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# ANALYSIS OF THE ADOLESCENT REPRODUCTIVE HEALTH PEER EDUCATOR PROGRAM USING THE DISCREPANCY MODEL AT JUNIOR HIGH SCHOOL IN MOJOKERTO

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**ABSTRACT**

Reproductive health education is a crucial aspect of youth development. One effective approach to providing reproductive health education is through peer educator programs. To ensure the effectiveness of program implementation, a systematic evaluation model is needed. One such model is the Discrepancy Model, which assesses the extent of the discrepancy between expected conditions (program standards) and actual conditions in the field. The purpose of this study was to analyze the implementation of the adolescent reproductive health peer educator program using the Discrepancy Model at Junior High School in Mojokerto. The approach used was descriptive quantitative, with the aim of describing the extent of the conformity between program standards and their implementation in the field based on the dimensions of the discrepancy model. The sample in this study was all 40 students participating in the Peer Educator program (PIK-R Team) and two mentor teachers. Based on the analysis using the Discrepancy Evaluation Model (DEM), the average conformity score to ideal standards reached 92%, with an average discrepancy of 8%, which is considered good. An average discrepancy below 10% indicates that the gap is still within reasonable limits and can be improved through strengthening training, supervision, and ongoing monitoring.

**Keywords**

**The Adolescent Reproductive Health, Peer Group Educator, The discrepancy Model**

## INTRODUCTION

Adolescence is a crucial period in human life, as it marks the transition from childhood to adulthood, during which the initial maturation of the reproductive organs, known as puberty, occurs. During this stage, adolescents tend to be highly curious, particularly regarding sexuality and reproductive health (Afifah, 2022).

Many teenagers experience difficulties in facing their developmental stages. Physically, teenagers appear to be

adults, but when treated like adults, they are not yet able to show their maturity. This is due to the lack of mental maturity at the teenage age (Lestari et al., 2022). Lack of knowledge and skills in maintaining reproductive health can lead to various problems, such as unwanted pregnancies, sexually transmitted infections, and other risky behaviors. Therefore, reproductive health education is a crucial aspect of youth development (Ayu et al., 2015)

Demographic data shows that teenagers constitute a large portion of the world's population. According to (WHO, 2024)) approximately 1.3 billion (16%) of the world's population are adolescents, that is, individuals aged between 10 and 19. In Indonesia, approximately 17% of the population, or 46 million people, are adolescents (Siti Fatima Assehro, 2023).
Research results from the Kemenkes RI (2022) shows that among teenagers who have had premarital sexual relations, 59% of women and 74% of men admitted to having their first sexual intercourse at the age of 15-19 years. Furthermore, 12% of women reported unwanted pregnancies and 7% reported that men whose partners had unwanted pregnancies, 23% of women and 19% of men accompanied and influenced a friend or someone to have an abortion (Meri, 2015).

Lack of sensitivity and curiosity among adolescents in accessing information about preventing sexually transmitted diseases, as well as the lack of reproductive health facilities available specifically for adolescents, also contribute significantly to reproductive health problems among adolescents (Yurizali et al., 2024). Many teenagers think that it is not yet time for them to think about or learn about preventing sexually transmitted diseases (Kusmiati et al., 2022). The problem of negative stigma regarding reproductive health is also one of the causes of the lack of reproductive health knowledge among adolescents.

One effective approach to providing reproductive health education is through peer educator programs. This approach emphasizes the role of adolescents as agents of change within their peer group, with the goal of making health messages more accessible and relevant. Peer educator programs play a crucial role in improving adolescents' knowledge, attitudes, and behaviors related to reproductive health through more intimate and communicative interactions (Sari et al., 2021). However, the implementation of this program often faces various obstacles, such as a lack of training for peer educators, limited support from schools, and weak program evaluation mechanisms (Putri et al., 2021).

To ensure the effectiveness of program implementation, a systematic evaluation model is required. One such model is the Discrepancy Model, which assesses the extent of the discrepancy between expected conditions (program standards) and actual conditions on the ground. This model emphasizes comparing program objectives, implementation, and outcomes with established ideal criteria. Therefore, the analysis using the Discrepancy Model can provide an objective picture of program aspects that need to be maintained or improved (Ayuningtyas & Budiyono, 2025).

