



The Health and Adolescents' Potential Community Movement

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ABSTRACT

Community nurses have an important role in current society. There are several roles inherent in community nurses, for example, prevention, maintenance, health promotion, and recovery of community diseases. The adolescent becomes one of the targets of community nurses, in case of health care development. Among them, the drugs –which include Narcotics, Psychotropics, and Addictive Substances– abuse and sex are things that need to be followed up. This can be agreed upon the case studies on Kalipucang Village, Bangunjiwo, Kasihan, Bantul, which show that some adolescents are involved in deviant behavior, such as drinking alcohol, drug abuse, and unexpected pregnancy. For this reason, the Community Movement for The Health and Adolescents' Potential Community Movement activity was held. These activities included health screening, health education, formation, and training of The Adolescent Health Service Center cadres, as well as optimizing the role of these cadres in managing The Adolescent Health Service Center that has formed. The results of this activity showed a significant change for the adolescents of Kalipucang Village. This can be seen from the increasing of their knowledge, which was measured through a post-test, about drug and reproduction health that they got from a series of The Health and Adolescents' Potential Community Movement activities.

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INTRODUCTION

Along with the development of times and science in the health sector, as well as the increasing population and society, the role of community health nurses is needed. Their urgency is to serve the community in terms of prevention, maintenance, health promotion, and recovery of community diseases.

Adolescents are no exception in being the target of community health nurses. Why it could be? Referring to Listina & Baharza (2020), the number of adolescents aged 10-24 years, according to the Indonesian Population Projection for 2010-2015 by the Central Bureau of Statistics, has reached 64 million people. This amount, if represented, reaches 28.64% of the total population of Indonesia. With such a large number, according to Listina & Baharza (2020), adolescents certainly have very complex problems along with the transitional period experienced by them. Several prominent adolescent problems include sexuality (unwanted pregnancy, abortion, and infection with sexually transmitted diseases) and drug abuse, HIV, and AIDS.

By looking at the complexity of adolescent problems, it is necessary to build a place that can be a forum or a place to discuss health issues. On this occasion, we realized this through a program called the Community Movement for The Health and Adolescents' Potential Community Movement. This activity, in particular, is dedicated to the Adolescent of Kalipucang Village, Bangunjiwo, Kasihan, Bantul. This is considering the problems of sexuality and drug abuse, HIV and AIDS, in our initial observation, also experienced by the Adolescent of the Village. Moreover, The Health and Adolescents' Potential Community Movement program which is implemented in Kalipucang Village is designed to cover adolescent health education activities, ranging from education to adolescents about reproductive health problems and drug abuse, health screening programs for adolescents, formation of Adolescent cadres and training for '5 Health Service Center tables', as well as the establishment of The Adolescent Health Service Center. The objectives of this activity include:

1. To increase Kalipucang's Adolescent knowledge about adolescent reproductive health problems.
2. To increase knowledge of Kalipucang's Adolescent about drug abuse.
3. For screening or health checks for Kalipucang Adolescent.
4. To optimize the role of The Adolescent Health Service Center's cadres in Health Service Center management and refreshing knowledge and training for The Adolescent Health Service Center 5 tables.
5. To follow up on the health status of adolescents by implementing The Adolescent Health Service Center.



Figure 1.
A meeting with Kalipucang's adolescents

With this activity, it is hoped that Kalipucang Villagers, especially its adolescents, can find out about adolescent reproductive health problems and drug abuse, starting from the causes, signs, and symptoms to their management. Adolescents can find out their health status by following health screening. Adolescents can monitor their health levels by following The Adolescent Health Service Center. Besides, adolescents have a place or place to carry out positive activities, namely The Adolescent Health Service Center.

LITERATURE REVIEW

Adolescents

There are several versions regarding the understanding of adolescents from an age perspective. According to the World Health Organization (2006), adolescents are the population in the age range of 0-19 years. Meanwhile, according to the Regulation of the Minister of Health of the Republic of Indonesia number 25 of 2014, adolescents are residents in the age range 10-18. Another case with the Population and Family Planning Board which defines the age range for adolescents as 10-24 years old and unmarried. Whatever it is, many critical things happen by adolescents. For example changes in behavior, attitudes, and values which not only indicate changes more rapidly in early adolescence (Amita, 2018).

