

The Needs of Sexual and Reproductive Health Education for Secondary School in Kendari City, Southeast Sulawesi, Indonesia

Sartiah Yusran^{1*}, Yusuf Sabilu¹, Nani Yuniar¹, Hilaluddin Hanafi² and Haris Badara²

¹Faculty of Public Health, Universitas Halu Oleo, Jalan HEA.Mokodompit, KampusHijauBumiTridharma, Kendari, 93232, Sulawesi Tenggara, Indonesia; s.yusran@gmail.com, yusufsabilu@yahoo.com, naniyuniar@yahoo.co.id

²Department of Indonesian Language Teaching, Faculty of Education and Teacher Training, KampusHijauBumiTridharma, Kendari, 93232, Sulawesi Tenggara, Indonesia; hilaluddin.himpaudi@yahoo.com, arisbadara71@yahoo.co.id

Abstract

Objectives: The main objectives of this study were to recognize a journey of sexual behavior of adolescent and to identify the need of sexual and reproductive health education for secondary school students in Kendari. **Methods/Statistical Analysis:** This study carried out by applying a qualitative method with purposive random sampling in selecting five public and private Senior High Schools. The sample consisted of one hundred (100) teenage boy and girls, thirty (30) male and female teachers, twenty (20) parents and ten (10) respondents' representative of education stakeholders. This qualitative study was conducted through in-depth interviews, Focus Group Discussion and key informant interview. Then, the analysis of the data applied triangulation with descriptive qualitative analysis. **Findings:** The finding reveals that 95% students have lack of information regarding sexual and reproductive health issues, either from school, neither from home. They just received anatomy lesson and all students have never access to services since they do not know where to go and the service remains absent. This gap contributes to number of pressures such as peer pressure, parent's pressure related to religious and cultural concern on premarital sex and media pressure experiencing by teenagers. More than 80% teachers agree to put this information into school's lesson, although no many teachers are eligible to teach the subject. Surprisingly, all parents also agree to put this topic into appropriate school-based program since they have some challenges to communicate this sensitive issue with their children. Nine of ten educational stakeholders also agree to include this information into school-based program and pointed out the importance of school-based policy to include this topic into the existing program. They argue that school is a strategic place in providing acceptable and accurate information culturally and religiously acceptable pathway to support adolescent being responsible and stay healthy. **Application/Improvements:** School is a strategic place in supporting most of school age teenagers and sexual and reproductive health education through a moral framework with the local wisdom perspective is timely. This is a consensus on the critical importance in improving well-being of adolescents.

Keywords: Secondary School Teenagers, Sexual Behavior, Sexual and Reproductive Health, School-based Program

1. Introduction

Researching sexual and reproductive health is often politicized, socially 'prohibited' and continually debated due to the cultural and religious sensitivity to the topic.

These related issues are largely unspoken within the community as well as within public schools¹. While in today's world, adolescents are seen to be an especially vulnerable group, in a stage of rapid development. They have more freedom than those in prior generations, and

*Author for correspondence

premarital sex is common in many parts of the world². Therefore, adolescence is also recognized as a period of danger³, and a period of experimentation, a time of opportunity, change, and heightened vulnerabilities². Many of these young people - over 1.8 billion aged 10 to 24 worldwide - are sexually active before the age of 20. Sexual ignorance and disempowerment are the norm, leading to unacceptably high rates of STIs and HIV/AIDS, and many girls become pregnant and have children, or undergo abortions. At the same time, they have dreams and hopes for themselves, their families, communities and the nation⁴. The youth population is growing fastest in most poorest nations and it was also noted that 600 million of them are adolescent girls who face specific obstacles, challenge and aspiration for their future⁵. Since the 1994 Cairo Conference, there has been growing awareness of the importance to include adolescents in population and reproductive health programs worldwide. Attempts to implement the ICPD have raised population issues including for adolescents. Since ICPD, the importance of sexual and reproductive health education has been recognized worldwide, and some countries have put into policies and programs, including school-based programs⁶. This approach could help address young people's problems. Indonesia has given its commitment to implement the 1994 ICPD Programme of Action on adolescent sexual and reproductive health and rights. The government acknowledged that adolescents need to enter adulthood in good health, recognizes the importance of empowering them to negotiate effectively with others to achieve a healthy lifestyle, including their sexual behaviour^{7,8}.

