

## *Health Services Strategy of Adolescent Sexual Reproductive Health in Developing Countries*

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### ABSTRACT

**Background:** In the developing country 1 in 5 women give birth before the age of 18 years old. The problem of pregnancy as part of the main causes of death in youth between 15 to 19 years old, especially because of abortion complications and unsafe childbirth. **Aims:** To determine the strategy of health services for adolescent reproduction in developing countries. **Method:** using the design of scoping review with PRISMA-ScR checklist. Using Arksey and O'Malley in the form of (1) identified research questions, (2) identified relevant articles, (3) chosen articles, (4) data mapping and (5) presented data/result, discussion, and conclusion. Finding articles using 4 databases Ebsco, ScienceDirect, Pubmed, and Wiley Online Library. **Results:** The strategy of health service for adolescent reproduction in developing countries that can be done is health education/comprehensive sexuality education (CSE), youth-friendly service, and model of sexuality education enhancement (SEE). **Conclusion:** all of the three strategies the most applied is youth-friendly service followed by health education in the form of CSE. For the next research, it is expected to be able to analyze and evaluate a more dominant strategy also more effective in handling sexual health and adolescent reproduction both in developed country and developing countries.

**Keywords:** Adolescents, Sexual reproductive health, Developing country.

### INTRODUCTION

According to WHO, Adolescents are citizens in the age range of 10-19 years. Adolescents are individuals who experience a gradual transition to maturity, face psychological changes from childhood to adulthood, and begin to change their economic status from being independent to being more independent. In developing countries, 1 of 5 women give birth before the age of 18 years. this figure increases to 1 from 2 in some countries. Problems regarding pregnancy which is the main cause of death among adolescents aged 15 to 19 years, mainly due to complications of abortion and unsafe childbirth (WHO, 2022). Data showed that adolescents in Sub-Saharan Africa bear the highest burden of adverse sexual and reproductive health when compared with adolescents in other parts of the world. Gender equality is an important aspect of adolescent sexual and reproductive health. Providing adolescents and young people with equal access to contraceptive information and quality services and enabling them to make decisions about their fertility is key

to promoting their health and human rights (WHO, 2021).

One of the strategies for reproductive health services for youth is known by the earliest research that showed that a pocketbook is more effective than a leaflet towards respondent knowledge of marriage age (Murtiyarini et al., 2019). Giving education about knowledge showed that student's knowledge about reproductive health has increased (Amalia et al., 2022). Therefore, sex scale and teen reproduction and young adults can be used for scaling sexual health and teen reproduction (Upadhyay et al., 2021)

Reproductive health is integrated with physical health, emotional, mental, and social health that correlate with sexuality. To reach and keep sexual health, every human sexual right has to be respected and kept (WHO, 2022). In some individuals, anxiety, scared, lack of knowledge, information, stigma, anxiety for insurance, and the lack of financial independence can increase the risk of teen reproductive health. How minimum the method of telling about issues like sex before marriage, abortion, sexual

harassment or sexual force is a challenge on making facilities of reproductive health for teen (WHO, 2018).

Strategy in the form of communication with parents about sexual health and reproduction is lacking a satisfying feel. Therefore, school-based education is important to increase education of family life that comprehends for teens and parents (Toru et al., 2022). Problems in building and doing reproductive health programs in various countries especially in developing countries, there are three factors that affect teen understanding about reproductive health that is sex, information source and parent role (Ernawati Hery, 2018). Indonesia has a amount of teen citizens that is risky if not anticipated because of the long-term cause of the lack of knowledge about sexual and reproductive health (Noor, 2020).

This review is done with the purpose to determine the strategy of reproductive health service for youth in developing countries, and as one of the ways of Health Technology Assessment (HTA) that can be an example in service of nursery for teens comprehensively.

**METHODS**

This research applied a review scoping method, where that thing is connected with a process to identify a kind of integrated knowledge that followed a systematic approach to mapping evidence in a topic and identify concept, theory, source, and main on knowledge (Tricco et al., (2018). Steps doing scoping review to steps (Arksey & O’Malley, 2005).

Step 1: Identify Scoping Review Questions. In this is Population, Exposure, Outcomes (PEO), to help find articles, inclusion criteria, and exclusions, and identify articles. Review question on this review is “What is the newest scientific nursery about strategy of reproductive health service in developing country”

Step 2: Identifying Articles Inclusion and Exclusion Criteria. Author identifies the inclusion criteria is published since 2018-2022, published International and National, research Articles of qualitative and quantitative, article using Indonesian and English, original research article, article with developing country. The

criteria of exclusion is article that are not published in scientific journal, review, opinion article, book, skripsi, paper, thesis, dissertation.

