MODEL OF PREVENTION OF ADOLESCENT UNWANTED PREGNANCY IN INDONESIA: REVIEW ARTICLE

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Abstract
Adolescent reproductive health problems are an international problem. Circumstances that occur in Indonesia, young women are more afraid of social risks such as virginity loss, extramarital pregnancies that will be a source of public gossip compared to sexual risk, which concerns reproductive health and sexual health. This study aims to collect and analyze articles relating to the development of reproductive health models based on needs, needs, schools, culture and family as an effort to prevent pregnancy in adolescents. The method used is literature review, articles are collected using search engines such as EBSCO, Sciencedirect, google scholar. The criteria for the articles used are those published in 1995-2018. Based on the results that the reproductive health situation of young women is a problem behind the still high maternal and infant mortality rates. This condition is exacerbated by other factors such as early marriage, early pregnancy, STIs, HIV and AIDS and non-communicable diseases such as breast and cervical cancer, abortion, premarital sex, nutrition and others. Exposure of adolescent girls to reproductive health from the social environment about health education through adolescent approaches involving peers, BK teachers, family or parents, health workers and stakeholders. Information about reproductive health issues, besides being important to be known by health care providers, decision makers, is also important for stakeholders, so that they can help reduce reproductive health problems for young women.

Keywords: Reproductive Health, Prevention, Adolescent, Pregnancy

INTRODUCTION

The phenomenon of teenage pregnancy is a global problem. Although the average age of teenagers who become pregnant in various countries varies, almost all teenagers who become pregnant and later become mothers, have fewer choices in their lives. The role of influencing children who are too early prevents these adolescents from returning to school and being able to work. Therefore, this situation can explain why in this world many young mothers and their children live in poverty. Therefore, this situation can explain why in this world many young mothers and their children live in poverty. According to WHO (2014), as many as 16 million adolescents aged between 15-19 years give birth each year, equivalent to 11% of the total number of births in the world. As many as 95% of the total teenagers who give birth and developing countries. In contrast to the context in Asia, high-income countries have more cases of teenage pregnancy outside of marriage. Pregnant teens have more problems during pregnancy and during the birth process. In fact, the risk of death and cervical cancer due to pregnancy at a very young age is also high. Fetal mortality in mothers aged 15-19 years is 50% higher for mothers aged 20-29 years. Maternal mortality due to childbirth is also 50-100% higher if the mother is aged 15-19 years. In addition, pregnant adolescents are also vulnerable to complications such as pre eclampsia or high blood pressure in...
pregnancy, infection and bleeding in the mother.\textsuperscript{(2,3)}

Teenagers who start sex because they want to try, will cause addiction. Nearly 80% of middle school teens have kissed and hugged. Even 45% of them have had sexual relations. Data from the study found that 78% of adolescent pregnant women aged less than 20 years, 32.5% of them had unsafe abortions. The problem of adolescents needs to be dealt with comprehensively so that early childhood can be reduced, the incidence of cancer in the reproductive organs can decrease, adolescents accessing contraception are reduced, decreasing unsafe abortion, decreasing the incidence of STIs and HIV/AIDS.\textsuperscript{(4–7)}

In developed countries, cases of HIV/AIDS and STIs due to sexual intercourse in adolescents can already be controlled with the compliance of condom use. However, in developing countries the use of condoms by teenagers who want to have free sex is still a polemic. Socio-cultural considerations in each country make the impact of free sex in each country different. In the United States, for example, free sex among adolescents is no longer taboo that has become a legal requirement, but the commitment to use condoms is very high, so that it can reduce the transmission of sexually transmitted diseases. Whereas in the eastern state of sex before marriage a teenager is prohibited or even illegal, so access to protection from the effects of free sex is very limited.\textsuperscript{(8,9)}

Adolescents during their growth and development need attention, guidance, supervision and good service planning related to reproductive health issues, so that adolescents will avoid risky behavior and growth and development occur in a healthy manner.\textsuperscript{(10,11)}

Preparation of program interventions in overcoming adolescent reproductive health issues, also adjusted to the cultural values of the local community with an emphasis on maintaining culture, cultural negotiations and cultural recommissioning.\textsuperscript{(12,13)}

