



## **FACTORS AFFECTING THE ROLE OF PEER COUNSELORS IN IMPLEMENTING ADOLESCENT REPRODUCTIVE HEALTH EDUCATION IN SUMENEP DISTRICT**

Dian Permatasari<sup>1</sup>, Emdat Suprayitno<sup>2</sup>

<sup>1,2</sup>Universitas Wiraraja, Madura

Email: [dianpfik@wiraraja.ac.id](mailto:dianpfik@wiraraja.ac.id)

ABSTRACT	Keywords
<p>In Sumenep Regency, the implementation of adolescent reproductive health counseling among peers by counselors is still low from the total counselors who have received training. This study aims to analyze the role of peer counselors in the implementation of adolescent reproductive health counseling in Sumenep Regency. This study used a quantitative method with a cross sectional design. The population in this study were all peer counselors who had received training in Adolescent Reproductive Health in Sumenep Regency. The method used was total sampling, namely 66 people. Data analysis used chi-square statistical test.</p> <p>there is a relationship between knowledge and behavior of peer counselors in the implementation of adolescent reproductive health counseling (p value = 0.038). there is a relationship between motivation and the role of peer counselors in the implementation of adolescent reproductive health counseling. (p value = 0.036). there is a relationship between the support of officers and the role of peer counselors in the implementation of adolescent reproductive health counseling. (p value = 0.029). the variable with the strongest influence on the implementation of adolescent reproductive health counseling was the support variable from the officers for the implementation of adolescent reproductive health counseling with p-value = 0.001 and OR (Exp B) = 10.007</p> <p>This research recommends the Sumenep Regency BPMP &amp; KB Office to organize and activate adolescent reproductive health counseling training and invite peer counselors who are active in Sumenep district, and facilitate any KRR counseling activities, namely in the form of facilities and infrastructure.</p>	<p><i>knowledge, motivation, support from officers, supervision</i></p>

### **INTRODUCTION**

Healthy teenagers are a very valuable national asset for the continuity of development in the future. Thus the health status of adolescents is something that needs to be maintained and improved in order to produce the next generation of a nation that is healthy, resilient and productive and able to compete. According to WHO, the youth group, namely the population in the age range 10-19 years, in Indonesia has

a proportion of approximately one-fifth of the total population. This corresponds to the proportion of teenagers in the world where the number of juvenile estimated at 1, 2 billion, or about one-fifth of the world population (Sataloff). Adolescence is closely related to psychological development in the period known as puberty which is accompanied by sexual development. This condition causes adolescents to be vulnerable to risky

behavior problems, such as sexual intercourse before marriage and the abuse of Psychotropic Narcotics and other addictive substances (drugs), both of which can carry a risk of transmitting Sexually Transmitted Infections (STIs), *Human Immuno-deficiency Virus*. (HIV) and Acquired Immune Deficiency Syndrome (AIDS) (Suharto et al., 2020). This study aims to analyze the factors that affected the role of peer counselors in the implementation of adolescent reproductive health counseling in Sumenep Regency.

The era of globalization, which is increasingly rapid, causes adolescents wherever they live, have the same characteristics, namely having a great sense of curiosity, like adventure and challenges and tend to be brave enough to take risks or their actions without being preceded by careful consideration. Adolescents are one of the population groups that are easily affected by the flow of information, both negative and positive. Negative things such as sex and drugs, apart from causing unwanted pregnancy and death due to overdose, also pose a high risk of transmitting HIV and AIDS to adolescents. The problems experienced by adolescents, especially those related to behavioral deviations that arise from internal and external factors. The inability of adolescents to control the exploratory power of their curiosity (*curiosity*) and the susceptibility of their selectivity (*screening*) to external influences directly lead to adolescent behavioral deviations. (Suprayitno et al., 2020).

