JHNS
Journal of Holistic Nursing Science
E-ISSN: 2579-7751 P-ISSN: 2579-8472
Journal of Holistic Nursing Science

Article journey:
Submitted
19/11/2022
Revised
16/1/2023
Accepted
25/1/2023
Online first
25/1/2023

REVIEW ARTICLE

Stakeholders' perspectives to improve the delivering of sexual education for adolescents: A systematic review

Yulia Yunara, Ferry Efendi, Makhfudli

Author information
Department of Nursing, Universitas Airlangga, Indonesia

yunarayulia9@gmail.com

https://doi.org/10.31603/nursing.v0i0.8102

Abstract
The number of reports of poor reproductive and sexual health in adolescents is enormous. Sexual education is very critical for adolescent health. Sexual education has shown more effective results when implemented in collaboration with adolescents. Lack of educational resources, issues considered taboo and cultural boundaries, and lack of trust in maintaining confidentiality cause ambiguity and misconceptions about sexual education. Implementing sexual education involves many parties, so this study aimed to analyze the stakeholders' perspectives on sexual education delivery for adolescents. This systemic review was conducted to find relevant articles in Scopus, CINAHL, Science Direct, and ProQuest databases—the research guideline using The PRISMA checklist. The eligibility criteria and The JBI Checklist were prepared as a guide in measuring article quality. In the final review, twelve articles were included. The articles mentioned parents, adolescents, teachers, and other stakeholders' perspectives. Parents' perspectives have who is responsible for educating adolescents, taboo and lack of communication skills between parent-child, contents of sexual education, and delayed sexual education. Adolescents' perspectives, such as sources and ideal versions of sexual education. Teachers' perspectives include people who should be responsible and skill-based teachers. Meanwhile, other stakeholders' perspectives have school-based, religious challenges, partnerships, and communication strategies with adolescents. This study shows the need for improvement in delivering sexual education.

Keywords: Stakeholders; sexual education; skill-based teachers; parents care; communication skills

Introduction

Reproductive Health is a condition of being physically, mentally, and socially prosperous, free from diseases related to the functions and processes of the reproductive system (Ministry of Health Indonesia, 2016). Reproductive Health is the target in the Sustainable Development Goals (SDGs) at points 3 and 5 (United Nations General Assembly, 2020). The International Conference on Population and Development (ICPD) in 1994 stated that adolescents are also included in the scope of reproductive health services (Ministry of Health Indonesia, 2016). Reports of poor reproductive and sexual health are often found in adolescents (World Health Organization, 2011). Reproductive health problems in adolescents are free sexual behavior, unwanted pregnancy, unsafe abortion, early marriage, and sexually transmitted diseases (STDs), including HIV/AIDS (Ministry of Health Indonesia, 2016). Globally, there are 21 million adolescents who become pregnant at the age of 15-19 years in developing countries; almost half of them (49%) are unwanted pregnancies, and about 5.6 million abortions occur, with 3.9 million of them being unsafe abortions which contribute to the mortality, morbidity, and long-term health problems in adolescents (World Health Organization, 2018a). In Indonesia, cases of adolescent sexual behavior were based on the Indonesian Demographic and Health Survey (IDHS) in 2017, and it was found that around 4.5% of male adolescents and 0.7% of female adolescents in Indonesia admitted to having premarital sex (Ministry of Health Indonesia, 2017).

In 2018, cases of adolescent pregnancy in Indonesia were 58.8% of adolescents aged 10-19 years pregnant (Baseline Health Research Indonesia, 2018). The incidence of unsafe abortion in adolescents aged 10-19 years is around 4.9% using self-abortion efforts with pills (39.7%) and herbal medicine (39.0%) (Baseline Health Research Indonesia, 2010). Considering adolescents cannot take responsibility for carrying out reproductive functions,

knowledge is needed, including sexual education, skill development, and effective and safe health services (World Health Organization, 2018a). Sexual education benefits adolescent reproductive Health and reduces premarital sexual activity, risk behavior, unwanted pregnancies, and sexually transmitted diseases (Samadaee Gelehkolaee et al., 2021). The International Planned Parenthood Federation (IPPF) stated in 2010 that sexual education had shown more effective results when implemented in collaboration with adolescents, which can be applied both at and outside school (Campero et al., 2021). The Centers for Disease Control and Prevention (CDC) 2018 stated that school health service centers could be national guidelines and recommendations in implementing reproductive health education whose role is critical for adolescent Health (McCann et al., 2021).

Many factors influence reproductive health. Factors that affect reproductive health are biological, psychological, environmental, cultural, and demographic-economic factors (World Health Organization, 2018a). Emotional relationships and communication in reproductive health learning between mothers and children can reduce the risk of reproductive health problems in adolescents (Harchegani et al., 2021). Poverty, peer pressure, limited recreational facilities, alcohol, and illegal drugs affect adolescents' reproductive Health (Simuyaba et al., 2021). Lack of educational resources, issues considered taboo and cultural boundaries, lack of trust in maintaining confidentiality cause ambiguity and misconceptions about sexual education (Sheikhansari et al., 2021). Adolescents with low education or not in school are more active in sexual activity than in school (Bukuluki et al., 2021).

