

Original Article

MIDWIFE, COUNSELING AND ADOLESCENT REPRODUCTIVE HEALTH RIGHTS IN THE COVID-19 PANDEMIC

Ni Made Karlina Sumiari Tangkas¹, Indrie Lutfiana¹, Putu Dian Prima Kusuma Dewi¹

¹ STIKES Buleleng, Bali, Indonesia

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ABSTRACT

Background: Cases related to adolescent health have increased during the COVID-19 pandemic. Midwives have a very important role in conducting counseling related to adolescent health. This is a form of commitment in fulfilling the right to health of adolescents. The role of the midwife is stated in terms of reproductive health in accordance with the Regulation of the Minister of Health of the Republic of Indonesia Number 28 of 2017 concerning Permits and Implementation of Midwifery Practices article 21a. The purpose of this research is to know the role of midwives in the implementation of adolescent counseling as the fulfillment of adolescent reproductive health rights.

Methods: Qualitative research methods, with a sociological juridical approach. The study used in-depth interviews with midwife and adolescent informants. The research was conducted from May to June 2021. Data analysis was carried out by qualitative data analysis

Results: The results of the study show that Bidans have carried out their authority and obligations in the role of counselors based on the Midwifery Law Number 4 of 2019 and the Regulation of the Minister of Health of the Republic of Indonesia Number 28 of 2017 concerning Permits and Implementation of Midwifery Practices article 21a. The role of midwives in the implementation of adolescent counseling is to increase knowledge of reproductive health as a fulfillment of adolescent reproductive health rights. Midwives are implementers of youth health service programs

Conclusion: Reproductive health rights in adolescents based on the International Conference on Population and Development (ICPD) in Cairo in 1994 there are 12 rights of which 11 reproductive health rights have been well fulfilled.

Corresponding Author Contact:

Ni Made Karlina Sumiari
Tangkas,

STIKES Buleleng, Bali, Indonesia

Email:

karlina.sumiari@gmail.com

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Introduction

Covid-19 which has hit all countries in the world, including Indonesia, has implications for various aspects ranging

from the economy, tourism to health. The Indonesian government has taken various policies to break the chain of transmission



of Covid-19. These policies include prioritizing the health and safety of the people. The way to achieve this is to stop all activities that are able to connect transmission, such as work, worship and study from home or distance learning (PJJ). During this covid-19 pandemic, the potential for juvenile delinquency shows an increasing indication. This could be due to the reduced space to channel youth energy and creativity during the pandemic. One of the increasing juvenile delinquencies during the COVID-19 pandemic is the occurrence of unwanted pregnancies in teenagers. The head of the BKKBN of the Republic of Indonesia Hasto Wardoyo also said, "the rate of teenage pregnancy during the Covid-19 pandemic continues to increase. Based on the observations of the BKKBN, unplanned pregnancies in several areas in Indonesia are quite high and can have fatal consequences" (Kompasiana, 2021). This was triggered by the explosion of new pregnancies experienced by Indonesia. Unwanted events reached 17.5% where more than 400,000 pregnancies were unplanned (Kompas, 2020).

Adolescence is an important phase in the maturation of the human reproductive organs which is characterized by relatively fast physical changes but not balanced with the mental or psychological changes of adolescents (BKKBN, 2017). In addition, other changes that occur in adolescents are psychosocial changes with other people, the emergence of negative behavior or juvenile delinquency such as deviations from sexual activity, use of the internet and communication media and access to pornography (Yudrik, 2011). Reproductive health is a state of physical, mental and social well-being and all matters relating to the reproductive system. The scope of reproductive health includes adolescent reproductive health, as well as prevention and control of abortion (Intan, et al. 2012).

Reproductive rights in Indonesia have been regulated in the Health Law (UUU) Number 36 Year 2009 section 6 Article 71. The rights of adolescents are also in the results of the International Conference on Population (ICPD) in Cairo in 1994 where the results of the conference stated that there are reproductive rights. Reproductive rights are similar to Government Regulation of the Republic of Indonesia Number 61 of 2014 concerning Reproductive Health. The oldest adolescent reproductive health service is Article 11 which states that adolescent reproductive health services are to prevent and protect adolescents from harmful behavior and other behaviors that affect reproductive health. Another goal is to prepare adolescents to lead a healthy and responsible reproductive life (PKBI, 2016).

