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ORIGINAL ARTICLE

Cultural Norms and Adolescents' Sexual and Reproductive Health in Bali, Indonesia: A Narrative Review

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Abstract

Adolescents worldwide encounter sexual and reproductive health (SRH) challenges influenced by socio-cultural factors (gender norms and taboos), particularly in low-to-middle-income countries (LMIC) such as those in the South-Eastern Asia region. Indonesia is of special interest in that region, given its heterogeneous island culture. This paper focuses on Bali, an Indonesian province with a unique Hinduism culture and religion distinct from predominantly Muslim regions. Through a systematic literature review of 19 adolescent studies (published between 2012 and 2022), we explore Bali's SRH landscape. These research and practices primarily emphasise managing adolescent sexual behaviour to align with local socio-cultural norms. Few critically examine these norms concerning Indonesian youth's human rights. Rigid norms and stereotypes hinder Balinese adolescents' awareness of SRH information. Social taboos and institutional hurdles related to education, religion, and healthcare contribute to this challenge. Situated within youth studies, this review contributes to the literature by showing that gender norms, political interventions, sexual education institutions, and moral judgments significantly shape young people's sexual lives in Bali. Under the weight of these norms, young individuals encounter numerous challenges in their pursuit of safe and fulfilling sexual experiences. Integrating insights from various studies, focusing on different aspects of adolescent sexual and reproductive health (ASRH), and situating them in an integrative theoretical framework provide a more comprehensive understanding of the challenges to adolescent well-being in relation to their sexual and reproductive development. This review emphasises the need for context-specific interventions and rights-based approaches to the complexities of SRH, including in Bali.

Keywords Adolescent · Sexual Health · Reproductive Health · Culture · Gender · Bali

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Introduction

Sexual and reproductive health (SRH) issues have been included in the Sustainable Development Goals (SDG) agenda, especially in those aiming for good health and well-being (#3) and gender equality (#5) (SDSN Secretariat 2015). SDG #3 includes outcome targets such as excellent universal access to sexual and reproductive care, family planning, and education. SDG #5 focuses on achieving gender equality and empowerment, including access to universal reproductive rights and health services. Several publications have shown that young people globally face severe SRH concerns and access issues. The problems included early childbearing and higher maternal mortality and morbidity rates (Ganchimeg et al. 2014) related to illegal and unsafe abortion in low-to-middle-income regions and countries in Asia, Africa, Latin America, and The Caribbean (Shah and Åhman 2012). In addition, gender-based violence has been a reality for many adolescents, especially girls (Stark et al. 2020). Further, approximately 2.38 million children aged 0–19 worldwide were living with human immunodeficiency virus (HIV), and about 250 children died from AIDS-related causes in 2023 (UNICEF Data 2024). Other sexually transmitted infections (STIs) were still prevalent in young people in various regions. Based on the Global and National Burden of Diseases data, global STIs incidents for young people (10–24) increased from 1990 to 2019 (Fu et al. 2022). These issues result from insufficient access to information and services regarding adolescents' sexual and reproductive health (UNFPA 2019). These also challenge the universal call to action for achieving the SDG by 2030.

Adolescents in the Global South have experienced several barriers to SRH related to characteristics of low-to-middle-income countries (LMIC), such as poverty and lack of resources (Tanyag 2018; UNFPA 2015). One in seven young girls living in Asia and the Pacific had children by the age of 18 years because of child marriage and the unmet need for contraception (UNFPA 2015). More than 63% of adolescent pregnancies in Asia were unintended and contributed to unsafe abortion (UNFPA 2015). In 2023, HIV was still prevalent in youth aged 0–19 years in various regions in the Global South, such as Southern Africa (estimated, 380,000 youth) and Indonesia, with an estimated number of 28,000 young people (UNICEF Data 2024). Moreover, STIs were the top four global causes of death (2013) in the child and adolescent population in Madagascar and Tanzania (Vos et al. 2016). In Southeast Asia, Indonesia (34 per 1000 adolescents), Cambodia (46 per 1000 adolescents), and the Philippines (49 per 1000 adolescents) had a high adolescent birth rate in 2020 (Tanyag 2018; United Nations Population Division 2023). Moreover, cultural taboos have been inhibiting the normalisation of adolescent sexual and reproductive health (ASRH) discussion in the family, school, and community (Morris and Rushwan 2015; Najafi-Sharjabad and Haghighatjoo 2019).

Cultural norms concerning young people's reproductive rights were well-researched worldwide (Bylund et al. 2020; Chandra-Mouli et al. 2019; Håkansson et al. 2018; Jackson 2020; Villa-Torres and Svanemyr 2015). These studies showed how urgent ASRH issues are for health, development, and social justice.

ASRH is essential because it is related not only to the personal well-being of adolescents but also to the future well-being of communities and societies (Chandra-Mouli et al. 2015). Adolescents have specific sexual and reproductive health needs, whether or not they are sexually active or married (Salam et al. 2016). Taboos around (premarital) sexuality and contraceptives lead to low sexual and reproductive health knowledge among young people and inhibit them from making safe and informed decisions about their future (Goodwin and Martam 2014; Pinandari et al. 2020). Furthermore, patriarchal gender norms negatively affect decision-making autonomy, freedom of voice, and gender inequity (Pinandari et al. 2020). This issue is particularly impactful for young girls because gender norms often dictate that they bear sexual and reproductive problems in silence to avoid blame and stigmatisation (Moreau et al. 2021). To improve the lives of young individuals, youth studies on contextual understanding related to social, cultural, and economic conditions are important to achieve their health and well-being. A holistic approach to considering youth within their cultural context is essential for promoting their well-being and empowerment.

Context of Study: Bali

The Indonesian Island of Bali presents a case study of the influence of social-cultural context on ASRH. Bali is an Indonesian province with the majority of Hindu believers and has a distinctive culture from the other parts of Indonesia, of which the majority is Muslim. In the sex-after-being-married culture, the rate of reported premarital sex in Bali (3.8%) was higher than the national percentage (1.2%) (BKKBN 2019). This rate is considered high, considering Bali is part of the nation that adheres to sex after married culture. Subratha et al. (2018) included provincial data from the Youth Clinic report in Bali province (2014). Based on the available data, adolescent unwanted pregnancy was 177 cases per annum, with an average of 15 cases/month (Subratha et al. 2018). Based on the long form of the Indonesia Population Census 2020, last updated on 14 July 2023, Bali's age-specific fertility rate (ASFR) for age groups 15–19 years and 20–24 years were 19.8 and 96.5 per 1000 women, respectively (BPS 2023). Of the HIV cases reported in 2020 in Bali, 19.4% cases were in the age group 15–24 years (Health Department of Bali Province 2021). Meanwhile, the national data reported that of the total HIV cases, 18.7% were adolescents aged 15–24 (Indonesia Ministry of Health 2021). The taboos surrounding reproductive health issues, especially on contraceptive use in Balinese socio-cultural settings, and the lack of access to SRH information exacerbate the risky sexual behaviour that leads to STIs, including HIV, and unintended pregnancy (Pradnyani et al. 2019).