Mueller et al. stated that the Cuidate program was successful in reducing HIV risk behaviors in Latin adolescents through the inculcation of adolescent cultural values and beliefs in reducing risk behaviors such as assertive free sex and using condoms in sexual activities to reduce the incidence of sexually transmitted diseases and HIV.\textsuperscript{(14,15)}

Youth-oriented clinical services pay more attention to the comfort of adolescents and teenage care. Youth-oriented clinical services are quite common in America, Western Europe and Latin America. These clinics provide a variety of social and clinical services such as pregnancy, STI prevention counseling and prevention and prevention. The link between STIs and other reproductive health services seems to make these clinics more beneficial for adolescents.\textsuperscript{(16)}

The population of adolescents 10-24 years old is around 1.2 billion people (18%) in the world who need serious attention because it is included in school age and working age and is at risk of reproductive health problems namely premarital sexual behavior, early marriage, early pregnancy, NAPZA and HIV/AIDS. WHO (2015) states that 21 million girls aged 15-19 in developing countries experience pregnancy every year and nearly half of these pregnancies (49%) are unwanted pregnancies. One of the pregnancy is caused by risky sexual behavior that tends to increase every year. In 18 countries an increase in cases of teenage
pregnancy in urban areas. The percentage of women giving birth for the first time <18 years, more than 83% of the population in the area.\(^{(17)}\) According to Olgavianita (2015), there has been an increase in the number of adolescents in Asia who engage in sexual relations outside of marriage and do so unsafe so as to increase the risk of sexually transmitted diseases and cervical cancer in adolescents, very few adolescents receive health education sexual and have sexual experiences. Only 47.6% of adolescents received sexual health education who wanted to discuss sexuality issues with parents, while 53.5% of adolescents who were not given sexual education were willing to discuss sexual issues with their parents. The population of 13-15 years old in the United States accounts for around 20% of all new HIV diagnoses and also half of the 20 million new STDs reported each year are at the age of 15-24 years.\(^{(18)}\)

Around 62.7% of adolescents in Indonesia have had sex outside of marriage and 20% of them have had an extramarital pregnancy while 21% of women who have had an extramarital pregnancy have had an abortion. As many as 28% of adolescent girls drink alcoholic drinks at the age of <15 years. About 0.7% of young women ages 15-19 are involved in drug abuse, 59% of female smokers start smoking <15 years. The highest AIDS cases in 1987-2013 were reported in the age group of 20-29 years 30.7%, so that it was associated with contracting HIV about 5 years earlier, which is likely at the age of 15 years.\(^{(19)}\)

According to a study in 33 Indonesian provinces, 56.1% of teenagers who were dating, 83.9% had had a pacara and 65.8% started to have a ceremony between the ages of 13-18 years. It is feared that the high number of teenagers who are dating could lead to premarital sexual behavior. This results in unwanted pregnancy and early marriage, which is at risk of developing cervical cancer.\(^{(20)}\) According to BPS (2015) young women aged 15-24 years in 20 districts in four provinces namely West Java, Central Java, East Java and Lampung found that 46.2% of young women still think that women will not get pregnant with just one doing sex. This misperception is largely believed by adolescent girls 42.3%, only 19.2% of adolescents are aware of an increased risk for contracting an STI if they have more than one sexual partner. 51% thought that they would contract HIV only if they had sex with commercial sex workers, despite the myth and taboo culture to talk about reproductive issues that developed in the community.\(^{(19,21)}\)

Adolescent problems often start from a lack of information and understanding as well as awareness of behavior to implement reproductive health has not been adequate. Knowledge becomes a basis for actions taken by individuals. What people know will affect their behavior. Knowledge is an important factor in determining individual behavior.\(^{(22)}\)

The results of other studies showed as many as 35.3% of adolescent girls know that women can have sexual intercourse once. As many as 41.2% of women know that transmission of HIV and AIDS can be reduced if having sex only with someone who does not have another partner. 46% of women know that HIV and AIDS transmission can be reduced by using condoms. Only 9.9% of women have comprehensive knowledge about HIV and AIDS. Adolescents aged 15-19 years 57.6% prefer to discuss or confide in their peers, discuss or confide with
teachers as much as 31.2%, discuss or confide in mothers 40% and in health workers 35.7%. The type of information that is often obtained by adolescents is the dangers of drug abuse, the dangers of drinking alcohol and about HIV and AIDS including the use of condoms.\(^{(23)}\) HIV cases as of December 2016 that occurred in the 15-19 age group were 3.7% and in the 20-24 years group were 17.3%.\(^{(24,25)}\) In 2009, 41% of adolescents aged 12-24 years were counted as newly infected with HIV and it is estimated that there are 5 million adolescents aged 15-25 years living with HIV. Adolescent knowledge about IM including HIV and AIDS is still very low and teenagers who come to undergo examination of this disease are still very rare.

