

# Social Competence of Peer Counsellors: Descriptive Study on Youth Community in Bali

Ni Komang Tri Agustini<sup>1</sup>, Yaii Suryo Prabandari<sup>2</sup> and Wenny Artanty Nisman<sup>3</sup>

<sup>1</sup>ITEKES Bali (Institute of Technology and Health Bali), Denpasar, Bali, Indonesia

<sup>2</sup>Department of Public Health, Faculty of Medicine, Public Health and Nursing UGM Yogyakarta, Indonesia

<sup>3</sup>Department of Pediatric and Maternity Nursing, Faculty of Medicine, Public Health and Nursing UGM Yogyakarta, Indonesia

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**Abstract:** The existence of peer counsellors was expected to help adolescents. Social competence was social knowledge, self-confidence, empathy, social sensitivity, an emotional ability to capture their environmental needs. Objective: This study aimed to describe the social competence of peer counsellor and process of peer counselling. Methods: The study was a qualitative descriptive case studies through in-depth interview to collect the data. Six peer counsellors and youth program nurse in public health centre were interviewed twice. Data was analysed by Colaizzi's method. Results: The characteristic of teenagers age were 16 – 19 years with the variety of level education. The ability to recognize their own self's ability and being empathetic towards others, good communicator and listener as a counsellor's ability and counselling was facilitated in relaxed atmosphere. Conclusion: Competence of peer counsellor was able to prevent adolescent negative behaviour.

## 1 INTRODUCTION

Adolescence phase is a full of conflict phase, vulnerable and need to be maintained properly. In this phase adolescents experience several of complex changes, including physical changes, behaviour and identity search. Problems experienced by adolescents can occur due to lack of information about reproductive health. Knowledge of adolescent's reproductive health showed that adolescent's knowledge about reproductive health is inadequate, only 35.5% of teenage girls and 31.2% of teenage boys aged 15-19 years know that women can become pregnant with one time sexual intercourse (Ministry of Health Republic of Indonesia, 2016). Thus, it is required a strategy in improving the knowledge of adolescent reproduction health.

The presence of peer counsellors was important to improve the knowledge of adolescent reproductive health. Adolescent were more comfortable to consult the problem and find its solutions with their peer. Currently, the development of peer counsellor programs not only focus on peer counsellors in schools, but also in communities for

example in Bali Province especially showed through *sekehe truna truni (STT)*. STT is a youth community association in Bali. The task of peer counsellors in this community is to provide information to adolescents on how to access reproductive health services and build community support on adolescent reproductive health (Sotolongo *et al.*, 2017) Access to the effective reproductive health services is done through the approach of adolescent in the community (Denno, Hoopes and Chandra-Mouli, 2015) Peer counsellors should be established not only in schools but also in the community (House, Tevendale and Martinez-Garcia, 2017)

A preliminary study conducted through interviews of youth program holders at several public health centres in Bali encountered the problem that adolescents have not utilized adolescent health facilities despite the establishment of peer counsellors. Interviews on adolescents in the community explained that the implementation of reproductive health information activity to the teenagers was not routinely performed by counsellors. Predisposing factors of the lack of utilization of adolescent health services was the lack of teenagers' knowledge and the unclearness in

delivering information. Lack of peer counsellor ability in performing counselling can be influenced by many things, both from within the counsellor itself and environment. The level of education and experience to provide counselling could affect the information provided and determined the success of counselling (Mpanza and Nzima, 2010)

As a peer counsellor who was expected to solve peer problems through counselling, social competence greatly affected by their role performance as a counsellor (Low *et al.*, 2015). The social competence that counsellors have to possess was social knowledge, self-confidence, empathy, social sensitivity, emotional ability to capture their environmental needs (Mustaffa *et al.*, 2013). The purpose of this study was to describe the social competence of peer counsellor and process of peer counselling.

## 2 METHODS

### 2.1 Research Design and Participants

The study was a qualitative descriptive case studies through in-depth interview to collect the data. The research was conducted in Pedungan sub-district of Public Health Centre IV South Denpasar from January to February 2018. Six peer counsellors and youth program nurse in public health centre were interviewed twice. The data saturation test was done by interviewing one more participant to ensure that saturation has been achieved. The participant's inclusion criteria interviewed were: a) the participants were peer counsellors in the community, b) having counsellor training experience and experience providing peer counselling, c) able to share experiences in peer counselling, and d) willing to participate in the study.

