

PEER EDUCATION MODEL FOR FAMILY LIFE PREPARATION IN FEMALE ADOLESCENTS OF ISLAMIC BOARDING SCHOOLS

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Abstract: The high rate of early marriage in Indonesia is linear with the number of early marriages that occur among female adolescent in Islamic Boarding Schools (IBS). Several studies have shown that female adolescent do not yet have a good family life plan (do not know the safe age to marry, plan to have many children, do not know the safe pregnancy spacing and do not plan to use contraception). The purpose of this study was to develop peer education model in the intention of preparing family life for female adolescent in IBS (age of first marriage, number of children, pregnancy spacing and family planning). The study was conducted using quasi eksperimen pre-post test with control group design. The study was conducted in traditional IBS in EastJava Province, Indonesia. The research period was December 2022 to October 2023. The research sample was female adolescent aged 15-24 years, have been boarding for more than one year, in good health and have never participated in reproductive health education programs and preparation for family life during at IBS. The total sample is 204 with 51 respondents per group. There are three intervention groups (conventional, peer education of young ustadzah, peer education of fellow dormitories). Data analysis was carried out using the Generalized Linear Model Repeated Measure statistical test. The results of the study show that peer education has an effect in increasing the intention of preparing for family life of female adolescent in traditional IBS. Peer education of fellow dormitories has the most effect on increasing intention, especially in the 2nd and 3rd month measurements. Statistically showed no difference between young ustadzah and fellow dormitories peer education. So that pesantren administrators need to involve peers in program implementation to maximize the expected results.

Keyword: peer education, intention, preparation for family life, female adolescent, Islamic boarding school, quasi-experimentals

Introduction

The progress of a country can be determined by the quality of the family. According to the Law of the Republic of Indonesia (UU RI) No.52 of 2009, one of the ways that can be done to realize a quality family is through efforts to prepare for marriage and pregnancy arrangements. The incidence of child marriage in Indonesia is still high. In 2018, 1 in 9 girls were married (BPS, 2020). In 2021, Indonesia is ranked 2nd in ASEAN and 8th in the world for child marriage cases (Pranita, 2021). In the last ten

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years, there has only been a small decrease in child marriage in Indonesia at 3.5 percent. Based on absolute numbers, East Java Province is ranked third (BPS, 2020).

Marriage less than 21 years affects pregnancy and childbirth, increasing the risk of morbidity and mortality in mothers and babies (Wulandari, 2014). Pelvic anatomy that is still in growth is at risk of prolonged labor, premature delivery, risk of bleeding which results in maternal and infant mortality (Fadlyana & Larasati, 2009; BKKBN, 2019). In addition, it impacts growth and development and has a relationship with the incidence of stunting (Irwansyah, et al., 2016; Oktarina & Fauzia, 2019). Young marriages risk interrupted education, quarrels between husband and wife, violence and divorce (World Bank, 2007; Raj, 2010; Reckitt Benckiser Indonesia, BKKBN, and BP4, 2014; BPS and UNICEF, 2015). In addition, there is a risk of having a large number of pregnancies or children due to a longer reproductive age (Natalia, 2016; Afifah, 2011; Islam, Islam, Bharati, Aik, & Hossain, 2016).

The government's effort to reduce child marriage is to pass Law Number 16 of 2019 amending Law Number 1 of 1974. In addition, BKKBN tackles with the Youth Family Life Preparation (PKBR) program (BKKBN, 2010). However, based on SDKI KRR 2007 and 2012, there was no significant decrease in family life plans (age at marriage, number of children, spacing of pregnancies and family planning), namely in the category of less than 70% to 61.5% (Wulandari, 2014).

Pondok pesantren as the oldest Islamic educational institution dominated by adolescents and a large number in Indonesia have great potential in national development (Ministry of Religious Affairs, 2011; Ministry of Religious Affairs, 2012; Usman, 2013; Ministry of Religious Affairs, 2021). There are 39,167 Islamic boarding schools in Indonesia with 4,373,694 students and 49.81% of them consist of female students (Ministry of Religious Affairs, 2021). However, contrary to the many incidents of santri with poor family life plans (Pranata, Budisuari, Hamdi, & Faizin, 2013).