Adolescent Reproductive Health (ARH) component has been a part of the 2012 Indonesia Demographic Health Survey (IDHS). Among never-married women, those age 15-24 were asked questions about their knowledge of the human reproductive system; use of tobacco, alcohol, and other drugs; and dating and sexual experiences. Never-married women (15-24 years old) respondents were asked whether they had talked with anyone about menstruation before they had their first period. It shows that more than half of the female teenagers report discussing menstruation with their friends (53 per cent). Men are less likely than women to talk to others about their experience with the physical changes that occur at puberty. The finding shows that half of men (50 per cent) did not talk with anyone, and almost half of

men (48 per cent) talked with their friends only⁹. A comprehensive study on adolescent sexual behaviour shows the increased incidence of premarital sex among adolescents. Sexual behaviours that occur are not accompanied with adequate knowledge on adolescent^{1,10} acknowledges the needs of adolescent on sexual and reproductive health information are specific and different to those of adults. She also argues further that the government of Indonesia must ensure adolescents receive appropriate information through formal education, counselling and services to enable them to make responsible and informed decisions about their sexual and reproductive health¹⁰. Recent study from '*Jurnal perempuan*' (female journal) reveals that access to sexual and reproductive health education among teenagers is very limited and decreased due to government policy changes in the educational curriculum. A number of previous studies recommends that comprehensive gender responsive sexual and reproductive health education need to integrate into school curriculum^{1,11-13}. At the same time, encouraging climate change policy to include gender-sensitive comprehensive sexual education/CSE (Comprehensive Sexual Education) into the school curriculum as a priority to address the high maternal mortality rate, violence against women, lack of access to reproductive health and other services; and Family Planning; and STI / HIV-AIDS; and practices that harm (child marriage and female genital mutilation/FGM (Female genital Mutilation)¹⁴.

In Journal Adolescent Health underlines the important commitments need to be made in providing innovative programs such as comprehensive sexual and reproductive health education and services for adolescents. Programs that can provide information, ensure access to services, and develop life skills are crucial to the future of this population¹⁵. The most frustrated phenomena is sexual violence cases in everywhere and the victim are mostly teenage female and under-age 10 year old girl (Indonesia Female National Forum). Based on the background above, this study's main purpose is to identify the needs of sexual and reproductive health education throughout the gaps, the existing sexual and reproductive health school policy and programs; and to understand more about the expectations of a school-based program from different stakeholders; to develop knowledge as a contribution to the development of appropriate policies and school-based sexual and reproductive health education program for secondary school in Kendari, Southeast Sulawesi.

2. Methods

This study carried out by applying a qualitative method and selected sample using purposive random sampling in selecting five public and provide Senior High Schools in Kendari. The sample consisted of fifty(50) boys and fifty (50)girls students; fifteen (15) male and fifteen (15) female teachers who teach biology, psychology, civic science, sport and religion. Ten male (10) and ten(10) female parents; and another ten (10) key informants representative from policy makers, both regional and district, NGO activist who concern on sexual and reproductive health issues, religious leader, community leader, women's leader and academician. These one hundred sixty respondents support argument from one to another target groups and suggest more comprehensive finding. Data collection techniques were interviews, FGD¹⁶ and key informant in-depth interviews as primary data and secondary data were collected from national, regional and local data, working papers related to sexual and reproductive health education issues. Then, the analysis of the study applied triangulation, through a multiple data collection design mentioned and this strategy allows the researcher capturing and measuring research findings and descriptive qualitative analysis brings the comprehensive pictures of the study.

