HEALTH PROMOTION PROGRAM FOR ADOLESCENT REPRODUCTIVE AND SEXUAL IN INDONESIA: REVIEW ARTICLE

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Abstract

Adolescents have a high burden of sexual and reproductive health problems and it is important to reach out to youth groups through health promotion initiatives. A literature review was carried out to identify the elements of a successful health promotion program to improve adolescent reproductive health and sex. This study identified and compiled a literature review published in 2000-2018 that focused on adolescents (10-24 years), reported reproductive and sexual health outcomes (pregnancy, sexually transmitted infections, condoms/contraceptive use, risky sexual behavior, access to health care sexual or intimate partner violence), and includes major studies that are mainly carried out in high-income countries. This report focuses on the features of the reproductive and sexual health program that were successfully identified in the interpretation and discussion of the systematic reviews included. This study identified 66 systematic reviews, of which 37 were reported on programs that were anecdotally or statistically related to the increase in program effectiveness and success. The general characteristics of effective interventions are: long-term or recurrent implementation; multi-regulation and multi-component; parental involvement; according to culture, gender, age; and the inclusion of skill development. There is a marked consistency of features increasing the effectiveness of reproductive and sexual health programs for adolescents even though wide variations in interventions are reviewed. There is a need to better implement this knowledge in future programs, and our findings provide useful guidance for optimizing the design of reproductive and sexual health interventions for adolescents.

Keywords: Health Promotion, Reproductive Health, Sexual Health, Adolescent

INTRODUCTION

Teenagers have a higher prevalence of sexual and reproductive health problems compared to the wider population, impacting on the health and well-being of individuals as well as wider social and population consequences.\(^1,2\) The average age of sexual debut is during adolescence, ages 16-17,\(^3,4\) and it is important to target adolescents through health promotion initiatives to reduce the risk and burden of sexual and reproductive health problems before becoming at risk. In situations such as Australia, high rates of chlamydia infection,\(^5\) unwanted pregnancies,\(^6\) and sexual violence in young children remain a major cause for concern. Although there is a large amount of literature that discusses the effectiveness of health promotion initiatives, the impact of programs on sexual and reproductive health outcomes such as behavior and health is often mixed.\(^7\) There is a need to identify features of effective programs to improve the design of ongoing sexual health interventions.

Sexually transmitted infections (STIs) can be prevented but the rate of some STIs continues to increase, especially among teenagers.\(^8\) Adolescents may be at risk due to various reasons such as lack of knowledge about STIs, low self-
efficacy (lack of confidence that someone can successfully achieve goals or perform certain tasks such as using condoms), poor use of condoms and/or sexual negotiation skills. Risk taking can also be influenced by peer group norms. Some groups of adolescents, often characterized by factors related to determinants of wider social and health inequalities such as education and literacy, are disproportionately affected by STIs.\(^8\) Behavioral interventions, which have been designed to encourage adolescents to adopt and maintain safer sexual behavior, are an approach to prevent STIs and improve sexual health. Preventing STIs and teenage pregnancy is a high priority for health policy because of its negative impact on individuals and health care resources. However, it is important to base the intervention on strong evidence of effectiveness. Recognizing that not enough is known about the effectiveness of using a behavioral approach to prevent STIs, the UK National Institute for Health Research The Health Technology Assessment Program commissioned us to assess evidence of the effectiveness of different behavioral approaches in preventing STIs among adolescents aged 13-19 years and identify possible areas for future research. Other recent systematic reviews of this topic.