Article search implemented some strategies that are using keyword medical subject headings (MeSH), truncation, boolean operator (OR, AND, and NOT). This scoping review uses 4 databases that are Ebsco, ScienceDirect, Pubmed and Wiley Online Library and supporting sites. The implementation of keywords in research article search that is suitable is necessary to avoid errors in database and reference list search (Levac et al., 2012).

Step 3: Article Selection. The article selection is done by checking article duplication, filtering title and abstract, then reading research articles completely to rate research article compatibility by doing scoping review (Arksey & O’Malley, 2005). Then, the article section where the process is explained by PRISMA Flowchart.

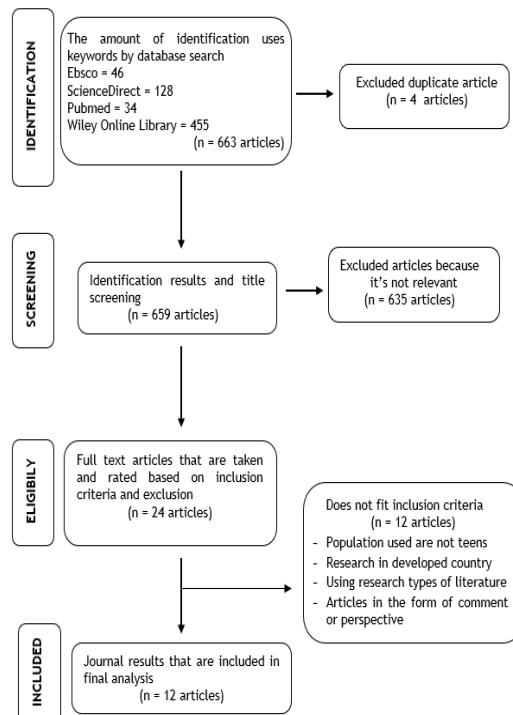


Figure 1. PRISMA Flow Chart.

Step 4: Charting data. The Article data was merged by implementing data charting that was adopted from Joanna Briggs Institute in the form of article writer data, article title, year, country, data collection method, research type, participants/sample, and research results (Aromataris E, 2021). Data mapping is done by discussing with the second author.

**Table 1.** Data mapping of the research.

No	Title /Author (s)/ Year	Country	Research Type Participants/ Sample Size, Data Analysis	Results
1.	Toward an Understanding of Optimal Grade for Starting Sexuality Education Programme for In-School Children and Adolescents: Insights from Ghana. Amo-Adjei (2021)	Ghana, West Africa	Research type: qualitative Population and sample: 2.990 teens of Senior High School 2 and 3 taken from 82 samples of high school randomly Instrument: questionnaire about CSE content based on the operational guide for Comprehensive Sexuality Education that are developed by UNFPA 2014	Students who learn the topic of sexuality before Elementary School have better opportunities for sexuality education content coverage
2.	Knowledge On Sexual and Reproductive Health Education Among School Going Adolescent Boys In Rural Area. Thulasi & Malleswaramma (2021)	Tiruchan oor in Tirupati, India	Research type: interventional study including pre-test, intervention session, and post-test. Population and sample: 100 teen boys in ZPH School Instruments: - Questionnaire - didactic type using PowerPoint presentation and video show using laptop	A health education program that are suitable for age and gender to facilitate the growth of reproduction and sexual behavior patterns that are healthy for teen boys through knowledge enhancement and the development of the right attitude
3.	Committing to Comprehensive Sexuality Education for Young People in Eastern and Southern Africa. Bruce (2018)	Zambia, East and South Africa	Research type: study case qualitative Population and sample: teen the aged of 14 or younger Instrument: CSE curriculum	Although ESA commitment itself is not binding, but normality mean has the power to change and influence thought about CSE meaning where the education system is decentralized and schools have the institution to choose subjects that are covered in study results of the overall national curriculum framework
4.	Assessment of adolescent and youth-friendly services in primary healthcare facilities in two provinces in South Africa. James et al (2018)	South Africa	Research type: cross-sectional quantitative Population and sample: teens in the age of 10-24 and 14 health facilities in sub-district Gauteng Province Instrument: an interview with the health service provider, non-clinical staff, and document reviews	Service evaluation that specifically handles sexual health, reproduction, and mental showed that almost all of these services get scores above 50%
5.	Youth-friendly sexual and reproductive health service utilization among high and preparatory school students in Debre Tabor town, Northwest	Debre Tabor, Northwest Ethiopia	Research type: institution-based cross-sectional quantitative Population and sample: 696 students in the age of 15 to 24 years old Instrument: structural closed self-administered questionnaires	Male youth, who discussed before about reproductive health with health employees, family, teachers, friends of the same age, and sexual partners as well as doing penetrative heterosexual relationships in the past year it is found a significant