Additionally, Indonesia's strong son preference is particularly salient in Bali which is significant within the broader context of gender norms and reproductive health (Guilmoto 2015; Titisari et al. 2022). Having a son remains a strong preference because of the patrilineal inheritance in Balinese family structures and ritual responsibilities (Adnyani 2016). This pressure has been passing down to younger generations, and young Balinese people are expected to achieve the milestone of marrying and having a son. The pressure multiplies for Balinese girls when the

social reality of premarital pregnancy of *sing beling sing nganten* (not pregnant, not marry) places them in a subordinate position and uses their bodies as a reproductive tool for society (Chandra et al. 2020). *Sing beling sing nganten* has been used to test and check a girl's fertility by engaging in premarital sex to 'produce' children (Termeulen et al. 2020). This case also shows a shifting culture in Balinese society by 'normalising' a pregnancy before marriage, which is unacceptable in Indonesian society (Dewi et al. 2022). The common social norm of sex after marriage was legalised in the recent Indonesian Criminal Code Law No. 1/2023, which penalises contraception promotion for 'children' (paragraph 408), bans extra-marital sex for Indonesian citizens and foreigners in Indonesia (paragraph 411), and forbids cohabitation of unmarried men and women (paragraph 412). The law strengthened social stigma in favour of traditional morals and values. It also negatively impacts and stigmatises women, girls, boys, and minority groups, affecting their reproductive health rights and private lives, including the inhabitants of Bali.

Our research provides a critical discussion about current research on ASHR in Bali, reflecting on normative approaches regarding topics such as premarital sex. This is because understanding Balinese youth's sexual and reproductive health in the twenty-first century is salient in the context of rapid economic growth, mass tourism effects, and exposure to other (Western) norms. Balinese society's openness to the outside world might impact its socio-cultural norms (Horii 2020), which it has been argued makes their culture and religion begin to be pushed aside and replaced with outside culture (MacRae 2010). However, their local values and everyday life choices are still very much present because of Ajeg Bali (activities to maintain the Balinese identity by articulating Bali as a cultural concept, ancestral customs, and religion). This local wisdom is a movement of Balinese resistance to overcome external influences threatening their identity (Samiyono 2013). As youth studies scholars have reported, young people face gaps between ideal access to information and socio-cultural boundaries in ASRH. These factors impact their transition from childhood to adulthood in sexual and reproductive matters (Moensted et al. 2020; Woodman and Leccardi 2015). Significantly, Balinese adolescents face the challenge of needing to achieve a safe and healthy sexual life under the pressure of norms and values that not only permeate local daily life but also characterise broader Indonesian scholarship and policies on ASRH.

Current Study

In exploring scholarly works on ASHR in Bali, this paper is guided by the framework developed by Pulerwitz et al. (2019), as described in Fig. 1. Pulerwitz et al. (2019) and Cislaghi and Heise (2019) proposed unifying multiple disciplinary approaches related to adolescent reproductive health and socio-cultural influences and impediments (Fig. 1). The four domains of influence are individual, social, institutional, and resource, modified from the ecological framework (Cislaghi and Heise 2019; Pulerwitz et al. 2019). Individual factors include personal beliefs, aspirations, skills, attitudes, and self-efficacy. The social domain relates to group networks and support, family configuration, and positive deviants (i.e.

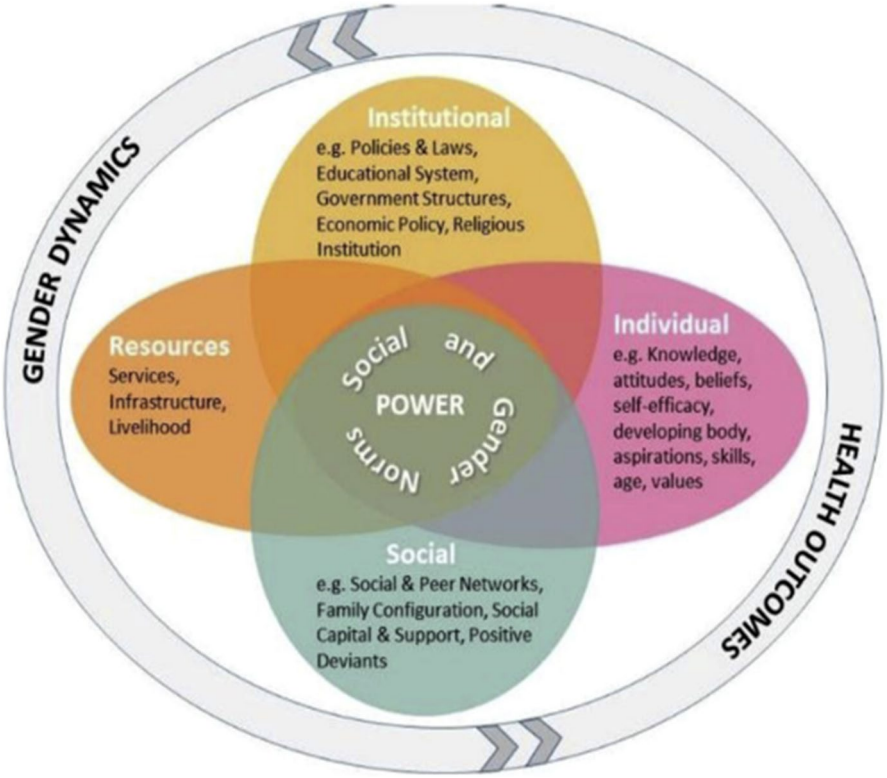

Fig. 1 The framework of social and gender norms and power for ASRH (Pulerwitz et al. 2019)

community practices to reduce risk and improve health outcomes). The resources domain includes services, infrastructure, and livelihood. Lastly, the institutional domain has policies, laws, educational systems, government structures, and religious institutions. These domains cross-cut each other and influence adolescents' sexual and reproductive health behaviour. The current study uses this conceptual framework to capture the state-of-art-knowledge about Balinese socio-cultural influences on ASRH through a systemic literature review.

