

Research Article

## Peer Counseling Program for Preventing The Unintended Pregnancy Among Adolescents

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### Abstract

This study aims to review the effectiveness of primary prevention strategies aimed at delaying sexual intercourse, improving the use of birth control, and reducing the incidence of unintended pregnancy in adolescents. This study examined the effectiveness of peer counseling to reduce unintended pregnancy in adolescents because, in adolescence, a person will spend more time and do modeling with peers. This research used a quasi-experimental research design with a nonrandomized control group design with two groups: experimental and control, aiming to design a program intervention for groups of adolescents at risk to reduce unintended pregnancy, using a one-shot case study pattern. The researchers gave treatment in a group of at-risk adolescent subjects aged 12-15 years. The findings of this research show that intervention with peer counseling technique is a primary preventive to adolescents. Peer counseling can be increasing the reproduction health knowledge of adolescents. Peer counseling also increasing the parent and teachers knowledge of adolesce e's growth. The level of cognitive change may improve adolescents' behavior and decrease the number of unintended pregnancies. Applications of this study: Recommendations for the most efficacious programs may vary by target age group, race, culture, and community. Despite limitations, core principles can be applied to all teen pregnancy prevention programs and supply administrators with the information to champion particular practices to achieve optimal results in preventing teen pregnancy.

Keywords: peer counseling; unintended pregnancy; adolescence

### Abstrak

Tujuan dari penelitian ini adalah untuk mengkaji efektivitas strategi pencegahan primer yang bertujuan untuk menunda hubungan seksual, meningkatkan penggunaan alat kontrasepsi, dan mengurangi kejadian kehamilan yang tidak diinginkan pada remaja. Penelitian ini menguji efektifitas konseling teman sebaya untuk mengurangi kehamilan yang tidak diinginkan pada remaja, karena pada masa remaja seseorang akan lebih banyak menghabiskan waktu dan melakukan modeling dengan teman sebaya. Penelitian ini menggunakan desain penelitian kuasi eksperimental dengan desain nonrandomized control group design dengan dua kelompok yaitu eksperimen dan kontrol yang bertujuan untuk merancang program intervensi pada kelompok remaja berisiko dalam upaya mengurangi kehamilan yang tidak diinginkan dengan menggunakan pola studi kasus one shoot. Para peneliti memberikan perlakuan pada kelompok subjek remaja berisiko berusia 12-15 tahun. Hasil penelitian ini menunjukkan bahwa intervensi dengan teknik konseling sebaya merupakan pencegahan utama pada remaja. Konseling sebaya dapat meningkatkan pengetahuan kesehatan reproduksi remaja. Konseling sebaya juga meningkatkan pengetahuan orang tua dan guru tentang perkembangan remaja. Tingkat perubahan kognitif dapat meningkatkan perilaku remaja dan menurunkan jumlah kehamilan yang tidak diinginkan. Penerapan studi ini: Rekomendasi untuk program yang paling efektif dapat bervariasi menurut kelompok usia target, ras, budaya dan komunitas. Terlepas dari keterbatasan, ada prinsip-prinsip inti yang dapat diterapkan pada semua program pencegahan kehamilan remaja, dan memberikan informasi kepada administrator untuk memperjuangkan praktik tertentu untuk mencapai hasil optimal dalam mencegah kehamilan remaja.

Kata kunci: konseling sebaya; kehamilan tidak diinginkan; remaja

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## Introduction

Adolescence is a period of growth and development, between physically, psychologically and socially. During this time, adolescents become curious, which eventually encourages them to want to try all things that are considered new to find their identities. However, on the other hand, adolescents have not been able to fully consider the impact of their trial and behavior. Therefore it is very important for the adolescents to be supported with appropriate and correct information and skills in order to avoid risky behavior such as; unwanted pregnancy, sexually transmitted infections / reproductive tract infections, human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS), drug abuse (narcotics, psychotropic and other addictive substances), nutritional problems (anemia / lack of blood, chronic energy deficiency and / or obesity).

