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THE CAPACITY OF VOLUNTEERS IN THE REPRODUCTIVE HEALTH EDUCATION PROGRAM FOR ADOLESCENTS IN EAST JAKARTA

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Abstract: *The training management procedures for PMI volunteers have not been implemented continuously due to the limited resources of this non-profit organization. This study aims to explore the capacity of volunteers after one year of training and task placement in the Reproductive and Sexual Health Program for adolescents. A qualitative approach was used to analyze the volunteers' knowledge and skills, with data collected through interviews and questionnaires involving 26 respondents. The results indicate that the volunteers' overall capacity is adequate to fulfill their roles, supported by commitment, solidarity, and the ability to share experiences. However, competency in handling cases of sexual violence remains inconsistent among volunteers. Volunteers with less than five years of experience tend to provide brief responses when assisting victims of sexual violence. The study recommends implementing regular, continuous training schedules and establishing forums or communities for volunteer experience-sharing. The outcomes of these discussions can serve as the basis for developing case-based guidebooks and FAQ lists. These learning resources are expected to enhance the capacity of new volunteers, ensuring the program's sustainability.*

Keywords: *Volunteer Training, Training Management, Reproductive Health*

INTRODUCTION

Reproductive and Sexual Health (RSH) Volunteers play a crucial role in the success of programs (Krabbe et al., 2023; Niinomi et al., 2020; Paramita et al., 2024; Rahmadania et al., 2024; Suehiro & Altman, 2003). These volunteers serve as the primary gateway to shifting public paradigms regarding sexual education for adolescents. This acceptance arises because the volunteers are part of the target community. This relationship fosters attachment and engagement in program development through the

presentation of ideas, approaches, and services. Furthermore, volunteer involvement promotes program sustainability, as demonstrated by time commitment, level of activity, and engagement (Suehiro & Altman, 2003). From a self-development perspective, the role of volunteers provides benefits in enhancing interpersonal skills, communication, and opening opportunities for education and employment (Dick et al., 2004), as well as technical knowledge, cultural awareness, and self-reflection, all of which contribute significantly to adolescent reproductive health education programs (Passetti et al.,

2019; Rahmadania et al., 2024).

As an essential part of the program, several volunteer training sessions are conducted, including those by the Indonesian Red Cross. The Indonesian Red Cross (PMI) Report of 2020 (Rahmadania et al., 2024) shows that after training, volunteers face several challenges related to communication, trust, and service satisfaction from adolescent participants. Figure 1 shows that, from a communication perspective, 50% of

volunteers are able to convey information clearly and accurately. However, when discussing sensitive topics, only 30% of volunteers can communicate effectively. Overall, 70% of volunteers are able to apply knowledge in real-life situations. However, only 55% of adolescents' questions are satisfactorily answered by volunteers. The level of adolescents' trust in volunteers reaches 40%, indicating challenges in overcoming stigma and prejudice.

