



# Relationship Between Health Worker Support and Youth Activity Integrated Youth Service Posts in Purwosari, Surakarta

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<p><b>Track Record Article</b></p> <p>Accepted: 4 September 2024 Revised: 31 July 2024 Published: 14 September 2024</p> <p><b>How to cite :</b> Narantika, F. T. F., &amp; Werdani, K. E. (2024). Relationship Between Health Worker Support and Youth Activity Integrated Youth Service Posts in Purwosari, Surakarta. <i>Contagion : Scientific Periodical of Public Health and Coastal Health</i>, 6(2), 944–956.</p>	<p style="text-align: center;"><b>Abstract</b></p> <p><i>Adolescent Integrated Service Post is one of the health efforts that play an important role in improving the quality of adolescent health. However, adolescent participation in posyandu activities is often low. The support of health workers is considered an important factor that can influence the level of activeness of adolescents in these activities. This study aims to determine the relationship between health worker support and adolescents' activeness in Youth Posyandu in Purwosari Village, Surakarta. This study used a quantitative research design with a cross-sectional approach. The population of this study were 818 adolescents aged 15-19 years in Purwosari Village, Laweyan District, Surakarta City. The sample of this study was 80 adolescents using snowball sampling technique. Data were collected through questionnaires. Data analysis was performed using the chi-square statistical test to see the relationship between variables. The results showed that there was a significant relationship between health worker support and teenagers' activeness at the Youth Integrated Service Post in Purwosari, Surakarta (<math>p</math>-value=0.023). The highest value was when leaders and health workers visited adolescents, and adolescents, and the lowest value was when leaders and health workers only persuaded adolescents to participate in the programs of the Youth Integrated Service Post. Most adolescents have a regular intention to join the Integrated Youth Service Post programs. Recommendations that researchers can give to health workers are to share good information and invite adolescents to be active in the Integrated Service Post for Adolescents.</i></p> <p><b>Keywords :</b> <i>Activeness, Adolescents, Health worker support, Integrated service</i></p>
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## INTRODUCTION

Teenagers are the growth of humans from 13 to 19 years old; the development of humans in the teenage era is physical, mental, social, and emotional (Agarwal et al., 2020). Health Ministry divides teenagers into three parts: young teenagers (10 – 13 years old), middle teenagers (14 – 16 years old), and the last era of teenagers (17 – 19 years old) (Kemenkes RI, 2020). Usually, teenagers experience health problems in this era; examples are anaemia in girls teenager, low concentration, insecurity, bad behaviour of teenagers, using drugs, and smoking (Meta et al., 2023).

In the United States, most teenagers get involved in severe acts of crime, like bullying by gangsters, bullying in school, and using drugs. The gangsters in the United States consist of more than 700.00 teenagers. The conflicts from each gang, toxic masculinity, and the involvement of a teenager in bad activities are their lifestyle in this era (Leverso & K. O'Neill, 2022). In almost all secondary schools in Kenya, teenagers engage in harmful activities. To

reduce the mischief of teenagers, Kenya's government has built an organization to analyze why teenagers do bad things in school (Aute et al., 2020).

The problems caused by teenagers are increasing every year in Indonesia. The data from the Central Bureau of Statistics (CBS) showed that the number of teenage mischief encounters increased by 10.7 per cent from 2013 to 2016. Smoking, free sex, skipping class, fighting, killing, and stealing are examples of mischief by teenagers that are often happening (Jasmiara & Herdiansah, 2022). Less knowledge of reproduction is one of the reasons for teenage mischief (Dewi et al., 2021). The highest amount of mischief by teenagers in Indonesia is happening in Central Java.

Central Java is in 7<sup>th</sup> position with 14.859 cases that already happened; from the criminal record, it is known that criminals, not only adults, teenagers and kids, are also noted as criminals by the police (Budiwati & Yudanto, 2021). Besides, in Central Java, there is 1.9 per cent of boys' teenagers have been in sexual relationships before marriage, and 0.4 per cent of girls' teenagers are doing that, too (Haniyah et al., 2023). Based on the data by PKBI Central Java in 2010, 863 peoples that consist by teenagers were in sexual relationships before marriage, pregnancy before marriage are 452 people, 283 people suffered from sexually transmitted, masturbation 337 people, and abortion 244 people (Dewi et al., 2021).