Monks, et al. (2016) set an age limit adolescents are 12-21 years old, with a division 12-15 years is early adolescence; 15-18 years is period of mid adolescents; and 18-21 year is period of last adolescents. Youth with age 12-18 years have chores development among them; (1) development of aspects biological; (2) accept the role of adult based on their influence on habit; (3) got emotional freedom from adult; (4) get a life glance ; and (5) realizing their own identities. Adolescents are individuals who experience a transitional period in which they are experiencing a lot of pressure to seek and find themselves, so they are lacking think about the effects of their actions. Premarital sexual behavior which is currently increasing among adolescents is of particular concern of the government (BKKBN, 2018). This concern is due to the negative impacts from premarital sexual behavior such as the susceptibility of adolescents to contracting sexually transmitted diseases (STDs), HIV / AIDS, pregnancy outside of marriage, abortion, depression and even dropout rates in adolescents (BKKBN, 2016).

An unintended pregnancy is one that occurs either because of a mistimed reason or because the pregnancy is unwanted. When a woman doesn't want a pregnancy when there is conception, this applies to the future if she still wants a pregnancy to occur or she doesn't want another pregnancy. Then, the pregnancy is included in the category of unwanted pregnancy (Ganong, 2016). Another opinion was a pregnancy must be experienced by a woman, in a condition where the woman has not committed a legal bond according to the existing norms, both religious and legal norms, or is not psychologically ready to accept the pregnancy she is experiencing. Similar incidents are often heard among adolescents who are students, both junior high and high school students. In adolescents, unwanted pregnancies are caused by them who don't get actual information. The information circulating among adolescents is still sexual myths, tends to be permissive and lacks proportionality in explaining sexuality.

Adolescents tend to be more comfortable getting information about reproductive health from their peers according to SKRRI 2007 data, where 44.3% of girls and 46.9% of boys use peers as a source of information about changes in puberty related to physical changes. In addition, it was also noted that 69.3% of girls and 56.7% of boys prefer to confide in about reproductive health with their peers compared to their parents or their teachers. The increase in premarital sexual behavior or free sex among adolescents is very serious. This is a cause for concern from the existing statistical data. Free sex behavior among adolescents aged 15-24 years who claim to have done so premarital sexual relations 1% in women and 6% in men, respectively adolescents age dating in Indonesia tends to be more courageous and open; 1) hold on hands, male 69% and female 68.3%; 2) kissing, 41.2% male and female 29.3% and 3) fingering stimulates, male 26.5% and female 9.1%. Other research conducted by the Ministry of Health in 2009 in 4 major cities (Medan, Central Jakarta, Bandung and Surabaya), showing that 35.9% of

adolescents have friends who have already had premarital sex and 6.9% of respondents had had sex premarital (BKKBN, 2017).

Hurlock (2017) determine adolescents are those who are at the age of 12-18 years. Monks, et al. (2016) set an age limit adolescents are 12-21 years old, with a division 12-15 years is early adolescence; 15-18 years is period of mid adolescents; and 18-21 year is period of last adolescents. Youth with age 12-18 years have chores development among them; (1) development of aspects biological; (2) accept the role of adult based on their influence on habit; (3) got emotional freedom from adult; (4) get a life glance ; and (5) realizing their own identities.

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Erickson (2016) explain that the finding for self-identity was initiated at a very young age around the beginning of adolescents. This means searching for identity, where adolescents want to know about who they are, what their position and role are in the environment, including all things related to "me" that they want to know. The initial stage of looking for self-identity is at the age of 12-15 years, starting with the strengthening of abilities which are often expressed in the form of a willingness that cannot be compromised so that it is possible to contravene the wishes of others. If this is opposed, the adolescent tends to be pushy so that it can become a problem for the environment.

Female reproductive organs consist of: ovaries (ovaries), fallopian tubes (fallopian tubes), fibrae (umbai-umbai), uterus (uterus), cervix (neck of the uterus), vagina, clitoris, labia (pubic lips). The body undergoes physical changes due to the functioning of hormones that occur because the hypothalamus (the main controlling center of the brain) collaborates with the pituitary (pituitary gland) which begins during adolescence. The hormones that function in women are the hormones estrogen and progesterone. Individuals are said to be virgins if they have never had sexual intercourse. In the mouth of the vagina there is a hymen (hymen), a membrane that will tear during intercourse, accidents, too deep masturbation / masturbation, sports and so on (Crockett et al. , 2016).

