e-ISSN: 2775-5037
p-ISSN: 2614-3917

Original Article

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Analysis of Reproductive Health Needs Through Focus Group Discussions (FGDs): A Collaborative Outcome of the Early Exposure Program of the President University Faculty of Medicine with Sukamahi Health Center, Mekarmukti Health Center, Lemahabang Health Center, and Cipayung Health Center

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Abstract:

This study analyzes reproductive health needs in four semi-rural Community Health Centers—Sukamahi, Mekarmukti, Lemahabang, and Cipayung—through a qualitative Focus Group Discussion (FGD) conducted as part of the Early Exposure program of the President University Faculty of Medicine. Twelve participants, consisting of Community Health Center leaders, program managers, health promotion officers, and cadre coordinators, engaged in a structured FGD to explore challenges, gaps, and priorities in reproductive health services. Thematic analysis identified three major themes: (1) fundamental reproductive health needs among adolescents and women, particularly related to puberty, menstrual hygiene, and the lack of adolescent-friendly counseling; (2) gaps in cadre competence, including insufficient training, limited technical skills, and inadequate educational resources; and (3) primary healthcare system constraints, such as limited human resources, weak program coordination, and inadequate service infrastructure. These findings align with reproductive health needs theory, capacity-building frameworks, and primary care determinants. Collectively, the results underscore the need for a targeted intervention focusing on strengthening cadre skills and knowledge in reproductive health. This direction was chosen as the most feasible and high-impact strategy among several alternatives discussed. The study highlights important implications for Community Health Center policy, community health education, and medical student training, while acknowledging limitations regarding sample size and generalizability.

Keywords: Reproductive Health, Focus Group Discussion, Community Health Centers.

Submited	: 10 January 2026
Revised	: 21 January 2026
Acceptance	: 30 January 2026
Publish Online	: 31 January 2026

Introduction

Reproductive health remains a crucial component of community well-being and represents an integral determinant of overall health status, especially for women in primary healthcare settings. In Indonesia, various studies consistently highlight that gaps in reproductive health knowledge, cultural stigma, and limited access to reliable information contribute to persistent challenges—particularly among adolescents and women of reproductive age (Alya et al., 2024; Manze et al., 2020; Maqbool et al., 2019). These gaps may manifest in inadequate understanding of reproductive anatomy, menstrual hygiene, safe sexual practices, and contraceptive use, ultimately increasing the risk of unintended pregnancy, reproductive infections, and other preventable health problems (Rokhmah & Warsiti, 2015). Structural barriers such as uneven health promotion programs and insufficient community-based education exacerbate these disparities, especially in regions served by rural or resource-limited Community Health Centers.

Research indicates that reproductive health education in Indonesia remains varied and often insufficient, with adolescents demonstrating limited awareness of personal hygiene, menstrual health, and the availability of reproductive health services (Yulistanti et al., 2025). Social norms, fear of stigma, and the absence of safe discussion spaces further restrict individuals from accessing accurate information on reproductive matters, creating an unmet need for community-focused interventions (Sulistyoningsih & Fitriani, 2022). In several regions, these challenges are compounded by insufficient training and involvement of community health workers or kader, who serve as essential intermediaries between health services and the community. Because kader are directly engaged in health promotion, any gaps in their knowledge or communication skills can significantly influence the effectiveness of reproductive health outreach.

The transition from adolescence to adulthood is also a critical phase in which attitudes and behaviors toward reproductive health are formed. Qualitative studies reveal that adolescents require accessible, relevant, and culturally appropriate health information to support healthy decision-making. They frequently report that educational materials are insufficient, health resources are not youth-friendly, and communication with adults is limited, limiting their ability to seek help when needed (Kurniawati, 2024). Given these dynamics, meaningful needs assessment approaches are required to understand the perspectives of health workers, kader, and community members. This includes understanding sociocultural challenges, service gaps, and contextual nuances that influence reproductive health outcomes.

