



# Posyandu Remaja as an Advance Step in Improving Healthy Living Skills

Desika Putri Mardiani<sup>1\*</sup> Fitriyah Najwa<sup>2</sup> Sjafiatul Mardliyah<sup>3</sup> Rivo Nugroho<sup>4</sup> and  
Ady Setiawan<sup>5</sup>  
<sup>1,2,3,4</sup> Universitas Negeri Surabaya, Indonesia  
<sup>5</sup> Tanjungpura University, Indonesia  
desikamardiani@unesa.ac.id

**Abstract.** Adolescents as assets towards the Golden Indonesia 2045 and also as implementers in achieving the Sustainable Development Goals must have excellent health. This is because there will be many challenges and competition in various life opportunities, so health is a major factor in achieving each goal. Problems that plague Indonesian teenagers are drugs, the spread of HIV/AIDS and free sex. Recorded in National Population And Family Planning Agency, as many as 20% to 60% of adolescents claim to have had sexual intercourse. Through the posyandu remaja (adolescent) program, it is expected to reduce the number of adolescent problems. This study uses a qualitative approach in examining in depth the Posyandu remaja activity program at Bungurasih Polindes, Sidoarjo, East Java in order to improve the healthy living skills of the younger generation. Data were collected using in-depth interview techniques, participatory observation, questionnaires and documentation. The results of this study show a positive impact on improving the healthy living skills of adolescents in Bungurasih Village, village youth are increasingly aware of the importance of maintaining health, and there is a decrease in underage marriage and early pregnancy outside of marriage.

**Keywords:** Healthy living skills, Improvement, Posyandu remaja.

## 1 Background

### 1.1 Introduction

Health is a major factor in development to achieve sustainable development goals. Adolescents are one of the crucial targets in preparing this because of their large role in the future as the next generation. Adolescents are the age group of 10 years to 18 years. The number of youth according to Central of Statistics Agency (Badan Pusat Statistik Indonesia) 2020 data is 23.86% of the total population of Indonesia. This means that almost a quarter of the total population of Indonesia is decisive in the success of the 2045 golden Indonesia program.

However, various conditions show a decline in the quality of adolescent health due to drugs, the spread of HIV/AIDS, and also free sex [1]. Unhealthy lifestyles have widely reached adolescents today [2], namely the exposure of adolescents to pre-marital

sexual behavior, drugs and addictive substances, junk food, and improper diet. Quoting from the results of the School-based Health Survey in Indonesia in 2015 [3], there are several risk factors for adolescent health at the age of 12 to 18 years, of which 41.8% of male adolescents and 4.1% of females have smoked; 14.4% of males and 5.6% of females have consumed alcohol, 2.6% of male adolescents have tasted drugs, as well as in pre-marital sexual intercourse behavior carried out by male students as much as 8.26% and 4.17% of females.

Promiscuity and promiscuous sex in adolescents in particular, can amplify the risk of abortion attempts, various health problems and venereal diseases, and even death. In Sidoarjo District itself, data related to the spread of HIV disease has increased from 2020 to the present [4], and is predicted to increase by around 14.8% by 2025. This is very worrying, considering that adolescents as the successor of national development, in addition to having superior competence, must also have a high health index.

In tackling various health cases in the adolescent community, complex, significant, and sustainable efforts are needed so that the deviant behavior of adolescents related to health decreases over time. One of the efforts made by the government is to establish Posyandu remaja in every village. One of the villages in Sidoarjo district that organizes the Posyandu remaja is Bungurasih Village.

The village is located in the Purabaya terminal area (Bungurasih Terminal), which is the central terminal of Surabaya and connects various destinations between cities and provinces. It is well known that life in the terminal environment, which is a stopping point for various regions outside Sidoarjo, is very typical of the diversity of speech, educational, social and economic backgrounds, as well as a lack of knowledge about health, which has a free impact on adolescents' decisions to choose friends and associations. Supported by Bandura's concept of reciprocal determinism [5], that a person's behavior is the result of the individual himself (P: person); the environment (E: environment); and individual behavior (B: behavior). According to him, individual behavior is the result of the process of cognition of the environment as a follow-up to the stimulus.

