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Empowerment of youth posyandu cadres as an effort to delay the age of marriage and prevent teenage pregnancy

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ABSTRACT
Early marriage and teenage pregnancy remain serious public health issues, as they impact the health of mothers and babies, as well as the social and economic well-being of families. In this regard, integrated health service post (Posyandu) cadres play a crucial role as the spearhead of health education, particularly in providing accurate information to adolescents. This community service program aimed to increase the understanding of adolescent Posyandu cadres, toddler Posyandu cadres, and young women regarding the importance of maturing marriageable age and efforts to prevent teenage pregnancy. The program involved 25 adolescent Posyandu cadres, toddler Posyandu cadres, and young women from Simpang Warga Village, Aluh-Aluh District, Banjar Regency. The implementation phase included a pretest, interactive lecture presentation, a question-and-answer discussion, and a case study related to the phenomenon of teenage pregnancy. A posttest and field evaluation were then conducted to assess the extent of the material's implementation. The data obtained were analyzed descriptively to measure the increase in participants' knowledge. The results showed an increase in average knowledge scores after the intervention. The integrated health post (Posyandu) cadres also demonstrated their readiness to apply the material in youth Posyandu activities, particularly in providing education on the health risks of early marriage. Overall, this community service program has proven effective in strengthening the capacity of Posyandu cadres to support the movement to increase the age of marriage and prevent teenage pregnancy. For the program's sustainability, cross-sector collaboration, including with village governments and community health centers, is needed to strengthen promotive and preventive efforts at the community level.

Keywords: Adolescent Posyandu Cadres; Increasing Marriage Age; Preventing Teenage Pregnancy; Community Service.

INTRODUCTION

Teenage pregnancy is a common public health problem in the world. In developing countries in 2019, an estimated 21 million/year of girls aged 15-19 years were pregnant, 12 million of whom gave birth [1]. Seven hundred seventy-seven thousand births occurred to adolescent girls under 15 years old, with the most significant number occurring in East Asia (95,153) and West Africa (70,423). In Indonesia, as many as 46.4% of 7728 adolescent girls aged 10 - 19 years are pregnant (Ministry of Health 2018). Teenage mothers (aged 10–19 years) face a higher risk of eclampsia, postpartum endometritis, and systemic infections than women aged 20–24 years. Babies of adolescent mothers are at higher risk of developing low birth weight, preterm birth, and severe neonatal conditions [3], [4], [5].

Teen pregnancy has a fairly high medical risk, because the reproductive organs are immature and cannot function properly. The uterus is ready to perform its functions after the woman is 20 years old, because the hormonal function has been maximized. Unstable hormonal function in adolescents results in instability in pregnancy, making it easy for anemia, bleeding, abortion, or fetal death [6] [7]. One of the factors that causes the risk in teenage pregnancy is a lack of knowledge. The results of the study were obtained that 91.1% of adolescents have insufficient expertise in the field of sexual and reproductive health, 83.3% lack of understanding of health problems, 80.6% lack of knowledge related to large family structure and desire to get pregnant 80.6% and as many as 66.7% lack understanding of the use of contraceptive methods [8], [9], [10]. Another study stated that >40% of adolescents have insufficient knowledge about Premarital Preparation and ANC and risky pregnancies [11]–[13].

Thus, steps are needed to increase the understanding of adolescent pregnant women about reproductive health, pre-pregnancy, pregnancy, and post-pregnancy, pregnancy management, contraceptive use, sexual health and reproductive health systems that can be carried out with promotive, preventive, curative and rehabilitative approaches as mandated in article 8 of the Minister of Health Regulation No. 6 of 2014 [14]–[16]. One of the promotive and preventive approaches to adolescent pregnancy can be done by delivering information through health education media, such as being done to suppress adolescent marriage and teenage pregnancy through personnel sourced from the community (organized from and by the community), namely adolescent posyandu cadres. Some of the tasks of youth posyandu cadres are to provide reproductive health education and educate adolescents on dealing with social pressures related to marriage and pregnancy [17]–[21]. The goal is to increase the knowledge of adolescent posyandu cadres and toddler posyandu cadres in Simpang Warga Village regarding the maturity of marriage age and the risk of teenage pregnancy. Develop the skills of posyandu cadres in conducting effective reproductive health counseling and counseling to adolescent girls in the community. Increasing the commitment of posyandu cadres to implement educational strategies on the prevention of early childhood pregnancy in the activities of the Youth Posyandu sustainably.