The Indonesian Ministry of Health, since 2003, has developed a youth health program using a special approach known as Youth Health Care Services (PKPR). Since 2003, until the end of 2013, it was reported that out of 497 districts/cities in Indonesia, as many as 406 (81.68%) districts/cities had at least 4 Health Center capable of implementing PKPR. In addition, the development of PKPR at the Hospital level as a referral service has also been carried out. Various collaborative efforts such as BKBP3A, Department of Education, Ministry of Religion and others. According to Mega (2017), collaborative activities namely Saka Bhakti Husada, School Health Enterprises, KRR and PKPR Communication Information Services developed and implemented for young women in several schools, outside of schools, special schools, expectant mothers, victims of women and child violence, and carried out in disaster and conflict areas. However, the implementation is still not maximal seen from the still low PKPR coverage data (73%). The non-fulfillment of reproductive rights results in problems and even death for young women.\(^{(26)}\) The results of the ICPD and MDG's conference, expect that by the end of 2015, at least 90% of the total number of adolescents would have to obtain information about reproductive and sexual health and the rights that accompany it. However, until the end of MDG's and continuing on SDG's program, the coverage has not been reached.

Reproductive health education is a practical pedagogic regarding reproductive health that is applied to the health sector. The target dimensions of reproductive health education are divided into three, namely individual, group and community reproductive health education. Based on the location of the implementation of reproductive health education carried out in schools, hospitals, public places and workplaces.\(^{(27-29)}\)

One of the goals of reproductive health education is not only to prevent the negative effects of sexual behavior at an early age, but also to emphasize the need for correct and broad information about reproductive behavior and to try to understand human sexuality as an important part of overall personality. Reproductive health education or formal sexual education can change behavior, either delaying or reducing early sexual behavior in adolescents.\(^{(30)}\)

A good level of education and knowledge is associated with good results and therefore there must be a protective factor to achieve these good results.\(^{(31)}\) Schools or colleges provide opportunities to increase resilience, including acting as a complementary security center, providing many opportunities to develop themselves and
opportunities to build relationships with peers and adults.\textsuperscript{(32,33)}

There are two messages that must be delivered to adolescents early on to build psychological resilience in their sexual behavior and to support efforts to delay sexual behavior. The first message is that restraint is the only way to prevent pregnancy and unwanted diseases. This first message needs to be conveyed to adolescents given that not a few teenagers who misunderstand the facts about pregnancy, the consequences of unwanted pregnancy and the consequences of being a parent in adolescence. The next message to be conveyed to teenagers early on is that alcohol use is a risk factor that is closely related to sexual behavior.\textsuperscript{(34)}

The State of Cameroon is one of the countries that has integrated sexual education in schools. Training on reproductive health is conducted for teachers in the field of biological studies to develop teacher pedagogical skills in mastering and providing information about reproductive health to students.\textsuperscript{(35)} School-based sex education has a significant impact on increasing adolescent knowledge about reproductive health.\textsuperscript{(36)} Sexual education in schools is also implemented in Kogi, Nigeria through counseling guidance teachers who have attended sexual education training for teenagers. Schools arrange counseling schedules for each class to be given counseling to increase adolescent knowledge about reproductive health.\textsuperscript{(37)}

Unlike in the United States, school-based sex education is still under debate over two matters namely whether schools have a responsibility to teach students about issues related to sex and if schools teach sex education, what kind of information should be presented. The solution found by these two things is that sexual education must be carried out in a comprehensive manner that is adapted to the age of adolescent development and is intended to form positive behaviors regarding sexuality.\textsuperscript{(38)} Implications of formal sex education in the United States from 2006-2013 can reduce pregnancy and birth rates in adolescence, reduce contraceptive use in adolescence. In 2007-2014 it has reduced the number of abortions.\textsuperscript{(39)} Sex education is also provided at primary and secondary schools in Arusha City, Tanzania. Sex education is carried out by religious teachers who have received training on reproductive health with the aim of integrating values, norms and morals with students. This sex education is a compulsory subject at Arusha.\textsuperscript{(40)}

