



## Evaluation of the Adolescent *Posyandu* in the Working Area of Puskesmas Wonokerto I, Pekalongan Regency

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### A B S T R A C T

The Adolescent *Posyandu* is a form of mentoring and coaching designed to help teenagers avoid negative behaviors that may harm themselves or others. In the current digital era, where information can be easily accessed through the internet and social media, the implementation of Adolescent *Posyandu* faces various challenges. This study aimed to evaluate the implementation of the Adolescent *Posyandu* in the working area of Puskesmas Wonokerto I, Pekalongan Regency. This descriptive qualitative research used in-depth interviews in which the data were analyzed using the Context–Input–Process–Product (CIPP) model. At the context stage, the program had not been fully achieved due to low participant coverage, uneven target distribution, and environmental factors such as peer influence and cadre roles that affected participation. At the input stage, not all cadres had attended training, and the number of cadres did not meet the technical guidelines. At the process stage, scheduling was constrained by the busy schedules of officers, and activities were incomplete. Monitoring and evaluation by the health center were also limited. At the product stage, there were no innovative activities to increase adolescents' awareness and participation. Puskesmas Wonokerto I needs to optimize the development of Adolescent *Posyandu* activities by improving human resources, facilities, monitoring, and innovative approaches.

## INTRODUCTION

According to the World Health Organization (WHO), adolescents account for 18% of the world's population, or approximately 1.2 billion people. Adolescents aged 10–24 years currently represent the largest demographic group globally, with nearly 90% living in developing countries. Regions such as South Asia, Sub-Saharan Africa, and Latin America have particularly high adolescent populations. Population growth in developing countries significantly influences the overall number of adolescents worldwide (WHO, 2022).

Adolescent reproductive and sexual health is a critical issue for national development, considering both the size of the adolescent population and the long-term consequences of related health problems. Today's adolescents remain vulnerable to issues such as early marriage, limited knowledge of reproductive and sexual health, early and unintended pregnancies, sexually transmitted infections (STIs) including HIV/AIDS, unsafe abortion, and gender-based violence (BKKBN, 2021).

Prominent health challenges among adolescents are often related to the so-called TRIAD KRR—sexuality, HIV/AIDS, and drug use. Data from the National Narcotics Agency show that there are 115,404 drug users in Indonesia, with 51,986 of them aged 16–24 years. Among these, 5,484 are secondary school students and 4,055 are university students (Aldo et al., 2023).

The 2015 Indonesia Global School-Based Student Health Survey (GSHS) reported that 41.8% of male students and 4.1% of female students aged 12–18 years had smoked, with 32.82% of smokers starting at age 13 or younger. In addition, 14.4% of male students and 5.6% of female students had consumed alcohol, while 2.6% of male students had used drugs. Risky sexual behavior was also reported, with 8.26% of male students and 4.17% of female students having engaged in sexual intercourse. Such behaviors increase the risk of STIs, unwanted pregnancies, and unsafe abortions. Data from the Directorate General of Disease Control and Environmental Health (DG P2PL) between 1987 and March 2017 indicate that the high incidence of AIDS in the 20–29 age group suggests that initial exposure to HIV often occurs during adolescence (Ruwayda & Izhar, 2021).

According to the Indonesian Ministry of Health, new cases of HIV/AIDS continue to rise. In 2020, there were 8,639 reported cases; in 2021, 5,750 cases; and from January to March 2022, 1,907 cases. Across the years, the 20–29 age group consistently accounts for the largest proportion of cases, with an average of 30.7%. The Indonesian Pediatric Association (IDAI) reported that between January and June 2022, approximately 1,188 children in Indonesia were HIV-positive. These findings indicate that this age group engages in behaviors that make them highly vulnerable to contracting or transmitting HIV/AIDS (Ministry of Health RI, 2022).

The Adolescent Posyandu (Integrated Health Post for adolescents) is a form of mentoring and coaching designed to help teenagers avoid negative behaviors that could harm themselves or others. As a community-based public health activity, it specifically targets adolescents aged 10–18 years, providing regular health monitoring and promoting healthy life skills (Ministry of Health, 2018).