3. Results

The result presents the importance of sexual and reproductive health education as the need of adolescents, the gaps between the existing program and the expectation on the development an appropriate school-based policy and program on Sexual and Reproductive Health Education for secondary school teenagers in Kendari. The results of interviews and FGDs of students indicate sexual curiosity and risk-taking behavior are common among teenagers in Kendari. They were struggling with exploration of their sexuality, due to outside pressure and having to deal with contradictory expectations from their peers, parents, media and society in general. Adolescent's premarital sexual relationships process just begun with normal interaction as friends or having premarital relationship is just for 'iseng' (fun) and finally ended up with serious relationship and having 'pacaran' or having a boyfriend or a girlfriend. However, it was fraught and filled with misunderstandings about in what way the process

actually involves them and having a special relationship between male and female. Premarital relationship seem to be quite unsure of what they actually want to do as opposed to what they feel they have to do being a part of the society, in ways acceptable to both family and friends. This confusing situation is compounded by the reality that they are also very poorly informed about sexual and reproductive health issues. Therefore, students need sexual and reproductive health information and they expect parents and schools should work together in providing the accurate information on sexual and reproductive health related issues.

The result of parents' interviews and FGDs indicate their concern about premarital relationships of their children, especially sexual relationship due to religious and cultural taboos, family stigma derived from the loss of the reputation of the family, and their exclusion from social events. Religious restrictions and cultural taboos were the main reasons for parents' resistance toward their children's way of *pacaran* or premarital interaction. At the same time, parents also claim that they were reluctant to communicate with their children about sex related information. Most parents agreed and pointed out that school is the best place for their children to receive sexual and reproductive health information. They expected the school to provide information related to the family, future adult relationships, negative consequences of having a boyfriend or girlfriend, and to guide them to be responsible for their sexual behavior in accordance with culture and religious restrictions. Not unexpectedly, the school-based program should be placed within a moral framework. Teachers agree to include sexual and reproductive health topics in the school lesson, although they recognized several challenges in implementing the program. Not all teachers felt confident in teaching the subject, and there were still conflicting opinions concerning the possibility of integrating it into the existing curriculum: either in related subjects such as biology, religion, counseling, physical education neither in sports lesson. While remain argued against its integration into the existing curriculum. Majority of teachers claim that biology teacher is more likely to be ready to teach the subject. They agreed to introduce the content of Sexual and reproductive health information into secondary school setting as part of teaching materials, both either in developing a core teaching neither designing a comprehensive curriculum.

However, the challenges should be taken into a consideration: who will teach the subject, what concept will be, what approach would be appropriated, and other elements of the teaching process including class-room time allocation. It is interesting to know that teacher recommended and prioritized this issue to include the concept into a local curriculum. Policy makers as key informants of this study agree to develop school-based policy on sexual and reproductive health education for school age teenagers in order to accommodate further efforts to implement the school-based program starting with selected schools as pilot program, although they recognized much work is needed. Advocacy is another alternative pathway to begin from the province down to the district level, and to include institutions, educational board, community and religious leaders in putting the culturally and religiously acceptable concept into the reality as a local government's priority program.

4. Discussion

4.1 Adolescent's Challenges and Needs

Generally, adolescent's basic knowledge on sexual and reproductive health; puberty, reproductive anatomy, fertility, STIs and HIV/AIDS is fairly low^{6,17}. Students' knowledge about classical STIs (gonorrhea, syphilis and chlamydia), including signs and symptoms, was relatively limited. Lack of understanding about the transmission and infection process since only four among student's respondents explained the dangerous of STI. On the other hands, their awareness of HIV and AIDS was higher, as the majority of students had been exposed to HIV and AIDS education campaigns through outreach program from Health Department and other NGO's programs¹⁸. However, most of them believed that only people who had sex with sex workers could get HIV; only a few believed that having with multiple partners could result in HIV infection. Interestingly, homosexual behavior was recognized among respondents, but only two of the interviewee understood in regarding with a potential risk for HIV and AIDS infections associated with unsafe homosexual sex. Students reported that this was a 'Sensitive' issue, which they did not commonly discuss, and none of them wanted to be involved in discussions related to sexual preference and same-sex sexual relations¹⁹. It was estimated 40% among students' respondents did not understand