Recorded in the data of Posyandu remaja in 2024 in Bungurasih Village, there are 2 pairs of young teenagers who are adrift of pre-marital pregnancy cases. So the Posyandu remaja has an important role as an advance step in providing health insights to every teenage resident there.

Posyandu remaja can also be categorized into non-formal education organized by the government and focuses on preparing adolescents to become healthy, intelligent, qualified, productive adults and play a role in maintaining and improving their health [6]. This is in line with Permenkes number 25 of 2014 which states that every child can behave healthily clean and healthy life, have healthy life skills and also qualified social skills, so that they can grow and develop comprehensively into highly competitive human resources.

Healthy living skills are an ability based on adolescents' understanding of how to care for themselves and protect themselves from various diseases. According to Sunarti [7], healthy living skills are skills that a person has to maintain and improve their health and prevent the risk of disease. Thus, directly and indirectly, adolescents are expected to be able to take responsibility for maintaining their own health.

Posyandu remaja intends to develop healthy living habits, namely by implementing healthy behaviors as an effort to maintain the health of the body and also the environment. Healthy living is not only physical, but also mental, spiritual and social. Social skills are part of mental health, as they relate to adolescents' competence in internalizing their difficulties in interacting with others. Adolescents who have excessive anxiety and anticipate rejection by being alone are more vulnerable to bullying [8]. For this reason, adolescents need to be equipped with self-defense skills against various things that can have an unfavorable and detrimental influence. It is important to equip children and adolescents with the necessary socio-emotional skills in order to build and maintain healthy friendships in both the real and digital worlds. In a public health effort conducted by Maryasih [9], it is explained that posyandu remaja (adolescent) is a Community-Sourced Health Effort (UKBM) that is managed and implemented by, for and with adolescents by monitoring their growth and development, increasing knowledge, attitudes and healthy living behavior, empowering adolescents in overcoming daily problems, and facilitating them in obtaining health services and also developing the talents and interests of adolescents.

In shaping adolescents' healthy living skills, support is needed from the family, the environment, and also the government. With facilitation from the government and local health institutions (puskesmas) as well as the full support of parents, adolescents have insight into self-care and health. In addition, the establishment of posyandu remaja is a means of fostering and expanding understanding of healthy lifestyles, care and improvement of reproductive health, nutrition, and prevention of juvenile delinquency [10]. Posyandu remaja as a health education service needs to exist, because most people think that adolescence is the healthiest period in the human life span, even though adolescent problematic behavior often occurs and is not considered universally as a health problem [11].

Research conducted by Labatjo [12] showed positive results, namely training and mentoring of posyandu remaja cadres significantly influenced the increase in knowledge and skills of posyandu remaja cadres in Tabumela Village. The same observation also occurred in Kabubu Village, Central Mamuju, West Sulawesi Province, by Nurliah [13], where activities of posyandu remaja is able to make adolescents more active and increase understanding of the body and mental health of adolescents.

An interesting phenomenon for researchers is that healthy living skills are part of the habituation and education that has been instilled by parents at home, and supported by the environment. Posyandu remaja as an advance step in improving adolescents' skills in running a healthier life, accompanied by a concrete understanding of health insights, prevention of infectious diseases, healthy relationships, social skills that build themselves, and efforts to prevent bad influences on physical and mental health. This is a differentiator from previous studies that focus more on the physical health goals of adolescents. The urgency of this research is to provide an understanding of the harmony and synergy of the implementation of posyandu remaja which involves the role of parents and the environment as the right step for adolescents to improve healthy living skills.

## 1.2 Methods

In carrying out this objective, researchers used an ethnographic qualitative approach that pays attention to the meaning of behavior and actions that occur in people or groups of people [14]. The application of the ethnographic concept is to examine all phenomena in posyandu remaja activities that have an impact on the healthy living skills of adolescents in Bungurasih Village.

The research subjects were adolescents as village youth, healthy youth cadres, health workers (midwives), Posyandu remaja implementers (youth organizations and some cadres of village officials). Data collection techniques through in-depth interviews as the main technique is through interviews and questionnaires, while participatory observation and documentation as support. Interviews were written as the results of the interview transcript analysis. While the questionnaire used is utilizing google form, then analyzed.

