

The Importance of Peer Educators in Providing Adolescent Reproductive Health Information

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Abstract. Adolescence is a period of transition from children to adulthood. A wide variety of problems in adolescents, particularly related to reproductive health is premarital sex, early marriage, abortion, women gave birth at age less than 20 years, as well as reproductive health knowledge, is still lacking. Lack of understanding of sexual behaviour in adolescents is very harmful to adolescents because at this time a teenager experiencing important developments, namely cognitive, emotional, social and sexual. This is due to many factors including customs, culture, religion and the lack of information from the right source. The fact now that the problem of adolescent reproductive health remains a sensitive matter and is still considered taboo, so it will be difficult if there is a gap in communication. The existence of reproductive health care centre that specialises in serving adolescents is needed. Various studies indicate that the presence of peer educators who are knowledgeable about reproductive health are expected among peers is more open and there can be communication from heart to heart. It proved to be useful and is needed to provide information on the juvenile. The existence of a centre for reproductive health services that specialises in serving adolescents is needed. The objective to increase information of adolescent reproductive health, it is can reduce the adolescent reproductive health problem.

INTRODUCTION

In Indonesia, the population of the adolescent is growing up. Adolescence is one of the most important periods in human life. Adolescence is a transition period which connects childhood and adulthood that include changes in biological, cognitive, social and emotional. Understanding the meaning of adolescents is important because youth are the future of every society. Some of the stages that occur in adolescence will make them undergo maturation of sexual organs and achieving the capability to reproduce accompanied by changes in somatic growth and psychological perspective or in other words a teenager growing of asexual beings become sexual beings.[1-3]

One of the crucial problems in adolescents is their increasingly deviant behaviour. The results of research conducted by Situmorang 2001 retrieved results 27% of adolescent males and 9% of female adolescents in Medan said it had already had sexual intercourse. The data of PKBI (2006) obtained data that age range first sexual intercourse at age 13-18 year, 60 % does not use contraception and 85 % sexual intercourse at home. According to the child protection national commission in 33 provinces the results that 97 % teenager junior high and high schools watch porn, 93.7 % teenager junior high and high schools have a kiss, genital stimulation and oral sex, 21.2 % teenager an abortion. [4-5]

In Indonesia, the problem of adolescent reproductive health become a serious problem. Special Region of Yogyakarta is a relatively small province has many predicates that a student city, city, city of culture city tours. Yogyakarta also has issues of adolescent reproductive health such as narcotics, HIV and AIDS, and juvenile delinquency. Based on data PKBI Yogyakarta about the risk of sexual reproduction teenager Yogyakarta year 2008 happened rape minors (under 15 years) about 26 cases, violence in dating about 595 some cases.[6] (PKBI, 2008). Data from PKBI (2006) as many as 15 % adolescents have sexual intercourse before marriage. About 85 % do first at the age of 13-15 year. The adolescent has sexual intercourse about 12,1 % senior high school students and 4,8 % junior high school students in Yogyakarta.[1-3] Before 2010 the number of mothers with age under 20 years still under 50 delivery, in 2010 there are 95 childbirth and increase in 2011 there is 111 delivery. Data form PKBI Kulon Progo District at 2008 that 64.8 % were not

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aware of the transmission of HIV/AIDS, 95.2 % respondents not knowing the risk of pregnancy early adolescence against and baby. [7]

The phenomenon of the reproductive health because the lack of understanding of sexual behaviour in adolescent it is harmful to adolescents. In adolescence had an important development the cognitive, emotions, social and sexual. Factor that affects is customs, culture, religion and lack of information and the effects of socioeconomic changes and modernization. A lack of understanding this will result in of the various effects of which is very harmful youth group and his family. Education and services that are not available for adolescents, so they are more choose to find the answer to the question of them from sources that actually have an influence, including mass media.[8,9]

A lack of knowledge on adolescent reproductive health in order to prepare to face the change of both physical and psychological one of the factors the cause is sexuality education that has not been s just been wired up well. Ideally, education adolescent reproductive health integrated through schools and families. But in Indonesia, reproductive health education not well integrated into the school and young people are very rarely get information about education reproductive health at school. Some benefit reproductive health education is to reduce information mistaken, improved knowledge proper, strengthen values and positiveness, improved the skills in this matter, influence the perceptions in relation to peer and social norm, improving communication with parents and consequently the expected to protect teenager or delay sexual intercourse, lowering the frequency of sexual activity an unsafe, reduce the number of couples in sexual activity, will increase protection an unwanted pregnancy and sexually transmitted infection. [10,11]

Some research shows that the information on adolescent health reproductive is necessary. Based on the research PKBI about the need for information and services adolescent reproductive health said really need reproductive health services is as much as 94.55 % of the total number of to 2.479 people, but only 23.42 % of respondents said that never used service centre for the adolescent. [12] Based on research Purwatiningsih (2001) the results reproductive health services is needed by the adolescent to avoid an unwanted pregnancy, abortion an unsafe, sexually transmitted diseases and the consequence of ignorance adolescent about information reproductive health. [13]

The Indonesian government has promoted programs adolescent reproductive health. The adolescent reproductive health programs (PKPR) among others are Adolescent Family Development (BKR), health care adolescent reproductive health and adolescent reproductive health information centre. [9] It is mean to delay the age of marriage, healthy reproductive health behaviours in adolescents, avoid the risk of sexuality, HIV and AIDS and drug and adolescents who have physical and psychological health.

