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Strategies to improve the health of adolescent girls: adolescents are empowered in preventing stunting

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ABSTRACT
Community service activities at the Integrated Service Post for Teenage Girls in Tabukan Raya Village, Tabukan Subdistrict, involved 10 cadres and 17 teenage girls. The event was opened by the Head of Village together with the managing midwife, village midwife, Family Empowerment and Welfare Organization, and cadres from the Integrated Service Post. The cadre training was conducted with pre-tests and post-tests to assess knowledge about adolescent girls' health, particularly the prevention of anemia, stunting, balanced nutrition, and healthy eating patterns. The results showed an increase in the cadres' knowledge about the risk factors for stunting, anemia, consumption of iron tablets, and nutritious foods. Knowledge plays a vital role in shaping health behavior (Lawrence Green's concept), and education is an effective strategy for changing the knowledge, attitudes, and behavior of adolescents. After the education, all cadres had good knowledge. The cadres are expected to be able to become health promotion agents and sources of information for their peers. The results of the adolescent girls' examination showed that there were still 12% with anemia, 47% underweight, 18% with chronic energy deficiency, and 35% short. Adolescence is a second window of opportunity to improve nutrition, as growth occurs rapidly. Anemia is a risk factor for stunting in early adolescent girls, so preventing anemia plays an important role in reducing stunting. Thus, empowering youth integrated service post cadres is a strategic alternative solution in improving adolescent health, especially in preventing stunting, as well as optimizing adolescent reproductive health.

Keywords: Cadre, Knowledge, Adolescent Health.

INTRODUCTION

Tabukan District is one of the sub-districts in Barito Kuala Regency, South Kalimantan Province, which has 11 villages, one of which is Tabukan Raya Village with an area of 200 km2 consisting of 6 RTs. Tabukan Raya Village is 1 km from the District Capital and 25 km from the Regency Capital. Tabukan Raya Village is the most populous village in Tabukan District with a population density of 532 people/km2. The population is 1064 people with 356 families. Based on health profiles, the prevalence of stunting in the Barito Kuala district is the highest at 33.6%, higher than in South Kalimantan at 24.5%. The highest percentage occurred in the Tabukan District, which was 33.6% [1]. The prevalence of anemia in adolescent girls in South Kalimantan is 21.69%. The prevalence of anemia in adolescent girls in Barito Kuala Regency is the second highest in South Kalimantan, which is 41.88%. This condition is quite worrying, and this shows that there are serious challenges in efforts to maintain the health of adolescent girls in the Tabukan Raya Village area.

Tabukan Raya Village has community institutions, namely the youth organization and the Pendekar youth posyandu, which can help improve the health of adolescents. The Posyandu Remaja Pendekar has only been established for 3 months and is held in one of the rooms at the Village Hall. The Posyandu has 5 posyandu cadres with an average target of 20 teenagers. This figure is still very low, with the number of teenagers aged 10 – 19 years in Tabukan Raya Village around 90 people. The activities carried out at the Pokyandu Remaja Pendekar only involve weighing and measuring weight and height. Demonstrate the urgent need to improve access to and health services for young women. Adolescents need to access Adolescent Friendly Health Services to get the benefits of improving adolescent health. However, adolescents' access to these services is currently low, with the prevalence of access below 50% [2]. Several studies show the benefits of implementing youth posyandu on adolescent health. Permatasari's research found that Posyandu can strengthen efforts to monitor the growth and development of adolescents, become a forum for knowledge about adolescents' health, and overcome stunting [3]. Research in Ghana found four significant barriers that limit adolescents' access to or use of health services. Barriers are found at the facility level, service provider level, community level, and personal level [4].

The health services of the Hospital are located in Barito Kuala Regency, at a distance of ± 25 Km. The Tabukan Health Center is located in the district capital, which is 1 km away. In Tabukan Raya Village, there is a Polindes with 1 midwife, so that the youth posyandu is very important to improve the health of adolescents. Obstacles to the use of health services by adolescents include individual, social, and health system barriers. Individual factors such as lack of knowledge and poor adolescent attitudes towards health, social factors such as parental influence, societal and religious norms, financial constraints, and stigma, and health system factors such as poor attitude of service providers and improper opening hours of health facilities hinder adolescents from utilizing services [5]. Therefore, a deeper understanding of the factors that cause this condition, as well as the development of effective intervention strategies, is essential to improve the welfare and quality of life of young women in Tabukan Raya Village.

