

Creating a Healthy and Quality Youth Generation by Establishing A Teenagers Posyandu

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ABSTRACT

Adolescence is a period of transition from childhood to adulthood. During this period, adolescents experience many challenges both from themselves (biopsychosocial factors) and the environment (environmental factors). According to WHO, adolescence occurs in the age range of 12-24 years. Meanwhile, according to the Regulation of the Minister of Health of the Republic of Indonesia Number 25 of 2014, the meaning of adolescents is a population aged 10-19 years. Adolescence is a transitional period of human mental, physical and reproductive development that can have an impact on general health status. In adolescence, various changes occur in children as a form of puberty such as weight, height and so on. The development of information and technology can influence healthy adolescent behavior including risky behavior. Problems that usually occur in adolescents include juvenile delinquency, difficulty concentrating, lack of confidence, drug and narcotic abuse, to smoking. The purpose of this community service is to spur community development by growing its own motivational power, as well as being an agent of change and preparing development cadres and forming a youth posyandu in Jayagiri Village, Ciamis Regency. Youth Posyandu is here to help teenagers face their complex problems. The problem faced is that the youth posyandu cadres have not yet been formed and there has been no previous training so that this youth posyandu is a new thing in Jayagiri Village. The implementation method to solve this problem is to form a youth posyandu by providing training to youth posyandu members on the procedures for implementing a youth posyandu. The results and outputs produced are the formation of youth posyandu cadres by implementing a 5 table cadre training system for registration, implementation of height weighing examinations, recording, services and counseling and counseling.

Keywords: Youth Integrated Healthcare Center, Quality young generation

INTRODUCTION

Adolescence is a period where children develop rapidly from children to adults. The developments experienced in adolescence (physical, psychological, and emotional) can be overcome if adolescents can achieve their developmental tasks properly. Given the great meaning and benefits of acceptance from the environment, both from peers and society to adolescents, it is hoped that they will be able to be socially responsible, develop intellectual abilities and concepts that are important for their competence and be independent. Adolescents who can adjust well are expected to be able to live their teenage years smoothly and be accepted by their environment. This period of growth and development resulted in adolescents having the same characteristics and characteristics, namely a high sense of curiosity and a love of adventure and a love of challenges. If adolescents do not have the ability to face challenges, they will experience complex health problems.

Changes that occur during adolescence such as physical, psychological and social changes coupled with the influence of foreign culture and still taboo in discussing health issues, especially regarding reproductive health make adolescents confused and tend to have risky sexual behavior and are prone to problems such as puberty, unwanted pregnancies (KTD), abortion, sexually transmitted diseases (STD), HIV/AIDS and also death.

SDKI data (2017) found 68% of youth aged 15-19 years and 36% aged 20-24 years. While 61% of men aged 15-19 years and 39% aged 20-24 years. Based on education, women's education is higher than that of men, both men and women have an average high school education (SDKI, 2017). The problems that occur in adolescents are more due to the tendency to behave at risk (Ministry of Health RI, 2018). Problems that occur in adolescents include juvenile delinquency, difficulty concentrating, lack of confidence, drug and narcotic abuse, and smoking (Soeroso, 2001). The results of a school-based health survey in Indonesia in 2015 described health risks in adolescents, namely 41.8% of men and 4.1% of women admitted to having smoked, 14.4% of men and 5.6% of women had consumed alcohol and 4.17% of women and 8.26% of men aged 12-18 years have had sexual intercourse (RI Ministry of Health, 2018). The complexity of adolescent problems requires comprehensive and integrated handling.

Information related to adolescent health problems is urgently needed to find out how big the problems are, especially those related to the efforts of the younger generation to optimally succeed them. The government through the Ministry of Health has developed Adolescent Care Health Services (PKPR) in health centers with comprehensive services including KIE, Counseling, peer counselor development, clinical/medical services and referrals but still has limited number of facilities and limited access to services due to geographical conditions, this requires efforts to empower community through promotive and preventive activities such as posyandu activities (Kemenkes RI, 2018).

Posyandu is a health content implemented from, by and for the community as a form of community-based health service unit to develop human resources. The Youth Integrated Service Post (Posyandu) is a forum that facilitates youth in understanding the problems of adolescents during puberty and is intended for students and adolescents in general. The complexity of existing youth problems has prompted the government to develop ways to make it easier for teenagers to gain access to health information so that youth Posyandu are present in the community with the hope of being able to help adolescents understand and solve health problems, especially reproductive health.

