



EMPOWERMENT OF TEENAGER POSYANDU TO IMPROVE TEENAGER REPRODUCTIVE HEALTH IN BOGOR CITY

Wahyuni, S.1, Djamiloes, F. 1, Juariah¹*

¹ Department of Bogor Midwifery, Poltekkes Kemenkes Bandung. Jalan Dr Sumeru No.116, Bogor, 16111, Indonesia,

*Corresponding author: wahyuyuni755@gmail.com

Abstract. Background : Posyandu is a form of health community-sourced effort that is managed and organized from, by, for and with the community in the implementation of health development, in order to empower the community and provide facilities for community for obtaining basic health services. The implementation of the Posyandu is carried out independently by kader. Teenager Posyandu is a development from posyandu to facilitate adolescents to understand adolescent health, to know and to monitor adolescent nutritional status.

Methods : The community service method was used brainstorming techniques, role play, classical teaching, simulations, demonstrations, practice and exercise. The activities was held at two companion, SMK YZA 4 and SMK PESAT in Bogor with the students as target, for two semesters, it has 14 activities per semester, 3 hours per activity in each companion

Results : 20 Kader teenager posyandu was formed, who had knowledge about health reproductive (mean :26,79), and also had skill in five tables posyandu ativities. From this activity, it was found that 25% of students at SMK YZA 4 had BMI less than normal, 60 % of male students was active smoker. Meanwhile at SMK PESAT there was 5 % of sttudents who overweight according to BMI calculationand 30 % was less than normal, 15 % of students were having anemia.

Conclusion : Through this activities, there was knowledge improvement in reproductive health, skills improvement in management of teenager posyandu, and 20 kader teenager posyandu was formed in school environment.

Keyword : Reproductive Health, Posyandu, Teenager Empowerment

Introduction

Act No. 36 of 2009 on Health Article 136 paragraph 1 states that the maintenance of the health of adolescents must be aimed at preparing to become healthy and productive adults, both social and economic. All components of the nation (government, legislature, the private sector, and society) are responsible for fulfilling these rights. The government is obliged to ensure that adolescents can obtain education, information, and services regarding adolescent health so that they are able to live healthy and responsible lives. To fulfill the rights of these adolescents, efforts are needed both governments, private and community.(1)

Maternal mortality in Bogor Regency based on age found Maternal mortality that occurs under the

age of fewer than 20 years is 27.5%. These pregnant teens are caused by pregnancy before marriage (due to promiscuity), teenagers are not ready to become a mother (young mother). So that it must be available to adolescents the means for teens to know about the physiology of reproductive health and ways to protect themselves against sexual or reproductive problems and diseases.(2)(3)

The results of the 2012 IDHS found that around 9 out of 10 young women aged 15-24 years and 8 out of 1 young man aged 15-24 got a lesson in the human reproductive system at school. A quarter of young women never talk to anyone about menstruation before they get their first menstruation. 28% of young men and 27% of young women stated that they started dating before the

age of 15 years. And 7% of young men said they agreed to pre-marital sexual relations with reasons to like sexual relations and love each other.(4)

Teenager Posyandu is expected to become a community forum that facilitates youth in understanding their health problems. In the posyandu structure/activity, there is a need for volunteers who are selected-willing-able and have the time and care for adolescent health services called kader.(5)(6)

The results of the study said that the adolescent's knowledge about BSE was still low at both SMK YZA 4 and Rapid Vocational High Schools. In addition to this, observations of writers at SMK YZA 4 and SMK have not been established as a forum for getting correct information about adolescent health and not having a health Kader.(7)

Based on the description above it is known that the activities of teenager posyandu in schools are deemed necessary and very potential to be developed. Teenager Posyandu is expected to be a place to resolve and discuss adolescent health problems and facilitate youth in understanding adolescent health problems and find alternative solutions to problems. Teenager posyandu in schools is currently not implemented so that the activities of teenager posyandu in this school can be a means of promoting and preventing health in the school environment. Based on the above, community service is carried out in two partners, namely SMK YZA 4 and SMK PESAT.