After collecting data, researchers analyzed the data with steps: data simplification (data reduction), data presentation, followed by data verification. The three stages as a continuous step are carried out continuously so as to form a braid as illustrated below (Fig 1). Data reduction, data presentation, and data verification are carried out continuously and intertwined as a process that is carried out when collecting data, then continues until the writing is complete.

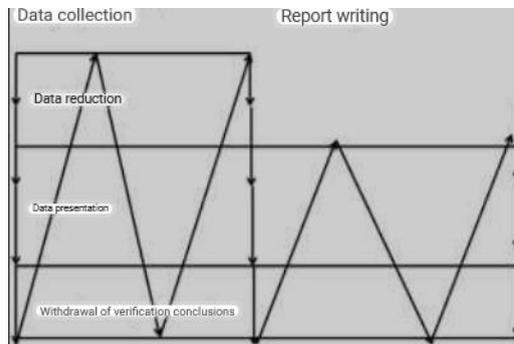


Fig. 1. Analysis with Spradley's Intertwining Technique

## 2 Results and Discussion

### 2.1 Posyandu remaja in an Effort to Improve Healthy Living Skills

Posyandu remaja is a form of service to adolescents related to their physical, mental, and social health which is carried out by providing education in the form of insight transfer, measuring height, weight, arm circumference, and so on. This is of interest to researchers because posyandu remaja is an effort made outside the general public health center specifically for adolescents to facilitate them in understanding adolescent health

problems, finding alternative solutions to problems, forming adolescent support groups, and also expanding the reach of health centers [15].

The organization of posyandu remaja is driven by adolescent posyandu cadres with supervision and guidance from the puskesmas and several related sectors. The number of cadres is at least five people, adjusting to the five stages of activity. The preparations made in the process of establishing posyandu remaja are as follows:

1. Internal meeting: an agreement was made on the commitment of cooperation between the community and the community health center in providing professional services to adolescents.
2. External meetings: conducted with the community (especially adolescents and community leaders) and stakeholders to support the Posyandu remaja program. In this activity, it was agreed on activity funds, inventory of activities, location of activities and infrastructure used.
3. Identification of needs: screening of what adolescents need in relation to supporting their physical, mental and social health. Identification is done with an Introspection Survey (SMD), at least once at the beginning of the posyandu remaja establishment.
4. Formulation of a Proposal for the Establishment of an Posyandu remaja through a Musyawarah Masyarakat Desa (MMD): a meeting attended by village leaders and community members in order to formulate adolescent health and social problems and develop countermeasures.
5. Establishment of Posyandu remaja Structure: selection of Posyandu remaja administrators and cadres by involving the youth community, as well as village leaders.
6. Making an Annual Work Plan: preparation of a program of activities that will be carried out for one year, along with a plan for the location of activities, division of tasks, and the required infrastructure.



**Fig. 2.** Situation during socialization of posyandu remaja (situation during socialization of posyandu remaja establishment)



**Fig. 3.** Information delivery to the youth

The guidelines used in the implementation of Posyandu remaja are guidelines posyandu adolescents published by the ministry of health, which begins with the registration of posyandu remaja participants, measuring weight and height, blood pressure, upper arm circumference, abdominal circumference, examining nutritional status and stature, checking anemia for adolescent girls. The following is documentation of the implementation of posyandu remaja in Bungurasih Village which is carried out at the Poskesdes or Polindes Bungurasih:



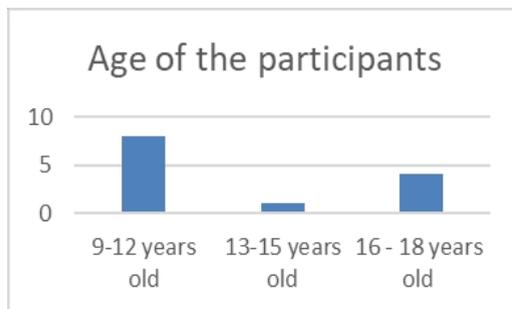
**Fig. 4.** Posyandu remaja Activity Process



**Fig. 5.** Posyandu remaja participants

In an interview with Mrs. Nana, one of the cadres implementing posyandu remaja activities, stated that posyandu remaja was implemented starting in January 2024, and is held regularly every month on the third Sunday. She feels concerned about the lives of teenagers who are increasingly free and difficult to control due to increasingly advanced digital facilities. With this posyandu remaja, Mbak Nana can monitor the growth and development of adolescents according to their age, which includes physical, mental, and social health.