Sexual education concerns not only the sexuality that is addressed but also the values and norms that our society should uphold. The way that we as a society discuss sex and personal relationships with our young people can have a significant impact on how they view themselves as persons, as partners, and as sexual human beings (Yaa et al., 2017). For young people to develop into responsible, sexually healthy adults, sex education should allow them to gain information, explore their values, and build relationship skills (Ii et al., 2021). Due to the importance of sexual education from the views of adolescents, parents, and teachers, even policymakers should be reevaluated — even paradigms should be revised (Yaa et al., 2017). It is strongly advised that parents and teachers teach adolescents about sex both at home and in school (Maimunah, 2019). Because of this, sexual education is essential for adolescents, but the implementation of sexual education must also consider the perspectives of various parties who participate in it, such as parents, community members, religious leaders, and policymakers (UNESCO, 2021). There has never been a comprehensive study on various stakeholders' perspectives, especially in the context of adolescents' sexual education delivery. This systematic review aimed to analyze the stakeholders' views on sexual education delivery for adolescents.

Method

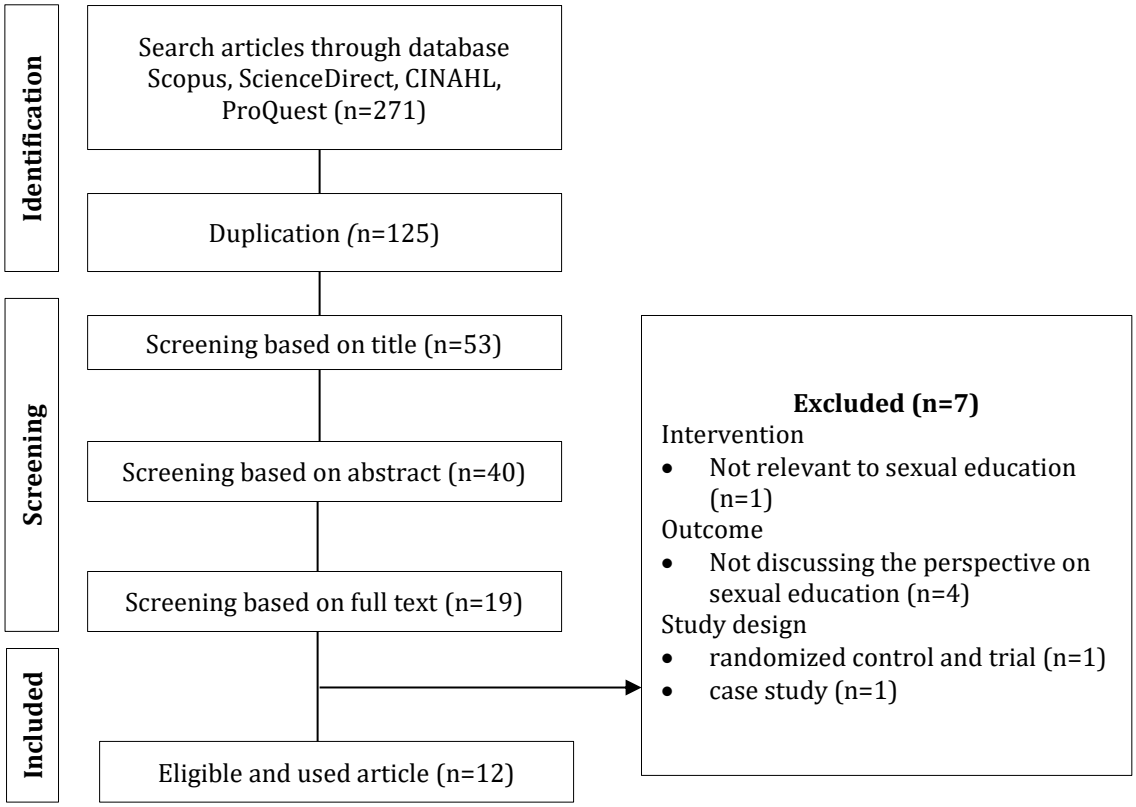
This study used Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) checklist as a guideline. This study was carried out using secondary data. Searching sources using four databases, such as Scopus, ScienceDirect, CINAHL, and ProQuest, were conducted using keywords such as "perspective" OR "views" AND "sexual education" OR "sex education" AND "adolescents" OR "adolescents" OR "adolescents" OR "adolescents." Determination of the criteria using the Population, Intervention, Comparison, Outcome, and Study Design (PICOS) framework **(Table 1)**. The article search results obtained 20 selected articles and then adjusted to the assessment and the inclusion criteria, so 12 papers will be used **(Figure 1)**.