The existence of service centre for reproductive health special serving adolescent is very necessary. Peer educator program according to the development of psychology adolescents, adolescents the closer to his friend. The choice to peer educator intended in order to reduce the obstacles psychological to the problem of adolescent reproductive health. It is based on the fact that the issue of adolescent reproductive health still sensitive and still considered taboo, so that would make it difficult for if there is the distance in communication. Of their peers is expected to be more open and can communication. Mason stated that educator age more credible than educator adult, educator age trained is a source of the information a credible for teenagers than educator adult because they communicate in an easily perceptible manner, using language more or less same, peers are easy to state the thoughts and feelings before peer educator and sensitive messages can be delivered in a more open, relaxed and peer educator is a great role models. [9,14,15]

The role of peer educators in teenage reproductive health programmes is considered important enough, therefore teens who care about and can understand the lives of teenagers who can serve as power extension officers who are first given the facilities, guidance and technical assistance provision as thoroughly. [16] Role of peers for adolescents provide opportunities to learn about how to interact with others, to control social behaviour, develop skills and interests relevant to the age and Exchange feelings and problems. Peer group that the atmosphere is warm, engaging, and not exploratory can help teens to gain an understanding of the concept of self, the problem and the purpose more clear, feeling worthless, and feeling optimistic about the future. [17] Peer education in accordance with the characteristics of teens who don't like patronised, prefer conversation and more open with friends that are the basis of much-needed peer educators. Reality teens prefer receiving reproductive health information from the peer instead of adults. Therefore, the role of peer educators is important as the spearhead of the Government because the teens are more open to peer, they could freely ask about peer educators to KRR material, other than that information more easily understood because it uses the same language style. [14]

DISCUSSION

Adolescent

The term adolescence has a very broad meaning, covering the mental maturity, emotional, social and physical. [3] adolescence is a physical and emotional changes. [10] Teen is a term often used to describe individuals who are among the time' children and adults. [3]

The development of adolescent psychosocial maturity sexually and based teenagers will pass through the stages early adolescence/early (Early Adolescence) this period occurred at age 11-13 years, at this stage the teenager has looked physically, the physical changes began to mature and develop. Adolescents started doing onanism as horny sexually due to maturation caused by internal factors such as rising testosterone levels in man and oestrogen in women. Adolescents are enjoying, but there was during and after pleasure and disappointed and followed. It has stage adolescence mid (middle adolescence) this stage happened at age 14-16 year, at this stage teenager has undergone maturation physical in full, namely, man has undergone a wet dream, while the women have undergone menstruation. Today sexual passion teenager has reached the top, so they have a have the chance to make any physical touch. The latter are teenager further (late adolescence) happened at age 17-20 years, in this stage adolescents has made the full physical like the adult, they have really sexual behaviour clear and they have developed it in the form of courtship.

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Adolenscents Reproductive Health

Adolescent reproductive health is a state of physical health, psychological, and social dealing with the functioning and the process of the reproductive system in adolescents. .Understanding the healthy not only means freed from illness or disability but also mentally and sosial-culture[18]

Adolescent reproductive health needs to know in order to have the correct information regarding the reproductive process as well as the various factors that exist around them. With the right information, expected teens have attitudes and behaviour regarding reproduction process responsible. Basic knowledge that needs to be given to teenagers in order to have a good reproductive health is by the introduction of the system, processes and functions, reproductive tool maturation the age of marriage and pregnancy planning to suit himself and his partner, sexually transmitted diseases and HIV/AIDS and its impact on reproductive health conditions, sexual violence and how to avoid them, develop the ability to communicate including strengthening confidence in order to be able to counteract things that are negative, and reproductive rights.

