

## Adolescent Experience and Understanding of Sexual and Reproductive Health: A Qualitative Study on Street Children and Adolescents

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### ABSTRACT

Street children are a highly vulnerable group with limited education, lack of family support, and restricted access to accurate sexual and reproductive health (SRH) information. These circumstances heighten their risk of unintended pregnancy, unsafe abortion, and sexually transmitted infections (STIs), including HIV/AIDS. This study explores the experiences and understanding of street children in Jakarta regarding SRH. Using a qualitative phenomenological design, ten participants were selected via snowball sampling. Data were gathered through in-depth, semi-structured interviews and audio recordings. Thematic analysis involved transcription, coding, grouping subthemes and themes, and applying member check, peer debriefing, audit trail, and thick description to ensure credibility. Analysis produced 32 initial codes, organized into 14 subthemes and seven major themes: (1) street life and lack of family support; (2) fragmented, myth-based knowledge of puberty and SRH; (3) early sexual experiences and child marriage; (4) sexual harassment and street violence; (5) limited knowledge and negative views of contraception; (6) misconceptions about HIV/AIDS and STIs; and (7) unequal sexual and gender norms. These interconnected factors increase susceptibility to risky sexual behavior, early pregnancy, and violence exposure. Street children possess limited and often incorrect SRH knowledge, leading to unsafe sexual practices without adequate protection. Urgent, comprehensive, gender-responsive, and accessible SRH interventions are needed, engaging families, schools, healthcare providers, and community organizations to equip street children with accurate information and healthy decision-making skills.

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### KEYWORDS

*qualitative study, reproductive health, risky behavior, sexual health, street children*



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## INTRODUCTION

Adolescence is a crucial transition period from childhood to adulthood, characterized by intense physical and psychological changes, including the development of sexual maturity (Firdaus, Saraswati, and Gustaman 2023). Globally, adolescents are an important target population in shaping public health outcomes, with investments in *kesehatan seksual dan reproduksi (KSR)* producing both short-term and long-term benefits (Ababor, Tesso, and Cheme 2019; Gayles et al. 2023). However, in many developing countries, including Indonesia and Ethiopia, significant knowledge gaps regarding *KSR* remain, with high problem intensity and limited access to essential services, especially among street youth (Ababor et al. 2019). Studies in Indonesia indicate that research related to *KSR* among school-attending adolescents is still limited, leading to a restricted understanding of sexuality and reproductive health (Putri et al. 2022). Specifically, in Jakarta, only 56.6% of high school students achieved an acceptable knowledge score on *KSR*, and 24.8% were at risk of sexually transmitted infections (*STIs*). This lack of awareness is further exacerbated by sociocultural taboos that hinder the implementation of *KSR* in Indonesia (Nilasari et al. 2024).

Street children are defined as those under the age of 18, while individuals aged 15 to 24 are considered street teenagers (Ewunetie 2022). Street children are highly vulnerable to various *KSR* problems due to limited access to accurate and relevant health information (Septialti, Shaluhiyah, and Widjanarko 2023). Spending most of their time on the streets increases their susceptibility to health issues, negative self-image, low confidence, unstable emotions, and susceptibility to peer influence (Firdaus et al. 2023). Data from Indonesia show that there were 9,113 street children in 2021 (Surono et al. 2024), with Central Java contributing around 5,000 and ranking as the second-highest contributor nationally (Hasrianti, Shaluhya, and Agushyvana 2022). Street adolescents often have negative self-concepts, are easily influenced, and tend to engage in free or uninhibited behavior (Prihayati et al. 2020).