It is generally demonstrated that the behavioral approach can promote safer sexual behavior even though the extent to which they have done so has changed. Some of these systematic reviews have broad coverage in multiple areas\(^10\) and others tend to focus on one particular type of intervention\(^11\); certain geographical areas\(^11\) or prevention of pregnancy\(^13\) or certain STIs\(^14\). In this research, a broad scope of comprehensive research questions is expected to produce a large number of related research studies. However, it is estimated that many of these will be designed for specific cultural groups and populations with uncertain relevance for teenagers aged 13-19 years in the UK. Therefore, the unique feature of this project is that it was designed in two stages. First, a descriptive research map that meets the broad inclusion criteria of a thorough research question is built to summarize the characteristics of the study. This descriptive map was presented to the project advisory group who used the map to identify parts of the intervention that could help inform policy and practice in the UK for the prevention of STIs in adolescents aged 13-19 years. In the second stage, the research subset that is prioritized from descriptive maps is systematically reviewed.

It is estimated that nearly 1 million people contract sexually transmitted infections (STIs) every day worldwide.\(^15\) In Western Europe, 17 million new incurable STI cases occur every year.\(^16\) In the European Union (EU), the most common STIs are genital infection with chlamydia, gonorrhea, hepatitis, and syphilis.\(^17\) Overcoming more than 30 bacterial, viral, and other parasitic pathogens that have caused STIs to re-emerge as a major public health problem in Europe, starting in 1999 and establishing a 2003 global health sector strategy focused on HIV&AIDS.\(^18\) At the 59th World Health Assembly, in May 2006, the World Health Organization approved the Global Strategy for the Prevention and Control of Sexually Transmitted Infections: 2006-2015. This strategy makes a strong argument why preventing STIs is important not only for maintaining public health, but also for ensuring a safe pregnancy and preventing HIV transmission.
STIs are transmitted through sexual contact, including vaginal, oral, and anal sex. Some STIs can also be transmitted through labor or breastfeeding, as well as through sharing needles during injection drug use. Transmission patterns have changed over time and are often very different between and within EU member countries. In some settings, HIV coinfection with other STIs is common, while in others, they appear independently.

In Europe, populations most at risk for HIV and other STIs are often—but not always the same: men who have sex with men (MSM), injecting drug users and their sexual partners, and heterosexual migrants from outside the European Union. Some STIs, such as Chlamydia, are more common among young people, and interventions often target this group to prevent the spread of STIs, both inside and outside of school. Various theories, including health belief models, reasoned action theories, trans-theoretical models, and social cognitive theories, have been used to promote behavior change. They are used in various ways in concrete interventions to reach out to adolescents and reduce the risk of contracting STIs. Unfortunately, the lack of age-separated data on sexual and reproductive health and various definitions of "young" make it difficult to assess the situation and provide a general evidence base for designing this intervention.

Inspired by the EU's call to action, we conducted this systematic review to test the effectiveness of STI interventions for young people in the European Union in the decade after the International Conference on Population and Development, held in Cairo in 1994, which placed the focus on them. In doing so, he put together a variety of approaches, such as the main implementation model—being professional led by colleagues, teachers, and health-to reach adolescents with sexual and reproductive health information and services, to inform and develop future policies.

METHODS

To inform health promotion practitioners in the design and implementation of sexual health promotion for adolescents, we conduct a systematic review to assess the effectiveness of health promotion interventions in improving adolescent sexual and reproductive health in high-income countries. We chose to synthesize the literature using systematic reviews to compare and consolidate findings from a large number of existing reviews and provide clear summaries for decision makers and health promotion practitioners. Using established criteria, we identified and compiled a systematic review published from 2000-2018 that reviewed interventions aimed at improving sexual and reproductive health, focused on adolescents or adolescents aged 10-24 years, reported sexual and reproductive health outcomes (pregnancy, sexually transmitted infections (STIs), condoms/contraceptive use, risky sexual behavior, access to sexual health care or intimate partner violence (IPV), and include major studies that are mainly conducted in high-income countries. We search the Cochrane library (CDSR, DARE, HTA, CENTRAL); Ovid MEDLINE (Medical Literature Analysis and Online Retrieval System; indexed and not indexed); Embase; CINAHL; PsycINFO (Psychological Literary Database); and Scopus. Search strategies using Boolean Operators to
combine specified syntax terms for youth (e.g. "teenagers," or teens * or teens *); results (e.g. a "reproductive health" or "sexual risk" or "no desired pregnancy *" or "sexual assault" or "sexually transmitted infection"); and interventions (such as "health promotion" or "social marketing" or "public health services" or "health education" or "sex education"). Both narrative review and meta-analysis were included. We extract data on program features and sexual and reproductive health outcomes from each review.

