



Identification of Adolescent Reproductive Health Information Needs Using The Perspective of Adolescents With A Pregnancy Experience

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Abstract

Adolescence is a transitional period from childhood to adulthood. During this period, both physical and psychological conditions change. Adolescent pregnancy causes a higher risk for negative outcomes in terms of both physical and psychosocial aspects to the pregnant girl, baby, and husband. The research aimed to identify information needs for adolescent reproductive health using the perspective of adolescent with a pregnancy experience. The research used a qualitative design. The results of the study were divided into three themes, namely knowledge of adolescent reproductive health, access to reproductive health information, and reproductive health service providers. All the informants were under 20 years of age. In terms of education, most of the informants did not graduate from high school; even some of them graduated only from elementary school. In terms of knowledge about adolescent reproductive health, it was shown that adolescents did not have a comprehensive understanding of reproductive health, including reproductive organs and the process of pregnancy. Most of the informants thought that reproductive health was the health condition related to only the genital organs. They felt embarrassed to ask questions to their parents and they wanted to try something new. In terms of access to adolescent reproductive health services, access to information about reproductive health was still limited and there was a lack of information about how to access information about reproductive health. In addition, all of the informants said they did not know other programs due to lack of publications. Meanwhile, in terms of information needs for adolescent reproductive health, all the informants mentioned the need for information about adolescent reproductive health. These informants said that the presence of adolescent reproductive health information could prevent adolescent pregnancy. In terms of service recommendation, it can be in the form of continuous socialization at schools by teachers and health workers as well as consulting services at schools or at health centers.

Keywords: Information Needs; Reproductive Health; Adolescent Pregnancy

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Introduction

Data from the World Health Organization (WHO) shows that there are 16 million adolescent pregnancies annually and 95% of these adolescent pregnancies occur in developing countries (WHO, 2014). The

government has taken various measures to reduce the rate of adolescent pregnancy, one of which is the Care for Adolescent Health Services (PKPR) at Public Health Center (Puskesmas). A similar program was also developed by BKKBN in 2003, namely

Adolescent Reproductive Health and Information Center (PIK R) by involving schools and the community. This program aims to increase adolescent knowledge and skills about reproductive health and healthy living behavior as well as to provide quality health services to adolescents (BKKBN, 2007). Health centers which offer a PKPR program provide services both inside and outside the health centers, targeted at school-based or community-based adolescent groups. This is to ensure that the services provided can reach all adolescent groups (aged 10-19 years).

Gunungkidul Regency is one of the regencies in the Special Region of Yogyakarta with a high adolescent pregnancy rate (Women Riset Centre, 2014). In 2016, there were 310 adolescent pregnancies; 220 of which were premarital pregnancies (Health Agency of Gunungkidul Regency, 2017). This can be seen from data from the Health Agency of Gunungkidul Regency, that in 2015, there were 405 cases of adolescent childbirth, 236 cases were unexpected events. In 2016, the cases decreased to 310 with 121 unwanted pregnancies.

A study by (Santelli et al., 2018) showed that schools did not really approve of reproductive education, the respondents were shy, and the materials were not delivered properly. Identification of the needs for adolescent reproductive health services is important. Research by (Yakubu & Salisu, 2018) showed that socio-cultural, economic, and environmental factors, such as lack of comprehensive reproductive education as well as health service factors such as inadequate and unskilled health workers and non-adolescent-friendly reproductive services affected adolescent pregnancies.

The results of some previous studies by (Anjarwati, 2019)(McDonald & Grove, 2001) showed that, in terms of the experiences of parents and adolescents related to knowledge, information, and perceptions regarding adolescent reproductive health services, the majority stated that they did not understand adolescent reproductive health services; even most of them said they never heard of adolescent reproductive health services. It is crucial for the government and some related agencies to initiate specific programs for dealing with ignorance about sexual and reproductive

issues as well as challenges and risks associated with adolescent pregnancy and parenting (Konadu Gyesaw & Ankomah, 2013).