these above concept accurately due to several reasons. Firstly, the main source of information is from peers who have the same level of knowledge. Most adolescents understood the transition from childhood to adulthood was based on physical changes only and marked when a boy has wet dreams and a girl has reached menarche. However, they appeared to lack of understanding about fertile periods and had poor knowledge of pregnancy risk. Although schools had introduced the related topics of puberty, fertility and reproductive anatomy, primarily in biology classes, FGDs and interviews results show that not all teenagers respondent considered these subjects related to adolescent sexual and reproductive health. They were interested in receiving more information on sexual and reproductive health and finding more on biology to understand about hormones and general concept on sexuality.

Secondly, information on menarche was provided in middle of secondary school, but currently most girls had already commenced menstruation when they were in the top grade of elementary school or early junior high school. Therefore, timing of such information appears to relate to presumed mean age at menarche. Similarly with¹¹ study found although some students got information about menstruation from parents or other older women soon after their first period, they were still uncertain at the time of menarche and were psychologically unprepared. Thirdly, knowledge about contraception was generally understood as appropriate for married couples in order to prevent or delay pregnancy. Although schools provided lessons about contraception, both teachers and students held strong religious values that detailed information about contraception should not be provided for school students. This opinion was still pro cont. As a result, teachers did not provide information on benefits of contraception other than to space families, and especially avoided mention of condom used to protect against infection. Students who had conservative opinions hold negative attitudes towards condom used, as contradicting religious law. Similar study was conducted²⁰ underlines adolescent reproductive behavior in developing world, and especially Muslim's countries did not provide comprehensive information on contraception for adolescents. However, few students had broader understanding and a positive attitude on the use of condoms. They knew that condoms prevent sexually transmitted

infections and also believe that condom used for prevention to a young woman who getting pregnant and seeking for abortion. None of the respondents agreed with abortion; especially related to the issues of a sin and against humanity.

In this study, only one female student among twenty interviewees had reported that her friend got pregnant and went for unsafe abortion by traditional birth attendant or *dukun*. Not surprisingly, given the conservative environment, majority of students believed that celibacy was the best option to prevent pregnancy or infection. Moreover, three male students reported that masturbation was the preferred choice after celibacy, as opposed to having sex with prostitute or with their girlfriends. Some boys acknowledged the potential risks of (unsafe) sex with sex workers, but considered this as preferable to having sex with their girlfriends for two important reasons: religious restrictions and in order to protect the girl's virginity. Some boys claimed that virginity of their future wives was still important. Yet, at the same time, some girls who had boyfriends with whom they were intimate, and they believed that their current boyfriends would become their future husbands. In²¹ carried out a study looking at different gender and sexual experience on adolescent behavior and it was found that boy and girl have different implication toward their sexual behavior¹⁸. In addition, information provided by teacher was lacked clarity, too late, too little and not specific or very general information. For example in biology lesson, teenagers received information about fertility and reproduction using (non-human) or animals as an example, although some information was provided on human reproduction too, but school adolescents wished to get more detail information on sexual and reproductive health related issues. It can be argued that this qualitative finding shows the big gaps between adolescent needs and understanding on their sexual and reproductive health. They received very poor information and their journey of sexual curiosity did not support them to decide the right option. This is due to lack of access to the accurate information as well as sexual and reproductive health services. Lack of understanding on consequences of having premarital sexual relationship may lead them into unsafe abortion and experience unwanted pregnancy. Therefore, home and school need to provide accurate resources for teenagers and journey of sexual behavior among teenagers provides a window for a school-based program.

