

Promoting Awareness of Reproductive Rights and Responsibilities: A Preventive Strategy for Youth Health

Lorensia Panselina Widowati *, Ni Nyoman Sri Artina Dewi
Bachelor of Midwifery Program, Sekolah Tinggi Ilmu Kesehatan Sint Carolus
Jl. Salemba Raya, No. 41, Jakarta Pusat, DKI Jakarta, 10440, Indonesia

Article Info

Article history:

Received April 20, 2025

Revised May 5, 2025

Accepted May 24, 2025

Keywords:

Adolescent
Reproductive Health
Reproductive Rights
Teenager
Community-Based Intervention

ABSTRACT

Since the knowledge and habits formed throughout adolescence form the basis for healthy behaviors throughout life, adolescent reproductive health has drawn more attention in recent years. Thus, funding programs for teenage reproductive health has long-term advantages. Adolescents have reproductive rights that are acknowledged as essential human rights since they are a member of the human population. Indonesia is dedicated to upholding the reproductive rights of adolescents as a signatory to the International Conference on Population and Development's (ICPD) Programme of Action. This community service project aimed at bridging the knowledge gap among teenagers about reproductive rights and responsibilities, giving them the tools they need to make adult, responsible decisions. The initiative used interactive and informative outreach techniques with teenagers in Johar Baru 3 Subdistrict, Central Jakarta, ages 11 to 18. The findings showed that participants' knowledge of their rights and obligations around reproduction had significantly improved, and they were also more motivated to adopt responsible reproductive health practices. This program exemplifies the value of community-based interventions in promoting the empowerment and well-being of adolescents.

This is an open access article under the [CC BY-SA](#) license.



Corresponding Author:

Lorensia Panselina Widowati
Sekolah Tinggi Ilmu Kesehatan Sint Carolus
Email: lorensiapw@gmail.com

INTRODUCTION

Adolescence is a critical stage of human development characterized by biological, cognitive, and psychosocial transitions that shape lifelong attitudes and behaviors, including those related to reproductive health. Adequate reproductive health knowledge and services during adolescence are crucial for preventing early pregnancies, unsafe abortions, and sexually transmitted infections (STIs) (WHO, 2023). However, limited access to comprehensive reproductive health education in many developing countries, including Indonesia, contributes to the persistence of high-risk behaviors among youth (Rasulova et al., 2021).

Indonesia, with approximately 24% of its population aged between 10–24 years, faces significant challenges in meeting the reproductive health needs of its adolescents (Badan Pusat Statistik, 2022). Many Indonesian adolescents lack access to accurate, age-appropriate information regarding their reproductive rights and responsibilities (Putri & Nisa, 2021). According to the United Nations Population Fund (UNFPA, 2022), reproductive rights include the right to receive information and education that enables individuals to make informed decisions about their reproductive lives. Upholding these rights is essential to achieving gender equality, reducing maternal mortality, and improving overall adolescent well-being.

The Government of Indonesia has demonstrated its commitment to reproductive health through national regulations and programs. Government Regulation No. 61 of 2014 on Reproductive Health affirms every citizen's right—including adolescents—to reproductive health services and information (Pemerintah Republik Indonesia, 2014). Furthermore, Ministry of Health Regulation No. 97 of 2014 promotes the implementation of Youth Care Health Services (Pelayanan Kesehatan Peduli Remaja/PKPR), designed to address the specific health needs of adolescents (Kementrian Kesehatan RI, 2014). Despite these policies, there remains a gap in effective implementation, especially in densely populated urban areas with limited community-based interventions.

Empirical studies have emphasized the importance of community-driven reproductive health education to complement formal education systems. Participatory health promotion significantly improved adolescents' understanding of reproductive rights and decision-making capacity (Mahmudah et al., 2020). Additionally, other researcher reported that reproductive health interventions involving peer education and active engagement increased adolescents' motivation to adopt responsible behaviors (Afrianti & Ratnasari, 2022). These findings support the need for tailored, context-sensitive programs that directly involve adolescents in the learning process.

Based on these considerations, a community service initiative was implemented in Johar Baru Subdistrict, Central Jakarta, targeting adolescents aged 11–18. The program aimed to raise awareness of reproductive rights and responsibilities through interactive education and outreach activities. By grounding the intervention in both legal frameworks and evidence-based strategies, this initiative seeks to fill the existing informational and behavioral gaps, ultimately contributing to healthier and more empowered youth in Indonesia.

