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# Evaluatio Of The Youth Posyandu Program In The Coastal Area Of Bentiring Health Center Bengkulu City

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***ABSTRACT***
*Background: The Youth Posyandu is a community-based health service effort aimed at improving the health status of adolescents through promotive and preventive measures. Although this program has been implemented in various regions, its execution is still not optimal, including in the coastal area of Bentiring Health Center in Bengkulu City. The purpose of this research is to evaluate the implementation of the Youth Posyandu Program based on three main aspects: input, process, and output.Research Method: The method used is qualitative descriptive with a case study approach. The informants in the study consist of the head of the health center, program officers, cadres, and adolescent participants of the Posyandu. Data were collected through in-depth interviews, observations, and documentation, then analyzed using data reduction techniques, data presentation, and qualitative conclusion drawing.Research Results: The results show that the input aspect still has weaknesses, such as a lack of trained personnel, minimal special funding, and insufficient supporting facilities. In the process aspect, planning and implementation of activities have not been maximized due to a lack of adolescent involvement and the absence of routine evaluations. From the output aspect, the attendance and participation rates of adolescents are still low, although there is an increase in knowledge among some adolescents who actively participate.Recommendations: The researchers recommend that Bentiring Health Center enhance cadre training, optimize facilities and infrastructure, strengthen adolescent participation through ongoing education, and conduct routine monitoring and evaluation to make the Youth Posyandu Program more effective and sustainable.*

## INTRODUCTION

Adolescents represent an age group undergoing a crucial transitional phase from childhood to adulthood. This period is characterized by complex physical, psychological, and social changes, which make adolescents particularly vulnerable to various health problems, including reproductive health issues, substance abuse, violence, and mental health disorders. Therefore, the provision of adolescent health services constitutes an urgency that cannot be overlooked within the national health service system (Ministry of Health of the Republic of Indonesia, 2023).

As part of the transformation of primary health services, the Ministry of Health of the Republic of Indonesia has promoted the strengthening of Posyandu as the frontline of promotive and preventive services based on the life-cycle approach. One important innovation is the development of Adolescent Posyandu, as a form of youth-based health initiatives aimed at providing health education, counseling services, and basic health screening. According to data from the Ministry of Health of the Republic of Indonesia (2023), the number of active Posyandu units in Indonesia has reached 304,263, with 2,034 units located in Bengkulu Province. However, this quantitative achievement does not yet fully reflect the quality and effectiveness of implementation, particularly in the adolescent segment.

Adolescent Posyandu has a positive impact not only on adolescents but also on families and the wider community. Adolescents require access to information through health education, friendly and affordable health services, as well as a supportive environment to develop healthy life skills (Avelina, 2023). This is in line with Law Number 36 of 2009 on Health, which states that adolescent health maintenance efforts should aim to prepare adolescents to become healthy and productive adults physically, psychologically, socially, and economically.

Regulation of the Minister of Home Affairs Number 19 of 2011 also emphasizes the importance of integrating basic social services within Posyandu as a platform for community empowerment, including counseling, guidance, information, and health education for adolescents (Andriani, 2023). Nevertheless,

adolescence is also known as a period of “storm and stress” due to the high level of challenges encountered. If these challenges are not properly addressed, they may lead to risky behaviors that negatively affect adolescent health (Ministry of Health of the Republic of Indonesia, 2018).

Although the Adolescent Posyandu program has been implemented in various regions, evaluations of its effectiveness have produced mixed results. Program evaluations are generally conducted based on three main indicators: input—comprising human resources (man), funding (money), facilities (material), and methods (method); process—covering planning, implementation, and monitoring; and output—such as the number of adolescents attending, participation rates, and improvements in knowledge. Evaluating these three indicators is essential to determine the level of program effectiveness and efficiency, as well as to identify factors influencing the successful implementation of the Adolescent Posyandu program.