Health problems in pesantren are still very complex, ranging from the lack of clean and healthy living behavior to environmental health (Sumarni & Susanna, 2014; Aliyati, 2016; Hamidiyah, et al., 2019; Nisa & Rahmalia, 2019; Purnama, et al., 2021). In addition, the problem of early marriage and the lack of preparation for family life in pesantren still prevalent. The results of research by Azza, et al. (2014), Ardiana (2018), and Istawati (2019) show that there are still many students in boarding schools who do not have a good family plan. Research by Sukendar, et al (2019) and Mukhlis (2020) shows that the high percentage of early marriage in Madura is also linear with the high incidence of early marriage in IBS in Madura.

The results of a study conducted by Hamidiyah & Fikawati (2023) in three types of IBS in East Java showed that the intention of preparing the family life of female santri in each IBS was in the poor category. The majority of female santri have the intention to have more than 2 children, do not know whether they will use family planning or not and do not have the intention to use family planning in the future.

Several studies in pesantren show that >50% of female santri have poor knowledge, negative attitudes and have problems in reproductive health (Mairo, et al., 2015; Khoirunisa, et al, 2015; Azza & Susilo, 2016; Ratnasari, et al., 2019; Putri, 2019; Mulyani & Khoirunnisa, 2020). This lack of knowledge and

attitude about reproductive health is exacerbated by the uneven reproductive health education in pesantren.

In general, reproductive education that has been carried out in pesantren has not been on the health aspect, providing more education normative shari'ah by referring to classical Islamic books (kitab kuning) (Azza & Susilo, 2016). In fact, the impact of the lack of understanding of female santri in family life preparation will be felt more by them because women have a higher reproductive burden than men. Therefore, the development of a reproductive health education model for female santri is urgently needed.

Peer education is an effective strategy to reach adolescents in delivering sexual and reproductive health messages through a peer approach (UNESCO, 2003; Mouli, et al., 2016). Peer education has been shown to improve knowledge, attitude, intention and behavior (Green and Kreuter, 2005 in Diclemente, et al., 2019; Woodward, et al., 2011; Ibrahim, et al., 2012; Ghebreyohansa, et al., 2015; Thongnopakun, et al., 2018; Evcili & Golbasi, 2019; Harini, et al. 2020; Florence & Juliana, 2020; Siddiqui, et al., 2020).

Previous peer research in pesantren conducted by Ma'shumah (2015), Azza & Susilo (2016), Rochim, et al., (2016), Saputri (2017), Sofia & Supratiknyo (2018), Ratnasari, et al. (2019), Linda, et al. (2020) and Mulyani and Khoirunnisa (2020) did not know the effective peer education model for students in pesantren. The results of research by Wang, et al. (2004), Wulandari (2014), Anisa, et al. (2015), Suryani, et al. (2015), Projo & Natalia (2014), Ardiana (2018), and Li & Jaharuddin (2021) show that background factors are related to intention.

Previous studies on peer education or in the implementation of CBR did not take a religious approach. Therefore, an Islamic media approach through the family life preparation module is needed in providing peer education in preparing family life to santri so that the message can be received and get the expected results. In addition, from previous research, it is not yet known which peer model is most effective and there is no research that compares peer models. So this study aims to determine the effect of peer education on the life preparation intention of female santri in traditional IBS.

Materials and Methods

This study was conducted using a quasi-experimental pre-post test with control group design. The study was conducted at a traditional IBS in East Java Province, Indonesia. The study period was December 2022 to October 2023.

The population in this study were all female students aged 15-24 years in traditional IBS. The sample size in this study used the formula for the mean difference test and the two-population mean difference test (Lemeshow, 1990). As well as the results of the Roscoe (1975) rule of thumb calculation in (Memon, et al., 2020). The sample size was taken the largest number of all calculation results, obtained 51 in each group. In this study, there were three intervention groups (conventional, young ustadzah peer education, dormitory peer education) and one control group so that the total sample was 204 respondents.

