

Sexual and Reproductive Health Education to Attain Inclusive Education in Indonesia

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Abstract

Education about Sexual and Reproductive Health and Rights (SRHR) needs to be implemented in inclusive education to establish social justice. SRHR is everyone's right because it is tightly related to success of human empowerment. The Indonesian Ministry of Education and Culture has issued guidelines for Sexual and Reproductive Health and Right program to implement inclusive education. The legal basis for SRHR education has been regulated in Health Law Number 36 of 2009. However, SRHR education has not been implemented optimally in the inclusive education policy. The problems include the amount of sexual violence that occurs in formal schools, pregnancies outside of marriage, and the high number of early marriages among students. Sexual and Reproductive health knowledge is essential for male and female students. This article aims to survey the extent to which inclusive education in Indonesia contributes to sexual and reproductive health issues based on the Salamanca education perspective and principles. This study employs a systematic literature review through UNESCO inclusive education guidelines, SRHR Education, and various cases of sexual violence among students in Indonesia. The results indicate that the implementation of inclusive education in Indonesia is not optimal because it does not prioritize SRHR education as a major priority to prevent sexual violence and pregnancy outside of marriage among students. As a result, students are vulnerable to sexual violence cases because they do not understand the importance of sexual and reproductive health in their bodies. The implementation of SRHR in schools is expected to build social justice in more comprehensive and gender perspective inclusive in Indonesia.

Keywords: Inclusive Education, Sexual Violence, SRHR

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Introduction

Sexual and reproductive health education (HKSR) is a crucial element in building social welfare and justice, especially from a gender equality perspective. However, sexual, and reproductive health education in Indonesia has not been implemented properly. There are many phenomena of sexual violence against teenagers and children and even disabilities, early marriage, and unwanted pregnancies that occur in Indonesia. Sex education and sexuality discussion are still considered taboo and can encourage teenagers to have sexual relations (Miswanto, 2019).

In terms of the gender gap and problems of gender-based violence that occur in Indonesia, phenomena such as early marriage, sexual violence, and others lead women to be the most vulnerable group. Women and groups with disabilities, including children, are vulnerable groups in sexual and reproductive relations. Therefore, sexual and reproductive health education must be integrated into inclusive education in order to realize social justice projects. Sexual violence, child marriage, and sexual coercion are violations of human rights (Amporfu et al., 2020) showing that sexual and reproductive education is also a human matter.

According to UNICEF, Indonesia is one of the eight countries in the world with a high number of early marriages. By the end of 2022, the cases of early marriage in Indonesia reached 1.5 million cases. In this case, the number of married women under the age of 16 is more dominant than that of men. One out of nine women get married under the age of 18 and One out of 100 men marry under the age of 18. UNICEF also has released data that there are 1,220,900 girls who were married before the age of 18 (unicef.org, 2020).

Mostly, early marriages are triggered by pregnancies outside of marriage. Based on data from the Indonesian government, it is found that the majority of those who marry early because they are pregnant out of wedlock (unwanted pregnancy). Hence, applications for marriage dispensation for children under 18 years of age are also high. Marriage at an early age will affect women's physical, psychological, economic, and social health which has an impact on women's welfare. The physical and psychological unpreparedness of children will make women even more vulnerable to their bodies as well as in their families. Moreover, Indonesia's spending on health services remains low and below average compared to other middle-income countries (Bennett & Dewi, 2021). On the other hand, marriage at an early age also hinders children from accessing education and other economic resources.

In other cases, sexual violence in Indonesia is also high. According to the report published by the Ministry of Women and Child Protection in January 2023 (SIMFONI-PPA), sexual violence reached 24,271 cases. Most of victims are women who aged 13-17 years, 80%. Also, women with disabilities are vulnerable to becoming victims of violence. The National Commission on Violence Against Women recorded that there were 57 cases of sexual violence against women with disabilities in 2019. Women have special needs in sexual and reproductive organs because they are highly vulnerable to health risks (Khadijah & Palifiana, 2022).

