Advances in Social Science, Education and Humanities Research, volume 618
International Joint Conference on Arts and Humanities 2021 (IJCAH 2021)

Adopting Peer Educator Skills: The Effectiveness of Basic Counselling Training

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ABSTRACT
Adolescents are subject of the various threats of psychological problems, such as anxiety and depression. Peer educators are suggested as an effective solution to support young people's mental health. This study aims to examine the effectiveness of basic counselling training to improve skills as a peer educator. Basic counseling training was given to the participants as intervention on a one-group pre-test and post-test quasi experiment design. The data was collected from 35 participants and analyzed statistically to compare the pre-test and post-test scores of the trainees. The result of the study shows that the training is valuable to improve the peer educators training.

Keywords: *Counselling training, Peer educator.*

1. INTRODUCTION

Mental health in adolescents is still a concern in the world, including in Indonesia. A survey conducted by the Pew Research Centre in the U.K. found that seven in 10 teens said mental health was a big problem for them. The same source noted that more Americans and young adults in the late 2010s, compared to the mid-2000s, experienced serious psychological distress, major depression or suicidal thoughts, and more suicide attempts. The CDC notes that about one in five children is diagnosed with a mental health problem or behaviours disorder. The biggest problems facing today's youth are anxiety and depression, not drugs [1]

Meanwhile, in Indonesia, data from Riskesdas (Basic Health Research) in 2018 showed the prevalence of emotional, mental disorders as indicated by symptoms of depression and anxiety for ages 15 years. They overreached around 6.1% of the total population of Indonesia, or equivalent to 11 million people. In addition, the age of depression is also typical among young people aged 15 to 24 years. As many as 6.2 per cent of young millennials are depressed. Teenagers (15-24 years) have a depression percentage of 6.2%. Severe depression will tend to hurt oneself (self-harm) to suicide. As many as 80-90% of suicide cases result from depression and anxiety [2].

The researchers found rates of major depression rose more than 50 per cent in adolescence from 8.7 to 13.2 per cent. At the age of 18-25 jumped more than 60 per cent from 8.1 per cent to 13.2 per cent. At the age of under 26, people with suicidal thoughts increased by almost 50 per cent, from seven per cent to 10.3 per cent. The adolescents aged 15 to 19 years showed the highest prevalence of depressive symptoms compared to other age groups. As many as 32 per cent of adolescent girls reported moderate or severe symptoms of depression, 26.6 per cent of adolescent boys had the same symptoms.

On the other hand, understanding of mental health in Indonesia tends to be below. Another report shows that around 50 per cent of adolescents do not know where to turn for help when experiencing mental health disorders [1]. Therefore, one of the strategies in dealing with mental health problems in adolescents/youth is the empowerment of peer educators.

Peer education is one strategy that is often suggested to improve adolescent mental health [3] and encourage changes in adolescent behaviours [4]. This strategy has been widely used to encourage positive changes in healthy behaviours, focusing on transferring knowledge and experience from adolescents to other adolescents in the same group [4]. Literature review shows that this

strategy is often used as an intervention against bullying in schools and increases the effectiveness of psychoeducation in adolescents. In addition to bullying, other problems that peer educators may be helpful to solve include smoking behaviours, brawls, drug abuse, and problems related to HIV/AIDS [4], [5]. However, mental health problems are the biggest problem in all groups of teenagers.

The demands of peer educator needs are not in line with reality. Not a few of the teenagers do not know their duties as peer educators [6]. Therefore, peer educator training is considered important to balance this reality.

Based on the background explanation above, this study aims to determine the effectiveness of basic counselling training to improve skills as a peer educator.

2. METHODS

2.1. Research Design

This study is a quantitative study with a quasi-experimental design with a one-group pre-test and post-test design. All subjects filled out the pre-test before the training and the post-test after the peer-educator training was given. Peer-educator training serves as an intervention that is considered a factor influencing the change in the pre-test results with the post-test on the subjects. Furthermore, a comparative test is conducted to test a significant difference between the pre-test and post-test on the subjects.

The basic counselling training was given on a three-day online session with two hours length each. The materials included the basic knowledge of peer educators such as definition and scope of activities, understanding oneself before helping others, mental health issues on young people, and ethical issues regarding psychological public services. It is important to note, however, that most of the participants were already familiar with the Indonesian psychology ethical code of conduct.

2.2. Population and Sample

The participants of the activity are teenagers aged 18-23 years. Samples were obtained by distributing e-flyers regarding activities, where interested participants registered by registering. In the end, 41 participants took part in the activity. However, 6 subjects failed to complete the post-test and therefore, had to be excluded from the data analysis.

2.3. Data Analysis

The comparative test was conducted using a t-test by comparing the pre-test and post-test scores of the trainees. The analysis was carried out with SPSS for windows version 25.

3. RESULTS

3.1. Normality Test

A data is said to have normal distribution when the significance value is more significant than 0.05. The normality test results on the participants' pre-test scores showed a significance score of 0.085, which was more significant than 0.05. This shows that the pre-test scores is a normal distribution. The same thing was found in the post-test score, which showed a score of 0.240. Based on the finding of a normal distribution in the post-test and post-test scores, the requirements for performing the t-test were met.