Systematic reviews focus on assessing the strength of evidence style, setting and types of health promotion initiatives using a matrix based on the consistency of findings and the quality of the review. Detailed information with the quality of evidence and support for improving certain results is provided in reports, which are published elsewhere. This paper focuses on common program elements that improve sexual and reproductive health outcomes in adolescents as reported in the systematic review and discussion included. Because of the limitations of assessing program details in review reviews (see discussion limits), these elements are often only anecdotally explained in systematic reviews. At the discretion of the main paper authors, they may reflect statistical or non-statistical findings as well as anecdotal reports and reflections. We have compiled these features so that they can be considered in future program design, as an extension to more structured and quality findings from the overall review.

RESULT AND DISCUSSION

We identified 66 systematic reviews that met our inclusion criteria (see 12 for a full report). Forty-three (65%) reviews explicitly discuss program components that affect the effectiveness of interventions and are the focus of this report. Of these 43 reviews, six (14%) reported that there was insufficient data to make conclusions about best practices or that no program variables were specifically found to be more effective while 37 (86%) systematic reviews reported on program features that were anecdotally or statistically related to increasing the effectiveness and success of the program.

Systematic reviews that repeatedly credited the success of the intervention for the following program characteristics:

In the systematic review studied, there is conflicting evidence about whether the program should focus on more than one outcome (eg pregnancy and safer sex; broader health focus) or have clear and clearly defined health goals narrow. Contrary to most findings, one review reports that a single-brief session is at least as effective as a longer intervention.

We have characterized the programmatic features highlighted in a systematic review as the key to success in the promotion of sexual and reproductive health. Although systematic reviews and review reviews provide a means for synthesizing large amounts of data, they pose a challenge for assessing program details. Due to inadequate heterogeneity or detail in reporting, this can be difficult to compile statistically and details can be lost at each review layer. Thus, one third of the reviews included did not discuss the programmatic component in terms of the effectiveness of the intervention. By focusing on the author's points of review and including anecdotal suggestions, this text adds
value to the strength of the evidence (12) and provides advice to guide the implementation of sexual and reproductive health promotion programs for adolescents.

Regardless of the breadth of the health theme, intervention style and program settings included, this review shows a marked consistency between systematic reviews of factors related to intervention effectiveness. Investments in multifactorial interventions in terms of content, setting and level of influence (including family), long-term, tailored to sub-population groups and with a focus on skills development must be prioritized in sexual and reproductive health strategies to meet targets to reduce STI incidents, unwanted pregnancy and sexual violence among young people. These features are not 'new' knowledge, and indeed many of the above recommendations are also in accordance with existing theories (14,15) and health promotion guidelines (16).

### Table 1. Inclusion and Exclusion Criteria

| Inclusion                                                                 | Exclusion                                                                 |
|---------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Articles in English                                                      | Article not written in English                                            |
| Articles on adolescent health programs                                   | Articles range from adolescent health programs on subjects other than teenagers |
| Participants are teenagers (12-24 years)                                 | Participants aged > 24 years                                              |
| Articles contain interventions to reduce risky sexual behavior           | Articles published before 2000                                             |
| Intervention or without intervention                                      |                                                                          |
| Interesting results to reduce risky sexual behavior                       |                                                                          |

We believe there is a reasonable mechanism through which the features mentioned above can increase program effectiveness. For example, long-term interventions and family involvement can benefit through consistency and reinforcement of messages; building skills that might incorporate practical exercises in using condoms, communication strategies or negotiation skills-can support the application of knowledge-based learning; and adjusting interventions to be specific or sensitive sub-groups can increase the relevance and accessibility of interventions to their target population (s).