### 2.2 Data Collection

The selection of participants was conducted with the recommendation of key informant (youth program nurse in public health centre). Key informant was chosen because she was considered closer to peer counsellors and known the activities of peer counsellors. After got the appropriate participant, the researcher contact the participant and determined the time and place of interview. Semi-structured interview performed twice for each participant. Interviews were recorded using a tape recorder and transcribed. The duration of the interview at the first meeting was forty five-sixty minutes and the second

meeting was ten-fifteen minutes for member checking. Triangulation in this study included triangulation of sources to improve credibility and conformability of research results.

### 2.3 Data Collection Procedure

Ethical approval was granted by the local committee issued on December 20, 2017 with the number KE/FK/1305/EC 2017. First phase researcher discussed with youth program nurse in public health centre and explained the research process that will be conducted and the ask helped from the nurse to be willing to become the key informant. The second phase was an interview to peer counsellors by screening demographic data and requesting recommendation to key informant about peer counsellor who appropriate be interviewed and being able to provide the required information according to the inclusion criteria of the research. Semi-structured interviews were conducted twice each participant.

### 2.4 Data Analysis

The results of interview was analysed by Colaizzi's method. This method was able to explain the meaning of an experience by identifying the main themes that emerged from the studied, involving observation and analysis of human attitudes in the environment. In addition, this method was the only method that encouraged participants to validate the results of the research by making transcripts from the recordings, then grouping significant statements, formulating meaning, grouping meaningful statements into sub themes and themes, and describes through the full description, as well as validating the description of the results.

## 3 RESULTS

### 3.1 Theme 1: The Ability to Recognize Own Self and Empathize toward Others Are the Important Competence of Peer Counsellor

The ability to recognize oneself and empathize toward others are the important competence of peer counsellor theme defined as the prominent competency of counsellor includes three categories such as counsellor able to recognize oneself, understanding others and able to empathize as a counsellor.

### 3.1.1 The Ability to Recognize Own Self Ability

The ability to recognize their own potential is useful to their self and others. The ability on recognize their own self described by the ability of participant to explain the goods and bad of their own self as this follow participant stated:

*"I don't really smart at health knowledge and when spoke I still nervous"* (Participant 4)

Participant aware of the goods and the bad on their ownself and make them recognize the action needed to be done to optimize their potential, as stated below:

*"I think it's okay if I lack of knowledge because I can learn"* (Participant 3)

### 3.1.2 The Ability to Understand Other

The full of conflict teenage need the role of peer counsellor that able to become a bridge between teenager and health services. To be able to receive as a friend, counsellor has to possess the ability to understand others. Counsellor showed their ability to understand others mind and feelings by not forcing them to expose their problem.

*".....tomorrow or the day after tomorrow I'll ask until he/she tell the story, so the problem solved can not be done in two or three days."* (Participant 1)

The ability to understand other described through this research which counsellor able to keep the problem teenager feelings. Counsellor able to respect other, not express the words that make counselee offended and keep the counselee feelings, as stated:

*"...when talk to a friend cant be direct telling " you must have done that, right? Have sexual intercourse? Can't be like that, the friend can be so ashamed and not telling me at all"* (Participant 4)

### 3.1.3 The Ability to Show Counsellor's Empathy

The ability in empathize showed when counsellor also feel what the counselee feels, be in the same shoes as the teenager feels and faces so the counsellor able to stand in the right point of view as stated:

*"...we have to be in their position and feel their feelings so the counselee can tell the story comfortably"* (Participant 1)

The ability of counsellor to recognize the need and feelings of counselee is the way to show the caring

to the teenager.

*"...I say you can tell me without worry your secret exposed, I have to keep the secret."* (Participant 3)

## 3.2 Theme 2: The Ability of Become a Good Communicator and Listener as a Counsellor's Ability in Community

This second theme includes two category as follows: the ability of counsellor in becoming role model and the ability of counsellor in helping counselee's problem.

### 3.2.1 The Ability of Counsellor Becoming a Communicator

Generally, peer counsellor have possessed the understanding to the duty as a counsellor in the society. This showed when a counsellor able to become a role model in the society. The criteria of prospective counsellor was able to be role model to the teenagers around them. Peer counsellor competence related to their duties in society was the ability to convey the information to adolescent in society, as expressed by the participants:

*"in here, the counsellor gave the information, in society we gave the right information, which one is good for the adolescent"* (Participant 5)

*"might be as the intermediary, we entered to counsellor's group and we gave the information which shared in the group"* (Participant 4)

### 3.2.2 The Ability of Counsellor in Becoming a Good Listener

In facing teenager's problem, counsellor showed the caring attitude towards the teenager's problem. Counsellor able to understand counselee's attitude and the problem they face, even on the limited health information but in implementation counsellor able to show that they able to stay by teenager's side when they need peer friend. Participant stated as follow:

*"...even though I can't give the solution right away, I can be relied on as chat buddy."* (Participant 2)

The ability of counsellor does not limited to giving advices, but also able to give real support like motivation to seek a doctor and remind the counselee to do proper health treatment especially reproduction health correctly.