A series of changes experienced by adolescents will accompany their development. When an adolescent experiences puberty, the adolescent is preoccupied with changing individual images as a development of their biological body, such as changes in voice, height growth, breast growth, menstruation, and wet dreams (Saputro, 2017).

The physical changes experienced by adolescents, on the other hand, will undergo a series of psychological changes. High emotions and the majority of the adolescents experience instability due to efforts to adjust to new behavior patterns and new social expectations. Some of these new things are easily accepted and fulfilled, others are difficult or even cause obstacles and difficulties. When these obstacles appeared, many negative things were very disturbing - that some adolescents were determined to do. For example, is the occurrence of promiscuity among adolescents. The impact of promiscuity leads to deviant activities such as free sex, criminal acts including abortion, drug consumption, and pregnancy outside of marriage - which in turn stimulates the development of sexually transmitted diseases (Sirupa, et al., 2016).

Drug Abuse

Drugs stand for Narcotics, Psychotropics, and Addictive Substances, which are a group of drugs that affect the work of the body, especially the brain. Drugs are substances that when they enter the human body will affect the central nervous system in the brain so that they cause physical, psychological, and social function health problems due to habit, addiction, and dependence on drugs (Sholihah), 2015). Regarding this, Rosida (2015) concludes what are the factors that cause a person to become a drug abuser:

1. Causes that are sourced from itself. For example, the inability to adapt to the environment; weak personality; lack of self-confidence; the urge to be curious, to try, to imitate, and to be adventurous; experiencing mental stress; not thinking about the consequences in the future; as well as ignorance of the dangers of drugs.
2. Causes that are sourced from family (parents). For example, one or both parents are drug users; the parents do not give attention and affection; the family/parents are not harmonious (there is no open communication within the family); the parents do not provide supervision to the children; the parents spoil their children too much; and the parents who are busy to looking for money/pursuing careers so that their attention to their children are neglected.
3. Causes that are sourced from friends/peer groups. For example, there is one or several group friends who are drug users; there are group members who are drug dealers; there is an invitation or seduction from a group friend to use drugs; there is coercion from group friends to use drugs because if they do not want to use it will be considered unfaithful to the friend, and the will to show concern for friends.
4. Environmental causes. For example, the community is indifferent; there is loose social supervision of the community; there is weak law enforcement; there are poverty and high unemployment: and there is a large number of drug dealers who are looking for consumers and living near their homes.

Sexual education

Etymologically, sex comes from Latin, namely *sex*, which refers to the genitals. While sex to this extent only has an understanding of gender, anatomy, and physiology, Budiarjo (in Rosyana, et al., 2019) continues the relationship between sex and sexuality. According to him, sex is related to sex, and reproductive health is also related to pleasure related to reproductive acts. According to the WHO behavior theory (in Rosyana, et al., 2019), free sex behavior in adolescents is triggered by several factors, such as thought and feeling factors which include knowledge, attitudes, and perceptions; personal references (parents and peers); as well as resources (facilities and infrastructure) and culture. Here, according to Simkin (in Rosyana, et al., 2019), sexual behavior can ultimately be defined as all behavior that is driven by a sexual desire both with the opposite sex and with the same sex. This behavior takes many forms, from feelings of attraction to behaviors of dating, flirting, and having sex.