4.2 Journey of Sexual Curiosity

Conventionally, journey of adolescents' sexual behavior categorize into two categories: sexually active and non-sexually active. This category has been also found by²² through his study and this current study was found the same pattern but different focus. In²³ carried out a Ph.D research and found out that sexual journey among Indonesia adolescent are categories into different level and put them into a high risk taking behavior. This current study has found four different levels on the basis of their sexual curiosity from the two categories mentioned above. The first major component is teenagers who abstain or sexually inactive can be categorized into two different groups; first is 'delayer' refers to adolescents who abstain and non-sexually active or postpone having sex for the time being and the second group is 'anticipator' for those who anticipate initiating sex later. The second major component is for those who are sexually active. This component has been categorized into two different groups; 'single' group for those who have sexual relationship with a single partner; while "multiple" group is for those who have sex with more than one or multi partners including sexual workers. The following Figure 1 describes the dynamic of adolescents' sexual behavior.

First major group is sexually inactive teenagers and indicates as 'Delayer' group. The reason for delay was mostly related to religious and culture reasons and as regulations of premarital relationships, which can protect female virginity, family honor and avoid undesirable, unwanted or earlier marriages. While the second group calls 'Anticipator' and claims that they have intended to have a boy or a girlfriend later, when they are at a higher

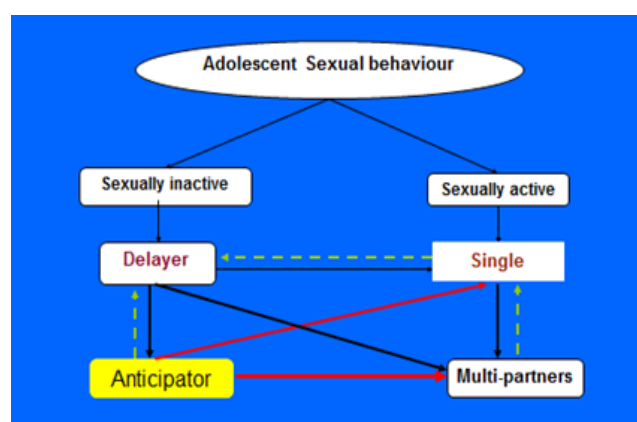


Figure 1. Adopted from 'Dynamic of risk taking behavior of Adolescents.

education level or once they have got jobs. While the second major group is sexually active and it has been identified into two sub-groups, they are 'Single' and 'Multi-partner'. The 'Single' group for those who have one sexual partner only. Three boys in this study explicitly mentioned that fulfilling sexual desire, they preferred go to sex worker rather than having sex with their girlfriends. This claim identifies cultural values of having a virginal wife and to maintain family prestige. On the other hand, few boys reported that they preferred to have sex with their girlfriends to avoid STIs and HIV/AIDS, unless they had to use a condom with sex workers. Those mostly teenage boys who had more than one sexual partner and this had been categorized as 'Multiple' partner and this may have had sex both with commercial sex workers and with their girlfriends.

The description above indicates 'Delayers and Anticipators' are presumably the larger numbers and relatively small numbers consider themselves to be at risk of diseases, abortion or unwanted pregnancy. These are self-reported and some students possibly would claim themselves to be sexually inactive. When they recognize themselves as sexually active, dynamic of these groups are not static and individual may change very quickly. For example, a delayer can easily change his/her mind about having sex with her boy or his girl friend after having a certain period of time due to changes in their own relationship, peer pressure, or the absence of accurate information about sexuality-related issues. It can be argued that the 'Anticipator' group is highlight with a yellow line since they were most at risk among the groups, because they had planned to have sex in the near future. Individuals in this group potentially move to a single or even into multiple groups, due to their curiosity about sexual orientation and environmental and contextual influences. The error symbol in the figure indicates the dynamic movement of these four groups, whereas there is a possibility that adolescents can move to another group, involving greater risk, if appropriate information and support is not provided.

Based on the argument above, teenagers have experienced different pressures such as media, peer, parents or economic pressure which led them to be sexually active, and a school-based program should take into consideration to these groups. Comparing with previous studies conducted^{22,23} this current study has found more comprehensive picture of sexual curiosity of adolescents in relation with number of pressures are experienced by adolescents.