METHOD

This community service project was carried out at the RPTRA Berseri Johar Baru in association with the Johar Baru 3 Community Health Center (Puskesmas). Initial coordination meetings in August 2024 marked the start of the preparations. Thirty teenagers between the ages of ten and eighteen who lived or went to school close to the RPTRA were the target participants. In response to the demands of local stakeholders, the partner requested that the health promotion subjects be chosen. Pre- and post-test surveys, icebreaker exercises, and educational materials in the form of presentation slides and leaflets were all prepared by the community service team. They also devised an organized counseling session plan. To guarantee the program's seamless execution, the team also assigned people different tasks.

RESULTS

The community service activity was carried out on Friday, September 27, 2024, at 14.00 Western Indonesian Time (WIB) at RPTRA Johar Berseri, Johar Baru, Jakarta. The activity was attended by male and female adolescents living in the surrounding area, most of whom were students from a local educational foundation near the RPTRA. A total of 30 participants joined the session, with ages ranging from 10 to 16 years old. The majority of participants (43.3%) were 12 years old. Based on the World Health Organization's classification, this age range (10–19 years) falls into the adolescent category (WHO, 2023), making it a highly appropriate stage for delivering reproductive health education to support the development of informed, responsible behavior in the future.



Figure 1. Opening session

Among the participants, 60% (18 individuals) were female, while the remaining 40% were male. Considering the biological and physiological differences in the reproductive systems of males and females,

including their structure, function, and development during puberty (Santrock, 2021), the educational sessions were delivered separately by gender. This approach allowed for a more focused and relatable learning experience, enabling participants to better understand the changes they will undergo during puberty. Gender-segregated education in reproductive health can enhance comprehension and reduce embarrassment, especially when discussing sensitive topics among early adolescents (Taffa et al., 2020).

Furthermore, reproductive and sexual rights are recognized as fundamental human rights—universal, indivisible, and inalienable (UNFPA, 2022). Providing adolescents with knowledge about their reproductive rights and responsibilities is crucial not only for their individual well-being but also for promoting gender equality and public health. The dissemination of such information through community-based educational programs plays a key role in empowering youth and equipping them with the skills necessary to make informed choices regarding their reproductive health (Gottfried & Wiener, 2021).



Figure 2. Brainstorming session

The program successfully fostered a supportive learning environment and improved participants' understanding of reproductive health. By aligning the session content with the age and gender of the participants, the activity was able to achieve its educational objectives more effectively. Integrating medical, psychological, and spiritual perspectives significantly improved adolescents' knowledge—showing an 18.5% increase in average scores between pre-test and post-test (Widowati, 2022).

Before the educational session began, participants were asked to complete a written pre-test questionnaire within a 10-minute time frame. The questionnaire consisted of five questions related to the key topics that would be delivered during the session. The questions were formulated using language that was accessible and easy to understand for adolescents. During this stage, several participants required assistance from the community service team to fully comprehend some of the statements in the questionnaire. This highlighted the varying levels of cognitive and language comprehension among adolescents, particularly in understanding abstract concepts such as rights and responsibilities.

The session proceeded with the delivery of educational material by Ms. Lorensia Panselina and two university students, focusing on adolescents' reproductive rights and responsibilities. The presentation included definitions, types of reproductive rights and obligations, practical examples, and factors influencing their fulfillment. Conducted offline, the session facilitated more interactive engagement between facilitators and participants. A wide range of questions emerged from the students, many of which reflected genuine curiosity and concern about issues they had not previously understood. The community service team successfully addressed all inquiries with clarity and sensitivity.

Initially, many participants were unfamiliar with the concept of reproductive rights and responsibilities. However, through relatable examples and interactive explanations, their understanding improved significantly. This suggests that a considerable number of adolescents still lack foundational knowledge about their needs—particularly in the context of reproductive health—and remain unaware of their personal agency over their own bodies and health. In Indonesia, reproductive health rights are guaranteed through Law No. 36 of 2009 on Health and Law No. 52 of 2009 on Population Development and Family Planning, which explicitly mandate the government's role in ensuring the fulfillment of these rights (Komnas Perempuan, 2019).



Figure 3. Explaining the topics

A lack of knowledge regarding reproductive rights has serious implications. Misinformation or absence of education can lead to reproductive rights violations, particularly among adolescent girls who face higher risks due to biological, social, and cultural factors (Ulya, 2022). These risks include sexual harassment, early pregnancy, unsafe abortion, and exposure to sexually transmitted infections (STIs). Adolescents' natural curiosity—if not supported by proper education—can drive risky behaviors that result in severe physical and psychological consequences. Other study also reinforces that comprehensive reproductive health education significantly reduces risky sexual behavior among adolescents and improves their ability to make informed choices (Nugroho et al., 2023).