The problems most often experienced by adolescents are reproductive health, namely unwanted pregnancy (KTD), abortion, sexually transmitted infections (STIs), including Human Immunodeficiency Virus (HIV), sexual violence, as well as problems with limited access to information and health services regarding reproductive health (BKKBN, 2012). Active premarital sex in adolescents is at risk of teenage pregnancy and transmission of sexually transmitted diseases. Unplanned pregnancy in adolescent girls can lead to abortion and teen marriage. Both have an impact on the future of the teenager, the fetus and his family. Based on the results of the Indonesian Health Demographic Survey (IDHS) in 2017, dating relationships and sexual experiences began at the age of 15-17 years, 80% and 84% of teenage boys admitted to having done it. Behavior in adolescents varies widely and leads to sexual contact, holding hands as much as 64% of girls and 75% of boys, hugging behavior in boys 17% and in boys 33%, kissing lips 30% in girls and 50% in men, and touching/touching behavior tends to

be carried out in adolescent boys as much as 22% in men and 5% in women. As many as 8% of men and 2% of women claimed to have had sexual relations with love 47%, and 30% out of curiosity, 3% of boys and men admitted that they were forced and caused by friends. As many as 49% of adolescent girls admitted to using condoms during sexual intercourse and only 27% of boys who used condoms during sexual intercourse. Among adolescent girls and boys, 12% of women stated that the pregnancy was unwanted, and 7% of the men had a partner with an unwanted pregnancy. In the experience of having an abortion between 23% of women and 19% of men know someone they know had an abortion and 1% of them accompanied or influenced a friend to have an abortion. This shows the lack of understanding of adolescents about healthy life skills. risk of sexual intercourse and the ability to refuse relationships they do not want (Pawestri, 2012).

Midwives are women's friends where in practice, midwives have the authority to provide women's reproductive health services. One of them is counseling and counseling. In addition, the scope of health services provided by midwives is adolescents. Adolescent girls have a higher risk of experiencing reproductive disorders which are the unexpected impact of adolescence, so that young women need more knowledge and understanding about reproductive health and adolescent reproductive health. There are no definite figures that record how much KTD is among teenagers. alone since 2010-2014, every year the PILAR PKBI Youth Center in Central Java recorded between 65-85 cases with only KTD complaints. most of the cases that come are high school students aged between 15-18 years (PKBI, 2016). Many factors trigger the occurrence of adverse events among teenagers, especially during the current Covid-19 pandemic.

Personally, teenagers are indeed a transition period from children to adults. Sometimes physical growth is faster than psychological and social development, in situations where teenagers are trying to find their identity. Great curiosity, making teenagers often do trial and error. Sometimes teenage girls are trapped by various temptations that sex is proof of love. This often happens, especially in teenagers whose boyfriends are older. Therefore, adolescents need to be equipped with the ability to say "No" to risky things so that they can protect themselves. In order to deal with these adolescent problems, the government launched the PKPR program or Youth Care Health Service in 2003. This program is the government's effort to improve the health status of adolescents with Puskesmas as facilitators and resource persons. One of the PKPR programs is to conduct counseling related to adolescent reproductive health. Based on the results of Budiasih's research in 2016, it shows that the formation of peer counselors is not evenly distributed and the attitudes of adolescents who choose counseling to friends and parents (BKBN, 2016).

Results Based on a preliminary survey through interviews conducted by researchers at one high school in April 2021 on 10 teenagers aged 16-17 years, it was found that 60% of teenagers said that during the pandemic they had sexual activity with their girlfriends, 40% did not wear safety, and 70% do not know the dangers of teenage pregnancy. This shows that if it is necessary to explore the role of midwives based on the regulation of the Minister of Health through Adolescent Counseling so that it can support the fulfillment of adolescent reproductive health rights. For this reason, the author is interested in researching "Midwives, Counseling and Adolescent Reproductive Health Rights in the Covid-19 Pandemic

Period". The purpose of this study was to determine the role of midwives in counseling adolescents, in supporting the fulfillment of adolescent reproductive health rights. This study was conducted to provide recommendations for the implementation of youth health service programs, especially during the COVID-19 pandemic.

