

Information Resilience in Overcoming Vulnerability of Reproductive Health in Young Women

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Abstract—Reproductive function is constructed by the community as the responsibility of women, with their given sex. In fact, they must bear the consequence of violations of sexual behavior. This paper reveals the sexual and social risks faced by young women related to reproductive health in Bandung City. Using a qualitative descriptive paradigm with case study method, data were collected through in-depth interviews and documentation studies. The informants were drawn from Indonesian Family Planning Association (PKBI) in West Java, Indonesia. The results show the risk of sexual vulnerability such as unwanted pregnancy or abortion is clearly only experienced by young women. Shame, and socially negative stigma become a heavy burden that must be experienced by young women. Health communication intervention is carried out through multi-level communication where group and mass communication are used for socialization and education of reproductive health. Interpersonal communication is used in the context of prevention and assistance in cases of reproductive health.

Keywords—communication; young women; reproductive health

I. INTRODUCTION

One health issue that is strongly related to women is reproductive health. Indonesia, as a developing country, is still vulnerable to aspects of reproductive health. Young women belong to groups that have health vulnerabilities at risk of experiencing pregnancy at a young age, unwanted pregnancies or abortions so that young women have exposure or high sexual risk. Adolescent female entities are not a homogeneous group because they are influenced by various factors such as gender, age, circumstances of socio-economic status, geography and cultural background. Teenage age is an important phase in life so that adolescent groups become strategic targets related to reproductive health. Based on various studies, the age group of teenagers is the age of the most vulnerable to infection. Health is a very important aspect in life and human life.

Central Bureau of Statistics or BPS notes that Bandung with a population of around 2 million people have 30% a population of adolescents aged 10-25 years. Various data shows: (a) 47% of female adolescents in Bandung have had sex before marriage, (b) teenagers who experience sexually transmitted infections (90%) due to ignorance and sexual exploitation, (c) 60% of adolescent girls tend not to go to

school, because there is still a myth that girls will become wives who do not need high school and (d) a high risk of reproductive health is experienced by those with an age range of 15-24 years. Study in South Africa [1] among showed young women and girls are at high risk of unintended pregnancy and HIV. By age 17, half of all teenagers are sexually active¹. HIV prevalence among 15-19-year-old women was 12.7% in 2011, and among pregnant 15-24-year-olds, it was 20.5%². Previous studies from South Africa have reported a variety of barriers to contraceptive use among young women including lack of access, fear of adults' and providers' negative attitudes about young women's sexuality, perceived lack of pregnancy risk, peer norms, and concern for confidentiality when seeking health care services [1].

Despite Canada's high living standard and a health system promising universal access to care, disparities in health remain a pressing national concern. Vulnerable groups (e.g., the poor, women caregivers) suffer a burden of illness and distress greater than other residents [2]. While for rural women, culture, body politics and stigma become challenges that contribute to the impediment of reproductive health for them [3]. In India [4], the reproductive years for women are of central importance to their lives. Women's role in reproductive health is affected by, and could influence her status and empowerment as an individual. However, particularly in the rural communities, Indian women have a subordinate position compare to men and have less power, autonomy status and independence [4]. So, from the various studies, women, especially young women still must face a lot of boundaries related to health reproductive.

The data above shows that young women have the vulnerability to experience psychosocial problems, lack of access to reproductive and sexual health, and they may experience stigma and discrimination. One of the entities which concerned with the vulnerability of health exposure to women is the Indonesian Family Planning Association (PKBI). PKBI's sensitivity and concern for women's health problems in turn made people aware of placing family planning (KB) in a broader perspective, namely reproductive health. PKBI strives to support adolescents in practicing their rights to reproductive and sexual health, diversity and choice.

Based on Littlejon that communication health is the exchange of symbolic messages related to personal, organizational, and public health [5]. So, the concept of health

does not merely refer to biomedical measurements but involves the understanding or meaning adopted by individuals as a result of their social construction. From the above background where young women have a high risk of sexual health, it is interesting to elaborate on the risks of sexuality in young women and how communication becomes an important pillar in overcoming vulnerability to reproductive health.