The Portuguese also conducted sex education among students and found a positive association between sex education and increased knowledge of students so that they persisted in not having sex before marriage.\textsuperscript{(41)} In Finland sex education is taught at school by the teacher telling his sexual experiences naturally and sexual problems experienced by adolescents according to the story discussed in front of the class, then given a solution. This method can increase adolescent knowledge about healthy sexuality.\textsuperscript{(7)}

Sexual education for adolescents in developed countries has been carried out by specialist doctors. Besides being active in medicine, specialist doctors are assigned to provide prevention of sexuality problems in adolescents. For example, gynecology specialists, pediatricians and internal medicine specialists. They actively provide an explanation of the effects of free sex among adolescents. This method is effective in fostering the confidence of adolescents on the information they receive from health experts, especially specialist doctors.\textsuperscript{(42)}
In Ghana, students in elementary schools have been given sex education in the form of an introduction to their reproductive organs and functions. However, providing this information must be accompanied by parents so that information about sex education also takes place in the home environment. Parents who provide sexual education to children younger than 16 years at home can reduce the frequency of early sex. \(^{(43,44)}\) Parental involvement is a necessity in adolescent sex education in the home environment. \(^{(45)}\) Parental control is needed to reduce negative exposure to information obtained by adolescents through social media. The internet is one of the providers of sexuality information so that the assumption of adolescents who read information through the internet can be intervened through directed explanations from parents. \(^{(46)}\) The search for information about sexuality on the internet by adolescents needs to be limited by conducting supervision and guidance by parents according to the age of adolescents. In Kogi, Nigeria family-based sex education in junior high can reduce early sex problems and reduce pregnancy cases in adolescents. \(^{(37)}\)

**METHODS**

The method used is a literature review that is a literature search, both international and national using a database search through the media EBSCO, and ScienceDirect. In the beginning of the article search phase 456 articles were obtained from 1995 to 2018 using the keywords "adolescent reproductive health", "adolescent reproductive health methods", and "adolescent girl reproductive health", and "adolescent premarital sex" identified through the article. Of these only about 58 articles were deemed relevant. From the number of articles there are 11 articles that have full criteria, 7 articles of medium quality, and 1 article of low quality. This research was conducted from 25 February 2019 to 30 March 2019.

The population is 156 articles or journals on adolescent girl reproductive health. A sample of 58 articles about adolescent women's reproductive health. The type of data used by the author in this study is secondary data, namely data obtained from journals, books, documentation, through EBSCO and ScienceDirect. The data that has been obtained is then analyzed by descriptive analysis method. Descriptive analytical methods are carried out by describing the facts which are then followed by analysis, not merely describing, but also providing sufficient understanding and explanation.

**RESULT AND DISCUSSION**

According to the FEN UI Demographic Institute, the types of reproductive health risks that adolescents must face include early and unwanted pregnancies, abortion, sexually transmitted diseases, sexual violence and problems of limited access to information and health services. This risk is influenced by various interrelated factors, in the environment of social life and education. This requires an intensive approach to the problems experienced by young women by including the role of the environment. \(^{(47)}\) The results of Samidah's research, adolescents lack basic information regarding the skills to negotiate sexual relations with their partners. Young women also have less chance of getting formal education and
employment which will ultimately influence their decision making and empowerment to delay marriage and pregnancy and prevent unwanted pregnancies. Even in rural adolescents, first menstruation will usually be immediately followed by marriage which puts them at risk of pregnancy and early labor. Inharmonious parental relationships can also be triggers of unhealthy behavior or habits in adolescents. This begins with the attitude of parents who taboo teen questions about reproductive functions and processes, as well as the causes of sexuality stimulation.\(^{(48)}\) According to Kusumarani and the Ministry of Health, parents tend to be at risk and unable to provide adequate information regarding the reproductive organs and reproductive processes. No information from parents makes teens experience confusion about their reproductive functions and processes. Fear of parents and teachers, that education that touches on the issue of reproductive organ development and its function will encourage adolescents to engage in premarital sex, thus causing adolescents to be overwhelmed by ignorance or seeking information that is not necessarily true, which in turn can actually lead teens to reproductive health.\(^{(47,49)}\)

