Building Health Empowerment for Adolescents in Geblagan, Kasihan, Bantul

Ema Waliyanti1*, Dinasti Pudang Binoriang1, Anisa Nurul Fitria1 and Dwi Yati2

1School of Nursing, Universitas Muhammadiyah Yogyakarta, Indonesia
2Maternity Nursing, Universitas Jenderal Ahmad Yani, Yogyakarta, Indonesia

Abstract. Adolescents have a high curiosity, so they need to be directed to get the right information for their growth and health. The results of a study conducted on adolescents in Geblagan Hamlet found that some adolescents carried out risky behaviors such as smoking, drinking alcoholic beverages, drug abuse, and risky sexual behavior. This was because Geblagan Hamlet was a densely populated area, and there were many immigrants from outside the area, so negative cultural acculturation cannot be avoided especially among adolescents. In addition, in the region, there was no program to address health problems in adolescents. The solution offered to this problem was the establishment of Posyandu Remaja- an integrated service centre for adolescents- to facilitate adolescents in understanding health problems, finding alternative solutions to problems, forming adolescent support groups, and expanding access to health services for adolescents. This community service program was carried out through several stages including initial planning by conducting explorations related to problems and identifying resources in the community. Furthermore, a workshop and poll were carried out together with community leaders and adolescents related to the commitment to make a program followed by the election of youth administrators and cadres. The next activity was cadre training related to the 5 Posyandu – integrated service centre- table system and the launching of the Posyandu Remaja named Posyandu SIGAP- Sehat, Inovatif, Aktif, Agamis, dan Produktif- or healthy, innovative, active, religious, and productive. This empowerment program is expected to continue as a community-based health effort that can improve the health of adolescents in Geblagan area.

Keywords: Adolescents, health building, childhood

1. Introduction

Adolescence is the transition from childhood to adulthood [1]. In this phase of development, adolescents have relatively good health and psychological changes that greatly affect the attitudes and behaviors of adolescents themselves [2]. Changes begin to occur in adolescents related to personality, intellectual, psychosexuality, psychosocial, biological maturity, and emotional changes [3]. Teenagers have high curiosity, so they need to be directed to get the right information from various sources such as friends, the internet, and others. Misinformation can create a wrong perception which might lead adolescents to become vulnerable to risky behavior [4].

Based on information on Indonesian Youth Statistics by the Central Bureau of Statistics in 2020, the total youth aged 16-30 years in Indonesia reached 64.50 million, meaning that youth in Indonesia was 23.86% or a quarter of Indonesia's 270 million
population. Thus, it is not surprising that adolescents in Indonesia should be an important consideration in human resource development strategies in the future. The results of the 2017 Indonesian Demographic and Health Survey stated that around 2% of adolescent girls aged 15-24 years and 8% of adolescent boys aged 15-24 years had premarital sex, and 11% experienced unwanted pregnancies. 59% of women and 74% of men who had premarital sex stated that they first had premarital relations at the age of 15-19 years [5].

Based on the results of the School-Based Health Survey in Indonesia in 2018, we could see a picture of health risk factors in students aged 12-18 years nationally. As much as 41.8% of men and 4.1% of women admitted to have ever smoked, 32.82% of whom smoked for the first time at the age of ≤13 years. The same data also showed that 14.4% of men and 5.6% of women had consumed alcohol, and 2.6% of men had ever consumed drugs. Another health risk factor was sexual behavior where 8.26% of male students and 4.17% of female students aged 12-18 years had sexual intercourse. Premarital sex behavior certainly has a broad impact on adolescents especially related to the transmission of infectious diseases and unwanted pregnancies and abortions. The DIY Health Office shows that data on the number of adolescent deliveries in 2018 was 776 cases, one of which was adolescents in upper middle schools [6]. In Bantul Regency, 25.60% of premarital pregnancy cases was recorded due to sexual behavior carried out by adolescents [7]. To this fact, adolescents need to get serious attention the form of preventing sexual deviance [8].

The results of a study conducted to adolescents in Geblagan Hamlet through interviews found that there were risky adolescent behaviors such as smoking, drinking alcoholic beverages, and drug abuse, and there were once young women who experienced pregnancies out of wedlock. This was because Geblagan Hamlet was a densely populated area, and there were many immigrants from outside the city, so a lot of negative cultural acculturations could not be avoided especially in teenagers. In addition, in the region, there was no program to overcome health problems in adolescents, so it is necessary to provide a solution for adolescents to improve their health status.

