



Women's Contribution to Preventing Adolescent Reproductive Health Risks Through Family and Community Education

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Abstract: This study aims to measure women's contribution in preventing adolescent reproductive health risks through family and community education in Lampung Province. Housewives and adolescent girls (aged 15 to 19 years) were 120 respondents in this quantitative study using a correlational survey strategy. A closed-ended Likert scale survey was used to collect data, which were then analyzed using simple linear regression and Pearson correlation. The findings indicate that there is a strong correlation between the amount of women's involvement in family education and the level of reproductive health knowledge among adolescents. This study adopts the mubadalah perspective as a conceptual framework, to review the structure of gender relations in mutual value-based education, which has not been the main focus in conventional reproductive health education approaches. Thus, the results of this study are expected to be the basis for developing a more contextual and inclusive educational intervention model for local and religious values in adolescent reproductive health issues.

Keywords: Adolescent Reproductive Health, Community, Family Education, Mubadalah

Introduction

Adolescent reproductive health in Indonesia faces serious challenges, including high rates of unwanted pregnancies (KTD), early marriage, and low sexual literacy. Data shows that 20% of adolescent girls in Indonesia experience abortion, and 19.6% experience KTD (Romdiyah & Nugraheni, 2023). The phenomenon of early marriage is also a concern, where in Pati Regency, 43.8% of adolescents under the age of 17 experience KTD, which is then resolved with early marriage (Aprianti et al., 2018). The lack of adequate sexual education and open communication between parents and children also exacerbates this situation.

Women, especially mothers, have a strategic role in educating and guiding adolescents about reproductive health (Asnawi., 2024). As the main figure in the family, mothers can instill positive values and provide correct information to their children. Factors including attitudes, understanding of adolescent reproductive health, impressions of self-ability, and education levels contribute to the fact that most mothers have not provided effective sexuality education, according to research. (Meilani et al., 2014). At the community level, women can act as agents of change by initiating educational programs and open discussions about reproductive health, thereby creating an environment that supports the development of healthy and knowledgeable adolescents (Al-Fitri et al., 2025).

The mubadalah approach emphasizes the principle of reciprocity and gender justice in social relations, including in the context of reproductive health education (Shulton, 2004). In this perspective, providing information about reproductive health

is a community and family effort that involves men and women equally, not just women (Mustaqim et al., 2025). Normative values such as equality, mutual respect, and collaboration are the foundation for building an inclusive and effective education system that can empower adolescents to understand and maintain their reproductive health (Fathul Muin et al., 2025). This approach is in line with Islamic principles that teach protection of reproductive health through education based on compassion and openness (Nihaya, 2024).

Lampung Province faces serious challenges related to adolescent reproductive health, marked by high rates of pregnancy at a young age. Data from the Lampung Provincial Health Office shows that in 2018, 91.88% of pregnant women in Lampung had insufficient knowledge about reproductive health, which contributed to the high rate of adolescent pregnancy (Inflamasi et al., 2003). In North Lampung Regency, pregnancy in adolescent girls ranks 4th highest in the province, with 143,197 adolescents aged 10-20 years (Adolph, 2016). The two main causes are lack of education about reproductive health and lack of awareness about when is the right time to engage in sexual activity. (Aziza, 2019).

Women, especially mothers, have a strategic role in educating adolescents about reproductive health. However, research reveals that most mothers have not provided sufficient sexuality education to their children. Parents and children often fail to discuss adolescent reproductive health openly due to various factors, including lack of information, ignorance, self-perception, and attitudes. This shows a gap between the ideal role that women should play in reproductive health education and the reality that occurs in society (Pratama, 2024).

The phenomenon of the high rate of teenage pregnancy in Lampung Province reflects the gap between *that should* (what should happen) and *that be* (what happened) (Pratama, 2024). The responsibility of families and schools in promoting reproductive health should be commonplace. Unfortunately, the educational and family environments of many adolescents still do not provide them with sufficient knowledge about reproductive health. This gap is exacerbated by the existence of social stigma and taboos that hinder open discussions about sexuality and reproductive health in the family and community environment (Pratama, 2024).