Method

Study used qualitative research using a sociological juridical approach, by discussing the juridical aspects related to adolescent counseling in increasing adolescent knowledge as a form of fulfilling the right to adolescent reproductive health. This research is descriptive analytic, which reveals the laws and regulations relating to legal theories related to counseling conducted by health workers and adolescent reproductive rights (Zainudin Ali, 2014). This research was conducted at the Buleleng I Public Health Center, Buleleng Regency from May 2021 to June 2021. The informants in this study were the coordinator midwife of the Puskesmas, the midwife in charge of the Adolescent Health program, and 3 adolescents aged 16-18 years. This study uses primary data in the form of virtual interviews with informants related to adolescent knowledge about reproductive health, adolescent counseling, and the role of health workers in conducting adolescent counseling. Secondary data in this study were obtained from documentation studies and literature studies. The primary legal sources used include: Law Number 36 of 2009 concerning Health, Law Number 4 of 2019 concerning Midwifery, Government Regulation No. 61 of 2014 concerning reproductive health, Regulation of the Minister of Health of the Republic of Indonesia Number 28 of 2017 concerning Permits and Implementation of Midwifery

Practices. Secondary legal sources used are in the form of literature, journals and research results. The tertiary legal sources used are in the form of brochures, attachments and statement documents.

Results

A. Laws and regulations governing the authority of midwives in conducting counseling

The duties and authorities of midwives can be seen in Law (UU) Number 4 of 2019 concerning Midwifery Article 46 Paragraph (1) point c which states "in carrying out midwifery practice, midwives provide services including (c) women's reproductive health services and family planning. This means that the midwife has the authority to provide health services, especially women's health. This statement is supported by the Regulation of the Minister of Health (PMK) of the Republic of Indonesia Number 28 of 2017 concerning Permits and Implementation of Midwifery Practices Article 18 Point c. Article 47 Paragraph 1 of the Midwifery Law indicates that in carrying out Midwifery Practices, midwives can act as extension workers and counselors. Counselor means a person who provides counselling. Counseling itself can be interpreted as a process of providing assistance conducted through face-to-face interviews by a counselor/counseling service provider to the counselee or client with the aim of overcoming the problem. This article is also accompanied by Article 21 of the PMK on Permits and Practices for Midwives which states that in providing counseling on reproductive health and family planning. This legal basis is a legal umbrella for midwives in carrying out the basics to improve health status and fulfill the health rights of the community.

B. The laws and regulations governing adolescent reproductive health rights
Adolescent

reproductive rights in Article 28 H paragraph (1) of the 1945 Constitution of the Republic of Indonesia which states "Everyone has the right to live in physical and spiritual prosperity, to live in a good environment and healthy and obtain health services. The 1945 Constitution has the highest position in the order of laws and regulations, in that provision there is the right of everyone including the right of patients to obtain health services. Article 49 Paragraph (3) of Law Number 39 of 1999 concerning Human Rights which states that the special rights inherent in women due to their reproductive functions are protected by law. Based on the article, it is known that women have special rights related to reproductive health. The existence of a regulation that states the rights of the patient is the basis for making regulation Article 27 letter d of Law Number 36 of 2009 concerning Health which mandates that "Everyone has the right to obtain correct and accountable information, education and counseling regarding reproductive health. answer". The regulation was made to fulfill the provisions of previous regulations regarding the right to obtain health services, especially in obtaining IEC as a form of promotive and preventive health services, which is one of the rights of patients.

The above regulations are the basis for the regulation of adolescent reproductive health rights. Reproductive rights in adolescents are in accordance with Government Regulation of the Republic of Indonesia Number 61 of 2014 concerning Reproductive Health where Article 11 states; In general, adolescent reproductive health services aim to prevent and protect adolescents from risky sexual behavior and other sexual behaviors that affect reproductive health.