Geblagan Hamlet is one of the hamlets located in Tamanirto, Kasihan, Bantul. Geblagan Hamlet consists of 6 RTs, or neighborhood associations, with 100 teenagers from 12 to 24 years old. Beside that, in Geblagan Hamlet, there are also many student immigrants from outside the city. In Geblagan Hamlet, there are monthly integrated service centers, or posyandu, for toddlers and the elderly. There is also a public health center, or puskesmas, in Kasihan, 2 kilometres away. The routine community activity so far has been limited to meetings and social gatherings. There have been no specific activities related to adolescent health carried out in this hamlet. The residents of Geblagan Hamlet mostly work as farmers, traders, and laborers with middle income. Geblagan Hamlet is a type of semi-business village where there are several businesses carried out by residents in the form of boarding houses, laundry, shops, and cafes.

The result of further studies conducted through interviews and lectures to adolescents in Geblagan Hamlet showed that adolescents’ knowledge related to reproductive health and drugs was still lacking, while knowledge about cigarettes was quite good. 80% of adolescent boys in the Hamlet smoked both cigarettes and vapes. The results of adolescent interviews found that there were some adolescents who committed deviant behavior such as smoking, drinking alcoholic beverages, and drug abuse, and there were several adolescent girls who experienced pregnancies out of wedlock. The number of stalls and cafes around the hamlet triggered an increase in the number of smokers in adolescence. This was because there was no program to overcome health problems in adolescents, so it was necessary to propose a solution to improve their health status.

Some risky committed by adolescents in Geblagan Hamlet could affect their health status. Adolescents needed to improve their knowledge and skills in order to recognize their problems and be able to overcome problems on their own. The solution offered to this problem was an activity in the form of the establishment of a youth posyandu in Geblagan
The establishment of Youth Posyandu was expected to be a forum to facilitate adolescents in understanding adolescent health problems, finding problem-solving alternatives, forming adolescent support groups, and expanding access to health services for adolescents.

Adolescent posyandu is a form of community resource health effort managed and organized from, by, for, and with the community including adolescents during the implementation of health development in order to empower the community and provide convenience in obtaining health services for adolescents to improve the degree of health and healthy life skills of adolescents. Adolescent health services at posyandu were health services that cared for adolescents, including promotive and preventive efforts such as healthy living skills, adolescent reproductive health and mental health, prevention of drug abuse, nutrition, physical activity, prevention of non-communicable diseases, and prevention of violence in adolescents.

2 Methodology
This community service program applied community empowerment methods. Community empowerment is a process to increase the knowledge, awareness, and ability of individuals, families, and communities to play an active role in health efforts carried out by facilitating the problem-solving process through an educational and participatory approach and paying attention to the needs of local potential and socio-culture [9]. Supporting data collection was carried out through interviews, observations, and discussion group forums.

This program also applied a partnership model in collaboration with puskesmas Kasihan 1 to provide assistance and monitor the sustainability of the program. In cadre training activities, the method used was health education through lectures, discussions, and demonstrations. Health education is one of the efforts to overcome health problems in adolescents [10]. This is because health education can increase knowledge through the information obtained so that there will be a change from negative behavior to the positive one [11]. In addition, health education that directly involves adolescents will easily transfer knowledge and understanding of adolescents in participating in an educational process that is held interestingly and raise high interest in understanding the concepts or material provided [12]. Therefore, after attending health education, adolescents will gain a good understanding and knowledge followed by better changes in adolescent behavior [13].

The target of this program was teenagers aged 12-24 years who lived in the area of Geblagan Hamlet. This posyandu activity was carried out every month by implementing a 5-table system. Adolescent posyandu cadres were trained to conduct adolescent health screening and health counseling to improve adolescent healthy living behavior.

3 Result and Discussion
The establishment of posyandu in Geblagan was adjusted to the needs, problems, and capabilities of existing resources in the community. The formation of the youth posyandu, as carried out by the community service team in accordance with the technical guidelines for the implementation of youth posyandu from the Ministry of Health [14], were carried out through the following stages.

1. Internal approach
The purpose of the internal approach was to prepare the team to be able to manage and foster the posyandu. This activity was carried out by preparing the activity design and identifying the needs of the program. In this case, the team
collaborated with puskesmas to facilitate the formation of youth *posyandu* in Geblagan Hamlet.

