

# Promoting Reproductive Health: An Experience of Adolescents in West Java, Indonesia

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**Abstract.** Various programs related to adolescent reproductive health in Indonesia have started to involve adolescents as educators or peer counsellors. These programs primarily aimed to empower adolescents in their health promotion and prevention efforts and those of their peers, including their reproductive health. This research aimed to explore teenagers' experiences in promoting adolescent reproductive health in West Java, Indonesia. This research utilized a qualitative approach. Data were analysed using content analysis. The research results found that the reasons for participating as peer educators were due to their willingness to be part of solving adolescent health problems, being happy with the health sector, and increasing knowledge and experience. The parents' response was generally supportive even though they were initially doubtful and worried. The provisions obtained as a peer educator included training and socialization. Before becoming peer educators, informants received socialization and/or training regarding adolescent reproductive health. The roles and activities carried out included providing information, education and counselling, collaborating, carrying out physical examinations, providing additional food, administering ferrous sulphate as well as recording and reporting. The difficulties that many teenagers experienced included physical, psychological, and social problems. The challenges experienced included miscommunication and less support from adults, hard to carry out cadre formation, and teenagers' low awareness. To increase the role and involvement of adolescents in promoting the reproductive health of their peers, adequate provision and support from adults and policymakers is needed.

## 1 Introduction

Adolescent reproductive health is an important issue that requires attention. [1] This is because adolescence is the initial stage of entering sexual and reproductive life. Teenagers are also potential parents for the next generation. Adolescents' reproductive and sexual health can have implications for their lives and also have an impact on national reproductive health, [2,3] Apart from that, it can also affect their employment prospects,

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future economic well-being, status in society, and their ability to achieve their potential (UNFPA 2014; Viner et al. 2012) in Rankin et al (2016). [3]

Various adolescent reproductive health problems include sexuality, Sexually Transmitted Diseases (STDs), Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) and Narcotics, Psychotropics, and Other Addictive Substances (NAPZA) including smoking. Sexuality is a very crucial problem for teenagers, especially teenage girls. This problem can occur either because of promiscuity resulting in sexual relations outside of marriage or because of marriage at a young age which is triggered by culture. Considering that teenagers' physical maturity is not yet perfect, if they are pregnant, it can cause health problems; which means they are at higher risk of experiencing serious complications such as bleeding, septicaemia, injury, and infertility. [4] Apart from that, it can also affect the chances of survival of their offspring. Early initiation of sexual activity increases the risk of unwanted pregnancy, and unsafe abortion, and increases the risk of STDs and HIV/AIDS. [5] Teenage pregnancy is also negatively related to educational and career opportunities. [4] [5] This sexuality problem also harms teenage boys. This is because when his girlfriend gets pregnant, then the teenage boy usually has to be responsible for marrying his girlfriend. Thus, he is also forced to earn a living. This means that this can threaten the continuity of their study. If they engage in unsafe sex, they are also at risk infected by STDs and HIV/AIDS.

Another problem that is also worrying among teenagers is drug abuse. Smoking, consuming alcoholic drinks, and drug abuse are considered high-risk behaviours in adolescents. Smoking is associated with major health problems because smoking behaviour is closely related to non-communicable diseases such as cardiovascular disease, chronic obstructive pulmonary disease, and cancer. [6]

Lack of information, misinformation, and misunderstandings about reproductive health occur among adolescents. This can be a barrier for teenagers to understand what is happening to them, the changes they face when entering adulthood, and what is best for themselves and future generations. [3] Most studies show that teenagers have poor information concerning basic reproductive and sexual health topics such as reproductive physiology, contraception, and HIV/AIDS, and emphasize dangerous myths, especially for teenage girls. [7,8] Lack of correct information about reproductive health causes teenagers to have less knowledge about it. This can cause teenagers to do risky behaviour. When teenagers have unsafe sex, then teenage girls are at risk of experiencing unwanted pregnancies. In addition, both teenage boys and teenage girls are at risk of contracting STDs and HIV/AIDS.