Surakarta is one of the cities in Central Java with a high rate of mischief by teenagers. Prananingrum (2021), doing research at State Junior High School 9 Surakarta in 2020, found that the highest rate of teenage mischief is three (3) students who had been pregnant before marriage for the last three (3) years. Sex before marriage could happen because of less access and information by health public services for teenagers so teenager has low knowledge about the dangers of having sex before marriage. There are many problems caused by having free sex on a social environment, such as sexually transmitted diseases, HIV/AIDS, the risk of having sex, pregnancy before marriage, and sexual violence. There is one of the highest rates of sex before marriage in urban villages in Surakarta city, Purwosari urban village.

Free sex usually happens because of pressure or a romantic relationship; this thing usually happens in teenage society. The effects of having free sex repeatedly are sexually transmitted diseases, unwanted pregnancy, abortion, mental illness, and underage marriage. In 2015, the data of couples who married under 20 years old in Purwosari urban village, Mijen sub-district nine couples, 19 couples in 2016, and 4 couples in 2017 of March; based on this data, the conclusion is there is an increase of marriage under 20 years old every year (Wulandari et al., 2019). These cases motivate the government to find solutions by giving more educational

information about the dangers of having free sex to teenagers so this complex problem can be reduced and easily resolved (Purnamasari et al., 2022).

The government's solution to this problem is the Integrated Youth Service Posts for Teenagers. Integrated Youth Service Posts for Teenagers is one of the Community Resources for Health Efforts managed by the citizen, from the citizen, and for citizens, including teenagers, for implementation of health development (Ariantini et al., 2023). The primary purpose of the Integrated Youth Service Posts for teenagers is to care for their mental, physical, and lifestyle conditions (Sandrana et al., 2024). Integrated Youth Service Posts for Teenagers provides many benefits to teenagers, especially regarding their reproduction conditions, and makes sure they don't have sex before marriage (Suwarjono, 2022). However, the existence of an Integrated Youth Service Posts for teenagers still doesn't really work because of some resistor factors, such as time management and little worker. The resist factors make the operational Integrated Youth Service Posts for the Teenagers reach efficiency, effectiveness, and purpose, which is optimal in the Integrated Youth Service Posts for Teenagers coverage area, which consists of several functions, including planning, organizing, monitoring, recording and reporting (Ruwayda & Izhar, 2021).

According to research by Larasaty & Hasna (2021), the Integrated Youth Service Posts for Teenagers only works optimally because only a few teenagers participate in the program. The builder or leader of the Integrated Youth Service Posts for Teenagers does not fit the qualifications and infrequently comes to any program in the Integrated Youth Service Posts for a teenager; the information about the Integrated Youth Service Posts for Teenagers is not spread abroad, and there is no salary or income for doing the Integrated Youth Service Posts for Teenagers program, and the material does not make teenagers interested.

There are a few factors that influence teenager' activeness in learning about their reproduction conditions, which are predisposing factors, enabling factors, and reinforcing factors. Predisposing factors are internal factors from the individual, family, group, or citizens that influence the behaviour of the individual—enabling factors or external factors from the availability of resources, affordability, referrals, and skills. Reinforcement factors are the factors that make the individual consistently maintain their habits (Citrawathi, 2013).

Health worker support will be felt if the individual feels comfortable with the physical or the psychological, receives attention, awards, or any help from the health worker individual (Nurisa, 2017). One example of teenagers who should be active in the integrated youth service posts for teenagers is adolescent care health service program. The services caring

for teenagers are held to give the best services so that teenagers can be spared from any health problems (Widiyanto, 2019).