In this context, the use of Focus Group Discussion (FGD) is particularly relevant as it captures diverse viewpoints, encourages dialogue among stakeholders, and reveals needs that may not emerge through quantitative methods. FGD is effective for exploring collective experiences, identifying practical barriers, and formulating context-specific solutions between health institutions and communities (O. Nyumba et al., 2018). Collaboration between medical education institutions and Community Health Centers through early exposure programs offers an opportunity to integrate academic perspectives with real-world public health practice. Such collaborations create a strong foundation for designing interventions that are both evidence-based and locally relevant.

Prior research in Indonesia has examined specific aspects of reproductive health needs among different groups, such as improved outcomes following reproductive

hygiene education, or factors influencing adolescent reproductive knowledge through family and peer interactions (Sandy et al., 2025; Yulistanti et al., 2025). However, few studies have systematically analyzed reproductive health needs across multiple Community Health Centers using a qualitative FGD approach involving primary healthcare leaders and related program staff. This study aims to fill that gap by collaboratively exploring the reproductive health needs, perceived barriers, and priority interventions in four Community Health Centers through a structured FGD process.

Therefore, the purpose of this study is to (1) identify reproductive health needs and service gaps from the perspectives of Community Health Centers leaders and program staff, (2) examine sociocultural and operational barriers affecting reproductive health promotion at the community level, and (3) formulate priority recommendations for early-exposure intervention programs that strengthen kader capacity in reproductive health.

Methods

Research Design

This study employed a qualitative descriptive design, which is appropriate for exploring perceptions, needs, and contextual challenges related to reproductive health in primary care settings. A qualitative approach enables the collection of rich, in-depth data and is particularly effective for understanding community-based health concerns from multiple stakeholder perspectives (Creswell & Poth, 2016). Focus Group Discussion (FGD) was selected as the primary method because it facilitates interactive dialogue, collective problem-solving, and the emergence of shared meanings among participants who work within similar service environments (Krueger, 2014). FGD is particularly suitable for needs assessment studies because it allows participants to compare experiences, validate each other's perspectives, and highlight practical challenges that may not be revealed in individual interviews.

Study Setting

The study was conducted in collaboration with four Community Health Centers (Sukamahi, Mekarmukti, Lemahabang, and Cipayung), located in semi-rural and peri-urban regions. These areas are characterized by:

1. Moderate to high reproductive health burdens, including low coverage of early screening and limited community health literacy;
2. Variations in infrastructure and human resources, affecting the delivery of maternal and reproductive health programs;
3. Strong reliance on kader as community health intermediaries due to wide service coverage and diverse population characteristics.

Understanding the contextual features of these Community Health Centers is essential because qualitative insights are shaped by demographic, sociocultural, and service-delivery characteristics within each location (Patton, 2015).

Participants

A total of 12 participants were involved in the FGD, representing various roles relevant to reproductive health programs. The participant composition consisted of:

1. 4 Heads of Community Health Centers

2. Program managers/staff from Maternal and Child Health (KIA) units
3. Health promotion officers
4. Coordinators responsible for kader development
5. Senior kader representatives who were invited for insight, though not as primary discussants

This multi-disciplinary composition was chosen to ensure triangulation of perspectives across managerial, clinical, and community-level roles, following the recommendation of multi-layered participation in qualitative health research (Guest et al., 2013).

Data Collection Procedure

The FGD was conducted online on 8 October 2025 and lasted approximately 90 minutes. The procedure included:

1. Opening and rapport building by the moderator.
2. Trigger statement to stimulate discussion on reproductive health issues.
3. Guided discussion based on a semi-structured FGD guide, which covered:
   a. Existing reproductive health programs;
   b. Barriers experienced by health workers and kader;
   c. Identification of unmet community reproductive health needs;
   d. Prioritization of feasible intervention themes.
4. Open dialogue session enabling participants to compare conditions across Community Health Centers.
5. Consensus-building to select a final priority intervention.

FGDs are known to encourage interaction, clarify perceptions, and foster shared conclusions, making them suitable for collaborative health needs assessments (Morgan et al., 1998).

Instruments

The FGD guide included four groups of questions:

1. Opening questions (background and role identification)
2. Transition questions (general reproductive health services)
3. Key questions (challenges, needs, program gaps, competency needs)
4. Ending questions (agreement on priority intervention)

The instrument was adapted from established FGD frameworks in qualitative public health research.