The study by Gayatri, Sugianto, and Putri (2024) evaluated the Adolescent Posyandu program based on input, process, and output aspects. The results showed that the input aspect was adequate. In terms of process, the program was implemented in accordance with the 2018 Ministry of Health guidelines; however, several implementation constraints were identified, including low adolescent participation in attending activities and limited support from village authorities in organizing Adolescent Posyandu at the village level. Regarding output, target achievement reached 80%, with 12 activities conducted per year, and recording and reporting carried out on a monthly basis (Gayatri, 2024).

The study by Nurlatifah et al. (2023) examined input variables (regulations, human resources, facilities, and infrastructure), process variables (planning), and output variables (program coverage). The evaluation results indicated that adolescent participation in the Adolescent Posyandu program within the working area of the Sukabumi City Health Office was relatively low. Although the program had been widely disseminated, only a small proportion of adolescents were actively involved in Posyandu activities. The effectiveness of counseling and health education delivered through the program was considered fairly effective in increasing adolescents’ knowledge of reproductive health, mental health, and drug abuse. In conclusion, the findings showed that the coverage of the Adolescent Posyandu program had not been optimally implemented, reaching only approximately 50%. Recommended improvements include strengthening program promotion and socialization among adolescents and their families, developing more interactive and participatory teaching methods, and providing specialized training for health workers in delivering adolescent-friendly services (Nurlatifah, 2023).

Based on data from Bentiring Public Health Center in Bengkulu City, the Adolescent Posyandu program has been running for three years. Initial data indicate that activities are supported by five cadres. Data from Bentiring Public Health Center show that out of 30 adolescents, only 21 participated in Adolescent Posyandu activities. In practice, the program continues to face obstacles due to low adolescent participation. Several program components have not yet been implemented, including anthropometric measurements such as body weight (BW), height (HT), waist circumference (WC), and mid-upper arm circumference (MUAC), as well as health education sessions, which have not been carried out effectively.

The problems encountered in implementing the Adolescent Posyandu program at Bentiring Public Health Center, Bengkulu City, can be analyzed using a program evaluation approach that includes input, process, and output aspects. From the input perspective, problems were identified in the human resources (man) component, namely that Adolescent Posyandu cadres have not performed optimally and adolescent participation remains low, indicating limited human resource engagement. In terms of facilities and infrastructure (material), the non-implementation of BW, HT, WC, and MUAC measurements suggests that facilities and medical equipment may not be adequately available. Regarding methods (method), health education activities have not been optimally implemented, indicating that participatory approaches for engaging adolescents remain insufficient.

From the process aspect, problems were observed in implementation, particularly the absence of anthropometric measurements and health education activities, which were mainly caused by low attendance. In the output aspect, of the 50 adolescents targeted, only 30 attended the activities, indicating that adolescent attendance rates remain low.

## RESEARCH METHODS

This study employs a qualitative research design by examining a set of similar phenomena in order to uncover the subjective meanings individuals attach to their actions, which must be explicitly revealed (Pongtiku, 2019). Qualitative methods are data procedures that produce qualitative descriptive data in the

form of written or spoken words from people, as well as observed behaviors. Qualitative research involves data collection in a natural setting, using naturalistic methods, and is conducted by individuals or researchers who are naturally engaged with the phenomenon under study (Prastowo, 2016).

Research that seeks to understand how people perceive, explain, and describe their own lived experiences is closely related to ethnomethodology. Ethnomethodology focuses on research methods that observe individual behavior in carrying out consciously chosen actions, the ways in which individuals take such actions, and how they learn to perform those actions (Pongtiku, 2019).

## RESULTS AND DISCUSSION

The evaluation of the Adolescent Posyandu program at the Bengkulu City Health Center was conducted to assess the extent to which the program has been implemented effectively based on three main components: input, process, and output. The findings indicate that although the program implementation has generally been fairly good, there are still a number of challenges that require further attention.