No	Title /Author (s)/ Year	Country	Research Type Participants/ Sample Size, Data Analysis	Results
	Ethiopia: A cross-sectional study. Simegn et al (2020)			correlation towards reproductive health service utilization
6.	Advancing sexual and reproductive health outcomes in rural schools with the use of a sexuality education enhancement model: learners' perspectives. Adekola & Mavhandu-Mudzusi (2022)	Kwazulu-Natal, South Africa	Research type: phenomenology qualitative Population and sample: 84 teens aged 14-19 years old, 49 female students and 35 male students Instrument: focus group interviews, using study pilot perfecting guidance for directed group interviews that developed to be used for mediation process interview	Information, motivation, and accurate attitude skills scientifically affect the ability of students to start and maintain SRH and welfare
7.	Associations Between Agency and Sexual and Reproductive Health Communication in Early Adolescence: A Cross-cultural, Cross-sectional Study. Koenig et al (2020)	Kinshasa, Cuenca, and Shanghai	Research type: cross-sectional quantitative Population and sample: 1.367 teens in Kinshasa, 697 in Cuenca, and 1.424 in Shanghai in the age of 10-14 years old, using sampling probability Instrument: face-to-face interview and independent interview with the help of a computer	Some characteristics and developments correlate with communication towards SRH in teen circles in two contexts. Results showed that agency perhaps plays a role in forming understanding, such as communication, and sexual behavior
8.	Ethical considerations for conducting sexual and reproductive health research with female adolescents engaged in high-risk behaviors in China. Zhang et al (2019)	Tiongkok, China	Research type: qualitative Population and sample: 517 female teens between the age of 15-19 years old Instruments: research protocol, deep interview guide, ethics application form, clinical care information sheets, pre-test questionnaire notes, research procedure checklist, risk assessment protocol, and report of implementation and monitoring	The balance between protection and inclusion can be reached by considering the capacity of decision-making that develops from teens also risk level. A participative approach based on community promising to develop involvement and teen empowerment
9.	Priority Indicators for Adolescent Health Measurement e Recommendations From the Global Action for Measurement of Adolescent Health (GAMA) Advisory Group. Marsh et al (2022)	Kongo, Ivory Coast, Nigeria, and Zimbabwe, African region	Research type: structural approach qualitative Population and sample: 261 participants from 67 Member Countries in all regions of WHO with a proportion of teens between 10-19 years old Instrument: online survey published in the WHO website	36 main indicators are considered the most important thing in measuring adolescent health recommended by GAMA AG giving a measurement framework of adolescent health that the scope reflects the most important problems
10.	Girls' access to adolescent-friendly sexual and reproductive health services in	Kaski, Nepal	Research type: qualitative Population and sample: 27 female teens in the age of 15-19 years old Instrument: semi-structural	Outreach program for school to make sure that health teacher is trained well, using suitable facility for their work and teach in

No	Title /Author (s)/ Year	Country	Research Type Participants/ Sample Size, Data Analysis	Results
	Kaski, Nepal. Shrestha & Wærdahl (2020)		individual interview and guided group interview	group divided by gender reach female teens through traditional and digital platforms is one of the strategies that can be done for implementing national ASRH program,
11.	Chinese adolescents’ sexual and reproductive health education: A quasi- experimental study. Ma et al (2022)	China	Research type: quasi- experimental quantitative Population and sample: graded cluster sample of 469 students from high school Instruments: sociodemographic information sheets, Sexual Knowledge Scale, Sex Attitude Questionnaire, and Sexual Self Efficacy Scale	After being given education program on sexual and reproductive health based in school teens knowledge of sexual and reproductive health is improving, sexual a more positive sexual attitude, and stronger sexual self-efficacy during the study period
12.	A “Plus” Model for Safe Transitions to Adulthood: Impacts of an Integrated Intervention Layered onto A National Social Protection Program on Sexual Behavior and Health Seeking among Tanzania’s Youth Waidler et al (2022)	Tanzania	Research type: quantitative, randomized control trial (RCT) cluster Population and sample: Randomization of 130 villages for the study group (half of the group treatment and half of the control group) with 1.993 teens between the ages of 14 and 19 years old Instrument: interview	The Strategy of the Productive Social Safety Net (PSSN) program increases the search for health and HIV tests in boys' circles but slightly reduces the age when sexual debuts in female circles. There is no effect on contraception uses, the amount of sexual partners, or pregnancy