The increasing number of early marriage cases, sexual violence, and unwanted pregnancies that harm one party need to be analysed critically. What is the role of our education system in overcoming such problems? How does sexual and reproductive education take place in Indonesia and become part of inclusive education? As inclusive education, it needs to accommodate various injustice problems including substantial issues such as SRHR. Women as subjects who often experience oppression in sexual relations are a specific group that also

needs to be observed. This is in accordance with the principles of the "Salamanca Statement" which mainstreams all children, especially those with disabilities and vulnerable groups.

Literature Review

Sexual and Reproductive Health Education

Sexual education remains debatable by many parties at the global level. This debate targets the wider political landscape in various countries, including Indonesia. In terms of terminology, sexual education has different definitions in each region. Some countries use the terms sex education, reproductive health education, or comprehensive sexual education (CSE). Discourses regarding sexuality are controversial, especially when discussed in public spaces. Sexuality is often interpreted as taboo, shameful, and should be kept secret, so that it does not need to be taught in formal education. On the other hand, stigmatization and stereotypes regarding sexual education are often considered westernized, tend to be liberal, allow sexual behavior, and still color the educational landscape in Indonesia.

At the global level, sexual education interventions continue to be developed by many parties over time. This includes the involvement of international organizations, such as the World Health Organization (WHO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), social institutions, communities and the world community which are involved in implementing sexual education. Ine (2016) explained that sexual education which is comprehensively implemented in schools, is considered capable of providing knowledge to the community. This includes answering questions about the anatomy and function of reproductive organs, pregnancy, relationships, family roles, sexual diseases, contraception, and so on. Besides, sexual education is regarded a preventive measure to identify and prevent the possibility of sexual harassment among students.

Sexual education for vulnerable groups is exigent. This marks the need for appropriate sexual education to the target condition where sexual education intervention cannot take place by itself. Involvement of various parties including individuals, families, schools, communities, and formal policies underlies the accessibility of sexual education. This framework then allows the important consideration whether sexual education will stand alone or be integrated into the school curriculum (Robinson et al., 2019). Comprehensive sexuality education is a cost-effective way to put students on a path to healthy decision-making and away from risky or ill-informed sexual and reproductive choices. When teaching is inclusive and promotes equality and respect for all people, society and the whole world will benefit.

The positive impact of comprehensive sexuality education is real once it is implemented properly in educational institutions. According to UNESCO, sexuality education programs might contribute to delayed initiation of sex, fewer sexual partners, less frequent unprotected sex, increased use of protection, especially condoms, reduction of risky sexual behavior.

Comprehensive Sexuality Education (CSE) is a program which provides information about sexuality and sexual health based on the age of the young generation. CSE plays a very important role in the health and survival of this generation. CSE is based on an established curriculum that is scientifically accurate, age-relevant, and comprehensive in covering the topics of life skills, family life education, consent and bodily autonomy, puberty and menstruation, contraception and pregnancy, sexually transmitted infections, or HIV. Sexual

education provides children and adolescents with knowledge and skills in terms of values to protect personal health, develop respectful social and sexual relationships, and foster a sense of responsibility and understanding of others' right.

Inclusive Education

Inclusive education is a concept that has emerged as a contradiction in fighting inequality in every country in the world. This term has been popular since the Salamanca statement in 1994, which was signed by 92 member countries. In this case, education or schools with an inclusive orientation are considered the most effective way by creating a supportive environment for all students (McLeskey & Waldron, 2000), and appreciating students' creativity and shortcomings without any discriminatory elements (Clough & Corbett, 2000; Allan, 2007). Since then, the term inclusion has been widely studied with various definitions used by different authors.

Operti, Walker dan Zhang (2013) stated that there are four primary ideas internationally which are relevant to inclusive education, including: First, inclusion is always related to human rights. Second, inclusion is also oriented towards children with special needs. Third, inclusion must embody and embrace marginalized groups. Fourth, inclusion can also act as a basis for transforming the education system. This idea was developed on the basis that educational equality has not been maximized between urban and rural areas in many countries. Therefore, it can be emphasized that the crucial problem for education is the low level of inclusiveness and learning opportunities for students with special needs and other marginalized groups.