Table 1. Pre-test normality test (N=35)

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
VAR00001	.145	35	.061	.946	35	.085
a. Lilliefors Significance Correction						

Table 2. Post-test normality test (N=35)

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
VAR00002	.118	35	.200*	.961	35	.240
*. This is a lower bound of the true significance.						
a. Lilliefors Significance Correction						

3.2. Comparison of Participants' Pre-test and Post-Test Scores

The results showed that the average pre-test score of the participants was 52.1429. At the same time, the results of the post-test participants showed an average score of 60.1857. This shows an increase in the average score of participants after being given training compared to before being given training.

Table 3. Average score comparison (N=35)

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	VAR00001	52.1429	35	15.16021	2.56254
	VAR00002	60.2857	35	13.39133	2.26355

An increase in the average score of participants, the results of the t-test showed a significance score of 0.001 where the score was smaller than 0.05. This shows that there is a difference in the average pre-test and post-test scores of participants. It can be interpreted indirectly that the provision of basic counselling training can improve the skills of the trainees as peer educators.

Table 4. Test the difference in pre-test and post-test scores (N=35)

	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower	Upper			
Pair 1	-8.1429	13.72448	2.31986	-12.85738	-3.42833	-3.510	34	.001

4. DISCUSSION

Adolescence is known as a period full of opportunities and risks in terms of its maturity [7]. As many as 11 million people aged 15 years and over in Indonesia show emotional, mental disorders, where depression is found to occur mostly among young people aged 15 to 24 years (Riskesdas, 2018). At these ages, they tend to be unable to think maturely, feel hopeless, and have a low-stress tolerance [7]. On a publication page in commemoration of World Mental Health Day in 2021, WHO states that one in 100 deaths is due to suicide, the fourth leading cause of death for youth aged 15-29 years [8]. This shows that these periods are pretty vulnerable times.

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Peer education is one of the most effective strategies for changing adolescent behaviours that provides learning opportunities to promote health behaviours [4]. Peer education is a program to share knowledge and experiences from group members who have the same characteristics [5]. Another definition of peer education is a series of education given by a group of people to their peers [3]. Members of the peer group who receive training and information to maintain positive behaviours change among group members are called peer educators [12]. In school, peer educator is a program of students, by students, and for students [9].

Based on research conducted by Nurmala et al. [9], it was found that the level of intention to participate in adolescents in the role of being a peer educator was relatively high, namely 83%. However, few of the youth do not know their duties as peer educators [6]. Therefore, peer educator training is considered essential to balance this reality. One of the activities that peer educators can carry out is conducting counselling [3]. Ideally, they should receive adequate training to understand the purpose of the program, be good listeners, be able to provide encouragement, motivation, and support the creation of the desired healthy behaviours [12].

Based on the comparison of the participants' average pre-test and post-test scores and the significance value of the t-test, the results showed an increase in the participants' average pre-test scores after being given basic counselling training. This shows that the counselling training provided is quite effective in improving the skills of the trainees as peer educators. The results of this study follow Hernawati and Satyajati [13], who state that counselling skills training can help in directing oneself to have a suitable personality, create psychoeducational programs, and be able to facilitate group counselling. In addition, counsellor training can also be self-awareness or self-awareness of adolescent risk behaviours [14].

Not only for those who received an education but peer educator training was also found to have a positive impact on the peer educators themselves. Norman in Azizi et al. [3] mentions that peer educators can share positive experiences to help personal development when performing their role. In addition, the goal of the peer educator, which aims to change behaviours, can have an impact on progress and empowerment, both educators and their peers [3].

In order for the training to be practical, the peer educator training program must pay attention to good planning, starting from identifying needs and providing training to carrying out follow-up and evaluation of its implementation [12]. In Abdi [12], Campbell mentions that several aspects should include introducing peer educators to the concept of peer education, training educators with communication, facilitation, research, and evaluation skills, providing opportunities for educators to develop themselves, and providing educators with access to formal knowledge. In addition, the period between training and providing education should be no more than a few weeks [12].

Several obstacles must be considered so that the provision of education can be maximized [15]. One of them is the gap between the number of adolescents and the capacity to provide intervention. The next cause is that interventions that have been proven to be ineffective continue to be implemented, while interventions that have proven effective are not delivered effectively. Another cause that can hinder the effectiveness of providing education is that the intervention is given quickly.

Several studies have proven the effectiveness of peer educator training. For example, peer educator programs are often used as an intervention against bullying in schools [4]. In addition, peer educators also often solve problems related to smoking behaviour, brawls, drug abuse, and problems related to HIV/AIDS [4], [5]. Furthermore, peer educators were found to be effective in sexual education [16]. One factor that is no less important in influencing the effectiveness of peer educators is the feeling of being comfortable being open and listening to suggestions from peers[9]–[11]. However, they may also be comfortable opening up to the adults around them when they can have an open and comfortable conversation with them[16].

5. CONCLUSION

The results showed that the basics of counselling training were practical to improve skills as a peer educator. In addition, the training provided can increase self-awareness of their surroundings and help them develop themselves into becoming better peer educators.