Based on the description above, the researcher is interested in conducting a study entitled "Analysis of the Adolescent Reproductive Health Peer Educator Program Using the Discrepancy Model at Junior High Schools in Mojokerto." This research is expected to provide input for schools and related institutions in developing more effective and sustainable adolescent reproductive health programs.

## METHOD

This research is an evaluative study using the Discrepancy Model developed by

Malcolm M. Provus. This model was used to assess the discrepancy between the ideal and actual conditions of the implementation of the Adolescent Reproductive Health Peer Educator program at Junior High School in Mojokerto.

The approach used was quantitative descriptive analysis, with the aim of analyzing the extent of alignment between program standards and their implementation in the field based on the dimensions of the discrepancy model, which include: design, installation, process, product, and cost analysis.

The population in this study was all 40 students participating in the Peer Educator program and two supervising teachers involved in the program's implementation at Mojokerto City Junior High School. The sampling technique used total sampling, namely selecting all respondents directly involved in the Peer Educator program (Polit & Beck, 2010).

The research instruments used were questionnaires and interview guides developed based on indicators in the Discrepancy Model. The instruments were given to peer educator students to assess aspects of program implementation and to supervising teachers to further elaborate on the questionnaire results.

## RESULTS

**Table 1. The characteristics of respondents (Students = 40,Teachers = 2)**

| Characteristics of respondents | f | % |
|---|---|---|
| **Age Students** | | |
| 13 years | 12 | 30 |
| 14 years | 15 | 37 |
| 15 years | 13 | 33 |
| **Age Teacher** | | |
| 30-40 years | 1 | 50 |
| 41-50 years | 1 | 50 |
| **Students Class** | | |
| 7 | 12 | 30 |
| 8 | 15 | 37 |
| 9 | 13 | 33 |
| **Duration of Being a Peer Educator** | | |
| < 1 Years | 18 | 45 |
| ≥ 1 Years | 22 | 55 |
| **Teaching Experience** | | |
| < 10 Years | 0 | 0 |
| ≥ 10 Years | 2 | 100 |

From Table 1, the characteristics of the respondents are that most are 14 years old and in 8th grade, and most have been peer educators for more than 1 year. There are two teacher mentor respondents, aged 35 and 52, with more than 10 years of teaching experience.

**Table 2. Discrepancy Results for Each Stage**

| Tahap Evaluasi | Ideal (%) | Aktual (%) | Discrepancy (%) | Kategori |
|---|---|---|---|---|
| Perancangan Program | 100 | 95 | 5 | Baik |
| Penerapan Awal Program | 100 | 85 | 15 | Cukup |
| Pelaksanaan Program | 100 | 95 | 5 | Baik |
| Hasil Program | 100 | 92 | 8 | Baik |
| Efisiensi Program | 100 | 92 | 8 | Baik |

From Table 1, overall average Program implementation reached 92% of the ideal standard (average discrepancy of 8%), which is considered good, but requires systematic improvement in initial implementation and mentoring.

## DISCUSSION

The Discrepancy Model is used to assess the conformity between planned

standards and actual implementation in five stages: Design Stage (Program Design), Installation Stage (Initial Program Implementation), Process Stage (Program Implementation), Product Stage (Program Results), and Cost-Benefit Stage (Program Efficiency). Table 2 shows that the overall research results show that the conformity level between ideal standards and the implementation of the peer educator program at Junior High School in Mojokerto reached 92%, with an average discrepancy of 8%. Based on the Provus assessment criteria in the Discrepancy Evaluation Model (DEM), this value is in the "good" category, meaning that the program has been implemented in accordance with most of the planned standards, although there are still gaps between ideal and actual conditions (Ayuningtyas & Budiyono, 2025). Discrepancy-based evaluation basically functions to identify existing gaps, not just assess results, so that these findings provide a basis for continuous program improvement.

In the Program Design stage, the program design achieved an average score of 95%, which means it is in the good category, which is 5% of the ideal standard. This stage emphasizes clarity of objectives, the suitability of materials to participant needs, and stakeholder involvement in planning. Weaknesses found were primarily related to the suboptimal participation of all parties in activity design and the lack of adaptation of the national module to the local context. This aligns with Stufflebeam's opinion that program design that does not consider the specific needs of the target group will create design discrepancies that can impact subsequent stages. Therefore, more participatory and contextual planning is the main recommendation at this stage (Collins et al., 2023).