Table 1: Research design

	<i>Pre Test</i>	<i>Intervention</i>	<i>Post Test</i>			
group	K1	A	K2	K3	K4	
Intervention 1	O1	B	O2	O3	O4	
Ex. Intervention 2	O5	C1	O6	C2	O7	C3 O8
Ex. Intervention 3	O9	D1	O10	D2	O11	D3 O12

Description:

O1 :Overview of family life preparation intentions before intervention

O2-O4 : Overview of family life preparation intentions after the intervention at months 1, 2 and 3.

O5 : Overview of family life preparation intentions before

O6-O8 : Overview of family life preparation intentions after the intervention at months 1, 2 and 3.

O9 : Overview of family life preparation intentions before intervention

O10-O12: Overview of family life preparation intentions after the intervention at months 1, 2 and 3.

K1: Overview of family life preparation intentions of group

K2-K4 : Overview of family life preparation intentions of the control group at months 1, 2, and 3.

Control A: No

Control B: Conventional intervention with a lecture method by a presenter from BKKBN on preparing for family life using a module that has been prepared by.

Intervention C: Young ustadzah *peer education* intervention as a *peer educator* on preparing for family life using the module developed by the researcher.

Intervention D: *Peer education* intervention through dorm mates as *peer educators* on preparing for family life using the module developed by.

The selection of groups including the control group was based on the recommendation of the boarding school administrators by referring to the criteria that had been given. Group selection was based on the dormitory. This minimized the potential for bias because although it was conducted in one boarding school, the distance between dormitories was far apart with a dense population.

Purposive sampling of students in selected dormitories with inclusion criteria: 1) age 15-24 years (youth people), 2) have been boarding for more than 1 year (Setiawan, et al., n.d.; Irfani, 2004; Zarkasih, 2019; Azizah, 2021), 3) in good health and 4) have never participated in a reproductive health education program and preparation for family life before while in pesantren.

The dependent variable in this study is the intention to prepare for family life including the age of first marriage, number of children, pregnancy spacing, family planning. The main independent variable is intervention (peer education). The confounding variables are attitude toward the behavior, subjective norm, perceived behavioral control, perceived parental control, perceived kiai control, perceived ustadzah muda control and background factors (age, education and knowledge).

The research instruments in this stage consisted of questionnaires for *peer educators* and respondents. The questionnaire for *peer educators* consisted of a *pre-test - post-test* questionnaire on *skills* and a knowledge and attitude questionnaire on preparing for family life. The *peer educator skill* assessment questionnaire was prepared referring to the *youth peer education tool kit questionnaire*. The questionnaire for respondents was arranged based on variables. The questionnaire structure is divided into nine parts, namely questionnaire I is the identity / characteristics of respondents, questionnaire II is knowledge, questionnaire III is attitude towards behavior, questionnaire IV is subjective norms, questionnaire V is perceived behavioral control, questionnaire VI is perceived parental control, questionnaire VII is perceived kiai control, questionnaire VIII is perceived control of young ustadzah, questionnaire IX is intention.

The questionnaire in this study was tested for validity and reliability. Content validity test was conducted by three experts (two nutrition and reproductive health experts and one youth resilience expert), followed by external validity test.

Then Confirmatory Factor Analysis (CFA) validity test and reliability test were conducted using Cronbach's Alpha. The testing criteria are by looking at three indicators, namely: 1) Kaiser Meyer oikin Measure of Sampling Adequacy (KMO MSA) value > 0.50, 2) Anti-Image Correlation value > 0.50, 3) Factor Loading value > 0.35

Data collection was carried out in two stages, namely the preparation and implementation stages. 1) The preparation stage involved the preparation of questionnaires, recruitment of peer educators and training of peer educators by trainers. 2) The implementation stage by conducting interventions for 3 months. Data analysis in this study used the Generalized Linear Model Repeated Measure (GLM RM) statistical test.

Results and Discussion

The implementation of peer education is carried out in two stages, namely the preparation and implementation stages.