The Adolescent Health Service Center

According to data from the Ministry of Health of the Republic of Indonesia (2018), The Adolescent Health Service Center is a form of community-based health effort which is managed and organized from, by, for, and with the community, including Adolescent in the implementation of health development to empower the community and provide convenience in obtaining health services for adolescents to improve adolescent health status and their healthy life skills. Adolescent health services at Health Service Center are health services that include promotional and preventive efforts, which include: Healthy Life Skills Education, adolescent reproductive health, mental health and prevention of drug abuse, nutritional education, physical activity education, prevention of Non-Communicable Diseases (NCD) and prevention of violence in adolescents. The existence of The Adolescent Health Service Center itself has several objectives:

1. To make access closer and increase the coverage of health services for adolescents
2. Increases the role of Adolescent in planning, implementing, and evaluating The Adolescent Health Service Center,
3. Improves healthy life skills education,
4. Increases knowledge and skills of adolescents about reproductive health for adolescents
5. Detects and prevents adolescents from non-communicable diseases.

Moreover, Health Service Center activities for Adolescent will bring several benefits, for example:

1. Obtains knowledge and skills which include: adolescent reproductive health, mental health problems, and prevention of drug abuse,
2. Prepares adolescents to have healthy life skills through Healthy Life Skills Education and self-actualization in activities to improve adolescent health status.

Interestingly, Health Service Center activities, on the other hand, are also useful for health workers.

For example, bringing access to basic health services closer to the community, especially adolescents, helps to find specific health problems of adolescents according to the complaints which they experienced. This connects with the role of the Health Service Center in the performance of village governments and community leaders, who seek to improve coordination in providing integrated services.

MATERIAL AND METHOD

Basic Material of Activity Implementation

It is important to realize that the spirit to achieve optimal health is born from rooted knowledge of health itself. This Berger and Luckmann (in Herlina, 2017) said that the first thing which needs to be realized is that the process of rooting knowledge –including about health– needs to go through a primary socialization process to establish the basis for knowledge renewal in society. This level of socialization targets that an individual/ group will experience a process of internalizing several pieces of knowledge, values, meanings, norms, actions, and how to understand the meaning. To be at optimal results, the internalization process should be carried out by other subjects who have a close relationship with the individual/group –which Berger called significant others.

However, the construction of knowledge will not stop at the primary socialization process. According to Berger and Luckmann (in Herlina, 2017), the knowledge construction process needs to be continued to the secondary socialization process, so that knowledge can take root more widely; not only for an individual but also for society. In the secondary socialization process idea, the knowledge that is owned by an individual/group of people is expected to be dialecticism with various knowledge that other groups have to achieve knowledge renewal for the wider community (see also Notoatmodjo, in Azizaah, et.al., 2014). The health education strategies, such as the Community Movement for The Health and Adolescents' Potential Community Movement, can finally be recognized as one way of implementing knowledge construction by combining primary and secondary socialization.

Activity Implementation Methods

In achieving the desired results of activities, the implementation of The Health and Adolescents' Potential Community Movement activities, at the community stage in Kalipucang Village, used several methods, namely conducting health screening, health education or counseling, the cadres formation, training for The Adolescent Health Service Center's cadres and optimizing the role of cadres in managing The Adolescent Health Service Center, and refreshing the knowledge of The Adolescent Health Service Center, including 5 tables materials. The schedule of The Health and Adolescents' Potential Community Movement, in more detail, was divided into six activities. The first and second activities, namely Partner problem assessment and Preparation of activity plans, were held in October. The next

three activities, namely Adolescent Health Service Center Socialization, Cadre formation and training, and Adolescent Health Service Center Launching, were held in November. The last activity, namely Adolescent Health Service Center Accompaniment, was held in December.

Target

The target of the activities is the activity of The Adolescent Health Service Center in Kalipucang Village, Bangunjiwo, Kasihan, Bantul, Yogyakarta.

RESULT AND DISCUSSION

As a beginning, The Health and Adolescents' Potential Community Movement activity passed through an activity to assess health problems, which was carried out on 14-19 October 2019. The implementation stage of this activity includes:

1. Preparations for making instruments about drug knowledge and free sex.
2. Division of members to provides instruments for each Neighborhood Association's adolescents.
3. Instruments collection and the calculation of the results.
4. Data processing performing.
5. Data results analysis.

Through the implementation of this activity, this study found the latest data of the adolescents in Kalipucang Village condition. Based on the results of knowledge screening on 37 adolescents in the Village, there are 30 adolescents (81.08%) who still have low knowledge related to reproductive health. Besides, the data also shows 10 people (27.02%) still lacked in their knowledge of drugs.