METHODS

The Method of Implementing the Community Service Program in Simpang Warga Village, Aluh-Aluh District, Banjar Regency Includes:

Preparation stage.

At this stage, the implementation team coordinates with the village of Simpang, the health center, and posyandu cadres to convey the purpose and objectives of the activity. In addition, the initial identification of adolescent health needs was also carried out through group discussions and interviews during the implementation of youth posyandu activities.

Gambar : Idetifikasi awal kebutuhan kesehatan remaja pada mitra

The identification results show that there is still a low understanding of the maturity of the marriage age and the high number of cases of young marriage, so the topic of adolescent pregnancy prevention is considered relevant and a priority to be addressed.

Technical activities

Determining the target group. In this Community Service activity, the target group is posyandu cadres (teenagers and toddlers) and young women, as many as 25 people. The selection of this target group is based on the results of the identification of public health needs which shows that adolescents still have low understanding of the risks of early marriage and high vulnerability to teenage pregnancy Compiling Training Materials and Methods Preparing training materials in the form of presentation materials and educational media (leaflets) and determining training methods in the form of **(interactive lectures, questions and answers, and case** studies). This method was chosen on consideration so that participants gained knowledge and actively participated in discussions and problem-solving.

Implementation of activities

Community service programs are implemented through cadre training with a participatory approach. The material was delivered by the team and assisted by 3 students. The methods used include: Interactive lectures to provide basic understanding to all participants about the maturity of marriage age, the health risks of adolescent pregnancy, and the social and economic impacts caused. This lecture is equipped with audio-visual media and leaflets so that participants can easily understand and remember information. The question and answer session was facilitated openly to explore the trainees' understanding, answer doubts, and accommodate the participants' experiences in dealing with the problems of teenagers in their environment. The discussion of the case study is presented by presenting real phenomena regarding adolescent pregnancy that occur in the community, especially in the village of Simpang. Training participants were invited to analyze the causative factors, impacts, and preventive measures that can be taken at the individual, family, and community levels. Thus, implementing this community service not only emphasizes the aspect of knowledge transfer but also prioritizes the empowerment of cadres as agents of change to reduce the rate of early marriage and prevent teenage pregnancy in Simpang Warga Village.

Evaluation and Monitoring

Evaluation and monitoring in this community service program are carried out once to assess the success of implementing activities.

RESULT

The community service activity was held on August 14, 2025, in Simpang Warga Village, Aluh-Aluh District, Banjar Regency, involving 25 cadres consisting of youth posyandu cadres, toddler posyandu cadres, and 5 young women—characteristics of posyandu cadres who are participants in community service activities in accordance with Table 1.

Table 1. Participant Overview (n: 25)

Characteristics	n	%
Age		
< 20 years old	10	40
20 – 35 years old	11	44
>35 years old	4	**16**
Work		
Private	0	0
Student	8	32
Housewives	17	68
Education		
Basic (Elementary and Junior High)	9	36
Secondary (High School)	16	64
Higher (College)	0	0
Long Time as a Cadre		
1-5 years	16	80
5- 10 years	4	20

The training activity was then closed with a posttest to assess the knowledge improvement after the intervention. The comparison of pretest and posttest results provides a quantitative picture of the effectiveness of the training method used.

Table 2. Mother's Knowledge Level Before and After Training (n:25)

Category	Pre test		Post test	
	n	%	n	%
Good	8	32	18	72
Enough	12	48	7	28
Less	5	20	0	0

Figure 2. Evaluation of activities

As a follow-up, an evaluation of the implementation in the field was also carried out through monitoring during the youth posyandu activities on August 29, 2025. At this stage, cadres are asked to deliver material on the maturation of marriage age to adolescent posyandu participants at the counseling table. This evaluation aims to measure the skills of cadres in reconveying the information obtained and assess the extent to which the program's sustainability can be implemented in the community.