Method

This paper is based on a systematic literature review conducted from April to May 2023. This study used thematic analysis, such as identifying, analysing, and reporting patterns, followed by a narrative review (Snyder 2019). It used a protocol according to PRISMA-2020 guidelines (Haddaway et al. 2022), as shown in Fig. 2. The updates were documented periodically. This study used Google Scholar, DOAJ, Science Direct, PubMed, ProQuest, and two local databases

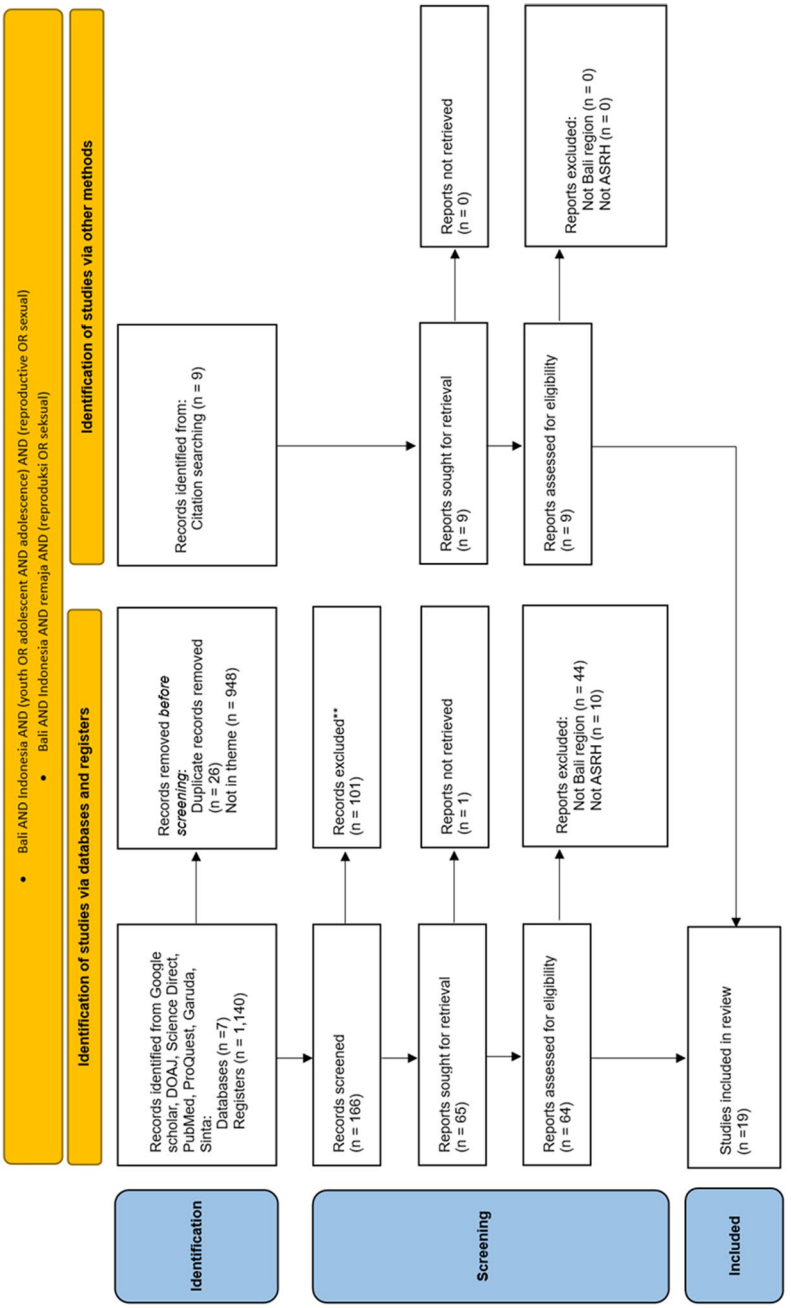

Fig. 2 The PRISMA 2020 flow diagram outlining the study identification

(Garuda and Sinta). The keywords were as follows in English and Indonesian language (search in publication title and abstract):

1. English: *Bali AND Indonesia AND (youth OR adolescent OR adolescence) AND (reproductive OR sexual)*
2. Indonesia: *Bali AND Indonesia AND remaja AND (reproduksi OR seksual)*

The identification process resulted in 1140 publications from the seven databases. Mendeley citation manager was used to help record, store, and remove duplication on the selected list of literature. After the duplicate removal and pre-screening, the total number of publications left was 166. Publications were included if published between 2012 and 2022 in English or Indonesian language and related to the reproductive and sexual health of adolescents and youth (age 10–24 years) in Bali. In this review, both empirical and theoretical studies were included. The first author screened all potential publications' titles, abstracts, and keywords against the inclusion criteria. From the screening process, 73 publications (database and citation searching) were assessed for eligibility. The second and third authors reviewed the screening results to match the criteria for inclusion, prior to collation.

The first author then read the full texts of the selected publications to assess the eligibility of the screened papers. Again, the second and third authors reviewed those selected results. The excluded studies were recorded in every stage of the data extraction. All authors collated, summarised, organised, and compared the evidence from the included studies. After applying the inclusion criteria, ten publications were included in this review (see Fig. 2). The ten publications were used as the basis for snowball searching by screening the reference lists. The snowball search resulted in nine publications with similar processes to database screening. Therefore, the total number of studies included in this review was 19 publications.

Results

Study Characteristics and Themes

As shown in Table 1, the studies were conducted using varying methods, primarily interviews and surveys. The samples covered different age groups of adolescents and were predominantly conducted in Denpasar, Bali (9 articles). The 19 publications in this review include a cross-sectional survey, qualitative, case–control, quasi-experiment, and narrative reviews. This table also presents a critical appraisal of the included publications to identify the quality of research and recognise potential bias. To review the evidence, this study used the critical appraisal tools (CAT) (Moralejo et al. 2017). Then, the 19 selected papers were categorised as weak, moderate, and strong based on the CAT guideline. A general thematic review of the publications using an inductive approach revealed the presence of four main themes within the general SRH domain: premarital sex, pregnancy and contraceptives, physical health and illness, and mental and sexual health. Most of them focused on premarital sex