Pressure from peer has different challenge comparing with media pressure. Nowadays, media plays a very dangerous and also crucial to the life of adolescent regarding with sexual related issues. Adolescents experienced conflict between their own beliefs, culture and religious values that do not allow them to have premarital sex. At the same time, peer pressure is another challenge for them to stay abstains or not initiating sexual orientation or moving from the first to the second group or event jumped out to the third or the fourth group which described the most high risk on sexual behaviour¹⁰. A study was conducted²⁴ underline that parents should play a role as sex educator to their children. However, this study found that parents were reluctant to communicate sex information with their children and this identifies as pressure since the children didn't receive any support from parents. It is argue that most respondents agree to include sexual and reproductive health into school-based curriculum as shown in Figure 2. Therefore, it is important to provide information as soon as possible and the information should be comprehensive for these target groups to enable them to decide what is the best decision and they need to take into account the impact of their sexual curiosity. Providing information comprehensively will benefit young people who are at risk and may encourage them to postpone sexual activities for a long-term benefit of healthy behavior. This suggests that school-based program can support a long-term benefit for adolescents' sexual and reproductive health life and of course this path could reduce a number of maternal mortality cases for the next generation in Kendari, Southeast Sulawesi and Indonesia in general.

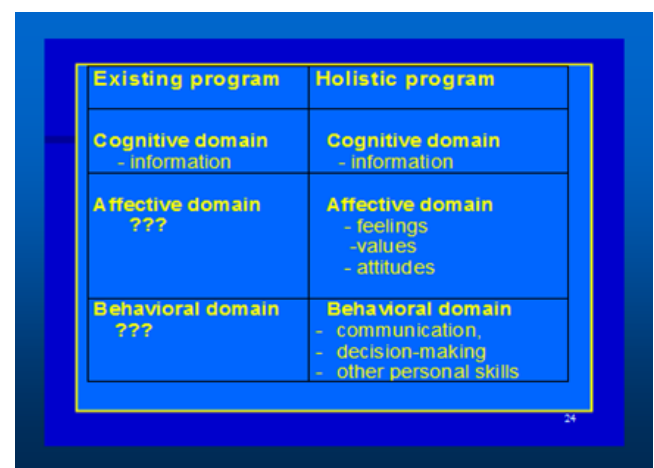


Figure 2. Picture of curriculum concept of reproductive health education.

5. New Paradigm for Curriculum Development

The fundamental tension for school-based reproductive health education has moved from the issue of whether the subject should be delivered to what its content should be²⁵. The content and the goals of a school-based reproductive health curriculum are often a source of great controversy²⁶. A number of studies have highlighted the values of addressing multiple learning domains in holistic approach to health education curricula^{17,27}. This approach is expected to solve the complex dilemmas that adolescents face, not only to promote sexual abstinence and faithfulness, but by integrating physical, emotional, intellectual and social dimensions of human experience^{22,27}. According to Donovan²⁵ a pragmatic approach would be the most appropriate for developing a school-based program. This would include planning, implementing and learning to develop a holistic program, with the idea that through the classroom activities, students do not only receive sexual and reproductive health information, but also explore their own values and attitudes and acquire personal skills that they need to maintain healthy behaviour²⁸. The following table shows the differences between the existing educational program and the holistic one that need to apply and how curriculum content should take into account with different topics for different groups.

The exiting program tends to focus on cognitive domain only, while affective and behavioral domains are forgotten. This is closed related to the current education system since The National Examination only focus on paper-based test result rather than Porto-based which include attitude and skills that master by students.

While, the concept of a comprehensive approach or the holistic program, the implementation of a separate course or stand-alone subject is generally seen as the best approach, rather than the subject being integrated into other subjects. This idea is supported in the new educational recommendations to establish a comprehensive school-based education²⁹. Integrated subjects are not optimal for a holistic program, because in the existing curriculum, every single lesson or subject has its own main topic priority. The author argues that when integrated into several subjects, sexual and reproductive health tends to focus on the cognitive level rather than affective and behavioral dimensions.

