



**PENGEMBANGAN MODUL KESEHATAN REPRODUKSI BERBASIS *POSITIVE YOUTH DEVELOPMENT FRAMEWORK* PADA POSYANDU REMAJA**

*Sexual Reproductive Health Modul Development Using Positive Youth Development Framework for Youth Posyandu*

**Bani Bacan Hacantya Yudanagara<sup>1\*</sup>, Rahmad Aji Prasetya<sup>2</sup>, Aphrodita Cahya Buwana<sup>1</sup>, Putu Vidyastitha Wiguna<sup>1</sup>**

<sup>1</sup>Departemen Psikologi, Fakultas Psikologi Universitas Airlangga, <sup>2</sup>Departmen Farmasi Klinis, Akademi Farmasi Surabaya  
Surabaya, Jawa Timur, Indonesia

\*Alamat korespondensi: banibacan@psikologi.unair.ac.id

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**Kata Kunci :**

*Positive Youth Development, Posyandu Remaja, Kesehatan Reproduksi, Pemberdayaan Pemuda*

**Abstrak :**

Perilaku seksual berisiko banyak terjadi di daerah Tosari, Pasuruan, dan disebabkan oleh kurangnya akses pada pengetahuan kesehatan reproduksi. Data dari Puskesmas menunjukkan bahwa 60% ibu yang memiliki anak kurang dari lima tahun menikah di usia yang terlalu muda, yaitu 15-19 tahun. Meskipun demikian, Tosari memiliki posyandu remaja yang aktif dan rutin dilakukan. Posyandu Remaja merupakan layanan kesehatan berbasis komunitas yang memiliki potensi untuk meningkatkan akses pengetahuan tentang kesehatan reproduksi. Dalam masa perkembangannya, remaja yang dapat berkembang secara positif dapat menjadi faktor protektif terhadap risiko-risiko yang ada, termasuk perilaku seksual berisiko, hal ini dijelaskan dalam kerangka Positive Youth Development (PYD). Oleh karena itu, tujuan kegiatan ini adalah mengembangkan modul kesehatan reproduksi dengan menggunakan kerangka PYD. Modul disampaikan pada kader dan anggota Posyandu Remaja di Tosari. Modul disusun melalui studi literatur dan penilaian dari pakar dan pemangku kepentingan. Setelah itu, sikap dan pengetahuan diukur melalui pre-test dan post-test. Hasil pengukuran menunjukkan adanya perubahan yang signifikan pada pengetahuan dan sikap peserta setelah menerima edukasi berdasarkan modul ( $p < 0.001$ ), effect size 0.649). Modul dan model edukasi ini diharapkan dapat meningkatkan dan membantu remaja dalam menghadapi tantangan dalam masa perkembangan sehingga perilaku seksual berisiko dapat dihindari.

**Key word :**

*Positive Youth Development, Youth Posyandu, Reproductive Health, Youth Empowerment*

**Abstract :**

Risky sexual behavior is common among teenagers in Tosari, Pasuruan, and is caused by lack of access to reproductive health knowledge. Data from primary health care stated that 60% of mothers who had children under five married at too-young age of 15-19 years. However, Tosari has an active and routine Youth Integrated Health Post or Posyandu Remaja (PR). PR is a community-based youth health service that can potentially increase access to reproductive health services for youth around PR. During the development period, youth needs to prevent risks, including risky sexual behavior, as described in the Positive Youth Development (PYD) framework. Therefore, a reproductive health education modul was developed using the PYD framework. Modul was delivered to PR cadres and members in Tosari using modules compiled through literature studies and assessments from experts and stakeholders. After that, attitudes and knowledge were measured through pre-test and post-test. The results showed a significant change in knowledge and attitudes among participants after following the education program ( $p < 0.001$ , effect size 0.649). This module and educational model are expected to improve and help youths to face challenges during the development period so that risky sexual behavior can be avoided.

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## INTRODUCTION

In Indonesia, youth aged 15-24 reached 64 million, which became valuable human resource assets (UNFPA Indonesia, 2013). However, youth are prone to risky sexual behavior, and many do not have sufficient knowledge to protect themselves from potentially risky sexual behavior (Oktarina et al., 2017). Furthermore, Indonesian youth reproductive health is not in good condition. This was supported by the youth reproductive health survey, which stated that 13% of females do not understand the physical changes in their bodies, and 47.9% do not know about their fertile period (Paksi & Kartikawati, 2013a).

Based on WHO data of studies in several developing countries, it was shown that 40% of male and female adolescents aged 18 had had sex even though they were not married (World Health Organization et al., 2023). In Indonesia, it is estimated that there are 1 million people who experience pregnancies before marriage. Meanwhile, worldwide data show that 15 million teenagers are pregnant every year, 60% of whom are not married (National Population and Family Planning Board (BKKBN) et al., 2018). According to Basic Health Research (Riskesdas) 2018 there were 3.3% of youth aged 15-19 years with AIDS, and 64.8% had poor knowledge about HIV/AIDS (Badan Penelitian dan Pengembangan Kesehatan Kemenkes RI, 2019).

