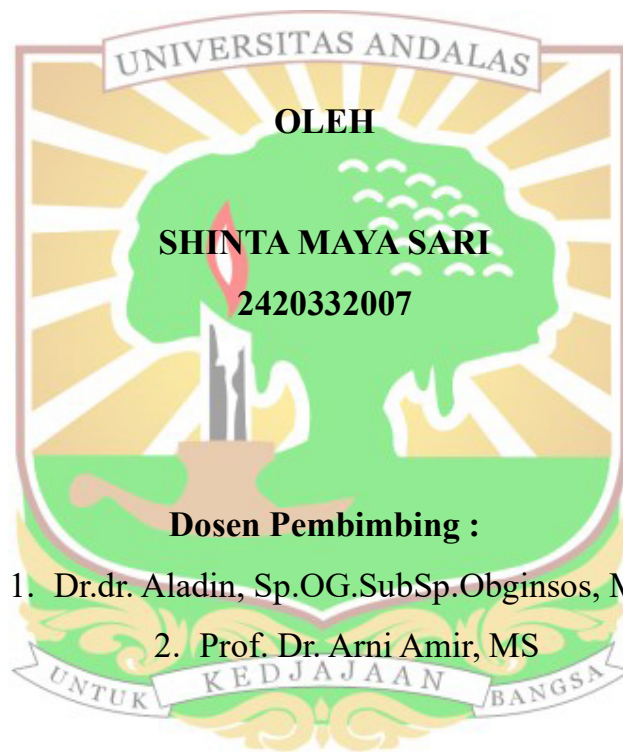


**PENGARUH *PEER EDUCATOR* BERBASIS *HEALTH BELIEF MODEL* TERHADAP PERSEPSI REMAJA  
TENTANG PENDEWASAAN USIA PERKAWINAN  
DI SMAN 5 PADANG**

**TESIS**



**PROGRAM STUDI S2 ILMU KEBIDANAN  
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## ABSTRAK

### PENGARUH *PEER EDUCATOR* BERBASIS *HEALTH BELIEF MODEL* TERHADAP PERSEPSI REMAJA TENTANG PENDEWASAAN USIA PERKAWINAN DI SMAN 5 KOTA PADANG

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Pendewasaan usia perkawinan (PUP) merupakan strategi penting mencegah perkawinan anak dan kehamilan remaja yang berdampak pada kesehatan, sosial, dan ekonomi di Indonesia. Persepsi remaja berperan dalam pengambilan keputusan terkait perkawinan. Penelitian ini bertujuan untuk menganalisis pengaruh *peer educator* berbasis *Health Belief Model* (HBM) terhadap persepsi remaja tentang PUP serta mengeksplorasi makna perubahan persepsi secara kualitatif.

Penelitian menggunakan desain *mixed method*, dengan kuantitatif *quasi-experiment one group pretest-posttest* dan kualitatif melalui wawancara mendalam serta triangulasi pakar dari *Medical Education Unit* (MEU). Responden berjumlah 58 remaja putri kelas XI yang dipilih secara *simple random sampling*. Data dikumpulkan menggunakan kuesioner berbasis enam konstruk HBM dan dianalisis dengan uji *dependent t-test*. Data kualitatif dianalisis secara tematik.

Hasil univariat menunjukkan peningkatan rerata skor persepsi pada seluruh konstruk HBM setelah intervensi. Rerata skor total meningkat dari 87,38 menjadi 113,66 dengan penurunan standar deviasi yang menunjukkan persepsi lebih homogen. Hasil bivariat menunjukkan perbedaan bermakna antara *pretest* dan *posttest* pada *perceived susceptibility*, *severity*, *benefits*, *barriers*, *cues to action*, dan *self-efficacy* ( $p < 0,000$ ).

Analisis tematik kualitatif menunjukkan bahwa edukasi teman sebaya dirasakan lebih nyaman, relevan, dan tidak menghakimi. Diskusi kelompok dan *role play* membantu pemahaman risiko perkawinan dini, memperkuat orientasi pendidikan, dan meningkatkan efikasi diri. Pakar MEU memvalidasi efektivitas pendekatan sebaya dalam meningkatkan penerimaan pesan melalui komunikasi setara, namun hasil dinilai merefleksikan pengaruh jangka pendek karena *posttest* 1 minggu setelah intervensi. Pemantauan 1–3 bulan disarankan untuk menilai retensi persepsi dan perubahan perilaku. Disimpulkan bahwa *peer educator* berbasis HBM efektif membentuk persepsi protektif terhadap PUP sebagai tahap awal perubahan perilaku.

**Kata Kunci :** *pendewasaan usia perkawinan, peer educator, Health Belief Model, persepsi remaja, pendidikan sebaya*

## ABSTRACT

### THE EFFECT OF HEALTH BELIEF MODEL BASED PEER EDUCATION ON ADOLESCENTS' PERCEPTIONS OF MATURATION OF MARRIAGE AGE AT SMAN 5 PADANG CITY

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Maturation of marriage age (PUP) is a crucial strategy to prevent child marriage and adolescent pregnancy, which impact health, social, and economic aspects in Indonesia. Adolescent perceptions play an important role in marriage related decision making. This study aimed to analyze the effect of Health Belief Model (HBM) based peer education on adolescents' perceptions of PUP and to explore the meaning of these perceptual changes qualitatively.

A mixed method design was employed. The quantitative component used a quasi experimental one group pretest posttest design, while the qualitative component involved indepth interviews and expert triangulation from the Medical Education Unit (MEU). The sample consisted of 58 eleventh grade female students selected through simple random sampling. Data were collected using a questionnaire based on the six HBM constructs and analyzed using the dependent t-test. Qualitative data were analyzed thematically.

Univariate results showed an increase in mean perception scores across all HBM constructs after the intervention. The total mean score rose from 87.38 to 113.66, with a reduced standard deviation indicating more homogeneous perceptions. Bivariate analysis revealed significant differences between pretest and posttest scores in perceived susceptibility, severity, benefits, barriers, cues to action, and self efficacy ( $p < 0.000$ ).

Thematic analysis revealed that peer education was perceived as more comfortable, relevant, and non-judgmental. Group discussions and role play enhanced understanding of early marriage risks, reinforced educational orientation, and improved self efficacy. The MEU expert validated the effectiveness of the peer approach in increasing message acceptance through egalitarian communication; however, the results reflected short term effects as the posttest was conducted one week after the intervention. A 1–3 month follow up is recommended to assess perception retention and potential behavioral changes. It was concluded that HBM based peer education effectively fosters protective perceptions of PUP as an initial stage of behavior change

**Keywords:** maturation of marriage age, peer educator, Health Belief Model, adolescent perception, peer education