II. METHOD

Bhattacharjee [6] notes that social phenomena must be studied within their natural setting. Because interpretive research assumes that social phenomena are situated within and cannot be isolated from their social context, interpretations of such phenomena must be grounded within their socio-historical context. This implies that contextual variables should be observed and considered in seeking explanations of a phenomenon of interest, even though context sensitivity may limit the generalizability of inferences. This research used qualitative approach with descriptive case study method. Data were collected through interviews, case studies and literature studies. Determination of informant is done normatively because the subjects of the research are those who become administrators and activists of PKBI. Determination of informants was done purposively based on the level of knowledge and experience that was quite high from the informants involved in the health program and their willingness to reveal the experience.

III. RESULTS AND DISCUSSION

A. Risk of Sexuality in Young Women

Sexuality and sex are two different things. Sex refers to the biological aspect, while sexuality involves psychological, social, economic, political, and other constructs so that sexuality is more complex than gender. It can be concluded that sexuality is resulted from interaction with the social world that is dynamic from time to time. Leena Abraham in Understanding Youth Sexuality [7] concludes that sexuality includes a very broad theme. There are many dimensions of sexuality, namely relationships, recreation, procreation, emotional, physical, sensuality and spiritual. All dimensions are related and cannot be separated. Sexuality explains a form of communication that is very intimate with oneself and with others. The concept of sexuality includes not only sexual identity, sexual orientation, sexual norms, sexual practices, and sexual habits, but also feeling, desire, fantasy, and human experiences regarding sexual awareness, stimulation, and sexual act. This includes subjective experience and the meaning. Sexuality is not only a biological and psychological matter, it also has social and cultural dimensions of social identity and habits.

Ruth Dixon-Meulleu [8] realizes the importance of social status and silence about sexuality in the context of reproductive health consultations. Melleu's statement above seems to emphasize the existence of "silence" related to sexuality, reproductive health and certain circles. Teenagers, is one group that is muted. Even though the quantity is large, adolescents, especially young women, become one of the groups that can be marginalized because their position still does not have

independence, does not have authority over themselves and their bodies. Various vulnerabilities experienced by young women make them become at risk of marginalization. The sexual phenomena and exposure risks faced by young women in the city of Bandung were compiled from information obtained through interviews with activists, which can be detailed as follows: (a). Phenomenon: media exposure, dating style, sex before marriage, unsaved sex and changing sex-partners, (b). Risk; unwanted pregnancy, abortion, sexually transmitted infections, and early (child) marriage.

The risk such as unwanted pregnancies, pregnant before marriage and abortion are clearly only experienced by young women. The possibility of being marginalized for young women is very large. Shame, and being stigmatized in the siege of society's view become a heavy burden that must be experienced by young women. In the repertoire of sociological literature, shame is seen as an aspect that affects almost every behavior including sexuality. Shame is not just a form of feeling but shapes social meaning. Davies, Bennet and Hidayana [8] note that shame is governing sexuality. Sexuality is rooted socially and built historically. Production and consumption of sexual material provides insight into attitudes toward sexuality, revealing what is considered good and what is shameful. These raises the discourse of sexual morality that has an impact on the individual's sexual identity and their ability to negotiate sexual health and sexual rights. Sexual morality and social hierarchy exist in various relationships, including doctor-patient relations which reinforce power inequality. This inequality, as well as the shame and stigma, will leads into silence and neglect of sexual health in the context of reproductive health as shown through figure 1 that reflects how young women will become affected group who suffered with unwanted pregnancy, abortion or forced into child marriage. This condition resulted in building negative social stigma, creating shame feeling, so that they became muted group that is ignored by society.

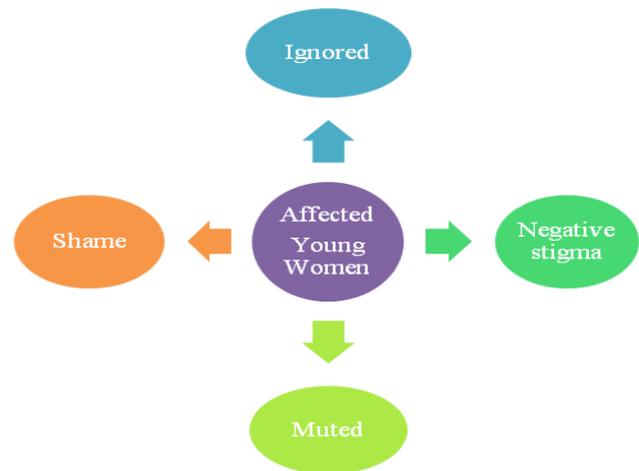


Fig. 1. Teenage girls marginalization scheme.