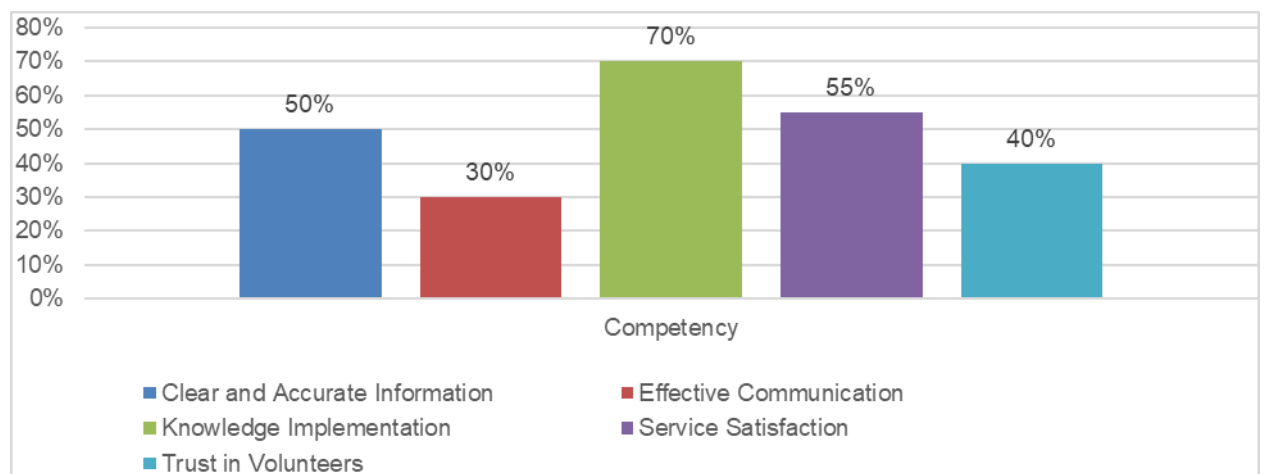


Figure 1. PMI Volunteer Capacity in the 2020 Reproductive and Sexual Health Program.

Measuring volunteer capacity is a vital component of management and human resource systems to ensure effective program operation (Dick et al., 2004; Husson & Zulkosky, 2014; Kessel & Arnhem, 2015), particularly when addressing sensitive issues related to reproduction and sexuality. Volunteers face challenges in developing interpersonal skills, counseling, communication, standards, and guidelines, as well as considering the provision of follow-up services for participants (Brand et al., 2008; Catts & Chamings, 2006). Other challenges include maintaining confidentiality, privacy, and managing adolescents'

presumptions. This measurement serves to assess skill transfer and transformation to enhance activity outcomes (Tiessen & Lough, 2019), evaluate inputs and human development programs (Eade & Ireland, 1997), promote sustainable development (Cornwall & Eade, 2010), and facilitate capacity-building between individuals and sectors (Woodhill, 2010).

PMI expects volunteers to remain engaged and committed to the RSH program. PMI's volunteer guidance is outlined in the

PMI Articles of Association and

Bylaws 2019-2024 (Indonesia, 2019). These policies grant volunteers educational and training rights (Article 14), capacity and skill development (Article 64), and monitoring and evaluation (Article 70). As a nonprofit organization, PMI has clear volunteer procedures. These procedures fulfill legal aspects, service consistency, participant protection, training, and experience enhancement (Kessel & Arnhem, 2015). Legally, volunteer procedures ensure the organization provides technical personnel in compliance with relevant regulations. Volunteer policies ensure that volunteers receive consistent and fair treatment to prevent misunderstandings. In terms of protection, clear procedures protect participants and community members by ensuring trustworthy services. Thus, training and performance management serve as tools to meet organizational expectations and volunteer attitudes. Through training, volunteers gain technical skills and structured positive experiences that are useful for enhancing knowledge, skills, and attitudes. Ultimately, these competencies become benchmarks for service success and participant satisfaction.

However, researchers have yet to identify PMI's volunteer training management procedures, which may be due to resource limitations in nonprofit organizations (Kaur et al., 2022). On the other hand, volunteer training management plays a role in maintaining volunteer commitment to the organization and program. Some researchers suggest that effective volunteer training management is achieved through recruitment and assignment (Kaur et al., 2022), policy (Paret et al., 2021), and understanding

the volunteer ethos (Gratton & Ghoshal, 2003). Volunteer training management differs from paid workforce management, as paid workers often feel obligated to remain regardless of assigned duties, whereas volunteers have no contractual obligation, presenting a key challenge in managing volunteer behavior in the field.