In the past, teenagers were considered the healthiest group in society. [9] This is because teenagers have passed through childhood, which is vulnerable to disease, and have not yet reached adulthood, which is also vulnerable to various diseases. As a result, teenagers' health needs including in reproductive and population health programs are often ignored. The lives of very young adolescents are usually not documented, [3] neglected, [10,11] and get little attention from reproductive and sexual health programs for adolescents. [11]

Critical and crucial factors that can contribute to reducing or preventing adolescent reproductive health problems lie in education, information, and communication which are part of adolescents' rights to reproductive health. [1] These factors can help

adolescents reach the necessary level of maturity so that they can make informed decisions responsibly. [3] The information and education provided to this group can provide opportunities to influence safe behaviour from an early age, [1] and can offer great opportunities to influence the initial formation of safe behaviour, [11] as well as being the basis for the formation of attitudes and behaviour that influence health and welfare. [10] Apart from that, teenagers who gain sexual and reproductive health education are also more concerned with reproductive health issues. [12]

Talking about teenagers, the experts are the teenagers themselves. [10] The involvement of adolescents in reproductive health programs from problem discovery to evaluation is an important thing to pay attention to. This is because adolescent participation in programs and policies related to adolescents is the key to policy success. Activating the role of teenagers can lighten the government's burden in managing teenagers' needs and dealing with teenage problems. [13] When involved, youth develop and contribute to society and family. When encouraged, they can open up a bright future for themselves and their future families. [10]

The Indonesian government has paid attention to the importance of involving teenagers, especially in preventive and promotive efforts for adolescent health, including adolescent reproductive health. Several programs that are forums for involving teenagers as cadres or administrators include Care for Adolescent Health Services (CAHS) which is a program under the Ministry of Health, Youth Information and Counselling Centre (YICC) which is a program of the National Population and Family Agency and the Regional Children's Forum (RCF) which is under the Ministry of Women's Empowerment and Child Protection. Even though these three programs are under different ministries or institutions, they have something in common. One of which is empowering teenagers to improve their health. This article describes the experiences of teenagers involved as cadres and administrators in the three programs, including the efforts they make to promote adolescent reproductive health and the challenges they face in carrying out their roles.

## **2 Research Method**

This research utilized a qualitative approach and focus group discussions as data collection methods. This article is part of the results of research entitled "*Strategy and Impact of Implementing Adolescent Reproductive Health Policy in West Java*". This research has received Ethical Approval No. LB.02.01/2/KE.326/2021 From Indonesia Ministry of Health – National Institute of Health Research and Development.

The research was carried out in selected districts/cities in West Java, namely Bandung City, Bandung Regency, Cianjur Regency, and Subang Regency, from July to September 2021. The research informants were administrators of the West Java regional children's forum, adolescent health cadres, adolescent integrated service post cadres, and cadres of youth information and counselling centre in the districts/cities that are the research locus. The number of teenagers involved in the FGDs was 24 people. The implementation of the FGDs was divided into six groups, where each group consisted of four teenagers, as described in Table 1.

**Table 1.** The distribution of FGDs

FGD group	Participants	Number
1 group	administrators of the West Java regional children's forum	4
1 group	Youth information and counselling centre cadres in Bandung city	4
1 group	adolescent health cadres, adolescent integrated service post cadres in the Cianjur Regency	4
1 group	adolescent health cadres, adolescent integrated service post cadres in Subang Regency	4
1 group	youth information and counselling center cadres in Subang Regency	4
1 group	youth information and counselling center cadres in Subang Regency	4

