

Peer Educator and Adolescent Reproduction Health Education

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Abstract

One of the present important development issues was reproductive health. The reproductive health began at adolescents and it become primary concern. Additionally, labile condition, less understanding of the right reproductive health and the taboo of sex caused reproduction deviations such as premarital sex, abortion and HIV/AIDS. However, there were many reproduction information that were easily accessed by adolescents, but parents could not play maximal role in the reproduction health education because they were lack of the knowledge of the reproduction health in addition to the existing social construct that considered sexuality as taboo. Peer educator approach in the adolescent reproductive health education was chosen because peers played an important role in transferring the information of the reproduction health. The effectiveness of the peer education approach in the program *PIK-KRR (Pusat Informasi dan Konseling Kesehatan Reproduksi Remaja)* became the entry point in the adolescent reproduction health education.

This research uses qualitative method and was conducted in "Demarko" Senior High School. The informants were selected using purposive sampling except those in selected using snowball sampling. The data was collected using participant observation and in-depth interview for descriptive analysis.

The adolescent reproduction health education was conducted through *Pusat Informasi dan Konseling Kesehatan Reproduksi Remaja (PIK-KRR)* program and the peer educator as the primary actor. The *PIK-KRR* of "Demarko" Senior High School is referred to as "*Subur*". Though it was controversial at the beginning, the *PIK-KRR "Subur"* obtains the predicate "*Tegar*" representing the highest level in the management of the *PIK-KRR*. However, in the first year the management of the *PIK-KRR* managed to organize all of the programmed activities and won First Champion of *PIK-KRR* at provincial level.

In the next operation, it was proven that the performance of the peer educators in the *PIK-KRR "Subur"* was decreased because the lack of communication, low intensity, gains less support, and lack of appreciation of the school and the low motivation from the teachers. Some students in the implementation of the *PIK-KRR* in "Demarko" Senior High School pursued their own interests. The articulation of the actors blurred from the objective of the reproduction health education that the program did not go effectively.

Keywords: adolescents, reproduction health education, peer educators and effectiveness.

Introduction

One of the issue in the development of MDGs was related to the improvement of mother's health. The target of the development was to decrease AKI up to three quarter in the period of 1990 to 2015, though the data of SDKI of 2008 indicated that the mean national AKI was 228 per 100 millions living birth. Mother's health was closely related to the effort of meeting all of the MDGs targets. It meant that the AKI and the mother's health represent important indicators of the development. The high AKI and the lack of the understanding of reproduction health were indicate of the fact that government did not seriously protect, paid respect to and fulfill citizen's right of reproductive health as stipulated in the Act No. 36 of 2009 on Health. Recently, the reproduction health became global concern at least the issue has been raised at ICPD in Cairo in 1994 and since the conference international society established consistently the reproduction rights of adolescents of the information about reproduction health and reproduction health service, including counseling.

The issue of AKI was closely related to adolescent pregnancy that makes them susceptible to reproductive health problems. The physical change and the active function of the reproduction organs of the adolescents often caused the problems, especially when they were lack of good knowledge of the reproduction health. The lack of such knowledge of the adolescents was illustrated in the survey of adolescents in 2002/2003 in which there was only 50% of them who well-understood HIV/AIDS and sexually communicating diseases. (<http://www.bkbbn.go.id/Webs/DetailRubrik.php?MyID=451>. Accessed on May 22nd, 2010).

The lack of the information of the reproductive health among the adolescents resulted from highly limited access of the information for them. It was expected that parents could play an important role in socializing the reproduction health and the fact that they were reluctant to transparently discuss the matters appertaining to the sexuality because it was considered as taboo and the adolescents have not been eligible to discuss it. Even, they were lack of good understanding of the reproductive health. Additionally, the causal factors of this difficulty was form of implementing the education program of the reproduction health in educational institutions were culture and religion. Such condition resulted in the fact that the adolescents looked for the information from other sources that often provided them with wrong information.

It was proven that the adolescents were more comfortable and opened to discuss the matters pertaining to the reproduction health with their peers than their own parents. The peer groups were considered to have equal level of knowledge and as more egalitarian. When one of them has certain information, he or she is pretty much willing to share the information with their peers, including the information of their personal life such as sex. Considering such empirical condition, an effective method to prevent premarital sex and its impact was using peer educators. The approach enables adolescents to more easily access the information about reproduction health from their peers than from adults such as teachers or parents. Additionally, the extent to which the adolescent health education with peer educators was effective becomes the entry point of the study.