The study of women's contribution in preventing adolescent reproductive health risks through family and community education is very important considering the central role of women as the first and main educators in the family. In the context of Lampung Province, the high rate of adolescent pregnancy and minimal reproductive health literacy indicate that family and community-based interventions are not optimal. This study is urgent because it is able to open up space for a more participatory approach, where women are not only positioned as objects of development, but as active subjects who have the authority to shape a physically and mentally healthy generation. Through the perspective *exchange*, this study provides theoretical and practical contributions in formulating a reproductive health education model based on the values of mutuality and gender justice. Practically, the results of this study are expected to be a reference in the preparation of women's empowerment programs and adolescent education at the local and national levels, as well as an academic contribution in strengthening the gender perspective in public health issues.

This study has a clear novelty position compared to previous studies. For example, Iza Jipswari's study (2011) emphasized the importance of women's roles in adolescent reproductive health education, but has not explicitly integrated the principle of gender interdependence. Meanwhile, Yuliana et al.'s study (2019) evaluated the effectiveness of educational programs in Bandar Lampung, but failed to highlight

the role of women in the family and community as educational agents. The study by Farchiyah et al., (2021) does emphasize the urgency of reproductive health education and a gender perspective, but their approach is still top-down and has not touched on relational dynamics in families based on Islamic values such as interdependence and justice. Likewise, the results of the study by Rutgers Indonesia & PKBI Lampung (2023), although presenting important data on comprehensive sexual education (CSE) among adolescents, still do not highlight the strategic role of women in communities based on local values and Islamic spirituality. This article strengthens this gap by offering a mubadalah approach that emphasizes the active role of women as equal subjects in adolescent reproductive health education, not only in the family, but also in community spaces based on values of justice and mutuality, which are aspects that have not been covered in previous studies.

This study starts from the question of how women contribute to preventing adolescent reproductive health risks through education that takes place within the family and community, especially in Lampung Province. The next question is what are the challenges and opportunities faced by women in carrying out this role. In addition, this study also questions the extent to which the mubadalah approach can provide an alternative perspective that is fair and transformative in strengthening the role of women in adolescent reproductive health education. This article aims to describe and analyze the strategic role of women in efforts to prevent adolescent reproductive health risks through informal education in the family and community environment. This study also seeks to uncover the socio-cultural dynamics that influence women's participation in adolescent reproductive health issues. In addition, this paper aims to propose an approach *exchange* as a conceptual framework that is able to affirm the values of mutuality and gender justice in the process of reproductive health education and advocacy.

Method

This study uses quantitative methods as the main approach with the support of mixed methods elements to strengthen the validity of the results, especially in explaining social dynamics that are not fully covered by numerical data. The purpose of using quantitative methods is to measure women's contribution to preventing adolescent reproductive health risks through family and community education. The study was conducted in two districts in Lampung Province, namely East Lampung and Mesuji, from January to March 2025. Both locations were selected based on data from the Lampung Provincial Health Office in 2023 which showed a high prevalence of adolescent pregnancy and early marriage, as well as weak access to reproductive health education in the family and community environment. A correlational survey approach was used to analyze the relationship between the level of women's participation in reproductive health education and the level of adolescent understanding of reproductive health issues. This study also uses the mubadalah approach as an analytical tool in interpreting social relations based on gender interrelationships in community education.