Preparation Stage

In the preparation stage, recruitment of prospective peer educators (young ustadzah peer educators and dormitory peer educators) was carried out, followed by Training of Trainers (TOT). In determining peer educators, both young ustadzah peer educators and dormitory colleagues are based on recommendations by the boarding school administrators while still determining the inclusion criteria in the form of eight personal traits (Youth Peer Education Toolkit, 2011). Young ustadzah peer educators and dormitory colleagues have in common that they are active students, live in dormitories and have the same age range (15-24 years). The difference is that the young ustadzah has an additional mandate as a room leader and the dormitory mates have no additional mandate

When referring to the history of health education about peer education, where the most appropriate peer is a peer of a peer (Nyswander, 2015) , in this study it is appropriate, namely the peer status of the same santri and is in the adolescent age range. However, the determination of peers in this study has not been possible to involve direct participation by students because of the limited access of researchers to be able to fully enter the pesantren area, very busy pesantren activities, requires a short time, and it is not easy to engage peers intensely for three months.

The length of TOT implementation in this study was conducted for 12 hours (1.5 days) conducted by trainers. Actually, there is no standard provision in determining the length of time for training implementation, adjusting to the conditions and content to be delivered. So that the determination of the time for 12 hours is sufficient based on the limited time given by the pesantren and the results of discussions with BKKBN East Java Province based on BKKBN's experience in providing peer education training.

The number of trainers in the training of prospective peer educators has also been done in a balanced manner, consisting of one resource person in the health sector, namely family planning extension workers appointed by the BKKBN of East Java Province and one resource person in the Islamic field, namely power relations from representatives of IBS.

In contrast to the determination of peers, in determining trainers, there is already participation from both BKKBN and the boarding school. With direct involvement by BKKBN and the pesantren, it is hoped that this peer education can be sustainable (Nyswander, 2015) . In the implementation of the training, local district genre colleagues were also present. The involvement of genre people who are also peer educators is expected to be a reference and motivate prospective young ustadzah peers and boarding partners that being a peer is fun.

In TOT, evaluation is also carried out in the form of pretests and posttests. The results of the pre-test and post-test assessment of prospective peer educators show that all prospective peer educators have

increased scores. Likewise, the results of the peer educator candidate skill assessment show a good score. So that all prospective peer educator participants qualify as peer educators in this study, namely 22 peer educators, consisting of 11 young ustadzah peer educators and 11 dormitory peer educators.

Based on the peer educator profile in the three types of pesantren, it shows that the majority of young peer ustadzah are in the age range of 21 years. Meanwhile, the majority of boarding school peers are at the age of 20 years. 100% of santri education is non-formal education.

All stages of peer education preparation are in accordance with the peer education implementation guidelines including program planning, implementation and training (UNESCO, 2003; Youth Peer Education Toolkit, 2011).

Implementation Stage

Implementation of peer education is carried out by delivering the material obtained during TOT to students who are formed into small groups. So if in one intervention group in the pesantren there are 51 respondents divided into 11 small groups (11 peer educators), each peer educator has 4-5 members in each group.

The majority of respondents in the peer education implementation had an average age of 20-24 years with a non-formal education level. The average number of siblings is three. The majority of the amount of money sent every month is Rp.600,000 to Rp.700,000. For exposure to information on preparing for family life, the majority of santri in Traditional IBS have not heard. Overall, in the assessment of the number of siblings, the amount of remittances a month, information on the preparation of family life and knowledge between groups there is no significant difference.

The results of the GLM RM test showed that there were differences in intention by time and there was an effect of the intervention on intention (sig < 0.05).

Table 2: Parameter Estimation of the Intention of Preparing for Family Life of Female Santri at Traditional IBS in Each Measurement in 2023