## RESULTS AND DISCUSSION

### Strategy of Adolescent Reproductive Health Service

#### 1. Comprehensive Sexuality Education (CSE)

Children and teens have the age and comprehensive sexuality education (CSE) which is through the successful development of safe sexual practices and living a productive life. They are more ready to face HIV and AIDS, sexually transmitted infections, unwanted pregnancy, and gender-based violence (Amo-Adjei, 2021). Themes to be studied in sexuality topic and CSE scope concept in the form of sexual physiology and reproduction, prevention of HIV/sexually transmitted infection, values, and interpersonal skills, gender and sexual and reproductive health, as

well as contraception and unwanted pregnancy (UNESCO, 2019).

In research done by Amo-Adjei (2021), students tend to learn all modules about sexual physiology and reproduction while values and interpersonal skills are the least topics to be discussed. Students who learn about sexuality topics before Elementary School have better chances for the content scope of sexuality education. Based on Namukonda research (2021), in sexual and reproductive health services the existence of knowledge, attitude, and SRH values is appropriate for the purposes that already exist on the CSE curriculum, but those factors can be not enough to develop the uptake on sexual and reproductive health service. While in the Bruce’s research (2018), that CSE has the power to change and influence thoughts about decentralized education systems and

schools has the institution to choose subjects that are covered in study results of the overall national curriculum framework.

## 2. Youth-Friendly Service

All youth, especially those who use public health services need intervention to overcome risk behavior, including effects on sexual and reproductive health (SRH). This case requires further understanding of factors that explain physical environment health, social background, availability and access to social services and health (James et al., 2018).

James' research results (2018) explained that evaluation of services that specifically discuss sexual, reproductive, and mental health showed that almost all of these services score over 50%. Reviews of service about psychosocial and psychic reveal the differences in how youth complaints are handled in overall health care and management settings, including psychosocial status and risk profile. While on Simegn's research results (2020) explained that men were found to be more likely than women to use reproductive health services. Adolescents who have previously discussed reproductive health services with health service providers, family members, teachers, friends of the same age, and sexual partners.

Information services for youth-friendly must cover more general topics about puberty problems, such as changes in genital hygiene and menstruation, relationships, nutrition, birth control, life skill suggestions, smoking and alcohol suggestions. Physical infrastructure must have the quality of youth-friendly, with convenient location and adequate service hours. Service requires a friendly environment and a separate consultation room to ensure privacy. Health employees have to treat young people with respect and without prejudice, and also youth involvement in school or youth clubs is the important thing (Shrestha & Wærdahl, 2020).

## 3. Sexuality Education Enhancement Model / Sexuality Education Enhancement (SEE)

According to the Sex Information and Education Council of Canada (SIECCAN) (2019), SEE models have the skills of Information Motivation Behavioral (IMB) that can be generalized in health behavior programs and have successfully been implemented in various places. To understand, predict, and promote the prevention behavior of HIV the IMB competence model is not only implemented widely on various populations but also supported in research of effective sexual health and responsive intervention programs that are used all over the world. Three basic concepts can be the center of the IMB skill model, that is information, motivation, and behavior skills.

Based on Adekola's research (2022), Information, motivation, and behavior skills that are scientifically accurate will affect the ability of students to start and keep SRH and welfare. Information Motivation Behavioral (IMB) processes based on competence in this model can be used as input power sources to improve the result of sexual education, which leads to the improvement of SRH and youth welfare in education in research background. The component of feedback of the SEE model gathers information about model performance and modification model method to improve the effectiveness.

From the three strategies above it has been analyzed that youth-friendly service is the more effective and dominant strategy. The strategy is directly related to the environment, social culture, health employees, family members, and even the consultant party. Therefore youth-friendly service strategy can be implemented in schools or integrated with the education curriculum, so the knowledge and youth awareness of the importance of sexual and reproductive health has been fulfilled.

## Obstacles factor of youth sexual and reproductive health strategy

### 1. Social Culture Environment

Based on research done by Adekola (2022) showed that there are environmental factors such as poverty, culture and religious norms, parents' descendants, and social attitudes that affect the casual path of competency model construction of Information Motivation behavior (IMB) that underlying the process of SEE model in research environment. Data analysis research showed that students from poor families were less prepared to act based on the knowledge they got in class during sexual education class because they were involved in transactional sexual activity for financial or material profit. The presence of culture in society that judges that adolescents who are pregnant outside of marriage are not accepted and elected by local culture so that Adolescents who experience pregnancy often experience stigma, discrimination, and rejection of other women and the community because it is considered to bring bad influence to other friends. This is one of the inhibitors in sexual and reproductive health services for Adolescents so as long as pregnancy exams, Adolescents often lack privacy in health facilities (Fatimah & Astuti, 2022).