*"...hmm the support such as provide them information, then motivate them to seek the health*

*service and for example the problem doesn't need to be counselled and seek a doctor, then keep support them to do the right thing.*" (Participant 3)

### **3.3 Theme 3: Counselling Was Facilitated in Relaxed Atmosphere, Fears and Taboo Was a Barrier in Conducting Peer Counselling**

This third theme consisted of four category as follows, the implementation of peer counselling, the difficulty of counsellor in peer counselling, public health centre support in peer counselling and the responses toward the information given.

#### **3.3.1 Implementation of Peer Counselling Was Facilitated in Relaxed Atmosphere**

The implementation of peer counselling done indirectly. The counselling done through private message between counsellor and counselee. The ability of counsellor in this is giving information on the effort needed to be done to solve the problem. Counsellor express that counsellor provided needed information to the counselee. This is expressed through this follow participant stated:

*"Here I just give the information that i know, then try to give the advice like telling them to see the doctor or go to the public health centre to get everything (about the health problem) cleared."*(Participant 1)

*"they suddenly texted me because they need the information."* (Participant 3)

#### **3.3.2 The Counselee's Fears in Conducting Peer Counselling**

The ability of a counsellor to motivate the counselee in telling the story is not completely optimal, even though they can invite the teenager to tell the story, there still remained uncovered information. This described when participant express the difficulty in interacting with problem possessed teenager as stated:

*"It is difficult to interact with the people who have problem because sometimes they tell uncompleted story, like there is something they hide because maybe they were embarrassed or whatever the reason"* (Participant 1)

There are still a lot of teenagers that unwilling to tell their story because they are ashamed and afraid to tell about the problem they face. Participant express

that there were teenagers who don't tell their story because they were embarrassed and frightened as stated by follow participant:

*".... it is a rare case when he/she wants' to be told to tell her/his problem. He/she said he/she is afraid and embarrassed."* (Participant 5)

The participant also stated the difficulty in conducting peer counselling when the teenager still assume that the teenager who counsel their problem are possess sexual transmitted disease so they are afraid of being intimidated by others. Participant stated:

*"maybe the obstacle of them not telling their problem was the frights of other's intimidation of them having problem with their body, but that was not true"* (Participant 1)

#### **3.3.3 Public Health Centre Support in the Implementation of Peer Counselling**

The existed public health centre support was through socialization about teenage reproduction health, the information to the peer counsellor and the cooperation with third party on providing health information to the teenagers, such as stated by this following participant:

*"Public Health centre invite the teenagers (Generation of Youth) ambassadors as the speakers on giving health education"* (Participant 1)

The public health centre routinely provided teenager reproduction health that disseminate through peer counsellor group

*"public health centre support is giving the information about health problems, about when can be counselled, such as when there was a friend who needs counselling"* (Participant 3)

The teenager counselling services in public health centre is provided when there were teenagers needed a consultations with the health workers whether doctors or nurses.

*"as far as I know, there was a counselling service in public health centre, it was once explained by the public health centre's staff"* (Participant 2)

#### **3.3.4 The Taboo Responses toward the Information given**

Counsellor conducted their tasks in giving reproduction health information, there were still teenagers viewed it as a taboo things as stated by following participant:

*“when we give such information, like reproduction health information, we are reckoned as inform nasty things so it was taboo for them”* (Participant 1)

Participant stated it was difficult to gather the teenagers on an activity done by peer counsellor or the activities initiated by public health centre such as cadre refreshment or health education. The statement is as follow:

*“...so yeah, when we try to gather them or else a lot of them not coming, such as the health education on smoking or drugs, there are teenagers who come and don't, maybe because they have other activities.”*(Participant 2)

From the interviews, there were still a lot of teenager don't understand the role and function of peer counsellor in the society. This was as stated by following participant:

*“so far there was never a criticism, maybe because they don't really understand what counsellor is”*(Participant 2)

*“maybe there were people who knows and doesn't. Not all of people know peer counsellor exist. They don't really understand what peer counsellor is”*(Participant 4)

## 4 DISCUSSION

Social competence in counselling will be able to choose the various behaviours as expected and maintain positive relationships with other individuals (Schulte and Barrera, 2010) Social competence was seen as the ability to successfully meet complex demands in specific contexts covering the cognitive and non-cognitive aspects (Kim *et al.*, 2007). This result explained that counsellors who had a good social competence will be able to expand interpersonal relationships in their environment. The results of this study in line with research conducted (Jaafar *et al.*, 2011) the strength of social competence will improve a person's ability in fostering friendship and increase motivation to help.