The Joanna Briggs Institute (JBI) Critical Appraisal Checklist was used to analyze and prevent the risk of bias for each article collected in this study. The assessment list checklist based on The JBI Critical Appraisal for qualitative study contains ten questions, while The JBI Critical Appraisal for the cross-sectional study includes eight questions. Each question that meets the "yes" criteria will get one point, and all other measures are zero. Then each score obtained will be added up. The article is included in the inclusion criteria if the score is at least 50% with a cut-off point value agreed upon by the researcher. Studies with a score of <50% were excluded as they were considered low quality to avoid bias in the validity of the results and review recommendations. The analytical data used a descriptive method. A narrative approach with the primary objective of analyzing the perspectives of various stakeholders on sexual education delivery for adolescents.

Table 1. Article criteria using the PICOS framework

PICOS framework	Inclusion Criteria	Exclusion Criteria
Population	Populations that have a role in the sexual education of adolescents	People that do not have a relationship with the sexual education of adolescents
Intervention	Sexual education	None
Comparison	No comparison	
Outcome	Showing the stakeholders' perspectives on sexual education for adolescents	None
Study Design	Qualitative study, cross-sectional study	Quasy-experimental, randomized control and trial, cohort study, case study, review article
Publication Years	Articles published in 2018-2022	Before 2018
Language	English	Other than English

Figure 1. Study selection process using the PRISMA framework



Results

Twelve articles met the inclusion criteria. The characteristics of the respondents in this systematic review are the majority of perspectives from parents, adolescents, teachers, and other stakeholders (education managers, health managers, education departments, adolescent reproductive health experts, Ministry of Health, orphanages, and adoptive parents). Twelve articles were analyzed based on the perspectives of various stakeholders on sexual education in adolescents **(Table 2)**.

Table 2. Study findings

No	Author, Year & Country	Design	Sample Size	QA Score	Findings
1	Narushima et al., 2020, Canada	Qualitative	47	80%	Inappropriate information on sexual education
2	Samadaee Gelehkolaee et al., 2021, Iran	Qualitative	31	90%	Several factors influenced information on sexual education
3	Joseph et al., 2021, India	Cross-sectional	236	75%	A need for parental counseling in sexual education
4	Babayanzad Ahari et al., 2020, Iran	Qualitative	16	80%	Parents feel dissatisfaction with sex education in schools
5	Ram et al., 2020, Fiji	Qualitative	26	90%	Parents need intensive discussion in sexual education
6	Nash et al., 2019, Malawi	Qualitative	40	90%	Issues in accessing contraception
7	Harmon-Darrow et al., 2020, United States	Qualitative	30	80%	A need to prevent unwanted pregnancies and sexually transmitted diseases
8	Esan & Bayajidda, 2021, Nigeria	Qualitative	30	80%	Parents have basic knowledge of sexual and reproductive Health
9	Laverty et al., 2021, Canada	Qualitative	66	80%	A need for sexual education in schools
10	Tabong et al., 2018, Ghana	Qualitative	154	80%	A need to provide sexual and reproductive health information
11	Othman et al., 2020, Jordan	Qualitative	90	80%	Parents need intensive discussion in sexual education
12	Rodriguez et al., 2022, Mexico	Qualitative	60	80%	Preventing unhealthy sexual behavior

It can be grouped based on the specified theme, namely the perspectives of various stakeholders on sexual education, including parents, youth, teachers, and other stakeholders **(Table 3)**.

Table 3. Themes and perspectives

No	Perspectives	Themes	As mentioned in several articles
1	Parents	Who is responsible for educating adolescent Taboo and lack of communication skills between parent-child Delayed sexual education Contents of sexual education	7
2	Adolescents	Sources of sexual education The ideal version of sexual education	4
3	Teachers	The person who should be responsible Skill-based teacher	3
4	Other stakeholders	School-based Religious challenge Partnership Strategy to communicate with adolescent	3

Discussion

Seven articles discuss parents' perspectives on sexual education, grouped according to the following themes. Parents play an essential role as the first school for children, including in terms of sexual education, and it is better to be delivered by parents of the same sex; for example, mothers teach girls, and fathers teach boys. Besides schools, religious leaders, health workers, programs adolescents, neighbors, and friends also have a role in providing sexual education to adolescents (Esan & Bayajidda, 2021; Samadaee Gelehkolaee et al., 2021; Tabong et al., 2018). Parents are afraid that the influence of media and technology nowadays can affect their teenagers' behavior, so they think that currently sexual education is needed, including at school and home. Therefore, parents also said there was a lack of good sources of information they could access to provide sexual education at home. Consequently, they wanted parental involvement in the sexual education process at school (Babayanzad Ahari et al., 2020; Ram et al., 2020). Parents said the factors that resulted in free sexual behavior in adolescents were lack of parental guidance, peer influence, lack of sexual education, social media, and curiosity (Esan & Bayajidda, 2021).