Support from parents is very meaningful for the success of this program, and of course the community is also active in supporting adolescents to be healthier. Participants in posyandu remaja in Bungurasih Village should be 25 adolescents, but researchers can only meet 13 people, with the percentage of male gender totaling 46.2% or 6 people and female 53.8% or 7 people.



**Fig. 6.** Age of posyandu remaja participants

There were 8 adolescents aged 9 to 12 years old, 1 adolescent aged 13-15 years old, and 4 adolescents aged 16 to 18 years old. In interviews conducted with the 13 adolescents regarding motivation and also the level of resilience to uncomfortable conditions due to delinquency, they answered that the support of parents and family was the most important support system, in addition, the intrinsic motivation that they managed to build also contributed to raising their enthusiasm in living life, namely positive thoughts and understanding of religious knowledge that they have held since childhood.

Interviews regarding attitudes towards the toxic environment around them were responded to reasonably by the teenagers of Bungurasih Village, namely by fortifying themselves from these bad influences, avoiding, staying away from, and not contributing to these bad actions. This is a form of self-defense and resilience for teenagers to keep themselves safe. In research conducted by Praptiningsih [16], the type of toxic relationship takes the form of unhealthy relationships with friends, parents, and lovers that can affect the mentality of adolescents and have negative impacts such as being unproductive, mental disorders and violence. In line with the results of the researcher's interview, Alfiani's research work [17] explains that efforts that can be made not to be affected by toxic conditions include aspects of resilience in the form of emotion regulation, aspects of impulse control, optimism, empathy, analysis of the causes of problems, self-efficacy, and aspects of reaching out. Of course, it also involves the feeling of I have, I am, I can. That way, teenagers can still have good social relationships with others.

**Table 1.** Activities carried out in the Posyandu remaja

Month	Activities	Result
January	Socialization of Posyandu Remaja	Attended by teenagers and village officials
February	Measurement of students' weight, height, arm girth, abdominal circumference and lecturing about healthy nutrition and ideal for teenagers	Attended by 13 teenagers and all were healthy according to Body Mass Index (BMI)
March	Lecturing with Adolescent Reproductive Health Materials	Adolescents' understanding of personal hygiene and communicable and infectious vital diseases
April	Measurement of student's weight, height, arm girth, abdominal circumference	Attended by 13 teenagers and all were healthy according to BMI.
May	Lecturing materials of dealing with toxic relationship	There is a talk and understanding session on dealing with toxic environments
June	Measurement of student's weight, height, arm girth, abdominal circumference and lecturing with materials about healthy living skills	Attended by 12 teenagers and all were healthy and adolescents understand about how to establish a good relationship with other people

The table above shows the activities carried out during the six months of the posyandu remaja activities. The teenagers joined a whatsapp group to share information about the next activity schedule, documentation of activities, and various other

information that needed to be conveyed. The cadres provide information about the implementation schedule, along with the agenda of activities that will take place 2 to 3 days before the implementation, so that the teenagers know what they will do during the meeting.

Posyandu remaja is one of the part of life skill education to enhance students' healthy living skills. The intervention on life skills education aims to solve problems, think creatively and critically, cope with stress, and assist empathy of rural adolescent girls can create positive social interaction [18].

To two pairs of teenagers who experienced pregnancy before marriage, special guidance was given related to baby care and family health. Similarly, other teenagers were also given counseling related to reproductive health insights and infectious diseases.

The implementation of the activity is Sunday on the third week of each month. In addition to adolescents, the cadres also organize an insight to parents as the best support system for their adolescent children so that there is a synergistic environment related to healthy living skills. Parents support and facilitate emotionally as well as physically the equipment at home, and use their senses in guiding and educating the teenagers with their hearts. This step is considered a more advanced step in achieving the goal of community healthy living, which is moral and material support by all levels of society.