Table 1 Study characteristics

Publication	Reference	Method	Sample size	Subject	Location	Study evaluation
1	Rahyani et al. (2012)	Cross-sectional survey	626	Grade 10–11 students	Denpasar	Strong
2	N.K. et al. (2012)	Group discussion	40	Grade 10 students	Denpasar	Weak
3	Citrawathi et al. (2014)	Interviews, cross-sectional survey, and focus group discussion	11 (interviews)	Junior high school students and science teachers	Singaraja, Buleleng	Weak
4	Aidil (2015)	Cross-sectional survey	136	15–21 years	Gianyar	Moderate
5	Lesmana et al. (2015)	Theoretical study (review)	-	Children and adolescents	Island-wide	Strong
6	Marhaeni et al. (2016)	Quasi-experiment	80	14–19 years	Karangasem	Weak
7	Meriyani et al. (2016)	Case–control	96	< 20 years	Bangli	Moderate
8	Prayudi et al. (2016)	Cross-sectional survey	828	12–16 years	Denpasar	Strong
9	Conn et al. (2017)	Participatory action research (action-oriented focus group discussions)	9	Young men who have sex with men	Island-wide	Strong
10	Mayun et al. (2017)	Interviews	10	12–21 years	Island-wide	Strong
11	Putra et al. (2017)	Cross-sectional study (observation)	880	Junior, senior, and vocational high school students	Denpasar	Moderate
12	Wijaya et al. (2018)	Cross-sectional survey and interviews	566	14–19 years	Buleleng	Moderate
13	Nurtanio et al. (2019)	Secondary data analysis from a cross-sectional survey	155	15–19 years	Denpasar	Moderate
14	Pradnyani et al. (2019)	Cross-sectional survey	1200	Junior, senior, and vocational high school students	Denpasar	Moderate
15	Widarini et al. (2019)	Quasi-experiment	75	18–24 years	Gianyar	Strong
16	Suariyani et al. (2020)	Interviews	6	16–17 years	Denpasar	Weak
17	Kågesten et al. (2021)	Cross-sectional survey	4309	10–14 years	Bandar Lampung (Sumatra), Semarang (Java) and Denpasar	Strong

Table 1 (continued)

Publication	Reference	Method	Sample size	Subject	Location	Study evaluation
18	Ramaiya et al. (2021)	Cross-sectional survey	2974	10–14 years	Bandar Lampung (Sumatra), Semarang (Java) and Denpasar	Moderate
19	Titisari et al. (2021)	Cross-sectional survey	418	20–24 years	Island-wide	Strong

Table 2 The coverage of the 19 publications based on the intersection of the four themes and four domains

Reference	Theme			
	Premarital sex	Pregnancy and contraceptives	Physical health and illness	Mental and sexual health
Rahyani et al. (2012)	Individual, social, resources	-	-	-
N.K. et al. (2012)	-	-	Individual	-
Citrawathi et al. (2014)	-	-	Individual	-
Aidil (2015)	Individual, resources	-	-	-
Lesmana et al. (2015)	-	-	-	Individual, social, resources
Marhaeni et al. (2016)	-	-	Social, institutional	-
Meriyani et al. (2016)	-	Individual, social, resources	-	-
Prayudi et al. (2016)	-	-	Individual, institutional	-
Conn et al. (2017)	-	-	Resources, institutional	Social
Mayun et al. (2017)	Individual, social, institutional	Individual, institutional	-	-
Putra et al. (2017)	Individual, social, resources	-	Resources	-
Wijaya et al. (2018)	Social	-	-	-
Nurtanio et al. (2019)	-	Individual, resources	-	-
Pradnyani et al. (2019)	Individual, social	Social	Individual, institutional	-
Widarini et al. (2019)	Individual, resources	-	Social, institutional	-
Suariyani et al. (2020)	-	-	-	Individual, resources, institutional
Kågesten et al. (2021)	-	-	-	Individual, social
Ramaiya et al. (2021)	-	-	-	Social
Titisari et al. (2021)	Individual, resources	-	-	-

or physical health and illness (eight publications), and five publications discussed more than one theme. The studies were then reviewed using a deductive approach to establish their fit with the four domains from the Pulerwitz et al. (2019) framework (Fig. 1). Table 2 shows the coverage of the 19 publications in terms of the four themes intersected with the four domains. Most of the publications covered two or more domains.

Below, we summarise the main insights from the publications listed in Table 2 according to the four main themes and within each theme, reflecting on the four domains.

Premarital Sex

Eight publications were identified for this topic, of which seven discussed issues from the individual domain, five covered the social domain, five discussed the resources domain, and one addressed the institutional domain. Two of the studies also reported the prevalence rates of premarital sex and will be discussed first to give context to the other findings. A survey of 1200 adolescent students with an average age of around 16 years in Denpasar, conducted in 2016, showed that most Balinese adolescents reported adhering to the norm of postponing sex until after marriage. Only a minority argued that oral sex (18.7%) and intercourse (13.8%) could be performed before marriage (Pradnyani et al. 2019). The study found that adolescents over 15 years old were more likely to approve of all types of premarital sexual behaviours compared to younger teens. Additionally, male students were more likely to agree that intimate touching, petting, oral sex, and sexual intercourse are permissible before marriage (Pradnyani et al. 2019). Another (online) survey done in 2021 among 418 Balinese late adolescents aged 20–24 years showed that 22.49% of participants reported already engaging in premarital sex (Titisari et al. 2021).

Out of eight publications that discussed premarital sex, only three addressed gender norms and represented the intersection of all four domains of influence in the social and gender norms and power for the ASRH framework (Aidil 2015; Pradnyani et al. 2019; Rahyani et al. 2012). These publications revealed that Balinese society imposes a double standard for girls and boys regarding sexual behaviour. Most girls were punished or criticised (considered 'cheap') by peers for their sexual behaviour, but boys' popularity increased following sexual activity (Rahyani et al. 2012). Furthermore, the publications all considered premarital sex a 'negative attitude and behaviour', consistent with Indonesia's social and cultural norms.

The individual domain was represented in seven publications. Most of them described the influences of respondents' characteristics, knowledge, perception, and individual values on premarital sex. The survey from 2016 measuring knowledge on ASRH mentioned above also showed that more than 90% of students had sufficient knowledge of puberty. In contrast, only one out of ten students had a good understanding of the reproductive process (10.1%) and reproductive risk (11.4%) (Pradnyani et al. 2019). The online survey also showed that boys were five times more likely to report having premarital sex than girls; young people with a dating history had a 14 times higher chance of engaging in premarital sex, and working

young people were two times more likely to have sex before marriage than those who do not work or are still in school (Titisari et al. 2021). Male adolescents were also found to experience high normative pressure and low personal agency and tended to support and have premarital sex more than girls (Rahyani et al. 2012). Furthermore, other studies conducted in Gianyar and Denpasar showed that adolescents attempted premarital sex to have fun and to try something new (Aidil 2015; Putra et al. 2017). The young people believed that this behaviour reflected their freedom to nurture relationships and express love (Mayun et al. 2017; Rahyani et al. 2012). A quasi-experimental study in Gianyar suggested that reproductive health promotion programme could improve adolescents' knowledge and change their intentions regarding 'no premarital sex' through art media dramaturgy created by several local youth communities (Widarini et al. 2019). Traditional arts, like dramaturgy, engage adolescents directly, making learning more relatable and effective by aligning with community values (Widarini et al. 2019). After the intervention, the intervention (dramaturgy) group had better knowledge of reproductive health and premarital sex than the control group. The dramaturgy group was also less likely to report an intention to have premarital sex than before the intervention than the control group (Widarini et al. 2019).

