



## Peer educators and midwives make the difference

***SRHR organisations want to know which factors increase the uptake of sexual and reproductive health services among young people. Results in Health aimed to identify these factors through interviewing around 50 young people in and around Yogyakarta. They found that young people only use SRH services when they face a health problem. The actual step to seek help depends on their knowledge and beliefs about this problem.***

Three types of factors were assumed to influence the uptake of SRH services: 1) the knowledge and beliefs of the young person him/herself; 2) the presence of SRH services; and 3) the role of 'helpers' or motivators. At the start of this research it was assumed that the three factors weighed equally strongly. However, the results show that the decision to use SRH services is mainly determined by a young person's knowledge and beliefs. Although the presence of SRH services and the role of 'helpers' indirectly affect service uptake, they remain necessary.

### **Knowledge and beliefs**

Young Indonesians generally have limited knowledge of SRHR and SRH services. The knowledge they have comes down to basic information about reproductive, rather than sexual, health. Limited or incorrect knowledge of SRHR can even prevent young people from seeking services, as they use their knowledge to justify the step to use or not to use SRH services. However, even when young people are well-informed about SRHR, and even though SRH services are (to some extent) available in Indonesia, it does not naturally mean that young people access these services. Feeling afraid, shy, or embarrassed about their SRH problem is the most important barrier to service uptake. For overcoming these barriers, companions and peer educators proved to be essential:

*"They can be our friends and we can talk about our problems more openly. [...] This is the first time ever I heard about peer educators. [...] I think it would be nice to have a peer educator to share our problems with, especially if they become our friends. The peer educator can give us the right suggestions."* (young interviewee)

Another factor often overlooked by SRHR organisations appears to be the supportive role of midwives and community health workers, especially in suburban and rural areas. Young people tend to find

### **Facts - ASK programme in Indonesia**

#### **Where?**

Denpasar, Jakarta, Jogjakarta, Semarang and Suarabaya

#### **By whom?**

Aliansi Remaja Independen (ARI or Independent Young People Alliance); Community Development of Bethesda Hospital; Perkumpulan Keluarga Berencana Indonesia (PKBI or Indonesian Planned Parenthood Association); Ministry of Social Affairs; Rutgers WPF Indonesia; Telepon Sahabat Anak 129 (TESA 129); Yayasan Pelita Ilmu (YPI)

#### **For whom?**

Young people (10 - 24 years old)

#### **Scope of the research**

Literature review, 3 Focus Group Discussions, 36 Semi-Structured Interviews.

midwives accessible and reliable.

*“It is better to go directly to the midwife than going to the Community Health Centre, because at the Centre you will later be referred to a hospital anyway... It is discouraging just to think that you have to be in a long queue.”* (young interviewee)

### Recommendations

- When designing SRH programmes, determine the most appropriate channel to reach young people with SRH information in this region (e.g. social media, school, outreach campaign, with peer educators or through community health centre). Also, define what young people already know and what they need, before you start sending messages.
- Proactively reach out to young people with (preventive) services. Increase the number and capacities of peer educators, as they prove to be of essential importance for reaching young people with reliable information.
- Strengthen the role of *Pukesmas* (community health centres) and midwives in order to expand SRH services for young people, especially in suburban and rural areas. Enable community health workers to deliver youth friendly services, for example through training and special youth-service hours.