Based on the results of articles collected and analysis of researchers found that the situation of health education and health promotion are predisposing factors for adolescent girls who experience reproductive health problems, such as lack of knowledge, information and education about reproductive health, low attitudes in behavior in implementing reproductive health, lack of family support, school environment, peers, community environment, cross-cutting and policy. The problems faced by adolescents above are about changes in themselves related to reproductive health. Specifically, reproductive health is not studied in schools as part of the curriculum. While at home and in the environment, there may also not be much open information about matters relating to reproductive health properly. The problem of unsafe abortion, death due to childbirth at a young age, lack of awareness of sexually transmitted diseases, cases of HIV and AIDS which continues to increase and gender discrimination which often marginalizes in many ways, both in education and insight of young women, health services and others.\(^{(50-52)}\)

In fact many things can be done to fulfill adolescent reproductive health rights. Of course this is adjusted to the needs of adolescents for adequate reproductive health information and services. As an initial step in prevention, it can be done to increase adolescent knowledge about reproductive health which is supported by explicit communication, information and education (IEC) materials about all matters relating to adolescent reproductive health. That it may not be necessary to wait for adolescents to take advantage of these service facilities, but can proactively approach youths and disseminate their rights to reproductive health, through formal and non-formal education.\(^{(53,54)}\) Through the scope of policies, the government, academics, non-governmental organizations and the public who first understand and realize the rights to reproductive health must agree not to neglect the rights of young women, so the problem of ignorance about reproductive health, abortion, unwanted pregnancy (KTD), anemia, maternal mortality rate (MMR) and others can be reduced.\(^{(55,56)}\)

Research on adolescent reproductive health should be done...
more to identify adolescent needs and implement reproductive health laws that should be the rights of adolescents. On a more practical scope, training and regeneration or peer counseling should be carried out with regard to fulfilling adolescent reproductive health rights and starting to include the adolescent reproductive health agenda and implementing it in every field of health services in Indonesia. Health service facilities must begin to be equipped according to the needs of adolescents relating to their reproductive health rights with true and accurate information. This requires collaboration and support from all parties, ranging from **microsystems** where adolescents interact directly, namely the family, **mesosystems** which usually involve a wider environment such as schools and organizations or clubs, **macrosystems** that involve information media and wider cultural influences, that worldwide.\(^{(57,58)}\)

Girls in urban areas access the internet higher than in rural areas and increase with the increase in respondent education. The most widely known information on physical changes in young women is to start menstruation by as much as 89%. Enlarged breasts by 78%, and grow hair around the genitals or armpits by 39%. Young women discuss about menstruation with their mothers by 45%. One in five young women does not discuss first menstruation. Teenagers in Indonesia are less familiar with traditional methods of contraception. According to young women, the ideal age for first marriage is 23.7 years. Young women respondents who mentioned the ideal age for marriage were the highest age of 20-24 years (24.2 years), lived in cities (23.9 years) and educated > high school (23.9 years).\(^{(17–19)}\)

Young women (92%) have a higher level of knowledge about HIV and AIDS. These results tend to increase when compared with the results of the KRR 2012 IDHS, where each 89% of young women say that HIV and AIDS can be prevented by using condoms every time they have sex. The percentage of young women in the age group of 20-24 years, living in urban areas and having a high level of education who know about HIV and AIDS prevention methods is higher than other groups.\(^{(19)}\)

According to Oktavina, another way to prevent HIV and AIDS is to limit sex with one partner. This method is known by 74% of young women. In general, the percentage of young women who agree to premarital sexual relations and are allowed to have sexual relations before marriage is 4%. Attitudes toward premarital sexual relations vary by age, area of residence and level of education. The percentage of adolescent girls with low education who agree with premarital sexual relations is higher than those with higher education. In the 2017 KRR component, in general, young women who had had sexual intercourse were 2%. Sexual experiences among adolescents vary according to their level of education. 10% of unmarried adolescent girls who have no education have had sex, higher than those who have completed primary and higher education.\(^{(52,58,59)}\)