Considering the ongoing COVID-19 pandemic, to prevent transmission, FGD activities were carried out online via Zoom meetings. To ensure that the FGD activities were effective and all participants were involved in the discussion, for each discussion, participants were limited to only 4 people. They also already knew each other so they were no longer awkward in speaking or expressing opinions. In addition, before the implementation of the FGDs, the research team had also contacted the informants by telephone to get acquainted and convey the discussion activity plan and ensure that they did not need to be awkward if there was something they wanted to convey. For some teenagers who had difficulty getting internet access at home, they were facilitated by community health center officers and family planning officers to use rooms in the village hall that provided WIFI facilities. To minimize bias, because the discussion was conducted online, the researcher ensured that in the room where the participants took part in the discussion, there were no adults, including parents, health workers or family planning workers present. To ensure the validity of the data, after the FGD results were processed, the transcripts were given to the informants to be read and discussed with them. So that there was an understanding between the researchers as the data analysis instrument and the informants as the data source. The collected data was processed and analysed using content analysis.

## 3 Results and discussion

### 3.1 Reasons for participating as peer educators

Several reasons were delivered by the teenagers related to their choice to be a cadre or chairperson in the CAHS, YICC, or RCF. There were three main reasons for adolescents to get involved in the activities. The first was the desire to be part of solving adolescent health problems. The health problems that befell teenagers around them made these teenagers want to be part of the solution for their peers. They hoped that with their involvement through providing information and education, youth problems can be resolved. Concern about teenage problems such as unwanted pregnancy, child marriages, unhealthy dating and dating violence, smoking, and drug abuse by teenagers, made these teenagers want to be part of the solution.

*"So that's where dissatisfaction becomes curiosity, wanting to be a problem solver, wanting to be a solution to existing problems, starting from the city of Bandung and continuing to the province. I'm happy to have an audience, to be able to meet lots of people, especially, in this forum, not only children who are already in high school, but there are also those who are still in junior high school"*

*"But I kept seeing that the health level of West Java children was still low, so in the end, I preferred the health cluster."*

*"I was interested in joining this children's forum because I heard various issues that appeared on television or social media about violence against children or child marriage. Child marriage is not only a cultural issue, but in the future, we have to think about it. What is the future of a boy or girl, and what will happen to them? Get further rights, etc... from feeling like that, then there was a children's forum that became 2P (pioneer and reporter), so I was interested in joining"*

*"Continuously, in the neighbourhood where we live, there are many teenagers who get pregnant out of wedlock, who come from broken homes. "While I was in a position where my parents were always there, I felt sorry for my fellow teenagers who didn't get the love I got from being socialized about YICC."*

The second reason was being happy with the health sector. Liking issues related to health makes these teenagers interested in participating in YICC, CAHS at school, and Adolescent Integrated Health Care and RCF in the health sector. Some of them like the health profession and it inspires them to study health issues, especially those related to adolescent health. There is even a cadre who is still in the 2nd grade of junior high school who admits that he has been involved as an adolescent integrated health care cadre since the 1st grade of junior high school because he really likes learning about health, especially reproductive health.

*"When I was in middle school, I had a friend who took part in the West Java FA, then I asked what it was about, it turned out that it included the health sector, I happened to like the health sector because I like the health sector"*

*"I really like learning about health, especially about health for girls."*

The third reason was increasing knowledge and experience. The informants admitted that participating as administrators or cadres in this activity, gave them better knowledge regarding health, especially adolescent reproductive health. They receive information or

training first and then pass it on to their peers. This knowledge also primarily serves as guidance for them to behave in a healthy lifestyle. Apart from that, being active in this activity gives them a very useful experience. They learn how to speak in front of other people, and how to provide counselling and health education to their peers. In addition, being active in this activity also allows them to network and collaborate with their peers who are equally active in the same or different activities. Those who are active in RCF, CAHS schools adolescent integrated health care, and YICC also often collaborate.