Youth Posyandu has a function as a forum, coaching and communication media for adolescents so that teenagers do not misinterpret their behavior. So far what has been done in adolescents is coaching as a promotive and preventive effort to avoid early sexual behavior. Counseling and discussions are carried out with small groups at the youth Posyandu which are carried out routinely once a month (Dinkes, 2012). The problem found in Jayagiri Village is that there are no posyandu cadres because they have not yet been formed and this is a new thing for Jayagiri Village, Ciamis District. Thus, the purpose of this community service is the establishment of a youth posyandu in Jayagiri Village.

RESEARCH METHOD

The method used in this study was to form a youth posyandu and involve youth in Jayagiri Village to participate as youth posyandu cadres. In the first stage, preparing for the activity process includes analyzing the village situation, coordinating with partners, coordinating with village midwives, coordinating with community leaders and religious leaders. Then continued in the second stage, service activities included several activities, namely providing health services to Jayagiri Village youth in the form of health checks, counseling, administering vitamins, administering blood medicine and providing insight on health, and others. Then proceed with the formation of youth posyandu organization with consideration, observation and analysis at the village health center and the surrounding community, previously in the form of an organizational structure determined by the village community meeting.

The next activity is the Formation of youth cadres aged between 10-18 years, creative and committed, willing to voluntarily become cadres and domiciled in Jayagiri Village, Ciamis Regency. The next activity is to form a youth posyandu work program. The next stage is the grand opening and launching of the youth posyandu in Jayagiri Village as well as the ratification of the SK. The last stage, handing over the SK to the Jayagiri village head, Bojongdanas PKK and youth posyandu cadres.

RESULT AND DISCUSSION

1. Preparation

This activity began with prior outreach to the village head, village midwife, head of the youth group, community leaders and religious leaders regarding the plan to establish a youth posyandu. The socialization was carried out from 11 August to 26 August 2021. This plan was received positively by all parties present because there were many youth problems at this time and they were asked to follow up immediately, one of which was by establishing a youth Posyandu.

2. Youth Posyandu Formation Meeting, making organizational structure and forming cadres

The joint socialization activities for the village head, village midwife, head of youth group, community leaders and youth were carried out on August 26 2021 at Posyandu Bojongdanas Jayagiri Village. The meeting to form a youth posyandu with youth organizations was held on August 29 2021 and received a positive response in support of this activity. Then, a comparative study to Tanjunghurip Village to see the development of the youth posyandu in the village and participate in the implementation of the youth posyandu.

3. Opening, implementation and validation of the Youth Posyandu

The youth posyandu was held on September 7 2021 at the Bojongdanas Posyandu, Jayagiri Village. The agenda for this activity begins with the opening, remarks from the village head, inauguration of youth Posyandu cadres and youth Posyandu activities. Youth Posyandu activities will be carried out once a month, using a 5-desk system, including:

- a. Table 1 is registration where posyandu participants get a queue number and a paper containing posyandu participant data

- b. Table 2, participants were weighed, height, and checked blood pressure
- c. Table 3, the measurement results are recorded in a notebook
- d. Table 4, participants are given services and counseling
- e. Table 5, counseling. Cadres provide counseling according to complaints by using tools.

4. Submission of SK

This activity was the handing over of SK to the village head, the Bojongdanas Hamlet PKK and youth posyandu administrators.

CONCLUSION AND SUGGESTION

Community service activities for the formation of youth posyandu health cadres can be concluded:

1. Has provided insight into health, counseling, and environmental health from students
2. Based on our experience when conducting analysis and observations in Jayagiri village, we can conclude that there are some teenagers who do not pay attention to their health. Therefore, in conjunction with our group there were students from the health faculty, we decided to provide reinforcement for adolescent health, besides that, in the youth Posyandu there was also a counseling desk which was relevant to our group members who took the guidance and counseling study program. Apart from that, in the youth Posyandu work program there are also environment-based programs that can be developed by group members from the environmental engineering study program.
3. In the support program in the form of providing understanding or strengthening carried out during socialization, we conclude that the enthusiasm of teenagers is very high for the health program. It can be seen that during the socialization of the youth posyandu, many teenagers attended the activity. As for what we provide to youth posyandu cadres in the form of several youth posyandu work programs.

The author realizes that in the preparation of this article there are still many shortcomings, therefore the contribution of constructive criticism and suggestions is very much expected so that subsequent reports can be even better. It is the writer's hope that this report will be useful, especially for himself and in general for the general public.

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