



Peer Counseling on Adolescent Health Reproductive Skills

Konseling Teman tentang Keterampilan Reproduksi Kesehatan Remaja

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ABSTRACT

Background: Adolescence is the period of change in an individual from childhood to adulthood that occurs in several changes, which are biological, psychological, and social changes. In general, today's Indonesian teenagers are experiencing vulnerability to health problems and threats, especially sexual, free sex, and reproductive health problems. The existence of the Information and Counseling Center is to meet the needs of adolescents with information on reproductive health and sexuality without hesitation and embarrassment because they will get the information from peer relations through peer counseling. **Methods:** The population used was the students of the Plus Miftahul Ulum Kalisat Jember junior high school, a total of 80 students. The design of this study used a quasi-experiment with a non-equivalent control group pre-and post-test. The variables measured are knowledge, attitudes, and skills of adolescents related to reproductive health. Data was collected using questionnaires and observation sheets. **Results:** The results of statistical tests using linear regression obtained peer counseling values for knowledge ($p=0.000$; $R=0.254$), attitudes ($p=0.000$; $R\text{ square}=0.432$), and skills ($p=0.000$; $R\text{ square} = 0.191$). **Conclusion:** Peer counseling can increase knowledge, attitudes, and skills in junior high school girls as well as drug and drug abuse. Hopefully, the school will continue to collaborate with health education institutions or services to continue the improvement of the abilities of counselors who attend peer counseling

ABSTRAK

Latar Belakang: Masa remaja merupakan masa perubahan pada diri seseorang dari masa kanak-kanak hingga dewasa yang terjadi melalui beberapa perubahan, yaitu perubahan biologis, psikologis, dan sosial. Secara umum remaja Indonesia saat ini sedang mengalami kerentanan terhadap permasalahan dan ancaman kesehatan, khususnya permasalahan seksual, seks bebas, dan kesehatan reproduksi. Keberadaan Pusat Informasi dan Konseling adalah untuk memenuhi kebutuhan remaja akan informasi kesehatan reproduksi dan seksualitas tanpa ragu dan malu karena informasi tersebut akan mereka peroleh dari teman sebaya melalui konseling sebaya. **Metode:** Populasi yang digunakan adalah siswa SMP Plus Miftahul Ulum Kalisat Jember yang berjumlah 80 siswa. Desain penelitian ini menggunakan quasi eksperimen dengan non-equivalent control group pre-and post-test. Variabel yang diukur adalah pengetahuan, sikap, dan keterampilan remaja terkait kesehatan reproduksi. Pengumpulan data dilakukan dengan menggunakan angket dan lembar observasi. **Hasil:** Hasil uji statistik menggunakan regresi linier diperoleh nilai konseling teman sebaya pada pengetahuan ($p=0.000$; $R=0.254$), sikap ($p=0.000$; $R\text{ square}=0.432$), dan keterampilan ($p=0.000$; $R\text{ square} = 0.191$). **Kesimpulan:** Konseling sebaya dapat meningkatkan pengetahuan, sikap, dan keterampilan pada siswi SMP serta penyalahgunaan narkoba dan narkoba. Diharapkan pihak sekolah terus menjalin kerjasama dengan lembaga atau layanan pendidikan kesehatan untuk terus meningkatkan kemampuan konselor yang mengikuti konseling sebaya.

Keywords : Adolescents, peer counseling, reproductive health

Kata Kunci : Kesehatan reproduksi, konseling sebaya, remaja

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INTRODUCTION

One of the most crucial periods in human development is adolescence. (1). Adolescence is the period of change in an individual from childhood to adulthood that occurs in several changes, which are biological, psychological, and social changes. In general, today's Indonesian teenagers are experiencing vulnerability to health problems and threats, especially sexual, free sex, and reproductive health problems (2). The government attempts to overcome the problems through the program of youth information and counseling center using a peer counseling approach. Adolescents will be enjoyed, comfortable, and feel free to discuss the issue of sexual and reproductive health with their peers (3). The existence of the Information and Counseling Center is expected to meet the needs of adolescents with information on reproductive health and sexuality without hesitation and embarrassment because they will get the information from peer relations through peer counseling (1). Peer counseling is a work program of PIK-R to manifest the BKKBN Program, namely the PKBR (*Penyiapan Kehidupan Berkeluarga bagi Remaja*/Family Life Preparation for Adolescents) program (4).