Data Analysis

Data were analyzed using thematic analysis, following the stages proposed by Braun and Clarke (2006):

1. Familiarization with the transcript
2. Initial coding
3. Searching for themes

4. Reviewing themes
5. Defining and naming themes
6. Producing the report

The coding process was conducted manually by two researchers to ensure analytic consistency. Disagreements were discussed and harmonized to strengthen credibility.

Trustworthiness and Validation

To enhance data credibility and methodological rigor, several strategies were implemented:

1. Member Checking

   At the end of each theme discussion, the moderator restated key points and asked participants to confirm accuracy. This form of real-time member validation helps ensure that findings accurately represent participants' intended meanings (Guba et al., 1994).

2. Triangulation

   Triangulation was conducted through:

   a. Participant triangulation (leaders, program staff, kader supervisors),
   b. Data triangulation (discussion transcript, field notes),
   c. Context triangulation (differences across four Community Health Centers).

   Triangulation strengthens the depth and reliability of qualitative findings (Patton, 2015).

3. Reflexivity

   Researchers noted potential biases and maintained reflexive notes to ensure that interpretations were grounded in participant perspectives rather than researcher assumptions.

Ethical Considerations

All participants provided verbal consent prior to the FGD. Participation was voluntary, and confidentiality of statements was assured. Ethical procedures followed standard guidelines for qualitative public health research, including respect, beneficence, and protection of participant identity.

Results

Major Findings from the FGD: Thematic Analysis

The thematic analysis generated three major themes and several subthemes that describe reproductive health needs, gaps in cadre capacity, and primary care system challenges. These themes emerged through iterative coding and theme refinement.

1. Theme 1 – Fundamental Reproductive Health Needs Among Adolescents and Women

   Subthemes:

   a. Need for information on puberty and reproductive hygiene
   b. Need for more comprehensive menstrual health education

c. Lack of adolescent-friendly reproductive health counseling services

One participant stated:

"Many adolescents in our area are still confused about puberty and how to maintain reproductive hygiene. Even many mothers do not fully understand it." (P2)

This finding aligns with the Reproductive Health Needs Theory, which frames reproductive health as a multidimensional construct requiring adequate information, access to services, and social support (Glasier et al., 2006).

Similar studies in Indonesia have also shown that knowledge of menstrual hygiene and puberty remains low in regions with limited health literacy (Yulistanti et al., 2025).

2. Theme 2 – Gaps in Cadre Competence and Capacity

Subthemes:

a. Cadres feel unprepared to answer questions from adolescents
b. Lack of specialized training on reproductive health
c. Limited access to educational materials and standardized modules

One cadre reported:

"When adolescents ask about menstruation or safe sexual behavior, we often don't know how to answer. We never received specific training." (P5)

This reflects the Capacity Building Model (LaFond et al., 2002), which highlights three pillars of capacity:

a. technical skills,
b. organizational support, and
c. availability of resources.

Weakness in any of these areas reduces the overall effectiveness of cadre-based educational outreach. Previous studies have shown that structured cadre-empowerment programs significantly improve reproductive health promotion outcomes (Nayoan & Haninuna, 2023).

3. Theme 3 – Limitations of the Primary Healthcare System and Operational Challenges

Subthemes:

a. Lack of dedicated counseling rooms for adolescents
b. Weak coordination across programs
c. High workload among health workers and cadres

A Community Health Centers manager emphasized:

"Our human resources are limited. The maternal-child health program and health promotion sometimes run separately." (P8)

This is consistent with the Primary Health Care Determinants Framework (Starfield, 1998), which states that the effectiveness of primary care is shaped by:

a. availability of human resources,
b. coordination mechanisms,
c. accessibility, and
d. adequate infrastructure and support systems.

Poor program coordination directly restricts the capacity of reproductive health promotion activities to operate optimally.