In the working area of Puskesmas Wonokerto I, the Adolescent Posyandu was established in 2019 and is implemented in all eight villages: Bebel, Wonokerto Wetan, Sijambe, Pesanggrahan, Pecakaran, Api-Api, Wonokerto Kulon, and Tratebang. Activities are conducted monthly in each village, involving 2–5 cadres and one village midwife as the program facilitator. According to the guidelines, activities include measurements of height and weight, blood sugar tests, mid-upper arm circumference measurements, hemoglobin (Hb) checks, health counseling, physical fitness exercises, and completion of intelligence forms for new participants. Attendance per village typically ranges from 15–20 adolescents each month, though participation varies.

Data from Puskesmas Wonokerto I indicate that the total adolescent population in the working area is 5,171, consisting of 2,878 adolescents aged 10–14 years (1,467 males and 1,411 females) and 2,293 adolescents aged 15–18 years (1,180 males and 1,113 females). The highest recorded participation was in December 2023, with 114 attendees—only 5.7% of the total adolescent population. This shows that, while the Adolescent Posyandu is conducted monthly in every village, participation remains low.

A preliminary survey identified several challenges in the implementation of the Adolescent Posyandu. The most prominent issue is the limited number of personnel. Although the program has been running since 2019, each Posyandu only has 2–3 cadres, which hinders optimal implementation. In addition, there is a lack of innovative activities, particularly important in the current digital era, given that adolescents are the primary target group. The use of technology for disseminating information and providing education is minimal, reflecting a shortage of human resources capable of adapting activities to modern needs. Furthermore, most cadres are no longer in the adolescent age group, which reduces the appeal of the program. Adolescents tend to feel more comfortable interacting with peers; therefore, the presence of peer-aged cadres could create a more open and supportive environment. Peer cadres can also offer perspectives that are more relevant and relatable, thereby increasing the effectiveness of the program in delivering health messages and motivating positive health behaviors.

Another factor contributing to low participation is the lack of public awareness about the Adolescent Posyandu, coupled with irregular scheduling of activities. Limited understanding of the benefits and timing of the program poses a significant barrier to attendance. More targeted and intensive educational efforts are needed to raise awareness of the program's existence and benefits. Facility limitations also remain a challenge, as most equipment is borrowed from integrated service posts for other groups, and essential tools for hemoglobin and blood sugar testing are lacking. As a result, some planned health services are not implemented; current activities are limited to blood pressure checks, height and weight measurements, mid-upper arm circumference measurements, and health counseling. Interviews with adolescents revealed that their primary motivation for attending was to check their health and interact with peers.

Considering these challenges, this study seeks to evaluate the implementation of the Adolescent Posyandu, identifying both inhibiting and supporting factors. The evaluation applies the Context–Input–Process–Product (CIPP) model to ensure a systematic and structured assessment of the program.

## METHOD

This study employed qualitative research design with a descriptive approach. The aim was to conduct an in-depth analysis for evaluating the implementation of Adolescent Posyandu activities using the Context–Input–Process–Product (CIPP) evaluation model. Data was collected through observation and in-depth interviews with 13 informants, consisting of one program coordinator, eight Adolescent Posyandu cadres, two active adolescent participants, and two inactive adolescent participants. Data analysis began with the review of documents related to the Adolescent Posyandu. The document review served as a reference for analyzing interview data and guiding the interview process. For the interview data, transcripts were produced by replaying the recordings, listening attentively, and transcribing the spoken words verbatim. The transcripts were then carefully read by the researchers, followed by data reduction.

involved creating abstractions, extracting and recording information relevant to the study context while omitting unnecessary words without altering the core meaning. The resulting abstractions were coded and grouped based on thematic similarity. Once coding was complete, the data were presented, and conclusions were drawn by identifying patterns and similarities in meaning.

## RESULT

### Context

#### 1. Purpose

Based on the results of the study, the objectives of implementing the Adolescent *Posyandu* include early detection and monitoring of adolescent growth and development, providing health education, conducting health supervision, and preventing risk behaviors such as promiscuity. However, the activities carried out have not fully complied with the technical guidelines for the Adolescent *Posyandu*. Certain activities, such as health services, have not been implemented, which has led to suboptimal outcomes. As a result, the overall goals of the Adolescent *Posyandu* have not been achieved effectively.

#### 2. Environment

Factors influencing the participation of adolescents in the *Posyandu* within the *Puskesmas* Wonokerto I area include peer influence and the role of *Posyandu* youth cadres. Adolescents often attend the *Posyandu* because their friends also participate or because they receive invitations from cadres. Both factors are crucial in supporting the achievement of the program's objectives. In addition to environmental factors, adolescents' knowledge serves as an internal factor affecting their level of participation. A lack of awareness about the existence of the Adolescent *Posyandu* results in some adolescents not attending its activities. This was confirmed through interviews conducted with participants who were inactive in the program.