Research on volunteer training management remains limited compared to professional workforce training management. Therefore, this study aims to explore volunteer capacity after one year of training and placement as PMI volunteers for the Adolescent Reproductive and Sexual Health Program. The study examines RSH volunteer capacity during assignments (Kaur et al., 2022) and volunteer ethos (Gratton & Ghoshal, 2003). Certainly! Here's an expanded explanation of the novelty:

This study addresses a gap in understanding the specific capacities and skillsets possessed by PMI (Palang Merah Indonesia) volunteers, which are critical for developing an effective training management system. While limitations in PMI's existing policy framework prevented direct policy analysis within this research, the study uniquely contributes by identifying and analyzing these volunteer capacities. This contribution is valuable as it provides a foundational dataset that PMI can utilize to perform a learning needs analysis. Such an analysis is a pivotal step in designing and improving volunteer training programs, aligning them more closely with the actual needs and capabilities of the volunteers. Consequently, this study lays the groundwork for enhancing volunteer preparedness and the overall effectiveness of PMI's

training management strategies.

RESEARCH METHODS

In line with the research problem, a qualitative research method was employed. Qualitative research procedures produce descriptive data in the form of written or spoken words from people and observable behavior (Moleong & Surjaman, 1989). In qualitative research, the researcher seeks to compile, describe, and analyze volunteer capacity in conveying information and managing participants in the Adolescent Reproductive and Sexual Health Program within the community. The participants in this study comprised 26 active PMI

volunteers in the RSH Program. Data collection was conducted through interviews and questionnaires. The research was carried out over a period of four months, from July to October 2024.

Interviews were developed based on case handling in critical or confidential situations, such as when volunteers encounter victims of sexual violence. Participant coding used Roman alphabet order followed by two digits representing the year they joined as PMI volunteers. Data analysis was conducted through data reduction, data presentation, and conclusion drawing. These stages will yield conclusions that answer the research questions.

Table 1. Participant Codes

No	Year of Joining as Volunteer	Participant Code	No	Year of Joining as Volunteer	Participant Code
1	2018	A18	14	2023	N23
2	2023	B23	15	2002	O02
3	2024	C24	16	2023	P23
4	2024	D24	17	2013	Q13
5	2023	E23	18	2012	R12
6	2016	F16	19	2011	S11
7	2021	G21	20	2022	T22
8	2020	H20	21	2017	U17
9	1994	I94	22	2022	V22
10	2022	J22	23	2017	W17
11	2019	K19	24	2016	X16
12	2023	L23	25	2003	Y03
13	2023	M23	26	2019	Z19

The questionnaire was used as a complement to the interview data by assessing volunteers' perspectives on RSH volunteer capacity during assignments and their understanding of volunteer ethos. The instrument utilized a standardized questionnaire developed by (Rahmadania et al., 2024) using a Likert scale with four options:

- 1: Poor
- 2: Fair
- 3: Good

4: Excellent

Volunteer capacity was divided into knowledge and skill aspects. The knowledge aspect of RSH volunteers included four indicators: 1) physical and psychological changes in adolescents, 2) contraceptive methods, 3) adolescent sexual education rights, and 4) handling unwanted pregnancies. The volunteer skill aspect encompassed seven dimensions: 1) communication, 2) empathy, 3) data confidentiality, 4) teamwork, 5) integration of theory and practice, 6) continuous

learning ability, and 7) service excellence.

Table 2. Research Instrument Grid

No	Dimensions	Indicator	Items	Number of Questions
1	Knowledge	Physical and Psychological Changes in Adolescents	1,2,5	3
		Contraceptive Methods	3,4, 8	3
		Adolescent Sexual Education Rights	6, 9, 10, 11, 12, 13	6
		Handling Unwanted Pregnancies	7, 14, 15	3
2	Skills	Communication	1, 2	2
		Empathy	3, 12	2
		Data Confidentiality	5	1
		Teamwork	6, 14	2
		Integration of Theory and Practice	7, 15	2
		Continuous Learning Ability	8, 9, 11	3
		Service Excellence	4, 10, 13	3

RESULTS AND DISCUSSION

This study aims to obtain data on the capacity improvement of volunteers after one year of training and assignment with PMI for the Adolescent Reproductive and Sexual Health (RSH) Program. Volunteer involvement in the RSH program is motivated by personal reasons, including helping others, a desire to do good, serving the community, and providing benefits to many. In addition to social motivations, volunteers also seek to enhance their own capacity.