The peer counseling arena is a mentoring program conducted by adolescents to other adolescents. Adolescents who become mentors are previously given training or coaching by the counselors, it is expected to assist them individually and in groups with their friends with problematic and various obstacles in their personality development (5). Adolescents tend to confide and be more open about their problems to their peers. It is because the peers are equal in age, background, social status, and goals. Peers have an important role in the psychosocial development of adolescents (6). They argue that peers can meet their needs and accept disagreement rather than adults. Currently, there are approximately 23,579 of PIK-Rs in 34 provinces that are expected as a place for adolescents to gather and tell stories even to get creative and share information. However, the utilization of the PIK-R program in Indonesia is not

optimal. Based on the population projections in 2019, Indonesia's adolescent population (aged 10-24 years) reached 67.2 million out of the total population of 267 million (7). A large number of adolescents is only a small part involved in the PIK-R program. Based on the Indonesian Demographic and Health Survey (SDKI), adolescents know the place to discuss or obtain information about reproductive health is about 34% of females and 33% of males stated that Puskesmas PKPR is a source of reproductive health information, and 16% of females and 11% of males mentioned PIK R/M as a source of health information. In general, 19% of adolescents had known the information about PIK-R in a lower percentage of males (13%) than females (25%) (7). Slightly more 15-19 years old have been exposed to PIK-R program information (19%) rather than 20-24 years old (17%) (8). However, approximately the number of adolescents involved in the PIK-R program is fewer. The lack of information from adolescents regarding the existence of the PIK-R program causes the small number of adolescents involved in the PIK-R program that have an impact on increasing adolescent problems related to reproductive health (9).

Most adolescents often talk more about their serious problems to their peers than to their parents and teachers (10). Even with serious problems (e.g., sexual intercourse, pregnancy before marriage, and desire for abortion), they talk to their peers, not to their parents or teachers (11). Therefore, peer counseling is important because referring to the writer's observations, most adolescents often talk about the problems experienced with peers rather than with parents, mentors, or teachers at school (12).

Considering this fact, it is necessary to develop counseling services conducted by non-professionals (students/youth) under the supervision of professional counselors (13). In counseling terminology, the activities of mutual assistance and mutual support among peers dealing with life problems and or in developing their potential are called peer counseling (13). The school is also a transitional institution that prepares

adolescents to move from family life as a guide and protection in parental authority, towards an independent community life with a wide range of competition (14). During this time, we have assumed that (BK) teacher is in charge of helping to overcome adolescent problems at school. On the other hand, peers can also serve as peer counselors. Their role will help to overcome the problems of their friends. But the peer counselors must be previously mentored by various basic communication skills such as active listening skills, empathy skills, and problem-solving skills (15). The lack of education about adolescent reproductive health on premarital sexual knowledge and attitudes is a need to conduct health education using learning media based on the main elements within that is audio-visual media (16). There is an increase in adolescent knowledge by providing education using media of audio-visual learning. The power of peers and lack of parental attention to the problem resulted in adolescent reproductive health problems. Thus, referring to the description, it is necessary to conduct a study on peer counselors to improve the life skills of adolescents to meet their reproductive health needs (17). The aim of the research is to analyze differences in reproductive health skills in adolescents before and after forming counseling.

METHOD

The research design applied a quasi-experiment with re and post-test methods nonequivalent control group. The research instrument uses a questionnaire to measure knowledge, attitudes and actions related to the ability to practice reproductive health in adolescents. Before the formation of peer counseling, respondents had their reproductive health skills measured. After that, one group did nothing in the form of peer counseling. After the formation of the peer group, reproductive health skills were measured again for comparison. The control group did not get intervention meanwhile the intervention group was given the intervention as a group counselor by doing discussion, simulation, and role plays. This training will use participatory methods and adult

learning. Lecture methods, brainstorming, discussions, video shows, simulations, assessing one's own skills will be used. The population is students of SMP Plus Miftahul Ulum. The sample was determined by inclusion and exclusion criteria 1) active students of Miftahul Ulum Kalisat Junior High School 2) respondents. From the criteria, each group obtained a total of 40 students or adolescents. Data were collected using questionnaires for knowledge and attitude, while checklist for skills. The observations were conducted before peer counselors were formed. The data gathered pre and post before and after the activity was implemented. The ethical test was carried out at the health research ethics committee of the University dr. Soebandi with number 202/SDS/KEPK/II/2022.

RESULTS

The research result is based on respondent characteristics.

Table 1 Characteristics of Respondents

Category	Frequency	Percentage (%)
Age	13	17
	14	26
	15	37
Total	80	100%

Source: primary data processed

The results showed that the characteristics of the respondents from the age distribution were mostly 15 years old, 37 respondents or 46%. The age of respondents is under Law (UU) No. 20 of 2003 concerning the national education system about 13 to 15 years old. This is also in line with the theory stated by Santrock that junior high school age is a formal equivalent level of basic education after they have completed elementary school. The 12-15 years old is the age of Junior High School which is a transition period of adolescent development from child development. This age is called early adolescent puberty development with the reproductive organs have begun into maturity.