Findings about the programmed component highlighted in the interpretation and discussion are largely supported by evidence from a broader systematic review, which uses a matrix based on the consistency of the findings and the quality of the review to classify the strength of the evidence (12). In particular, there is evidence of good effectiveness for educational interventions that combine skill-building (knowledge/attitude, behavior) and communication skills (knowledge/attitude, behavior) and demonstration of condoms (behavior, knowledge, prevalence of STIs). However, the evidence for programs involving families or parents is largely inconsistent. The strength of the evidence for multicomponent interventions is mixed but this may be due to differences in a priori ‘multicomponent’ descriptions.
Another finding of the drama and theater-based sexual health promotion program strategy is an effective method to improve the skills of adolescents from multicultural backgrounds to become good peer education and communicators to inform about sexual and reproductive health.\(^\text{(19,20)}\) The results of the study revealed that it is very difficult for parents and/or teachers to provide adolescents with information on sexual and reproductive health.\(^\text{(21)}\) As well as a combination of laws that criminalize the same sex/gender activities and consensual social stigma against sexual and gender minorities.\(^\text{(22–24)}\) The lack of use of various reproductive and sexual health services by adolescents is due to the location of the house, cultural influences, lack of knowledge, lack of health facilities.\(^\text{(25,26)}\) The results revealed that only 21.2% of adolescents use sexual and reproductive health services.\(^\text{(27–29)}\) The need for school-based health services that are.\(^\text{(30,31)}\) Health applications can facilitate access and save costs.\(^\text{(32)}\)

Perseverance lacking intervention, apart from our better knowledge of what works, is consistent with a well-documented gap in translation from research to practice.\(^\text{(17–19)}\) There are practical obstacles in real-world practice where translation hinges, no matter the state of the evidence. This includes sharing insufficient knowledge among those who design, implement and evaluate health promotion programs; poor access to peer-reviewed academic journals; limitations in organizational capacity, including workforce skills gaps; political or moral direction of the program; and dependence on short-term funding schemes.\(^\text{(19–23)}\) This will remain a significant obstacle to the implementation of quality sexual and reproductive health programs until they are recognized and addressed among researchers, funding agencies, decision makers, and program implementers. Systematic review can be an excellent tool to guide practice; however, the many reviews available on a topic such as the promotion of sexual health and contrasting quality and findings can make it difficult for those in decision-making positions or design interventions to navigate and apply the findings.\(^\text{(24)}\) Conducting and publicly sharing reviews such reviews is a small step towards making evidence available.
to practitioners who can then translate it into practice.