Midwives play a central role in reproductive health promotion, especially considering their professional scope across the female life cycle, including adolescence. According to the Ministry of Health Regulation No. 28 of 2017, midwives are authorized to provide reproductive health counseling and education as part of their practice (Kementrian Kesehatan RI, 2017; Winatasari, 2021). It emphasized that midwives, as frontline healthcare workers, must be actively involved in adolescent education to bridge gaps in knowledge and reduce health disparities. The importance of midwives providing age-appropriate, culturally sensitive reproductive health education tailored to adolescents, noting that such interventions are critical for promoting informed decision-making and safeguarding youth well-being (Widowati, 2023).



Figure 4. Photo group session

Therefore, the community-based health education model adopted in this program—combining interactive teaching, visual aids, and group discussion—has proven to be a practical and impactful method for raising awareness about reproductive rights. It also underlines the importance of strengthening school and community collaboration in delivering health promotion, particularly among youth in underserved areas.

The evaluation of this health education activity was conducted through pre- and post-tests to assess the change in participants' knowledge. Prior to the session, a pre-test was administered, and the results showed an average score of 40, with scores ranging from 0 to 60. Following the session, a post-test was given, and the average score increased to 70, with the lowest score being 40 and the highest reaching 100.

This significant improvement—a 47% increase in the average score—indicates that the health promotion activity successfully enhanced participants' understanding of reproductive rights and responsibilities. The session's interactive approach, use of simple language, and age-appropriate examples contributed to better comprehension and engagement. The following chart illustrates the increase in knowledge scores before and after the session:

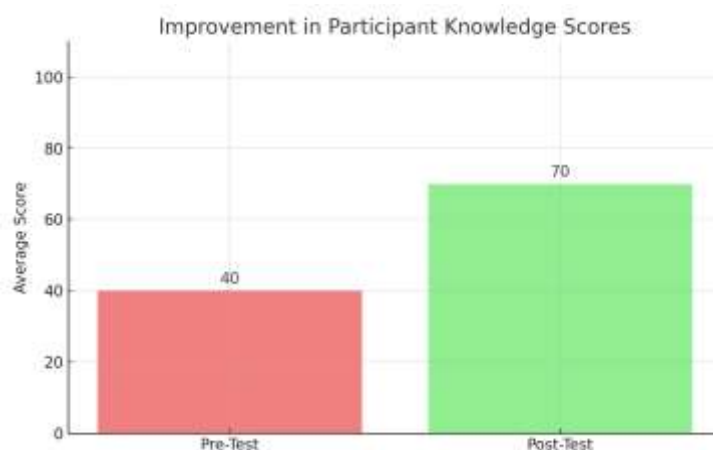


Figure 5. Improvement in participants knowledge scores

This result demonstrates the importance of structured reproductive health education for adolescents and supports the use of interactive methods in future community health initiatives.

CONCLUSION

The community service project on teenage reproductive rights and responsibilities, in summary, was successful in raising participants' awareness and understanding. Participants' comprehension of their reproductive health requirements improved as a result of the interactive, age-appropriate teaching approach, which was bolstered by structured materials and gender-sensitive delivery. The session was successful in filling in the teenagers' existing knowledge gaps, as evidenced by the notable improvement in post-test results.

It is advised that comparable health education initiatives be frequently carried out in community and educational settings in light of the activity's results. To guarantee sustainability and wider reach, cooperation between educators, health experts, and community stakeholders should be improved. A more knowledgeable and capable generation will also be produced by integrating reproductive health education into official curriculum and educating community health workers—including midwives—on how to actively interact with young people. Peer education approaches and digital media should also be taken into account in future initiatives to improve accessibility and engagement for teenagers from a variety of backgrounds.