Table 2: Relationship between the pretest and posttest of the control group

Variable	Correlation coefficient	p
Knowledge	0,611	0,000
Attitude	0,900	0,000
Skills	0,557	0,000

Source: primary data processed

The results indicated that there was a significant relationship between knowledge, attitudes, and skills of adolescent reproductive health at SMP Plus Miftahul Ulum Kalisat between pretest and posttest scores. The average increase in knowledge in the control group was 1.2 points, while the average increase in attitude was,2 and the average increase in skills was 0.42 points.

Table 3. The results of the comparison of knowledge, attitudes, and skills of the pre-test and post-test of the control group

Variable	Control group				p-value of paired t-test
	Pre-test		Post-test		
	Mean	± SD	Mean	± SD	
Knowledge	13,28	± 1,84	14,50	±1,59	0,000
Attitude	50,70	± 6,64	54,93	±7,80	0,000
Skill	4,63	± 1,66	5,05	±1,77	0,000

SD = Standard Deviation p= p-value

From Table 3, there is a significant difference based on the paired t-test statistical test that resulted in comparing the average scores of knowledge, attitudes, and skills in the control group between pre and post.

Table 4: Relationship between pretest and posttest of treatment group

Variable	Correlation coefficient	p
Knowled ge	0,742	0,000
Attitude	0,431	0,006
Skills	0,433	0,005

Source: primary data processed

Table 4 is the results of statistical testing that showed a significant relationship between the scores of knowledge, attitudes, and skills in the treatment group between pre and post-test. This result can be seen that the post-test score is quite high (the correlation coefficient value has a positive value) on the knowledge score, attitude, and reproductive health skills.

Table 5. Comparison results of knowledge, attitudes, and skills pretest and posttest of the treatment group

Variable	Treatment group				p-value of paired t-test
	Pre-test		Post-test		
	Mean	± SD	Mean	± SD	
Knowledge	13,68	± 1,82	16,35	±1,63	0,000
Attitude	50,70	± 6,64	65,38	±3,57	0,000
Skill	4,63	± 1,66	6,45	±1,06	0,000

SD = Standard Deviation p= p-value

The improvement of the average knowledge of the respondents in table 5 shows the knowledge aspect is 1.83, the attitude is 14.68 and the skill is 1.82. Meanwhile, the comparison of the average scores of knowledge, attitudes, and skills in the treatment group can be seen in table 5 above.

Table 6. Comparison results of knowledge scores between control and treatment groups

Variable	Evaluation				P value of paired t-test
	Control		Treatment		
	Mean	± SD	Mean	± SD	
Pre-test	13,28	± 1,84	13,68	±1,82	0,331
Post-test score difference	14,50	± 1,59	16,35	±1,63	0,000
	1,23	± 1,53	2,68	±1,25	0,000

SD = Standard Deviation p= p-value

Table 6 shows the results of the independent t-test which is no significant difference in the average test scores of both the control group and the intervention/treatment group. However, there is a significant difference in the results of the comparison test of the average posttest score with the score difference for the pretest and posttest on the variable of knowledge between the control and intervention groups that is the intervention group has a higher average score than the control group.

Table 7. Comparison results of attitude scores between control and treatment groups

Variable	Evaluation				p-value of paired t-test
	Control		Control		
	Mean	± SD	Mean	± SD	
Pre-test	50,70	± 6,64	50,70	±6,64	1,0
Post-test score difference	54,93	± 7,80	65,35	±3,57	0,000
	4,23	± 3,42	14,68	±6,04	0,000

SD = Standard Deviation p= p-value

Table 7 presents the results of the attitude score of adolescents in the peer counseling group on the pre-test had the same results in both the intervention and control groups with an average score of 50.7. The average of the post-test attitude score shows that in the control group, the average score is 54.93 points and in the intervention group the average score of attitude about reproductive health is 65.93 points. The difference between the average scores of the two groups was 4.23 in the control group and 14.68 in the intervention group. Meanwhile, the results test of the independent t-test showed significant differences in attitude variables in the control group and the intervention group.

Table 8. Comparison results of skill scores between control and treatment groups

Variable	Evaluation				P value <i>paired t-test</i>
	Control		Treatment		
	Mean	± SD	Mean	± SD	
Pre-test	4,63	± 1,66	4,63	±1,66	1,0
Post-test	5,05	± 1,77	6,45	±1,06	0,000
Score difference	0,43	± 1,62	1,83	±1,53	0,000

SD = Standard Deviation p = p-value

The result of the statistical test is no significant difference and the variable of skill in the average score data is 4.63. The average post-test skills score in the control group is 5.05 and in the treatment group is 6.45. The difference in the average score in the control group is 0.43 and in the treatment group is 1.83. The result of the independent test on the post-test has a significant difference.

