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## **Universal Access to Sexual and Reproductive Health: The Challenge of Providing SRH Information and Services for Adolescent in Indonesia**

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## **Why it is Important?**

- SRH is a critical component of human capital
- SRH is a Human Right → MDGs universal access by 2005
- Young people aged 10-24 years constitute 26.7 %
- ASRH involve not only health but also culture and religion
- Providing ASRH information and services is still controversial

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## **ASRH Condition in 2007-2012**

- 10 % of adolescents (10-19 years) are married
- 62.7 % of SMP and SMA in 17 are not virgin
- 60 % of sexually active unmarried aged 13-18 never use contraception
- 38.7 % of adolescents aged 17-24 years have pre-marital pregnancy
- 41.5 % of confirmed AIDS are young people aged 20-29

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## **Barriers to ASRH Information and Services in Indonesia (1)**

### *Legal and policy Barriers*

- Law No. 29/2009 restricts family planning services for single
- Marriage Law No. 1/1974 → teenage marriage
- SRH information are not included in the national curriculum
- Programs on ASRH: morality VS “health approach”

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## Barriers to ASRH information and services in Indonesia (2)

### *Socio -cultural Barriers to ASRH*

- ASRH information and services will encourage young people to have sex
- Sex is a private matter not public concern
- Parents feel embarrassed to talk about sex
- Health personals are reluctant to give condom to young people

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## Implication

- Providing accessible and acceptable ASRH information and services is urgent and it is every body responsibility
- Consensus on the rights of young people to SRH information and services
- Shielding young people from information about sex and blocking their access to SRH services is not effective