

GENDER STUDY ON REPRODUCTIVE HEALTH ISSUES AMONG ADOLESCENTS AT TUTUN SEHATI CLINIC, TANJUNG MORAW DISTRICT, INDONESIA

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ABSTRACT

Adolescent reproductive health is a critical issue for global gender and child health. Despite its significance, the specific challenges adolescent girls face in accessing reproductive health services in low-resource settings have received limited attention. This study explored reproductive health issues, particularly irregular menstrual cycles and syphilis, among adolescents at the Tutun Sehati Clinic in Tanjung Morawa, North Sumatra, Indonesia. A qualitative descriptive approach was used to collect data between January and April 2024 through in-depth interviews, observations, and document reviews. The study emphasized understanding the meanings and processes behind reported cases. The informants included clinic personnel who interacted directly with adolescent patients presenting reproductive health concerns. Clinicians rarely document cases related to adolescent reproductive health. However, some patients have reported menstrual irregularities and syphilis. The clinic managed menstrual issues with examinations and medication while referring syphilis cases to partner hospitals. Contributing factors include limited sexual health knowledge, unprotected sexual behaviors, and stigma surrounding reproductive health. The study concludes that although case numbers appear low, social and cultural barriers may suppress disclosure and care seeking. Early detection, youth-friendly services, and integrated reproductive health education are essential to address adolescent needs. Strengthening community awareness and destigmatizing reproductive issues are crucial for improving outcomes among adolescent girls.

Keywords: *Adolescents; Gender Stigma; Menstruation; Reproductive Health; Syphilis.*

Introduction

Adolescent reproductive health remains a critical global public health priority, particularly in the domains of gender and child health (Ojikutu et al., 2016). Adolescence is a pivotal

developmental stage characterized by rapid physical, emotional, and social changes (Muhibbuthabry, 2023). These transitions often render adolescents—especially girls—vulnerable to reproductive health challenges, including menstrual irregularities and an increased risk of

sexually transmitted infections (STIs), particularly syphilis (Askhori, 2021); (WHO, 2013) .

Understanding these interconnected health concerns is essential for developing evidence-based interventions to enhance the well-being of adolescents (Wulandari, 2023). Menstruation is a natural biological process within the female reproductive cycle; however, irregular menstrual patterns frequently serve as early indicators of underlying reproductive disorders (Aesthetica Islamy, 2019). Menstrual irregularities, like having cycles that are too short (polymenorrhea) or too long (oligomenorrhea), are often linked to hormone problems and can lead to fertility issues, including a higher chance of miscarriage and not ovulating (Dwi Astuti, 2020).

Hormonal fluctuations primarily influence these disruptions in estrogen and progesterone, which are affected by numerous modifiable factors such as nutritional status, stress levels, physical activity, and body mass index (BMI) (Rezky, Irmayanti, 2019). BMI is a crucial anthropometric indicator for assessing nutritional status, with both underweight and obesity contributing to menstrual dysfunction through their effects on hormone production, particularly in adipose tissue (Sembiring et al., 2022). Irregular

menstrual cycles are prevalent among young women in Indonesia.

According to the 2018 Basic Health Research Survey (Riskesdas), 14.4% of women aged 24 report irregular menstruation. In North Sumatra Province, 11.6% of women experienced similar issues (Kementerian Kesehatan RI, 2018). These figures underscore the pressing need to examine the contributing factors and broader implications of menstrual disorders among adolescents, especially in diverse regional and socioeconomic contexts in India. The increasing prevalence of syphilis among adolescents presents another significant public health challenge (Puspawati, 2020).

WHO (2022) reports that more than six million new syphilis cases are diagnosed globally each year, with the highest incidence among individuals aged 15 to 49. Indonesia has reported over 76,000 new syphilis cases in 2021 (Mularsih, 2020). Syphilis can be transmitted through sexual contact or vertically from mother to child, and its long-term complications include infertility, neurological damage, and an increased risk of HIV transmission (Micah, 2020). Factors contributing to adolescent syphilis infections include a history of STIs, early sexual initiation, multiple sexual partners, and limited access to comprehensive sexual

education and reproductive health services (Ontiri, 2021) (Abdi, 2021).

Cultural taboos, limited awareness, and inadequate access to healthcare exacerbate the risks faced by adolescents, particularly girls, in managing their reproductive health (World Health Organization, 2009). This study aims to analyze reproductive health issues experienced by adolescent girls..