ACKNOWLEDGMENTS

The authors would like to thank Universitas Negeri Surabaya and the Faculty of Education for supporting this research (contract number 0838/UN38.1/LK.04.00/2021).

REFERENCES

[1] J. M. Horowitz and N. Graf, “Most U.S. Teens See Anxiety and Depression as a Major Problem Among Their Peers,” *PEW RESEARCH CENTER*, 2019. https://www.pewresearch.org/social-trends/2019/02/20/most-u-s-teens-see-anxiety-and-depression-as-a-major-problem-among-their-peers/ (accessed Nov. 02, 2021).

[2] Kementerian Kesehatan Republik Indonesia, “HASIL UTAMA RISKESDAS 2018,” 2018.

[3] M. Azizi, Z. Hamzehgardeshi, and Z. Shahhosseini, “Influential Factors for the Improvement of Peer Education in Adolescents: A Narrative Review,” *J. Pediatr. Rev.*, vol. 5, no. 1, p. e7692., 2016, doi: 10.17795/jpr-7692.

[4] V. Ghasemi, M. Simbar, F. R. Fakari, M. S. G. Naz, and Z. Kiani, “The effect of peer education on health promotion of iranian adolescents: A systematic review,” *Int. J. Pediatr.*, vol. 7, no. 3, pp. 9139–9157, 2019, DOI: 10.22038/ijp.2018.36143.3153.

[5] J. E. Seymour, K. Almack, S. Kennedy, and K. Froggatt, “Peer education for advance care planning: Volunteers’ perspectives on training and community engagement activities,” *Heal. Expect.*, vol. 16, no. 1, pp. 43–55, 2013, DOI: 10.1111/j.1369-7625.2011.00688.x.

[6] I. Nurmala, R. D. Rachmayanti, Muthmainnah, Y. P. Dewi, and K. Dwi, “PENGEMBANGAN PROGRAM KOMUNITAS PENDIDIK SEBAYA MELALUI ‘HEY (HEALTH EDUCATOR FOR YOUTH),’” in *Proceeding Seminar Nasional Youth Day 2019: Ketahanan Remaja untuk Generasi Berkualitas Mewujudkan Indonesia Emas 2045*, 2019, pp. 50–56.

[7] D. E. Papalia and R. D. Feldman, *Menyelami perkembangan manusia*, 12th ed. Jakarta: Salemba Humanika, 2017.

[8] WHO, “Mental health care for all: let’s make it a reality,” *WHO*, 2021— https://www.who.int/campaigns/world-mental-health-day/2021 (accessed Nov. 02, 2021).

[9] I. Nurmala, M. Muthmainnah, R. D. R, and E. D. P, "Gender and norms related to an intention for participating in counselling sessions by a peer educator," *Masyarakat, Kebud. dan Polit.*, vol. 32, no. 1, p. 105, 2019, DOI: 10.20473/mkp.v32i12019.105-113.

[10] S. P. Astiti, “Efektivitas Konseling Sebaya (Peer Counseling) dalam Menuntaskan Masalah Siswa,” *IJIP Indones. J. Islam. Psychol.*, vol. 1, no. 2, pp. 243–263, 2019, doi: 10.18326/ijip.v1i2.243-263.

[11] V. Zambuto, B. E. Palladino, A. Nocentini, and E. Menesini, "Why do some students want to be

actively involved as peer educators, while others do not? Findings from NoTrap! The anti-bullying and anti-cyberbullying program," *Eur. J. Dev. Psychol.*, vol. 16, no. 4, pp. 373–386, 2019, DOI: 10.1080/17405629.2017.1419954.

[12] F. Abdi and M. Simbar, "The Peer Education Approach in Adolescents," *Iran. J Publ Heal.*, vol. 42, no. 11, pp. 1200–1206, 2013.

[13] L. Hernawati and M. W. Satyajati, "Efektivitas Pelatihan Keterampilan Bimbingan Dan Konseling Untuk Meningkatkan Kemampuan Konselor," *Patria J. Pengabdi. Kpd. Masy.*, vol. 3, no. 2, p. 108, 2021, doi: 10.24167/patria.v3i2.3189.

[14] H. Yuliasari, "Pelatihan Konselor Sebaya Untuk Meningkatkan Self Awareness Terhadap Perilaku Beresiko Remaja," *J. Psikol. Insight*, vol. 4, no. 1, pp. 63–72, 2020, doi: 10.17509/insight.v4i1.24638.

[15] V. Chandra-Mouli, C. Lane, and S. Wong, "What does not work in adolescent sexual and reproductive health: A review of evidence on interventions commonly accepted as best practices," *Glob. Heal. Sci. Pract.*, vol. 3, no. 3, pp. 333–340, 2015, DOI: 10.9745/GHSP-D-15-00126.

[16] E. Dobson, N. Beckmann, and S. Forrest, "Educator–student communication in sex & relationship education: a comparison of teacher and peer-led interventions," *Pastor. Care Educ.*, vol. 35, no. 4, pp. 267–283, 2017, DOI: 10.1080/02643944.2017.1350202.