In has conducted comprehensive studies focusing on school-based program and claimed that school-based program has contributed to risk-taking sexual behavior among adolescent in America in reducing their partner and also promoting abstinence. His another study recommended that school-based program need to include not only information, but sexual and reproductive health education program should include all the domains mentioned – cognitive, effective and behavioral domains, while current lesson has just provide too little information on anatomy topic and HIV and AIDS for secondary school students. This indicates the curriculum needs to include a core subject which can be taught from the time adolescents enter secondary school (grades 7–12) not only for secondary students.

Therefore, developing school-based program can apply a life skill strategy in a comprehensive program. Curriculum might include how young people cope with their feelings, how they value themselves, and their attitudes towards premarital relationships and premarital sex. The school-based program also needs to include personal, communication and decision-making skills.

6. Conclusion

This paper has discussed the needs of school-based sexual and reproductive health education and the findings underline some gaps between the needs and the respondent's knowledge about sexual and reproductive health related issue. The findings also recommend school-based sexual and reproductive health is the best alternative to get more teenagers in providing sexual and reproductive health information for secondary school students since this phenomenon indicates teenagers as a group of high risk and may end up as vulnerable group.

- Teenagers experience a number of pressures in dealing with their premarital relationship such as peer, parents, media and economic pressures. At the same time, they have lack of understanding on the accurate information and lack of clarity and inconsistent messages about sexual and reproductive health education both from school and home. There is no attention to the development of students' self-esteem, or in relation to students' understanding about the consequences of premarital relationships including premarital sex.

- Teenagers are alone and lack of support both from home and school. This confusing situation is compounded by the reality that they also very poorly informed about sexual and reproductive, health issues. Therefore, there is an agreement of parents and schools to collaborate in providing the accurate information. A comprehensive Sexual and Reproductive Health Education is the best choice for long-term benefit.
- Therefore, it is important that this lesson need to stands alone as a separate subject.
- Due to political and ideological climate, further commitment and collaboration among various stakeholders needs to be strengthened to develop broad community awareness of school-based adolescent sexual and reproductive health education (ARHE). This can be argued that Teacher's Parent Association (*Komite Sekolah*) is a potential channel in supporting the development of policy and program for school teenagers.
- Further research need to be conducted the concept of 'moral framework' on sexual health and reproductive health education for secondary school level.

7. Acknowledgement

The research was funded by the Director General of Higher Education of the Republic of Indonesia through PPA funding and Australian Alumni Award scholarships program.