### 2. Communication and Decision Making

The willingness to communicate, adequate knowledge, positive perceptions, and parental involvement of children are important in the development of reproductive health in Adolescents to reproductive and sexual health problems to prevent Adolescents from sexual behavior deviations (Aprillia & Astuti, 2022). To connect youth with knowledgeable sexual partners, ready, and aware of the risks and prevention of HIV and pregnancy, and able to negotiate needs, limits, and desires is required SRH communication that is associated with behavior and positive results, including service use. This pattern reflects the proof of previous research about SRH communication between parents to children, where

this conversation tends to focus on the risk of pregnancy and taboo and tends to discuss contraception (Koenig et al., 2020)

Based on the research of Zhang (2019), the balance between protection and inclusion can be reached by considering the capacity of decision-making that develops in youth and also the risk they have. Youth empowerment and effective communication during ethics analysis can help to inform the process of the Institutional Review Board (IRB) by characterizing risks and benefits in the used method validation. Therefore, experience with decision-making in real situations improves the youth's capacity to approve participating in the activity of sexual and reproductive health.

### 3. Policy and Government Program

The health care provider and policy of the government is an external factor that can be an obstacle to the provision of sexual education and reproduction in Adolescents (Machfudloh & Astuti, 2022). Based on the research of Marsh (2022), the Global Action for Measurement of Adolescent Health (GAMA) Advisory Group, is committed to coordinating, aligning, and sharing evidence to measure adolescent health communication between the Advisory Group (AG) and the other stakeholders to work towards special purposes. The 36 core indicators that are considered the most important in measuring adolescent health recommended by GAMA AG gave the framework of adolescent health measurement that scope reflects the most important problem.

Based on the research of Wadler (2022), showed that a multicomponent intervention targeted at adolescents living in cash transfer households increases knowledge related to HIV prevention, contraception, and health-seeking, and increases health-seeking and HIV testing behavior among boys. Using the power of social protection platforms offers excellent opportunities to reach and involve youth from poor and marginalized households with SRH and HIV skills

education and training, and as such is an important complementary platform for schools when trying to reach youth.

#### 4. Sex Knowledge, Attitude, and Self-Efficacy

Internal factors that include attitude, confidence, education, and knowledge obstacles to the provision of sexual education and reproduction in Adolescents (Machfudloh & Astuti, 2022). Health education for youth should be an integral part of the school curriculum and delivered by trained teachers, counselors, or health professionals. Age and sex-appropriate health education programs can facilitate the development of healthy reproductive and sexual behavior patterns in adolescent boys through increasing knowledge and developing the right attitudes (Thulasi & Malleswaramma, 2021).

The effectiveness of SRH-related knowledge among adolescents is influenced by educational materials and participatory strategies (such as quiz games, group discussions, and audiovisual tools) that can serve the youth's tendency for more dynamic learning stimulation. In social psychological factors, attitudes are a person's intrinsic psychological tendencies toward people and objects. Therefore, SRH educational interventions must be implemented over a longer period to bring about and sustain positive changes in adolescent sexual attitudes. It is also known that students who receive SRH education have higher self-efficacy in managing risky situations.

#### CONCLUSION

From all the articles that have been analyzed, it is stated that adolescence has a high impact on various social problems and problems related to reproductive health which are influenced by several factors. 3 strategies have been analyzed the three strategies the most dominant is school-based youth-friendly services. The matter that needs to be addressed in the execution of school-based interventions is management System Support for the effective provision of adolescent and youth-friendly health

services. Policies and processes that support the rights of adolescents. Appropriate adolescent health services are available and accessible. Provision of relevant information, education, and communication (IEC) promoting behavior change and consistency. Systems are in place to train and develop staff to provide effective adolescent-friendly health services.

The limitation of this research is that the data collection was not done directly because it analyzed other research articles. For the next research, it is expected to be able to analyze and evaluate in handling adolescent sexual and reproductive health in both developed and developing countries. It is necessary to include Governments and NGOs in developing countries to consider the improvement of consultative assistance for adolescents, strengthening human resources particularly in schools to improve their awareness about SRH among adolescents, and providing training for the teachers through intensive training and assistance programs. Reinforcement and assistance related to the implementation of technology consisting of technology for literacy, competent development platform, teacher profile, teacher empowerment platform, school resource platform, and educational reporting platform.

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