*"I was able to take part in child-friendly school training, where it turned out that my school was also a child-friendly school. I was able to take part in children's forum activities which turned out to be a blend of what I wanted"*

*"It's actually better if I follow this, to increase my knowledge, insight, get something new that is more positive, than not following it"*

*"All the knowledge that I don't know yet, I just need to pass it on to other people, how to reduce negative things, even in my own way. And Alhamdulillah, by joining YICC, it immediately felt easier for me to speak publicly in front of my friends. "My friends are dating a lot, and many of them are dating beyond the limit in my opinion, so we also tell our friends with knowledge, what if we don't have knowledge?"*

The findings in this study indicate that being a peer educator provides many benefits for adolescents themselves. Their involvement in these activities provides the right knowledge from the right sources, namely health workers, and appropriate references (modules, booklets) regarding reproductive health. Their concern for reproductive health problems experienced by their peers, makes the knowledge they have can also be used to be shared with their peers.

Having a commitment to be involved in efforts to prevent adolescent reproductive health problems is a requirement to become a peer educator or counsellor. [14] Results of this study found that informants did indeed care about the health problems experienced by their peers. This is in line with the results study that teenagers expressed confidence in talking about their environment and how they can contribute to change for a better life. [15] The results of other studies found that teenagers who became peer educators felt happy because they gained experience and were useful to others. [16] The increase in knowledge of teenagers who become administrators or educators also occurs because they get training and then share it with others. [17] In line with previous studies, the findings in this study indicate that adolescents who become peer educators are those who care about their peer environment. They know and care about adolescent reproductive health problems in their environment. The desire to be involved in these activities is their effort to be part of solving adolescent reproductive health problems. The training they receive, and reading materials become capital for them to be confident in conveying their knowledge to their peers. By being involved in activities, they also network with other adolescents to jointly become part of the solution to adolescent reproductive health problems.

### **3.2 Responses of parents**

The informants said that in general, their parents supported their taking part in these activities. Their parents supported their activities so that they could still divide their time

between activities and school. Besides, their parents support this because they think that being active in this activity can have a positive influence, such as gaining knowledge, good experience, and also a supportive social environment. Informants get parental support because their parents were actively involved in Youth Family Development activities. Apart from that, the parents were also supportive because those who invited the informants were health workers whom they knew well. However, some informants said that their parents were also sometimes worried that their school would be neglected. One informant said that his parents sometimes asked very detailed questions about what activities he would do because they were worried.

*"They were worried and afraid that the school would be neglected, but I could assure the parents that they would be able to share their time. The school would still run, the organization would also remain active."*

*"From my own parents, when there's an event or whatever, sometimes they don't support me enough, they always ask questions that I don't think need to be asked... that's because they're too worried."*

*"My parents also support me, because; Bunda' (the name for the health provider who guides the Adolescent Integrated Care Service) is the one who invites me, who guides me. So, I always get support, especially if it's about health, as a teenager I also need to know about health."*

The results of this study found that adults can be supporters or obstacles to the realization of adolescent participation. This is supported by the results of the study that parents are the first gate to realizing participation. [15] This is because adolescents are still under the guidance and supervision of parents. Adolescence is a transition phase from childhood to adulthood, thus parents still have a role for adolescents in making decisions to participate or not in an activity. Parents who think an activity will have a positive effect on their child will support their child in participating in the activity. This is certainly a motivator for children to feel comfortable and involved in the activity. On the other hand, if parents do not support it, perhaps because they think it has no benefit for their child, is a waste of time, or other reasons, then they will try to prevent their child from being involved in the activity. Thus, even though their child already has the will but the parents forbid it, it can be that the teenager does not get involved.

### **3.3 The provisions obtained as a peer educator**

Before becoming cadres or administrators, the informants said that they received provisions in the form of training or socialization. They said that there were no special requirements to become a cadre or administrator, except that the age limit must be a teenager. However, to become a manager there is still a level that is related to the ability to manage activities. At the FA, previously they were administrators, they became members first, then gradually became administrators in their respective districts/cities, and then became administrators at the provincial level. For an administrator, there are also levels. Initially, they become a member of the management, then they become division heads and then they can be elected as general chairman. In YICC and CAHS, schools and adolescent integrated service posts too. There are levels to becoming an



administrator. This aims to provide experience and a regeneration process for management.