Five articles addressed the social domain concerning premarital sex among Balinese adolescents, focusing primarily on social pressure, social acculturation, and peer networks. Based on a survey of 626 senior high school students aged 14–19 years in Denpasar (2011–2012), 15% of the students reported that their partner forced or persuaded them to engage in premarital sex (Rahyani et al. 2012). Several publications suggested that social influences on premarital sex could also be at play when local Balinese adolescents came into contact with foreigners who visit Bali as tourists and might have very different values and expectations about premarital sex (Faturochman 1992; Pradnyani et al. 2019). Social and peer networks could also influence adolescents' sexual behaviour by providing them with knowledge. In a study on 566 high school students in Buleleng, 59% of participants reported that they gained knowledge (cognitive resource) about premarital sex from peers (Wijaya et al. 2018). Teenagers with 'good knowledge' from peers tended to avoid premarital sex (Wijaya et al. 2018). Interestingly, the authors did not explain what 'good knowledge' entailed in this context. In addition, they found that adolescents with strong emotional bonds with their peers were three times more likely to show 'better' sexual behaviour (Wijaya et al. 2018). Again, what constitutes 'better behaviour' was not explained in the publication. It was likely that 'good knowledge' and 'better behaviour' refer to those in line with Indonesian norms.

Besides peer networks, there is evidence that parents and teachers may play an important role in the social domain. Still, the authors of the publications used Indonesian norms and moral judgments regarding the parents-teacher role in ASRH. An observational analysis with a cross-sectional design that was conducted from July to September 2016 among 880 students in 24 schools in Denpasar suggested the urgency of parents' and teachers' contributions to promoting better access to reproductive and sexual health information specifically in relation to the 'negative value' of premarital sex (Putra et al. 2017). This is in line with another empirical qualitative study on ten Balinese girls aged 12–20 years who experienced unwanted

pregnancy, which found that family and schools are learning centres for 'character building', essentially meaning that it should contribute to rejecting premarital sex (Mayun et al. 2017). However, the study interviews found that information on reproductive health obtained from the family was limited to 'looking after yourself as a girl' and a reminder always to be 'alert' when engaging in a relationship with a boy (Mayun et al. 2017). Moreover, the taboo of discussing sexual issues with parents and teachers causes girls to take risks and solutions to premarital sex by themselves (Mayun et al. 2017).

Five publications addressed the resources domain, specifically discussing pornography exposure and information content as factors that might influence premarital sexual behaviour. Pornography exposure was the most discussed topic in this domain (Aidil 2015; Putra et al. 2017; Rahyani et al. 2012). Two studies on Balinese adolescents indicated that pornography exposure is a factor related to premarital sex initiation (Putra et al. 2017; Rahyani et al. 2012). However, in other publications, the frequency of pornography exposure was unrelated to adolescents' premarital sexual behaviour (Aidil 2015). Several publications recommended the need to improve the role of (social) media, not only for the content of entertainment and the source of pornography, but also to generate positive changes in creative ways on young people's sexual and reproductive health knowledge and sexual behaviour, such as reducing the premarital sex intention on adolescents (Titisari et al. 2021; Widarini et al. 2019). Again, the publications use a normative framework that assumes premarital sex should be avoided.

Only one study mentioned the vital role of schools as an institutional factor and educational system that can influence adolescents' perspective on sexual activity before marriage (Mayun et al. 2017). Schools were reported to be ideal for developing knowledge and moral values, but reproductive health is still an 'additional insertion' to the national core curriculum (Mayun et al. 2017). Reproductive health education, not including sexual health, is embedded in the existing curriculum in schools, including intra-curriculum, extra-curriculum, and counselling guidance. The material is taught through biology, physical health, and religious education subjects (Pradnyani et al. 2019). Although schools teach aspects of reproductive health, they are still limited to discussing sex education, such as consent of body contact and touch and other gender issues. Also, it should be noted that sex education is still taboo in Indonesian society, including in Bali (Pradnyani et al. 2019). The links with themes such as 'moral values' and religious education also illustrate a specific normative framework for this type of education.

Pregnancy and Contraceptives

Four publications were identified for this topic, three of which discussed issues from the individual domain, two covered the social domain, two discussed the resources domain, and one addressed the institutional domain. Two of the studies provided general information about adolescent pregnancy and contraceptive use and will be discussed first before delving into the different domains. Nurtanio et al. (2019) conducted secondary data analysis on adolescent pregnancy cases (15–19 years

old) in Sanglah Hospital, Bali, during 2016–2017 and showed that the majority of the patients (51.6%) had a high level of education (high school), were not working (65.9%), and were married (72.9%) (Nurtanio et al. 2019). Although contraception is not allowed for adolescents, fewer use it anyway because it is available and openly sold at pharmacies and convenience stores. The survey from 2016 by Pradnyani et al. (2019) mentioned that one out of five sexually active students self-reported 'always' using a condom for vaginal sex (19.3%).

Three publications addressed the individual domain, focusing on the role of knowledge, self-efficacy, and individual beliefs in adolescent pregnancy and contraceptive use. A case–control study on adolescent pregnancy in Bangli reported that girls and boys with less knowledge about reproductive health and pregnancy had 12.8 times the risk of teenage pregnancy than adolescents with good knowledge (Meriyani et al. 2016). In addition, the qualitative study on ten pregnant girls showed several cases of a lack of self-efficacy to reject premarital and safe sex, resulting in unwanted pregnancies (Mayun et al. 2017). Three of them assumed that sex is used to prove love and show commitment in the relationship. Meanwhile, a girl revealed that her partner forced her to have sex because the house was empty, and she thought no one would come to help (Mayun et al. 2017). However, three girls confessed that they consented to premarital sex, and one said it made them feel like being husband and wife (Mayun et al. 2017).