The phenomenon of risky sexual behavior in adolescents also occurs in the Tosari sub-district, Pasuruan. The number of early marriages and pregnancies is striking in Tosari. The proportion of mothers whose children were under five years old and married at 15-19 was 60%. Furthermore, data from the community health center (*puskesmas*) also stated that in 4 years, 110 women gave birth under the age of 20 (Nugroho, 2014). In addition, a survey of reproductive health knowledge and dating behavior among 515 adolescents in secondary schools in the Tosari sub-district showed that



almost half of the respondents (42.9%) think that having sex for the first time will not cause pregnancy, and many of them possess risky sexual behavior while dating (Nainggolan et al., 2014).

Based on the situation analysis mentioned above, reproductive health education and literacy programs, including knowledge about risky sexual behavior and its impacts, were necessary for Tosari youth. Therefore, education program in the form of community service activities was conducted to address these issues (Fitriana & Siswantara, 2019; Wiradirani & Udu, 2014). Effective health education is one way to reduce the risk and vulnerability of sexual behavior in adolescents (Salam et al., 2016). Education about reproductive health is limited to the physical health of the reproductive organs and mental and social aspects, such as the development of reproductive organs, functions, and usage based on social norms (Nisman et al., 2020).

Research on positive youth development (PYD) shows a robust correlation between healthy behavior and factors that strengthen youth's ability to respond the challenges (Rushing et al., 2017). Positive results are obtained when youth possess life skills, such as knowing themselves, having self-confidence, and being involved in the community, when receiving education about reproductive health (Lerner et al., 2015). The PYD framework states that positive outcomes can prevent risks during development, including risky sexual behavior (Catalano et al., 2019; Harris & Cheney, 2018). Therefore, the community service team designed a comprehensive program of reproductive health education based on the PYD framework to fill in the lack of knowledge among youths in Tosari about the importance of reproductive health and the dangers of risky sexual behavior.

Youth Integrated Health Post, or *Posyandu Remaja* (PR), was chosen as a community partner to disseminate this knowledge because it widely reaches local youth (Yudanagara, 2020). This program is expected to increase youth knowledge effectively and help the targets face challenges during development. Hence, Tosari youths will be more responsible for their reproductive health and prevent the impacts of risky sexual behavior problems in the future.

## ACTIVITY METHOD

This community service program provided education on reproductive health based on the PYD framework. Participants who took part in reproductive health education were cadres and members of PR Tosari, Pasuruan, aged 15-20 years. Participant recruitment was carried out with the help of PR cadres. Education is carried out on the posyandu's routine schedule, and cadres distribute invitations to members to attend the activities. The following are the stages of program implementation:

### 1. Target mapping and assessment

This phase was conducted on 9-10 July 2022 by interviewing stakeholders such as the village head, midwives, and PR cadres. They assisted the team by providing initial information about the target condition and formulating the goals for their active involvement. At this stage, the community service team and stakeholders discuss suitable topics for the target.

### 2. Preparation of educational modules and materials

Modules are prepared based on literature reviews on reproductive health education and the PYD framework. Many local initiatives in Indonesia concern reproductive health education in schools. However, those were not yet comprehensive as they dominated by the biological aspects (physical changes and reproductive organs) (Paksi & Kartikawati, 2013b). Therefore, the present modules compiled to cover topics regarding reproductive health, and the skills needed by youth to grow and develop optimally, such as:

- a. *Understanding yourself and increasing self-confidence*: Appreciative exploration to recognize themselves through life charts and storytelling in groups and understand healthy self-esteem.

- b. *Reproductive health & gender*: This topic reminded participants about the function and how to care for the reproductive organs. We also introduced the concept of gender to participants. Participants are invited to think about the labels that appear in society when they hear the words, women and men.
- c. *Healthy relationships*: This topic aimed to teach participants to distinguish between healthy and unhealthy relationships and dating. Participants were expected to be able assertively to choose healthy actions and reject risky invitations.

These modules and materials were prepared by a team involving students. After the module was completed, partners also assessed the suitability of the topic with the objectives and provided an assessment of language.

### 3. Reproductive health education

The educational material is delivered using lecture and role-plays methods. In addition, the cadres were given further explanations separately about the materials and reproductive health videos so that cadres could use them for the next PR meeting. It is intended that cadres, as field implementers of PR activities, have adequate basic knowledge and skills first before they help their peers. This stage is also conducted to provide an example and understanding to partners regarding program implementation.