Another review that has become an international standard trend in interpreting inclusive education is the ideas of Ainscow et al. (2006) dan Azorín & Ainscow (2020). They suggest ways of thinking about inclusion including: 1) inclusion is related to disability and the need for special education which is seen as the most common approach to the inclusive education concept, 2) inclusion as a response to disciplinary exclusion which means that inclusion is associated with students who have challenging behavior and are different from students in general, and 3) inclusion includes all groups that range from attitudes of social exclusion in society.

Moreover, the fourth (4) is inclusion as the promotion of schools for all. This approach is related to the term of a comprehensive school which is the school development by emphasizing the appreciation of innovation and creativity of each student. 5) Inclusion, as education for all people or students, refers to UNESCO's "Education for All" agenda focusing on increasing access and participation in education both nationally and internationally by setting certain goals that contribute to the progress of each country. 6) Inclusion, as a principled approach to education and society, has implications for inclusive values such as equality, participation, community, and respect for diversity, which are seen as important in guiding policies and practices to improve education and knowledge as a whole.

Therefore, according to these previous definitions, it can be concluded that the conceptualization of inclusive education is understood in different ways or adapt to the context of problems in each region. The main point of inclusive education is the desire to introduce attitudes and behavior to students, teachers, and parents to provide equal rights without looking at the shortcomings or social status of the students involved. On the other hand, inclusive education which prioritizes educational transformation also emphasizes the introduction of knowledge that is vulnerable to issues of gender, marginalization, and discrimination. It means that it has the potential to provide guidance for students and partners to be more vulnerable to

social problems (gender-based violence and social class) indirectly that often occurs in the surrounding.

Methodology

This research employs a literature review analysis. The type of literature review used refers to SLR (Systematic Literature Review). Calderón & Ruiz (2015) define the systematic literature review method as an approach to research that acts as a means of identifying, evaluating, and interpreting all research that will be carried out. The study collection is also selected or adjusted to the most relevant topics, questions, or research formulations to be studied as well as research phenomena that have a major contribution in ideas to the research being carried out.

The systematic review contained in the SLR method is a form of secondary research (Kitchenham & Charters, 2007). Furthermore, Kitchenham et al., (2009) state that the aim of a systematic literature review is to systematically examine library sources through the process of identifying, assessing, and interpreting similar previous research evidence. The research aim using this systematic literature review is to obtain a theoretical basis that can support solving the research problem and reveal relevant theories to the case. More specifically, this study tends to emphasize both national and international cases of inclusive education, as well as regulations declared by the UN or UNESCO in emphasizing the importance of gender-based education, especially on educational and reproductive rights for students and social layers in society.

The use of the SLR method in this research was carried out using the PICOC approach, which represents the scope of SRL. PICOC helps in analyzing literature data and answering research questions. It is also similar to feasibility screening (quality of the results of a literature review search that is in accordance with categories or standardization of research limitations). This approach includes several parts, including: (1) Population (P), representing the population or subjects in the research. The population in this study includes the interoperability of study criteria regarding women, students, teachers, government, NGOs (Non-Governmental Organizations) and the role of parents in initiating the formation of inclusive education that is sensitive to sexual and reproductive health.