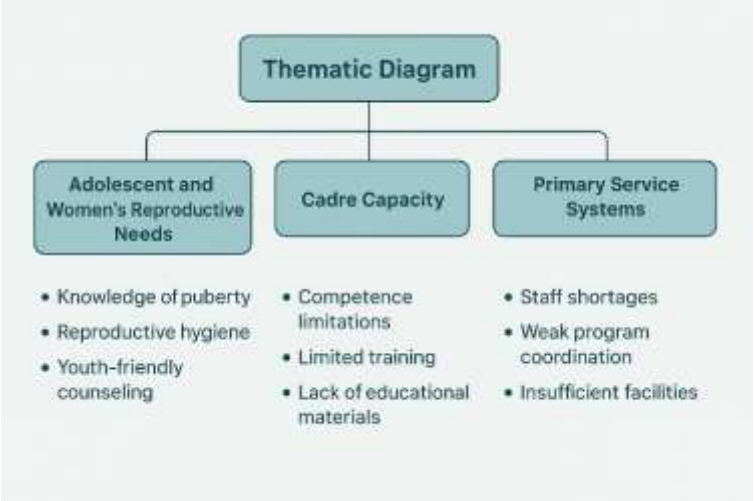

Figure 1. Thematic Diagram

Discussion

Reproductive Health Needs and Theoretical Alignment

The need for improved knowledge on puberty, menstrual hygiene, and safe reproductive practices reflects the framework of Essential Reproductive Health Needs (Glasier et al., 2006). These findings confirm previous Indonesian studies reporting that adolescents' reproductive health literacy remains suboptimal, particularly in semi-rural settings (Yeni Yulistanti et al., 2023).

Cadre Capacity and the Capacity Building Model

Cadres are central actors in community-level reproductive health promotion. The FGD findings highlight competency gaps that align with the capacity building dimensions proposed by LaFond et al. (2002). Without adequate training, resources, and organizational support, cadres are unable to serve as reliable sources of reproductive health information—a pattern also documented in prior local studies (Fitriani, 2021).

System-Level Determinants and Primary Care Functionality

Challenges such as limited human resources, lack of adolescent-friendly facilities, and insufficient program coordination demonstrate systemic constraints within the primary care structure. Starfield's (1998) model emphasizes that effective primary care

requires continuity, comprehensiveness, coordination, and accessibility. The gaps identified in this study show that several of these foundational attributes are not fully met within the participating Community Health Centers.

Practical Implications for Reproductive Health Program Strengthening

The integrated findings suggest the need for:

1. structured, competency-based cadre training on reproductive health,
2. standardized educational materials for both cadres and adolescents,
3. improved cross-program coordination (KIA, health promotion, school health programs), and
4. dedicated adolescent counseling spaces.

These recommendations are consistent with WHO's Global Reproductive Health Strategy (2022), which emphasizes capacity strengthening and intersectoral collaboration for effective reproductive health interventions.

Conclusion

This study shows that reproductive health needs in the four participating Community Health Centers arise from combined gaps in community knowledge, cadre competencies, and structural challenges within the primary healthcare system. Adolescents and women continue to lack essential knowledge about puberty, menstrual hygiene, and reproductive health, reflecting core elements of the reproductive health needs framework. Meanwhile, cadres report low confidence and limited training, which—when viewed through the capacity-building model—demonstrates shortcomings in skills, organizational support, and access to educational resources.

System-level constraints such as insufficient human resources, poor program coordination, and the absence of adolescent-friendly facilities further hinder effective service delivery. Interpreting these findings through primary care theory underscores the need for improved continuity, comprehensiveness, and coordination within Community Health Centers services.

These combined insights logically support the selected intervention: strengthening cadre knowledge and skills in reproductive health. Compared to other alternatives discussed during the FGD, cadre training was identified as the most feasible and immediately actionable option within existing resource limitations. The intervention also holds strong potential for effectiveness, as previous studies show that empowered cadres significantly enhance community reproductive health literacy.

The findings carry important implications. For Community Health Centers, institutionalizing structured cadre training and improving cross-program collaboration are necessary steps. For the Early Exposure curriculum, integrating modules on reproductive health education and community capacity-building will better prepare medical students to contribute meaningfully to primary care settings.

This study has limitations, including a small number of FGD participants and a single discussion session, which may restrict representativeness and depth. Future research should involve multiple FGDs across different stakeholder groups, incorporate observational methods, and evaluate the implementation outcomes of cadre capacity-building programs.

Overall, this study demonstrates that addressing reproductive health challenges in semi-rural communities requires simultaneously strengthening individual knowledge, improving cadre capacity, and enhancing system-level support within primary healthcare services.