Sarah, a participant of the posyandu remaja testified that during the activity, she gained a lot of insights on reproductive health, nutrition, and mental health. She also felt able to plan education, as well as his life plans after he grew into a more mature person. Another participant, Daniswara, admitted that he gained more knowledge about physical and mental health and was happy to be able to consult with midwives or other health workers. In addition, the cadres and motivators present were energetic in providing enthusiasm and knowledge so that they were increasingly encouraged to lead a healthy life. "Starting with a good midwife in my opinion, who can provide a little motivation and knowledge, then once in a while an expert or motivator is brought in who can raise the spirit, provide knowledge and provide positive energy for us teenagers".

The presenters in the posyandu remaja also provided information related to adolescent growth, development, and helped the adolescents to recognize themselves, what changes are happening in their growing process, and provided support in dealing with these changes. Adolescents have understood what they need to do when experiencing signs of puberty, namely how to clean menstruation for girls. Male adolescents also knew how to take care of themselves and behave when experiencing wet dreams.

All posyandu remaja participants have practiced healthy living procedures and have become a habit for them in terms of taking care of themselves such as bathing, washing hands before and after eating or when hands are dirty, changing clothes every day, brushing teeth when bathing and before bed, maintaining reproductive health, and so on. They understand the dangers of not maintaining a healthy body and the consequences. Adolescents also understand and practice the social moral values upheld by the surrounding community. Adolescents also claim to understand religious values and try to stay within the corridors. Empowerment for adolescents could be reached by teaching them how to think rather than what to think, by providing them equipment to

solve problems, make decisions, and manage emotions, by engaging them through participative methodologies [19].

### 3 Conclusion

Posyandu remaja makes a positive contribution in supporting the growth and development of young people in Bungurasih Village in a holistic manner regarding physical and mental health. Physical health relates to how to live a healthy life and make it a habit. While mental is related to how to establish good relationships with fellow teenagers and other people. The results of this study are an increase in healthy living skills.

### References

1. [Http://www.metrotvnews.com/metromain/news/2012/11/28/115608/BKKBN-Seks-Bebas-Kini-Masalah-Utama-Remaja-Indonesia](http://www.metrotvnews.com/metromain/news/2012/11/28/115608/BKKBN-Seks-Bebas-Kini-Masalah-Utama-Remaja-Indonesia), “BKKBN: Seks Bebas Kini Masalah Utama Remaja Indonesia,” 2019. <https://kebijakankesehatanindonesia.net/25-berita/berita/859-bkkbn-seks-bebas-kini-masalah-utama-remaja-indonesia> (accessed Jul. 06, 2024).
2. D. Ertiana, A. SEotyvia, A. Utami, E. Ernawati, and Y. Yualiarti, “Program Peningkatan Kesehatan Remaja Melalui Posyandu Remaja,” *J. Community Engagem. Employ.*, vol. 03, no. 01, pp. 30–39, 2021, [Online]. Available: <http://ojs.iik.ac.id/index.php/JCEE/article/view/362/191>
3. E. Sulastri, D. P. Astuti, and E. W. Handyani, “Pembentukan Posyandu Remaja Desa Madoreso Kecamatan Kuwarasan Kabupaten Kebumen,” *Urecol*, pp. 130–133, 2019.
4. R. N. Azizah and U. K. Nisak, “Analysis of the Predicted Number of HIV / AIDS Spreads in Sidoarjo Regency using Multiple Linear Regression Method [ Analisis Jumlah Prediksi Penyebaran HIV / AIDS di Kabupaten Sidoarjo menggunakan Metode Multiple Linier Regression ],” pp. 1–9, 2025.
5. M. Mustalia, A. Suryoputro, and B. Widjanarko, “Perilaku Seksual Remaja di Lingkungan Lokalisasi Kabupaten Sidoarjo,” *J. Promosi Kesehat. Indones.*, vol. 11, no. 1, p. 78, 2016, doi: 10.14710/jpki.11.1.78-93.
6. “Remaja.” <https://ayosehat.kemkes.go.id/kategori-usia/remaja> (accessed Jul. 10, 2024).
7. S. Sunarti, L. Wahyuni, and H. Hartini, “Model keterampilan hidup bersih dan sehat untuk anak usia dini,” 2019, [Online]. Available: <http://repositori.kemdikbud.go.id/18618/%0Ahttp://repositori.kemdikbud.go.id/18618/1/Model-Keterampilan-Hidup-Bersih-Dan-Sehat.pdf>
8. M. Ohl, “Pyramid Club: building skills for healthy friendships and relationships in a digital age,” *Support. New Digit. Nativ.*, pp. 23–40, May 2021, doi: 10.46692/9781447356462.005.
9. N. L. K. Maryasih, Y. Sari, and M. Handayani, “Urgensi Pembentukan Posyandu Remaja,” vol. 3, no. 4, pp. 288–291, 2023.
10. M. Yuliani, Y. Yufina, and M. Maesaroh, “Gambaran Pembentukan Kader Dan Pelaksanaan Posyandu Remaja Dalam Upaya Peningkatan Kesehatan Reproduksi Remaja,” *SELAPARANG J. Pengabd. Masy. Berkemajuan*, vol. 4, no. 2, p. 266, 2021, doi: 10.31764/jpmb.v4i2.4157.
11. B. A. Hamburg, “Education for healthy futures: Health promotion and life skills training,” *Prep. Adolesc. Twenty-First Century*, pp. 108–135, Jun. 1997, doi: 10.1017/CBO9780511600913.008.