*"The difference is that our administrators have their own requirements. In this children's forum, there is capacity strengthening. Every year, we strengthen the capacity of the children's forum, how to be a pioneer. "Well, for these administrators, the most definite requirement is that they are under 18 years of age, but there are qualifications such as what kind of contribution they hope to make."*

*"There is provision, so usually we like to hold seminars and some kind of training. "Like I have joined KS (peer counsellor) and PS (peer educator) where the YICC children are really given counselling material, so they don't deviate like that."*

*"Yes, I have. The training is about theory first and then goes into practice, namely practice about digital blood pressure, weighing, height measurement..."*

Training and socialization were obtained by informants before becoming administrators or educators. This is in line with other studies revealing that training of adolescent integrated service cadres is very important because cadres are the spearheads of youth empowerment and are tasked with providing health services and education. [18] In addition, training can also increase adolescent knowledge. Statistically, there is a significant difference in knowledge between before and after training. [19] The training provides the ability for the adolescent cadres to have the competencies needed as peer educators. They are provided with knowledge of adolescent reproductive health such as the anatomy and physiology of reproductive organs, physical and psychological changes in adolescents, healthy dating behaviour, diseases caused by risky behaviour and how to prevent them, the dangers of substance abuse including smoking, and also life skills. In the training of adolescent Integrated Health Service cadres, they are also equipped with basic skills such as measuring blood pressure, weighing, and measuring height. They also learn how to write reports. In addition, they also get the opportunity to speak in front of their peers as peer educators or counsellors. Thus, this training is useful for improving the performance of adolescents as cadres in promoting adolescent reproductive health.

### **3.4 The roles and activities**

The informants said that there were many roles and activities carried out in the organizations they joined. Teenagers who are involved as administrators of children's forums said that they act as pioneers and reporters. As pioneers, they carry out various activities such as campaigning to stop child marriage both offline and online through various social media. They also collaborate with the health department to promote adolescent reproductive health. Apart from that, they also make suggestions to the government, such as a proposed regional regulation on smoke-free areas. Their role as reporters is to report problems that occur to teenagers around them, including teenage reproductive health problems.

*"Usually, we are always on car-free days, coincidentally we also have a car tour. Our children's forum is socializing Stop child marriage in West Java, Stop violence. "We utilize social media, we continue to create content, through webinars, with live talk shows, so every month it continues"*



*Then for the reporter function, what this means is that we, as children, can report whatever we feel, for example, if we see violence occurring in the surrounding area, we can report it to Integrated Service Center for Women and Children Empowerment or directly to the police, so we report what we see or feel." "Don't be afraid for the children of West Java, don't be afraid to speak the right thing"*

*We once came to an orphanage with Integrated Service Center for Women and Children Empowerment, there were around 8 children who were impregnated by the religious leader, now they are still (attending) trauma healing at Integrated Service Center for Women and Children Empowerment. "We also participated in the investigation, as reporters too, providing support too, as peers too because the friends who were victims were aged 14 to 16."*

In carrying out their roles, these teenagers also collaborate with RCF, YICC, and CAHS as well as with other parties such as the government, schools, or other organizations.

*"We are given the freedom and opportunity to be able to share knowledge about youth related to IEC related to teenagers, such as to schools and communities, so we also share information with other teenagers."*

*"We were also given the opportunity by the sub-district to collaborate with YICC in the sub-district, namely YICC Gempur, so we collaborated to share information relating to teenagers."*

*"We also collaborate with agencies such as National Population and Family Planning Agency, Women's Empowerment, Child Protection, and Family Planning Office, and Health Office, to provide education related to adolescent reproductive health."*

Informants who are active in adolescent Integrated Health Service said that apart from providing education to their peers, they also carry out physical examinations such as measuring height, weighing, and also measuring blood pressure. They also provided additional food to the participants who attended. The additional food is usually cooked by themselves. CAHS cadres at school also distribute additional tablets to their female teenage friends, usually once a week. Another activity they carry out is making records and reporting the activities they have carried out, which will later be submitted or used as material for reports by health center officers or National Population and Family Planning Agency officers.