Adolescent Reproductive Health Education: A Theoretical Study

It was possible to understand reproduction health education through functional and structural perspective. For example, Durkheim described health education through “social fact” concept. According to him the social fact was real and outside of individuals, but it was powerful to influence individual consciousness and behavior (Maliki, 2010: p. 86). The health education as “social fact” was defined as a series of efforts to change the behavior of individuals, group or society. There were some values and norms that were collectively accepted as collective consciousness. Health officers (i.e., peer educators) in accomplishing their duties of transferring information and delivering counseling service of reproduction health were bound by the norms established by BKKBN as the institutions that initiates the PIK-KRR program. The existing norms were agreed collectively and followed by each of the actors in meeting the objective of the PIK-KRR program. Durkheim’s perspective considered the health education as an integrated part of a society in which the members of the society exchange roles. Therefore, an agreement and a consensus were highly required for the accomplishment of the duties. Each of the individuals must be prepared to voluntarily take a part and to set aside his or her personal interests.

There were in the context of health education (i.e., the PIK-KRR) some actors with their respective roles such as peer educators, advocating teachers and sub-district PKB. The peer educators were responsible for transferring the information and the delivery of the counseling of reproduction health to their peers. It was through the role of the peer educators that adolescents were expected to make changes in their behavior by leading a health life and avoiding the TRIAD risks of the KRR (i.e., sexuality, narcotics and drugs, and HIV/AIDS). The school and the advocating teachers served as the facilitators of the activities designed by the peer educators. Meanwhile, the sub-district PKB served as the lending hands of the BKKBN who were responsible for the monitoring and the evaluation the implementation of the PIK-KRR program in the school.

Meanwhile, Talcott Parsons (quoted by Maliki, 2010: p. 109-110) suggested that there were certain functions and needs necessary for a social system. He formulated the concept of AGIL to fulfil the functional needs of the social system. In the context of health education, the adaptation need was related to the fund necessary in organizing the activity of the health education. The lack of the fund resulted in the impossibility to implement the program. Goal attainment must be formulated in the health education. The goal must be realistic. Meaning that it could be attained by the individuals in the system with the available fund and budget. Integration required the presence of the cooperation among various elements in the health education. Therefore, it was necessary to adapt the program to the existing system. Meanwhile, latent pattern maintenance could be conducted through strong individual motivation of various actors in the health education to meet the objectives. Individual motivation could result from the support of the existing cultural system as mutual trust, tolerance, self-restraining, community self-help, and so on.

A social system also regulated reward for its members with high achievement and punishment for those who broke the existing rules and norms. Additionally, there was also warranty that the process went equitable and fair (Maliki, 2010: p. 113). Health educators who were able to serve their function and to accomplish their responsibilities very well deserved reward. Such reward played an important role to motivate the health educators. On the contrary, when they broke the existing norms and consensus, they must be punished with by first warning them. The punishment should be the reason for the punished ones to do introspection and evaluation for better performance in the future. Meanwhile, Suliha (2001: p. 24) suggested that health education included input, process and output. It was organized by peer educators who were those serving as resource persons for their peers (BKKBN and YAI, 2002: p. 1). They played an active role at the social activities in their environment such as youth organizations, scouts, students organizations, religious events, family planing education, and so on (Depkes RI, 2004: p. 10-13).

One of the measuring rods of the effectiveness of the health education program was the ability of organization to make as much use as possible of the limited resources to meet the existing objectives (Steers, 1985: p. 5). Concerning with the effectiveness of a program Bryant and White (1987: p. 198) suggested that it was determined by the success or the failure in meeting the predetermined objectives. Chalid (2005: p. 131-132) also suggested that when a program could meet the objectives in the predetermined periode of time, it was considered to be effective.

There were many parties in a program and hence communication was absolutely required that they got good

understanding of the program. The understanding would influence the effectiveness of the program. Additionally, the communication was also required to determine coordination direction that the objectives of the program could be met for the right target groups. It was a process of brainstorming, idea formulation, and information gathering that would be transferred by the communicators to the communicants. It was expected that the information could be interpreted by the communicant for uniform understanding, idea and information (Cangara, 1998: p. 17). The objective of the program could be met when the communication goes intensively. The intensive communication would contribute to the improvement of the effectiveness of the program.