Previous studies have shown that adolescent pregnancy has a higher risk factor for negative outcomes in terms of both physical and psychosocial aspects on the pregnant girl, her baby, and her husband. In terms of the physical aspect, adolescent pregnancy has a significant effect on the incidence of pregnancy and labor complications, for example, the incidence of maternal anemia, obstructed labor, miscarriage, cephalopelvic disproportion, preterm birth, intrauterine fetal demise, intrauterine growth restriction, low birth weight, and child stunting. In terms of the psychosocial aspect, adolescent pregnancy may cause both mental and financial unpreparedness to become a mother, social exclusion, dropping out of school, as well as negative stigma on the pregnant girl, her baby, and her family (Koniak-Griffin, D. and Turner-Pluta, 2001). To prevent unwanted pregnancies, it is crucial for adolescents to obtain adequate knowledge and access to

reproductive health services (Vongxay et al., 2020).

According to WHO (2014), there are various factors for the high rates of adolescent pregnancy in developing countries, such as lack of knowledge about adolescent reproductive health, the attitudes of not caring about reproductive health, unavailable access to adolescent reproductive health information and services including contraception, local culture where child marriage is common, pressure from boyfriend to have a sexual intercourse, pornography, rape, bad parenting, and unavailable adolescent reproductive health facilities. According to (Capanzana et al., 2015) various ways to improve adolescent health and to effectively prevent and treat unwanted pregnancies include the development of adolescent-friendly Health Centers, socialization of information and educational materials to increase reproductive health awareness among adolescent, and health workers. It is possible that adolescents need culture-adjusted knowledge about pregnancy. Based on these phenomena, the writer was interested in conducting a study

to identify adolescent reproductive health information needs using the perspective of adolescents with a pregnancy experience.

Method

This study used a qualitative approach to determine the distribution of data. This was an analytical descriptive study. This study used a cross sectional approach to study the dynamics of the correlation between the independent variables and the dependent variable by making approaches, observations, and data collection at one time (point-time approach) (Sugiyono, 2007).

The subjects in this study were adolescents who had a pregnancy experience. The sampling technique was

non-probability sampling using a purposive sampling technique. In practice, qualitative research does not use randomization in its sample selection, particularly when exploring sensitive issues including issues considered taboo. In addition, qualitative research does not focus on the number of samples because this type of study aims to make in-depth data exploration, instead of conducting statistical measurement. The subjects in this study were five adolescents who had an adolescent pregnancy experience.

Result and Discussion

Result

1. Participants' Profiles

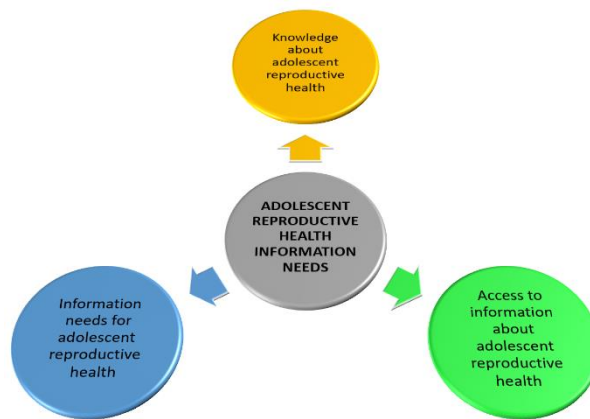
Table of Participants' Profiles

| Participant | Profiles |
|---------------|--|
| Participant 1 | She was 17 years old. She had a 4-month-old child. She was not married and became a single parent because her boyfriend was not responsible for her pregnancy. Participant 1 said that, at the time of the interview, she had started working as a marketing staff in a leasing company, but her parents supported her in terms of her main financial needs, housing, and child care. Participant 1 dropped out in grade 2 so she did not graduate from high school because she did not like formal education. |
| Participant 2 | Participant 2 was a 19-year-old teenager who had an 11-month-old child. She graduated from elementary school and became a housewife after marriage. During the interview, participant 2 admitted that she, her husband, and her child lived under the same roof with her mother. |
| Participant 3 | Participant 3 was a teenager aged 17 years who had a child aged 6 months old. She said that she did not graduate from high school. She said that she lived with her husband and |