There are still many parents who say that they cannot provide sexual education to their children because it is taboo and sensitive, so it is better to discuss it at school; this is also due to the lack of knowledge and communication skills between parents and children (Nash et al., 2019; Ram et al., 2020). However, some of them mentioned that being open in sexual education for adolescents is essential for them to know the risks and impacts so that it does not affect trust, and the closeness between parents and children is the key in the approach to providing sexual education (Esan & Bayajidda, 2021). Parents also say that the assumption of discussing sexual education is shameful and should be abandoned (Othman et al., 2020). In addition, sexual education was given too late because some parents mentioned that they gave sexual education to their teenagers when they saw changes in behavior, such as being late coming home at night, being rude, and starting to hang out with the opposite sex (Nash et al., 2019). Parents, especially mothers, provide sexual education to their adolescent children, such as sexually transmitted diseases, contraception, and the impact of pregnancy on adolescents, such as being expelled from school and the risk of pregnancy-delivery complications (Nash et al., 2019). Some parents also provide sexual education in the form of not engaging in sexual activity before marriage, the risk of sexually transmitted diseases, pregnancy, abortion, early marriage, and HIV/AIDS (Esan & Bayajidda, 2021). Some parents said they disagreed with giving condoms at school because it could encourage adolescents to engage in sexual activity because of wanting to try (Tabong et al., 2018).

Four articles discussing adolescents' perspectives on sexual education are grouped according to the following themes. Adolescents mentioned that the sources of information about sexual education were friends, parents, the internet, doctors, and books (Narushima et al., 2020). Some said that they learned about sexual education by watching pornography on the internet (Laverty et al., 2021). Adolescents mentioned that they had free sexual behavior because of poverty, so they could not carry out other activities, were happy to receive gifts from their partners, and could not refuse for fear of being threatened by their partners (Nash et al., 2019). Adolescents also said they wanted sex education to start early and be given starting at home and school. Besides that, there must be a program with peer mentors and using social media in its delivery; the content provided is age-appropriate, such as reproductive health, relationships with the opposite sex, ways of communicating, preventing sexual violence, mental health, and a combination of youth activities (Narushima et al., 2020). Teenage girls say their mother is the closest person they want to talk to about sexual education (Nash et al., 2019). In addition, they want a safe and comfortable environment for discussing sexual education without feeling judged and taboo assumptions (Laverty et al., 2021). Adolescents say that they need sexual education, such as about preventing pregnancy, contraception, sexually transmitted diseases, and the role of parents in discussing sex education with their children (Rodriguez et al., 2022). Adolescents want sexual education that contains accurate and factual content, availability of content choices, inclusive content, social and emotional aspects, timely, relevant, and practical content, and opportunities to continue learning from available sources (Laverty et al., 2021).

Three articles discussing the teacher's perspective on sexual education are grouped according to the following themes. Teachers say that family or parents are good teachers and parents of the same sex give education as fathers to boys, so parents should be given awareness and training about sexual education (Samadaee Gelehkolaee et al., 2021). However, there are still many parents who do not provide support for sexual education programs (Joseph et al., 2021). Schools must also provide supporting facilities to strengthen the role of teachers in providing counseling, besides that peer group programs are significant, especially in reaching teenage students; politicians or policymakers also have an essential role in making specific programs related to sexual education (Samadaee Gelehkolaee et al., 2021). The teacher also mentioned that there was a need for the position of health workers to provide sexual education in schools; this was because some students had doubts about the delivery given by the teacher (Tabong et al., 2018). Teachers said they paid great attention to content materials, clear concepts, pictures, and examples in delivering sexual education to teenage students to attract their attention, so teachers with skills are needed in this regard (Samadaee

Gelehkolaee et al., 2021). The teacher mentioned that the topics presented were about sexually transmitted diseases, counseling with teenagers who have sexual and reproductive health problems, and menstruation. So teacher training is needed for the success of sexual education programs (Joseph et al., 2021).

Three articles discuss the perspectives of other stakeholders on sexual education, which are grouped according to the following themes. Health managers and education managers said that sexual education should be carried out in schools. This is because teenagers spend most of their time at school and getting accurate information. Adolescent reproductive health experts also mention that sexual education can help prevent unwanted pregnancies, reduce cases of sexually transmitted diseases, and improve their abilities in school (Tabong et al., 2018). Education managers thought there might be challenges based on religion at first, but advocacy and explanation should be done so that they can understand the benefits of sexual education (Tabong et al., 2018). The education department director also said that using religion to intimidate someone is not suitable, so religious and cultural institutions should play a role in instilling values and beliefs in sexual education (Samadaee Gelehkolaee et al., 2021). Staff at the Ministry of Health stated that implementing sexual education was a collaborative program between the Ministry of Education. In addition, a consultant also said that the media played an important role in destroying the taboo in society towards sexual education. Health policymakers emphasize the importance of a holistic approach in its implementation. The old learning methods are not suitable for the current generation, so there is a need for teacher training related to learning methods that can reach adolescents, of course, must be encouraged by improving education infrastructure the government (Samadaee Gelehkolaee et al., 2021). Orphanage caregivers and adoptive parents think that the way to communicate about sex education with teenagers is to build mutual trust and create comfort, understand that each teenager's personality and problems are different, so they must be treated according to their situation, convince themselves that discussing sexual education It's normal to talk openly to teens, and use modeling methods such as “for example, if this happened to me…” (Harmon-Darrow et al., 2020).