Research Procedure

The study used qualitative method and was conducted at “Demarko” Senior High School in Sleman district and the name of the school is deliberately disguised. The informants of the study were peers, advocating teachers and subdistrict PKB who were selected using purposive sampling, while the peer educators were selected using snowball sampling. The data was collected through participant observation and in-depth interview. There were some obstacles found during the collection of the primary data. First, the limited time for interview with the informants because of their busy schedule. Second, the interview could not be conducted in a single day because of the limited duration of each of the available days. Third, time adjustment was often made when the informants, for example the advocating teachers, must teach their class or do some other non-academic activities. The secondary data was collected by studying the literatures of books, scientific papers, journals mass media and research reports related to the problem of the study. The data was then analyzed using descriptive analysis.

Discussion

A. PIK-KRR: A Protrait of Reproduction Health Education at School

In 2007, the number of the adolescents of 10-24 years of age was 64 millions or 28.6% of the population of the Republic of Indonesia (BKKBN, 2009: p. 1). In addition to the big number, the adolescents had complex problem of being in the transition from the childhood to the adolescence such as unexpected pregnancy, abortion, sexually communicating diseases, HIV/AIDS, and narcotics and drugs. One of government’s efforts to overcome the problems was implementing Pusat Informasi dan Konseling Kesehatan Reproduksi Remaja (PIK-KRR) program. The program represented the means for adolescent reproduction health education that was managed by and for the adolescents to provide them with reliable information about reproduction health and to deliver counseling services of the reproduction health at school and in their living environment.

“Demarko” Senior High School was one of the schools that implemented the *PIK-KRR* program on Shool Principal’s Decree No. 427/568 dated November 18, 2007 on the Establishment of Implementing Team of *PIK-KRR*. Once the decree has been issued, the *PIK-KRR* was established and organized socialization to all of the students. This was a controversy of the implementation of the *PIK-KRR* in the school because the program was given the predicate of “*Tegar*” by the *BKKBN* without any process to go through “*Tumbuh*” and “*Tegak*” levels. The predicate “*Tegar*” was the highest predicate at the process of the management of the *PIK-KRR* in the provincial levels and had the right to participate in the competition of the *PIK-KRR* at national level.

Regardless of the controversy of the predicate “*Tegar*” at the beginning of its existence, the *PIK-KRR* of “Demarko” Senior High School developed its organization with the name “Subur”. The *PIK-KRR* “Subur” established partnership with the institutions concerned as local government, local education office, local health office and KB, *BKKBN* and *PKB* at sub district level, *PKBI*, *BNK*, *Polres* and local government clinics. Reaching the target groups the *PIK-KRR* “Subur” used some methods such as individual counseling by advocating teachers, peer counselors and peer educators, classical group counseling, book counseling (writing personal secrets), telephone and short message service, making use of the doctor in charge and discussion. Meanwhile, all of the activities were organized outside of the teaching-learning periode of time.

B. Peer educators: An Alternative Approach of Adolescent Reproduction Health Education

Before the implementation of the *PIK-KRR* in “Demarko” Senior High School with its peer educators, the students of the school have not well-understood the reproduction health. It was clearly observed in various cases such as male student often masturbated and watched porn videos, involved in alcoholism at the time when they organized recreation and art performance, free dating, used condom and female students got unexpected pregnancy. The problem was caused by the fact that sexuality was still considered to be taboo for open discussion and in domestic domain that must be kept as secret. For example, in family setting, parents were reluctant to transparently explain sexuality to their children of adolescent age because they considered it as the subject of adulthood for those who have married and not for children. Adolescents were still considered as unqualified to discuss the sexuality and the reproductive health. Additionally, there were many parents who did not have any good understanding and knowledge of the reproduction health. Such condition resulted in the fact that the adolescents looked for other sources that often provided them with wrong information.