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| Participant | Profiles |
|---------------|---|
| | child in a house near her parents-in-law's house. Participant 3 used to work at a furniture store but resigned after giving birth. Her husband worked in a motorcycle repair shop. |
| Participant 4 | Participant 4 was a teenager aged 20 years old who had a 8-month-old child. She graduated from a vocational high school 1 year ago. She said that she worked at a clothing store and her husband worked as a night security guard. Participant 4, her child, and her husband lived in a rented house. |
| Participant 5 | Participant 5 was an 18-year-old teenager who had a child aged 10 months old. She dropped out of high school when she was in grade 3 due to an unexpected event. She was an unemployed housewife and her husband worked as a shopkeeper. Participant 5 admitted that her husband had financially fulfilled the financial needs of her small family. |

Research theme



The results of this study were based on the themes in the study:

1. Knowledge about adolescent reproductive health

Most of the informants thought that reproductive health was the health condition related to only the genital organs. This can be seen in the following statements:

"... What is it,... well, maybe related to female genital organs..." (Participant 1).

" ...No pain in the genital organs ... " (Participant 3)

"...Reproductive health? What is it... To be healthy maybe, mam? I don't understand, mam." (Participant 5)

Most of the informants considered talking about reproductive health with their parents as taboo. They were afraid of talking about it with their

parents. This can be seen in the following statements:

“ ...It’s embarrassing to talk about it with my parents... I’m not really close to my parents...(Participant 1)

“ ...I’m afraid to ask questions about it ... (Participant 2)

“My mom once said that after my first menstruation, it means I’m grown up so I have to take care of myself....but I don’t ask any more questions....It’s embarrassing, mam.” (Participant 4)

All the informants said that they had their first sexual intercourse because they were persuaded and seduced by their boyfriends. This can be seen in the following statements:

“... At that time, he already asked for it (sexual intercourse) several times.... But I refused because I was afraid of being pregnant (pause) ... But after several times, I was willing because I was blown away by the romantic atmosphere ... (Participant 1)

“ ... We did it because the two of us were willing, no coercion. He

promised to marry me if I’m pregnant so I was willing to do it...

(Participant 2)

“It’s okay, Baby. You won’t be pregnant. We’ll only do it once, ok?”

(Participant 3)

All the informants admitted that they did not expect to be pregnant. This can be seen in the following statements:

“... The first time I found out I was pregnant, I didn’t expect to be pregnant ...” (Participant 1)

“ ...scared and confused (when knowing she was pregnant)...” (Participant 2)

“...I knew about it when I went to the Health Center, accompanied by my sister. I wasn’t too sad because my sister also once had a premarital pregnancy..” (Participant 3)

All of the informants admitted that they knew that a missed period is one of the signs of pregnancy. This can be seen in the following statements:

“...a missed period ... (Participant 1)

" ... a missed period, craving for something, at that time I wanted to eat persimmon so bad, while I used to not like it...(Participant 2)

"..ehmmm a missed period, mam.." (Participant 5)

2. Access to information about adolescent reproductive health

According to the informants, access to information about reproductive health was still limited. There was lack of information about how to access information about reproductive health. This can be seen in the following statements:

"... I didn't know where to look for it I was too embarrassed to ask to my parents or my friends. I wasn't close with my friends. Maybe because I had to study and work part-time. Maybe my school friends understood about it. But me, I didn't know anything, my parents didn't tell me either ... I have 11 siblings and I'm the oldest ... I don't have a smartphone. Our family is in a difficult financial situation so we have to be independent, including

working part-time after school...(Participant 1).

".. Never heard about it before, mam (shaking her head side to side)..I didn't know if my school had it.. The health center, I knew it by the time I checked my pregnancy, mam.. I never looked for it via Google either....." (Participant 3)

"..I didn't know if adolescent reproductive health existed, mam.. I never heard of such services, mam."(Participant 4)

3. Information needs for adolescent reproductive health

According to the informants, they used to think that they did not need information about adolescent reproductive health. This can be seen in the following statements:

" ... I thought I didn't need it, well I now understand the importance of knowing such thing ... (Participant 1).