Parties that should be responsible for providing sexual education to teenagers, namely parents, schools, friends, and the surrounding community. The involvement of parents as the closest people to adolescents is one of the primary keys to the success of sexual education in adolescents (Narushima et al., 2020). The International Planned Parenthood Federation (IPPF) 2010 stated that sex education is more effective when implemented in collaboration with adolescents, which can be applied both at and outside school (Campero et al., 2021). In addition, sexual education based on the school curriculum can also be used to become comprehensive sexual education which contains the learning process of cognitive, emotional, physical, and social aspects of sexuality (Santelli et al., 2021). The role of friends is enormous. More than half of teenagers in school say they are influenced by friends (Mitchell et al., 2021). The taboo assumption when discussing sexual education is not only felt by parents but also by teenagers. Taboos and cultural boundaries are barriers to obtaining sexual health information (Sheikhansari et al., 2021). Lack of communication skills between parents and children becomes an obstacle in delivering optimal sexual education. Apart from norms and cultural factors, this is also due to a lack of self-efficacy, such as education, language, and how to explain sensitive topics in sexual education owned by parents (Usonwu, 2021). Some parents don't know how to approach their children and lack self-confidence.

Delays in providing sexual education occur when parents feel that their teenager still does not need sexual education even though they have reached the age that should receive sexual education, this happens because there are no visible signs of the child experiencing puberty, not getting along with the opposite sex, and starting to come home late to home. The neglect and absence of parents due to pressure at work and a workplace away from home resulted in limited interaction with children, thus becoming a factor in the delay in providing sexual education (Usonwu, 2021). The survey stated that most youth worldwide felt that they received information about sexual education late and wanted it to be implemented earlier (UNESCO, 2021). A teenage girl said that she received sexual education from her parents too late when she was already pregnant (Nash et al., 2019). Adolescents who receive less information from their parents about sexuality cause have a high risk of experiencing sexually transmitted diseases such as HIV/AIDS, unwanted pregnancies, abortions, and being expelled from school (Adam, 2020).

Meanwhile, sexual education content that can be provided by parents includes contraceptive methods, self-protection methods, and sexually transmitted diseases (Matin et al., 2021). Good decision-making, up-to-date information on sexually transmitted infections such as HIV/AIDS, the negative influence of friends and violence, prevention of pregnancy with contraception, myths around sexual and reproductive health, and access to reproductive health services can be sexual education content provided by parents (Ja & Tiffany, 2018). The seven main concepts of sexual education are healthy relationships, values, rights, culture, and sexuality. Understanding gender, protecting yourself from violence, skills to stay healthy, anatomy and physiology of the reproductive system, sexuality and sexual behavior, and sexual and reproductive health (UNESCO, 2021).

Then from the perspective of adolescents, they said that they got information related to sexual education from various sources and recommended the implementation of sexual education according to their needs and desires. Easy access in finding information is a factor that can be beneficial and detrimental for adolescents; this can make it easier for adolescents to get information from various sources but can also be harmful because of the possibility of inaccurate information sources. The lack of educational resources is a factor that causes ambiguity and misconceptions about sexual education (Sheikhansari et al., 2021). Adolescents want a safe and comfortable environment for them to access sexual education. However, the lack of reliable sources, trust, and certainty in maintaining confidentiality are significant obstacles for adolescents to get the desired sexual education (Sheikhansari et al., 2021). Adolescents said that they felt more comfortable discussing sexual education at school because they could ask questions when confused, read books, and share ideas with their friends. Although friends may not be good sources, they can confirm this by meeting teachers and health workers at the school (Usonwu, 2021). Adolescents' desire for ideal sexual education has yet to be realized, and various factors can cause this. Teachers reported several obstacles in providing sexual education, such as insufficient time allocation, lack of available teacher time, lack of material availability, lack of lesson planning, negative attitudes from other teachers, and fear of rejection from parents and other staff (UNESCO, 2021). Knowing the needs and desires of adolescents for sexual education is needed to plan and improve the implementation of sexual education following the definitive version for adolescents.

Teachers have a perspective related to sexual education, namely those who have roles and responsibilities. The role of parents in providing sexual education is very vital. The equality of the sex of children and their parents is not too different in conveying sexual health information; fathers may be more comfortable talking to boys than girls, but mothers have more responsibilities in nurturing both boys and girls (Evans et al., 2020). Teachers need to have skills in the delivery of sexual education. Teachers with skills can provide correct, appropriate, and skilled educational content (Samadaee Gelehkolaee et al., 2021). However, suppose the implementation of sexual education is carried out by teachers with poor preparation. In that case, this can be detrimental if the information is inaccurate or does not discuss values and attitudes in reproductive health, such as rights, gender, and sexuality (UNESCO, 2021).