Dependen Variable	Parameter	B	Sig.	95% Confidence Interval	
				Lower Bound	Upper Bound
Intention baseline	Intercept	19.797	<0.001	12.972	26.623
	Attitude	-0.035	0.488	-0.135	0.065
	Perceived Behavioral Control	0.301	<0.001	0.219	0.384
	Perceived Ustadzah Muda Control	0.323	<0.001	0.232	0.414
	[Intervention=Control]	0.559	0.457	-0.919	2.037
	[Intervention=Conventional]	0.365	0.630	-1.129	1.859
	[Intervention=Peer Ustadzah Muda]	0.279	0.712	-1.210	1.768
	[Intervention=Peer of dorm mates	0 ^a			
Intention post 1 month	Intercept	36.012	<0.001	23.071	48.953
	Attitude	0.177	0.067	-0.012	0.366
	Perceived Behavioral Control	-0.101	0.207	-0.258	0.056
	Perceived Ustadzah Muda Control	0.216	0.015	0.043	0.389
	[Intervention=Control]	-4.480	0.002	-7.283	-1.677
	[Intervention=Conventional]	-0.515	0.720	-3.347	2.318
	[Intervention=Peer Ustadzah Muda]	0.676	0.638	-2.148	3.499
	[Intervention=Peer of dorm mates	0 ^a			
Intention post 2 month	Intercept	64.989	<0.001	55.909	74.070
	Attitude	-0.130	0.055	-0.263	0.003
	Perceived Behavioral Control	0.104	0.064	-0.006	0.214
	Perceived Ustadzah Muda Control	-0.132	0.033	-0.253	-0.011
	[Intervention=Control]	-9.084	<0.001	-11.051	-7.117
	[Intervention=Conventional]	-4.050	<0.001	-6.037	-2.062
	[Intervention=Peer Ustadzah Muda]	-1.746	0.084	-3.727	0.235
	[Intervention=Peer of dorm mates	0 ^a			
Intention post 3 month	Intercept	69.303	<0.001	59.177	79.429
	Attitude	-0.189	0.013	-0.337	-0.041
	Perceived Behavioral Control	0.045	0.473	-0.078	0.168
	Perceived Ustadzah Muda Control	-0.014	0.833	-0.150	0.121
	[Intervention=Control]	-11.723	<0.001	-13.917	-9.530
	[Intervention=Conventional]	-6.933	<0.001	-9.149	-4.717
	[Intervention=Peer Ustadzah Muda]	-1.810	0.108	-4.019	0.399
	[Intervention=Peer of dorm mates	0 ^a			

^aThis parameter is set to zero because it is redundant

Table 1 shows the final model of the GLM RM multivariable analysis of the effect of peer education intervention on the intention to prepare for family life for female santri in traditional IBS after controlling for confounding variables. The results show that the statistically significant variables are attitude, perception of behavioral control, perception of teacher control, and intervention.

The intervention had a significant impact on intention after reaching the three-month post-measurement time (sig <0.05). At the baseline measurement time, there was no difference in intention between the intervention and the control (sig>0.05). The impact of the intervention began to be seen from the one- to three-month post-measurement. At the three-month post-measurement time, the dormitory peer intervention group had a B value, i.e., the average intention score was 11,723 points higher than the control group, 6,933 points higher than the conventional group, and 1,810 points higher than the young female teacher peer group. The significance result shows that there is no difference between peer education of young female teachers and peer education of dormitory peers (sig>0.05). Another significant variable in the three-month post measurement is attitude.