**Input (Program Inputs) Human Resources**

Based on field findings, the implementation of the Adolescent Posyandu at Bentiring Health Center involves health professionals such as doctors, midwives, nurses, nutritionists, and health promotion officers who are actively engaged in carrying out activities. In addition, there are five Posyandu cadres who assist with field implementation. However, most cadres have never received formal training and have only gained understanding through direct experience and guidance from health center staff during activities. This has resulted in limitations in cadre capacity, particularly in providing education and mentoring to adolescents. The limited number of cadres also poses a challenge, especially when participant numbers are high, making activities less effective and somewhat rushed.

Thus, it can be concluded that the limited number of cadres and the lack of training at Bentiring Health Center constitute inhibiting factors in the implementation of the Adolescent Posyandu. This condition does not fully align with theory and findings from other studies, highlighting the need to improve cadre capacity through training, mentoring, and increasing the number of supporting personnel so that the program can be implemented more optimally and sustainably.

Theoretically, according to the Input–Process–Output (IPO) model, human resources are a critical input component that strongly influences process success and output achievement. This theory emphasizes that both the quality and quantity of human resources must be sufficient to ensure optimal program implementation. Competent, well-trained, and adequately available personnel are essential to guarantee service quality and activity effectiveness, particularly in promotive and preventive programs such as the Adolescent Posyandu.

This is further supported by Herzberg's Two-Factor Theory (Motivator–Hygiene Theory), which explains that job satisfaction is influenced by motivator factors (self-development, recognition, responsibility) and hygiene factors (working conditions, interpersonal relationships, organizational policies). In this context, cadres who are not provided with training or involved in planning may lose motivation due to limited capacity development, which in turn affects their performance in program implementation.

Research conducted by Gayatri (2024) shows that the success of Posyandu programs is strongly influenced by cadres' capacity to understand their roles and responsibilities. The study emphasizes that regular cadre training can enhance skills in delivering health education and mentoring participants, thereby positively affecting program outcomes. Similarly, a study by Rahayu (2018) found that trained cadres tend to be more active, confident, and effective in communicating health information to the community.Furthermore, research by Sari and Handayani (2021) found that cadres who received training at least twice a year showed significant improvements in basic health knowledge, counseling techniques, and activity documentation. Therefore, systematic and continuous capacity building for cadres should be a priority in the development of adolescent Posyandu programs across all service areas.

**Funding**

Field findings indicate that the implementation of Adolescent Posyandu activities at Bentiring Health Center is supported by Health Operational Assistance (BOK) funds. These funds are used to support various activities such as procurement of educational tools and materials, refreshments,

transportation, and the implementation of counseling and health promotion. However, despite the availability and adequacy of funds, their management has not been fully transparent or inclusive of all stakeholders, particularly Posyandu cadres. Some cadres reported that they were not fully informed about fund utilization and were not involved in planning budget allocations. In addition, funding for cadre training has not been prioritized, even though training is crucial for improving cadre competence.

Thus, although BOK funds are available and sufficient to support the Adolescent Posyandu at Bentiring Health Center, their management and stakeholder involvement do not yet align with theoretical and best practice standards. A more transparent fund management system and active cadre involvement in planning and reporting are required to ensure program effectiveness, efficiency, and sustainability.

Theoretically, within the IPO model, funding is a critical input component that supports process implementation and determines output success. According to Notoatmodjo (2010), good financial management must adhere to principles of effectiveness, efficiency, and accountability. This means that not only fund availability but also appropriate and transparent utilization is essential. Moreover, community participation theory in health development suggests that involving community members, including cadres, in financial planning and oversight enhances ownership, strengthens motivation, and supports program sustainability at the local level.

Research by Wulandari (2019) found that the main obstacles in implementing health programs at health centers are not only limited funding but also weak financial management and reporting systems. Meanwhile, Gayatri (2020) demonstrated that transparent fund management involving cadres and communities enhances program ownership, strengthens team coordination, and contributes to overall program success. Similarly, Handayani and Rahayu (2021) reported that involving cadres in non-technical aspects such as budgeting and logistics planning improves efficiency and increases cadre motivation to perform their roles voluntarily and sustainably.