Based on the research by Ghassani (2023), 80% of teenagers are active in the services caring for teenagers. An example of support by health worker for influencing teenagers to come to the integrated youth service posts for teenagers is able to know and support teenagers, sharing material discussion about adolescent care health service program services (Becqué et al., 2021). The material in adolescent care health service program programs is about reproduction health services, prevention and countermeasures pregnancy teenagers, nutrition education, the growth of teenagers, screening Tetanus Toxoid (TT) state, mental health services on teenagers, prevention and countermeasures Narcotics, Psychotropic Substances, and Addictive Substances, detection and countermeasures the violence of teenagers, tuberculosis (Yuniliza, 2020).

According to the results of the previous research, in Surakarta Health Department in 2023, Purwosari's Public Health Centre, including the Integrated Youth Service Posts, is about 52% (Dinkes Surakarta, 2023). Integrated Youth Service Posts for Teenagers in neighbourhood number 2, Purwosari urban village named CoE (Centre of Excellent), was founded on 4 November 2023; the main target is pregnant women, breastfeeding mothers, postpartum mothers, babies under two years old, toddlers, school age, teenagers, productive age, and elderly. In Purwosari urban village, there has been no study of problems regarding teenager activity in the Integrated Youth Service Posts for Teenagers supported by health worker. Hence, the conclusion is that for making the Integrated Youth Service Posts for Teenagers more active, the role of teenagers is essential to liven up the Integrated Youth Service Posts for Teenagers in Purwodadi urban village. So, the purpose of this research is to analyze health worker support correlations with teenager activeness at the Integrated Youth Service Posts for Teenagers in Purwosari urban village, Surakarta.

## **METHODS**

This research uses quantitative methods with a cross-sectional design. This research was done in November 2023. The location of this research is Purwosari urban village, Laweyan sub-district, Surakarta. The population of this research is 818 teenagers, ages 15 to 19 years old, in the Purwosari urban village. To get sample research, the researcher used the Lameshow formula, and the result was 47 respondents. The sampling technique in this research is the snowball sampling technique. The researcher decided to use snowball sampling as a technique because it needs to consider any probability that might happen during the research process.

One of these considerations includes a situation where the starting point for determining the respondent is the Purwosari urban village. In the technique of snowball sampling, the researcher starts with a few respondents and then asks them to recommend additional samples so the sample of this research will be fulfilled.

The independent variable in this research is health worker support, with a high support category if the score total is  $\geq 40$  (median); meanwhile, low support is if the score total is  $< 40$  (Median). The dependent variable in this research is teenager activeness in the Integrated Youth Service Posts for teenagers, with high categories if the score total  $\geq 14$  and low category if the score total  $< 14$ .

Instrument research or accumulation of data in this research is using a questionnaire. In the questionnaire form, there will be questions about age, gender, class, father's job, mother's job, father's education, mother's education, father's income, and mother's income, which is ten questions to the answer will be using the score, if the respondent answers yes it will get one score, and if the answer is no will get 0 score, health worker supports has 15 questions, and for an answer also get the score from each point, its three scores if the answer is ever, two score if it rarely, and one if it never. Then, the results of the questionnaire will be tested using a validity test and a reliability test.

The collected data is analysed with univariate analysis to know the frequencies of teenager activeness and health worker's support, and this analysis is purposed to give a description of two variables that have correlations, which is health worker's support as the independent variable and teenager activeness as the dependent variable. The bivariate analysis uses the Chi – A chi-square test with  $\alpha = 0.05$  significations to know how strong the correlations between the two variables, health worker support and teenagers' activeness in the Integrated Youth Service Posts for Teenagers. This study has received ethical approval from the Health Research Ethics Commission of Dr. Moewardi General Hospital in the number 1.621/VI/HREC/2024.

## **RESULTS**

The research involved 80 teenagers aged 15-19 years in Purwosari, Laweyan, Surakarta. The majority of respondents were 15 years old, with females making up 62.5% of the sample. Most were in 10th grade. The highest percentage of fathers were private sector employees (55%), while most mothers were housewives (46.3%). Both parents predominantly had senior high school education, with 61.3% of fathers and 66.3% of mothers. The majority

of fathers earned less than 2.000.000 IDR (48.8%), with an average income of 2.125.000 IDR. Most mothers had no income (46.3%), with an average of 1.150.000 IDR.