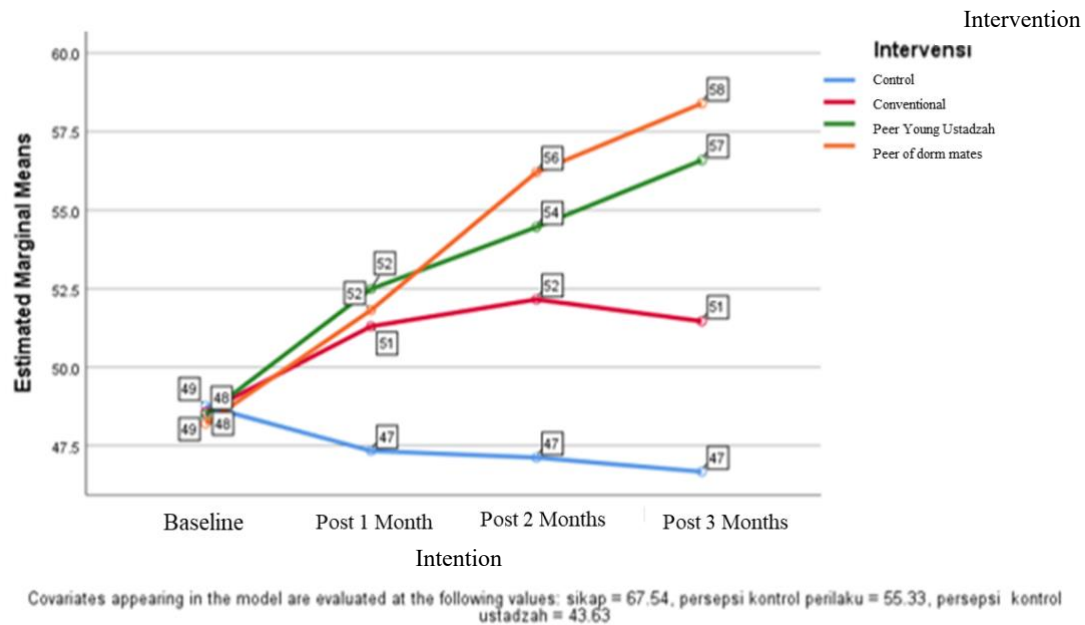


Figure 1: The Effect of Intervention on Intention in Traditional IBS

Based on Figure 1 also shows that the peer education intervention group has the most effect in increasing intention, especially in the 2nd and 3rd month measurements. Based on the mean value of intention, peer of dorm mates is superior to peer young ustadzah although statistically there is no significant difference.

Attitude is a positive or negative assessment that directly affects intention. Previous research has also shown that attitudes towards postponing marriage age are positively related to the intention to postpone marriage age (Sakdiah, 2003). Research by Wang, et al. (2004) and Suryani, et al. (2015) shows that attitudes about contraception have a significant relationship with plans to use contraception. Billari, et al. (2010) shows that attitudes about the benefits and consequences of having children are related to the intention to have children. Likewise, research by Ajzen & Jane (2013) shows that attitudes have a dominant influence on the intention to have children. Research by Projo & Natalia (2014) and Shahrabadi, et al. (2017) show that attitudes are directly related to family life planning behavior. Anisa, et al., (2015) show that there is a relationship between attitudes and parents' intentions to marry off children under the age of 20. Ardiana (2018) shows that informants who have a negative attitude

towards the ideal number of children are planning to have more than two children. Wahyuni, et al. (2021) show that attitude affects the intention of children to marry below the average age of marriage in adolescents.

Likewise, the perception of behavioral control is linear with previous research showing the influence of perceived behavioral control on intention (Anisa, et al., 2015; Shahrabadi, et al., 2017; Darabi, et al., 2017; Wahyuni, et al., 2021). This study also shows the influence of a modified variable, namely the perception of control by young female teachers. This is because young female teachers have a power relationship with the santri. In the pesantren tradition, female teachers are the substitute for the kiai (Dhafier, 1982). Female teachers occupy a very strategic position in pesantren (Azizi, 2014). Culturally, female teachers occupy the position of caregiver representative because they supervise and serve the santri directly at all times. The intention of preparing for family life is a *murobbi 'aql*, which is more about rational aspects and relies on logic that is more influenced by the immediate environment. So it is natural that the perception of female teacher control has an influence.

The results of this study support the first hypothesis, namely that the peer education model has an effect in increasing the intention to prepare for the family life of female santri. However, it rejects the second hypothesis, which states that the peer education model of young female teachers has more of an effect than the peer education of dormitory peers in traditional IBS. In this study, there was no difference in effect between the young female teacher peer education model and the dormitory peer education model in traditional IBS in increasing the average intention score.

A peer is a person who shares a social group as a person in the group or not (Youth Peer Education Toolkit, 2011). Social groups can be based on age, gender, sexual orientation, occupation, socioeconomic or health status and other factors. In traditional IBS, the peers who have the most effect belong to peer groups with similarities in the same age range, female, active santri (Islamic boarding school students) with or without additional responsibilities.