DISCUSSION

The results of community service activities show a significant increase in the knowledge and skills of adolescent posyandu cadres and toddler posyandu cadres in understanding the issue of maturation of marriage age and prevention of teenage pregnancy. Based on the results of the pretest and posttest, there was an increase in knowledge from 32% of participants in the good category before training to 72% after training. This indicates that the intervention methods used, namely interactive lectures, discussions, and case studies, effectively increase participants' understanding. These findings align with the research of Nurhidayati et al. (2021), which showed that participatory-based health cadre training significantly increased participants' knowledge. Cadre involvement in community-based activities has proven to be the right strategy because cadres have a social and cultural closeness to adolescents, which makes health messages more easily received [22].

In addition to knowledge, this activity also equips cadres with practical skills in reproductive health counseling. This is important because the role of cadres is not only limited to conveying information, but also as a companion who can have a direct dialogue with adolescents, understand their needs, and provide psychosocial support. The counseling skills obtained are expected to strengthen the cadres' position as agents of change at the community level. Increasing the capacity of adolescent posyandu cadres is also relevant to efforts to implement national policies related to the maturation of marriage age. Although Law Number 16 of 2019 has set the minimum age of marriage to 19 years, the practice of early marriage is still rampant in rural areas due to economic, cultural, and a lack of understanding of health risks. With the strengthening of posyandu cadres, preventive interventions can be carried out more sustainably through youth posyandu activities and village community forums [23].

In addition, cross-sectoral involvement in this activity between universities, village governments, health centers, and the community is important in ensuring the program's sustainability. This kind of collaboration supports a more comprehensive promotive and preventive approach, as recommended by the WHO (2023), that adolescent pregnancy prevention

should be carried out through a multi-sector approach that combines aspects of health, education, and community empowerment. However, this activity still faces several obstacles. The limited training time means that not all material can be delivered in depth, and the heterogeneity of the participants' educational backgrounds affects the speed at which they receive the material. Nevertheless, the positive results of increased knowledge and commitment of cadres show that this activity is on the right track. The empowerment program for adolescent posyandu cadres has proven to be effective in improving their capacity related to marriage age maturation and teenage pregnancy prevention. The program's sustainability must be supported in the future through advanced training, monitoring, and integration with adolescent health programs at the health center and village government levels.

CONCLUSION

Implementing this community service program in Simpang Warga Village has demonstrated significant improvements in the knowledge and capacity of adolescent and toddler Posyandu cadres, as well as young women, regarding the importance of delaying marriage age and preventing teenage pregnancy. Interactive lectures, group discussions, and case studies have proven effective in enhancing participants' understanding and equipping them with practical counseling skills. Moreover, cadres showed readiness and commitment to apply the acquired knowledge in routine youth Posyandu activities, reinforcing their role as change agents within the community. The collaborative involvement of local stakeholders, including village government, health centers, and community members, was also instrumental in ensuring the program's success and sustainability. Overall, this initiative highlights the crucial role of empowering community-based health cadres to address early marriage and teenage pregnancy as pressing public health and social issues.

Posyandu cadres are encouraged to continuously integrate reproductive health, marriage age maturity, and pregnancy prevention into their routine activities to ensure sustainability and greater impact while strengthening interpersonal communication and counseling skills to enhance adolescent engagement. Local governments and health centers should allocate resources, provide budgetary support, and offer continuous mentorship from health professionals to maintain the quality of cadre-led interventions. Educational institutions, particularly health polytechnics, are recommended to institutionalize similar community engagement initiatives within their curricula and conduct follow-up research to evaluate long-term outcomes. Furthermore, multi-sectoral collaboration involving health, education, and social sectors, together with active participation from families and community leaders, is essential to foster cultural and social support for delaying marriage and preventing teenage pregnancy.

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