Method

This study employed a qualitative research methodology, focusing on descriptive analysis. In qualitative research, emphasis is placed on understanding meaning and process. The theoretical framework served as a guiding tool to ensure alignment between the research focus and empirical realities.

Data were collected through direct interviews with employees at the Tutun Sehati Clinic, which aimed to gather information on adolescent reproductive health issues. The study was conducted on January- April, 2024, at the Tutun Sehati Clinic in the Tanjung Morawa District. Research subjects were patients at the clinic, identified with the assistance of clinic staff. Interviews revealed that adolescent girls experienced irregular menstrual cycles and syphilis. This study used observation sheets, document studies, and indepth interview. This study requires

an informed consent form to conduct in-depth interviews, informing participants that the interview will last 30 minutes. This study also requests necessary data documents that may be used for data analysis.

The initial step in research preparation involved collaboration with clinic staff and owners to secure permission for this study. We then inquired about the adolescent reproductive health issues that the clinics were addressing. Patients presenting with syphilis-related health concerns were referred to the hospital for comprehensive care. The clinic specifically provides treatment for women with irregular menstrual cycles and persistent menstruation. This study was conducted at the Tutun Sehati Clinic to gain more profound insights into these issues in Indonesia. This study conducted a thematic analysis of all responses provided by informants.

Results

Interviews conducted with personnel at the Tutun Sehati Clinic reveal that reproductive health issues among adolescents are infrequent. The clinic has encountered cases involving syphilis and irregular menstrual cycles.

Patients diagnosed with syphilis are referred to an affiliated hospital for further treatment. On the other hand, patients

experiencing irregular menstrual cycles receive treatment from clinic staff, undergo additional examinations, and receive medication prescriptions from a physician. Additionally, some patients present with persistent menstrual bleeding. According to clinic staff, reproductive health issues are indeed rare.

The Tutun Sehati Clinic accepts patients with social insurance, ensuring that individuals exhibiting severe symptoms are promptly referred to a collaborating hospital. The clinic staff underscore the importance of early syphilis detection and education on preventive measures to mitigate its potential harm. Psychosocial factors significantly influence menstrual regularity, so we recommend a healthy diet for patients with irregular menstrual cycles. The clinic staff have identified risk factors such as inadequate sexual knowledge, unprotected sexual activity, and limited access to healthcare services. Challenges in addressing reproductive health issues include societal stigma, which perpetuates myths, and limited resources to manage existing cases.

Discussion

The findings of this study, based on interviews with health personnel at the Tutun Sehati Clinic, indicate that reproductive health issues among adolescents are infrequently reported.

However, this perception necessitates further examination within the broader context of adolescent healthcare in resource-limited settings. Although clinic staff may encounter relatively few cases, underreporting and sociocultural stigmas may contribute to a misleading representation of the actual prevalence.

Several scholars have emphasized that societal taboos and adolescents' reluctance to seek help often overlook adolescent reproductive health (Adia, 2025). Notably, the clinic has documented instances of syphilis and irregular menstrual cycles in adolescent patients. Syphilis, a sexually transmitted infection (STI), is typically referred to a partnering hospital for advanced care, underscoring the clinic's functional referral system (Alhassan, 2019). This approach aligns with national health guidelines emphasizing early detection and timely referral of STI cases to higher-level health facilities (Mularsih, 2020).

The referral process also illustrates an essential dimension of the healthcare continuum that ensures continuity of care and access to more comprehensive diagnostic and treatment modalities (Melesse, 2020). Conversely, cases involving irregular menstrual cycles are managed within the clinic. Clinic staff employ a combination of treatment

strategies, including medical examination, prescription, and lifestyle advice.

The decision to manage these cases in-house reflects both the clinic's resource capacity and the non-emergency nature of most menstrual irregularities. Importantly, persistent menstrual bleeding has also been reported in some patients, a symptom that may suggest more serious underlying conditions, such as hormonal imbalances or reproductive tract disorders (Hayya, 2023). However, managing such cases within the clinical setting implies that health personnel possess adequate training and diagnostic capability to handle such symptoms. However, this assumption may need to be empirically validated through clinical audits or further studies.

The clinic's acceptance of social insurance significantly enhances access to healthcare services, particularly for socioeconomically disadvantaged populations (Azanaw, 2021). In contexts where out-of-pocket health expenditures may deter adolescents from seeking medical assistance, the availability of subsidized or fully covered services is a crucial facilitator of equitable care. Ensuring that patients with severe symptoms are promptly referred underscores a responsible triage system, which mitigates the risk of mismanagement or delayed care, which can exacerbate

health outcomes in vulnerable populations (Acharai, 2023).