The problem of the lack of the right knowledge of the reproduction health could be overcome using peer educators. It was proven that they were more comfortable and open to discuss the matters pertaining to the

reproduction health with their peers. They considered their peer as having emotional closeness, equal knowledge level and being in common culture of social solidarity in which one's problem was also other's. Therefore, the effective method to transfer the right and reliable information of the reproduction health was using peer educators. The peer educators played an important role in promoting, educating and counseling their peers in the adolescent reproduction as illustrated in the figure below.

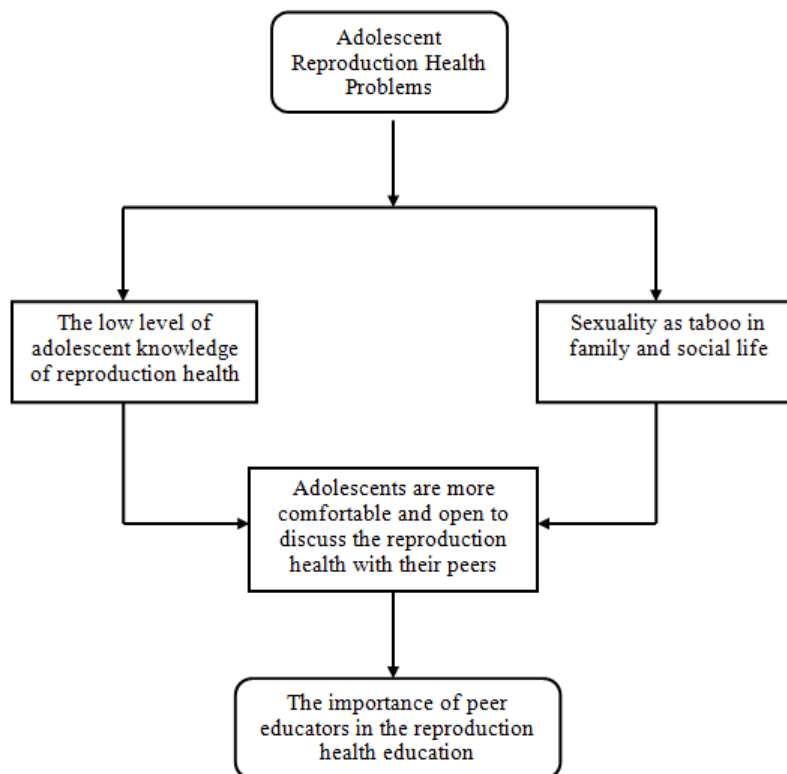


Figure 1

The importance of peer educators in the reproduction health education

Source: Adapted from

1. BKKBN(2004)(<http://www.bkkbn.go.id/Webs/DetailRubrik.php?MyID=451>. Accessed on May 22nd, 2010).
2. Ajik (2003: p.15)
3. BKKBN (2008b: p.4)

C. The Effectiveness of the Reproduction Health Education in the PIK-KRR

At the beginning, the implementation of the PIK-KRR program in "Demarko" Senior High School followed the predetermined procedure. The communication established between some actors such as the advocating teachers, the peer educators and the PKB went intensively. There was a significant change in the second managing period because of the presence of network strengthening in various social organizational components both in the internal and external school. The network strengthening took place through the cooperation with some extracurricular organizations in the school such as Islamic spiritual organization, PMR, nature lovers, scout, and even penetrated external area. The initial moves were also followed by successful implementation of working programs.

However, the initial moves of the first management declined. The intensity of the activities of the peer educators decreased in the last second of the second managing period. It was indicated by the fact that the peer educators were increasingly reluctant to coordinate themselves. The monthly coordinating meeting was attended only by some of the peer educators and the management members. There were many peer educators who denied attending the meeting for various reasons such as academic activity of private lesson that demanded more time.

The most recent issue raised among the peer educators of the PIK-KRR "Subur" was there were many of the peer educators who were busy involving in the extracurricular activity of "Tonti", a core platoon, that the PIK-KRR was set aside as stepchild. The "Tonti" became the activity with its increasingly irresistible hegemony. When the members of the "Tonti" broke the rules, they would be punished. It was also the case of the members of the peer educators who at the same time became the members of the "Tonti". There was PIK-KRR "Subur" meeting scheduled and the commander of the "Tonti" invited them for immediate coordination. So, the peer educators were given two choices of answering the invitation for the PIK-KRR "Subur" meeting and leaving the

“*Tonti*” or answering the invitation of the commander.