#### 3. Target

The target of the Adolescent *Posyandu* program is the entire adolescent population within the *Puskesmas* working area. Observations during implementation showed that participants were generally adolescents aged 10–19 years. However, in the Adolescent *Posyandu* of Sijambe and Bebel villages, children aged nine years old were also found to be participating.

### Input

#### 1. Human Resources

The number of Adolescent *Posyandu* officers in quantity is now sufficient because the number of participants is small. But not in accordance with the amount that should be on the technical instructions. In addition, judging from the human resources in this program for cadres, not all of them attended the training.

## 2. Infrastructure

The infrastructure available for Adolescent *Posyandu* activities is still inadequate. The village provides venues and health promotion media, while the *Puskesmas* supplies equipment for examinations such as weighing scales, height measurement tools, mid–upper arm circumference tapes, and waist circumference tapes, which are distributed to the villages. However, these tools are shared with *Posyandu* services for toddlers and the elderly and are not specifically designated for the Adolescent *Posyandu*. For equipment such as sphygmomanometers, hemoglobin (Hb) testers, and blood sugar test kits, cadres or village midwives who own them occasionally lend them for use. The lack of hemoglobin strips and blood sugar test supplies has constrained the provision of routine health services during Adolescent *Posyandu* activities.

## 3. Funding

Funding for Adolescent *Posyandu* activities is sourced from both the village and the *Puskesmas*. Village funds are used for supplementary feeding and cadre transportation, but they do not cover the cost of purchasing essential health service equipment such as hemoglobin strips, resulting in irregular implementation of these services. The *Puskesmas* allocates funds for cadre incentives. However, in Pecakaran Village, activities are still hampered due to the village not routinely providing funds for the Adolescent *Posyandu*, which has led to inconsistent provision of supplementary feeding and disrupted activity implementation. No alternative funding sources have been pursued to address these shortages.

## Process

### 1. Planning

Preparation for Adolescent *Posyandu* activities is typically conducted several days to one week before the scheduled date. This includes setting the activity schedule, preparing the necessary infrastructure, and disseminating information through village invitations, WhatsApp group announcements, and public address systems at local prayer halls (*musholla*) on the day of the event. Coordination for these activities is handled by village midwives and cadres during special meetings, where tasks are assigned. However, planning remains constrained by the busy schedules of both village midwives and cadres, resulting in the absence of a fixed monthly schedule.

### 2. Organizing

The organizational structure of the Adolescent *Posyandu* does not align with the technical guidelines. The number of cadres in each *Posyandu* should be five, but most have only two to three. There is also no formal core management team comprising a chairperson, vice-chairperson, secretary, treasurer, and members.

### 3. Implementation

In practice, Adolescent *Posyandu* activities generally consist of registration, weight measurement, height measurement, blood pressure checks, and health counseling provided by midwives. Health services such as hemoglobin testing, distribution of iron tablets, vitamin supplementation, and counseling by both cadres and *Puskesmas* officers are not routinely carried out due to limited resources and infrastructure. In Api-Api Village, health counseling occurs but is conducted only once every few months. Supplementary feeding (PMT) is available in most *Posyandu*, except in one village where funding constraints prevent regular provision. Some villages, such as Pesanggerahan and Bebel, include additional activities like group outings to the beach as a strategy to increase participation. In Sijambe Village, counseling is conducted alternately by cadres and midwives, and new educational innovations, such as games and prize distribution, have been introduced. These activities, tailored to participant age, cover topics beyond reproductive health, including mental health and current health issues, contributing to higher and more stable attendance compared to other villages.

### 4. Monitoring and supervision

Monitoring and supervision by Adolescent *Posyandu* officers are conducted at the end of each activity to assess implementation and provide input for the following month. Internal monitoring is carried out regularly in some villages (Sijambe, Bebel, Api-Api, and Wonokerto Kulon), while in others (Pesanggerahan, Pecakaran, and Wonokerto Wetan) it is absent. Monitoring by the *Puskesmas* involves monthly reporting from village midwives via the *Posyandu* Information System (SIP). However, there is no quarterly evaluation; the *Puskesmas* Wonokerto I conducts evaluations only once a year. Neither the village administration nor the *Puskesmas* provides direct supervision beyond these reporting procedures.