| Author (Year)       | Country     | Title                                                                 | Research Design | amount Participant |
|---------------------|-------------|----------------------------------------------------------------------|-----------------|--------------------|
| Jason Ong, et al (2012) | Australia   | Contraception Matters: Indicators of Poor Usage of Contraception in Sexually Active Women Attending Family Planning Clinics in Victoria, Australia | Cross sectional | 1006               |
| Blair T. Johnson, et al (2011) | New York | Interventions to Reduce Sexual Risk for Human Immunodeficiency Virus in Adolescents: A Meta Analysis of Trials, 1985-2008 | A Meta-Analysis  | 51,240             |
| Lisa A. Eaton, et al (2012) | N/A         | Meta-analysis of single-session behavioral interventions to prevent sexually transmitted infections: Implications for bundling prevention packages | A Meta-Analysis  | 8117               |
| Cassandra JRW (2015) | Australia   | Challenges to translating new media interventions in community practice: A sexual health SMS case study program | Quasy Experiment | 5100               |
| Jeffrey VL, et al (2010) | Europe | Challenges to translating new media interventions in community practice: A sexual health SMS case study program | A Systematic Review | 19                 |
| Leah Robin, et al (2004) | New York | Behavioral interventions to reduce the incidence of HIV, STDs, and pregnancy among adolescents: A decade in review | A Decade in Review | 101                |
| Joanna Picot, et al (2012) | N/A         | Behavioral interventions for the prevention of sexually transmitted infections in young people aged 13-19 years: A systematic review | Randomized Controlled Trials (RCT) | 12                 |
| Julia Bailey, et al (2015) | N/A         | Digital media interventions for sexual health promotion-opportunities and challenges: A great way to reach people, particularly those at increased risk of sexual ill health | N/A             | N/A                |
| Russel Glasgow, et al (2003) | N/A         | Why Don’t We See More Translation of Health Promotion Research to Practice? Rethinking the Efficacy-to-Effectiveness Transition | N/A             | N/A                |
| Under Hill, et al (2008) | Oxford | Abstinence-plus programs for HIV infection prevention in high-income countries | Quasy Randomized Controlled Trials | 20070              |
| Under Hill, et al (2009) | Oxford | Abstinence-only programs for HIV infection prevention in high-income countries (Review) | Quasy Randomized Controlled Trials | 325                |
| Jeremy M. Grimshaw, et al (2012) | N/A         | Knowledge Translation of Research Findings | A Systematic Review | N/A                |
| Oringanje CM, et al (2010) | Oxford | Interventions for preventing unintended pregnancies among adolescents (Review) | Randomized Controlled Trials (RCT) | N/A                |
While planned interventions are comprehensive and expensive, the potential for short-term and long-term production. When evaluating whether the program can achieve its objectives and sufficient resources. As well as economic evaluation in the implementation of programs to address the problem of the high prevalence of adolescent labor and dropping out of school in overcoming, and the need for standardization and prioritization of indicators for the evaluation of adolescent health programs. The results of the study indicate the need for interaction and collaboration between the health system, the education system and policy making institutions to achieve a comprehensive youth empowerment model and youth-friendly services. Other research results show that clinic-based programs are effective in helping parents/guardians communicate to adolescents about sexual and reproductive health kesehatan reproduksi dan seksual. On the other hand, the term sex education can be a recommendation to increase knowledge and attitudes of adolescents in preventing risky sexual behavior. School-based sexual and reproductive health programs can be integrated into the school curriculum and can also be implemented in places of worship. Various forms of sex education can be through social media, internet-based, audio-visual devices. Various forms of sex education can be through social media, internet-based, audio-visual devices. In addition, effective services are needed to reach marginalized or vulnerable youth and those with special needs and is designed based on the characteristics of adolescents to improve life skills during puberty. The results of Ali Mirzazadeh's research revealed the most effective intervention carried out for 6 years namely through social development-based interventions with many components.

Through our review, we identified a large amount of evidence published about the promotion of sexual and reproductive health for adolescents. Our ability to synthesize data and draw conclusions is limited by the quality of the systematic reviews included, the consistency of reporting on program factors, and the heterogeneity of primary studies. Furthermore, sometimes the anecdotal nature of reporting program features may be subject to confirmation bias. However, through consolidation of the literature we identified coherent program features that have been found to add value to interventions in various areas of sexual and reproductive health. While the review generally focuses narrowly on one aspect of sexual health and behavior, program objectives are often broader and intend to deal with more than one aspect of sexual and reproductive health. Our findings provide evidence and a consistent basis for optimizing the design of sexual and reproductive health interventions for adolescents.

Some of the results of research on trials of adolescent health programs include the Teen Pregnancy Prevention (TPP) Program, The FaceSpace Project, Community-Embedded Reproductive Health Care for Adolescents (CERCA), Adult-based Adolescent and Young Adult (AYA) Program, Competencias de los adolescentes con una sexualidad saludable (COMPAS) program, Teen Outreach Program (TOP), Adolescent Girls Empowerment Programme (AGEP).
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CONCLUSION

Based on the literature review that has been conducted it can be concluded that there is a marked consistency of features increasing the effectiveness of sexual and reproductive health programs for adolescents despite the wide variations in interventions reviewed. There is a need to better implement this knowledge in future programs, and our findings provide useful guidance for optimizing the design of reproductive and sexual health interventions for adolescents.

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