The male reproductive organs that are important in the reproductive process are; testes, scrotum, vas deferens (sperm duct), prostate, penis, prepuce. Hormones that function in men include the hormone testosterone, which is produced by leydig cells in the testes and in the child's kidney (suprarenal) glands. During puberty, sexual hormones develop rapidly and teenagers are very easily aroused sexually, so they often appear unexpectedly and leave boys confused and embarrassed (Sarwono, 2017).

Meanwhile, the risk that borne by adolescent women who experience unwanted pregnancies is a heavy burden because they have to face the reality of having a pregnancy before their right times, trying to hide the pregnancy and new burdens when the baby is born. Besides that, pregnancy in adolescence is a vulnerable condition because adolescents will have emotionally

unstable and their reproductive organs are still not ready. On the other hand, adolescents have to face the risk of being expelled from school and social sanctions in the form of exclusion.

Peer counseling is a form of psychological education that is deliberate and structured as an effort to help between peers to improve function social and problem solving. Peer counseling allows the formation of several social skills which include the ability to self control, decision making, allows an exchange of experiences between peers as well, because of peer counseling allows to explore feelings, thoughts, social issues and focus on decision making and behavior change (Suwarjo, 2018). Adolescence reproductive health conditions are very important in national development because adolescents is an asset for the nation. On the context here is international public would be emphasize its importance every country provide source that could accessed by adolescents in fulfill due to obtain the information and service health reproduction well and adequate that spared from information that misleading, so with peer counseling and FGD can used for knowing in advance how the effect of awareness reproduction health. A group counseling approach was used because on period adolescents, they are more involve in group of the same age compared to old person (Santrock, 2017). Youth do activities outside home such as school activities, extra curricular and play with friends compared to when they were children. So that could said if fiends role of the same age on period adolescentsage is big. Although adolescents has been reach a cognitive development step that adequat for determin his actions alone, however determination self adolescents in behave is influenced by pressure from group friends of the same age (Santrock, 2017). The peer counseling group for the problem adolescents is right, because group friends of the same age could influence their consideration and decision of a adolescents about his behavior.

Peer counseling is considered as a very effective solution in reducing deviant behavior in adolescents. According to Bett (Kamore et al, 2015), the rationalization of holding peer counseling is assuming the basic assumption that people of the same characteristics and age are likely to influence significantly the behavior of others.

It's very important for creating a preventive program to decrease the number of unintended pregnancy cases of adolescents as peer counselors for the youth community in the region of Puskesmas X. The function of this peer counselor is as a confidant and a source of appropriate and correct information so that it can help adolescents to develop a healthier, independent person and prevent negative environmental influences.

## Method

### Research Design

This research is classified as quasi-experimental design. Researchers use quasi-experimentation because it is often randomization impossible, due to the formation of a naturally formed group intactgroup (Seniati, 2015). The design that used is the nonequivalent control group design or non-randomized control group design, the design with the control group and experiments that were preceded by a pre-test were given and ended with a post-test (Sugiyono, 2017). This research aims to design intervention programs against adolescents at risk in prevention of increasing uninteded pregnancy risk. This research provide a peer counseling in one group that consists of 6-12 students as subjects at-risk adolescents between 12-15 years.

### **Prosedur of The Research**

First, at this step the researcher carries out an in-depth understanding of the premarital sex phenomenon behavior and peer counseling. After that the researchers did guidance of research instruments with a scale moel at SMP X Yogyakarta. While doing scale guidance, researchers also carry out a peer counseling simulations to be carried out on actual research. Then the researcher did a pretest, doing scoring and categorizing norms, at least the subject is in the category being able to become a research subject. After that, the subjects fit the criteria provided informed consent or willingness to be involved in research.