*"At the integrated youth service post, we use a 5-table system. The first table is for participant registration, so those who come are recorded. Table 2 is for measuring weight, height, and blood pressure. Table 3 is for recording measurement results, table 4 is for consultation, discussion, or examination by health workers and table 5 is for peer counselling. We mainly play a role at tables 1,2,3, and 5."*

*"There are those who process it because there is one of the cadres whose vocational school major is in culinary arts, which is about food. Then the nutritional levels were also told first by the; Bunda' from the community health center, so she was told what good food was."*

*"There is a report. During activities, there is also a registration and reporting book."*

*"We also provide blood supplement tablets"*

*"During this pandemic time, we have something called online counselling. "Online counselling is carried out on YICC's Instagram. So, for friends who have problems, want*

*to vent or whatever, you can just DM us on Instagram like that, we have also informed other friends about the program."*

The results of the study found that teenagers carry out various activities in carrying out their roles. This is in line with the results of the study that teenagers prepare materials and methods in carrying out their roles as peer educators. [16] Regarding the role of the children's forum as a pioneer and a reporter; The pioneer refers to the role of the child to actively contribute to various efforts to fulfil the rights and special protection of children around them. The reporter refers to the role of the child in conveying what is seen, known, thought, and felt related to obstacles in fulfilling the rights and special protection of children, experienced by themselves or others, to adults they trust and get protection from. [20] In carrying out their role, peer educators also use modules or materials that they have obtained in line with the guidelines. [14] The various roles and activities carried out by informants in this study show that when adolescents are given trust, opportunity, and competence to be empowered, they can play a role in efforts to promote adolescent reproductive health.

### **3.5 The difficulty that many teenagers experience**

The informants said that teenagers complained of various problems including physical, psychological, and social problems. Physical problems usually occur concerning physical changes entering adolescence, such as the appearance of acne, painful and irregular menstruation, and eating patterns due to fear of becoming fat. Apart from that, adolescent problems are also related to behaviour, for example, unhealthy dating behaviour so that some experience violence in dating, many even become pregnant out of wedlock. There was an informant who said that her friend even had an abortion due to the shame of being pregnant out of wedlock. Another unhealthy behaviour that has an impact on teenagers' health is smoking, including smoking and also drug abuse. Apart from that, some teenagers are affected by STDs and HIV.

*"There are those who are dating, then get pregnant out of wedlock, they are confused and abort their child... there are also those who are dating but experience violence, that also exists."*

*"We once found a baby dumped near a river, on the edge of a train track, because of an unwanted teenage pregnancy."*

*"There are cases of HIV, drugs, there are also those who drink mixed drinks, and then get drunk with comix combined with glass tea"*

*"Nowadays there are lots of people smoking and vaping, electronic cigarettes...they usually use them all together, ma'am, one for everyone."*

*"Because of the influence of the outside world, because now it's the internet era, you can see the whole world on your handphone. One of them, for example, is a pornographic video, you can access it on your handphone, watching something like that is very easy, you know their mentality. "The effect of liking watching pornographic videos is that the person doesn't want to socialize and continues to be quiet because the person likes being alone."*

*"There are also many people who drop out of school because they are pregnant out of wedlock, and there are those who just want to get married without having to do that... so there are many who think that what school is for is just being tired."*

The result of this study related to the finding of the World Health Organization stating that adolescents across the world face considerable challenges to their sexual and reproductive health and rights. These include intimate partner violence; lack of education and information; high rates of early and unwanted pregnancy; lack of access to health services, early and forced marriage; and risk of STIs (including HIV). [21]

### **3.6 Challenge as a cadre or chairperson**

The informants said that they experienced many challenges while being involved in children's forum activities, YICC, and CAHS at schools and the Adolescent Integrated Health Service. The first challenge is that miscommunication often occurs and there is also a lack of support from adults, both those who do activities together, and even some from their parents. The low level of support from adults also includes the difficulty of getting financial support for activities, so they often have to set aside their own pocket money. Adults sometimes also underestimate the activities they do. In addition, support for facilities and infrastructure for activities is still limited.