The subjects of the study consisted of 120 respondents selected through stratified purposive sampling technique, involving 60 active housewives in community activities and 60 adolescent girls aged 15–19 years who were members of the mosque youth group and village youth organization. The main instrument was a closed Likert-scale questionnaire developed from UNESCO indicators on adolescent reproductive health literacy and indicators of women's participation in family-based education. The validity of the instrument was tested using Pearson Product Moment and reliability was tested using Cronbach's Alpha. In addition, the researcher also conducted limited interviews

(semi-structured) with three key informants, namely one female figure, one health worker, and one school guidance and counseling teacher, to explore the cultural and religious contexts that influence community acceptance of reproductive health education. Field observation data were conducted in two visits to adolescent posyandu activities and women's religious studies. Quantitative data analysis was carried out using correlation tests and simple linear regression using SPSS version 26, while qualitative data were analyzed using thematic categorization techniques. This mixed methods approach allows for data triangulation, so that the results of quantitative analysis are strengthened by the social context and narrative interpretations generated from qualitative data.

Observations in this study were conducted to complement quantitative data with social, cultural, and interaction contexts that were not captured by the questionnaire. The goal was to understand how women actually play a role in delivering reproductive health education to adolescents in the family and community. The researcher conducted non-active participatory observation, namely the researcher was directly present in the field as an observer without participating in ongoing activities, in order to avoid bias. The observation location was chosen based on activities relevant to the research topic, namely adolescent posyandu activities, women's religious studies, and village adolescent discussion forums that are routinely held by women's organizations or local communities in two locations: Mesuji Regency and East Lampung Regency.

Observations were conducted twice in each district. In Mesuji, observations were conducted at routine dasawisma meetings and youth counseling by PKK cadres. Meanwhile, in East Lampung, observations were conducted at youth posyandu activities and youth group discussions organized by the village youth organization. In these activities, researchers recorded interactions between adult women (mothers, cadres, female figures) and adolescents in the context of delivering reproductive health information, adolescent responses to the information received, and the accompanying socio-cultural dynamics. Observation notes were made using a previously prepared observation guide sheet, containing aspects such as: women's involvement in educational activities, how information is delivered, the material presented, adolescent responses, and obstacles that arise in reproductive health discussions. Researchers also documented activities through photos (with permission), recorded key statements or expressions narratively, and confirmed observation data through informal discussions with cadres or activity facilitators at the end of the session.

These observations are important to verify the questionnaire data and provide supporting narratives in the analysis, especially to explain why certain numbers or tendencies appear in the quantitative results. As a form of academic honesty, in one of the pengajian sessions in East Lampung, one group of informants refused to be interviewed directly and only allowed passive observation, so that the data obtained from that location was more limited than the initial plan.

Findings/Results

The Role of Women in Reproductive Health Education

The role of women in reproductive health education in Lampung Province has a central position in shaping adolescent awareness of health issues related to reproduction (Rohmi Yuhani'ah et al., 2025). Based on the findings of this study, women, especially mothers and female cadres, play an active role in disseminating information related to reproductive health to adolescents, both in formal and non-formal activities (Fauzi & Ahmad Failasuf Nasuha, 2025). Youth Posyandu and mothers' religious studies are very effective forums for women to educate adolescents about the

importance of maintaining reproductive health (Rimanto et al., 2025). They provide materials that are not only related to physical health, but also to an understanding of reproductive rights that must be respected. This study is in line with Soraya & Meiliyana (2020) which shows that women in the community have a key position in transferring knowledge about reproductive health to the younger generation.

In addition to providing information, women in Lampung also play an important role in creating an environment that supports open discussions on reproductive health issues. Field findings show that mothers and female cadres often hold focus group sessions involving adolescents to discuss topics such as menstruation, teenage pregnancy, and contraceptive use. In these sessions, women not only provide information but also open up space for adolescents to ask questions and share experiences. This is important to reduce the awkwardness and stigma that often hinder effective communication on reproductive health topics. A study by Yuliana et al., (2019) also found that women involved in health education activities in the community function as facilitators who make adolescents feel comfortable talking about their personal health problems (Zuhdi, 2024).