The communication pattern at the end of the second management was unidirectional among the members of the management and did not involve all of the members of the peer educators. Therefore, there was not any feedback of clarifying information whereas an effective communication between the peer educators was highly required for the success in meeting the objectives of the reproduction health education and in changing the behavior of the target groups. The communication was considered to be effective when it was conducted intensively (Cangara, 1998: p. 120).

The communication took place through the meeting and the coordination between the members of the peer educators and it was the case only in the preparation of a competition. In other occasion the meeting and the coordination were rarely organized. The communication pattern that tended to be unidirectional and its low intensity represented main obstacles in the communication process among the peer educators and between the peer educators and the advocating teachers. The condition resulted in the collapse of the activities that have been formulated in the program. Additionally, it had significant impact on the weak social solidarity and the low spirit and motivation of the peer educators. The absence of the activities in the long period caused the failure in meeting the objectives of the *PIK-KRR “Subur”*. Chalid (2005: p. 131-132) suggested that when the objective of the program was not met in the predetermined period of time, the program was considered to be ineffective. Since the effectiveness served the function as the measuring rod of the ability of the organization in making as maximal use of the limited resources as possible to meet the objectives (Steers, 1985: p. 5). The problems facing the peer educators in the implementation of the reproduction health education in “Demarko” Senior High School could be illustrated by the figure below.

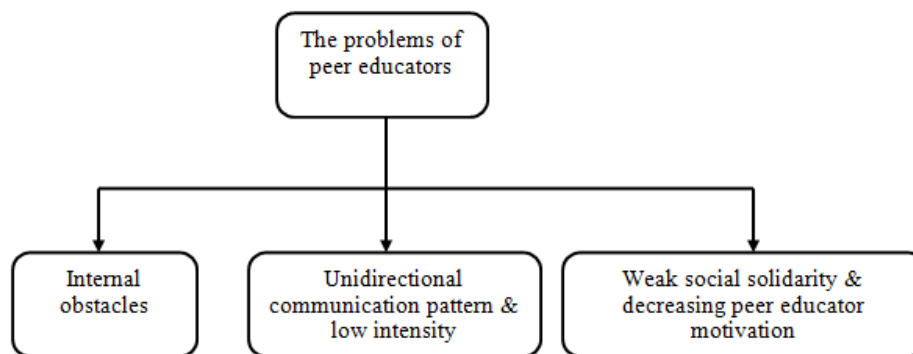


Figure 2
The schema of the problems of the peer educators of *PIK-KRR “Subur”*

Source: Processed primary data

Even worst condition took place in the third managing period. There has not been any coordination of peer educators since the assignment of the new management on January 15th, 2011. The peer educators represented the actors who played an important role in gaining the success in the implementation of the *PIK-KRR* program in “Demarko” Senior High School in addition to the importance of the support of the school and the advocating teachers. When the peer educators and the advocating teachers were not able to play their respective social roles, it would influence the effectiveness of the program, including the success in meeting the objectives of the program. In structural and functional perspective, when the members of a system were not able to serve their respective function, it caused disharmony in the system (Maliki, 2010: p. 89).

The support of the school, especially the role of the advocating teachers was low. The support and the attention of the two parties were limited only to the preparation of the events before a competition such as arranging permission and competition funding. However, when there was not any competition, their support declined. Some peer educators suggested that since the day they were assigned as peer educators, they felt that they did not get any serious building program. Additionally, the school did not give them any intensive building program of the basic knowledge of the *PIK-KRR* and adolescent health both through training and seminar. The advocating teachers were not proactive in monitoring and motivating the peer educators that there was an impression that they worked without any guidance.

The aforementioned condition was also recognized by the advocating teachers of the *PIK-KRR “Subur”*, especially the weak motivation of the advocating teachers in guiding the peer educators. They along with the guiding and counseling teachers had the difficulties in determining the steps of the development of the peer educators because there was not any particular time that they only used the limited break time and after-school time for the activity in which the students have been exhausted after the schooling hours. Additionally, some of the peer educators also served as school or school cooperation treasurer and it took their time and consumed their energy. The condition was aggravated by the lack of uniform perception among the team of advocating teachers

of the *PIK-KRR*.