12. R. Labatjo and A. A. Maridji, "Pelatihan Dan Pendampingan Kader Posyandu Remaja," *JMM (Jurnal Masy. Mandiri)*, vol. 7, no. 1, p. 453, 2023, doi: 10.31764/jmm.v7i1.12230.
13. N. Nurliah and U. W. Sagena, "KESEHATAN MASYARAKAT TERINTEGRASI MELALUI POSYANDU REMAJA DI DESA KABUBU," *Disem. J. Pengabd. Kpd. Masy.*, vol. 4, no. 1A, pp. 56–62, Mar. 2022, doi: 10.33830/DISEMINASIABDIMAS.V4I1A.2974.
14. S. Mardiyah, W. Yulianingsih, L. Surya, and R. Putri, "Jurnal Obsesi : Jurnal Pendidikan Anak Usia Dini Sekolah Keluarga : Menciptakan Lingkungan Sosial untuk Membangun Empati dan Kreativitas Anak Usia Dini Abstrak," vol. 5, no. 1, pp. 576–590, 2021, doi: 10.31004/obsesi.v5i1.665.
15. K. Kesehatan, *Posyandu Remaja*. 2023. [Online]. Available: [http://eprints.poltekkesjogja.ac.id/12820/1/Buku Panduan Posyandu Remaja\\_HKI.pdf](http://eprints.poltekkesjogja.ac.id/12820/1/Buku_Panduan_Posyandu_Remaja_HKI.pdf)
16. N. A. Praptiningsih and G. Kumari, *Toxic Relationship Dalam Komunikasi Interpersonal*, vol. 12, no. 2. 2021, pp. 139–149.
17. V. R. Alviani, *Upaya resiliensi pada remaja dalam mengatasi*. 2020.
18. S. J. Jeyarani, *Life Skills and Well-being for Adolescent Mental Health*. Ashok Yakkaldevi, 2022. [Online]. Available: <https://books.google.co.id/books?id=4OJtEAAAQBAJ>
19. M. Leena, W. Cheryl Vince, and P. Marc, "Life Skills Approach to Child and Adolescent Healthy Human Development," *Pan Am. Heal. Organ.*, no. September, 2001.

**Open Access** This chapter is licensed under the terms of the Creative Commons Attribution-NonCommercial 4.0 International License (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits any noncommercial use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons license and indicate if changes were made.

The images or other third party material in this chapter are included in the chapter's Creative Commons license, unless indicated otherwise in a credit line to the material. If material is not included in the chapter's Creative Commons license and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder.