Based on observations and interviews in several schools where students have received peer counselor training on adolescent reproductive health, in general adolescents have not been able to implement their knowledge and skills at school. Also, since the peer counselor training was

conducted in Sumenep Regency, no one has yet evaluated the effectiveness of this KRR counseling training. From the explanation above, it can be assumed that the implementation of adolescent reproductive health counseling has not gone as expected. One of the impacts of adolescent health problems from year to year in East Java Province, especially in Sumenep Regency, is increasing rapidly and the presence of risky behavior by adolescents will increase the impact or burden of disease which is getting bigger. The results of the Indonesian Adolescent Reproductive Health Survey (SKRRI), where adolescents claim to have friends who have had premarital sexual intercourse aged 14-19 years (34.7% female, 30.9% male), 20-24 years old. (48.6% female, 46.5% male).<sup>(2)</sup> Based on the Indonesian Ministry of Health, the number of AIDS cases in Indonesia reported up to December 2011 reached 24,131 cases, of which 45.48% were adolescents. The number of drug use is known to be 1.5% of Indonesia's population, where 78% of them are aged 20-24 years, 800 thousand students and students use syringes and 60% of needle users have contracted HIV and AIDS. (Sabilla, 2019). The Government of Sumenep Regency through the Community Empowerment, Women and Family Planning Agency (BPMP & KB) of Sumenep Regency held "Guidance and Facilitation of the Youth Counseling Information Center (PIK-R) at the District Level of Sumenep Regency" is one way to raise the enthusiasm of adolescents and institutions that have saturated in the family planning program.

Participants in the adolescent reproductive health counseling training were attended by 2 delegates from 27 sub-districts throughout Sumenep Regency, with a total of 66 participants. Based on observations and interviews in several schools where students have

received peer counselor training on adolescent reproductive health, in general adolescents have not been able to implement their knowledge and skills at school. In addition, since the peer counselor training was conducted in 2008 in Sumenep Regency, no one has evaluated the effectiveness of this KRR counseling training. From the above explanation, it can be assumed that the implementation of adolescent reproductive health counseling has not gone as expected. With one of the impacts of adolescent health problems from year to year in East Java Province, especially in Sumenep Regency, is increasing rapidly and the presence of risky behavior by adolescents will increase the impact or burden of disease that is getting bigger.

One of the causes of the emergence of reproductive health problems among adolescents is a lack of knowledge related to the learning strategies used in providing understanding to adolescents and other factors including attitudes and motivation in adolescents. The direct lecture pattern is considered inaccurate, because this tends to lead to passive adolescents as listeners so that relatively little knowledge is left behind. Various interventions have been carried out by both government agencies and community social organizations (NGOs), including the program of the student group concerned with AIDS and drugs (KSPAN), the Youth Family Life Preparation Program (PKBR), the Adolescent Reproductive Health Information and Counseling Center (PIK-KRR). ), and counseling on adolescent reproductive health through the school health program (UKS). (Nindiya, 2016)

The strategy developed by the Indonesian Ministry of Health to increase adolescent knowledge is to use a peer counselor training strategy, a learning pattern that focuses on information from and for adolescents themselves, with this pattern teenagers become more active and existing

knowledge comes from their own search efforts. This peer counselor training has been conducted in Sumenep Regency, East Java Province since 2008 with a total of 54 participants.

The Adolescent Reproductive Health Counseling Training is held once a year. Based on the results of interviews with counselors conducted by researchers, it was found that there were only 29 counselors who implemented adolescent reproductive health counseling among their peers. Out of 54 counselors, there were only 29 counselors who implemented KRR counseling for adolescents. (Migiana, 2015). The aim of peer counselor training is to increase the knowledge and skills of adolescents in the field of adolescent reproductive health so that later they can disseminate it to their friends and in their environment, so that adolescents can avoid things that harm themselves, their families and their environment. In addition, to increase self-confidence in adolescents in providing counseling to friends who have health problems and other problems that need help in solving them. (Nindiya, 2016)

Therefore, it is necessary to have peer counselors who are trained and have a strong commitment, namely to help peers who have problems or who do not have problems regarding reproductive health, and researchers consider the factors that influence the role of peer counselors in implementing adolescent reproductive health counseling. . Some of the factors that can influence include *predisposing* factors, namely knowledge, motivation, support and supervision of peer counselors, *enabling* factors are the availability of facilities and infrastructure for training, and *reinforcing* factors including family, teachers and peers. With these three factors, according to L. Green, states that there is no single role or action caused by only one

factor. All plans to influence behavior must consider these three causal factors. (Miswanto, 2014). The results of Kuntoro's 2015 study explain that there is a relationship that the role of peer educators at the Center for Adolescent Information and Counseling with changes in adolescent reproductive health behavior (Raivi & Kuntoro, 2015). Meanwhile, this research was conducted to determine the factors related to the role of peer counselors in the implementation of adolescent reproductive health counseling in Sumenep Regency and this is the first time this has been done.