Meanwhile, other stakeholders such as education managers, health managers, education departments, adolescent reproductive health experts, the Ministry of Health, orphanage caregivers, and adoptive parents have opinions regarding sexual education that must be carried out in schools, challenges to religion and culture, cooperation between parties, and how strategies for communicating with adolescents. The Centers for Disease Control and Prevention (CDC) 2018 stated that school health service centers could be national guidelines and recommendations in implementing reproductive health education whose role is critical for adolescent Health (McCann et al., 2021). In this regard, the World Health Organization recommends implementing a curriculum-based comprehensive sexual education related to the teaching and learning process in the cognitive, emotional, physical, and social aspects of sexual health to equip adolescents with knowledge, skills, attitudes, and values that can strengthen them to be aware of health, well-being such as respecting social and sexual relationships and can protect their sexual health rights (World Health Organization, 2018b). Religion and culture are also inhibiting factors for sexual education. Strict rules and negative attitudes towards sexuality and privacy are the reasons some people choose to hide problems or experiences in their sexual health. An authoritarian culture sometimes limits access to sexual health services, thereby increasing unmet sexual needs; this is also supported because the issue of sexuality has become a taboo subject (Matin et al., 2021). Parents say their culture and traditions sometimes do not allow them to discuss sexuality with their children (Usonwu, 2021).

Improving sexual education delivery is one of the efforts to reach the sexual and reproductive health of adolescents. And the improving strategy must consider stakeholders' perspectives, including partnership. A partnership of various parties such as parents, community members, religious leaders, and policymakers, including health workers in sexual education. The government must be committed to making national policies and laws as a mandate to provide sexual education following international and regional agreements contained in the International Conference on Population and Development (ICPD) in 1994 and become the target of the 2030 Sustainable Development Goals. It was providing sensitive information, which is sometimes difficult to be discussed in several cultural contexts that require collaboration with health workers, local community leaders, religious leaders, or politicians in authority. In addition, the role of private organizations is also very crucial in helping the state to initiate, implement, and expand the scale of sexual education by employing advocacy, support strategies, and accompanying government openness in carrying out its commitments, but this can become unsustainable if there is no support and cooperation from the government (UNESCO, 2021). Effective communication and balancing the needs of adolescents, such as asking how they feel and their opinions and respecting their every feeling, is the way to communicate with adolescents. Communication that is warm, open, and follows the rights and desires of teenagers is the key to discussing sexuality. Communication must be two-way, be willing to talk about difficult things, show behavior following sexual

education, and change narrow thinking about sex education because of culture and religion. Building good communication skills means learning to listen in a way that frees teens to talk, isn't shy, and accepts what teens say without fighting and judging teens (Ja & Tiffany, 2018). The limitation of this systematic review is that the data is not representative, so it cannot be generalized, considering that most research designs are qualitative studies with few participants. In addition, because the articles in this study are from various countries, some of them have different results depending on the background of each country, such as situation, culture, and religion.

Conclusion

This study shows the need for improvement in delivering sexual education. These various perspectives are provided to be considered in planning better sexual education programs and providing an increase in the level of sexual and reproductive health of adolescents as a result. However, achieving this requires support and cooperation from various parties involved in providing facilities, resources, and policies for sexual education programs.

Author's declaration

The authors made substantial contributions to the conception and design of the study and took responsibility for data analysis, interpretation, and discussion of results. For manuscript preparation, all the authors read and approved the final version of the paper.

Funding

None declared.

Availability of data and materials

All data are available from the authors.

Competing interests

The authors declare no competing interest.

Acknowledgements

The authors thank the people who contributed to this review study.

References

Adam, N. D. (2020). Parent-Adolescent Communication on Sexual and Reproductive Health Issues and Associated Factors among Preparatory and Secondary School Students of Dabat Town, Northwest Ethiopia. Journal of Environmental and Public Health, 2020. https://doi.org/10.1155/2020/4708091

Babayanzad Ahari, S., Behboodi Moghadam, Z., Azin, S. A., & Maasoumi, R. (2020). Concerns and educational needs of Iranian parents regarding the sexual health of their male adolescents: A qualitative study. Reproductive Health, 17(1), 1–10. https://doi.org/10.1186/s12978-020-0883-6

Baseline Health Research Indonesia. (2010). RISET KESEHATAN DASAR. Baseline Health Research Indonesia. https://komnaspt.or.id/wp-content/uploads/2020/12/Riset_Riskesdas-2010_Balitbang-Kemenkes_2010.pdf

Baseline Health Research Indonesia. (2018). Aborsi di Indonesia. 213–215.