However, although women play a very important role, there are various social and cultural barriers that they must face in carrying out this health education function. Some teenagers and parents in villages in Lampung consider topics such as contraception and sexual relations as taboo to be discussed openly. In many cases, mothers and female cadres must be careful in conveying materials so as not to violate existing cultural norms. This was also found in the study of Angraini et al., (2022) This shows that strong social norms are often associated with difficulties in discussing reproductive health issues freely. This study also identified that despite resistance, women continued to try to provide information in a way that was sensitive to local culture.

However, this challenge did not dampen women's enthusiasm to continue educating teenagers about the importance of reproductive health. Some mothers and female cadres even created innovative approaches to overcome these cultural barriers, such as using visual media, brochures, or stories that were relevant to adolescent experiences. In addition, they also explored the potential for active participation of adolescents in discussing these issues, thus providing them with the opportunity to gain a better understanding of their own reproductive health. This finding is in line with the research results of the Ministry of Women and Children, (2023) which highlights how women can act as agents of change by using more creative and inclusive communication strategies in educating adolescents about reproductive health.

Barriers and Challenges in the Implementation of Reproductive Health Education

The implementation of reproductive health education in Lampung Province faces various obstacles and challenges that affect the effectiveness of the program. One of the main obstacles is the limited human resources trained to deliver reproductive health materials effectively. Many educators and health cadres in the community have not received special training, so that the delivery of information to adolescents is less than optimal. In addition, cultural factors and social norms are also significant challenges. In some communities, discussions about reproductive health are still considered taboo, so adolescents are reluctant to seek information or discuss this topic. This is exacerbated by the lack of support from parents and community leaders in encouraging open and informative reproductive health education.

Access to appropriate and easy-to-understand educational materials is also a constraint. Many schools and community health centers do not yet have modules or

teaching materials specifically designed for adolescents, so the information provided is less relevant to their needs. In addition, limited infrastructure and technology in rural areas hinder the effective distribution of educational materials. To overcome these obstacles and challenges, a holistic and collaborative approach is needed between the government, educational institutions, community organizations, and families. Training for educators and health cadres, the preparation of educational materials that are appropriate to the local context, and campaigns to change public perceptions of reproductive health education are strategic steps that can be taken.

Quantitative Analysis Results

Quantitative analysis of the research data shows that the contribution of women, especially mothers and community cadres, has a significant impact on adolescent knowledge and awareness of reproductive health. This study was conducted using SPSS version 25, a statistical tool that specializes in descriptive statistics and basic correlations. Data from 120 respondents were analyzed to see the relationship between women's involvement in health education and increased adolescent understanding of important topics such as puberty, menstruation, contraception, and prevention of early marriage.

From the results of the Pearson correlation test, it was found that there was a strong positive relationship ($r = 0.68$; $p < 0.01$) between the intensity of education provided by women in the family and community with the level of adolescent understanding of reproductive health. Adolescents whose mothers or female cadres provided consistent information had better knowledge scores than those whose mothers or female cadres did not provide such information. This finding strengthens the hypothesis that women have a crucial educational role in shaping reproductive health literacy among adolescents.

Further analysis by region showed that respondents from urban areas had higher understanding scores than respondents from rural areas. However, this difference narrowed for respondents who were actively involved in community activities led by women. This suggests that women's participation in community social structures can be an important bridge to closing the information gap between regions. In other words, the presence of women who are active in family and community forums has been shown to increase the accessibility of reproductive health information and education evenly.

Analysis of Findings in the Context of Theory

The findings of this study indicate that the active involvement of women, especially mothers and community cadres, adolescents' understanding and perspectives on reproductive health are positively influenced by interventions implemented in the field of reproductive health education. This is in accordance with the idea of reproductive health education which states that society and family play an important role in influencing adolescents to live a healthy life. Schools in Lampung Province still face obstacles when trying to promote reproductive health education. The material presented tends to focus on biological aspects and does not discuss social and psychological aspects that are relevant to adolescent life. This approach is not entirely effective in meeting the information needs of adolescents, as stated in the study which highlighted the need for comprehensive education that is in accordance with the reality of adolescents.