"... I didn't know, mam.. I didn't know what is it for.. But now I know, mam, that it's important to take care of ourself... It has to be

socialized massively through pamphlet pinned in public places so teenagers could access the information” (Participant 3)

According to the informants, adolescent health information was highly needed to prevent adolescent pregnancy. This can be seen in the following statements:

“...It’s very important, so they won’t regret it like I did. Well, it’s my destiny, and I’ll learn from it ...” (Participant 2)

“..I wish I knew such information long ago, mam. I wouldn’t have been like this... I hope teenagers could visit the health center to access such information” (Participant 5)

“..I met a friendly midwife, mam.. Then I just realized that this information is important..” (Participant 4)

“..Well, I think it will be good to socialize it at schools, mam. I forgot, I think I had it, in the health center because I could directly meet the health worker..” (Participant 1)

Discussion

It is crucial to maintain reproductive health, especially for adolescents. This is because adolescence is the best time to build good hygiene habits which can become long-term assets. According to the World Health Organization (WHO), adolescents are people aged 12 to 24 years old. Adolescence is a transitional period from childhood to adulthood. This means that the process of introducing and knowing reproductive health has actually started during this period. In simple terms, reproduction is constructed by the word "re" which means to return and "production" which means to make or produce. During adolescence, humans experience many changes from childhood, in terms of both physical and psychological development.

Adolescent pregnancy may occur when adolescents obtain information about sex from foreign movies which show the sex habits of western adolescents, making them think that this habit is permissible. This is then exacerbated when parents play less or no roles in supervising their children. Parents do not know where and to what

extent their growing children get information about sex. Adolescents, in nature, have a high curiosity but they cannot wait to obtain information from the right sources, such as schools. This encourages them to find out by themselves through print and electronic media. Unless supervised and directed, they will imitate the information they obtain from these media, potentially causing negative effects (Konadu Gyesaw & Ankomah, 2013). In fact, unwanted pregnancies are a major problem that affects the lives of adolescents and adolescent participation in pregnancy and STI prevention programs is very low, so prevention programs are highly needed (Christopher P. Salas-Wright, Millan A. AbiNader, Michael G. Vaughn, Mariana Sanchez, 2016)

The results of this study were categorized into three themes, namely knowledge about adolescent reproductive health, access to reproductive health information, and reproductive health service providers. Based on the results of the study, all the informants were under 20 years old. The results of the study are in line with previous research that the average age

is between 10-19 years (Ababor et al., 2019). Some factors including age as well as physical, mental, and sexual maturity have a significant effect on pregnancy. In terms of physical and mental conditions, a good pregnancy is when the pregnant woman is between 20 to 35 years old. At this age range, the female reproductive organs and mental health have developed and functioned optimally, thus reducing some pregnancy risk factors. In general, pregnancies by those under 20 years or above 35 years old are high-risks pregnancies (Gunawan, 2010). Adolescent pregnancy leads to a higher risk for infant mortality than pregnancy by women aged 20 to 24 years old (WHO, 2014). Adolescent pregnancy tend to be aborted (Mchunu et al., 2012).

In terms of education, most of the informants did not graduate from high school; even some of them only graduated from elementary school. The results of the study are in line with research by (Saptarini, 2016) that a higher educational level serves as a factor that prevents unwanted pregnancies in Indonesia. Women with higher education (Diploma/Universities)

have a lower risk for unwanted pregnancies compared to those with low educational level (Saptarini, 2016), socio-economics, culture, and education (Muhammad, 2013). In addition, the macrosystem includes socioeconomic status, while the mesosystem includes family structure and education. In fact, education can be categorized into either microsystem or mesosystem, depending on the place where individuals make interactions. Educational experiences are related to socioeconomic status. The microsystem includes individual self-confidence as well as alcohol and drugs experiences (Corcoran *et al.*, 2000). The incidence of adolescent pregnancy causes them to drop out of school, making them no longer have access to education. Other research showed that most of the adolescents who had sexual intercourses before marriage were born by mothers with adolescent childbirth experiences (Bonnell *et al.*, 2006). Such unwanted events may bring negative impacts in the future unless well-resolved. In some adolescents, the incidence of adolescent pregnancy does not bring a deterrent effect. They tend to repeat it after giving birth. A low education level limits thinking skills, causing decision

making to be difficult, especially when distinguishing what is good from what is bad; education is very important for adolescents (Welfare & Building, n.d.) (Lameiras-Fernández *et al.*, 2021).

Education is an effort to develop personality and skills; it takes place both inside and outside schools and lasts a lifetime. The higher the education level of a person, the easier the process of determining and receiving information. The more information received, the more health-related knowledge gained. On the other hand, a lack of education will hinder the development of a person's attitude towards new values. Women who have a high education level will understand the risks of adolescent pregnancy so they can prevent it.