Bukuluki, P., Kisaakye, P., Mwenyango, H., & Palattiyil, G. (2021). Adolescent sexual behaviour in a refugee setting in Uganda. Reproductive Health, 18(1). https://doi.org/10.1186/s12978-021-01181-0

Campero, L., Cruz-Jiménez, L., Estrada, F., Suárez-López, L., de Castro, F., & Villalobos, A. (2021). "I Matter, I Learn, I Decide": An Impact Evaluation on Knowledge, Attitudes, and Rights to Prevent Adolescent Pregnancy. Journal of Primary Prevention, 42(4), 343–361. https://doi.org/10.1007/s10935-020-00609-w

Esan, D. T., & Bayajidda, K. K. (2021). The perception of parents of high school students about adolescent sexual and reproductive needs in Nigeria: A qualitative study. Public Health in Practice, 2(December 2020), 100080. https://doi.org/10.1016/j.puhip.2021.100080

Evans, R., Widman, L., Kamke, K., & Stewart, J. L. (2020). Gender Differences in Parents' Communication With Their Adolescent Children about Sexual Risk and Sex-Positive Topics. Journal of Sex Research, 57(2), 177–188. https://doi.org/10.1080/00224499.2019.1661345

Harchegani, M. T., Dastoorpoor, M., Javadnoori, M., & Shiralinia, K. (2021). Factors contributing to mother-Daughter talk about sexual health education in an Iranian urban adolescent population. Iranian Journal of Nursing and Midwifery Research, 26(3), 223–229. https://doi.org/10.4103/ijnmr.IJNMR_86_19

Harmon-Darrow, C., Burruss, K., & Finigan-Carr, N. (2020). "We are kind of their parents": Child welfare workers' perspective on sexuality education for foster youth. Children and Youth Services Review, 108(July 2019), 104565. https://doi.org/10.1016/j.childyouth.2019.104565

Ii, O., Ma, A., Oladokun, B., Ri, O., & Ayorinde, T. (2021). School-Based Sexuality Education : An Overview. Yenagoa Medical Journal, 3(1), 8–11.

Ja, N. M., & Tiffany, J. S. (2018). The challenges of becoming better sex educators for young people and the resources needed to get there: Findings from focus groups with economically disadvantaged ethnic/racial minority parents. Health Education Research, 33(5), 402–415. https://doi.org/10.1093/her/cyy029

Joseph, N., Mahato, V., Pandey, A., Mishra, S., Prakash, G., & Gandhi, R. (2021). Experiences and perception towards reproductive health education among secondary school teachers in South India. Reproductive Health, 18(1), 1–11. https://doi.org/10.1186/s12978-021-01224-6

Laverty, E. K., Noble, S. M., Pucci, A., & MacLean, R. E. D. (2021). Let's talk about sexual health education: Youth perspectives on their learning experiences in Canada. Canadian Journal of Human Sexuality, 30(1), 26–38. https://doi.org/10.3138/CJHS.2020-0051

Maimunah, S. (2019). Importance of Sex Education from the Adolescents' Perspective: A Study in Indonesia. Open Journal for Psychological Research, 3(1), 23–30. https://doi.org/10.32591/coas.ojpr.0301.03023m

Matin, B. K., Ballan, M., Darabi, F., Karyani, A. K., Soofi, M., & Soltani, S. (2021). Sexual health concerns in women with intellectual disabilities: a systematic review in qualitative studies. BMC Public Health, 21(1). https://doi.org/10.1186/s12889-021-12027-6

McCann, H., Moore, M. J., Barr, E. M., & Wilson, K. (2021). Sexual Health Services in Schools: A Successful Community Collaborative. Health Promotion Practice, 22(3), 349–357. https://doi.org/10.1177/1524839919894303

Ministry of Health Indonesia. (2016). Pedoman Nasional Penanganan Infeksi Menular Seksual (p. ISBN 978-601-235-950-0). Direktorat Jenderal Pengendalian Penyakit dan Penyehatan Lingkungan Kementerian Kesehatan RI. https://siha.kemkes.go.id/portal/files_upload/buku_pedoman_nasional_tatalaksna_ims_2016_ok.pdf

Ministry of Health Indonesia. (2017). Infodatin: Situasi Kesehatan Reproduksi Remaja (p. ISSN 2442-7659). Pusat Data dan Informasi Kementerian Kesehatan RI. https://pusdatin.kemkes.go.id/resources/download/pusdatin/infodatin/infodatin-reproduksi-remaja.pdf

Mitchell, K. R., Purcell, C., Simpson, S. A., Broccatelli, C., Bailey, J. V., Barry, S. J. E., Elliott, L., Forsyth, R., Hunter, R., McCann, M., McDaid, L., Wetherall, K., & Moore, L. (2021). Feasibility study of peer-led and school-based social network Intervention (STASH) to promote adolescent sexual health. Pilot and Feasibility Studies, 7(1), 1–15. https://doi.org/10.1186/s40814-021-00835-x

Narushima, M., Wong, J. P. H., Li, A. T. W., Bhagat, D., Bisignano, A., Fung, K. P. L., & Poon, M. K. L. (2020). Youth perspectives on sexual health education: Voices from the YEP study in Toronto. Canadian Journal of Human Sexuality, 291(1), 32–44. https://doi.org/10.3138/cjhs.2019-0049