## METHOD

The type of approach used in this research is a quantitative method. This study was an observational study with a cross sectional design. Cross sectional approach is a study to study the dynamics of correlation between independent and dependent variables, namely to determine the factors that influence the role of peer counselors in the implementation of adolescent reproductive health counseling. The population of this study were all peer counselors who had received training on Adolescent Reproductive Health in Sumenep District, totaling 66 people. The sampling technique used in this study was total sampling. This research was conducted in BPMP & KB, Sumenep Regency, the data collection instrument in the study was a questionnaire that had been tested for validity and reliability. Primary data is data obtained by conducting direct interviews with respondents using a structured questionnaire. Primary data (research variables) on the implementation of adolescent reproductive health counseling by peer counselors, peer counselor knowledge about adolescent reproductive health, peer counselor motivation to adolescent reproductive health counseling, support from the BPMP & KB Office and

supervision from BPMP and KB officers are obtained directly from the counselor peer by way of interviews using a structured questionnaire. Secondary data were obtained from direct records from the BPMP and KB (Women and Family Planning) Office for Community Empowerment.

The questionnaire was distributed to 66 respondents. All questionnaires have been tested for equivalence which shows that each statement item has a value of  $r$  count between 0.375 -0.781 and there are no invalid statements. The results of the reliability test showed that all statements were reliable with a reliability value of 0.949. The dependent variable in this study is the role of peer counselors in implementing KRR counseling, while the independent variables are knowledge, motivation, support, and supervision of officers. The data that has been collected is then processed and analyzed quantitatively, in this case the analysis used is univariate analysis (Univariate analysis was carried out by explaining primary data using mean, percentage and mode values), bivariate analysis with Chi-Square (The purpose of this analysis is to determine whether there is a significant relationship between each variable as well as the direction of the relationship and how big is the relationship between the two variables analyzed). and multivariate analysis with logistic regression. The use of logistic regression analysis in this study is because the measurement scale of the independent and dependent variables is categorical (ordinal) and the distribution is not necessarily normal. The purpose of this analysis is to predict the size of the dependent variable in the form of a binary variable by using variable data that is known for its size and to measure the influence between the independent and dependent variables after controlling for other independent influences.

## RESULTS AND DISCUSSION

### 1. General data

**Table 1 Respondent characteristic**

Respondent characteristic	frequency	percentage
<b>Age</b>	16	24.2
14-17	27	40.9
18-21	23	34.8
22-25		
<b>Gender</b>		
male	32	48.5
female	34	51.5
<b>Education</b>		
Elementary	26	39.4
Senior High	29	43.9
College	11	16.7
Total	66	100

Group age of respondents mostly at the age of 18-21 years by 40.9 %. In terms of gender, most of the respondents were women, namely 51.5%. In terms of education, most of the respondents have high school education as much as 43.9 %.

### 2. Specific Data

**Table 2 Relationship between knowledge and peer counselor behavior**

Peer counselor role					
Knowledge	not good		Good		Total
	N	%	N	%	N %
Less	1	90	2	10	2 10
Good	8	39.	2	60.	4 10
	8	1	8	9	6 0

$P = 0.038$  Ho is accepted

Based on the results of statistical tests with *Chi Square*, it is concluded that based on the results of statistical tests with *Chi Square*, it is concluded that there is a relationship between knowledge and role of peer counselors in the implementation of

adolescent reproductive health counseling ( $p \text{ value} = 0.038$ ). This result is supported by research from Wulandari 2015, namely there is a Knowledge Relationship between the Prevention of Sexually Transmitted Diseases (STD) and HIV / AIDS with the Utilization of the Youth Counseling Information Center (PIK-R). (Wulandari, 2015)