Only two studies covered the social domain in relation to pregnancy and contraception, discussing the role of social values and peer networks. First, the survey conducted in 2016 on Balinese adolescent students' sexual behaviour claimed that the socio-cultural values in society contributed to the unacceptability of contraception for the unmarried, especially adolescents (Pradnyani et al. 2019). Limited access to SRH services, particularly condoms, can lead to unsafe sex (Pradnyani et al. 2019). Second, the study in Bangli showed that negative influences from social and peer networks regarding premarital and unsafe sex behaviour had a greater risk (71.6 times) of teenage pregnancy (Meriyani et al. 2016). The labelling of social influences as unfavourable when they relate to premarital sex shows the normative point of view taken in this publication, as they refer to the social dynamics of engaging in premarital sex (rather than preventing it). This perspective is also in line with Indonesian Criminal Code Law No. 1/2023, which makes consensual sex outside of marriage a criminal offence.

Two studies addressed the resources domain for pregnancy and contraception, focusing on the role of socioeconomic factors and the use of antenatal care. First, higher family income was associated with a higher prevalence of Balinese adolescent premarital pregnancy (AOR = 5.8) because of the easy access to outside activities that could support sexual behaviour and promiscuity, such as alcohol and drug use (Meriyani et al. 2016). Although access to alcohol and drugs is not limited to wealthy adolescents, they may have higher rates of alcohol consumption and certain drug use (Humensky 2010). Under the influence of alcohol and illicit drugs, individuals are more likely to engage in risky sexual behaviours. This behaviour is more adequate because despite there being greater access to contraceptives, adolescents' knowledge of safe sex is limited because of sexual taboos in society. Second, once adolescents became pregnant, almost all of them (90.9%) visited antenatal care

(Nurtanio et al. 2019). It showed that this resource is very accessible to pregnant young people.

One study covered the institutional domain related to pregnancy, specifically in terms of the education system. Mayun et al. (2017) argued that the lack of systematic education regarding sexual and reproductive health at school (and at home) was one of the main reasons for (unwanted) teenage pregnancies in Bali. In turn, this relates to issues at the intersection of the four domains (see Fig. 1) that focus on cultural norms. Although none of the studies investigated moral issues directly, Meriyani et al. (2016) did point out weak morals as one of the factors that explain unwanted teenage pregnancy. Together, these two studies show how morality (condemning premarital sex and pregnancy) and cultural taboos (no sex education in schools) might be related: repressive sexual morals will prevent the implementation of sex education, and the lack of sex education will not only leave young people unequipped to prevent pregnancy but also open to negative judgments.

Physical Health and Illness

Eight studies (four studies related to the individual domain, two addressed the social domain, two discussed the resources domain, and five covered the institutional domain) reported issues of physical health and illness, mostly focusing on HIV and other STIs. For the context of these studies, it is important to note that—as reported in the 'Introduction'—Balinese adolescent HIV cases in 2020 were the top two, after the adult cases (70.1%). Meanwhile, adolescents aged 15–19 constitute 1.7% of the reported cases (Health Department of Bali Province 2021). According to the Indonesia Family Planning Association (PKBI) of Bali, in 2015, out of 1162, 7.7% cases of STIs came from adolescents aged 15–19 years old (Putra et al. 2017).

Four studies addressed issues related to the individual domain, which explores adolescents' knowledge, attitudes, and behaviour. The survey on high school students in Denpasar reported that half (55.6%) knew about HIV/AIDS and STIs (Pradnyani et al. 2019). Another study about health promotion to prevent HIV/AIDS in Denpasar found that the student's knowledge of the meaning and prevention of HIV/AIDS was good. However, a small number of students still did not know about HIV/AIDS transmission through intercourse (N.K. et al. 2012). Related to STIs, a cross-sectional survey on the impact of human papillomavirus (HPV) vaccination revealed the connection between excellent knowledge of the virus and the vaccination and HPV vaccination. The study indicated that girls who have received the HPV vaccine are 9.4 times more likely to have good knowledge about HPV and the vaccine compared to those who have not been vaccinated (Prayudi et al. 2016). A quasi-experimental research study examining 80 high school students in Karangasem noted that adolescents' knowledge and attitude toward HIV/AIDS could be improved by health intervention promotion programmes (Marhaeni et al. 2016). This quasi-experimental study proved the interconnection of individual and institutional domains.

Two studies addressed the social domain, focusing on the role of social and peer networks, social capital, and support in relation to physical illnesses and health.

The quasi-experimental research about adolescent reproductive health promotion through dramaturgy in Gianyar explained the need for the informal environment and peer networks, such as *Sekeha Teruna Teruni* (STT) or youth community, to support Balinese adolescents' sexual and reproductive health, not only the school-based or formal networks (Widarini et al. 2019). There are also examples of government support regarding this issue. The Karangasem study (Marhaeni et al. 2016) mentioned that the government has established social capital and support in the form of peer networks and positive deviants in preventing HIV/AIDS through two programmes: the Student Care Group for AIDS and Drugs (KSPAN) and the Counselling and Information Center for Adolescent Reproductive Health (PIK-KRR). These two programmes are school-based initiation (formal system) for youth and were supported by the government and NGOs (Marhaeni et al. 2016).

Two publications discussed the domain of resources regarding physical health, focusing on information access. Participatory action research with young gay men and a cross-sectional study on adolescents in Bali concluded that providing a safe and effective platform and meaningful messages enhanced adolescents' understanding of reproductive health, which is beneficial for their development (Conn et al. 2017; Putra et al. 2017). Moreover, Conn et al. (2017) recommended a private internet-based HIV prevention programme to minimise the stigma and discrimination in the case of young gay men. The study suggested that efforts can be made to help young gay men accept and normalise discussions about HIV within a larger societal framework and also integrate HIV awareness and prevention into various aspects of their lives, especially regarding their sexual rights.

Regarding the institutional domain (educational system) in five publications, a research on developing a problem-based ASRH module for junior high school students explained the educational system's limitations in providing comprehensive information and supporting adolescents' sexual and reproductive health, including the HIV/AIDS module (Citrawathi et al. 2014). The curriculum in the educational system appeared fragmentary and unsystematic, hence confusing for the students (Citrawathi et al. 2014). Pradnyani et al. (2019) also mentioned the need for schools as educational institutions to collaborate with other partners, such as public health centres, regional health officers, and NGOs, to improve students' knowledge of HIV/AIDS and STIs. The study on young gay men in Bali also recommended that private and government institutions should provide a safe and flexible place for the diverse youth community for youth-driven HIV prevention (Conn et al. 2017). Related to HPV vaccination, effective educational interventions, such as factual information about the vaccine's efficacy limitations, must be provided to prevent misunderstandings (Prayudi et al. 2016). In addition, a study in Gianyar used the uniqueness of Balinese socio-cultural life, such as a play (combining traditional musical instruments with drama performance), to promote ASRH (Widarini et al. 2019). The production served as entertainment and a tool to socialise the Hindu community norms, religious, and life philosophies. These values allow traditional arts to be adapted and harmonised with the socio-cultural community to promote ASRH effectively (Widarini et al. 2019).