*"For example, there are volunteers from outside the children's forum, who, for example, want the children's forum to be like this, like that, so it makes things difficult from outside parties, meaning they put pressure on us like the children's forum must be professional"*

*"I also had experience that at that time we socialized the impact of marriage in one village. Incidentally, as a presenter, in the question session I actually felt underestimated by people in high positions, from there I really couldn't answer because as far as we are fighting for good things, to reduce the current rate of child marriage, it was actually opposed and completely underestimated by these top officials."*

*"Our facilities and infrastructure are still very limited. YICC in the village doesn't have its own building, so if there are meetings or inspections, they still use the village deliberation hall"*

*"But there are times when applying for funds is a bit difficult"*

*"So, we use funds from all of our friends, like contributions, so that the activity can be carried out like that."*

The second challenge is the hard of carrying out cadre formation and also the low level of awareness among teenagers themselves regarding reproductive health.

*"Actually, recruiting them is difficult. If you look at the environment, it's because their peers are also having fun playing or hanging out."*

*"The most serious obstacle is that it is difficult for human resources to regenerate."*

*"Not all of the chairpersons are present, sometimes only half of them, because they may be busy with other things. Then the targets who come are the same and the same again, rarely new ones,*

*"Even though I had been notified beforehand, they still do not come."*

*"So, we as cadres of adolescent integrated service post do not have social media yet, so that our targets know the schedule, it's easy, just look at Instagram, then they can also*

*see what our activities are on Instagram, well that's something we haven't done on social media, perhaps"*

Various challenges faced by informants were in line with the results of other studies. Teenagers are aware of minimal support from adults, but there are still many adults who do not support especially in the decision-making process. [15] Funding is also still an aspect that hinders the activities of the integrated health post for adolescents (Posyandu Remaja). [18] Some Posyandu Remaja do not yet have their own facilities and infrastructure. Some of the Posyandu Remaja are still facilitated by the health center and some are provided through donors. [18] The difficulty in recruiting peers probably occurs because the acceptance and needs of teenagers are still low. This is in line with the results of research conducted by Emilia (2011) that the utilization of YICC in school was associated with acceptability, need, and attitude toward reproductive health. [22] Low utilization of the program by adolescents, can threaten its sustainability. This is because adolescents who are currently cadres will grow older and can no longer be cadres or chairpersons. Thus, there is a need to be regeneration. For this reason, innovative programs that are appropriate to teenagers' interests such as the use of social media and various forms of activities are needed. Awareness and concern of adults, including parents, policymakers, and all elements of the community about the importance of adolescent reproductive health programs are needed, thus that they are willing to provide support and facilitation for the sustainability of the program. In addition, adult support is also needed to encourage adolescents to be involved and utilize the services of the adolescent reproductive health program.

## **4 Conclusion**

Results of this study showed that the reasons for participating as peer educators are because teenagers want to be part of solving adolescent health problems, to be happy with the health sector, and to increase their knowledge and experience. The parents' response was generally supportive even though they were initially doubtful and worried. The provisions obtained as a peer educator include training and socialization. The roles and activities carried out include providing information, education and counselling, collaborating, carrying out physical examinations, providing additional food, administering ferrous sulphate as well as recording and reporting. The difficulties that many teenagers experience include physical, psychological, and social problems. The challenges experienced include miscommunication and less support from adults, hard to carry out cadre formation, and awareness among teenagers is still low. To increase the role and involvement of adolescents in promoting the reproductive health of their peers, adequate provision and support from adults and policymakers is needed.

## **Declaration of conflict of interests**

The authors declare that there are no competing interests

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