8. References

1. Situmorang A. Adolescent reproductive health in Indonesia. STARH Program, John Hopkins University/Center for Communication Program Jakarta, Indonesia; 2003. p. 1–16.
2. Blinn-Pike L, Berger T, Rea-Holloway M. Conducting adolescent sexual research in school: Lesson learned. *Family Planning Perspectives*. 2000; 32(5):246–51. Crossref. PMID:11030262
3. Beckett L. Everyone is special: A handbook for teachers on sexual education. Australia: Association of Women Educators; 1998.
4. UNAIDS. Report on the global AIDS epidemic. UNAIDS: Geneva; 2012. p. 1–212.
5. UNFPA. The power of 1.8 billion adolescent, youth and the transformation of the future. UNFPA State of World Population; 2014. p. 1–126.
6. Achmad I, Sidney W. Indonesian survey looks at adolescent reproductive health. *Asia-Pacific Population and Policy*. 1999 Oct; 51:1–4.
7. ARROWs for change. Understanding men's responsibilities in addressing gender inequality. Ensuring young people's sexual and reproductive rights. Women's and gender perspectives in health policies and programmes. 2003; 9(2):1–12.
8. O-Prasertsawat P, Petchum S. Sexual behavior of secondary school students in Bangkok metropolis. *Journal Medical Association of Thailand*. 2004; 87(7):755–9. PMID:15521229
9. Kota Kendari Dalam Angka [Internet]. 2015 Nov 20. Available from: <https://kendarikota.bps.go.id/publication/2015/11/20/7f50641920abba1c0c8d8595/kota-kendari-dalam-angka-2015.html>.
10. Yusran S. Perempuan dan Kesehatan. *Jurnal Kunci Pertiwi TP-PKK Provinsi Sulawesi Tenggara*. 2006; 4(2):31–4.
11. Bennett R. Sex talk, Indonesia youth and HIV/AIDS. *Development Bulletin*. 2000 Jun; 52:54–7.
12. USAID. Gender and sexual and reproductive health 101 A USAID global health e-learning course. Health Policy Initiative; 2010. p. 1–2.
13. Birdthistle I, Vince-Whitman C. Reproductive health programs for young adults: School-based programs. *FOCUS on young adults*; 1998 Aug. p. 1–4.
14. Moore KA. Adolescents behaviorally and perinatal infected with HIV, the intersection of sexual and reproductive health services and transition of care: Are their needs being met? *Journal of Adolescent Health*. 2015 Feb; 56(2):1–53. Crossref.
15. Masthuriyah SD. Integrasi Pendidikan SRHR (Sexual and Reproductive Health and Rights) Perempuan Iklim. *Pemerhati Jurnal Perempuan yang baik*. 2015; 20(3):1–10.
16. Albrecht TL, Johnson GM, Walther JB. Understanding communication process in focus groups. *Successful Focus Groups: Advancing the State of the Art*; 1993.
17. Barbagallo M, Boon H. Young people's perceptions of sexual and relationship education in Queensland schools. *Australian and International Journal of Rural Education*. 2012 Jan; 22(1):107–23.
18. Diarsvitri W. Beyond sexual desire and curiosity: sexuality among senior high school students in Papua and West Papua Provinces (Indonesia) and implications for HIV prevention. *Culture, health and sexuality*. 2011; 13(9):1047–60. Crossref. PMID:21815726
19. Sedgh G. Adolescent pregnancy, birth, and abortion rates across countries: Levels and recent trends. *Journal Adolescent Health*. 2015 Feb; 56(2):223–30. Crossref. PMID:25620306 PMID:PMC4852976
20. Bongaarts J, Cohen B. Adolescent reproductive behavior in developing world: Introduction and overview. *Studies in Family Planning*. 1998 Jun; 29(2):99–105. Crossref. PMID:9664625

21. Deborah NM. Differences by gender and sexual experience in adolescent sexual behavior: Implications for education and HIV prevention. *Journal of School Health*. 2001 Apr; 71(4):153–8. Crossref.
22. Athar S. Sex education, Teenage pregnancy, Sex in Islam and marriage. *Sex education: An Islamic perspective*. Chicago, IL: Kazi Publications; 1996. p. 1–20.
23. Feldman S, Rosenthal A. The effect of communication characteristics on family member's perceptions of parents' as sex educators. *Journal of Research on Adolescence*. 2000; 10(2):119–50. Crossref.
24. Smith G, Kippax S, Aggleton P. HIV and sexual health education in primary and secondary schools. Sydney: National Centre in HIV Social Research; 2000 Oct. p. 1–29.
25. Pamar S, Haffner DW. Making the connection: Sexuality and reproductive health. *SIECUS*. 1999 Jan; 27(2):4–7.
26. Donovan P. School-based sexual education: The issues and challenges. *Family Planning Perspective*. 1998 Jul/Aug; 30(4):188–93. Crossref. PMid:9711458
27. SRHR Alliance. Unite for body rights programme. SRHR Alliance Annual Report Country Indonesia; 2013. p. 1–113.
28. Kirby D. The impact of schools and school programs upon adolescent sexual behavior. *The Journal of Sex Research*. 2002 Feb; 39(1):27–33. Crossref. PMid:12476253
29. Yusran S. Developing sexuality and reproductive health education for secondary schools in Makassar: A need assessment. University of Melbourne, The Key Centre for Women's Health in Society; 2007.