## Product

### 1. Coverage of Adolescent *Posyandu* Participants

The program's coverage cannot be accurately calculated against its target population because no specific target percentage has been established. Participation can only be assessed by comparing the number of attendees to the total adolescent population in the *Puskesmas* working area. Observations and document reviews revealed that the latest report in 2023 recorded 113 participants in the Adolescent *Posyandu*. This low level of attendance is one of the indicators of the program's suboptimal goal achievement.

### 2. Activity Results

The Adolescent *Posyandu* has contributed to increasing adolescents' knowledge of health. However, participants often find the delivery of health materials boring and monotonous, as it is mainly presented through lectures, resembling classroom lessons. The irregular schedule of activities further affects participation rates. In terms of health outcomes, there has been no significant improvement requiring treatment from health facilities among participants. Pregnant adolescents under the age of 20 have sought

independent examinations at the *Puskesmas*. Overall, the impact of the Adolescent *Posyandu* is not yet strongly felt by the community, especially adolescents as the main target group, due to the less-than-optimal implementation of activities. This is further compounded by the fact that two new Adolescent *Posyandu* units only began operating in 2024.

## DISCUSSION

### Context

The primary objectives of the Adolescent *Posyandu* are to monitor adolescent health and provide health counseling. The target group for this program in the working area of Puskesmas Wonokerto I is the entire adolescent population aged 10–18 years. Factors influencing participation include peer influence and the role of *Posyandu* youth cadres, both of which play a crucial role in encouraging attendance and supporting program goals.

### Input

The number of personnel in the Adolescent *Posyandu* is adequate relative to the small number of participants, but it does not meet the requirements stated in the technical guidelines. Furthermore, not all cadres have attended the necessary training, which limits their knowledge and ability to implement activities effectively. Infrastructure is also insufficient; available equipment includes height and weight measurement tools, mid–upper arm circumference tapes, abdominal circumference tapes, and sphygmomanometers, most of which are borrowed from *Posyandu* for toddlers and the elderly. The lack of specific infrastructure for the Adolescent *Posyandu* has hindered the provision of hemoglobin and blood sugar checks, making it difficult to conduct regular health services. Funding comes from both the village and the *Puskesmas*, with village allocations used for supplementary feeding and cadre transportation, and *Puskesmas* funds used for cadre incentives. However, in some villages, such as Pecakaran, irregular village funding disrupts both supplementary feeding and program implementation.

### Process

Several weaknesses remain in the planning, organizing, and implementing stages of the Adolescent *Posyandu* in the working area of Puskesmas Wonokerto I. Planning is hampered by the busy schedules of officers, resulting in an inconsistent monthly activity schedule. Implementation is also suboptimal, with incomplete health services due to limited resources and infrastructure. Organizationally, the program does not follow the technical guidelines, lacking a formal core management structure with defined roles such as chairperson, secretary, and treasurer. While cadres assist each other and adjust their duties based on availability, this informal arrangement reduces efficiency. Monitoring and supervision by internal officers are conducted at the end of each activity, but *Puskesmas* evaluations occur only once per year, and there

is no additional supervision from either the village administration or the *Puskesmas*. To improve program effectiveness, the management process needs to be strengthened from planning through monitoring.

## Product

The Adolescent *Posyandu* has been implemented in the working area of Puskesmas Wonokerto I, but its activities are not fully aligned with the technical guidelines. Of the five core activities, one is not conducted due to resource limitations. Low program coverage is also a concern; given the large adolescent population in Pekalongan Regency, the percentage of participants is far below the target. These gaps have reduced the program's potential to achieve its intended goals.

## CONCLUSION

The limited resources available for the Adolescent *Posyandu* have resulted in suboptimal program implementation in the working area of Puskesmas Wonokerto I. Contributing factors include an insufficient number of cadres, inadequate infrastructure, and the lack of consistent monitoring and supervision from both the village administration and the Puskesmas. These constraints have led to low participant coverage and less-than-optimal activity outcomes. In addition, the fact that many cadres are no longer in the adolescent age group has reduced the appeal of the program to its target audience. The absence of training for all cadres has also limited their knowledge, particularly regarding the implementation of the five core *Posyandu* activities. To enhance program effectiveness, it is necessary to strengthen cadre development, improve facilities, ensure regular monitoring, and incorporate innovative, youth-friendly approaches to better engage adolescents and increase their participation.

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