From the results of the study conducted in adolescents in Indonesia that most of the teenagers Indonesia have little knowledge of the reproduction and sexual health. Lack of human knowledge about reproducing has caused some a young person to engage in sexual behaviour risk. Many believe that a woman does not gets pregnant from one the act of sexual intercourse, therefore to avoid cause pregnancy, some youth prefer having sex in relations casual or have sex only once with women same. Misunderstanding also occurred in young people pertaining to puberty, the fertile period and risk pertaining to sexual behaviour such as abortion, Sexual Transmitted Disease and HIV/AIDS. [11]

Peer Education

Peer education is a process of communication, information and education conducted by and for the peer. Peer implies someone who has the same degree, always together in social groups, especially based on age,

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sex, occupation, socioeconomic status and health status while education has meaning to develop, train or approaches in a learning process. [19]

There are several advantages gained by conducting peer education that is able to convey the messages of a sensitive nature, people participate so as to support and complement the existing strategy, target groups more comfortable discussing with peers about their personal problems, providing effective services with relatively little cost. Peer education can be used for large groups and small groups, or in the condition of individuals, as well as the formal and informal conditions in the teen was found. Peer education method is quite effective for teens in foster a positive attitude towards health. [20]

Peer Educator

A peer educator is one who acts provide education in how to convey the correct information on the group. Peer educators are people of the same group perform the role of educator to other members and work with him or his colleagues to influence attitudes and change behaviour.

Peer educators help peer group in solving a health problem that is growing by disseminating knowledge of information and reduce the occurrence of a risk to members of the peer group. Peer educators become a resource for the peer group, therefore the peer educators need to be trained. Peer educators can act as facilitators and resources within the group.[21]

Adolescents feel more comfortable to ask about sensitive matters such as puberty, menstruation, masturbation, pregnancy and infection genitals on peers. Learning is a process of behaviour change, one is to model the behaviour that occurs in the vicinity. [22]

Minnesota Department of Health Fact Sheet (MDH) to intervene in the provision of health services through peer educators. It aims to encourage teenagers in the utilisation of health services and assist them in making decisions. In this approach, MDH priority to school-based health services with special attention to adolescents less use of health services. So the peer educators have proven useful and are needed to provide information to the adolescent peers, especially in the case of adolescent reproductive health. [17]

The research of PKBI on the need for information and adolescent reproductive health services that need to reproductive health services amount of 94.55% of the total respondents 2.479 people but only 23.42% of respondents said ever use adolescent reproductive health information centre.[12] Purwatiningsih 2001 research results obtained reproductive health services desperately needed by young people to avoid unwanted pregnancy, unsafe abortion, sexually transmitted diseases and about reproductive health information. [13]

Across the world, peer education has been widely adopted to respond to the HIV/AIDS pandemic since the effectiveness of peer education was first identified. Peer education is a program designed to train members of peers, where members are elected from specific community groups based on age, class or status. The hope is the changing of the other members of the same group. The program is peer educators were selected and trained duty to conveying the message so as to make changes to their peers. Peer educators recruited mostly on a voluntary basis, without pay or adequate compensation. Thus it is difficult to maintain their motivation to perform well and it is important to understand the performance of peer educators and related factors. [23] The research of Fredi Yansah in 2011 adolescent peer educators in providing adolescent reproductive health information with the results of the role of adolescent peer educators improve the peer knowledge about reproductive health. [24]

Saito research conducted in 2009 on the performance of peer educators in HIV / AIDS prevention results obtained 50.96% of the peer educators have high performance for the peer education HIV / AIDS. More than 70% of them do all kinds of roles for HIV / AIDS where the most common role is to facilitate the students to think about the ideas and attitudes (85.99%). A total of 66.88% of them had knowledge of HIV/AIDS were sufficient and only 8.92% had poor knowledge, 63.06% have a good attitude about peer education. Classes and training are the most resource available and can be accessed by peer educators. Performance peer educators have anything to do with the duration of the work as peer educators, training and social support. [23]

Peer educators from several studies are in great demand by young people, but the reality in Indonesia is not all regions are exposed to peer education program for adolescent reproductive health information.

Material of Adolescent Reproductive Health

Material of Adolescent Reproductive Health [1,19, 25, 26, 27]

a. Growth is physical growth and psychological development. To achieve optimal growth and development depend on the potency biologiknya, the level of achievement of the biologic potential of a teenager is the result of an interaction between genetic and environmental factors biospsikososial. This process produces an end result that differs in every teenager.

b. The reproductive organs of both men and women

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- c. Menstruation and pregnancy process
- d. Reproductive rights and sexual [22]
- e. Reproductive Risk: anemia, Unwanted Pregnancy and abortion, Sexual Transmitted Disease and HIV & AIDS
- f. Sexual violence
- g. Drugs
- h. Life Skills

CONCLUSION

The results showed that adolescent reproductive health problems are high. This is caused by a lack of understanding of good reproductive health. Adolescent need more information about reproductive health. A good information about adolescent health reproductive is one way to decrease the reproductive risk. Government through already working to improve the knowledge of young people with their adolescent reproductive health information centre by placing youth as peer educators. But still not able to access all of the youth peer educators. While based on the psychological stages of their teens tend to be more convenient to seek information from a peer.

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