2. **External approach**

The purpose of this approach was to prepare the community and stakeholders, especially the adolescent community and community leaders, to support the implementation of the *posyandu*. The supports needed were in the form of moral, financial, and material aspects.

![Fig. 1. External approach.](image)

3. **Establishment of posyandu management**

The selection of *posyandu* management team and cadres was carried out through special meetings involving the local youth community and inviting community leaders and members. This activity aimed to form a management structure consisting of the chairman, secretary, treasurer, and members. In addition, the distribution of cadre duties was also carried out in the system of 5 youth *posyandu* tables.

![Fig. 2. Focus group discussion.](image)
4. Posyandu cadre training

Youth cadre training was carried out after the establishment of the youth posyandu management structure. There were 15 youth posyandu cadres who were elected by the youth leader of each RT. Youth posyandu cadres were selected based on their activeness in youth community and willingness to become youth posyandu cadres. The cadre training began with an explanation of material related to the implementation of 5 tables, how to fill out the adolescent health monitoring book, and a role play system of 5 posyandu tables.

In this activity, knowledge measurement of adolescent cadres related to the 5 youth posyandu table system was also carried out with the following results.

<table>
<thead>
<tr>
<th>Educational Materials</th>
<th>Average</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>System of 5 youth posyandu tables</td>
<td>Pretest</td>
<td>Post-test</td>
<td></td>
</tr>
<tr>
<td>61.33%</td>
<td>81.33%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Based on the table above, it was found that the knowledge of youth cadres in Dukuh Geblagan increased after youth posyandu cadre training. The value of evaluating the knowledge of adolescent cadres was 61.33%, and after the presentation of training materials for adolescent posyandu cadres, it became 81.33%. This shows that there is an increase in knowledge of adolescent cadres after given training on the 5 youth posyandu table system.

5. Launching of youth posyandu

Adolescent posyandu in Geblagan was named SIGAP, an acronym of healthy, innovative, enterprising, religious, and productive in Indonesian. The launching was held on Sunday, May 28, 2023 at the house of the head of Geblagan Hamlet. It was attended by 30 teenagers.
of Geblegan Hamlet, the head of Tamantirto Village, head of Jipangan Hamlet, Kasihan 1 public health center team, the community leaders, health cadres, and UMY lecturers and students.

Fig. 4. Launching of adolescent posyandu.

This youth posyandu activity carried out a system of 5 tables.

1. **Table 1: Registration**
   Table 1 was the registration desk. When participants arrived, they went directly to the registration desk. At the registration desk, participants filled out the attendance form and were given a book on adolescent health monitoring. At table 1, cadres were also tasked with filling out biodata sheets and multiple intelligence questionnaires for adolescents.

2. **Table 2: Anthropometric measurements**
   Table 2 was an anthropometric measurement table. Anthropometric measurements included measurements of blood pressure, height, weight, arm circumference, and abdominal circumference.

3. **Table 3: Record keeping**
   Table 3 was a table for record keeping. At table 3, participants were asked several questions such as exercise habit, fruit and vegetable eating habit, etc. At this table, participants could also find out whether their weight was ideal or not.

4. **Table 4: Health counselling**
   At this table, adolescents got an education provided by cadres and health workers related to the results of examinations or promotional efforts to improve their health.

5. **Table 5: Health service desk**
   At table 5, adolescents received health services related to health checks provided by puskesmas related to screening for non-communicable diseases. Beside that, participants were also checked for their blood sugar and haemoglobin. At table 5, participants could also consult related to their health problems and were given blood-supplement tablets directly from the puskesmas doctor. In addition, at the launching of this posyandu, there were development activities related to physical activity in adolescents in the form of aerobic exercise.
4 Conclusion

The establishment of adolescent posyandu is an effort to empower the community to facilitate adolescents in obtaining health services. In addition, it can be used as a forum for adolescents to carry out positive activities to improve their knowledge and skills of clean and healthy living. It is hoped that the teenagers of Geblagan Hamlet can continue this activity so that adolescent health can be monitored and can develop clean and healthy living behaviors to improve their health status. Puskesmas is expected to provide guidance on the implementation of posyandu in the related area so that this activity can improve the quality of community-based services in accordance with the government policy.

Acknowledgment

Acknowledgments are conveyed to the community service department of Universitas Muhammadiyah Yogyakarta for providing financial support, Universitas Jendral Achmad Yani and Kasihan 1 puskesmas as collaborators in this community service program, and all community leaders and Geblagan youth cadres who have become partners in carrying out this community service program.

Reference

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