Adolescent pregnancy occurs because adolescents, who are still in the growth and development stage, have a high curiosity so they try to find out for themselves but actually they obtain information from wrong sources. The results showed that adolescents did not have a comprehensive understanding of reproductive health, including reproductive organs and the process of pregnancy. The results also

showed that most of the informants said that reproductive health was the health condition related to only the genital organs, they felt embarrassed when asking questions to their parents related to reproductive health, and they did not know sexual behavior that could cause pregnancy (Susilaksmi et al., 2011). The informants who had an unexpected event already knew that unprotected sexual intercourse could lead to pregnancy but they did not know about the fertile period and the risk of pregnancy. Being in line with research by (Anjarwati, 2019), the respondents lacked knowledge about reproductive health. Meanwhile, knowledge or cognitive skill is a very important domain for the formation of a person's actions because based on the existing experience and previous research, knowledge-based behavior will last longer than non-knowledge-based behavior (Notoatmodjo, 2003). This is in line with the fact that knowledge and attitudes become a significant aspect of adolescent reproductive behavior, particularly in terms of pregnancy prevention. Other factors also contribute to the incidence of pregnancy, including parents' permissive culture with

dating, pressure from boyfriend to have a sexual intercourse, puberty that encourages them to try having sex, or desire to try something new.

In terms of access to adolescent reproductive health services, the results showed that access to information about reproductive health was still limited and there was a lack of information about how to access information about reproductive health. The results of the study are in line with (Susilaksmi et al., 2011) that adolescents with an unexpected event did not know about PKPR services, while the services that they had used were antenatal care, hemoglobin test, immunization for pregnant women, delivery care, and direct consulting services. However, all of the informants said they did not know other programs due to lack of publications. Adolescent reproductive health services have been shown to increase adolescent knowledge about reproductive health (Juliana et al., 2018). In fact, pregnant adolescents require physical and psychological care similar to pregnant adult women. However, pregnant adolescents also need additional support and help

during their pregnancy and after childbirth. Adolescents may have fewer life experiences compared to adult women, potentially causing them to be less capable of coping with the life changes they have to go through due to their pregnancy and childbirth. In addition, they need non-judgmental care throughout their reproductive cycle (Montgomery, 2003) (Álvarez Nieto et al., 2012).

In terms of the need for information about adolescent reproductive health, all the informants felt the need for information about adolescent reproductive health although before being pregnant, they thought it was not necessary. The informants believed that adolescent reproductive health information could help prevent adolescent pregnancy. The results of the study are in line with (Susilaksmi et al., 2011) that the services needed by adolescents with an unexpected event were socialization, consultation, and medical check-up. Socialization services should be carried out at schools by teachers and health workers, while consulting services should be carried out at schools or at public health center. Adolescents need services that are adolescent-friendly and non-

judgmental (Montgomery, 2003). There is a need for adolescent reproductive health services that are adolescent-friendly and adjusted to a sensitive culture and involve parents to increase understanding and awareness of adolescent reproductive health services (Astuti et al., 2020).

Conclusion

The results of the study were divided into three themes, namely knowledge about adolescent reproductive health, access to reproductive health information, and reproductive health service providers. All the informants were under 20 years old. In terms of education, most of the informants did not graduate from high school; even some of them only graduated from elementary school. In terms of knowledge about adolescent reproductive health, the results of the study showed that the adolescent respondents did not have a comprehensive understanding of reproductive health, including reproductive organs and the process of pregnancy. Most of the informants thought that reproductive health was the health condition related to only the genital organs. They felt embarrassed to ask questions to their

parents about it and they wanted to try something new. In terms of access to adolescent reproductive health services, the results showed that access to information about reproductive health was still limited and there was a lack of information about how to access information about reproductive health. In addition, all of the informants said they did not know other programs due to lack of publications. In terms of the need for information about adolescent reproductive health, the results showed that all the informants felt the need for information about adolescent reproductive health. These informants believed that the presence of adolescent reproductive health information could prevent adolescent pregnancy.

Socialization services should be carried out at schools by teachers and health workers, while consulting services should be carried out at schools or at public health center.

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