After the health problem assessment activities were over, the next agenda to be carried out was counseling on the health problems of the Kalipucang Village, which was held on Sunday, October 27th, 2019 at 19.30-21.30. The implementation stage of this activity includes:

1. Focus Group Discussion (FGD), which was conducted to strengthen quantitative results data, to explore problems in adolescents.
2. Organizing health education about drugs and free sex.
3. Discussion.

Based on the results of the Focus Group Discussion (FGD) that was conducted, there is a conclusion that there is still some Adolescent who are involved in deviant behavior, such as drinking alcoholic beverages, drug abuse, and pregnancy outside of marriage.

The two agendas that have been resolved then had been continued to four activities below:

1. Socialization about The Adolescent Health Service Center.

2. Formation of cadres as well as training for The Adolescent Health Service Center's cadres on the role of 5 desks.
3. Launching of The Adolescent Health Service Center.
4. Reproductive health education and Prevention of Drug Abuse and Illicit Drug Trafficking.

The four agendas were completed in three periods, namely on 29 October 2019, 03 November 2019, and 10 November 2019, which took place in Kalipucang Village.

A deeper explanation of the implementation of all these agendas will be started by explaining the activity series in detail; starts from the socialization of The Adolescent Health Service Center. This activity was successfully carried out on Monday, October 28th, 2019 at 19.30-22.00. This activity included several stages, namely:

1. *Focus Group Discussion* (FGD) to identify problems that often arise
2. Presentation of Socialization about The Adolescent Health Service Center
3. Discussion Session



Figure 2.
The Adolescent Health Service Center's cadres training about 5 Health Service Center tables

The content of these activities was intended to convey an understanding of how to set up The Adolescent Health Service Center, including the role of 5 tables. In its implementation, this activity received very good enthusiasm from the adolescents as the participants. This was indicated by the full venue.



Figure 3.

The Adolescent Health Service Center's cadres discussion

However, the enthusiasm parameter, on the other hand, can be measured when the adolescents, who were presented as participants, were very active in asking questions during the discussion session. With the end of this activity, it was hoped that participants' knowledge about the implementation of The Adolescent Health Service Center could increase.

The knowledge transfer agenda as in the previous event is important considering that knowledge is an intrinsic factor that affects human motivation to do something. In cases such as the implementation of The Adolescent Health Service Center program, the level of knowledge eventually also correlates with the confidence level of health cadres in applying their knowledge about counseling (Sihotang, et al., 2018; Supari, in Kartika, 2017).

Therefore, the cadres need to be equipped with sufficient knowledge through health training (Supari, in Kartika, 2017). Self-confidence is what we can then understand as a reflection of motivation. This motivation, for Kartika (2017), will have performance implications. According to her, the cadres with high motivation then will try hard. Conversely, the cadres with moderate motivation may perform insufficiently or adequately.

Hereafter, the second activity, namely the formation of cadres and training for The Adolescent Health Service Center's cadres, was carried out on Sunday, November 3th 2019 at 08.00-11.15. This stage included:

1. Reviewing The Adolescent Health Service Center 5 tables assignments.
2. Sharing about The Adolescent Health Service Center by The Adolescent Health Service Center's cadres in Dusun Petung, as motivation and testimony to run and sustain The Adolescent Health Service Center.

3. Establishment of the cadre leader and The Adolescent Health Service Center's cadres management.
4. The division of tasks for The Adolescent Health Service Center's cadres into 5 tables and their roles.
5. The Adolescent Health Service Center's cadres training about how to measure blood pressure, height, upper arm circumference, abdominal circumference, height, and filling out the Adolescent Health Card.
6. Role-play activities, which contained the practice of material that has been delivered in the training activities.
7. Evaluation, which contains a reflection of the agenda.

These cadres formation activity has an important role in empowering public health. Sistiarani (2013), through the results of her research, also supports this statement. According to the conclusions drawn by Sistiarani, the health cadres formation is something that can affect the degree of public health.