High-risk sexual behaviors among street adolescents include premarital sex, multiple partners, inconsistent contraceptive use, and transactional sex. Research in Semarang reveals that street teenagers have been sexually active since an average age of 14, often change partners, and rarely use contraceptives. Some engage in sexual intercourse as a means to obtain money or other rewards (Septialti et al. 2023). In Nekemte, Ethiopia, 16% of street children reported "exchanging money for sex" (Ababor et al. 2019), and in Banyumas, informants cited financial hardship as a driver of sexual activity (Surono et al. 2024). For certain female street children, sexual relations are even a requirement for membership in punk groups (Anisah, Sumekar, and Budiarti 2021).

Studies consistently show that inadequate knowledge and the persistence of myths or misconceptions about *KSR* drive risky sexual behaviors (Firdaus et al. 2023). Many street adolescents consider premarital sex to be normal and have never received reproductive health education. They may be unaware of the consequences, such as pregnancy and sexually transmitted diseases. Common misconceptions include beliefs that alcohol can prevent pregnancy or that smoking is a sign of puberty (Septialti et al. 2023). In Indonesia, the 2018 *BKKBN Program Performance and Accountability Survey (SKAP)* found that 68.6% of adolescents had low *KSR* knowledge (Saparini, Simbolon, and Ningsih 2023).

As a result, street adolescents are at high risk of contracting *STIs*, including HIV/AIDS, as well as experiencing unwanted pregnancies and unsafe abortions. Teenage pregnancies in Indonesia total around 21 million annually, with 49% being unwanted (Firdaus et al. 2023). The number of new HIV cases in Indonesia reached 50,282 in 2019 (Aprilia, Handayani, and Mulyanti 2025). These behaviors negatively impact reproductive health (e.g., reproductive organ problems), psychological well-being (depression, low self-esteem, regret, sex addiction), social standing (social sanctions, sexual deviance, sex as a lifestyle), and education (decreased school performance) (Firdaus et al. 2023).

Other contributing factors include weak religious norms, low socioeconomic status, peer influence, exposure to media (including pornography), lack of parental guidance, permissive environments, and heightened libido (Surono et al. 2024). Poor parental roles—such as inadequate communication and supervision—can increase the likelihood of risky behavior by up to six times, while negative peer influence raises the risk by up to 8.5 times (Prihayati et al. 2020).

Despite these challenges, in-depth qualitative research on the experiences and understanding of street adolescents regarding *KSR* remains limited. Such studies are essential to explore their unique perceptions, needs, and barriers to accessing relevant information and

services (Septialti et al. 2023). Qualitative approaches allow researchers to uncover life experiences, perspectives, and needs not captured by quantitative methods (Chilekwa and Makenzih 2024). The absence of contextual understanding can impede the development of precise, effective interventions (Gayles et al. 2023). Other qualitative studies note that *KSR* remains a sensitive topic, with participants often reluctant to discuss their own sexual behaviors and preferring to speak about others (Mda et al. 2013). This necessitates a cautious approach to data collection (Rizvi et al. 2024).

The main objective of this qualitative study is to comprehensively explore street youths' experiences and understanding of sexual and reproductive health. This research intends to provide in-depth insight into the lived realities of street children in Jakarta, focusing on knowledge sources, behavioral patterns, and environmental factors shaping their sexual and reproductive health outcomes. Utilizing a phenomenological approach, the study seeks to capture subjective meanings and interpretations that street children attribute to their experiences—perspectives often overlooked by quantitative assessments.

The benefits of this research are multifaceted. Theoretically, it contributes to the body of knowledge on adolescent sexual and reproductive health by contextualizing how street children in Indonesia's urban settings navigate sexuality and relationships without traditional support systems. Practically, the findings will inform culturally appropriate interventions tailored to the vulnerabilities and needs of street children. For policymakers and program implementers, the study offers evidence-based recommendations for developing accessible and effective services. Moreover, it has implications for social welfare systems, healthcare providers, and community organizations working with street children, enhancing their capacity to deliver meaningful support and protection to this marginalized group.

## **METHOD**

This study uses a qualitative design with a phenomenological approach to explore the experiences and understanding of street children about sexual and reproductive health. This approach was chosen because it is able to capture the subjective meaning and reality experienced directly by street children, which cannot be adequately explained through a quantitative approach.