Nash, K., O'Malley, G., Geoffroy, E., Schell, E., Bvumbwe, A., & Denno, D. M. (2019). "our girls need to see a path to the future" - Perspectives on sexual and reproductive health information among adolescent girls, guardians, and initiation counselors in Mulanje district, Malawi. Reproductive Health, 16(1), 1–13. https://doi.org/10.1186/s12978-018-0661-x

Othman, A., Shaheen, A., Otoum, M., Aldiqs, M., Hamad, I., Dabobe, M., Langer, A., & Gausman, J. (2020). Parent–child communication about sexual and reproductive health: perspectives of Jordanian and Syrian parents. Sexual and Reproductive Health Matters, 28(1). https://doi.org/10.1080/26410397.2020.1758444

Ram, S., Andajani, S., & Mohammadnezhad, M. (2020). Parent's Perception regarding the Delivery of Sexual and Reproductive Health (SRH) Education in Secondary Schools in Fiji: A Qualitative Study. Journal of Environmental and Public Health, 2020. https://doi.org/10.1155/2020/3675684

Rodriguez, D., Rueda, H. A., Hoffman, S., & Gutierrez, B. (2022). Mexican Middle Schoolers' Questions on Sexuality and Dating Relationships: A Descriptive Qualitative Analysis. Child and Adolescent Social Work Journal, 0123456789. https://doi.org/10.1007/s10560-021-00811-7

Samadaee Gelehkolaee, K., Maasoumi, R., Azin, S. A., Nedjat, S., Parto, M., & Zamani Hajiabadi, I. (2021). Stakeholders' perspectives of comprehensive sexuality education in Iranian male adolescences. Reproductive Health, 18(1), 1–13. https://doi.org/10.1186/s12978-021-01084-0

Santelli, J. S., Bell, D. L., Trent, M., Klein, J. D., Grubb, L., Barondeau, J., Stager, M., & North, S. (2021). School-based Sex Education in the U.S. at a Crossroads: Taking the Right Path. Journal of Adolescent Health, 69(6), 886–890. https://doi.org/10.1016/j.jadohealth.2021.09.007

Sheikhansari, N., Abraham, C., Denford, S., & Eftekhar, M. (2021). A qualitative assessment of the sexual-health education, training and service needs of young adults in Tehran. BMC Public Health, 21(1). https://doi.org/10.1186/s12889-021-11371-x

Simuyaba, M., Hensen, B., Phiri, M., Mwansa, C., Mwenge, L., Kabumbu, M., Belemu, S., Shanaube, K., Schaap, A., Floyd, S., Ayles, H., & Simwinga, M. (2021). Engaging young people in the design of a sexual reproductive health intervention: Lessons learnt from the Yathu Yathu ("For us, by us") formative study in Zambia. BMC Health Services Research, 21(1). https://doi.org/10.1186/s12913-021-06696-7

Tabong, P. T. N., Maya, E. T., Adda-Balinia, T., Kusi-Appouh, D., Birungi, H., Tabsoba, P., & Adongo, P. B. (2018). Acceptability and stakeholders perspectives on feasibility of using trained psychologists and health workers to deliver school-based sexual and reproductive health services to adolescents in urban Accra, Ghana. Reproductive Health, 15(1), 1–17. https://doi.org/10.1186/s12978-018-0564-x

UNESCO. (2021). The journey towards comprehensive sexuality education Global status report. http://www.unesco.org/open-access/terms-use-ccbysa-en

United Nations General Assembly. (2020). Global indicator framework for the Sustainable Development Goals and targets of the 2030 Agenda for Sustainable Development. Work of the Statistical Commission Pertaining to the 2030 Agenda for Sustainable Development, 1–21. https://unstats.un.org/sdgs/indicators/Global Indicator Framework after 2019 refinement_Eng.pdf

Usonwu, I. (2021). Parent–adolescent communication on adolescent sexual and reproductive health in sub-Saharan Africa: a qualitative review and thematic synthesis. Reproductive Health, 18(1), 1–15. https://doi.org/10.1186/s12978-021-01246-0

World Health Organization. (2011). WHO Guidelines on Preventing Early Pregnancy and Poor Reproductive Outcomes. http://whqlibdoc.who.int/publications/2011/9789241502214_eng.pdf?ua=1

World Health Organization. (2018a). Family Planning Evidence Brief - Reducing early and unintended pregnancies among adolescents. Evidence Brief. https://doi.org/10.1596/33968

World Health Organization. (2018b). WHO recommendations on adolescent sexual and reproductive health and rights. In Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO. https://apps.who.int/iris/bitstream/handle/10665/275374/9789241514606-eng.pdf?ua=1

Yaa, N., Kumah, G., Kyere, F., & Agyemang, A. B. (2017). An Analysis of Students' Perception of Sex Education Programmes and Their Effects on Adolescent Sexual Behaviour in KNUST Junior High School, Kumasi. Journal of Education and Practice, 8(32), 26–40. https://www.iiste.org/Journals/index.php/JEP/article/view/39719