Furthermore, in the Installation Stage, or initial implementation stage, an average implementation rate of 85% was achieved with a discrepancy of 15%. This stage includes the selection and training of peer educators, the provision of facilities, and coordination with schools and community health centers. Although most aspects have been implemented well, there were limitations in educator training activities for competent health workers and costs that prevented the training from being fully implemented. This condition supports the findings of Arikunto & Jabar, who stated that the installation process is often a vulnerable point in program implementation because it depends on the readiness of resources and technical support (Novyriana & Qomar, 2020). Therefore, increasing the duration of training and initial monitoring is key to improvements at the installation stage.

The process phase, or program implementation, showed a 95% achievement with a 5% discrepancy, indicating a good achievement, but there was still a slight gap between the plan and implementation. Although counseling and peer discussions were conducted regularly, student participation remained low due to the busy learning schedule. These results align with the findings Wulandari & Wisanti (2024) which states that the success of peer educators is greatly influenced by the support of the school environment and the provision of non-material motivation for the students who implement it. This means that even though the program is structurally running, the social and psychological dimensions of the implementers need to be given more attention to increase its effectiveness.

The Product phase, which assesses the program's outcomes or impact, showed a higher achievement rate of 92%, with significant improvements in students' knowledge, attitudes, and behaviors regarding reproductive health. A paired t-

test showed a p-value <0.05 for all variables, indicating the program's effectiveness in improving adolescents' understanding of ARH issues. These results align with Rahmawati's study, which found that the peer educator model can increase adolescents' ARH knowledge by 15–20% compared to conventional lecture methods (Ayuningtyas & Budiyono, 2025). This finding confirms that the presence of peer educators is an important factor in the success of health education interventions in the school environment.

The Cost-Benefit stage also showed positive results, achieving a 92% score, indicating the program was running quite efficiently in terms of resource utilization. Cost analysis showed that most activities could be implemented with the support of internal school resources, such as teachers and the student council (OSIS), resulting in a relatively light financial burden. According to Yusuf, the efficiency of an education program is measured not only by the amount of costs but also by the ratio of input to output (Wulandari & Wisanti, 2024). In this context, the significant improvement in students' knowledge and attitudes at limited costs shows a high efficiency ratio, making the peer educator program at Junior High School Mojokerto cost-effective.

When viewed holistically, the largest discrepancy value is found in the program's Design and Implementation stage, while the smallest discrepancy occurs in the initial implementation stage. This pattern illustrates that the program's main weakness lies not in the technical implementation, but in the conceptual and motivational aspects. Provus (1971) stated that the discrepancy evaluation cycle is iterative: the results of one stage will influence the quality of the next stage (Novyriana & Qomar, 2020). Therefore, improving the quality of program design and student participation in the implementation process will automatically improve effectiveness and efficiency in the final stage.

Thus, the discrepancy recapitulation results indicate that the Adolescent Reproductive Health Peer Educator Program at Junior High School in Mojokerto has been running well but not yet fully optimal. The average discrepancy of below 10% indicates that the gap is still within reasonable limits and can be improved through strengthened training, supervision, and ongoing monitoring. Theoretically, these findings strengthen the relevance of the Discrepancy Model as a comprehensive evaluation tool, as it can assess not only the final results but also the design components, processes, and efficiency of the program. Practically, schools can use these results as a basis for developing plans to improve the quality of the peer educator program in the following year.

## CONCLUSIONS

Based on the analysis results using the Discrepancy Evaluation Model (DEM) on five evaluation stages: Program Design, Installation Stage, Process Stage, Product Stage, and Cost–Benefit Stage, it can be concluded that the Adolescent Reproductive Health Peer Educator program at Junior High School in Mojokerto has been implemented well. The average value of conformity to ideal standards reached 92%, with an average discrepancy of 8%, which is included in the good category.

In detail, the Design stage showed a score of 95%, indicating that the program planning was quite good but not yet fully based on participant needs. The initial implementation stage scored 85%, indicating the readiness of facilities and mentoring, although there were still limitations in educator training activities for competent health workers. The program implementation stage reached 95%,

indicating that implementation was going well, but student participation still needed to be improved. The Product stage scored the highest at 92%, indicating an increase in students' knowledge, attitudes, and behavior in maintaining reproductive health. Meanwhile, the Cost–Benefit stage reached 92%, indicating high efficiency between program inputs and outcomes.

In general, the Peer Educator program has proven to be effective, efficient, and has the potential to be further developed as a peer-based health education model in the school environment.

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