The second step is intervention, the researcher provides an intervention in the form of peer counseling subjects who entered the experimental group. In general, peer counseling carried out in 3 stages that consists of the exploration stage, the problem formulation stage and identification of alternatives, and the planning and action stages. At the exploration stage, counselor will explore problems experienced by subjects related to sexual behavior pre-marriage conducted by the subject with their group. Then, the second stage is the stage formulation of problems and identification of alternatives, at this stage the counselor formulates counselee problems and explore alternative solutions to problems along with alternative consequences to be used. And the third stage is the planning and action stage, that the counselor together with the counselee start planning when to start these alternatives. The explanation of the procedure at each stage is discussed further at in the research module.

The intervention of this research is using the Youth Care Health Service Training technique through Peer Counselors, which actively involves youth as peer counselors with their role as a place to confide in, and as a source of appropriate and correct information so that it can be an alternative solution for other adolescents to have motivation in developing a healthier person , more independent and can prevent negative environmental influences in order to maximize the functioning of these adolescents (Marangu et al, 2018). Youth Care Health Service (PKPR) is a government program since 2003 as an effort to overcome adolescent health problems, both promotive, preventive, curative and rehabilitative inside and outside the puskesmas building. This intervention is aimed to be reached by adolescent and make it fun, feel welcome with open arms, respects adolescents, maintains confidentiality, and more sensitive to their health-related needs.

### **The Data Analysis**

The last step is analysis the data. The analysis of the data used in this research is descriptive analysis qualitatively by implementing FGD. From the results the analysis will be used as reference for the preparation of intervention programs against adolescents at risk.

### **Result and Discussion**

The researcher did this study at 2020 January – 2020 March. Peer counseling was used as technique to preventing the unintended pregnancy risk. There were 6-12 students who join this FGD between the age of 12-15 years in junior high school of Yogyakarta. The FGD was consist of four steps that being discuss. Every FGD will started with pre test and after that the researcher as the facilitator will guide them to discuss the matter that facilitator gave, after that the subjets will receive a post test to compare their knowledge between the beginning and after discussion. Each meeting takes a minimum of 90 minutes and a maximum of 120 minutes The results of the test can be seen on Table 1.

Table 1. The Results of Peer Counseling

| Number | Discussion Matter                                     | Pre Test  | Post Test  |
|--------|---|---|--|
| 1      | Adolescence Growth and Development Materials Training | All subjects explain that didn't know the answers.                | They know the average age of adolescence, the differences of boys and girls' growth steps, and they can explain clearly about adolescence growth and development.  |
| 2      | Adolescence Reproduction Health Training              | Several subjects only know the main reproduction organs of human. | They can explain all matters about adolescence reproduction's vital organ of human, give explanation of how important to educate themself and other people about sex education. They know about the causing of pregnancy and they can explain the responsibility of being adolescence to keep their bodies safe. |
| 3      | Healthy Life Skills Educational Materials Training    | All subjects explain that didn't know the answers.                | They can explain well about how to keep their good health. They know some steps to healing their physic and soul so it will impact their health.   |
| 4      | Counseling Techniques for Peer Counselors Training    | All subjects explain that didn't know the answers.                | They can explain how to be a good listener for others who need their help, so the person who talk to them will feel loved and valuable as well.  |

From the table above, we know that the students didn't know well about adolescence and peer counseling at first, but after some meetings for doing peer counseling, they can determine the exact matter of adolescence, sex education for teenagers, and how great they are if they can be a good listener for their friends with doing the peer counseling. After the peer counseling for students, the researcher also did an intervention to the teachers and parents that related to this matter as well. This intervention was explain about parental psycho-education of the adolescence growth and development and also an inauguration of students who being this research's subjects as peer counselor of their school. On the stage, peer counselors are asked to provide responses, feedback, suggestions, opinions and experiences that can encourage change for other youth and together find solutions and re-apply them. And also, peer counselors express experiences, thoughts and feelings about unintended pregnancy cases and formulate solutions with the help of facilitators to discuss, clarify and implement in real life. The researcher also gave the schools some brochure about peer counseling. The brochure can be seen on Figure 1.