References

Alya, K. D. S., Sukarya, W. S., & Pudyastuti, E. (2024). Hubungan Antara Karakteristik Calon Pengantin Wanita dengan Pengetahuan tentang Kesehatan Reproduksi di Community Health Centers Tunjung Kecamatan Randuagung Kabupaten Lumajang Jawa Timur. *SANUS MEDICAL JOURNAL Учредители: University of Muhammadiyah Prof. Hamka (UHAMKA)*, *6*(1).

Creswell, J. W., & Poth, C. N. (2016). *Qualitative inquiry and research design: Choosing among five approaches*. Sage publications.

Glasier, A., Gülmezoglu, A. M., Schmid, G. P., Moreno, C. G., & Van Look, P. F. A. (2006). Sexual and reproductive health: a matter of life and death. *The Lancet*, *368*(9547), 1595–1607.

Guba, E. G., Lincoln, Y. S., & Denzin, N. K. (1994). Handbook of qualitative research. *Califónia: Sage*, 105–117.

Guest, G., Namey, E. E., & Mitchell, M. L. (2013). *Collecting qualitative data: A field manual for applied research*. Sage.

Krueger, R. A. (2014). *Focus groups: A practical guide for applied research*. Sage publications.

Kurniawati, H. F. (2024). Kebutuhan Informasi Tentang Triad Kesehatan Reproduksi Remaja (Krr) Pada Masa Pandemik COVID 19. *Jurnal Kebidanan Indonesia*, *15*(1), 53–64.

LaFond, A. K., Brown, L., & Macintyre, K. (2002). Mapping capacity in the health sector: a conceptual framework. *The International Journal of Health Planning and Management*, *17*(1), 3–22.

Manze, M., Romero, D., Sumberg, A., Gagnon, M., Roberts, L., & Jones, H. (2020). Women's perspectives on reproductive health services in primary care. *Family Medicine*, *52*(2), 112–119.

Maqbool, M., Khan, M., Mohammad, M., Adesina, M. A., & Fekadu, G. (2019). Awareness about reproductive health in adolescents and youth: a review. *Journal of Applied Pharmaceutical Sciences and Research*, 1–5.

Morgan, D. L., Krueger, R. A., & King, J. A. (1998). *The focus group guidebook*. Sage.

Nayoan, C. R., & Haninuna, G. Y. (2023). Peningkatan Literasi Kesehatan Reproduksi Remaja Melalui Pelatihan Kader Posyandu Remaja di Daerah Kepulauan. *Jurnal Pengabdian Kesehatan Masyarakat*, *4*(1), 1–10.

O. Nyumba, T., Wilson, K., Derrick, C. J., & Mukherjee, N. (2018). The use of focus group discussion methodology: Insights from two decades of application in conservation. *Methods in Ecology and Evolution*, *9*(1), 20–32.

Patton, M. Q. (2015). Qualitative research & evaluation methods: Integrating theory and practice. *(No Title)*.

Rokhmah, I., & Warsiti, W. (2015). Identifikasi Kebutuhan Kesehatan Reproduksi Bagi Remaja Perempuan Difabel (Tuna Grahita) Di Slb Negeri 2 Yogyakarta. *Jurnal Kebidanan*, *4*(1), 39–49.

Sandy, P. W. S. J., Pratama, A. A., & Sari, C. M. (2025). The Faktor-faktor yang Mempengaruhi Kebutuhan Informasi Kesehatan Reproduksi Remaja. *Jurnal Penelitian Perawat Profesional*, *7*(3).

Starfield, B. (1998). *Primary care: balancing health needs, services, and technology*. Oxford university press.

Sulistyoningsih, H., & Fitriani, S. (2022). Pola Pencarian Informasi Kesehatan Reproduksi Remaja Di Indonesia (Literature Review). *Jurnal Kesehatan Bidkemas*, *13*(2).

Yulistanti, Y., Rahmawati, W. R., & Handayani, L. (2025). Edukasi Membangun Pemahaman Komprehensif Tentang Kesehatan Reproduksi Wanita Di Kampung Tulung Kota Magelang. *Jurnal Inovasi Masyarakat Terupdate*, *2*(2).