"Becoming a PMI volunteer provides opportunities for learning and growth. I gain new experiences, develop leadership and teamwork skills, and gain a deeper understanding of disaster and humanitarian crisis management." (Interview on June 10, 2024, with Volunteer Q13)

"A desire to improve soft skills and foster a sense of social awareness." (Interview

on June 11, 2024, with Volunteer W17)

A structural model is a Another reason expressed by volunteers is the desire to expand social networks and enjoy the experience.

"Enjoyable, expands knowledge and friendships." (Interview on June 12, 2024, with Volunteer Y03)

The motivations expressed by these volunteers align with studies by (Dick et al., 2004; Nowakowska, 2022; Prince & Piatak, 2023; Rudd et al., 2022) that found that volunteers aim to help and provide benefits to others or contribute ideas out of free will and personal choice, often driven by personal motives, needs, and values. In volunteer activities, no background is found indicating expectations of rewards or a tendency to avoid punishment. Instead, a trend of sustained dedication is evident, demonstrated through effort and time sacrifice.

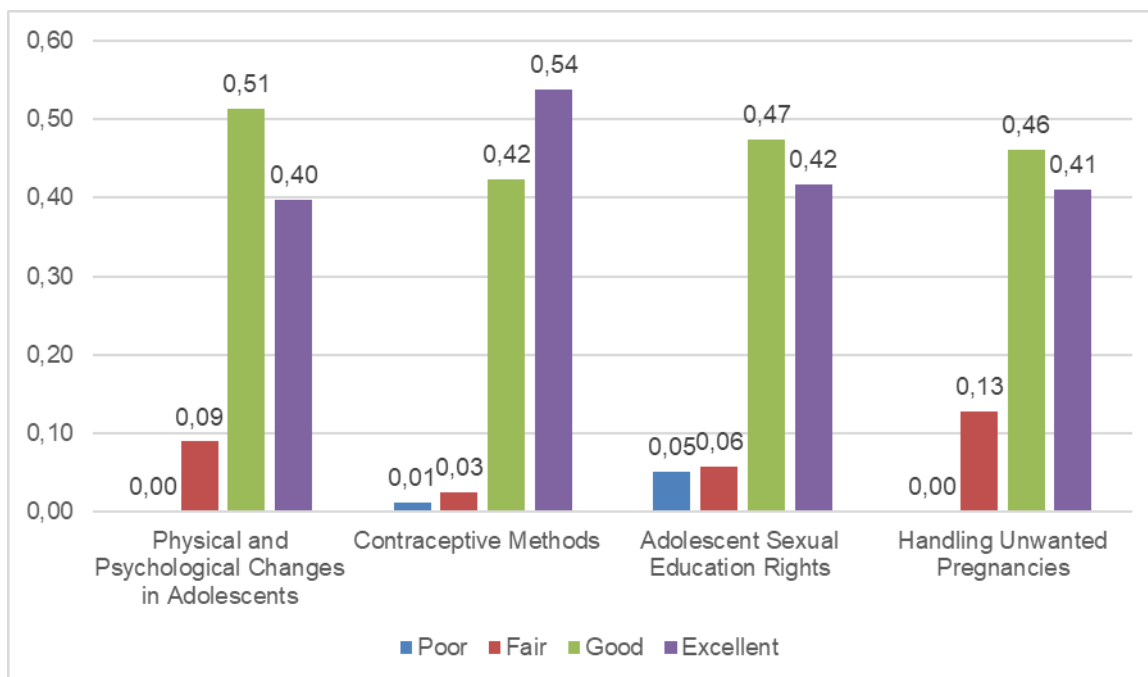


Figure 2. Knowledge Capacity of PMI RSH Volunteer

The volunteer capacity in the aspects of reproductive health knowledge and sexual violence handling, as shown in Figure 2, indicates excellent ability in recognizing physical and psychological changes in adolescents at 40% and good ability at 51%. Understanding of contraceptive methods for adolescents showed 54% excellent and 42% good. In the dimension of adolescent sexual education rights, volunteers demonstrated very good knowledge capacity at 42% and good at 47%. Finally, in the dimension of handling unwanted pregnancies, volunteers exhibited excellent capacity at 41% and good at 46%. Therefore, the knowledge capacity of RSH volunteers can be considered sufficient to perform their duties and roles effectively during assignments.

In the skills aspect, volunteers demonstrated excellent and good skills. Figure 3 shows that communication skills were rated as excellent at 37% and good at 46%. Communication skills not only involve conveying information but also the ability to listen. One volunteer shared that when dealing with program participants, particularly those who have experienced sexual violence, listening to their complaints is necessary before proceeding to other stages (Interview on June 7, 2024, with

Volunteer L23).

Volunteers' communication skills reflect self-confidence (Jadwin-Cakmak et al., 2020). These skills also support the empathy dimension, which was rated very good at 42% and good at 44%. One volunteer explained that empathy is part of the process of providing services to participants who have experienced sexual violence.

"Empathy, protecting, and guiding them to consult with a more appropriate institution" (Interview on June 10, 2024, with Volunteer T22).

In the data confidentiality dimension, volunteers were able to maintain confidentiality very well at 54% and well at 42%. Volunteers demonstrated prioritizing the victim's needs, such as ensuring safety, emotional aspects, and eventually guiding the victim to professional support. One volunteer explained the steps when facing a sexual violence victim:

"The first thing is ensuring that all information provided will be kept confidential unless the victim gives permission to share it or if there is a legal obligation to report it. Second, avoiding any questions or statements that might make the victim feel blamed

or accused. Third, providing information about available support services such as counselors, psychologists, or organizations that handle sexual violence. Finally, conducting follow-ups

to ensure the victim receives the support they need and showing that they are not alone in the recovery process" (Interview on June 10, 2024, with Volunteer Q13).