This study uses peer counseling as a method or treat for reduce premarital sexual behavior in adolescents, especially adolescents in class VII SMP X which underlies the use of peer counseling methods is because in adolescence, individuals become closer to their peers and most teenagers will doing modeling and comparisons with peers (Sanrock, 2017). Besides That is, teenagers basically get a lot of information from their peers, teenagers who are interact with each other and exchange information more effectively to make comparisons his peers. Good peers make a good impact and vice versa (Fardillah et al, 2017). Peer influence on adolescents is greater the impact of the role of parents and teachers, especially in shaping behavior on adolescents (Irmawati, 2018). Teens also tend to talk to people about sex peers, so that peers can be used as a container for character building and positive values in adolescents (Muslikah et al., 2018) one way is by going through peer counseling.

Figure 1. Peer Counseling's Brochure

**Who We Are**

kami adalah remaja seperti yang memberikan informasi tentang kesehatan dan membantu untuk menggal masalah dan menyadari kebutuhan untuk mencari pertolongan dalam rangka menyelesaikan masalah. Kami bukan tenaga ahli, untuk melaksanakan tugas sebagai konselor sebaya kami dibimbing oleh konselor ahli atau pengelola program kesehatan remaja di Puskesmas/fasilitas lainnya atau dibimbing oleh pendamping.

**Kami Bersedia Mendengarkan**

Konselor Sebaya  
08112611951010009  
08113 89410009

**Konselor Sebaya**  
Puskesmas Danurejan II

**TUJUAN KONSELLOR SEBAYA**

Membantu teman sebaya agar mampu memahami masalah yang dihadapi, memberi informasi yang berkaitan dengan masalah teman sebaya tanpa memihak dan memberikan informasi tentang jangkauan kepada berbagai sumber daya/fasilitas kesehatan, mendorong teman sebaya menemukan berbagai alternatif penyelesaian masalah, membantu teman sebaya untuk mengambil keputusan sendiri dan melaksanakan keputusan tersebut dengan bertanggungjawab dan memberikan dukungan emosional, mengurangi kekawatiran dan penekanan teman sebayamu.

**APA ITU KONSELING ?**

suatu hubungan dimana sedikitnya satu diantara pihak-pihak yang terlibat mempunyai maksud membantu pihak lain untuk meningkatkan perkembangan dirinya, kedewasaan, kemampuan berfikir dan menghadapi hidup dengan lebih baik.

Adalah konseling yang diberikan kepada klien remaja atau kelompok remaja yang membutuhkan teman bicara untuk mengungkap dan memecahkan masalahnya. Maksud pencapaian konseling disesuaikan dengan umur remaja, perkembangan fisik dan mentalnya dan permasalahannya, seperti masalah gizi, pascaran, ketahanan belajar, kesehatan reproduksi secara umum, HIV/AIDS, Infeksi Menular Seksual (IMS), Infeksi Saluran Reproduksi (ISR), Kehamilan Tidak Diinginkan (KTID), Penyakit-penyakit NAPZA, dll.

**KAMI ADA UNTUK TEMAN SEBAYA**

KONSELLOR SEBAYA mewakili Pelayanan Kesehatan Peculi Remaja (PKPR) yang diselenggarakan untuk memenuhi kebutuhan remaja dan meningkatkan daya tahan remaja terhadap berbagai masalah yang dialami sehingga mereka mampu memelihara kesehatan dan terhindar dari perilaku beresiko.

**Jika kamu remaja berada pada usia sekolah tingkat lanjutan pertama atau atas yang membutuhkan teman sebagai tempat yang tepat dan benar untuk curhat hati (curhat)**

**Tugas Utama Konselor Sebaya adalah membantu petugas PKPR atau pendampingmu untuk menemukan sedini mungkin masalah kesehatan yang dialami klien sebaya**

As we know, adolescence is a transitional period where physically occurs hormonal changes that will affect sexual activity and desire (libido sexuality) in adolescents (Santrock, 2017). Increased sexual desires occurs in adolescents, of course, requires distribution in the form of sexual behavior certain. Before engaging in sexual activity with a partner, teens tend to be doing sexual activities independently to his sexual desires such as by fantasizing about certain sexual objects and masturbating or masturbating. While adolescents who already have a partner will engage in sexual activity with his partner.