This statement is ultimately related to Ochman's opinion (in Lestari, et al., 2017). For Ochman, the existence of the cadres is a manifestation of hope that locates them as motivators in a community, including those related to health. The motivation they are given can be in form of invitations or demos in various activities. Apart from motivation, cadres also play a role in providing health services. Starting from here, it has been known that the implementation of the Health Service Center can run smoothly as expected if effective communication is established and there is good coordination with related parties such as the cadres (Maulida, et al., In Lestari, et al., 2017).

But of course, the cadres need qualified skills. For this reason, in addition to establishing the cadres' structure, the activity that provides knowledge seems so important for the cadres. This was also agreed upon by Notoatmodjo (in Kartika, 2017). For Notoatmodjo, the cadres' understanding of the Health Service Center, which starts from their knowledge, will affect the cadres' role in implementing the Health Service Center effectively. For Ismawati, this will certainly be useful to support the big role of Health Service Center cadres, who will directly face various social problems including health problems faced by the community. Moreover, Ismawati noted that the knowledge could recognize the cadres as the driving force of Health Service Center sustainability (in Kartika, 2017).

The last two activities, namely the launching of The Adolescent Health Service Center and reproductive health education and Prevention of the Eradication of Drug Abuse and Illicit Drug Trafficking, took place on Sunday, November 10th, 2019 at 06.30-11.15. The stage included:

1. Inauguration and signing of the minutes of the "ABHISAR SAHI" The Adolescent Health Service Center in Kalipucang Village, Bangunjiwo, Kasihan, Bantul, Yogyakarta.
2. Submission of the name of The Adolescent Health Service Center and submission of medical devices and group photos.



Figure 4.
Upper arm circumference measurement training



Figure 5.
Kalipucang's Adolescent Health Service Center launching

The realization of The Adolescent Health Service Center is important. Considering to the Ministry of Health (2018) quotes, The Health Service Center is a form of community-based health effort to carry out health development. This, apart from empowering adolescents as organizers of their activities, is also able to provide convenience for other adolescents in obtaining health services to improve their health status and healthy life skills.

Subsequently –apart from launching activities– the next events were held, namely the Counseling on reproductive health and Prevention of the Eradication of Drug Abuse and Circulation. In this activity, there is a series of The Adolescent Health Service Center activities at 5 available tables:

1. Registration, which was carried out in table 1
2. Measurements of height, weight, upper arm circumference, abdominal circumference, blood pressure, which were carried out in table 2
3. Adolescent Health Card filling, which was done in table 3
4. Counseling and counseling on health problems, which were conducted at table 4
5. Health services and health checks such as anemia, HB, uric acid, blood sugar, cholesterol, and B12 supplementation from Community Health Center of Kasihan (Puskesmas Kasihan) 1, which were carried out in table 5.

The activity involved 16 adolescents who volunteered to check their health. From the process of all these adolescents, it has been detected that three persons had psychosocial problems. Furthermore, this activity also found that two persons had low BMI and one person had more BMI. The next facts explained that five persons had anemia, four persons had gout, and seven persons didn't do physical activities such as sports.

Also, based on the results of the *pre-test* and *post-test* on drugs and reproductive health, some results indicate an increase in knowledge among adolescents in Kalipucang Village. This increase was because most of the adolescents who had been given post-tests had received knowledge about drugs and reproductive health obtained from education at the launching of The Adolescent Health Service Center. The details of the pre-test and post-test results are presented in Table 1 below:

Table 1.
Adolescents' knowledge about Drugs and Reproductive health

Knowledge items	Pre-test	Post-test
Drugs	81,08% (30 persons)	43,54% (18 persons)
Reproduction health	27,02% (10 persons)	25,02% (8 persons)

These extension agenda can show how the quality of education provided to cadres. By quoting No-atmodjo's opinion (in Lestari, 2019), knowledge is an indicator of someone to take action on something. If a person is based on a good knowledge of health, he will understand how health is and encourage him to apply what he knows.