**Table 1. Respondent Characteristic (n=80)**

Variable	Categories	n	%
<b>Age</b>	15	26	32.5
	16	14	17.5
	17	13	16.3
	18	14	17.5
	19	13	16.3
<b>Gender</b>	Male	30	38.5
	Female	50	62.5
<b>Class</b>	10	31	38.8
	11	14	17.5
	12	13	16.3
	Graduate	22	27.5
<b>Father's Job</b>	Self employed	30	37.5
	Private Sector Employee	44	55.0
	Government Employee	2	2.5
	Unemployment	4	5.0
<b>Mother's Job</b>	Self employed	18	22.5
	Private Sector Employee	21	26.3
	Government Employee	4	5.0
	Housewife	37	46.3
<b>Father's Education</b>	Elementary School	4	5.0
	Junior High School	10	12.5
	Senior High School	49	61.3
	College	17	21.3
<b>Mother's Education</b>	Elementary School	8	10.0
	Junior High School	5	6.3
	Senior High School	53	66.3
	College	14	17.5
<b>Father's Income</b>	> 2.000.000	39	48.8
	≤ 2.000.000	37	46.3
	No income	4	5.0
Average :	2.125.000 IDR	Max : 5.000.000 IDR	Min : 0 IDR
<b>Mother's Income</b>	> 2.000.000	17	21.3
	≤ 2.000.000	26	32.5
	No Income	37	46.3
Average :	1.150.000 IDR	Max : 5.000.000 IDR	Min : 0 IDR

Source: Primary data 2023

Univariate analysis is used to determine the frequencies of respondents on the independent variable (health worker support) and the dependent variable (teenager's activity in the Integrated Youth Service Posts for teenagers).

**Table 2 The health worker's supports Frequencies (80)**

<b>Evaluation Health Worker's Supports (N=80)</b>	<b>%</b>
Health's worker sharing the activity of Integrated Youth Service Posts for teenager to social media.	52.5
The leader and health worker persuade teenager to join Integrated Youth Service Posts for teenager programs.	46.3
The leader and health worker doing coaching of Integrated Youth Service Posts for teenager activities frequently	58.8
The leader and health worker be the role for accompany activity of Integrated Youth Service Posts for teenager	55.0
The health worker lead the leader on maintenance activities of Integrated Youth Service Posts for teenager	53.8
The leader and health worker coming to the participant if they not come to Integrated Youth Service Posts for teenager	66.3
The leader and health worker give helpful information about activity of Integrated Youth Service Posts for teenager	56.3
The leader and health worker prepared the place to do activity, facilities and infrastructure before the activities will do	56.3
The leader and health worker noted the results of healthy inspection of teenager conditions	57.5
The health worker doing detection earlier about teenager healthy conditions	53.8
The health worker giving identity forms and questionnaire about teenager intelligences	55.0
The leader and health worker give referenced to the other healthy facilities if the risk healthy problem of teenager more than one, like obesity, hypertension, and diabetes	61.3
The leader and health worker give healthy services like counselling, anthropometric measurements, evaluation of nutrition state in Integrated Youth Service Posts for teenager	60.0
The leader and health worker sharing reproductions health information to teenager	60.0
The leader and health worker give information about the healthy living skills education	57.5

Source: Primary data 2023

Based on Table 2, the highest evaluation percentage of health worker support is when the leader and health worker come to the teenage participants who did not come to the Integrated Youth Service Posts for teenagers, with 66.3%. The lowest rate is when the leader and health worker persuade teenagers to join Integrated Youth Service Posts for Teenager programs, with 46.3%.