In addition, another thing that causes low effectiveness is adolescence is a time when someone has a great curiosity, especially regarding matters relating to sexuality. This is also supported, because adolescence is a period of transition between children who are asexual to people sexual adults (Feist & Feist, 2017), adolescents who undergo transition will be actively active sexual because it is also supported by changes in the physical form and psychological conditions of adolescents. Freud stated that adolescence has entered the genital phase where adolescence begins has an internal tension and a physical need to channel desires sexual or sexual secretion (Sarwono, 2017). So sexual behavior in adolescents it's a new and natural thing they do to channel their desires sexual. Another thing that also causes many adolescents to engage in sexual behavior premarital at the time of dating is a lack of information about sex. Teenagers now generally enter adolescence without having adequate knowledge about sex. Older teens have girlfriends at an earlier age tend to have misinformation about sexuality (Sarwono, 2017). This happens because parents and adults tend to be taboo talk about sexuality issues with teenagers. The attitude of the parents who are deeply taboo Talking about sexual behavior makes teens curious and ultimately tend to experiment in the background without being noticed by parents and the adults around.

There are incorrect assumptions or myths that have developed around them. Adolescent environment also affects adolescent perceptions of sexual behavior as adolescents dating. Actually there are things that encourage teenagers to have sexual intercourse, some of them are only being able to date when they have kissed (Chronika, 2016). In addition, personal factors, self-control over sexual urges are also a factor important that makes adolescents engage in premarital sexual behavior when dating. In Erikson's theory states that adolescents are at the stage of searching for identity because of para adolescents experience identity confusion about who and what role will be played in society. Adolescents at this time will experience shock and stress where they lack self-control and tend to go with the flow, or doing

modeling with other peers (Sanrock, 2017). According to Anna Freud states that impulses or great both from sexuality and from the surrounding environment makes adolescents unbalanced (disequilibrium) which ultimately makes adolescents must be able to maintain their egos (defense mechanism) and teenagers who are unable to control themselves will do it sexual activity either independently by fantasizing or with a partner. As for adolescents who are capable they will be able to carry out productive activities for can reduce their sexual desires (Kaaria et al, 2017).

The approach that used in peer counseling is a cognitive approach. This approach views problem stems from an error in the process of thinking, making conclusions based on that information imprecise (Corey, 2019). On members groups, there are several wrong understandings, for example they assume that someone is keeping clean sex organs will not be infected or have HIV / AIDS. Apart from that they too 2 hours counseling members group understand information or knowledge that has been delivered so able to reduce or maybe eliminating risky behavior and change on that rut positive and useful for his future. The discussion where is understanding members of the group for information which has obtained with future plan that will be lived for the term long it is such a necessary observation and the evaluation involve related parties in keep an eye on behavior subjects Assume STIs (Sexually Transmitted Infections) or STD (Sexual Transmitted Disease) as one of the stages from HIV to AIDS. This lack of knowledge was caused they were embarrassed to ask adults or parents, party people parents or adults also consider this topic is a taboo topic so feel uncomfortable if there are teenagers who are ask it. In fact, one of the tasks adolescent development is he accepts development of biological aspects on himself (Monks, 2016) or more specifically adolescents can accept physical conditions and use the body effectively. Thus, a teenager can learn to accept oneself, body shape, face shape, and others. Using the body effective means also must be able to care and take care of it, for example by not do something that is not yet due done like intercourse before married. Teens can get infections sexually transmitted or pregnancy occurs the unwanted. Besides, impact psychologically it doesn't briefly but prolonged (Latipun, 2017).

## Conclusion

The findings of this research show that intervention with peer counseling technique is a primary preventive to adolescents. The peer counseling can increasing the adolescents of the reproduction health knowledge. The peer counseling can also increasing the parents and teachers's knowledge of adolescence's growth. Last, with the level of cognitive's change may improve the behavior of adolescents and decrease the number of unintended pregnancy.

Each community has different cost constraints, and therefore a less effective but cost permissible program may be a superior alternative to no program. This necessitates even more community tailoring and weakens the argument for universally acceptable best practices. It may be helpful to propose best practices that address each of the variables regarding race, age, culture or community. Alternatively, strong statistics that demonstrate success may bolster support for pregnancy prevention funding. Researcher bias is a factor in some studies because this is a politically and emotionally charged issue.

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