Community Development Methods

Community service methods carried out in two partners namely SMK YZA 4 and SMK PESAT are:

a. Training.

The training was carried out with the question and answer brainstorming techniques, role play, simulation and demonstration , and practice. The training activities were carried out 13 times where each activity was carried out for 3 hours effectively. The material provided in the training included: The concept of teenager posyandu in schools, teenager nutrition, Sexually transmitted infections, HIV-AIDS, Reproductive health, Drug and cigarettes, Diet and anemia, Simulation of posyandu activities in schools

b. Education / Implementation of Posyandu activities.

This activity was carried out in two partners. In each partner, one class was chosen to carry out posyandu activities covering 5 activity tables consisting of:

Table I: Registration

Table II: Measurement

Table III: Recording

Table IV: Health Service

Table V:Communication, Information, counseling.

Participation provided by partners in the form of support and commitment training activities namely by allowing students to be trained, the availability of training facilities. The instruments used in this community activity are laptop, LCD, Posyandu infrastructure (table chairs, scales, height gauges), Sound System, posyandu auxiliary books, teenager KMS (Kartu Menuju Sehat), training kits, tension meters. [5]

The location of community service is at SMK YZA 4 and SMK PESAT Bogor. The time for conducting this activity is from February to March 2017 (within 9 months). Activities are divided into several stages, namely: (1) Licensing stage (2) Information dissemination stage (3) Training phase (4) Mentoring phase. The evaluation of the success of community service was carried out with an approach:

(1) Measurement of knowledge was assessed using a closed questionnaire. Questions are given before and after the activity. After the collected values are seen the increase /change in the average of the values before and after the activity.

(2) Skill measurement is done by observation sheet. Participants are stated to have fulfilled the requirements / passed as posyandu Kader if they fulfill the skills from the observation sheet and given certificates as posyandu Kader.

Results and Discussion

The results of the implementation of the above service were in the form of increasing knowledge about reproductive health, where when the pre-test about knowledge was obtained the mean results were 26.67 and after training the mean was 26.79. The detailed knowledge of measurement results can be seen in the table below:

Table 1. Results of Measurement knowledge

Types of Questions	Mean		Increase
	Pre Test	Post Test	
Multiple Choice	26,67	26,79	0,12
Description	65	75	10

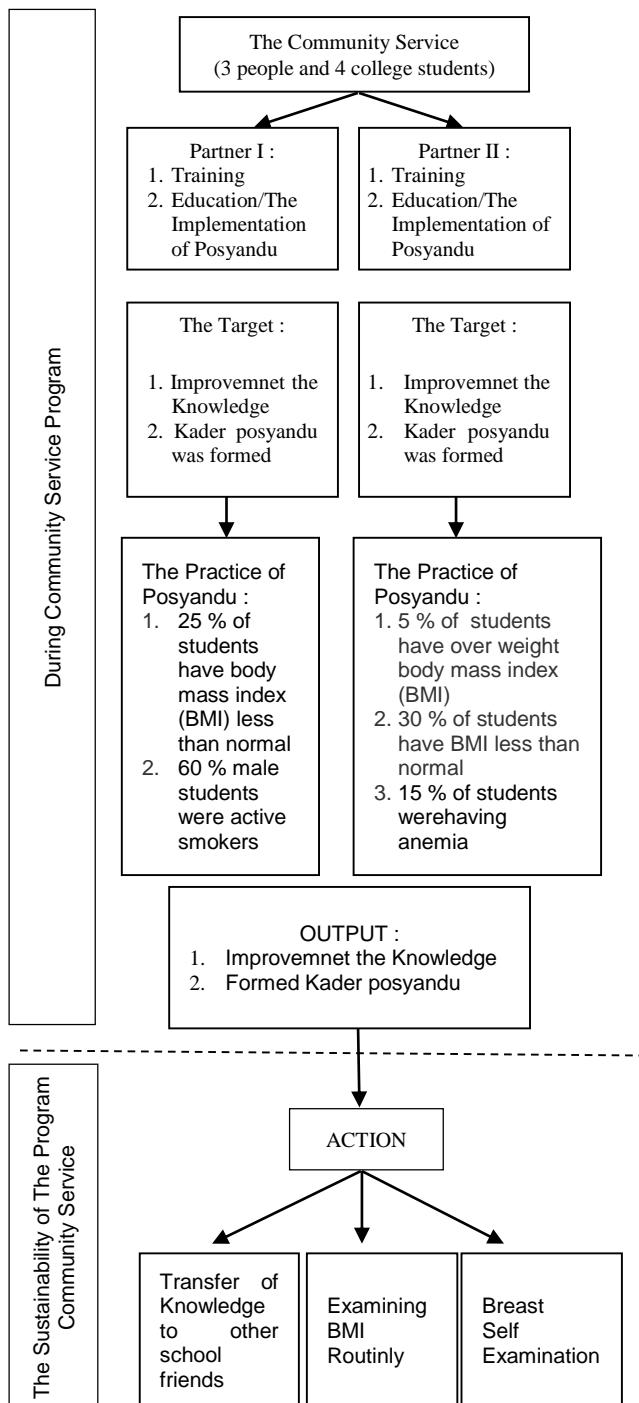
Students did not know of most teenagers know and have not skills activities posyandu come to have know about posyandu and have skill