**Table 3 The Activeness Frequencies of Teenager in Integrated Youth Service Posts for Teenager (80)**

<b>Evaluation</b>	<b>%</b>
<b>The Activeness teenager in Integrated Youth Service Posts for teenager (N=80)</b>	
Have joined in Integrated Youth Service Posts for teenager	33.8
Frequently joined Integrated Youth Service Posts for teenager	12.5
Routinely intention to joined Integrated Youth Service Posts for teenager	83.8
Desire to joined Integrated Youth Service Posts for teenager	33.8
Has been doing healthy consultation	73.8

<b>Evaluation</b>	<b>%</b>
Convenience to joined Integrated Youth Service Posts for teenager	33.8
<b>Inspection of Healthy Consultation (Choices more than 1)</b>	
School	73.8
Integrated Youth Service Posts	66.3
Integrated Youth Service Posts for teenager	33.8
<b>Kind of Counselling (Choices more than 1)</b>	
Healthy Mental	21.3
Nutrition Consultation	46.3
PTM Consultation	15
Teenager Violence Consultation	30
Kespro Consultation	57.5
NAPZA Consultation	62.5
PKHS Consultation	48.8
<b>Measurements in Integrated Youth Service Posts for teenager (N=27)</b>	
Height	33.8
Weight	33.8
Upper arm circumference	33.8
Abdominal Circumference	33.8

*Source: Primary data 2023*

According to Table 3, inactiveness Integrated Youth Service Posts for Teenagers, the highest rate is respondents who routinely intend to join Integrated Youth Service Posts for Teenagers with 83.3% percentage. Meanwhile, the lowest percentage is the teenagers who routinely join Integrated Youth Service Posts for Teenager programs, which is 12.5% percentage. On the inspection of health consultations, the highest rate is for teenagers doing health consultations in their school; the percentage is 73.8%, and the lowest presentation is 12.5%, which is the teenagers doing health consultations in Integrated Youth Service Posts for teenagers. In the evaluation of counselling kind, the highest percentage is the respondent who is doing Narcotics, Psychotropic Substances, and Addictive Substances consulting, which is 62.5%, and the lowest rate is the respondent doing noncommunicable diseases counselling, which is 15%. The average measurement of the body in the Integrated Youth Service Posts for Teenagers by measuring height, weight, upper arm circumference, and abdominal circumference is 33.8%.

Bivariate analysis is used to determine the correlations between the independent variable (health worker's supports) and the dependent variable (teenager activeness) by using the Chi-square statistic test and the Ratio Prevalent, with the terms having a trusted level (CI) of 95% and a significance level of 0.05.



**Table 4 The Relationship between Health Worker Support and Adolescent Activity in the Youth Integrated Service Post in Purwosari Village, Surakarta**

Health Worker's Supports	The activeness of Teenager in Integrated Youth Service Posts for teenager						P-value	PR (95% CI)
	High Activeness		Low Activeness		Total			
	n	%	n	%	N	%		
High	39	76.5	12	23.5	51	100	0.023	3.033 (1.145-8.036)
Low	15	51.7	14	48.3	29	100		

Source: Primary data 2023

This test resulting a significance score of  $0.023 < 0.05$ , which means there is a significant correlation between health worker and teenagers' activeness in Integrated Youth Service Posts for Teenager programs. As is known, the odd ratio score result is 3.033, so the teenager that gets support from health worker has a possibility of 3.033 to be active in Integrated Youth Service Posts for Teenager programs.

Teenagers with high activeness in Integrated Youth Service Posts for Teenager programs get 76.5% support from health worker; this is a higher percentage than teenagers with lower support from health worker, with a percentage of 51.7%. However, there is the lowest support for health worker; the percentage is 48.3%.