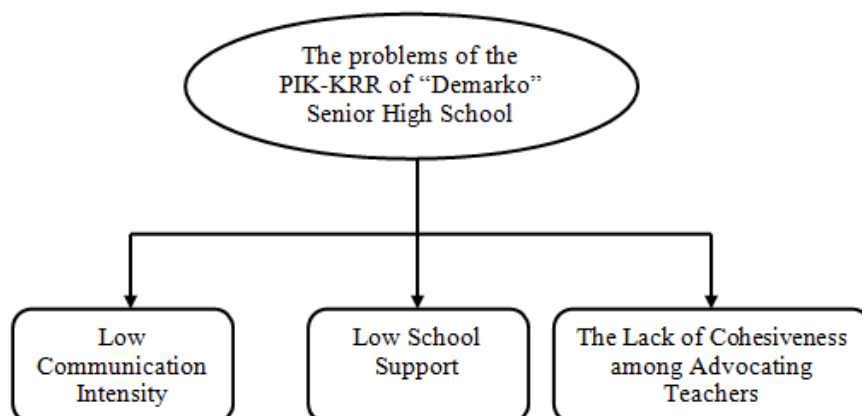


Figure 3
The Schema of the Problems of *PIK-KRR* of “Demarko” Senior High School

Source: Processed primary data

The aforementioned reality indicated that the needs of a system were not fulfilled by the all of the members of the system. According to Talcott Parsons (quoted by Maliki, 2010: p. 109-110), there were four basic needs to strengthen a social system, which were adaptation, goal attainment, integration, and latent pattern maintenance (AGIL theory). In the context of health education, the need for the adaptation was closely related to the fund necessary for the health education activities. The lack of the fund would result in the failure of the *PIK-KRR* program. Goal attainment represented the objective that has to be met by the program. Integration required the presence of good cooperation among various actors in the program. Meanwhile, latent pattern maintenance could be conducted by well-motivated individuals involved in the program in attaining the predetermined goals. The motivation resulted from the support of the existing cultural system such as mutual trust, tolerance, introspection and cooperation.

The declining motivation of the advocating teachers in developing the peer educators was also influenced by the low appreciation of the school for their hard work. The teachers in the *PIK-KRR* program worked only on their assignment papers issued by the principal without any honorarium. All they got was transport fee in the preparation of a competition. Meanwhile, the assignment papers of the principal were not worth to lift their rank and position. When they got good achievement the school did not give them any material incentive but congratulation greeting. The condition would result in the serious obstacle facing the program because of the absence of good reward and punishment system (Maliki, 2010: p. 113). The reward was very important in motivating the actors to play their respective roles in the *PIK-KRR* “*Subur*”.

Though there were monitoring and evaluation that must be reported to *BKKBN* through the subdistrict *PKB* quarterly, the monitoring and the evaluation have not been maximal. The report was merely submitted without any follow-up. The *PIK-KRR* program being run in high school “Demarko” was also assessed based on previous research on reproductive health and sexuality school students “Demarko” so there is no theoretical basis and strong academic programs about the importance and urgency of *PIK-KRR* run in high school “Demarko”. Consequently, the *PIK-KRR* of “Demarko” Senior High School did not prepare and submit the quarterly report and the program went without any evaluation and monitoring and also any follow-up. Additionally, it was clearly observed that there was limited infrastructure and capability to attain the goal of changing people’s behavior into healthy one, especially of preventing unexpected pregnancy among female students. According to Bryant and White (1987: p. 198) the effectiveness of the program was very important in meeting the predetermined objectives.

If the *PIK-KRR* program will run seriously, should be given its own position on the school. *PIK-KRR* formed structural and institutionalized, designed to fund the operational budget allocation programs, including no honorarium for teacher assistant in accordance with its performance. This program must be run on an ongoing basis from year to year with the process of evaluation, monitoring, and follow-up are clear so they can know their emergence.

The condition is understood by the District *PKB*. According to him, all government programs including *PIK-KRR* program is project-based so there is a separate budget. However, the budget for the program is very limited *PIK-KRR*. The absence of a salary for managing *PIK-KRR* due to lack of budget from the government for this program. Despite the limited budget, the program thinks *PIK-KRR* remember to keep running this program is the program of the center based on the data about the rampant cases of unwanted pregnancy among students is very

alarming.