The population of this study is adolescents who are active as street children in the Jakarta area. Criteria included:

1. Teenagers aged 15-20 years old
2. Activities as street children, buskers or informal work on the street
3. Be willing to participate by giving informed consent

Exclusion criteria:

1. Adolescents who have communication disorders so that they cannot participate in interviews properly
2. Youth who refuse to give consent

The sampling technique used is purposive sampling, taking into account the representation of age, gender and variance of life experiences on the streets. The number of participants was 10 street children. The response rate reached 100% because all prospective participants who met the criteria were willing to be interviewed.

The main instrument of the research is in the form of an in depth interview guide that the researcher compiles to explore:

1. Sociodemographic characteristics
2. Knowledge and resources of information about puberty, contraception, and HIV/AIDS and sexually transmitted diseases
3. Experiences of heterosexual relationships, marriage, and unwanted sexual contact
4. Attitudes towards social norms, gender and condom use.

The researcher used an audio recorder and field notes. The validity of the content of the interview guide was reviewed by reproductive health experts and qualitative methodologies, while reliability was maintained through the use of consistent questions and the application of member check, peer debriefing, trial audit and thick description strategies.

The research procedure is carried out in several stages:

1. The researcher made an initial approach to explain the objectives and obtain consent from the participants
2. In-depth interviews are conducted face-to-face in locations that are considered safe and comfortable by street children
3. Each interview lasts 45-60 minutes
4. The data is recorded using a voice recorder, then transcribed verbatim
5. The validity of the data is carried out by a member check strategy, namely by reconfirming the participation answers, followed by peer debriefing with team members to minimize interpretation bias, then a trial audit on the collected data and a thick description in the form of direct quotes from the participants.

The data were analyzed with thematic analysis which included:

1. Re-read transcripts to gain a thorough understanding
2. Code text based on initial categories
3. Grouping code into subthemes and main themes
4. Implementing member check strategies, peer debriefing, trial audits and thick descriptions.
5. Develop a theme ending that represents street children's experiences of sexual and reproductive health

This research has received ethical approval from the Health Research Ethics Committee of Mohammad Husni Thamrin University with approval letter number 004/S.Ket/KEPK/UMHT/II/2025.

## RESULT AND DISCUSSION

### Participant Characteristics

**Table 1. Sociodemographic Characteristics of Participants (N=10)**

<b>Characteristic</b>	<b>Category</b>	<b>N</b>	<b>%</b>
<b>Age</b>	15-17 years	4	40
	18-20 years	6	60
<b>Gender</b>	Male	5	50
	Female	5	50
<b>Education</b>	Never attended school	1	10
	Elementary school dropout	3	30

Characteristic	Category	N	%
<b>Occupation</b>	Junior high school dropout	6	60
	Street musician/busker	7	70
	Informal worker	3	30
<b>Daily Income</b>	Rp. 30,000-50,000	4	40
	Rp. 51,000-80,000	6	60
<b>Marital Status</b>	Single	7	70
	Married (teenage marriage)	3	30
<b>Family Condition</b>	Harmonious	1	10
	Not harmonious/broken home	9	90
<b>Living Arrangement</b>	Living alone	3	30
	Living with peers	5	50
	Living with family	2	20

A total of 10 street children aged 15-20 years were participants in the study. It consisted of 5 males and 5 females with a low education background (dropping out of elementary/junior high school) and there was one participant who had never gone to school. All of them work on the streets as buskers or informal workers with an average income varying between Rp. 30,000-80,000/day, with some women marrying in their teens. The majority of family conditions are not harmonious, so the role of parents in providing sexual health education is very limited.

### Data Analysis Results

The data was analyzed using thematic analysis through 5 stages. The analysis process is done through coding, resulting in 32 initial codes grouped into 14 subthemes and finally condensed into 7 main themes.

