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The Relationship Between Cadre Mentoring and Adolescent Participation in Youth Posyandu Activities

Ainani Hasanah[1(CA)], Rita Yulifah[2], Ari Kusmiwiyati[3]
[1,2,3]Department of Midwifery, Health Polytechnic of the Ministry of Health Malang, Malang, Indonesia
Correspondence author's email [(CA)]: p17311235007_ainani@poltekkes-malang.ac.id

ABSTRACT

Adolescence is a critical developmental period that strongly influences reproductive health, where insufficient knowledge may increase the risk of unwanted pregnancy and sexually transmitted infections. The youth posyandu plays an important role in providing reproductive health education; however, adolescent participation remains low due to limited awareness, stigma, and restricted access to information. This study aimed to examine the relationship between cadre mentoring and adolescent participation in youth Posyandu activities in Petungsewu Village, Dau Subdistrict, Malang Regency. A correlational analytic design with a cross-sectional approach was employed, involving 18 cadres and 35 adolescents actively engaged in youth Posyandu activities and selected through total sampling. The study was conducted in June 2024. Data were collected using a structured questionnaire and analyzed with the Spearman rank correlation test. Results showed that 50% of cadres provided good mentoring, while 74.3% of adolescents demonstrated moderate participation. The Spearman rank test yielded a p-value of 0.028 and a correlation coefficient of 0.518, indicating a significant positive relationship between cadre mentoring and adolescent participation. It can be concluded that continuous and structured cadre mentoring enhances adolescent engagement in youth Posyandu activities. Appropriate mentoring approaches may strengthen adolescents support, motivation, and knowledge, thereby encouraging more active participation.

Keyword: Adolescent Health; Adolescent Participation, Cadre Assistance, Youth Posyandu

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INTRODUCTION

Adolescence is a transitional stage marked by rapid physical, psychological, and social changes that increase vulnerability to risky behaviors such as smoking, alcohol and drug use, and premarital sexual activity, which may lead to sexually transmitted infections, unintended pregnancy, and unsafe abortion (1,2). In Indonesia, adolescent pregnancy remains a public health concern, with early marriage rates still relatively high in Malang Regency (3).

Youth Posyandu has been developed as a community-based platform to improve adolescents' health literacy and access to reproductive health services (2). However, participation in Youth Posyandu

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is often low due to limited awareness, stigma, and lack of consistent support. This low participation reduces the effectiveness of Posyandu in preventing risky behaviors and promoting adolescent health.

Evidence suggests that cadre mentoring plays a key role in influencing adolescent involvement. Larasaty & Hasna reported inadequate expertise among Youth Posyandu leaders (4), while Ruwayda & Izhar highlighted the importance of cadres and family support in shaping adolescent behavior (5). These findings position cadre mentoring not only as an educational role but also as a reinforcing factor that creates motivation, trust, and sustained participation.

A preliminary survey in Malang Regency (2022–2023) indicated that only 10 Youth Posyandu units were active, with fluctuating adolescent attendance. In Petungsewu Village, participation declined over time, but improved temporarily after cadres redistributed invitations in January 2024, suggesting that mentoring efforts might influence participation levels.

Based on this context, the present study specifically aims to analyze the relationship between cadre mentoring and adolescent participation in Youth Posyandu activities in Petungsewu Village, Dau Subdistrict, Malang Regency.

METHODS

This quantitative research employed a correlational design with a cross-sectional approach. The study population consisted of 18 cadres and 35 literate adolescents who were actively registered in Youth Posyandu activities. A total sampling technique was applied, in which all members of the population were included as participants. The study was conducted at the Petungsewu Village Office, Dau District, Malang Regency, in June 2024.

Data were collected using two instruments: a cadre support questionnaire and an adolescent participation questionnaire, both of which were subjected to validity and reliability testing. Items were considered valid if the r-count ≥ r-table. Reliability was confirmed when Cronbach's alpha exceeded 0.6. The reliability test results showed Cronbach's alpha values of 0.966 for cadre support and 0.818 for adolescent participation, indicating high reliability. Univariate analysis was performed to describe the characteristics of each research variable, while bivariate analysis was used to examine the relationship between the two variables, employing the Spearman rank correlation test through IBM SPSS Statistics software.

RESULT

Table 1. Frequency Distribution of Adolescent Cadres by Age and Duration of Service at the Youth Posyandu in Petungsewu Village, Dau District, Malang Regency

Characteristic	f	%
Age of Cadres		
10 – 13 years	0	0

14 – 17 years	0	0
18 – 24 years	18	100
Total	**18**	**100**
Duration as Cadre		
≤ 1 year	6	33.33
> 1 year	12	66.67
Total	**18**	**100**

As shown in Table 1, all cadres (100%) were aged 18–24 years, reflecting recruitment dominated by late adolescents and young adults who generally possess greater maturity and social experience. Regarding duration of service, most cadres (66.7%) had served for more than one year, suggesting continuity and commitment that may enhance the consistency of support in youth posyandu activities.

Table 2. Frequency Distribution of Adolescents by Age, Gender, and Education at the Youth Posyandu in Petungsewu Village, Dau District, Malang Regency

Characteristic	f	%
Age of Adolescents		
10 – 13 years	13	37.1
14 – 17 years	18	51.4
18 – 24 years	4	11.4
Total	**35**	**100**
Gender		
Male	1	2.9
Female	34	97.1
Total	**35**	**100**
Education		
Elementary School	3	8.6
Junior High School	14	40.0
High School	17	48.6
Diploma	1	2.9
Total	**35**	**100**

Table 2 demosntrates that the majority of adolescents were aged 14–17 years (51.4%), followed by those aged 10–13 years (37.1%). Female adolescents comprised 71.4% of participants, indicating higher engagement compared to males (28.6%). In terms of education, most were high school students (48.6%) or junior high school students (40%), reflecting that participants were predominantly school-aged adolescents, a strategic group for strengthening youth posyandu participation.