BKKBN owned lack of budget to run its programs, including PIK-KRR caused by the lack of attention of the central government (Department of Health) to the BKKBN programs that limited the amount of budget allocated. Unlike the case with the condition during the New Order government highly favors BKKBN, so the big budget disbursed to finance programs BKKBN, especially family planning program with jargon "two children" were very popular during the New Order. This jargon allegedly had political content in an effort to perpetuate the rule of President Suharto at the time. However, this time the BKKBN as unnoticed Reform Order this government is no longer a part of the government agencies (non-departmental agencies).

There was an articulation of other interests by the peer educators who wanted the *PIK-KRR* to be separated from *Sekbid VI OSIS* (physical quality, health, and nutrition) and recognized as one of the extracurricular activities in the school. Such interests were articulated for some reason. If a bureaucracy was independent, it became simple and easy and a big number of funds would be allocated for the peer educators for better performance in organizing the program. The articulation of the interests among the actors would blur the objectives of the *PIK-KRR* program. Various articulations of the interests of the actors were illustrated in the table below.

The Table of the Articulation of Actors' Interests

No.	Actors and Various Interests		
	Advocating Teachers	Subdistrict <i>PLKB</i>	Peer Educators
1.	There was material incentive from the school/ <i>BKKBN</i> for the performance of the advocating teachers in the form of honorarium as allocated in the school budget.	The technical management of the <i>PIK-KRR</i> at school must be organized by volunteers who worked for people and hence it was not necessary to allocate more budgets for particular honorarium because the salary and the benefits for the teachers have been sufficient.	Peer educators wanted the <i>PIK-KRR</i> to be separated from the <i>Sekbid VII OSIS</i> (physical quality, health and nutrition)
2.	The performance of the advocating teachers was recognized by Education Agency with the Assignment Paper (<i>SK</i>).	The Assignment Paper from Principal was sufficient legal evidence for rank and position lifting.	<i>PIK-KRR</i> was recognized as extracurricular activity
3.	There were evaluation, monitoring and follow-up of the implementation of the <i>PIK-KRR</i> program.	It was sufficient that the evaluation and monitoring were reported in quarterly written report. There was not any in-field supervision because of human resource limitation.	

Source: Processed primary data

Closing

Reproduction health as one of the issues of *MDGs* became important and represented urgent agenda for concrete steps. Various conferences have been held in strengthening the commitment to the socialization of the importance of the reproduction health. *ICPD*, *CDAW*, and even the legislation of health of the Republic of Indonesia have boosted the spirit. The strengthening of the spirit caused the decrease in the mean national AKI as shown in the data of *SDKI 2008*, which were 228 per 100 millions of living birth. In other words, there were 2.3 women died per hour based on ADB report of 2009 on average. The AKI and the reproduction health became the problem that urgently required solutions.

The problem of *AKI* was closely related to the adolescent pregnancy that they were highly susceptible to the reproduction health problem. The data of *SKKRL*, *PKBI*, *Depkes RI*, and *BNN* indicated that the problems facing the adolescents were closely related to the reproduction health such as premarital sex, abortion, HIV/AIDS and narcotics and drugs. The problems were also influenced by social and cultural environment because of the minimum reliable knowledge of the adolescents of the reproduction health.

Responding the problems of the adolescents, government must implement particular programs through *BKKBN* such as *Pusat Informasi dan Konseling Kesehatan Reproduksi Remaja (PIK-KRR)*. Principally, the *PIK-KRR* program represented the reproduction health education for adolescents that was operated by the adolescents to provide them with reliable information and counseling. Therefore, the program used peer educators approach.

The peer educators approach was chosen in the reproductive health education for the adolescents for the reasons below. *First*, the knowledge of the adolescents of the reproduction health was not reliable and limited. Meanwhile, parents who should be the socializing agents were often reluctant to transparently discuss the matters

appertaining to the reproduction health because of the existing taboo. Additionally, there were many parents did not have any reliable knowledge and good understanding of the reproduction health. *Second*, it was proven that the adolescents felt more comfortable and open to discuss the matters appertaining to the reproduction health with their peers. They considered their peers as those with equal knowledge and as having social solidarity.