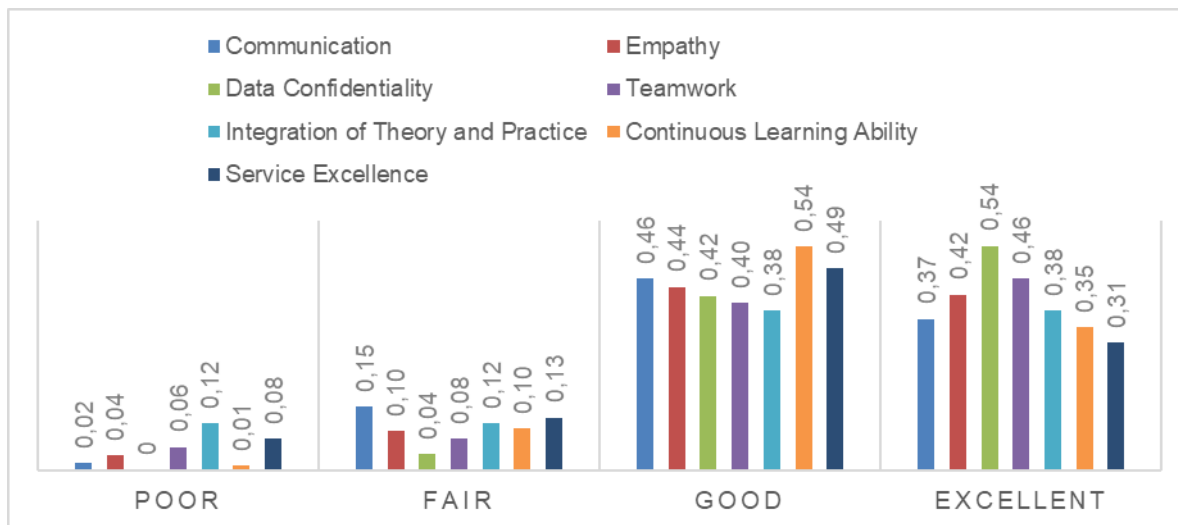


Figure 3. Capacity of PMI RSH Volunteers' Skills

Volunteers demonstrated excellent teamwork, both within teams and in collaboration with participants and their families, with ratings of very good at 46% and good at 40%. In the dimension of integrating theory with practice, volunteers were able to implement practices very well and well, each at 38%. In the dimension of continuous learning ability, volunteers showed very good capacity at 35% and good at 54%. This dimension relates to the volunteers' ability to independently improve their knowledge and skills while reflecting on their experiences and those of their peers or others. Finally, in the dimension of service excellence, volunteers were able to provide services in line with the goals of the RSH program at PMI, rated very good at 31% and good at 49%.

This data demonstrates the volunteers' ability to handle various participant conditions, especially sexual violence victims. The steps taken to facilitate services varied. Some volunteers emphasized ensuring safety first, while others mentioned conducting a needs assessment as the initial step.

"First, ensuring the victim's safety.

Then offering emotional support and helping the victim obtain professional assistance. Don't forget to respect the victim's privacy." (Interview on June 7, 2024, with Volunteer J22)