**Facilities and Infrastructure**

Field findings indicate that the implementation of the Adolescent Posyandu at Bentiring Health Center is supported by basic facilities such as a comfortable room, tables, chairs, weighing scales, and height measurement tools. However, several shortcomings affect activity effectiveness, including the absence of more comprehensive adolescent health examination tools (e.g., hemoglobin and MUAC measurement devices) and limited multimedia-based educational resources such as laptops and projectors. These limitations hinder the delivery of engaging and interactive health education and restrict the ability of cadres and staff to provide comprehensive services.

Thus, although basic facilities are available, further improvements in health equipment and educational media are necessary to support effective counseling and optimal adolescent health services. This aligns with theory and is supported by previous studies emphasizing the importance of adequate facilities for program success.

According to the IPO framework, facilities and infrastructure are input components that strongly influence process flow and outcome achievement. Notoatmodjo (2010) emphasizes that adequate facilities are key supporting factors in health promotion efforts, as programs cannot be optimally implemented without sufficient infrastructure. This is further reinforced by the Health Belief Model, which highlights that supportive physical environments increase perceived benefits among participants and contribute to positive health behavior formation.

Research by Fitriyani (2020) found that limited facilities in Posyandu activities reduce community participation and hinder service delivery. Similarly, Lestari and Dewi (2019) showed that complete health equipment and attractive educational media significantly enhance adolescents' understanding and enthusiasm. Putri (2021), in a study conducted in Bandung Regency, concluded that incomplete examination tools lead to partial services and reduce adolescents' perceived benefits of Posyandu, underscoring the importance of facility planning as part of age- and needs-based service strategies.

**Methods**

Field findings show that Adolescent Posyandu activities at Bentiring Health Center are implemented using various methods such as health counseling, group discussions, healthy exercise, and educational games. Activities are conducted monthly, with materials tailored to adolescent needs. Health workers use simple and understandable language, while cadres assist in activity delivery. However, educational methods are not consistently implemented, and not all cadres are able to deliver materials

interactively. Active adolescent participation in discussions also remains limited, resulting in activities that are often one-directional.

Thus, while the methods used are generally appropriate, improvements are needed in consistency and participant engagement. Cadres should be equipped with communication and counseling skills to implement methods effectively. Appropriate and enjoyable methods are crucial for achieving adolescent health education objectives.

According to health education theory, effective educational methods should be participatory, communicative, and tailored to target characteristics (Notoatmodjo, 2010). In promotive and preventive approaches, counseling aims not only to convey information but also to encourage attitude and behavior change through active participation. Therefore, method selection should consider adolescents' age, interests, and learning styles.

Studies by Dewi and Susanti (2021) found that interactive counseling methods using visual media and group discussions are more effective in increasing adolescents' health knowledge and interest. Gayatri (2020) similarly emphasized the importance of varied and engaging methods to create an enjoyable learning atmosphere and encourage active participation.

**Process Planning**

Field findings indicate that planning for Adolescent Posyandu activities at Bentiring Health Center is conducted through internal meetings involving health staff and cadres. Planning is generally integrated with overall Posyandu activities, without specific focus on adolescent programs. Adolescents as primary targets are not directly involved in planning, resulting in activities that may not fully align with their interests and needs, such as counseling topics perceived as less engaging.

Thus, although planning has been conducted, active adolescent involvement is necessary to design more relevant and appealing activities, in line with participatory planning principles.

Theoretically, health program management emphasizes planning as a critical initial stage determining program direction and effectiveness. Good planning should be participatory, needs-based, and inclusive of all stakeholders, including program targets. Within the IPO model, planning influences process quality and output achievement.

Studies by Dewi and Lestari (2021) found that active involvement of adolescents in planning increases ownership and participation. Andriyani et al. (2020) similarly reported that top-down planning without target involvement often results in activities misaligned with needs, reducing participation and outcomes.