Peer education is a classic health education because it still uses the approach before the Ottawa Charter (Nyswander, 2015). However, it is still relevant today, especially with the condition of santri in pesantren. Because the condition of santri in pesantren is isolated and cannot access the media, namely not being allowed to use cellphones, there is no TV to watch the news, limited internet access both from the ratio of the number of computers and the minimum time limit for internet access per person so that it is only enough to use to do assignments. So peer education can be a means of entertainment in itself in pesantren.

In general, peer education by friends and senior students has been carried out in traditional IBS, known as *syawir*. Peer education is not new because it has long been a *manhaj* in IBS and has proven to be effective. However, the material presented is not reproductive health material. In this study, what makes it different is the content of the material presented, namely the material on preparing for family life that integrates health and Islam, which has not been done in IBS. In addition, this study analyzes the type of peer educator that has the most effect on increasing the intention to prepare for family life. So, even

though peer education is not new in IBS, previous research has not yet determined the type of peer educator that has the most effect.

Some previous literature and research shows that peers are an effective strategy for reaching out to teenagers in conveying reproductive and sexual health messages through a peer approach in the same community group (UNESCO, 2003; Mouli, et al., 2016). The results of research at the Female IBS in Makassar City conducted by Ratnasari, et al. (2019) showed that there is an influence of peer education on the knowledge of personal hygiene during menstruation in early adolescence in santri students. Linda, et al. (2020) showed that there is an influence of peer education health education on the perineal hygiene behavior of young women at the MTs Pondok Pesantren Khairu Ummah Riau. Research by Mulyani and Khoirunnisa (2020) also shows that there is an influence of peer group health education on the knowledge and attitudes of young women about dysmenorrhea at the Islamic Middle School of the Sukamiskin IBS in Bandung.

Other research shows that peers influence the choice of contraception and contraceptive methods (Iyoke, et al., 2014). This intervention has also been proven to predict the intention to use condoms (Tingey, et al., 2016). Peers have been proven to influence the use of contraception (Darmawan & Dartanto, 2019). Likewise, peer intervention influences the knowledge, attitudes and intention to use condoms and emergency contraceptive pills among Thai students (Thongnopakun, et al., 2018).

The attitude variable was significant at the three-month *post* measurement. Attitude is a positive and negative assessment that directly affects intention. Research by Projo & Natalia (2014) and Shahrabadi, et al. (2017) shows that attitudes are directly related to family life planning behavior. Ardiana's research (2018) shows that informants who have a negative attitude towards the ideal number of children are related to plans to have more than two children. Wahyuni, et al. (2021) shows that attitudes affect children's intention to marry below the average age of marriage in adolescents.

There are several limitations in this study that can be a factor to be considered in future research to improve further research. 1) This research is on the intention aspect, not on the behavioral aspect. Because it is difficult to change the new paradigm more so than a dissertation. So the initial stage is to change the intention first, fixing the intention that is not expected. With students having the right intention, it is very good. Then at the next stage, further research can be carried out by measuring up to the behavioral aspects. 2) This research focuses on one actor, female students. Female santri in this study are prioritized by considering the majority of victims due to poor life preparation are women, namely both in terms of health, economy, education, domestic violence to divorce. Women have a double burden of reproduction. Therefore, the purpose of this research focuses on building awareness of female santri from magical and naive awareness to critical awareness. Nevertheless, men actually also play a big role in terms of family preparation. 3) The sampling technique was not possible to be carried out randomly due to the dense activities of the pesantren, the variety of santri activities even though they were in the same dormitory, and it was not easy to engage respondents intensely with a total of 51 people in each group for three months, as well as other technical matters. Thus, the determination of the sample was based on the recommendation of the pesantren administrators while still adapting to the inclusion criteria specified in the study.

Conclusion

Peer education has an effect in increasing the intention of preparing for family life of female adolescent in traditional IBS (Peer education through dorm mates and young ustadzah have equal effects in increasing the intention of preparing for family life).

Acknowledgements

The researcher would like to thank the kiai/leader of the traditional IBS who have given permission to conduct research at his IBS. Apart from that, the researcher would also like to thank all parties involved in this research and the Ministry of Finance Republic of Indonesia which has supported this research.

Declaration of Interest Statement

There is no conflict of interest in this research.

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