By looking at the success of the extension agenda that we held, what we can observe is that the cadres, at the most recent point, have positioned themselves as educators. It was also manifested through Adolescents Health Service Center's cadres mentoring activities in The Health and Adolescents' Potential Community Movement agenda. According to Mardikanto (in Dewi, 2017), there are seven aspects which at least have been transmitted as an educator:

1. Education. In this aspect, an educator has been facilitating the learning process carried out by *beneficiaries* and/or other development *stakeholders*.
2. Information/innovation dissemination. In this aspect, an educator has been disseminating information/innovation from information sources and/or users.
3. Facilitation/Mentoring. In this aspect, an educator has been serving the needs suggested by its clients.
4. Consultation. Through the aspect of the consultation, an educator means that he has helped solve problems or simply provide alternative solutions to problems.
5. Supervision/Coaching. What needs to be noted here, the practice of supervision is often misinterpreted as an activity of "supervision" or "inspection". But here, the aspect of supervision is more intended to be a joint effort of the client to make an assessment (*self-assessment*) to then provide suggestions for alternative improvements to the problem at hand.
6. Evaluation. In this aspect, an educator has been doing measurement and assessment that can be carried out before (formative), during (on-going), and after an activity has completed (summative).
7. Monitoring, which is a set of evaluation activities from a series of activities carried out while the activity is ongoing.

With these functions, The Adolescent Health Service Center's cadres are finally expected to manifest what is called peer education. Through this education, cadres as the closest influential people (*significant others*) can influence Adolescents to be more open and confident in conveying their paradigm. Therefore, the participants are already felt familiar beforehand with the cadres noticed, so there is no fear of the participants in ask or argue their view. Of course, the quality of the content of the socialization of knowledge which has been done by the cadres will be correlated with their knowledge level (Utari, et al., 2019; Herlina, 2017). Even so, as we extracted from Clayton and Mercer's statement (in Utari, et al., 2019), familiarity is somehow a crucial tool in the community empowerment process because it can encourage positive attitudes towards objects that are empowered to welcome peer knowledge points that serve as role models.

At such a point, Iswarawanti (2010) states that the cadres can become a bridge between health workers/experts and the community, to help participants identify and face/answer their own health needs. Subsequently, the cadres are also expected to provide information to authorized health officials who may not be able to reach the community directly and be able to encourage health officials in the health system to understand and respond to community needs. Hereby, the cadres can help to mobilize community resources, advocate for the community, and build local capacities (Iswarawanti, 2010).

CONCLUSION AND RECOMMENDATION

In the process of growth and development, adolescence is a transition between childhood to adulthood. This process is characterized by physical growth and maturation of hormonal organ functions and environmental influences. These factors relate to adolescent reproductive health, which is defined as a state of perfect health physically, mentally, and socially and is not merely free from disease or disability in all aspects related to the reproductive system.

The Health and Adolescents' Potential Community Movement activities in Kalipucang Village are one form of activity that can be used to improve adolescent's health. It is hoped that the formation of The Health and Adolescents' Potential Community Movement can be useful for Kalipucang adolescents in maintaining and improving their health. This activity, furthermore, received appreciation from Kalipucang residents, especially from the adolescents and The Adolescent Health Service Center's cadres.

Furthermore, as a suggestion, the follow-up plan for The Health and Adolescents' Potential Community Movement activities in Kalipucang Village should receive regular monitoring of The Health and Adolescents' Potential Community Movement itself and The Adolescent Health Service Center activities, by local health authorities, specifically Community Health Center of Kasihan (Puskesmas Kasihan) 1.