B. The Role of Communication in Overcoming the Vulnerability of Young Women's Reproductive Health

The leaders of world countries at the International Conference on Population and Development in Cairo, Egypt have agreed that adolescents are a potential group where their needs must be taken seriously. With an astonishing number throughout history-around more than 3 billion-world leaders believe that residents aged 10-24 will influence the direction of change in the world today and in the future. Not only because a large amount is their strength, but also because of their unique characteristics. Having great potential and energy, PKBI strives to support adolescents in practicing their rights to reproductive and sexual health, diversity and choice.

One of the main goals of health communication is to influence individuals and communities. Another important role of communication is creating acceptance and a supportive environment where information can be shared, understood, absorbed, and discussed by the communicant. This requires an in-depth understanding of needs, beliefs, taboos, lifestyles, and social norms of all communication audiences. This condition requires communication based on messages that are easy to understand and in line with the communication approach as a 'process of understanding and sharing meaning'. Rimala and Lapinski [9] emphasize the importance of communication because communication is the way we interact, a marker of human symbolic ability. There are three important elements in communication activity. First, communication is not in a vacuum sphere because communication is received and processed within the framework of individuals and society. Second, someone has an interpretation so that there is a difference between the message sent and received. Third, communication is a dynamic process in which the senders and recipients of interactive messages change roles continuously. The concepts of communication play a role in health communication. Communication is used to study behavior, while many global health threats are based on behavior change. Therefore, communication is a unique approach to better understanding how to improve health and saving lives of many people

Access to information about young women regarding reproductive health is still minimal even though teenagers have reproductive health problems. This is illustrated by data from the MCR [10] Counseling Results in 2011 where 245 people accessed services, the most consulted cases were information on teen sexuality (35%), followed by requests for contraception information (15%), myths surrounding sexuality (6%), HIV and AIDS (7%) and consultation about sexual activity (3%). It's not far from the results of Irwan M Hidayana's research in three cities of Sukabumi, Karawang and Tasikmalaya showed that young women built gender relations at an earlier age than adolescent boys, reproductive health knowledge in young women is relatively low and still shrouded in myths surrounding menstruation, pregnancy and the puerperium, and knowledge of sexual health is also relatively limited and most of the information they have received is about 'sex and danger' [11].

PKBI in West Java has been using mass media to disseminate reproductive health information. They routinely

broadcast reproductive health information through radio broadcast and newspaper. Collaborating with the Bandung city government, PKBI also made a film about reproductive health that was played in various communities such as schools, campuses and others. After each film screening, a discussion session was held in the form of dialogues that discussed the problems of adolescents related to reproductive health. The characteristic of adolescents who are still very sensitive and vulnerable to negative things make PKBI choose dialogue and discussion to avoid the wrong understanding about reproductive health. Dialogue is also a communication technique chosen because it is more interactive and makes teenagers involved to decide what is best for them.

Strengthening the knowledge of adolescent reproductive health in the city of Bandung was carried out by PKBI through the provision of information to schools in the city of Bandung. The form of communication used is group communication by holding lectures, dialogues and discussions. While interpersonal communication is carried out in prevention and assistance programs for adolescents. Mediated interpersonal channel is also used through hot-line service. The level of communication among adolescents about reproductive health in the city of Bandung is carried out through 3 levels of communication for various types of management, namely: (a) Mass communication as precaution through information dissemination and socialization, (b) Group communication as preventive action through educational programs, (c) Interpersonal communication to overcome cases that require medical action and mentoring involving PKBI volunteers and activists.