The problem faced by the Pendekar posyandu is the limited number of active posyandu cadres and the health services provided to teenagers, including only weight and height measurement, as well as the skills of cadres in managing the posyandu are still limited because they have not received cadre training. The participation of young women in posyandu activities is still low. The purpose of this activity is to empower adolescents as a strategy to improve the health of adolescent girls and empower adolescents to prevent stunting through activities to strengthen adolescent posyandu. The youth posyandu was formed by the village/sub-district

community with the aim of bringing health services closer to adolescents, especially Healthy Life Skills Education (PKHS), mental health services, and the prevention of drug abuse, nutrition, physical activity, prevention of Non-Communicable Diseases (NCDs), and prevention of violence in adolescents. Youth Posyandu is managed by health cadres and held once a month [6]. Empowerment of Youth Cadres for the implementation of the Strategy to Improve the Health of Young Women can be carried out through Training. The impact of the implementation of adolescent empowerment is the optimization of adolescent reproductive health in healthy friend groups. Adolescents as health workers are also representatives of cadres who understand adolescent reproductive health and can be a source of information for their peer groups [7]. Empowerment and training of cadres are two of the alternatives to solving health problems. The implementation method in the stunting prevention program for the community can be implemented through the Empowerment of Posyandu Cadres [8].

METHODS

In the preparation stage of this activity, the service coordinator coordinates with the target partners, namely the head of the Tabukan Raya Village Youth Posyandu cadre, and conducts a meeting with the Village Head, the person in charge of the program from the Health Center, PKK, and the Tabukan Raya Village Youth Posyandu cadre in the context of the declaration of the Posyandu Remaja Pendekar activity program. At the implementation stage, it is carried out through cadre addition and training activities, education on efforts to prevent anemia and stunting, balanced nutrition and a good diet, early identification of adolescent women's health problems, strengthening the Warrior youth posyandu with the addition of health services, and the implementation of mentoring adolescent girls. The activity was implemented at the Tabukan Raya Village Hall, Tabukan District.

RESULT

This community service activity involved 10 cadres (5 old cadres and 5 new cadres) and 17 young women at the Pendekar Integrated Health Post (Posyandu Pendekar) in Tabukan Raya Village, Tabukan District. At the beginning of the training, an opening ceremony was held, attended by the Village Head, the Midwife Managing the Teenage Posyandu, the Village Midwife, the PKK of Tabukan Raya Village, and the Posyandu cadres. The cadre training was conducted with a pre-test and post-test to determine the extent of the cadres' knowledge about the health of young women. The pre- and post-test results can be seen in the following Figure.

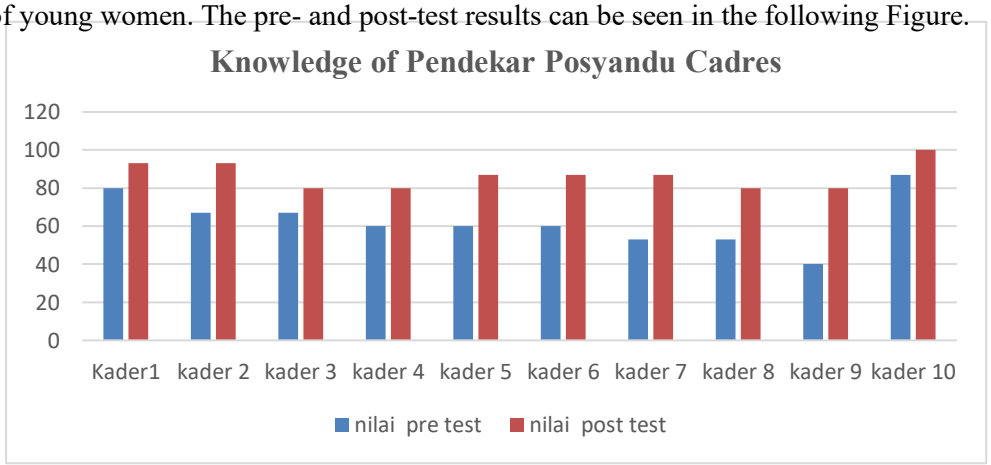

Figure 1. Cadre Knowledge

In the cadre training, the devotees provide educational materials on efforts to prevent anemia and stunting, balanced nutrition, and a good diet. In addition, Hb, Lila, BB, and TB measurements were also carried out on cadres, as well as NCD examinations, including blood pressure and abdominal circumference measurements.