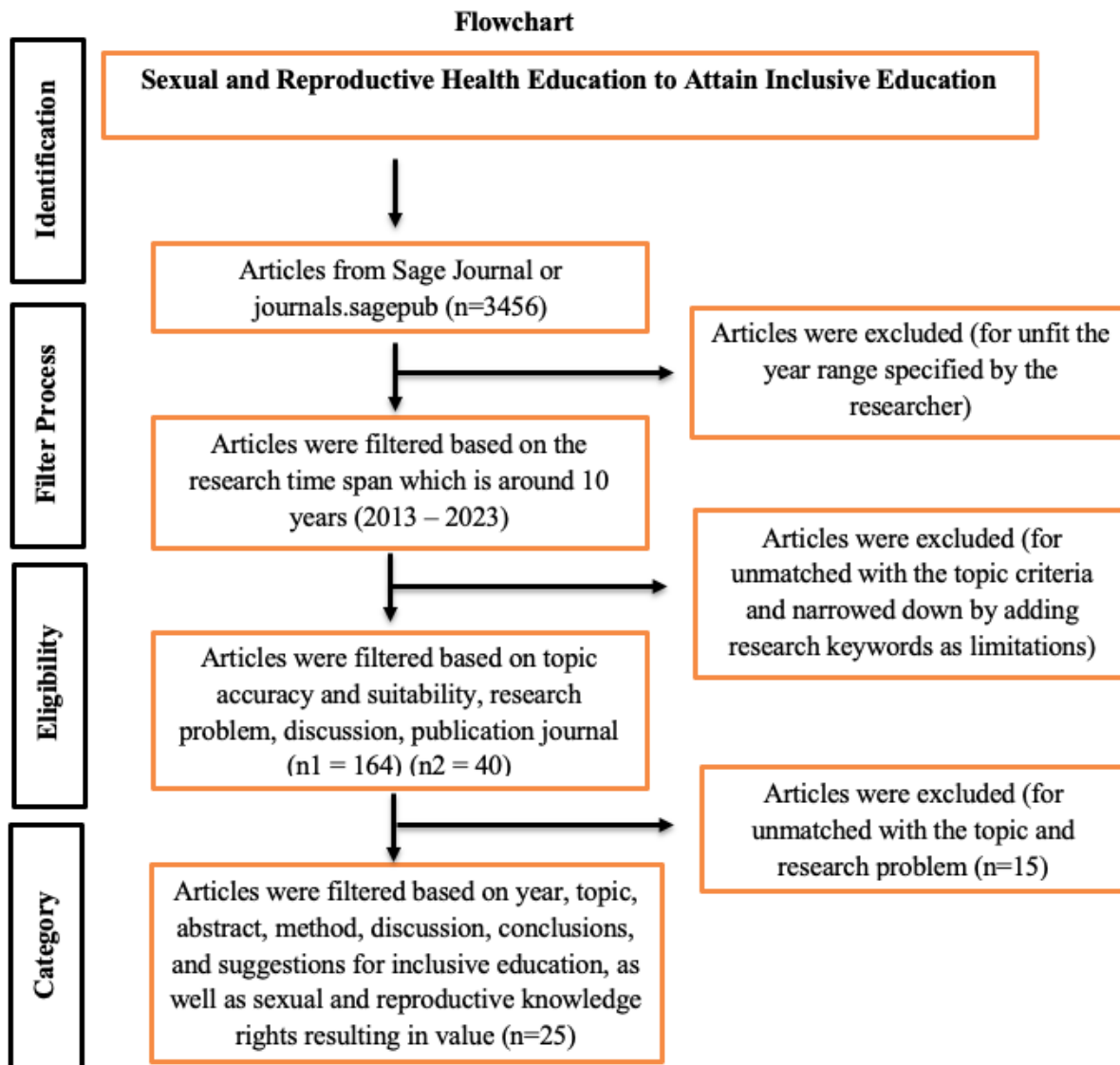
(2) Intervention (I) refers to pragmatic interoperability which includes an action carried out by the research subject. In this research, the intervention context was carried out to analyze regulatory policies in responding to social problems regarding violence, rape, pregnancy at a young age and early marriage at a minor or early adulthood. This stage is carried out to determine how much regulation can influence changes in social issues related to the weakness of inclusive education. (3) Comparison (C) is a comparative intervention. In this case, the researcher did not use comparison, because the researcher did not aim to compare the results of a literature review regarding the implementation of regulations or inclusive education policies among countries, but only in Indonesia.

(4) Outcomes (O) refers to how the results of the literature review relate to the research focus, namely the right to inclusive education in understanding sexual and reproductive knowledge from an early age. It means that outcomes refer to articles with similar results to research problems on inclusive education and sexual and reproductive health rights for students and teenagers in the community. (5) Context (C) is oriented towards contestation or research focus based on approaches to implementing national and international regulations on inclusive education in Indonesia.

In the next stage, researchers begin to identify literature from journal articles that is relevant to the topic and research problem. This stage is called the search process. In this case, literature review is defined as a series of search results based on research themes. This literature search was carried out on 14 August 2023 – 10 November 2023, based on secondary data obtained from the website of the journal article being studied. The secondary data was obtained from international journal articles with pre-determined topics and research problems through keywords.