Table 9. The results of the linear regression test on the effect of peer counseling on knowledge, attitudes, and skills of adolescent reproductive health

variable	Equation model	p	R square
Peer counseling with knowledge (post)	Knowledge (post) = 12,650 +1,85	0,000	0,254
Peer counseling with attitude (post)	Attitude (post) = 44,475+10,45	0,000	0,432
Peer counseling with skill (post)	Skill (post) = 365 + 140	0,000	0,191

Source: primary data processed

Table 9 shows the results of the linear regression test with a significance value is 0.000 ($p < 0.05$), which can be concluded that peer counseling has a significant effect on knowledge,

attitude, and skill (posttest) in the peer counseling group. The amount of influence on the counseling group from the R square value of the influence of peer counseling is 0.432.

DISCUSSION

The forming of a peer group can increase knowledge, attitude, and skill in adolescents. The increased knowledge that occurred in the intervention group was due to the peer counseling group that had been formed and given the training related to adolescent reproductive health. This is caused by the peer counseling method as a place for adolescents to gather and discuss a problem, either an exciting or distressing problem that can be trusted. In addition, the peers always have helpful behavior and cooperation, although some compete because of different interests or desires (17). A peer group is a group of successful peers interacting. The peer groups (peer counseling), individuals feel a sense of similarities with each other such as age, needs, and goals that can strengthen the group (18).

Attitudes by an individual who was previously owned are usually obtained from the results of learning either independently from experience or from the results of socialization and even the results of sharing with peers. They play an important role in the development of a positive peer environment as one of the most effective ways to support the growth and development of an adolescent. This is in line with Santrok (3). Conveyed that a positive peer group will probably make adolescents feel welcome by new values and views. This positive peer group will provide opportunities for adolescents to help each other and encourage them to develop networking in positive encouragement of one another. Interaction with peers can be used to form new meanings, perceptions, and solutions. This culture of peers can provide opportunities for effective communication, behavior as well as perceptions and values (19).

Adolescence tends to have a very strong group influence. They go to gather and interact in their peer groups. Through this gathering, they have a group dynamic and can influence the group.

The influence makes adolescents able to formulate, be better and also improve their self-concept through the group. As a result, their interaction, with the group dynamics will also continue to develop the group (peer group) which will ultimately form the self-concept of adolescent (9). Convey that peer groups can have a very positive influence on the adolescents understudied, this is visible in the evidence of the increase in both knowledge and attitudes which ultimately be implemented in action or their skills (8). The results of health education using peer groups or peer counseling are able to provide information about reproductive health, and also to improve the knowledge and attitudes of adolescents in behavior. The improvement of the attitude aspect stated in the research conducted that the peer group method is more effective in improving the behavior and attitude of adolescents toward drugs (9). The peer educator is a way or method to provide education in which the speakers or providers of information are their peers. Thus, the peer group as a social environment at the stage of adolescence has a significant role in the development of personality (20).

Revealed the several factors that influence the state of reproductive health of adolescents due to internal factors such as knowledge, attitudes, and self-concept of the adolescents themselves, as well as external factors such as the environment the adolescents live in, that can affect the sexual activities of adolescents at risk of reproductive health problems (4). Meanwhile, according to the effort to prevent reproductive health problems in adolescents is through four approaches that are institutions, families, peer groups, and the workplace (21). The strength of influence in peer groups is due to adolescents more often being beyond the home with their peers as a group; therefore it is understandable that the influence of peers on attitudes, talk, interests, appearance, and behavior is more influential than family influence (22).

The culture of peer counseling is positive to help adolescents in understanding to encounter any challenges are not alone. The peer culture is

beneficial thing applied to aid the change of behavior and values of adolescents. Peer counseling is one of the efforts that can be done to build a positive peer culture with the development of peer counseling in the youth community (23). The purpose of this study is to determine the effect of peer counseling on changes in knowledge, attitudes, and skills. These changes were measured after the intervention with peer counseling. The measurement is done to find out the influence of forming peer counseling on peers in increasing knowledge, attitudes, and skills of adolescents related to reproductive health issues. The results of the post-test score are used to see the number of adolescents or respondents who can absorb the material provided by the researcher during the intervention (24).

The average improvement in knowledge, attitudes, and skills of adolescents about reproductive health issues is higher in the intervention group than in the control group (19). This was caused by the intervention group being actively involved in handing over the material. The methods used in the intervention group were discussion, simulation, role play, and direct practice with peers (6). The limitations of this research are the difficulty of finding free time and the students' busy daily schedules because apart from being school students they are also students at the Islamic boarding school. In addition, there is a lack of research support facilities which makes the sampling results less than perfect (25).

CONCLUSION

There is a different level of knowledge, attitudes, and skills of reproductive health in adolescents for the intervention group before and after the peer counseling was formed in junior high school students Miftahul Ulum Kalisat in counseling their peers. The suggestions are expected that the school continues to foster peer educators in collaboration with health education agencies or health servants to continue the program ahead.

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