According to (Brammer, 2003) the counsellor requires awareness of their position independently, having an awareness of who they are, their role, the reason they decided become a counsellor and realized their function as a helper in the environment. The counsellor's consciousness and ability to understand their self could increase the responsibilities of their role and tasks as a counsellor. This result stated that counsellors who were able to understand themselves will find it

easier to understand others. In helping others, the counsellor was able to appreciate the feelings of others and can appreciate the feelings experienced by that person. This ability will create a sense of sensitivity to others, the counsellor not only seen from their side as a counsellor, but able to see from different perspectives. The ability of a counsellor who was able to understand theirself and others will create an empathetic attitude to the counsellor. In early-stage adolescence development tended to use peer groups as a source of emotional support to adapt (Weissberg and Elias, 1993) These aspects will continue to be honed if the counsellor can instantly feel and interact in various situations and conditions. (Willis, 2004). The empathetic attitude of the counsellor shown is being able to accept others as they are. In order for a person to produce a certain competence, they must be in many situations where there were appropriate models, observe and evaluate what was observed, compare the models with each other. Counsellor's characteristic will be perceived positively if their attitude, behaviour and daily deeds were good in terms of social norms was good. According to (Corrigan *et al.*, 1980) the characteristics of a good counsellor will make teenagers see the counsellor as a person who can help the teenager in dealing with problems that are facing them (Willis, 2004). Competence of interpersonal communication has five aspects: the ability to initiate, open up, assertiveness, provide emotional support and resolve conflict. Thus the ability of counsellors in providing appropriate information and useful to others will be better (Susan Leigh and James R., 1987). This research described the process of counselling in the community was spontaneous and informal while maintaining the privacy of the adolescent. Counselling services were effective when teenagers (clients) felt the results or benefit after counselling with counsellors (Bett, 2013).

In carrying out its duties in the counselling process, counsellor's difficulty in counselling is a negative feeling of the counselee, teenagers who were difficult to tell the problem to the counsellor caused by negative thoughts and feelings of the teenagers itself. The lack of good interaction between counsellor and counselee was caused by the feeling of shame to tell the problem and the person of the covered counselee (Tork and Al Hosis, 2015) This was in line with research stated that the low adolescent for counselling because of embarrassment and fear to come to counselling, stigma from the environment that resulted in

unresolved adolescent problems (Solikhah and Nurdjannah, 2018)

The research showed the knowledge of adolescents and the community about the existence of peer counsellors in the community was not evenly distributed well. Many teenagers in the community who did not know the existence of peer counsellors in the community (Tindall, J. A., & Gray, 2015) suggested that if a person has a problem, they will first speak to a friend or peer group then to a professional counsellor. Many people tend to be more comfortable to share their problems with their close friends / peers than teachers or parents (Brammer, 2003). The results of this study in line with what stated that the need for good cooperation between the parties involved in (Roghanchi *et al.*, 2013) providing socialization and enhancement of the ability of counsellors. Cooperation could be a continuous training of peer counsellors so that peer counsellors understand the role and duty in providing information and motivate other teenagers to behave healthy. The weakness in this study was that researchers could not observe peer counselling activities conducted by peer counsellors. This happened because peer counsellors conducted peer counselling not in formally using a special room, but counselling peer was done by telling stories and chat done with peers through mobile application such as whatsapp, line, and others.

## 5 CONCLUSIONS

Three themes described the social competence of peer counsellor in conducting peer counselling on the society were 1) The ability to recognize their ownself's ability and being empathetic towards others are the important competence of peer counsellor, 2) The ability of become a good communicator and listener as a counsellor's ability in community, and 3) Counselling was facilitated in relaxed atmosphere, but fears and taboo was a barrier in conducting peer counselling.

This study described the social competence of peer counselors and the process of peer counseling in the community. Social competence of peer counselors was the ability to recognise oneself and others and showed empathy to the teenager. Counselors also had the ability to be communicator and good listener for the adolescent. Counseling in the community was spontaneous and informal while maintaining the privacy of the adolescent. The future study will explore the difficulties experienced by counselors, the response of adolescents who got

health information, and support of public health center that have been given.

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