**Implementation**

Field findings show that Adolescent Posyandu activities at Bentiring Health Center are conducted monthly and involve health workers and cadres. Activities include health education, basic physical examinations (weight and height), and group discussions. Materials are delivered in simple language. However, implementation faces challenges such as limited equipment, lack of varied educational media, and suboptimal cadre roles due to insufficient training. Adolescent participation and consistency remain low.

Thus, while activities are conducted as scheduled, implementation is not yet optimal. Improving cadre capacity, utilizing engaging educational media, and adopting participatory approaches are necessary to enhance effectiveness.

According to the IPO model, implementation (process) is heavily influenced by available inputs. Poor process implementation directly affects output achievement. Studies by Wahid (2020) and Pandawa and Djama (2022) similarly identified challenges related to limited training, facilities, media, and budgets, emphasizing the need for strong planning, infrastructure support, and active adolescent and cadre involvement.

**Monitoring**

Monitoring at Bentiring Health Center is conducted periodically by health promotion officers and includes attendance recording, activity evaluation, and routine reporting. However, monitoring mechanisms are not systematic, lacking standardized evaluation formats and sufficient cadre involvement. Participant feedback is also unstructured, limiting data-based improvements.

Thus, monitoring needs to be improved to be more structured, participatory, and data-driven. Effective monitoring should support continuous program improvement.

Theoretically, monitoring is a core management function ensuring programs remain on track and providing feedback for improvement (Notoatmodjo, 2010). Within the IPO framework, monitoring is part of the process component critical to output success. Participatory and structured monitoring enhances program quality, as shown in studies by Isnawati (2020) and Amiruddin and Widodo (2021).

**Output (Program Outputs) Attendance Level**

Field findings show that adolescent attendance at Bentiring Health Center's Adolescent Posyandu is moderate but fluctuates monthly. Factors affecting attendance include scheduling conflicts with school hours, limited information dissemination, and low interest in topics. One-directional delivery and limited interactivity also reduce appeal. Despite outreach efforts, enthusiasm remains uneven.

Thus, attendance is not yet optimal and is influenced by limited innovation and ineffective promotion. Collaboration with schools, social media use, and engaging, participatory materials are recommended to improve attendance.

According to the IPO model, attendance is an initial output indicator reflecting process effectiveness. Studies by Rohmiyati (2021), Rahmadani and Sari (2020), and Setiani (2024) demonstrate that interactive methods, attractive media, appropriate scheduling, and school collaboration significantly increase attendance.

**Participation Level**

Adolescent participation is moderate but suboptimal. While attendance is relatively stable, active involvement in discussions and activities is low. Factors include limited method variation, lack of engaging media, and minimal adolescent involvement in planning. Some adolescents also feel hesitant due to limited interpersonal approaches.

Thus, participation remains limited and requires innovative, participatory approaches and adolescent involvement to foster ownership.

According to Cohen and Uphoff's participation theory, participation extends beyond attendance to involvement in planning, implementation, and evaluation. Higher participation increases program effectiveness. Studies by Rohmiyati (2021), Lestari and Handayani (2020), and Ambarwati and Yuliana (2022) confirm that interactive methods, youth-friendly approaches, and peer involvement enhance participation.

**KnowledgeImprovement**

Field findings indicate that Adolescent Posyandu activities have contributed to increased adolescent knowledge, particularly regarding reproductive health, nutrition, and personal hygiene. However, one-directional methods limit interaction, resulting in uneven knowledge gains.

Thus, while knowledge improvement has occurred, further enhancement through innovative methods and active engagement is necessary.

Health learning theory emphasizes knowledge as a basic cognitive domain acquired through experience and education. Effective counseling should be communicative, interactive, and tailored to targets (Notoatmodjo, 2010). Studies by Gayatri (2020), Fitriani and Purwaningtyas (2020), and Ambarwati and Yuliana (2022) support the use of visual media, discussions, and social interaction to improve knowledge.

Overall, low attendance, participation, and knowledge improvement at Bentiring Health Center's Adolescent Posyandu are interrelated and influenced by limitations in human resources, funding, facilities, methods, planning, implementation, and monitoring. Addressing these factors holistically is essential to achieving sustainable improvements in adolescent health program outcomes.