Students do not know of most teenagers know and have skills in running posyandu activities students can practice way to measure weight, height measuring blood pressure, and providing information to my other.

SMK YZA 4 I in September 2017 found that 25% of students had a body mass index (BMI) of less than normal, about 60% of male students were

active smokers. The in-depth interview results found that some students had premarital sexual behavior which led to unwanted pregnancies and finally safe abortion. The conditions in the Rapid Vocational School from the results of the Posyandu in September 2017 in getting results there were 5% of children having more than normal BMI and 30% less than normal, the incidence of anemia was 15% of students.

Community service activities can be illustrated in the scheme below:



Picture 1. Community service activities scheme

Some activity of the program community service can be seen in the picture below :



Picture 2. The trainin teams for kader teenager POSYANDU

Community service is carried out by a team consisting of three lecturers Bogor Midwifery Study Program and assisted by four students. The service is carried out in partners I and II with the same stages, namely training which is carried out as many as 13 activities, where each activity is carried out for 3 effective hours. The materials provided in the training include: The concept of youth posyandu in schools, adolescent nutrition, sexually transmitted diseases, HIV-AIDS, reproductive health, drugs and smoking, diet and anemia, simulation of posyandu activities in schools. The activities carried out above are in line with the program to improve public health status through impact indicators (8).

This community service activity is also in line with other community services where the formation of a youth posyandu that can be used as a forum for teenagers to create a forum for coaching and understanding the importance of a healthy lifestyle, increasing adolescent knowledge about reproductive health, nutrition, reducing the incidence of juvenile delinquency (9).

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The problem is because Neurobiological changes that occur during adolescence influence young people to seek out novel experiences and make sense of their environments through exploration, experimentation, and risk taking, which help adolescents transition from dependence on parents or other caregivers toward independence and self-identity. Yet while risk-taking behaviors are a normal part of adolescence, adolescents are also more likely than members of other age groups to participate in unhealthy risk behaviors, such as

unprotected sexual activity, binge drinking, and tobacco use (11).

Conclusion

Through this activities, there was knowledge improvement in reproductive health, skills improvement in management of teenager posyandu, and 20 kader teenager posyandu was formed in school environment.

The advice on community service is for adolescents and schools to participate, care and always disseminate information about adolescent reproductive health and the sustainability of teenager posyandu with promotive and preventive efforts for adolescents in school environment.

Competing Interest

The authors of this paper have no competing interest to report.

Acknowledgement

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