This theme's main message is the institutional domain's role in propagating ASRH in the community. Six of eight publications focused on the institutional

domain regarding physical health, but none explored the religious and cultural context of Balinese's perspective on ASRH. The formal system, such as education, is expected to provide comprehensive information on physical health and illnesses, especially HIV/AIDS and STIs, but the publications revealed its limitations. The interconnectedness of the individual, social, and institutional domains is evident in these findings, emphasising the need for a multi-faceted approach to adolescent sexual and reproductive health education. Although the Hindu religion in Bali is reflected in every aspect of life, the publications above do not explain how the Balinese religious institutional context can improve ASRH. This is important to mention because reproductive health problems are generally considered taboo and too sensitive to discuss in the Hindu community. For marginalised groups, such as young gay men, barriers in social environments related to sexual health need to change by widening the access for vulnerable youth to participate in HIV prevention.

Mental and Sexual Health

Integrating mental health care with sexual health ensures holistic support, emphasising the impact of emotional well-being on adolescents' sexual and reproductive rights (World Health Organization 2018). Five of the 19 publications in this review covered the topic of mental health in relation to adolescent ASRH, four of which covered the individual domain, three discussed the social domain, two covered the resources domain, and one addressed the institutional domain. For context, we will first address the general findings regarding Balinese adolescents' sexual and emotional well-being. A cross-sectional survey of adolescents in several cities in Indonesia, including Denpasar, showed that Balinese adolescents had a stronger voice in decision-making, and they perceived higher self-efficacy to reject unwanted sexual advances than in other places in Indonesia (Kågesten et al. 2021). The study claimed that the variety of sexual well-being in the study site reflected that Denpasar, primarily Hindu but also a tourist destination, is more exposed to internationalisation and Western influences (Kågesten et al. 2021). Hinduism's adaptability, historical context, spiritual openness, and tolerance contribute to its ability to embrace modernisation without compromising its core values. Emotional awareness also helps adolescents navigate their sexual health and well-being.

The publications on this theme imply that interventions and policies on adolescents' mental health related to SRH should be tailored to their specific needs and preferences, considering the taboo around cultural and social norms in Bali. Moreover, such strategies on adolescents' mental health about SRH should be comprehensive and consider all groups of adolescents, including adolescents with disabilities and young people from the LHBT+community. As Lesmana et al. (2015) mentioned, cultural and social support, including social norms and values, could potentially improve adolescents' well-being. Addressing both mental health and sexual health ensures holistic well-being. Emotional and psychological factors significantly impact how adolescents navigate relationships, sexual choices, and reproductive decisions. The intricate relationship

between mental health and adolescents' sexual and reproductive health involves positive mental well-being supporting informed decision-making.

The stigma around sexual health can impact emotional well-being. Mental health support is essential for coping with stigma and maintaining overall health. Four studies covered the individual domain in relation to adolescents' mental health, often in close relation to the social domain, which was discussed in three publications. Lesmana et al. (2015) explained that mutual support groups (families, neighbours, teachers, counsellors, and community leaders) responsible for maintaining healthy communication and reporting relevant mental health state changes of community members were essential for adolescents' emotional well-being. Moreover, individual aspects of adolescents, such as self-care, were critical to increasing their emotional well-being by paying attention to mind, body, and spirit with cultural involvement (Lesmana et al. 2015). Another study found that parental closeness was a protective factor for adolescents' emotional well-being (Ramaiya et al. 2021). However, Kågesten et al. (2021) stated that adolescents had high scores on body dissatisfaction, unequal gender attitudes, misconceptions, guilt and uncertainties related to sexuality, and low self-efficacy to prevent pregnancy. Indeed, one of the factors associated with the reluctance of parents and young people to talk about puberty and sexuality is the perceived irrelevance and taboo of the topics (Kågesten et al. 2021). Moreover, a sexual double standard (SDS) in the social environment was reported to be an issue in girls' sexual and emotional well-being (Ramaiya et al. 2021). The environments also created unsafe and vulnerable conditions for gays, including stigma, illegality, and violence that limited their participation opportunities in the development (Conn et al. 2017).

Two publications discussed the domain of resources in relation to adolescents' mental health, and one of them also explained the correlation with the institutional domain (Suariyani et al. 2020). The systematic implementation of intentional self-care (attention to mind, body, and spirit), meditation (a well-respected practice in Balinese culture), and mutual support in the community offered an effective service to adolescents' mental health (Lesmana et al. 2015). It means that culturally competent approaches are essential to promote adolescents' emotional well-being, thus considering all aspects of their lives. A qualitative study on adolescents with hearing impairment reported insufficient reproductive health knowledge (individual domain) because of minimal access to health information due to the school curriculum and teachers not expressly providing the topic and the limited number of healthcare workers and teachers who could use sign language to help them understand reproductive health issues (Suariyani et al. 2020). The gap in access to reproductive health services can exacerbate the inequality in healthcare services and the social environment. The intersection of mental health and sexual health is essential for promoting overall health, informed decisions, and human rights among adolescents.

Discussion

This narrative review highlights how socio-cultural norms in Bali, such as gender stereotypes and taboos, significantly impact adolescents' SRH. It emphasises the need for context-specific interventions and rights-based approaches to address these

challenges and improve adolescent well-being. Overall, the focus on the individual adolescents (knowledge, attitude, value) and their immediate social peer networks shows that the 'burden' of ASRH is put mostly on the adolescents themselves, ignoring the role of access to resources and institutions that can either support or hinder adolescents' SRH, particularly in the political, religious, and legal domains. The lack of discussion of the socio-cultural context also highlights a normative narrative consistent with the dominant Balinese taboo on adolescent sexual activity. The ASRH issue in Indonesia also diminishes the context of pleasure as a component of health promotion and policy because understanding sexual experience and pleasure can contribute to a more comprehensive and positive approach to sexual health (World Health Organization 2022).