### 4. Program Evaluation

The program outcome and module function was evaluated using one group quasi-experiment pre-post test study method. Before starting the activity, participants were asked to fill out informed consent stating that they were willing to participate in the activity and the data was used. Researchers guarantee the confidentiality and anonymity of participants in this activity. While quantitative measurement was carried out using a knowledge and attitude questionnaire containing 15 question items related to reproductive health with answer choices ranging from 1-5 (strongly disagree to strongly agree or strongly understand to strongly not understand), this questionnaire has a Cronbach alpha of 0.904. Based on the Gpower program analysis using an effect size of 0.5, a statistical power of 80%, and an alpha of 5%, the minimum sample size is 27. Data analysis was carried out using a paired sample t-test statistical test using the Jamovi program.

## RESULT AND DISCUSSION

Before doing education program, we made reproductive health module blueprint based on the positive youth development framework. In each topic there is a reflection session and filling in worksheets that can be done to help increase participants' understanding.

Table 1. Modul Blueprint

Session	Topic	Aim	Duration
1	Understanding yourself and increasing self-confidence	-The importance of knowing yourself -Recognize the changes in the body related to puberty (physical and psychological) -What makes you not confident - Things that can increase self-confidence	<ul style="list-style-type: none"> <li>● Explanation and video by the facilitator = 30 minutes</li> <li>● Reflection 10 minutes</li> <li>● Question and answer 10 minutes</li> </ul>

2	Reproductive health & gender	-An explanation of what happens to the reproductive organs during adolescence (menstruation, wet dreams, pregnancy) -The importance of maintaining the health and cleanliness of the reproductive organs -Gender and gender equality	<ul style="list-style-type: none"> <li>• Explanation and video by the facilitator = 30 minutes</li> <li>• Reflection 10 minutes</li> <li>• Question and answer 10 minutes</li> </ul>
3	Healthy relationships	-Adolescent social relationships (with parents, friends, boyfriend/girlfriend) -Love -How to create an active and healthy association -What are the effects of unhealthy association - Assertive (emphasis on ability to refuse)	<ul style="list-style-type: none"> <li>• Explanation and video by the facilitator = 30 minutes</li> <li>• Reflection 10 minutes</li> <li>• Question and answer 10 minutes</li> </ul>

We made media for education that suitable for youth with language that easy to understand and example that relate with their daily life. We also prepare activity for participant, like role play and worksheet.



Figure 1. Media for Topic 1: Understanding yourself and increasing self-confidence



Figure 2. Media for Topic 2: Reproductive health & gender



Figure 3. Media for Topic 3: Healthy relationships

After modul development, we did education program for *Posyandu Remaja*. We used media that created with the modul for this program. There were 32 participants (Male=10, Female=22, Median Age=17.3, SD=1.75) involved in this reproductive health education program based on the PYD framework. The education program meeting was conducted offline on August 1, 2022 (Figure 1).



Figure 4. Program implementation of reproductive health education program



Figure 5. Youth Posyandu activity

The results of the paired sample t-test analysis showed that the education program significantly increased ( $p < 0.001$ ) participants' knowledge and attitudes related to reproductive health; the effect size (0.649) also shows a medium effect (Table 2). The statistical results proved that effective education based on the PYD framework could significantly increase knowledge and attitudes related to reproductive health. This is in line with the study conducted by Castro et al. (2018) and Boustani et al. (2017) stated a positive association between comprehensive sexual education and reproductive health-related outcomes. Comprehensive education also targets life skills and aspects of youth development, and optimal youth development will contribute to healthier behavior (Arat & Wong, 2018).

Table 2. The result of paired sample t-test

	N	Mean	Median	SD	SE	P	Mean difference	SE difference	Effect Size
Post	32	76.2	77.5	11.1	1.96	< 0.001	9.06	2.47	0.649
Pre	32	67.1	66.0	10.6	1.87				

In addition, audio-visual media in this activity positively influenced the participant's knowledge. According to Johariyah & Mariati (2018), counselling related to reproductive health must be provided effectively and efficiently, both audio and visual, to increase participants' knowledge. Furthermore, participating in PYD-based programs was reported to be associated with better quality of health and reproductive health (Sheehan et al., 2022; Walsh et al., 2022). Besides, youths need more than skills and information to improve their health outcomes. Hence, we must provide them with opportunities for education, a decent economy, and positive development spaces between youth and adults (Plourde et al., 2016).

## CONCLUSION AND SUGGESTION

The community service team has involved partners in educating local youths about reproductive health, such as Puskesmas Tosari and the PR in Tosari. Tosari PR is a potential partner because it can help puskesmas improve access and health services for youths nearby. Considering the main problems faced by partners, the community service team has identified that the lack of proper knowledge about reproductive health and risky sexual behavior in adolescents necessitated a solution. Following reproductive health education, it can be seen that there is an increase in the knowledge and attitudes of youths regarding reproductive health. The PYD framework states that positive youth development can prevent risks occurred during development, including risky sexual behavior. Therefore, the community service team designed a comprehensive reproductive health education based on the PYD framework. The stages of our activities included need assessment, preparation of modules and materials, program implementation, and evaluation. All of these stages have been completed within a period of July-August 2022. This module can be adapted and tested in a broader target for future activities or research to better test the function's effectiveness.

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