This means that the better the knowledge of a peer counselor about adolescent reproductive health counseling, the better their tendency to implement adolescent reproductive health counseling behavior and conversely the less good the knowledge, the less good the tendency to have adolescent reproductive health counseling implementation behavior. The results of this study are in accordance with L. Green's theory which states that there are three factors that influence role change, namely *predisposing factors*, *enabling factors* and *reinforcing factors*. The predisposing factor is the personal preference of a person or group in a learning experience and a certain tendency to behave. Predisposing factors include knowledge, attitudes, beliefs, values and perceptions related to the motivation of a person or group to act.

**Table 3 Relationship between motivation and peer counselor role**

Peer counselor role					
Motivation	not good		Good		Total
	N	%	N	%	N %
Less	2	87.	3	12.	2 10
Good	1	5	5	5	4 0
	1	40.	2	59.	4 10
	7	5	5	5	2 0

$P=0.036$



Based on the results of statistical tests with *Chi Square*, it is concluded that there is a relationship between motivation and the role of peer counselors in the implementation of adolescent reproductive health counseling. (*p value* = 0.036). This result is supported by research from Wulandari 2015, namely there is a Knowledge and attitude Relationship between the Prevention of Sexually Transmitted Diseases (STD) and HIV / AIDS with the Utilization of the Youth Counseling Information Center (PIK-R). (Wulandari, 2015).

This means that the better the motivation of a peer counselor, the greater the tendency for them to implement adolescent reproductive health counseling behavior properly and conversely, the less good the motivation of the peer counselors, the greater their tendency to have poor adolescent reproductive health counseling implementation behavior. . According to Danim , *motivation* is defined as strength, encouragement, need, enthusiasm, pressure, or psychological mechanisms that encourage individuals or groups of people to achieve certain results according to what they want. In carrying out tasks, motivation is a very important aspect. It often happens that a counselor whose performance is not good enough, is not due to his lack of ability, but because of a lack of work motivation so that he does not try to mobilize his full potential in accordance with the demands of his profession and guidance and counseling services. (Theresia, 2020)

**Table 4 Peer counselor role in the implementation of KRR counseling**

Peer Counselor Role						
Endorsement						Total
Officer	not good		Good			
	N	%	N	%	N	%
does not support	11	.0	11	50.0	22	100
Support	9	20.5	35	79.5	44	100

Based on the results of statistical tests with *Chi Square*, it is concluded that there is a relationship between the support of officers and the role of peer counselors in the implementation of adolescent reproductive health counseling. (*p value* = 0.029).

This means that peer counselors who get support from officers, the better their tendency in implementing adolescent reproductive health counseling role and conversely, peer counselors who get less support from officers, the less likely they are to have adolescent reproductive health counseling implementation role . This is in accordance with the theory according to Notoatmojo that the role of health workers is one of the factors that influence individual responses and role (Notoatmodjo, 2010). The process of forming and changing role is influenced by several factors, namely from within and outside the individual. Factors from outside the individual include the surrounding environment, both physical and non-physical such as climate, human, social, economic, cultural and so on.

**Table 5 Logistic regression multivariate test results**

Variable	B	S.E.	Wald	Df	Sig.	Exp(B)	95.0 %C.I. for (B)	
							Lower	Upper
Support	4.965	1.56	10.122	1	0.001	10.007	0	0.149
Knowledge	2.994	1.173	6.52	1	0.011	19.963	2.005	198.743
Motivation	2.56	1.006	6.47	1	0.011	12.932	1.799	92.948
Constant	1.077	1.325	0.661	1	0.416	2.936		

a Variable support for officers  $p = 0.001$ , OR = 10.007 This means that the peer counselor group with the support of good officers

about KRR counseling has a probability of 10.007 times to implement KRR counseling compared to the peer counselor group with less good support from officers regarding KRR counseling. Counselor knowledge variable  $p = 0.011$ ,  $OR = 19.963$ . This means that the peer counselor group with good knowledge of KRR counseling has 19.963 times the probability of implementing KRR counseling compared to the peer counselor group with less good knowledge of KRR counseling. Motivation variable  $p = 0.011$ ,  $OR = 12.932$ . This means that the peer counselor group who has good motivation towards the implementation of KRR counseling has 12.932 times the possibility to implement KRR counseling compared to the peer counselor group who does not have poor motivation towards the implementation of KRR counseling. Based on the calculation of the three variables above, the variable with the strongest influence on the implementation of adolescent reproductive health counseling was the support variable from the officers for the implementation of adolescent reproductive health counseling with  $p\text{-value} = 0.001$  and  $OR (Exp B) = 10.007$