Schools have a major role in the prevention of pregnancy prevention in adolescents and prevention efforts so that adolescents do not engage in premarital sexual behavior and behavior problems related to adolescent girls' reproductive health. School health services are tasked with facilitating positive responses to the development of children or adolescents, conducting
health promotions, providing intervention on actual and potential health problems in adolescents, conducting active collaborations with other health services to build the capacity of children or adolescents and families to adapt, self-management, self advocacy and study. The Problem-Based Reproductive Health Model (KRBM) focuses more on the main problems that are being experienced by young women through service in schools working with families, the environment and policies for effective results can improve adolescent behavior, especially healthy behavioral behavior, say no behavior for premarital sex and adolescent decision-making behavior to prevent premarital sex, in the efforts of KRR education. This model can be a model for Puskesmas to turn on the Health Service Program in schools.\(^{(23,48,53)}\)

According to Mega and Oktarina, stating that student health, including reproductive health is absolutely necessary. The most source of student information about KRR is obtained from the media then from the teacher. KRR education in schools is an effort to improve the health status of students.\(^{(26,53)}\)

Several studies have shown that adolescent knowledge about sexuality and reproductive health is still low. Low knowledge of adolescents is one risk for adolescents to experience adolescent reproductive health problems. Some KRR materials that should be known by young women already exist in Natural Sciences (Biology) subjects. KRR material is given in Natural Sciences (Biology) in class VIII and IX. KRR material is also given to the Guidance Counseling and extracurricular activities of Youth Health Care Services (PKPR) and PMR, but the provision of separate, less systematic materials and no coordination between subjects can cause confusion among students. Conditions like this will encourage students to look for information from other sources that are not necessarily true.\(^{(17,18,47)}\)

The presence of KRR material in both Natural Sciences and BK subjects shows that PKPR can be done in an integrated manner in these subjects. Such integration must be carried out with systematic and appropriate learning strategies. Research shows that KRR information services through BK are quite effective in increasing students' KRR knowledge.\(^{(18,25,47,48)}\)

Interaction between peers will influence the attitudes and behavior of young women. Interaction between students and between students and teachers can improve the learning outcomes of young women and stay in communication. The cognitive development of young women makes it possible to be taught with problem-based learning strategies. The problems examined in PKPR are real problems that occur in students' environments or that are experienced by students. Due to the limitations of KRR teaching materials in junior and senior high schools, in order to facilitate PKPR in accordance with the needs of students and the purpose of learning science, it is necessary to develop a problem-based KRRBM model.\(^{(50,55,60)}\)

Integrated PKPR in science subjects can be done with problem-based learning strategies. In these learning activities, students are trained to solve reproductive health problems scientifically. Problem-based learning in PKPR places students on those problems, so they can train students to understand others. Learning that teaches students to be able to understand others is learning attitudes and behaviors
according to Notoatmodjo. Research conducted by Olga Vianita, found that problem-based learning can provide provision of life skills like critical thinking skills, academic skills and social skills of students.\(^{(18)}\) With increasing thinking skills in students will also improve life skills in the field of KRR. The skills or skills that can be trained through problem-based learning are very important in PKPR so that students have life skills in the KRR field.\(^{(49,51,56)}\)

According to Hastuti, true sexual knowledge can lead a person towards rational and responsible sexual behavior and can help make personal decisions that are pending about sexuality. Conversely, wrong sexual knowledge can lead to wrong perceptions about sexuality, which in turn will lead to wrong sexual behavior with consequences. Incorrect information causes the understanding and perception of the public, especially adolescents, about sexuality to be wrong as well. Finally, all of this is expressed in the form of bad sexual behavior, with all the unintended consequences.\(^{(20)}\)

According to Mega, especially for young women, they lack basic information about the skills to negotiate sexual relations with their partners. They also have a smaller chance of getting formal education and employment which will ultimately affect their decision-making abilities and empowerment to delay marriage and pregnancy and prevent unwanted pregnancies.\(^{(26)}\) Even in rural young women, first menstruation will usually be followed immediately by marriage which puts them at risk of pregnancy and early labor.\(^{(25,47)}\)