"Take them to a safe place, provide a sense of security, affirm with positive statements, and if necessary, take them to an institution/agency/psychologist, so the victim can be properly cared for." (Interview on June 12, 2024, with Volunteer Y19)

"Conduct an assessment according to the sexual violence victim's needs, follow the PMI volunteer code of ethics, provide assistance as required, and help access needed services. I also listen if the victim is willing to share what they are feeling." (Interview on June 7, 2024, with Volunteer F13)

Based on the responses provided, PMI volunteers have understood the concept and are able to take appropriate action when dealing with sexual violence victims. The victim's need for protection is addressed by safeguarding their personal data. Additionally, volunteers show empathy, trying

to understand the victim's feelings. The empathy demonstrated by PMI volunteers offers a sense of safety and comfort for victims to receive further help.

The method of handling sexual violence victims by PMI volunteers is shown in Figure 4.

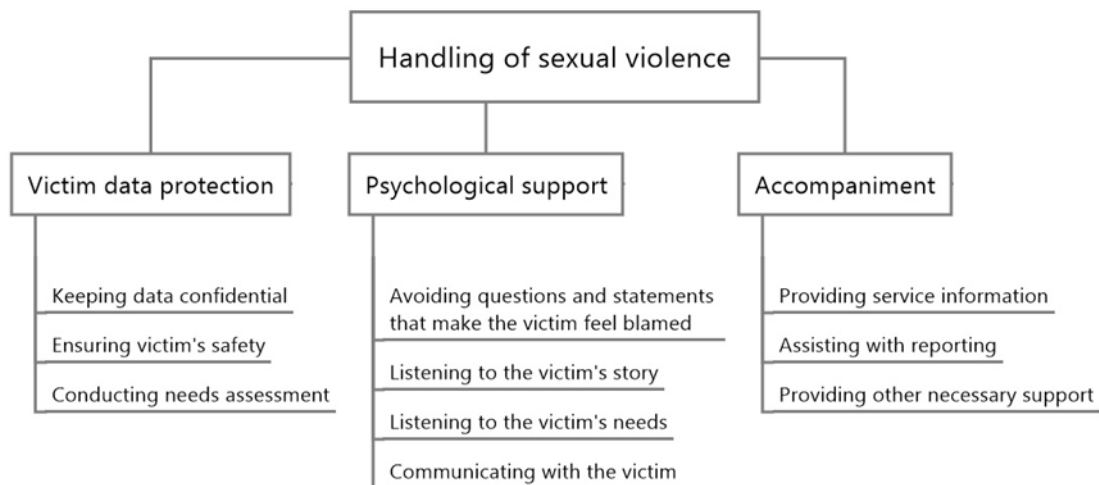


Figure 4. Stages of Handling Sexual Violence Victims by PMI Volunteers

The experiences of the informants in handling sexual violence cases vary. PMI volunteers who have been involved in reproductive health counseling make up 42.3%. Reproductive health includes participants' understanding of the importance of sexual and reproductive health and understanding boundaries in interactions with the opposite sex.