Since the first time the *PIK-KRR* program was implemented at “Demarko” Senior High School in 2007, a controversy has emerged about the predicate “*Tegar*” granted to the *PIK-KRR* “*Subur*”. However, the public doubt was proven to be wrong when the program won the Champion 1 in the provincial compition of the *PIK-KRR* in 2009 and had the right to represent the province at national level. There were internal and external components in the reproduction health education. The external component was the presence of the *PIK-KRR* program represented the program for adolescents that aimed at preventing and lessening the reproduction risks (sexuality, narcotics and drugs, and HIV/AIDS) through reliable information accessible through counseling in reproduction health. The internal component was the adolescents who became the subjects of the production health education. They played a central role in transferring reliable information of the reproduction healt and in providing counseling service of the problems facing the adolescents. Meanwhile, peers were the students who could easily access the information and the counseling services.

In structural and functional perspective, the two components served their respective functions that were functionally interrelated. Peer educators must follow the existing norms in accomplishing their educating and counseling duties that have been established in the *PIK-KRR* program. The norms were contained in the guideline book of the management of *PIK-KRR*. Peer educators were functionally regulated by the norms in the program. The background of the program was the failure of parents as socializing agents in their families. There were many parents reluctant to transparently discuss the matters appertaining to the reproduction health with their adolescents. The reality prevailed because the parents did not have any reliable information about the reproduction health. Additionally, the existing social construct still considered sexuality as taboo for open discussion and debate.

Subsequently, there was a lack of good understanding of the reproduction health education of the adolescents in the socio-cultural context, including social-cultural system factor at school, in family life and among the adolestents. School as formal institution had its own structure. Principal, teachers and school employees and also students were the components reaponsibles for their respective role. In the social structur context, the principal represented the highest position and had the authority to determine the school policy direction. In the implementation of the *PIK-KRR* program at “Demarko” Senior High School, the support of the principal was good at the beginning of the program. However, when the problem emerged because of the decrease in the motivation of the teachers the support lessened as indicated by the lack of material and non-material reward of the performance of the advocating teachers in the advocation of the peer educators program in addition to the lack of cohesiveness between the teachers and the principal.

Additionally, the policy of the school to combine the *PIK-KRR* with the *OSIS* structure, it resulted in the narrow space for the *PIK-KRR* “*Subur*” in organizing its activities, while the budgeted fund was highly limited because the fund must be allocated to various organizations in the *OSIS* in addition to the long and winding bureaucracy that posed serious obstacle to the program. The struggle of the peer educators to transform the *PIK-KRR* into separate organization from the *OSIS* has not succeeded. There was another problem related to the communication among the peer educators that tended to be unidirectional with low intensity. It caused low motivation and social solidarity among the peer educators. It was the condition that caused the failure in the implementation of the well-planned program of the *PIK-KRR*.

The reproduction health education for adolescents was essentially designed not only to provide the adolescents with the materials on the reproduction health but also to provide them with reliable information of the reproduction health and easy access to counseling in the same subject when they faced the problem relted to their reproduction health. In the increasingly global social life, the access to the information of the reproduction health became easier and the adolescents got the easy access through television and internet. Therefore, the reproduction health education with peer educator approach in the *PIK-KRR* program must be organized to overcome the emerging problems of the adolescent reproduction health. It was the context of the social dynamics that was very interesting to further study.

It would need to construct a reflective discourse in answer to the next challenge. Some recommendations can be used as a reference for the implementation and evaluation of programs *PIK-KRR* forward, among others:

1. *The Peer educator as the backbone of PIK-KRR program must always obtain intensive coaching, and mentoring of school regularly and BKKBN in order to improve socialization skills and reproductive health counseling;*
2. *Necessary monitoring and evaluation of program implementation PIK-KRR at school. Monitoring is not enough only by an instrument in writing, but need a review of the field to the school to find out the empirical conditions and problems that arise. The results of this monitoring is then used as the material for later evaluation of the best solution found so that the sustainability of the program constantly awake; and*

3. 3. *Required commitment in maintaining the synergy between schools and government agencies (BKKBN; Department of Health; Department of Education, Youth and Sports, as well as police) to avoid collisions and overlapping political interests tend to be pragmatic. Therefore, regulation is necessary to set the boundaries of authority between the schools and government agencies.*

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