REFERENCES

- [1] WHO, "Adolescent health."
- [2] S. Rasulova, R. Atun, and M. Kadirov, "Adolescent reproductive health knowledge in developing countries: A systematic review," *Lancet Reg. Heal. – Southeast Asia*, vol. 2, 2021, doi: <https://doi.org/10.1016/j.lansea.2021.100023>.
- [3] Badan Pusat Statistik, "Statistik Pemuda Indonesia 2022." [Online]. Available: <https://www.bps.go.id>
- [4] M. Putri and K. Nisa, "Barriers to reproductive health education in Indonesian adolescents: A qualitative study," *Asian Pacific J. Reprod.*, vol. 10, no. 4, pp. 187–192, 2021, doi: <https://doi.org/10.4103/2305-0500.321332>.
- [5] UNFPA, "Reproductive rights are human rights." [Online]. Available: <https://www.unfpa.org/resources/reproductive-rights-are-human-rights>
- [6] Pemerintah Republik Indonesia, "Peraturan Pemerintah Republik Indonesia Nomor 61 Tahun 2014 tentang Kesehatan Reproduksi," 2014. [Online]. Available: <https://peraturan.bpk.go.id>
- [7] Kementerian Kesehatan RI, "Peraturan Menteri Kesehatan Republik Indonesia Nomor 97 Tahun 2014 tentang Pelayanan Kesehatan pada Masa Sebelum Hamil, Masa Hamil, Persalinan, dan Masa Setelah Melahirkan, Penyelenggaraan Kontrasepsi, serta Pelayanan Kesehatan Seksual," 2014. [Online]. Available: <https://peraturan.go.id>
- [8] N. Mahmudah, A. Widiyanto, and T. Suryadi, "The impact of community-based reproductive health education on adolescents' knowledge and behavior," *J. Heal. Educ. Res. Dev.*, vol. 38, no. 1, pp. 45–52, 2020, doi: <https://doi.org/10.4103/0976-7916.285019>.
- [9] L. Afrianti and D. Ratnasari, "The effectiveness of peer education on reproductive health knowledge among adolescents in urban Indonesia," *J. Adolesc. Heal. Promot.*, vol. 5, no. 2, pp. 112–118, 2022, doi: <https://doi.org/10.1016/j.jahp.2022.04.006>.
- [10] J. Santrock, *Adolescence* (17th ed.), 17th ed. McGraw-Hill Education, 2021.
- [11] N. Taffa, W. Nasir, and T. Benti, "Gender-based reproductive health education and its impact on adolescents in urban schools.," *BMC Public Health*, vol. 20, p. 198, 2020, doi: <https://doi.org/10.1186/s12889-020-8251-5>.
- [12] J. Gottfried and M. Wiener, "The role of community-based programs in improving adolescent reproductive health outcomes: A systematic review," *J. Adolesc. Heal.*, vol. 68, no. 2, pp. 123–130, 2021, doi: <https://doi.org/10.1016/j.jadohealth.2020.09.003>.
- [13] Komnas Perempuan, "Pemenuhan hak kesehatan reproduksi di Indonesia: Catatan pelaksanaan UU No. 36 Tahun 2009 dan UU

- No. 52 Tahun 2009,” 2019. [Online]. Available: <https://komnasperempuan.go.id>
- [14] N. Ulya, “The impact of limited reproductive rights education on adolescent girls: A socio-cultural analysis,” *J. Gend. Heal. Equity*, vol. 4, no. 2, pp. 115–124, 2022, doi: <https://doi.org/10.31098/jghe.v4i2.782>.
- [15] R. Nugroho, M. Sari, and D. Handayani, “Impact of reproductive health education on risky sexual behavior among adolescents in Indonesia,” *Int. J. Adolesc. Med. Health*, vol. 35, no. 1, pp. 45–51, 2023, doi: <https://doi.org/10.1515/ijamh-2022-0087>.
- [16] Kementerian Kesehatan RI, “Peraturan Menteri Kesehatan Republik Indonesia Nomor 28 Tahun 2017 tentang Izin dan Penyelenggaraan Praktik Bidan,” 2017. [Online]. Available: <https://peraturan.bpk.go.id>
- [17] H. Winatasari, “The role of midwives in reproductive health promotion among adolescents: A policy review,” *J. Kebidanan dan Kesehat. Tradis.*, vol. 6, no. 1, pp. 23–30, 2021, doi: <https://doi.org/10.37341/jkkt.v6i1.254>.
- [18] Widowati, L. P., Manungkalit, E. M., & Utami, L. (2022). Reproductive health education: I am healthy physically and spiritually healthy teenager. *PKM-P*, 6(2), Article 1592. <https://doi.org/10.32832/jurma.v6i2.1592>
- [19] Pratiwi, A. I., Saadah, N., Mawarni, S., Choirunissa, R., Novianti, W. M., Ayu, J. D., Oktavia, D. R., & Widowati, L. P. (2023). Urgensi promosi dan edukasi dalam kesehatan reproduksi remaja [Book chapter]. In Pratiwi, A. I. et al. (Eds.), *Asuhan kebidanan pada masa remaja dan perimenopause*. Media Sains Indonesia. ISBN 978-623-195-5296