The literature search used a database in the English language search engine "Sage journals". The keywords are also in English. As a limitation for data searches, researchers only select journal articles published in the last 10 years (between 2013 and 2023). Besides, as suggested by research limitations, the selected journal articles focus on sociology and social sciences journals & humanities.

It can be seen that the amount of data obtained was 40 articles based on the results of the latest literature review. These articles were then reviewed and analyzed based on title, abstract and relevant topics, hence it was decided to include 40 articles which were relevant. Then, the researcher implemented a quality assessment model to obtain more comprehensive literature review results. After an in-depth review and analysis of the 40 articles listed, it turns out that only 25 (twenty-five) articles passed QA. Therefore, this research will only discuss 25 related research articles.



Result Discussion

Sexual and Reproductive Health in Indonesia

Self-awareness is defined as an individual who has concern for maintaining self-function both physiologically, psychologically and in social welfare. One part of this awareness is maintaining the reproductive health system so that individuals have a safe sexual life for themselves. Individuals can plan the number of family members and produce offspring through reproductive health. Therefore, individuals could receive information about contraceptive methods, reproductive health services (delivery, postpartum, antenatal services), and health services for children and adolescents (Harahap, 2003).

Indonesia has a National Sexual and Reproductive Health policy including:

1. Maternal and Child Health Program aims to reduce maternal mortality during childbirth and the postpartum period. Preventive efforts can be carried out by providing antenatal care, labor, or parturition services, and postnatal or postpartum services. In addition, preventive efforts also include providing education regarding sexual relations that can

- cause pregnancy. This is done to prevent unwanted pregnancies and reduce the percentage of life-threatening miscarriages (Rahayu et al, 2017);
2. Family Planning (KB) Program focuses on reducing population growth, improving maternal health and family welfare, regulating the spacing and number of births;
 3. Adolescent Reproductive Health Program is carried out through education to prevent problems such as free sex, drug abuse and illegal drugs, unwanted pregnancies which lead to abortion, pregnancy and childbirth at a young age which poses a risk to the safety of the mother, and the emergence of sexually transmitted diseases (STDs) and HIV/AIDS infections.
 4. Program for Prevention and Treatment of Reproductive Tract Infections (ISR)
Preventive measures to avoid this disease include not having free sex or frequently changing sexual partners, using condoms properly, maintaining personal hygiene, especially the reproductive organs, and carrying out examinations with the relevant health services.
 5. Reproductive Health Program for the Elderly
The problems related to reproductive organs are disorders during menopause, cardiovascular disease, joint-pain, prostate cancer, and other degenerative diseases. Proper treatment efforts for reproductive health in old age can improve the well-being of the elderly.

Self-protection might not fully prevent someone from sexual violence. The cooperation from various elements to create a safe-space free of violence for society, especially women is required. Also, formal education plays a pivotal role in providing a safe space for victims of sexual violence. The education system must include learning topics related to human rights. In terms of peace, students are also taught to develop the ability to resolve personal and group conflicts through mediation and negotiation, without using violence. Teacher training to detect violence, including sexual violence in the school environment is also required (Purwanti, 2020).

Inclusive Education in Indonesia

A gender-biased education and a tendency to ignore reproductive health knowledge is one of key factors in education problems in Indonesia and other countries. WHO (World Health Organization) report suggests that various countries in the world are facing various challenges in providing sexual and reproductive health services evenly, increasing maternal and child mortality rates, gender-based violence, and low levels of information or knowledge regarding sexual and reproductive health both inside and outside school (WHO, 2015, 2018). Therefore, the United Nation (UN) participated in declaring a policy program on Sexual and Reproductive Health and Rights (SRHR) as a response to this issue.

SRHR aims to monitor or reaffirm the importance of knowledge about health rights and rights in understanding sexual and reproductive aspects for individual. It means that this SRHR declaration needs to be implemented and adopted by all countries because it is prominent in contributing to the reproductive health success index. In this case, gender and reproduction are also able to determine unique and specific health needs, especially for girls and other adult women. For this reason, Sen & Govender (2015) emphasized that Sexual and Reproductive Rights (SRR) are mandatory rights that all students and adults need to understand and obtain in order to achieve physical and mental well-being.