More than half of the publications implicitly conveyed the norm that adolescents should not have sex before marriage. This review also revealed interesting variations in the normative perspective taken by the authors of the publications based on the four themes (premarital sex, pregnancy and contraceptives, physical health and illness, mental and sexual health). For instance, Pradnyani et al. (2019) and Rahyani et al. (2012) both addressed adolescent sexual behaviour, with the former concerned about permissive attitudes and suggesting preventive measures, and the latter viewing premarital sex as a severe moral issue. While global ASRH research often focuses on preventing unwanted pregnancies and STIs, the emphasis on preventing premarital sex is culturally not just specific to Bali but to Indonesia and, of course, to other countries where this topic is taboo. Premarital sex is seen as damaging to the future and tainting the reputation of the girls and their family (Horii 2019).

Globalisation and tourism in Bali have been impacting social norms differently in rural and urban areas. While some view Western values as negative influences on local adolescent sexual and reproductive health (ASRH) norms, others resist these 'imposed values' as sexual freedom (Susetyo 2019). The tension between Indonesian cultural norms and universalist approaches to human rights is seen in the contradiction between the new Indonesia Criminal Code Law No.1/2023[1] and Indonesia's Law on Human Rights No.39/1999, which mostly adopted values and principles of the Universal Declaration of Human Rights (UDHR). Balancing cultural norms and individual rights remains a challenge, but promoting comprehensive sexual education and reducing judgment during adolescents' transition to adulthood is crucial (Nguyen and Liamputtong 2007). While adolescents from other parts of the world are facing the transition to adulthood with questions like 'What career should I pursue?' or 'Whom should I marry?' (Woodman and Leccardi 2015), Balinese adolescents still struggle with the question 'Is this right or wrong?' about normative judgments related to ASRH.

[1] During this paper's review, the Indonesian government released Government Regulation No.28/2024 on 26 July 2024. In paragraph 103, one of the efforts to enhance school-age and adolescents' reproductive health is the provision of contraceptive methods. This new law contradicts the Criminal Code Law No.1/2023 paragraph 408 and (again) becomes the subject of contestation. Despite the controversy, Indonesia still has a long way to run regarding adolescents' sexual and reproductive health and rights.

Institutions and the justice system play a crucial role in supporting adolescent advocacy by ensuring access to reproductive health care and education and addressing gender norms (Baird et al. 2021). The Indonesian decentralisation policy in the early 2000s led to local government commitments to reproductive health programmes, but political influences and cultural norms hindered their implementation (Fatoni et al. 2015). Religion significantly impacts adolescent sexual behaviour and health decisions (Hall et al. 2012), yet its role is underrepresented in the academic literature on ASRH in Bali, limiting a comprehensive understanding of structural factors. Moreover, the lack of publications on restrictive gender norms in Bali restrains understanding of gender attitudes and health behaviours. Gender norms limit young people's expression, including their sexual and reproductive health rights (Baird et al. 2021). Understanding the complex interplay between social experiences, structural constraints, and social contexts in shaping individual and collective behaviour and outcomes is essential, primarily related to this issue (Kern et al. 2020). Intersectionality should have been mentioned or explored in any publications reviewed here because it recognises that inequality occurs not only because of gender but also because of the overlapping with socio-cultural structure (Lyke 2010).

Our findings regarding the underlying moralities in the publications on ASRH in Bali show that even in the academic context, gender and sexuality issues are considered political and socio-cultural negotiation and subjectivities (Muttaqin 2014; Platt et al. 2018). Normative aspects and moralities often shape how research questions are framed, and results are interpreted because cultural and social context influences how researchers approach their work, the questions they ask, and the lens through which they interpret findings. Indonesian scholars' academic works are clearly influenced by local and national gender and sexual norms. Those who embrace the standards deserve social, political, and religious respect (Muttaqin 2014). Moral discussions, such as acceptable moral standards and moral deviance, are crucial in shaping power dynamics and determining the legitimacy of Indonesian identities and practices (Platt et al. 2018). Based on this insight, it is crucial for self-awareness, critical reflection, and cultural sensitivity among researchers in the field of ASRH.

Furthermore, it is imperative to acknowledge the interplay between adolescents' agency and socio-cultural dynamics in promoting youth well-being and sexual health. Rather than viewing sexual health solely through the lens of personal choices, we must enlarge our perspective to encompass the broader societal context. This entails acknowledging that sexual well-being is intricately woven into a bigger picture of social norms, relationships, and cultural influences (Byron 2017) that is inherently universally relevant.

Conclusion

The research on adolescent sexual and reproductive health (ASRH) in Bali reveals a strong focus on managing adolescent behaviour to conform to local socio-cultural norms. Most studies reviewed contain normative frameworks that

reinforce these local values, often appearing more prescriptive than descriptive. This highlights the broader significance of cultural affiliations of researchers and the need for critical reflection on research questions and framing. Of course, no scholarly work on a topic like ASRH is entirely value-free or neutral. The Indonesian authors' normative perspectives are more or less related to their identity as citizens and the associated moral provisions on sexual and reproductive issues based on shared moral values. What this review on the specific case of Bali shows is that such underlying norms strongly dictate both the research agendas and the type of conclusions drawn about how to influence adolescent sexual and reproductive choices so that they behave according to society's expectations.

It would be very informative to analyse and compare the normative frameworks underlying the literature on ASRH in different regions. Are there any universals, or does each 'niche' on the world map put forth its own local value system in its research agendas on this topic? What does this mean for international approaches to ASRH promotion? Are there apparent differences between local scholars publishing on this topic versus outsiders studying and reporting on ASRH? Answering such questions also means reflecting on the (un)desirability and (im)possibility of universal values in this field. While definitive answers are unlikely to emerge, such reflections in and of themselves will help identify biases in scholarly work and open up avenues for more transparent studies and reports on ASRH within specific countries or regions. In the meantime, based on Indonesia's Law on Human Rights No.39/1999, Balinese adolescents deserve a more comprehensive and less normative investigation of their sexual development that will genuinely contribute to their sexual and reproductive well-being. This review calls for future studies to involve young people in the development and framing of research to better capture their insights and experiences, such as youth participatory action research (Fortin et al. 2022). This approach can challenge adult-centric perspectives and contribute more effectively to the sexual and reproductive well-being of adolescents.

Author Contribution AST conceived the study and took the lead in reviewing the publications, interpreting the data, and writing the manuscript; JM and KHD contributed to the design of the study, the interpretation of the data, and the writing of the manuscript in multiple rounds of discussions and detailed feedback. All authors read and approved the final manuscript.

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Data Availability The data used to support the findings of this study are included in the article. The selected publications used in this review are included in the 'References' section.

Declarations

Ethical Approval and Consent to Participate Formal consent is not required for this type of study.

Conflict of Interest The authors declare no competing interests.

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