With this, it can be clearly seen that the right to health is an absolute and inherent right that cannot be separated. Especially

reproductive health rights. Healthy reproduction is also an asset for the Indonesian nation to grow and develop through healthy future generations, which grow and come from healthy reproduction as well. For this reason, reproductive health, which is the right of women from teenagers to the elderly, must be maintained. For this reason, the government seeks to improve and fulfill the right of reproduction, especially for adolescents, through the PKPR program or Youth Care Health Services at puskesmas. The task of the Puskesmas is to provide youth services that are in accordance with their needs, including promotive, preventive, curative, and rehabilitative services that must be provided comprehensively in all places where youth services will be carried out with the PKPR approach. Interventions include (Kemenkes RI, 2014):

1. Adolescent reproductive health services (covering sexually transmitted infections/STIs, HIV & AIDS) including sexuality and puberty
2. Prevention and control of adolescent pregnancy
3. Nutrition services (anemia, deficiency and excess nutrition) including counseling and education
4. Adolescent growth and development
5. Screening for TT status in adolescents
6. Adolescent mental health services, including: psychosocial problems, mental disorders, and quality of life
7. Drug prevention and control
8. Detection and handling of violence against adolescents
9. Detection and treatment of tuberculosis
10. Detection and treatment of worms

Criteria for the Puskesmas to be able to carry out PKPR are as follows:

1. Provide counseling services to all adolescents who need counseling who are in contact with PKPR officers.
2. Conduct coaching at a minimum of 1 (one) school in 1 (one) year in public schools or religion-based schools, with a minimum of carrying out IEC

activities in the target schools at least 2 times a year.

3. Train peer counselors in schools at least 10% of the number of students in the target schools.

The results showed that the Buleleng I Public Health Center had implemented the PKPR program with a midwife as a counselor. This is in accordance with the regulation of Article 21 PMK of Permit and Implementation of Midwife Practice which states in providing reproductive health and family planning counseling

C. The role of midwives in counseling adolescents to fulfill adolescent health rights

Observations with the coordinator of the midwife and the person in charge of adolescent health services, if the midwife's education is D4 in midwifery and D3 in midwifery. Data related to counseling activities and adolescent reproductive health; the researchers conducted interviews with 3 adolescent informants. Researchers only asked about health knowledge so they visited the puskesmas to get adolescent health services (PKPR)

Table 1. Characteristics of Informants

Name of Informants	Current education	Age
R1	SMA	16 years old
R2	SMA	16 years old
R3	SMA	17 years

Adolescent informants have age characteristics from 16-17 years. This shows if the informants are in the same knowledge phase.

Table 2. Results of Interviews on the Role of Midwives and Policies on Adolescent Counseling

Questions	Answers	
	B1	B2
How are adolescent counseling services at the Puskesmas and what are the obstacles they face?	Running very well. The problem is, there are still a few teenagers who come to visit especially for counseling, because most teenagers are embarrassed to do counseling with midwives except with their peers	well. The problem is there are few teenagers who Puskesmas.
What is the role of the midwife in adolescent health services at the puskesmas	. Program Management Program	Implementation
What is the authority of the midwife in PKPR?	conduct counseling and examinations	Midwives conduct counseling for examinations
Do you have special authority or duties related to adolescent reproductive health	Provide MCH counseling and examinations, cooperate in screening cases, also refer to cases of KTD, vaginal discharge, irregular menstruation or related to other MCH	Authority to provide M counseling and examinations work together during screening. The midwife is also a referent if the case is KTD or related to MCH.
Do you carry out adolescent counseling to increase knowledge about reproductive health?	Yes . The implementation is in schools, such as trunetrans, health centers	Yes...at schools, youth organizations or health
During the covid-19 pandemic, how are the services provided?	Services are carried out based on the rules and service flow during the COVID-19 pandemic, namely by using strict health protocols. We also use Level 3 PPE in providing services. Especially for youth counseling, we provide services directly to clients. We are currently providing online counseling services to our clients.	By using strict health protocols and using level 3 PPE. Counseling is done offline clients although we are preparing online counseling

The results of the interview show that the youth counseling activities are going very well, because it is in accordance with the service flow and the authority that has been set. The main obstacle to adolescent health services is that visits to the puskesmas are relatively low, but this is overcome by visiting schools for each new teaching. The role of the midwife is the program implementer who is authorized by the midwife or the main task is to provide counseling either individually or in groups, besides that, the tasks carried out with other health workers are conducting in-depth analysis, and conducting screenings to schools. During the current covid-19 pandemic, services are provided offline but have been prepared to provide online services, especially for counseling.