## CONCLUSIONS

Most of the peer counselors role in adolescent reproductive health counseling was good role in the implementation of counseling. The variable that most influences the role of peer counselors in adolescent reproductive health counseling is the variable support of BPMP & KB officers with. Peer counselors who get support from officers, the better their tendency is in implementing KRR counseling, so the support of officers has a probability of engaging in counselor role in the implementation of KRR counseling.

## REFERENCES

- Apsari, Nur Cita, 2000, *Dissemination of Reproductive Health Knowledge*, Thesis, Sociology Study Program, Faculty of Social and Political Sciences, Airlangga University
- BKKBN. *Curriculum and Training Modules Providing Adolescent Reproductive Health Information by Peer Educator*. Jakarta: Directorate of Youth and Reproductive Rights Protection. 2010.
- Ministry of Health of the Republic of Indonesia. *Youth Care Health Training Module (PKPR)*. 2007
- Migiana, F. D. (2015). *Seks Pranikah Bagi Remaja: Studi Fenomenologis Pada Remaja Yang Melakukan Hubungan Seksual Pranikah*. Semarang: jurnal empati.
- Miswanto. (2014). *Pentingnya Pendidikan dan Seksualitas pada Remaja*. Bali: Jurnal Studi Pemuda.
- Nindiya, D. C. (2016). *Pengembangan Model Bimbingan Sosial Yang Adaptif Dalam Pembinaan Kesehatan Reproduksi Bagi Remaja Di Badan Pemberdayaan Perempuan Dan Keluarga*. Kediri: Journal of Nonformal Education and Community Empowerment.
- Notoatmodjo, S. (2010). *Ilmu Perilaku Kesehatan*, Penerbit Rineka Cipta. Jakarta.
- Sabilla, M. (2019). *Analisis Perilaku Dan Kebutuhan Informasi Kesehatan Reproduksi Melalui Pusat Informasi Konseling Remaja*. Jember: Jurnal Kesehatan Indra Husada.
- Syaefuddin, et al. *Guidelines for the Management of Student Information and Counseling Centers (PIK Mahasiswa)*. Jakarta: National Family Planning Coordination Agency. 2010

- Suharto, S., Gurning, F. P., Pratama, M. Y., & Suprayitno, E. (2020). Implementasi Kebijakan Penanggulangan HIV/AIDS di Puskesmas Teladan. *Jurnal Riset Hesti Medan Akper Kesdam I/BB Medan*, 4(2), 131–136.
- Suprayitno, E., Purnomo, J. D. T., Sutikno, S., & Indriyani, R. (2020). Health education in principle of community affected teenagaer's smooking attitude and habitual in the coastal area of madura island indonesia. *International Journal of Psychosocial Rehabilitation*, 24(10), 1492–1502. <https://doi.org/10.37200/IJPR/V24I10/PR300173>
- Theresia, F. (2020). *Faktor-Faktor Yang Mempengaruhi Perilaku Seksual Siswa Smp Di Jakarta Barat*. Jakarta: Jurnal Kesehatan Reproduksi.
- Wulandari, S. (2015). Hubungan pengetahuan, sikap dan perilaku pencegahan penyakit menular seksual (PMS) dan HIV/AIDS dengan pemanfaatan pusat informasi konseling remaja (PIK-R) pada remaja SMKN Tandun Kabupaten Rokan Hulu. *Jurnal Martenity and Neonatal*, 2(1), 10–22.
- Yuni, K. (2013). *Perilaku Seks Pranikah Remaja Premarital Premarital Sexual Inisiation of Adolescence*. Jakarta: Kesehatan Masyarakat Nasional.