## CONCLUSIONS AND RECOMMENDATIONS

Based on the results of the study, the following conclusions can be drawn:

**1. Input**

Several evaluation findings related to the input component of the Adolescent Posyandu program at Bentiring Health Center, Bentiring City, were identified:

a. Human resources (health workers) and adolescent Posyandu cadres are considered adequate.

b. Funding for the Adolescent Posyandu at Bentiring Health Center comes from the Health Operational Assistance (BOK) and is generally sufficient to support activities. However, transparency and efficiency in fund management still need to be improved to ensure program sustainability.
c. Facilities and infrastructure for the Adolescent Posyandu at Bentiring Health Center are generally adequate, such as service rooms and basic measuring equipment. Nevertheless, there are still shortages of certain examination tools (such as Hb testing and MUAC/LILA) as well as multimedia educational media. These shortcomings need to be addressed to enhance service quality and the effectiveness of health education.
d. The methods used in the Adolescent Posyandu at Bentiring Health Center are fairly good, as they actively involve adolescents through counseling, discussions, and educational games. The materials are delivered in a manner appropriate to adolescents' age. However, additional training for cadres is still needed so that information can be conveyed in a more engaging and easily understandable way for adolescents.

**2. Process**

Several evaluation findings related to the process component of the Adolescent Posyandu program at Bentiring Health Center, Bentiring City, include:

a. Activity planning for the Adolescent Posyandu at Bentiring Health Center is conducted through internal meetings involving health workers and cadres. However, adolescents as the primary target group are not yet directly involved in the planning process. As a result, some activities do not fully align with their interests and needs. In the future, greater active involvement of adolescents in planning is needed so that activities become more attractive and better targeted.
b. Implementation is carried out routinely every month, with activities such as exercise sessions, health check-ups, and health education. The activities generally run smoothly and are conducted in a safe and comfortable environment for adolescents. However, health education sessions are not always consistent, and some materials are still perceived as less interesting by participants. Innovation is needed to make the implementation more interactive and appealing to adolescents.
c. Monitoring of activities has been carried out routinely by health center staff through direct observation, recording in register books, and activity reporting. However, recording and reporting by cadres are still not optimal due to limited training. Therefore, capacity building for cadres in documentation and evaluation is needed so that the monitoring process becomes more effective and sustainable.

**3. Output**

Several evaluation findings related to the output component of the Adolescent Posyandu program at Bentiring Health Center, Bentiring City, are as follows:

a. The attendance rate of adolescents in Adolescent Posyandu activities at Bentiring Health Center is relatively good, at approximately 90%.
b. The level of adolescent participation in Adolescent Posyandu activities at Bentiring Health Center is fairly good. Some adolescents actively participate in counseling, discussions, and health examinations.
c. Adolescent Posyandu activities at Bentiring Health Center have had a positive impact on improving adolescents' knowledge, particularly regarding personal hygiene, balanced nutrition, reproductive health, and the dangers of risky behaviors. Counseling sessions, discussions, and the use of educational media have helped adolescents better understand the materials.

**Recommendations**

1. Theoretical Contribution

This study is expected to contribute to the enrichment of knowledge and understanding in research related to the evaluation of the Adolescent Posyandu Program at Bentiring Health Center, Bengkulu City.

2. For the Community Health Center (UPTD Puskesmas)

It is expected that the Bentiring Community Health Center can improve the quality of implementation of the Adolescent Posyandu program by optimizing its educational, preventive, and promotive functions. The health center is also encouraged to increase adolescent involvement through activities such as mental health counseling, reproductive health education, and other interactive activities. In addition, it is important for the health center to conduct regular monitoring and evaluation of cadre performance and adolescent participation so that the program can run sustainably and remain well targeted.

3. Future Research

Future researchers are expected to further enhance understanding of the evaluation of the Adolescent Posyandu Program at Bentiring Health Center, Bengkulu City.

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