#### Street life and lack of family support

Most of the participants revealed that economic pressure forced them to take to the streets since childhood, so many dropped out of school. The family's economic condition is all lacking, some of them come from busker parents and participants have been brought busker since childhood by their parents. During activities on the streets, I do not go home, in general, I live either alone or join fellow street children

"Parents often fight, almost every day, economic problems" (P3, male, 17 years old)

Communication with parents, siblings or siblings related to sensitive issues such as puberty and sexuality has never been done by all participants

Street life requires children to be independent from an early age as conveyed by P3 who is the brother of P4, as well as P5 who has his own boarding house

"I'm his brother, while they live the same, contract together" (P3, male, 17 years old)

"Spend almost a year, just be independent, study independently" (P5, male, 20 years old)

#### Knowledge of puberty and reproductive health

Most participants claimed to know about puberty from their own perceived signs, or from friends rather than teachers or parents.

"What is it...? Yes, it appears by itself" (P2, female,)

"Adolescence? I don't know" (P8, female, 20 years old)

"Adolescence? Tau, adolescence" (P4, female, 16 years old)

"Know, feel it yourself and know it from friends" (P10, male, 15 years old)

This shows that the knowledge possessed by street children is partial and mixed with myths. When given a statement that women stop their growth after having sex, the average answer is correct. This is due to the absence of systematic reproductive health education.

### **Early sexual experience and young marriage**

Some participants admitted to having sexual intercourse, usually in the context of dating, and did so without the use of protection. Some women marry in their teens and have unplanned pregnancies due to a lack of knowledge and access to contraception.

*"Dating for the first time at the age of 13 has not been done anything. At first, hold on to it and keep asking. At first, I didn't want to continue to be forced, but eventually I often continued to get pregnant and get married" (P8, female, 20 years old)*

*"first sex at the age of 14, dating until pregnant" (P7, female, 20 years old)*

*"Dating from the age of 17, at that time it was just ordinary dating, hugs, kisses, more than that. With my boyfriend now I have sex" (P5, male, 20 years old)*

*"First, having sex at the age of 15, dating for 2 1/2 years, living together and continuing to break up because of domestic violence. Since breaking up, my first boyfriend has been dating again at the age of 32" (P1, 19-year-old female)*

### **Sexual harassment and violence on the streets**

Some female participants said they often experienced harassment, both in the form of physical touch and seduction in exchange for money.

*"Very often, every day. Once at that time when I was alone at half o'clock at night, at first I was asked where I lived, then when the green light was pulled, my private car, I was already pulled, I held the rearview mirror, my guitar broke with him" (P4, 16-year-old female)*

*"Ever. There are those who are suddenly harassed by their parents. The father of the gojek narion took the motorbike to the hotel and was paid 50 thousand, if he refused, he still followed" (P8, female, 20 years old)*

The condition of the open streets and lack of supervision makes the harassment considered normal by some perpetrators. This situation shows the weak social protection for street children, so they are in a vulnerable position.

### **Knowledge and attitudes towards contraception**

All male participants did not understand the contraceptives that women used but were aware of condoms and their use. The female respondents all knew condoms, birth control pills and methods that were most suitable for young age in married participants. All participants agreed condoms were one of the effective methods to prevent pregnancy. The statement that condoms are effective in protecting against AIDS, four male participants answered that they did not know while female participants answered yes. While some participants agreed that an unmarried couple wanted to have sex they should use a condom and some no longer disagreed.

Shame, limited access, and negative perceptions of contraceptives are major barriers to its use. Some informants said that their partners refused to use condoms because they were considered to reduce pleasure, so sexual intercourse continued without protection.