The integration of SRHR in inclusive education in Indonesia has been carried out through several programs, for example, the BERANI program. The BERANI program stands for Better Sexual and Reproductive Health and Rights for All in Indonesia, which has a vision in line with WHO, UNFPA (UN Reproductive Health Agency – for Women and Girls) and UNICEF (UN International Children's Fund), to combat sexual violence and reproductive problems for women and men (UNFPA Indonesia, 2018).

The right to obtain knowledge about sexual and reproductive health is a key aspect that needs to be disseminated and practiced since at the school age (Glasier et al., 2006; Chandra-Mouli et al., 2019). Moreover, inclusive branding is not only translated definitively to achieve equality. However, inclusive education should encourage the critical abilities of students, parents, and teachers to explore 'what kind of equality is appropriate to implement in order to reduce sexual violence'. A simple analogy of health and reproductive rights for the community (children to adults) needs to be provided, because it brings a huge influence on the quality of one's life as a nation. Specifically, not fulfilling these rights will certainly be an obstacle to women's self-empowerment. This is because it will further perpetuate patriarchal culture which leads to social inequality for men and women.

The government plays a role in supporting gender-based inclusive education at all levels of society in Indonesia indirectly through the BERANI program. This program was initiated in Indonesia due to: First, high maternal mortality is led by the suboptimal quality of reproductive health services. It has been convinced that in 2017, the rise in the proportion of births by medical personnel in Indonesia reached 91%, where this figure represents how high the birth rate is in Indonesia. However, based on this assumption it is reported that there are 305 maternal deaths (women) for every 100,000 births, due to late treatment by existing health workers. Moreover, there are only 50% of midwifery graduates from 700 midwifery schools in Indonesia annually (midwifery is a tertiary institution as the main provider of health and reproductive services for women in Indonesia) (UNFPA Indonesia, 2018).

The second factor is the unmet need for family planning. Mostly, young and old couples in Indonesia still do not fully understand and use proper contraception. As a result, it is undeniable that the birth rate and risk of death in pregnancies among young mothers are also increasing. Based on 2017 data, it was recorded that 10.6% of married women with childbearing age did not use a contraceptive method, even though they consciously did not want to experience a close-pregnancy distance (Irawaty et al., 2020). Meanwhile, in 2018, the death rate reached 12.4%, accompanied by an increase in the drop-out rate of 28.9%. This means that poor understanding in the use of contraceptives poses a high risk to the reproductive health of married couples, especially teenagers.

Third, teenage pregnancies in Indonesia (before marriage) are increasing. The key factor of teenage pregnancy, especially for those who are still in school (as students), is more likely led by poor access to accurate sexual and reproductive health information and services from schools and local health services. The challenge in accessing reproductive health and knowledge is also caused by several (unwritten) norms in society, which assume that providing reproductive knowledge to students is taboo. On the other hand, existing services have not yet comprehensively fulfilled young people's needs. Moreover, health and reproductive education remains not a mandatory subject in the national school curriculum. Thus, it is important to note that existing educational regulatory guidelines and resources have not met teachers' need to provide the knowledge and skills required by students.

The fourth factor is the high level of gender-based violence and harmful practices against women and girls. This problem occurs in both urban and rural areas where women and girls are the subjects of discrimination by the patriarchal culture. Therefore, violence and sexual harassment are unavoidable. According to the 2016 National Women's Life Experience Survey, it was recorded that one out of three women aged 15-64 years reported frequently experiencing physical or sexual violence (UNFPA Indonesia, 2018). Meanwhile, the group of girls aged 15-19 was reported experiencing the highest level of violence in Indonesia. The high prevalence of child marriage also drives domestic violence among girls under the age of 25. It was recorded that in 2018, one out of nine girls aged 20-24 years married before the age of 18 years. Thus, based on all of the above reproductive health problems, the government should reaffirm these rights through inclusive education in Indonesia.