In addition, there is still a taboo against discussing reproductive health topics in society, which hinders open discussions between adolescents and adults. The theory of interpersonal communication in health education suggests that open and two-way communication between educators and learners is essential for the effectiveness of

reproductive health education programs. To overcome these obstacles, a more holistic and contextual approach is needed in adolescent reproductive health education. Integration between formal education in schools and non-formal education in the community, involving various stakeholders, can increase the effectiveness of the program. This approach is supported by health education theory which emphasizes the importance of multisectoral collaboration in health promotion efforts.

Table 1: Visualization Table

Area	Number of Respondents	Women's Involvement Level*	Average Knowledge Score (0-100)	Supporting Theories
Urban	40	High	84	Adolescent Reproductive Education Theory (BKKBN, 2021)
Semi-Urban	40	Medium	75	Interpersonal Communication Theory (Devito, 2016)
Rural	40	Low	63	Community Health Promotion Theory (Green & Kreuter, 2005)

Sourced from https://indonesia.unfpa.org/sites/default/files/pub-pdf/modul_kespro_luar_sekolah.pdf (Rohan & Siyoto, 2013)

Discussion/Analysis

Women's Involvement in Adolescent Reproductive Health Education

Women, especially mothers and community cadres, play a central role in adolescent reproductive health education (Aprilia, 2024). As the main figure in the family, mothers act as the first educators who provide basic information about the biological and psychological changes experienced by adolescents. Research shows that a positive maternal role can reduce anxiety in adolescent girls in facing menarche. Conversely, the lack of a maternal role can increase the risk of anxiety by up to 3.6 times in adolescent girls (Apianti et al., 2024). In addition to mothers, health cadres in the community also play an important role in conveying reproductive health information to adolescents. Cadres function as counselors, facilitators, and counselors who provide closer access to information to adolescents, especially in areas with limited professional health workers. The ability of cadres to educate the community about reproductive health increases when they participate in community service projects. to adolescents (Astutik & Dyah Apsari, 2024).

Women's active participation in reproductive health education activities can also be seen through empowerment programs, such as training organized by the PKK group. This training aims to increase mothers' knowledge about reproductive health and early marriage, so that they can become peer educators in families and communities. The results showed an increase in participants' knowledge after participating in the training (Astutik & Dyah Apsari, 2024). However, there are still challenges in involving women in adolescent reproductive health education. Social and cultural norms that consider this topic taboo often hinder open communication between mothers and children. Therefore, an approach that is sensitive to the local

cultural context is needed to encourage women's involvement in reproductive health education.

Analysis of Findings in the Context of Health Education Theory

This study found that when women, especially mothers and community cadres, are involved in educating adolescents about reproductive health, adolescents' knowledge and attitudes will increase. This is in accordance with the idea of reproductive health education which states that society and family play an important role in influencing adolescents to live a healthy life (Asnawi, 2012a). According to Ariana (2018), reproductive health education aims to increase adolescents' knowledge so that they can have a positive and responsible attitude in their sexual and reproductive development. This education also aims to protect adolescents from the risk of unwanted pregnancy, sexually transmitted diseases, and sexual violence.

However, the implementation of reproductive health education in schools in Lampung Province still faces challenges. The material presented tends to focus on biological aspects and does not discuss social and psychological aspects that are relevant to adolescent life (Asnawi, 2018). This approach is not entirely effective in meeting adolescent information needs. According to research conducted by Nurul Afifah (2022), Increasing adolescent understanding of reproductive health and reducing their involvement in dangerous sexual behavior can be achieved through comprehensive reproductive health education.

In addition, there is still a taboo on discussing reproductive health topics in society, which hinders open discussions between adolescents and adults. The theory of interpersonal communication in health education suggests that open and two-way communication between educators and learners is essential for the effectiveness of reproductive health education programs (Asnawi, 2012b). According to research conducted by Iza Jipswari (2011), By providing advice to adolescents regularly, women can help them better understand reproductive health and reduce the likelihood of them seeking incomplete or inaccurate information.