### **Knowledge of HIV/AIDS and sexually transmitted diseases (STDs)**

Almost all informants have heard the term HIV/AIDS, but many of them still have misunderstandings. Identified knowledge of HIV/AIDS and other sexually transmitted infections. Regarding whether AIDS can be cured and can be carried out a simple examination, most of them answer that they do not know. Questions about other infectious diseases and their signs and symptoms only some participants answered knowing but did not understand further. Understanding of HIV/AIDS and sexually transmitted diseases is still minimal, increasing vulnerability to transmission.

*"I don't know, I just told him that it was hard to urinate, come out of pus" (P6, male, 17 years old)*

*"Have feminism, there are friends like that, boys" (P2, female, 20 years old)*

*"Friend had spils, urine" (P5, male, 20 years old)*

*"Pus coming out" (P7, female, 20 years old)*

*"Pus comes out of the genitals. My first boyfriend before sex suffered from it but self-medicated a week to recover" (P1, 19-year-old female)*

### **Sexuality and gender norms**

There is a contradiction between the values that are adhered to and the existing reality. When asked for their opinion on dating, most of the participants disagreed if in dating kissing, hugging, touching each other. The same is the case with having sex if you are in love with each other. Another statement is that women and men must have sex first before marriage to know whether it is suitable or not and that it is okay for boys and women to have sex as long as they use methods to prevent pregnancy were also answered in disagreement by the majority of participants. Forcing a man on a woman to have sexual intercourse if he loves her was also answered in disagreement by the majority of participants

Overall, the results of the analysis showed that street children have limited and often erroneous knowledge about sexual and reproductive health. Their experience shows a high vulnerability to early pregnancy, abuse, and sexually transmitted diseases. Socio-economic factors, lack of family support, environmental influence, and limited access to contraception, are the main factors that strengthen these vulnerabilities.

### **Discussion**

Street children are a particularly vulnerable group to a variety of problems, including reproductive health, due to limited access to accurate health information. Data in Indonesia shows that the number of street children reached 9,113 people in 2021, with most having low levels of education (Septialti et al. 2023). This low level of education has implications for limited knowledge and further increases vulnerability to various health problems, including reproductive health.

Participants' admission that they were busking from a young age, school hent was in line with the finding that most street children dropped out of school early (Septialti et al. 2023).

Similarly, the statement of never talking about reproductive health with parents illustrates the lack of parent-adolescent communication related to sexual and reproductive health (KSR). This phenomenon does not only occur in Indonesia, but also in Asian and African countries, where talking about sexuality is still considered taboo. Parents often feel uncomfortable or lack the knowledge to discuss this topic, even worrying that sex education will encourage children to engage in sexual activity earlier (Nalukwago 2022; Winarto et al. 2023). Studies in Indonesia and Uganda confirm that parents' busy and limited time are widening the communication distance, so that adolescents, including street children, feel unprepared and unsafe for their sexual development (Aibangbee et al. 2024).

The harsh street environment demands independence from an early age, but it also increases their vulnerability to negative influences. Psychologically, street children tend to have negative self-concepts, lack confidence, unstable emotions, and are easily influenced by others (Firdaus et al. 2023; Septialti et al. 2023). In the absence of adequate family guidance, street adolescents tend to turn to peers and the street environment as the main source of information about sexuality (Putri et al. 2022). However, information obtained from informal sources such as peers or the media is often inaccurate, mixed with myths and misconceptions (Septialti et al. 2023).

Reliance on such informal information also encourages risky sexual behavior. Research in Semarang shows that street teenagers on average start being sexually active from the age of 14, change partners frequently, do not use contraceptives consistently, and are partially involved in transactional sex (Septialti et al. 2023). Even in certain communities, sexual relations are a requirement for entering groups such as punk children (Firdaus et al. 2023). These conditions put them at high risk of unwanted pregnancies, unsafe abortions, and sexually transmitted infections (STIs), including HIV/AIDS. Data shows that street adolescents have a 19 times higher risk of being infected with HIV/AIDS than other adolescents (Septialti et al. 2023).