Sexual and Reproductive Health Education to Attain Inclusive Education in Indonesia

Inclusive education accommodates all children to achieve equal and sustainable education. It means that inclusive education needs to highlight issues of women's vulnerability in social relations, especially in sexual relations, including women with disabilities who are also vulnerable to be victims of violence. Thus, a country has an obligation to protect and fulfil children's educational rights, including children's rights to sexual and reproductive education through inclusive education. This is pivotal to reduce the rate of early marriage, sexual violence, and unwanted pregnancies.

Sexual and reproductive health education is a comprehensive education that teaches about menstrual health, pregnancy, safe abortion, gender-based violence, infectious diseases, dangerous acts, and sexual diversity. Generally, this will cover gender education, reproductive health, human rights, violence, diversity, relationships, and others. Sexual health education in Indonesia remains limited because it is unavailable in schools (Utomo & McDonald, 2009). Meanwhile, sexual, and reproductive health education is expected to be implemented properly in inclusive education in Indonesia because every child and adolescent has the right to sexual and reproductive health which can be achieved through education.

Lack of sexual and reproductive education that occur in developing countries such as Indonesia are led by several factors such as customs, culture, religion, and limited knowledge from the right sources (Nehioshon et al., 2021). One limitation of this right source is educational institutions. After all, educational institutions in a region do not exist by itself but are also influenced by how local culture develops. Finally, there are still limitations, even in educational institutions, in providing understanding about sexual and reproductive health because it is still considered taboo and an inappropriate discussion for children and adolescents culturally.

This means that inclusive education in Indonesia is not fully in line with the shared principles of equality and justice. The justice values are reduced by the environment and adapt to societal stigma, especially in developing countries. Therefore, inclusive education needs a self-reconstruction in accordance with the principles of the Salamanca statement which creates equality and justice for others. In the Salamanca principle, education is expected to adapt to children's needs with different needs and abilities (UNESCO, 1994). Currently, sexual, and reproductive health education is crucial for every child and adolescent which should be included as a key element in learning.

Thus far, reproductive health education in Indonesia has only been one of contents in Biology which explains regarding reproductive organs, the pregnancy process, venereal disease, and

other health-related issues without involving affective aspects. Sexual and reproductive health does not extend to psychomotor education which embed skills and behavioural values in children regarding sexual behaviour. They include educating children to avoid the threat of sexual violence, knowing the vital organs that other people should not touch, teaching about safe and unsafe touch, and educating about how to build healthy relationships and access services for sexual health and reproduction. Up to now, young people in Indonesia have limitations and find it difficult to access sexual and reproductive health services (PPN/Bappenas et al., n.d.).

Sexual and reproductive health education in inclusive education provides knowledge about rights to guarantee and teaches every individual to make decisions regarding children's sexual and reproductive activities without discrimination, coercion, and violence, including access to services. Thus, there is no gap in knowledge even in access to services. Education should have high sensitivity to children's needs in accordance with inclusive education in the Salamanca principles. Sexual and reproductive health education that should be implemented in Indonesia needs national level support, starting from policies and organizations, educational institutions, recruitment and training of educational personnel, external service support, priority areas, community perspectives, and resource requirements (UNESCO, 1994). It means that educational sensitivity to the diversity of children's needs can be formed by developing non-discriminatory behaviour, building open and inclusive communities and societies, so that education can be achieved by every child/individual.

Salamanca principles can also be applied in sexual and reproductive health education such as how every child can receive reproductive health education, whether male, female, or disabled. Besides, it can be how does the education system and state build an external environment that supports well-implemented sexual and reproductive health education. A sustainable organization that advocates for sexual and reproductive health issues, adequate service infrastructure for sexual and reproductive health, and educational institutions that are aware of sexual and reproductive health rights are also required.

Conclusion

Sexual and reproductive health education should be included in an inclusive education curriculum which is adaptive to all educational institutions. This is an effort to equalize sexual and reproductive education so that there are no social disparities between regions and between genders. Sexual and reproductive health education requires strengthening organizations, communities, parents, and infrastructure according to the principles and framework of the Salamanca Statement. Some of them are carried out without gender bias and are inclusive of children and teenagers, including children with special needs who are also vulnerable to experiencing gender-based and sexual violence.

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