A salient point raised by clinic personnel was the importance of early syphilis detection and health education to promote preventive behaviors. This aligns with the WHO recommendations that emphasize the integration of sexual and reproductive health education within adolescent health programs. Educational interventions targeting adolescents have proven effective in enhancing knowledge, improving attitudes, and reducing risk behaviors (Chattu, 2020). Therefore, the clinic's emphasis on prevention must be supported through structured school- and community-based outreach initiatives that normalize discussions about sexual health and encourage health-seeking behavior (Desrosiers, 2020).

Staff also acknowledged psychosocial influences as contributing factors to menstrual irregularities. Adolescents, particularly females, are susceptible to hormonal fluctuations due to stress, poor nutrition, and psychological distress (Lakhan et al., 2020). A healthy diet is recommended by clinic staff, consistent with the current evidence linking dietary patterns and menstrual. However, changes to diet should be considered alongside larger issues like food availability, nutrition education, and economic access, especially in low-income communities, where these

problems are made worse by existing inequalities (Kusumawati, 2022). Notably, the clinic staff identified several risk factors contributing to reproductive health problems in adolescents. These include insufficient sexual education, engagement in unprotected sex, and limited access to health care services. These risk factors are not isolated but are interlinked within a complex web of socioeconomic, cultural, and institutional determinants. For instance, limited sexual knowledge is both a cause and consequence of inadequate education systems and parental discomfort in discussing sexual topics with their children. Similarly, unprotected sex often reflects a combination of low agency, lack of contraceptive access, and gender-based power imbalances, which render young women particularly vulnerable (Saifuddin, 2021).

One of the enduring challenges in addressing adolescent reproductive health is the societal stigma associated with it (Rosenthal, 2020). This stigma perpetuates myths, discourages open dialogue, and fosters a culture of silence, particularly among adolescent females (Windani, 2023). The persistence of stigma not only limits adolescents' willingness to seek care but also influences how healthcare providers approach reproductive health education in schools (Huda, 2024). Such behavior may result in provider bias,

discomfort, or judgmental attitudes, further alienating adolescent patients from seeking care. Consequently, any effort to improve reproductive health outcomes must include training providers in adolescent-friendly and culturally sensitive communication.

Additionally, limited resources hinder clinics' ability to comprehensively address reproductive health issues. While the clinic operates within its capacity constraints, the lack of diagnostic tools, contraceptive supplies, and dedicated adolescent programs limits the effectiveness of its intervention (Asratie, 2024). Resource constraints are particularly significant in rural or semi-urban areas, where healthcare facilities often operate with minimal staff, limited training opportunities, and outdated equipment. Strengthening the health system's infrastructure in terms of physical resources and human capital is essential for improving adolescent reproductive health services.

This study contributes to the growing body of evidence highlighting the multifaceted nature of adolescent sexual and reproductive health. Although clinic staff reported that such issues are rare, their findings may reflect deeper systemic and social challenges rather than the absence of health concerns in this population. Adolescents may encounter significant barriers to disclosing reproductive health problems, including fear of judgment, lack

of privacy, and limited awareness of symptoms. To address these issues, fostering trust-based relationships between adolescents and health professionals is crucial, supported by policies that uphold confidentiality and patient-centered care.

Conclusions

Adolescent reproductive health is a critical aspect of global public health initiatives and child-centered health research. A study at the Tutun Sehati Clinic in Tanjung Morawa reveals that, despite the low frequency of cases, the real burden of reproductive health challenges faced by adolescents, especially young women, is often concealed. The presence of menstrual irregularities and sexually transmitted infections, particularly syphilis, is a result of limited adolescent health literacy, constrained access to services, and entrenched social stigma. The clinic's approach to managing these issues reflects a bifurcated system of care, with cases of syphilis referred to tertiary-level hospitals and menstrual disorders managed in-house. However, resource limitations hinder the clinic's capacity to offer comprehensive reproductive healthcare. The study highlights the need for gender-sensitive care beyond clinical encounters, addressing gender-based power asymmetries, limited autonomy, and structural inequities. It also emphasizes the need for a multi-level intervention strategy that addresses

individual behaviors, community norms, institutional readiness, and policy coherence. The study emphasizes the importance of strengthening youth trust in healthcare through confidentiality guarantees, respectful treatment, and culturally congruent services.

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