The originator of unhealthy behaviors or habits in Adolescent girls is just the result of disharmony in the relationship between father and mother, parental attitudes that taboo child or adolescent questions about reproductive functions or processes and causes of sexuality stimulation, and the frequency of child abuse. They tend to feel uncomfortable and unable to provide adequate information about the reproductive organs and the reproduction process. Therefore, fear easily arises among parents and teachers, that education that touches on the issue of reproductive organ development and its functions actually encourages adolescents to have premarital sex.\(^{(50,57)}\)

The choices and decisions made by a teenager depend greatly on the quality and quantity of information they have, as well as the availability of specific services and policies for them, both formal and informal. As an initial step in prevention, increasing adolescent knowledge regarding reproductive health must be supported by strict communication, information and education (IEC) methods about the causes and consequences of sexual behavior, what to do and be equipped with information about service facilities that are willing to help in case of pregnancy, unwanted or contracted sexually transmitted infections and sexually transmitted diseases. Until now, information about reproductive health was disseminated with vague and unfocused messages, especially if it led to sexual behavior.\(^{(17,19,25)}\) In terms of health services, health services, maternal and child health services and family planning in Indonesia are only designed for married women, not teenagers. Health workers are not yet equipped with skills to serve the reproductive health needs of young women.\(^{(23,26,48)}\)

The number of comprehensive reproductive health facilities for teenagers is very limited. Even if there
is, its use is relatively limited in adolescents with problems with pregnancy or unplanned labor. Concerns about guarantees of confidentiality or ability to pay and the reality or perceptions of adolescents about the displeasure exhibited by health workers increasingly limit access to services even further, even if the service exists. In addition, there are also legal barriers related to providing services and information to youth groups. Because of their conditions, adolescents are a service target group that prioritizes honesty and confidentiality. This becomes difficult, considering that the basic health care system in Indonesia still does not place these two things as a priority in efforts to improve the quality of client-oriented services. Olgaviantina's observation shows that for the implementation of the Adolescent Reproductive Health Counseling Information Center, it has been provided because the program has been effective.\(^{(18)}\)

Thus, to minimize the occurrence of adolescent girls' reproductive health problems, collaboration between cross-programs and cross-sectors through PKPR and activating PIK-KRR is more active in schools to obtain reproductive health information, especially regarding early marriage and advertisements about the Generation and Planning program. approaches according to adolescent problems and needs.\(^{(24,49)}\)

The figures related to the KRR problem do not necessarily reflect the actual events, given the KRR-related problems such as sexuality are sensitive issues so that not everyone is willing to reveal the true situation. Therefore, it is not surprising that the actual figures are far greater than reported. According to Mega et al, the better the relationship between parents and adolescents, the better premarital sexual behavior of adolescents. Busy parents, poor quality care and parental divorce, adolescents can experience depression, confusion and emotional instability that prevent them from responding to adolescent needs so adolescents can easily fall into abusive behavior such as premarital sex.\(^{(26)}\) Parents, adults in the environment of adolescents have the obligation to see, supervise, attitudes and behavior of adolescents so as not to fall into promiscuity and self-harming actions and to supervise the interaction of children both inside and outside of school so that they do not something happens that results in a vital that eventually emerges early marriage and teenage pregnancy and other adolescent problems. Provide solutions according to the needs needed by adolescents in dealing with their problems.\(^{(47,51)}\)

**CONCLUSION**

It is hoped that the Problem-Based Reproductive Health Method will hit more targets, not just targets for young women, with an individual approach through individual counseling and the environment of young women through group counseling. Cross-sectoral cooperation with education, civil registration, women's empowerment, social services, KUA and related agencies is needed in dealing with the problem of early marriage. The role of the Ministry of Religion is to disseminate and advertise about Generational Planning and early marriage programs for teenagers. KUA Program efforts to tackle premature marriages are carried out periodically. The role of stakeholders as a determinant of public policy and the driving force of support for positive activities in adolescents is integrated in every element of society, through the formation of the PKPR Team at the
central, regional and sub-district level. Activities that refer to the protection, support and application of children’s rights such as making innovations in the Healthy Marriage Movement, healthy dating/generation without dating, stop promiscuity campaign, HIV and AIDS and others. Strengthening families through the approach of parenting activities, Youth Family Development, Youth Classes and Youth Clinics aimed at parents and teens as prospective parents, so as to understand reproductive health, as well as about the rights and responsibilities as parents to children and adolescents.

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