Volunteers who have dealt with unwanted pregnancy cases (UPK) account for 26.9%. Of these, 23% have assisted in referring cases, either to counselors, psychologists, or authorities for further reporting. The research found that not all volunteers were able to explain their handling of sexual violence victims. The responses given during the interviews were very general, such as "helping" (Volunteer H20), "calming" (Volunteer V22), and "trying to approach first" (Volunteer P23). The study found that volunteers who provided general responses were those who had joined for less than five years.

Experience is an important aspect for volunteers in providing services to victims of sexual violence. PMI's training before deployment is time-limited, so the reflection

of experiences from PMI staff is not yet optimal. Research conducted by Rahmadania et al. (2024) recommends three aspects for improving PMI volunteer training programs, namely updating training methodologies, expanding the reach of material updates through social media, and establishing regular, progressive, and continuous training schedules (Rahmadania et al., 2024).

This research emphasizes the dual findings of the research, the absence of a formalized training management procedure for PMI volunteers and the demonstrated ability of these volunteers to perform their roles effectively based on their existing knowledge and skills. While the research did not uncover a specific or structured training management procedure tailored for PMI volunteers, it highlighted the significant capacities the volunteers already possess. These capacities, illustrated through Figures 2 and 3, reveal a strong foundation of knowledge and skills that enable them to fulfill their duties and responsibilities effectively, even in the absence of formalized training frameworks.

The data presented in Figures 2 and 3 likely showcase key areas of expertise, technical skills, or competencies volunteers

have acquired, either through informal learning, experience, or other forms of training. This finding underscores the resilience and adaptability of PMI volunteers, reflecting their ability to meet organizational and operational demands despite gaps in structured training programs.

However, the lack of a specific training management procedure points to an opportunity for improvement. By formalizing and systematizing training management, PMI could further enhance the effectiveness of its volunteers. A structured approach would ensure consistency in skill development, address any potential gaps in knowledge, and better prepare volunteers for future challenges.

This is supported by their care, commitment (Pitchalard et al., 2022; Suehiro & Altman, 2003), and the ability to share experiences and knowledge among fellow volunteers. The volunteers have a sense of ownership over the program, enabling them to independently identify learning needs and seek solutions to field challenges. Strong solidarity and a willingness to help others have made the program well-accepted in the community.

Based on these findings, the researchers recommend enhancing training management by providing a knowledge-sharing platform for volunteers in the form of forums or communities. These forums would allow volunteers to share case experiences and handling strategies, even learning from past mistakes. For younger volunteers, such forums would help improve their knowledge. Furthermore, the shared knowledge and case experiences could be managed into an FAQ on PMI's official website and serve as the basis for developing a volunteer handbook.

CONCLUSION

The study highlights that the knowledge and skills of PMI volunteers are generally adequate to perform their roles effectively, supported by commitment, solidarity, and the ability to share experiences. However,

handling sexual violence cases revealed varying levels of competency, with less experienced volunteers (under five years) providing generalized responses, such as "helping" or "calming." Limited training time and the absence of structured training management have affected the optimal preparation of volunteers. To address this, the study recommends implementing regular and progressive schedules. Establishing a volunteer forum for knowledge exchange and case discussions is also suggested to enhance learning, particularly for younger volunteers. Additionally, compiling shared experiences into an FAQ or handbook could serve as a valuable resource for PMI's official platforms and future program development.

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