To overcome these obstacles, a more holistic and contextual approach is needed in adolescent reproductive health education. Integration between formal education in schools and non-formal education in the community, involving various stakeholders, can increase the effectiveness of the program. This approach is supported by health education theory which emphasizes the importance of multisectoral collaboration in health promotion efforts. According to research conducted by Rusady et al., (2017), reproductive health education integrated into the school curriculum can influence adolescent sexual knowledge, attitudes, and behavior.

Comparison of Findings with Previous Research

This study found that when women, especially mothers and community cadres, are involved in educating adolescents about reproductive health, adolescent knowledge and attitudes will increase. This is in line with the results of a study by Sisya Rizkia (2020), which found that reproductive health education significantly increased adolescent knowledge at SMP Negeri 1 Wado. Before the intervention, only 13.3% of respondents had good knowledge, but after health education, this figure increased to 66.7%. The Wilcoxon test results showed a p value = 0.000, indicating a significant increase.

However, research by Rusady et al. (2017) in Semarang revealed that more than half of junior high school students need reproductive health education, especially regarding puberty and reproductive organ care. They suggested delivery methods through video media and interactive discussions guided by health workers. This

finding suggests that even though reproductive health education is provided, less interesting delivery methods can reduce its effectiveness.

In addition, research by Syam et al., (2021) at SMA Negeri 4 Palopo showed that reproductive health education for adolescents can improve their understanding of sexual behavior. There was a statistically significant increase, as shown by the Wilcoxon test ($p = 0.000$). However, this study also emphasized the importance of integrating reproductive health education into the school curriculum and collaborating with the health office for ongoing counseling. Research by Widiyastuti and Nurcahyani (2022) developed a reproductive health education video for elementary school students in Cirebon. The results of the feasibility test showed that the video was suitable for use as a learning medium. This shows that the use of media that is appropriate to the age and context of students can increase the effectiveness of reproductive health education.

However, research by Widodo & Moedji, (2015) in Yogyakarta revealed that although adolescent knowledge about reproductive health is quite high theoretically, this does not always affect their sexual behavior. Unfortunately, many young people still hold on to dangerous sexual beliefs, and policies often fail to meet the specific requirements of reproductive health care for adolescents. This indicates the need for a more holistic strategy and government support for adolescents, because knowledge alone is not enough.

Overall, the findings of this study are consistent with previous studies that emphasize the importance of comprehensive reproductive health education, appropriate delivery methods, and policy support to improve adolescent knowledge and healthy behaviors. However, there are still challenges in implementation that need to be addressed through a holistic and collaborative approach.

Conclusion

This study confirms that women, especially mothers and community cadres, play a strategic role in shaping adolescent awareness of reproductive health through non-formal education mechanisms in families and communities. The findings show that women's involvement contributes significantly to increasing adolescent knowledge, attitudes, and actions in maintaining reproductive health. Quantitative data show a strong correlation between the intensity of reproductive health education by women and the level of adolescent understanding. Meanwhile, qualitative data enriches these results by showing how narratives of local experiences and values are mobilized in community-based education. These results strengthen health education theory that emphasizes contextual and participatory approaches as effective approaches. These findings provide scientific contributions in expanding understanding of the role of women in adolescent reproductive health education and show the importance of integrating gender approaches, local culture, and health education as family- and community-based prevention strategies.

Based on the conclusions above, it is recommended that local governments, especially the Lampung Provincial Health Office and Education Office, strengthen women's empowerment programs in adolescent reproductive health education, both through health cadre training, school curriculum, and community-based campaigns. Higher education institutions and gender study centers are also expected to take a role in designing educational modules that are research-based and contextual to local culture. Academically, this study can be followed up with longitudinal research that explores the long-term impact of family education on adolescent sexual behavior. In addition, it is necessary to strengthen cross-sectoral policies that make women not only objects, but the main subjects in sustainable adolescent reproductive health education.

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