The lack of sexual communication in the family also worsens this condition. Studies report that only 34.5% of adolescents obtain information from their mothers and 3.4% from their fathers (Saparini et al. 2023). As a result, adolescents turn to peers and digital media such as Google, Instagram, YouTube, or TikTok as sources of information (Aibangbee et al. 2024; Firdaus et al. 2023; Saparini et al. 2023; Septialti et al. 2023; Suroño et al. 2024; Yuandari et al. 2025). However, information from this media is often inaccurate and mixed with myths (Aibangbee et al. 2024; Hasrianti et al. 2022; Scott, 2022; Pradnyani, Putra, and Astiti 2019; Septialti et al. 2023).

Difficult socio-economic conditions also encourage involvement in risky sexual behaviors, including transactional sex to meet the needs of life (Brhane et al. 2014; Firdaus et al. 2023; Septialti et al. 2023; Suroño et al. 2024). Some participants even experienced sexual coercion, threats, or were in an unhealthy relationship. This shows the high vulnerability to sexual violence among street children (Firdaus et al. 2023; Suroño et al. 2024).

In terms of contraception, although most adolescents are familiar with condoms or birth control pills, many are reluctant to use them because they are embarrassed to buy, afraid of being caught, or because of negative perceptions of partners who consider it to reduce pleasure (Septialti et al. 2023). The high need for contraception among street adolescents exacerbates reproductive health risks (Nalukwago 2022).

Overall, various factors such as low education, lack of family communication, economic limitations, peer influence, wrong information, and gender norms interact with each other to form an environment that is very risky for the sexual and reproductive health of street children. These findings affirm the importance of comprehensive, accessible, interactive, and gender-responsive KSR interventions, as well as engaging families, schools, health workers, and street communities to equip adolescents with accurate knowledge and healthy decision-making skills (Nilasari et al. 2024; Winarto et al. 2023).

## CONCLUSION

This study found that street children were highly vulnerable to sexual and reproductive health problems due to limited education, lack of family support, and the predominance of peer and street-based information often influenced by myths. The thematic analysis identified seven main themes: lack of family communication, fragmented knowledge of puberty and KSR, early sexual experience and early marriage, exposure to sexual abuse and violence, limited contraceptive knowledge with negative perceptions, misconceptions about HIV/AIDS and sexually transmitted diseases, and unequal gender norms. These interconnected factors placed street children at high risk of unwanted pregnancies, unsafe abortions, and sexually transmitted infections, including HIV/AIDS. The findings highlighted the need for comprehensive, gender-responsive, and accessible SRH interventions involving families, schools, health workers, and street communities to provide street children with accurate knowledge and practical skills for healthier decision-making.

## REFERENCES

- Ababor, Abdo Abazinab, Desalegn Wirtu Tesso, and Melese Chego Cheme. 2019. "Addressing the Deprived: Need and Access of Sexual Reproductive Health Services to Street Adolescents in Ethiopia. The Case of Nekemte Town: Mixed Methods Study." *BMC Research Notes* 12(1):4–9. doi: 10.1186/s13104-019-4850-7.
- Aibangbee, Michaels, Sowbhagya Micheal, Pranee Liamputtong, Rashmi Pithavadian, Syeda Zakia Hossain, Elias Mpofu, and Tinashe Moira Dune. 2024. "Barriers to Sexual and Reproductive Health and Rights of Migrant and Refugee Youth: An Exploratory Socioecological Qualitative Analysis." *Youth* 4(4):1538–66. doi: 10.3390/youth4040099.
- Anisah, Anisah, Dyah Wulan Sumekar, and Endang Budiarti. 2021. "Hubungan Demografi Dan Komorbid Dengan Kejadian Tuberkulosis Resisten Obat (TB RO)." *Jurnal Ilmiah Kesehatan Sandi Husada* 10(2):568–74. doi: 10.35816/jiskh.v10i2.655.
- Aprilia, Mitha, Siti Handayani, and Sri Mulyanti. 2025. "Adolescents' Reproductive Health Knowledge and Risky Sexual Behavior: A Correlational Study." *Interest : Jurnal Ilmu Kesehatan* 12(2):92–98. doi: 10.37341/interest.v12i2.718.
- Brhane, Tadis, Berihun Assefa, and Nigusie Birhan. 2014. "Reproductive Health Behaviour of Street Youth and Associated Factors in Gondar City , Northwest Ethiopia." *International Journal of Medicine and Biomedical Research* 3(1):28–37.
- Buser, Julie M., Edward Kumakech, Ella August, Gurpreet K. Rana, Rachel Gray, Anna Grace Auma, Faelan E. Jacobson-Davies, Tamrat Endale, Pebalo Francis Pebolo, and Yolanda