Health is a component of the Human Development Index. General Recommendation No. 24 concerning Women and Health requires States to eliminate discrimination against women to have access to health care services throughout their life cycle. The complexity of health problems in West Java makes the participation of government and non-government institutions become important. Women's reproductive rights are still not fulfilled properly, even women often do not have rights to their reproductive organ. Women do not have the authority when and how they will use their reproductive one. Reproductive health that is unique to women is so neglected, especially in the pluralistic Indonesian society. The social situation will be intertwined with an understanding of sexuality and reproduction. Therefore, a method is needed to ensure that all parties help and encourage adolescents to empower themselves and obtain their reproductive and sexual rights to become healthy and responsible teenagers through:

- Regulations regarding reproductive health education for adolescents through formal and non-formal education.
- Increasing teenagers' access to rights and reproductive health services that are youth-friendly.
- Involving youth forums or youth groups in planning, implementing and monitoring policies and development programs, especially those concerning adolescent life.
- Facilitating youth training programs through strengthening peer groups at both the city / district and provincial levels.

IV. CONCLUSION

Based on the analysis conducted on the collected research data, it can be concluded as the following points (a) The reproductive health of female adolescents in the city of Bandung is influenced by the construction of sexuality namely psychological, social, economic, political, and other constructs so makes sexuality more complex than gender. Sexuality is resulted from interaction with the social world that is dynamic from time to time. The risk of sexual exposure in cases of unwanted pregnancy, or abortion is clearly only experienced by young women. Shame, and being stigmatized in the siege of society's views becomes a heavy burden that must be experienced by young women. As a result, they experienced marginalization, neglected and becoming a silence group or muted group, (b) Health communication interventions have been conducted by the Family Planning Association (PKBI). The form of communication used is group communication by holding lectures, dialogues and discussions. While interpersonal communication is carried out in prevention and assistance programs for adolescents. Interpersonal media or mediated interpersonal channels are also used through hot-line services. As for socialization and education, PKBI uses mass communication channels namely Radio, Newspapers and Film.

ACKNOWLEDGMENT

Acknowledgments are conveyed to all leaders of research institute and community service (LPPM) Universitas Islam Bandung who have funded this research, which this article is one part of the research undertaken.

REFERENCES

- [1] N.L. Deroche, H. Adila, H. Kelsey, T. Shocket, "Accessing Sexual and Reproductive Health Information and Services: A Mixed Method Study of Young Women's Needs and Experiences in Soweto, South Africa," *African Journal of Reproductive Health*, vol. 19, no. 1, pp. 73, 2015.
- [2] M. Stewart, E. Makwarimba, A. Barnfather, N. Letourneau, and A. Neufeld, "Researching reducing Health Disparities, Mixed-Methods Approaches," *Social Science & Medicine*, vol. 66, pp. 1406-1417, 2008.
- [3] Kutto, "Victoria Chepkemoi: The Use of Participatory Communication Model to Achieve Reproductive Health among Rural Women in Kenya," *Journal of Biology, Agriculture and Health*, vol. 4, no. 16, 2014.
- [4] M.S. D'Souza, S.N. Karkada, G. Somayaji, R. Venkatesaperumal, "Women's Well-Being and Reproductive Health in Indian Mining Community' Need for Empowerment." [online] Retrieved from <http://www.reproductive-ealth-journal.com/content/10/1/2014>.
- [5] S. Littlejohn, and A.F. Karen, *Theories of Human Communication*. Eleventh Edition. Waveland: Press. Inc. Long Grove, 2017.
- [6] A. Bhattacharjee, *Social Science Research Principles, Methods, and Practices*. USF Tampa Library Open Access Collections, 2012.
- [7] M. Mulia, *Mengupas Seksualitas. Mengerti Arti, Fungsi, dan Problematika Seksual manusia Era Kita*. Jakarta: Opus Press, 2015.
- [8] L.R. Bennet, S.G. Davies, I.M. Hidayana, *Seksualitas di Indonesia. Politik Seksual Kesehatan, Keberagaman dan Representasi*. Jakarta: Yayasan Pustaka Obor, 2018.
- [9] R.N. Rimala, and M.K. Lapinski, "Why Health Communication is Important in Public Health." *Bull World Health Organ.*, vol. 87, pp. 247, 2009.
- [10] PKBI, *Perkumpulan keluarga berencana Indonesia (PKBI) Jawa Barat dokumen: Accepted 2017*.
- [11] I.M. Hidayana. I.R. Noor, and D. Pakasi, *Hak Seksual Perempuan dan HIV/AIDS. Studi pada Perempuan Muda (15-24) di Tiga Kota di Jawa Barat*. Jakarta: Pusat Kajian Gender dan Seksualitas FISIP UI, 2010.