## DISCUSSION

According to the results of statistics analysis, the test gained a score of  $0.023 < 0.05$ , which means there is a significant correlation between health worker and teenager activeness in Integrated Youth Service Posts for Teenager programs. As is known, the odd ratio score result is 3.033, so the teenager that gets support from health worker has a possibility of 3.033 more significantly to be active in Integrated Youth Service Posts for Teenager programs. This result is supported by the percentage of teenagers' activeness, with high support from health worker, at 76.5%. The result of this research is relevant to the research by Kurniawati et al. (2023), who stated that being supported by health worker is one of the essential factors for teenagers to participate and come to the Integrated Youth Service Posts for Teenagers. The level of knowledge, distance to the Integrated Youth Service Posts for Teenagers, friends' support, family support, and health worker support are some factors that were analyzed in the research. Ruwayda & Izhar (2021) are also doing relevant research; the research found that there are significant correlations between the health worker role, the leader of the Integrated Youth Service Posts, and family support for teenage behaviour to be active in Integrated Youth Service Posts for Teenagers programs. According to that research, the researcher stated 77.2%

of health workerers give good services so that teenagers feel comfortable hiring and joining the Integrated Youth Service Posts for Teenagers.

Descriptive analysis results in this research show that routine intention to join the Integrated Youth Service Posts for Teenagers has the highest score. The intention is the beginning acts of human to fulfil their needs (Retno 2017). Also, intention can be an indicator of knowing what people will do. Good intentions will generate motivation for people to do good things. If someone consistently does good acts, it will bring good things too for them. This statement also happens to bad intentions. For doing an activity, intentions are really helpful in reminding people to do an act of the activity. Intentions motivate an individual to give the time for they are doing an activity that had been planned before (Sara et al., 2024). Intentions and a healthy lifestyle are critical to enhance the health of an individual and citizens. The awareness of health conditions motivates teenagers to come to the Integrated Youth Service Posts for Teenagers (Otsuka et al., 2021). This research result is relevant to the research by Nuramalia et al (2021) There are correlations between awareness of healthy conditions and teenagers' intentions to join the Integrated Youth Service Posts for Teenager activities ( $p=0,000$ ;  $p<0,05$ ).

In this research, based on an analysis of support from health workers, it is known that the form of support that gets the highest score is "cadres and health workers visit you if you do not come to the Integrated Youth Service Posts for Teenagers." Health worker has a crucial role in sharing motivation, education, and relevant information to teenagers about the benefits they will get after joining and being active in Integrated Youth Service Posts for Teenagers programs. The health workerers need to explain the services, why health inspection is an essential routine to do, provide information about the health problems that happen to teenagers, and good advice for always implementing a healthy lifestyle. Health workerers need to resolve uncomfortable or fearful feelings when teenagers are active or just coming to the Integrated Youth Service Posts for Teenager programs (Kurniawati, 2023).

The same statement is also stated by Ruwayda & Izhar (2021), where the existence of health worker in the Integrated Youth Service Posts is an essential factor in the enhancement of visitors. The health workerers have an important role that teenagers need, not only in terms of healthy inspection but also in counselling, consultation, and advice for teenagers. Health services for teenagers by health workers include promotive and preventive efforts such as PKHS, reproductive health, prevention of drug abuse, psychological health, physical activity, nutrition, prevention of non-communicable diseases, and prevention of violence in teenagers. This research also found that health inspections by teenagers are primarily done in school. This shows that half of teenagers' lives are spent in school because the respondents in this research

are mostly from class 11. Therefore, the group formed by the health workerers as educators is significant (Siswantara et al., 2019).

## CONCLUSIONS

The research showed there is a correlation between healthy worker and teenager activeness in the Purwosari urban village by a signification score of 0.233; meanwhile, the odds ratio score is 3.033, which means teenagers get support from healthy worker has a 3.033 more substantial possibility of being active in the Integrated Youth Service Posts for Teenager. This is also supported by the high youth activity score along with high support from health workers at 76.5%. The role of health workerers is to give support to enhance the activeness of teenagers, including attention to the teenager, helping to find references, motivation, education, socialization, counselling, and consulting.

The recommendations the researcher can give to health workerers in Purwosari urban village need to enhance more efforts and motivation and persuade teenagers to be active in Integrated Youth Service Posts for Teenagers activities. The results of the research showed that teenagers have routine intentions. However, the score of their activeness still needs to be higher, and the group of educators in the school society by health worker still needs to be optimal. It is also because almost half of teenagers spend their daily lives in school so that the school could be the place for the expansion of the Integrated Youth Service Posts for Teenagers.

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