Table 3. Results of Reproductive Health Interviews and Implementation of Adolescent Health Services

No	Question	Answers		
		R1	R2	R3
1	What is your reason for coming to youth health services at the Puskesmas?	when my period is very heavy,	I don't have regular	equipment
-	adolescent health at the Puskesmas?	examined by the doctor and questioned by	the midwife questioned by the midwife then examined by the doctor	Questioned by the midwife and doctor
3	What is the role of the midwife at the Puskesmas in adolescent health services?	provide a lot of knowledge about why this happens and how to maintain personal hygiene during menstruation and about the reproductive process,	especially about the menstrual and reproductive processes.	Give a lecture about good health how to maintain genital hygiene
4	you think about counseling services at the Puskesmas?	Good and friendly	Satisfied	Provide knowledge in very detail
5	Does the counseling service or presenting information provided by the midwife make you aware of the importance of adolescent reproductive health?	Yes	yes	How
impor- tan- t	is reproductive health for you?	Very important	Very	important
7	If there are problems regarding reproductive health such as pregnancy outside of marriage or unwanted pregnancy, drugs,	no. Shame on the older ones.same mother did not want to tell	No, because I don't seem to be able to feel what people my age are experiencing, it's better for	Mau. Because you are more experienced and know about health

The results of the interview showed that the teenagers who visited were teenagers who experienced health problems such as severe pain during menstruation, not gasping for breath and vaginal discharge where the history was taken by midwife and examined by a doctor. Counseling activities carried out by midwives at the Puskesmas have been going well. The role of the midwife is to provide reproductive health counseling and counseling. Counseling provided by midwives includes life health education, namely PHBS, reproductive systems, functions and processes, risky sexual behavior and its consequences, as well as other risky behaviors or other health conditions that affect

reproductive health. Knowledge Based on interviews, the informants stated that related to reproductive health they could better understand so that they could avoid unwanted things such as sexually transmitted diseases. free sex, drugs and also HIV AIDS. Informants are also given knowledge regarding how problems occur and how to overcome them. Informants also know more about the importance of reproductive health and the importance of maintaining reproductive health. Regarding the problem of conducting counseling with midwives at the puskesmas, they still feel embarrassed when they face and consult with midwives. they are more comfortable with their peers. For this reason, it is necessary to develop and form peer counselors.

Discussion

The results showed that all midwives involved in health services had a minimum diploma of DIII Midwifery and had a valid STR and SIPB. This is in accordance with the definition of a midwife according to the ICM congress in Brisbane Australia whose midwife education is recognized in her country, has graduated from the education and meets the qualifications to be registered (registered) and or has a valid permit (license) to practice midwifery ", and has fulfilled the principle of legality, namely in the performance of health workers who are carried out in accordance with their field of expertise and in providing health services, they must have a permit from the government. This is also supported by statements in the Midwifery Law Article 4 and Article 21 related to STR and is also supported by the PMK Permit and Implementation of Midwifery Practices Article 2.

Based on the Regulation of the Minister of Health of the Republic of Indonesia Number 28 of 2017 concerning Permits and Implementation of Midwifery Practices article 21a and PP RI No. 61 of 2014 concerning Reproductive Health, provides



communication, information, and education to adolescents. This is in accordance with what has been done by the midwife. Midwives provide: counseling and counseling on women's reproductive health and family planning. Based on this, it is expected that midwives will provide counseling and information to adolescents about reproductive health. Counseling and information to adolescents about reproductive health provided by midwives is expected to increase adolescent knowledge.

Reproductive health rights consist of 12 rights according to the International Conference on Population and Development (ICPD) in Cairo 1994. The explanation of the fulfillment of these rights at the puskesmas in Buleleng Regency based on research results are as follows:

1. The right to obtain information and reproductive health education; related to health problems including health insurance and welfare of a person and family. The rights of adolescents in terms of information have been fulfilled properly with the existence of adolescent health services where adolescents receive counseling from midwives who run youth health service programs. Based on interviews with midwives at the Puskesmas, it was shown that midwives are program implementers, whose main role is to provide counseling to adolescents about reproductive health to increase knowledge about reproductive health;
2. The right to obtain reproductive health services and protection; includes the right to information, affordability, choice, security, confidentiality, self-respect, convenience, service, and the right to an opinion;
3. The right to obtain services and protection for adolescents has been well fulfilled with the existence of adolescent health services in each puskesmas, this is done through counseling for individuals, especially those with reproductive health problems;
4. The right to freedom to think and make decisions about reproductive health. This right has also been well fulfilled in adolescent health services where adolescents themselves have the right to make decisions for themselves and health workers only support knowledge and provide counseling according to what is needed;
5. The right to decide the number and spacing of children. The service regarding family planning (KB) was not carried out at the third puskesmas because it was feared that it would have a bad impact on adolescents from having free sex with family planning;
6. The right to live and be free from the risk of death due to pregnancy, or problems. This right has also been running well, where teenagers who experience health problems, whether they have an STI or experience adverse events, will immediately get good treatment by health workers at the Puskesmas, either independently by a midwife or doctor, collaborative handling or referral;
7. The right to freedom and security in reproductive health services; every individual who is trusted to enjoy and manage their reproductive health. This right is also well fulfilled where the youth themselves have the right to make decisions for themselves and health workers only facilitate imparting knowledge and providing counseling according to what is needed;
8. The right to be free from all forms of persecution and ill-treatment related to reproductive health; including the right of children to be protected from sexual exploitation and abuse and the right of everyone to be protected from rape, violence, torture and sexual harassment. This right can be fulfilled properly because in the case of adolescents, puskesmas can work together across

programs or sectors including religious leaders, the community and the police in providing adolescent reproductive health services;

9. The right to privacy in carrying out its reproduction; meaning that reproductive services are carried out with respect to confidentiality, and women are given the right to determine their own reproductive choices;
10. The right to build and plan a family, this has been fulfilled because teenagers themselves have the right to make decisions for themselves and health workers only facilitate imparting knowledge and providing counseling according to what is needed;
11. The right to freedom and participation in reproductive rights, meaning that everyone has the right to urge the government to place priority issues of reproductive rights and rights in the political policies of their country;
12. The right to be free from all forms of discrimination and reproductive health; The right to benefit from the results of scientific progress, including the recognition of the right that everyone has the right to obtain reproductive health services with the latest technology that is safe and acceptable.

Reproductive health rights in adolescents consist of 12 rights, of which 11 reproductive health rights have been well fulfilled in youth health service programs and collaboration between health workers, community and religious leaders as well as schools. However, there is one right that is not fulfilled, namely the right to decide the number and spacing of children. Services regarding family planning (KB) are not carried out because it is feared that it will have a bad impact for teenagers to have free sex with family planning. Reproductive health rights can be fulfilled through health-related counseling

and the provision of communication, information, education (IEC) to adolescents. Thus, adolescents will gain more knowledge about their reproduction so that they are able to prevent things that are not desirable and based on applicable regulations, their rights can be fulfilled.

Considering that the current Covid-19 pandemic is still circulating in the community, counseling activities can be created via virtual. The COVID-19 pandemic requires crowds at public service places and requires the implementation of strict health protocols. Currently, the government has developed tele counseling activities to answer patients who experience or are infected with the Sarcov-19 virus. This can also be adopted into other health services, so that it can reach all services, especially counseling without having to come to the puskesmas. Tele counseling or more commonly known as online counseling is the process of providing psychological assistance by a counselor to clients with the aim of helping clients find a way out of their problems. Tele counseling is one way out of the Covid-19 problem, especially in dealing with cases of adolescent problems, most of whom do not want their identities and faces to be known by anyone and confidentiality must be guaranteed.

Conclusion

The role of midwives in counseling adolescents is in accordance with the prevailing laws and regulations in Indonesia, namely the Health Law Number 36 of 2009, Midwifery Law Number 4 of 2019, PMK Number 28 of 2017 concerning Permits and Implementation of Midwife Practices, and Government Regulation Number 61 of 2016 About Reproductive Health.

The obstacle experienced in adolescent counseling activities is that they are still embarrassed to reveal the health problems

they are experiencing. They still feel comfortable doing counseling with their peers. For this reason, midwives, which based on the Midwifery Law, have a role as a driving force for the community, which can provide guidance and screening of potential youth to become peer counselors and peer educators by attending schools. It is hoped that adolescent knowledge related to adolescent health can increase and can reduce the incidence of juvenile delinquency or other adolescent problems related to reproductive health.

Tele counseling is one way that can be developed to answer counseling problems in adolescents. However, in tele counseling activities, it is mandatory to ensure the confidentiality of both the identity and the client's problems.

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