school in year 1 of high school due to premarital pregnancy)

The hesitance also experienced by all adolescents, as expressed by adolescent 3:

*I am aware that having a conversation with others may give opportunities to solve problems, even things related to sexuality (pause). However, I feel worried if people know about that; they may think that I am naughty…..(*adolescent 3, 16 years old, year one student of high school).

The healthcare providers also have similar perspectives related to a conversation about sexual matters within the Indonesian community, as described by one of the healthcare providers:

"It is challenging (pause) when discussed sexuality not only with adolescents but also with people here in general (pause) again it is because of the culture (pause) and midwives in this entire public health center have improved their skill on how to manage this barrier"……(healthcare provide 3, midwifery staff)

b. "need appropriate words and moment."

Findings reported that to avoid stigma from the community, they must carefully manage the words and sentences discussed sexual reproductive health. It reveals that most participants explained that adequate sexual reproductive health information needs to be accessible for everyone, including adolescents. The quote from healthcare provider 1:

I am aware that not all healthcare providers take this challenge (promoting sexual and reproductive health for adolescents). I understand their side because when we talk about sexuality to adolescents, we need to have an appropriate word and moment (pause). We do not want to deliver the wrong message to adolescents (healthcare provider 1, midwife staff).

The majority of adolescent participants also stated that they found it difficult to access free information, even in healthcare, which led to their lack of knowledge about sexual and reproductive health among adolescents. Adolescent 1 articulate her experience:

I want to talk freely and have more information about that (sexual and reproductive health) at least for me to know and avoid something dangerous (pause), but they (healthcare providers) for some reason like do not like to talk about that……..(adolescent 2, 18 years old, completed high school)

DISCUSSION

This qualitative data aimed to explore Indonesian ASRH services from perceptions of adolescents, young mothers, and healthcare providers. It highlights knowledge and perception of adolescents' sexual and reproductive health services and the key constraints hindering adolescents from accessing and exercising SRHR in Java, Indonesia. This research is unique as it focused on knowledge and perceptions of ASRH services within the Indonesian community, where discussion on such topics is prohibited. During adolescence, there is a development of sexual cognition as a sign of puberty [14]. For many scholars, puberty is defined as the period during which adolescents reach sexual maturity and become capable of reproduction [15]. The desire to interest in the opposite sex and understand more about sexual and reproductive matters seems to be a normal process of adolescents' sexual cognitive development. The development of sexual cognition and earlier puberty impacts adolescents' sexual behavior that they seem to have an interest in the opposite sex, and they also engage in sexual relationships early than their previous generations [16]. While these factors are plausible reasons to increase adolescent pregnancies, other factors influence behavior [17].

The study also reveals that video shows on pornography and sexual relationships were found to be among contributing factors leading adolescents' to engage in risky sexual behaviors. Media such as the internet and television provide open access and exposure of adolescents with global lifestyles. Some international movies and programs promote female and male

relationships, containing sexual relationships outside of marriage as part of their relationship intimacy. The local assumption that access to movies and shows seems to impact adolescents' behavior and lifestyle. During data collection, there was evidence that all adolescent participants have at least one smartphone, which enabled them to access the internet. Therefore, adolescents probably tended to imitate lifestyles that they have seen from the media, including practicing premarital sexual relationships. The finding is in line with previous research that shows exposure to sexual content from the media is linked to adolescents' initiation in engaging in sexual relationships [18] [19]. Some adolescents experienced difficulties managing and adjusting to their transition into puberty due to limited knowledge and information related to SRH. The lack of knowledge seems to lead them vulnerable to unsafe reproductive health behavior. This, therefore, potentially brings an effect on their health and future. For example, the wrong choice can lead to unplanned pregnancy [20]. The previous study reported that a lack of knowledge of SRH was associated with premarital sexual engagement [21]. The effects of these unplanned pregnancies are multifarious, with some capable of lasting for a lifetime. These potential human resources and future leaders end up as school dropouts due to unplanned pregnancy and other attendant complications.

The finding reveals that generally, ASRH services are available within their community. Several programs and strategies were also implemented in order to reach the adolescents. However, these efforts were undermined by service-related barriers, which is the critical barrier that is socio-cultural [22]. Multiple socio-cultural and structural barriers hindering adolescents' access to requisite information and autonomy are also confirmed by other research. These include but are not limited to traditional cultural norms, lack of education, and open discussion [23]. This was plausible in Indonesia as discussing sex is generally taboo, and SRH education is only related to anatomical, biological, and physiological aspects. SRH knowledge was gained by hearsay, for example, friends [24]. These findings show consistency with previous research findings in that limited knowledge and awareness of SRH were often reported by adolescents due to socio-cultural barriers [25].

CONCLUSION

Adolescents in this study generally have limited knowledge about SRH, which affects their reproductive health behavior. Adolescents in this part have challenges utilizing available reproductive health services because of socio-cultural. The need for programs to address the role of underlying social norms in a more strategic and context-specific way to help adolescents navigate their sexual and reproductive lives.

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