- R. Smith. 2024. "A Scoping Review of Qualitative Studies on Sexual and Reproductive Health and Rights in Uganda: Exploring Factors at Multiple Levels." *Women's Health* 20. doi: 10.1177/17455057241285193.
- Chilekwa, Chisanga, and Bright Musebo Makenzih. 2024. "Qualitative Study of Street Children's Awareness, Perceptions, Needs and Barriers in Accessing Sexual and Reproductive Health in Lusaka District, Zambia." *East African Scholars Journal of Medical Sciences* 7(04):113–28. doi: 10.36349/easms.2024.v07i04.002.
- Firdaus, Anisah Rahmah, Dian Saraswati, and Rian Arie Gustaman. 2023. "Analisis Kualitatif Faktor Perilaku Seksual Pranikah Remaja Berdasarkan Teori Perilaku Lawrence Green (Studi Kasus Di Wilayah Kerja Puskesmas Cilembang Kota Tasikmalaya)." *Jurnal Kesehatan Komunitas Indonesia* 19(2):75–92. doi: 10.37058/jkki.v19i2.8638.
- Gayles, Jennifer, Melanie Yahner, Kathryn M. Barker, Caroline Moreau, Mengmeng Li, Leah Koenig, Eric Mafuta, Pierrot Mbela, and Rebecka Lundgren. 2023. "Balancing Quality, Intensity and Scalability: Results of a Multi-Level Sexual and Reproductive Health Intervention for Very Young Adolescents in Kinshasa." *Journal of Adolescent Health* 73(1):S33–42. doi: 10.1016/j.jadohealth.2023.02.001.
- Hasrianti, Hasrianti, Zahro Shaluhiya, and Farid Agushybana. 2022. "Exploration of Behavior and Needs in Reproductive Health Assistance Activities for Street Children in Semarang City." *Journal of Health Education* 7(1):7–17. doi: 10.15294/jhe.v7i1.52257.
- Mda, Pamela, Don O'Mahony, Parimalarani Yogeswaran, and Graham Wright. 2013. "Knowledge, Attitudes and Practices about Contraception amongst Schoolgirls Aged 12-14 Years in Two Schools in King Sabata Dalindyebo Municipality, Eastern Cape." *African Journal of Primary Health Care and Family Medicine* 5(1):1–8. doi: 10.4102/phcfm.v5i1.509.
- Nalukwago, Judith. 2022. *Adolescent Sexual and Reproductive Health Programs in Uganda*.
- Nilasari, Hanny, Wresti Indriatmi, Hartono Gunardi, I. Putu Gede Kayika, Aria Kekalih, Kemal Nazaruddin Siregar, Kristia Kurniawan, Elvira Lesmana, and Rose Amalia Haswinzky. 2024. "Developing an Online Reproductive Health Module on Sexually Transmitted Infections for Indonesian Adolescents: A Qualitative Mixed Methods Study." *Medical Journal of Indonesia* 33(4):245–53. doi: 10.13181/mji.oa.247635.
- Pradnyani, Putu Erma, I. Gusti Ngurah Edi Putra, and Ni Luh Eka Purni Astiti. 2019. "Knowledge, Attitude, and Behavior about Sexual and Reproductive Health among Adolescent Students in Denpasar, Bali, Indonesia." *Global Health Management Journal* 9296(1):31–39.
- Prihayati, Anon, Hansrizka Raisna, Ridwan Amiruddin, and B. Owildan Wisudawan. 2020. "Reproductive Health Behavior of Street Youth Guided by Karya Putra Indonesia Mandiri Foundation in Central Jakarta Region." *Indian Journal of Public Health Research & Development* 11(2):1803. doi: 10.37506/v11/i2/2020/ijphrd/195090.
- Putri, Angga, Datuk Munirah, Tukimim Sansuwito, Risqi Utami, and Arya Ramadia. 2022. "Science Midwifery Knowledge of Sexual and Reproductive Health Among High School Students, Batam, Indonesia." *Science Midwifery* 10(5):2721–9453.
- Rizvi, Narjis, Sarah Saleem, Jawaria Mukhtar Ahmed, Sayyeda Ezra Reza, Rawshan Jabeen, and Saleem Jessani. 2024. "Are We Preparing Healthy & Responsible Adolescents? Exploratory Qualitative Study to Understand the Health and Social Issues of Adolescent