REFERENCES

- Amita, D. (2018). Psikologi Remaja dan Permasalahannya. *Jurnal Pendidikan dan Pemikiran Islam*, 1 (1), 116-133.
- Azizaah, D. L., Arief, Y. S., & Krisnana, I. 2015. Media Ceramah dan Film Pendek sebagai Upaya Pencegahan Penyakit Diare Berdasar Teori Health Promotion Model (HPM). *Jurnal Pedio-maternal*, 3(1): 43-57.
- Dewi, D. S. 2017. Peran Komunikator Kader Posyandu dalam Meningkatkan Status Gizi Balita di Posyandu Nurikelurahan Makroman Kecamatan Sambutan Kota Samarinda. *eJournal Ilmu Komunikasi*, 5(1), 272-282.
- Direktorat Jenderal Kesehatan Masyarakat Kementerian Kesehatan RI. 2018. Petunjuk Teknis Penye-

- lenggaraan Posyandu Remaja. Jakarta: Kementerian Kesehatan RI.
- Herlina, M. (2017). *Sosiologi Kesehatan: Paradigma Konstruksi Sosial Perilaku Hidup Bersih dan Sehat dalam Perspektif Peter L. Berger & Thomas Luckmann*. Surabaya: Muara Karya.
- Iswarawanti, D. N. (2010). Kader posyandu: peranan dan tantangan pemberdayaannya dalam usaha peningkatan gizi anak di Indonesia. *Jurnal Manajemen Pelayanan Kesehatan*, 13(04), 169-173
- Kartika. 2017. Hubungan Pengetahuan dan Motivasi Kader dengan Kegiatan Pelayanan Posyandu di Desa Sidorejo Kecamatan Godean Kabupaten Sleman Yogyakarta. Skripsi thesis, Universitas 'Aisyiyah Yogyakarta.
- Lestari, I., Hartati, E., & Galuh, M. (2017). Faktor-Faktor yang Mempengaruhi Minat Kunjungan Remaja ke Posbindu di Wilayah Tlogosari Kulon RW 16 Kota Semarang. *Karya Ilmiah*, 6(1): 1-7.
- Listina, F., & Baharza, S. N. 2020. Penyuluhan Mengenai Kesehatan Reproduksi pada Remaja di SMKN 6 Bandar Lampung. *Jurnal Kreativitas Pengabdian Kepada Masyarakat*, 3(1):34-38.
- Saputro, K. Z. (2017). Memahami Ciri dan Tugas Perkembangan Masa Remaja. *Jurnal Fakultas Ilmu Tarbiyah dan Keguruan (FITK) Universitas Islam Negeri Sunan Kalijaga*, 17(1), 25-32.
- Rosida. (2015). Faktor-Faktor yang Mempengaruhi Penyalahgunaan Napza Pada Masyarakat di Kabupaten Jember. *Jurnal Farmasi Komunitas*, 2(1): 1-4.
- Sholihah, Q. (2015). Efektivitas Program P4GN Terhadap Pencegahan Penyalahgunaan Napza. *Kemas: Jurnal Kesehatan Masyarakat*, 10(2), 153-159.
- Sihotang, H. M., Efendi, J. S., & Arya, I. F. D. (2018). Implementasi Program Kesehatan Reproduksi Remaja. *Jurnal Endurance*, 3(2), 260.
- Sirupa, T. A., Wantania, J. J. E., & Suparman, E. (2016). Pengetahuan, Sikap dan Perilaku Remaja Tentang Kesehatan Reproduksi. *Jurnal E-Clinic*, 4(2), 1-7.
- Rosyana, K., Kusnanto, & Wahyuni, E. D. (2019). Analisis Faktor Yang Berhubungan dengan Perilaku Seks Bebas Pada Remaja di SMK Dr Soetomo Surabaya Berdasarkan Teori Perilaku WHO. *Fundamental & Management Nursing Journal*, 1(1),12-17.
- Utari, A. P., Kostania, G., & Suroso, S. (2019). Pengaruh Pendidikan Sebaya (*Peer Education*) terhadap Sikap dalam Pencegahan Anemia Pada Remaja Putri di Posyandu Remaja Desa Pandes Klaten. *Jurnal Kebidanan dan Kesehatan Tradisional*, 4(1), 51-57
- World Health Organization. (2006). *Orientation Programme on Adolescent Health for Health-care Providers*. Geneva: Department of Child and Adolescent Health and Development World Health Organization.