Figure 2. Cadre training activities

DISCUSSION

Youth groups are the main asset or capital of human resources for the development of the nation in the future. Along with the rapid flow of globalization that hits various sectors, it has also had an impact on the development of adolescent health problems in Indonesia. The complexity of health problems in adolescents requires comprehensive and integrated handling involving all elements across programs and related sectors. Youth Posyandu is a solution that can be offered to the community [9]. The Posyandu Remaja Pendekar has 5 cadres, and 5 cadres have been added, so the number of cadres trained in this activity is 10.

In this activity, posyandu cadres were given cadre training in the form of education on efforts to prevent anemia and stunting, balanced nutrition, and a good diet [10]. The results of the pre- and post-tests showed an increase in cadres' knowledge about risk factors for stunting, anemia, the administration of blood tablets, and nutritious food [11]. Knowledge is the theoretical and behavioral understanding that humans have. The knowledge that a person has is very important to that person's intelligence [12]. Knowledge can be stored in books, technology, practices, and traditions. Knowledge plays an important role in the life and development of individuals, societies, or organizations [13]. One of the health promotion efforts carried out in order to prevent anemia and change the knowledge and attitudes of adolescents is through educational activities [14], according to Lawrence Green's concept, where knowledge is the main element that makes it easier to create actions or behaviors. Knowledge of all events that happen to a person will lead to gaining an experience and form beliefs, consciousness, attitudes, or tendencies in behavior. Forming knowledge-based behaviors can take a long time [15].

Knowledge is the result of knowing, and there is a sense after doing a certain object. Sensing occurs through the five human senses, namely the senses of sight, hearing, smell, taste, and touch. Most human knowledge is acquired through the eyes and ears. Without knowledge,

one does not have a basis to make decisions and determine actions to address the problems faced [16]. After getting the education of the cadres, their knowledge increased; it is evident from the results of the Postest that the knowledge of cadres increased to be good overall [17]. The impact of the implementation of adolescent empowerment is the optimization of adolescent reproductive health in healthy friend groups [18]. Adolescents as health workers are also representatives of cadres who understand adolescent reproductive health and can be a source of information for their peer groups [19]. Empowerment and training of cadres are two of the alternatives to solving health problems. The implementation method in the stunting prevention program for the community can be implemented through the Empowerment of Posyandu Cadres [20].

At the examination of adolescent girls, there are still 12% of teenage girls who experience anemia. 47% of adolescents are thin, 18% of adolescents experience SEZs, and 35% of adolescents are in the short category. Adolescence is a second window of opportunity to improve nutrition. Growth in adolescence is faster than in other age growth periods. The main burdens are malnutrition and suboptimal linear growth. Anemia is thought to be a contributor to stunting in the early adolescent group of adolescent girls, so preventing anemia in early teenage girls can reduce the likelihood of stunting. Adolescents have a role in the future as prospective parents and agents of change, who are very important in preventing stunting.

CONCLUSION

Community service activities at the Posyandu Remaja Pendekar Tabukan Raya Village, Tabukan District, succeeded in increasing the capacity of cadres and young women in the health sector. Through cadre training with pre-test and post-test methods, it is proven that there is an increase in cadres' knowledge about the prevention of anemia, stunting, balanced nutrition, and a good diet. Empowerment of posyandu cadres and health education has proven to be effective in increasing understanding and forming healthy behaviors, which is in line with Lawrence Green's concept that knowledge is the main factor in behavior change. Although the knowledge of cadres has increased, the results of examinations on adolescent girls still show nutritional problems, namely, 12% are anemic, 47% are thin, 18% are in the KEK, and 35% are short. This confirms that adolescents are a vulnerable group that requires comprehensive and sustainable interventions, considering that adolescence is a second window of opportunity to improve nutritional status. Thus, empowering youth posyandu cadres can be an important strategy in efforts to prevent anemia and stunting, as well as preparing young women as a healthy generation, prospective parents, and agents of change in improving the quality of public health in the future.

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