- Living in Karachi, Pakistan.” *PLOS Global Public Health* 4(10):1–15. doi: 10.1371/journal.pgph.0003736.
- Saparini, Suci, Demsa Simbolon, and Lisma Ningsih. 2023. “Knowledge and Access to Adolescent Reproductive Health Information in Indonesia.” *Jurnal Promosi Kesehatan Indonesia* 19(1):1–10. doi: 10.14710/jpki.19.1.1-10.
- Septialti, Delita, Zahroh Shaluhayah, and Bagoes Widjanarko. 2023. “Studi Eksplorasi Perilaku Seksual Berisiko Pada Remaja Jalanan Di Kota Semarang.” *Majalah Kesehatan* 10(1):43–53. doi: 10.21776/majalahkesehatan.2022.010.01.5.
- Surono, Dwi Cahyaningtyas, Evicenna Naftuchah Riani, Wilis Dwi Pangesti, and Ikhwah Mu’minah. 2024. “Faktor-Faktor Yang Mempengaruhi Perilaku Seksual Anak Jalanan Perempuan Di Kabupaten Banyumas.” *Jurnal Kesehatan Komunitas (Journal of Community Health)* 10(1):204–313. doi: 10.25311/keskom.vol10.iss1.1313.
- Winarto, Hariyono, Muhammad Habiburrahman, Fitriyadi Kusuma, Kartiwa Hadi Nuryanto, Tricia Dewi Anggraeni, Tofan Widya Utami, Andi Darma Putra, and Danny Maesadatu Syaharutsa. 2023. “Knowledge, Attitude, and Practice Towards Sexually Transmitted Infections Among Women of Reproductive Age in an Urban Community Health Centre in Indonesia.” *The Open Public Health Journal* 16(1):1–15. doi: 10.2174/18749445-v16-e230111-2022-182.
- Yuandari, Esti, R. Topan Aditya Rahman, Ika Avrillina Haryono, Nurul Hidayah, and Novita Dewi Iswandari. 2025. “The Qualitative Study of the Phenomenon of Premarital Sex : Between Expectations and Reality Among Adolescents in Banjarmasin.” *Media Publ. Promosi Kesehat. Indones* 8(8):621–34. doi: 10.56338/mppki.v8i8.7488.
- Yulinda, Yulinda, Uyu Wahyudin, Joni R. Pramudia, and Epti Yorita. 2025. “Level of Awareness of Adolescent Reproductive Health in Bandung City.” *Jurnal Riset Kesehatan Poltekkes Depkes Bandung* 17(1):269–81. doi: 10.34011/juriskesbdg.v17i1.2806.