Table 3. Descriptive Statistics of Cadres Based on Support to Adolescents During Youth Posyandu Activities in Petungsewu Village, Dau District, Malang Regency

Support Level	N	Min - Max	Mean ± SD
Good	3	53-60	55.67 ± 3.785
Adequate	8	44-45	44.87 ± 0.353

Poor	7	28-34	30.87 ± 2.115

Three cadres demonstrated good support, with a minimum score of 53 and a maximum score of 60 (Mean = 55.67, SD = 3.785). Additionally, eight cadres provided adequate support, with scores ranging from 44 to 45 (Mean = 44.87, SD = 0.353). Meanwhile, seven cadres provided poor support, with scores ranging from 29 to 44 (Mean = 30.87, SD = 2.115).

Table 4. Descriptive Statistics of Adolescents Based on Participation in Youth Posyandu Activities in Petungsewu Village, Dau District, Malang Regency

Participation Level	N	Min-Max	Mean ± SD
Moderate	26	32-39	26.44 ± 0.881
Low	9	25-28	37.19 ± 1.918

Most adolescents exhibited moderate participation, with scores ranging from 32 to 39 (Mean = 36.44, SD = 0.881). In contrast, nine adolescents demonstrated low participation, with scores ranging from 25 to 28 (Mean = 37.19, SD = 1.918).

DISCUSSION

According to the findings of this study, the cadre support questionnaire for youth Posyandu activities indicated that several cadres provided adequate support. The roles of cadres are identified as initiators, facilitators, empowerers, protectors, and supporters

Community health cadres are individuals, both men and women, who are selected by the community and trained to address individual and public health issues, working in close collaboration with healthcare facilities (6). Adolescent health cadres (KKR) are adolescents who are either elected or voluntarily dedicate themselves to supporting peers, families, and communities, encompassing roles such as peer counselors, little doctors, peer educators, members of Saka Bhakti Husada, Red Cross Youth, Karang Taruna, youth Posyandu cadres, mosque youth, church youth, and young Jumantik cadres (7).

According to Yulifah, the functions of cadre support include enabling and facilitating, which encourage adolescents to engage in positive and supportive interactions while ensuring access to essential resources to improve their health and well-being (8). Empowerment involves educating adolescents, protecting them, fostering cooperation among adolescents, village groups, health facilities, and health departments to ensure adequate health protection and services, and supporting adolescents in applying health knowledge in daily life. By embodying these roles, cadres become key agents in guiding, supporting, and empowering adolescents to improve their understanding, skills, and access to essential health services within youth Posyandu.

Support is considered optimal when cadres consistently provide accurate and relevant information, effectively facilitate discussions, motivate adolescents to participate actively in youth Posyandu activities, teach practical skills and supply necessary resources for independence, safeguard the privacy and comfort of adolescents, create a secure environment during activities, and remain available to offer assistance and follow-up on any issues or inquiries.

Cadre support is categorized as moderate when sufficient information is provided, albeit with limited depth or organization, when motivation only reaches some adolescents, when only basic skills are taught, when privacy and comfort are maintained for most adolescents, and when assistance is offered without consistent follow-up. Conversely, cadre support is considered poor if the information conveyed is inaccurate or irrelevant, if facilitation is ineffective, if adolescents are not motivated to participate, if skills or resources are not provided, if privacy and comfort are neglected, creating insecurity, and if assistance is rendered without necessary follow-up. Factors influencing the role of Posyandu cadres include age, marital status, occupation, education, income, recognition, length of service as a cadre, and participation in training or mentoring (9).

Based on the adolescent participation questionnaire involving 35 respondents, the majority demonstrated moderate participation (74.3%). Adolescent participation was operationally assessed based on attendance, utilization, involvement, and evaluation. Participation is defined as the conscious involvement of individuals in social interactions within specific contexts. This implies that an individual participates when they identify with or belong to a group through processes of sharing values, traditions, feelings, loyalties, obedience, and responsibilities (10). Participation is divided into four levels: participation in decision-making, implementation, utilization of results, and evaluation (11).

According to the World Health Organization, adolescence refers to the transitional phase between childhood and adulthood, spanning ages 10 to 19 years. In contrast, the Indonesian Ministry of Health Regulation No. 25 defines adolescence as ages 10 to 18 years (7). Meanwhile, the National Population and Family Planning Agency (BKKBN) defines adolescence as ages 10 to 24 years for unmarried individuals, thus positioning adolescence as the transitional stage from childhood to adulthood (12).

Findings suggest that many adolescents remain unaware of the importance of youth Posyandu (integrated service posts), influenced by inadequate knowledge, limited information, and accessibility barriers. Responses to the participation questionnaire reflect low enthusiasm, affected by factors such as support, motivation, facilities, and resources. In this regard, Posyandu cadres play a pivotal role in enhancing motivation, improving facilities, and providing resources, ultimately contributing to increased adolescent participation.

The study on the relationship between cadre support and adolescent participation in youth Posyandu activities in Petungsewu Village, Dau District, Malang Regency, yielded a significance value of $0.028 < 0.05$. This indicates acceptance of the hypothesis, confirming a significant relationship between cadre support and adolescent participation. Furthermore, the correlation coefficient of 0.518

demonstrates a strong and positive association between the two variables; better cadre support is correlated with higher adolescent participation and vice versa.

Since 2022, when cadre empowerment initiatives were launched by the Polkesma team, cadres have actively supported adolescents. Their roles include encouraging participation in youth Posyandu activities, consistently disseminating information about sessions through social media and door-to-door invitations, preparing venues, engaging in activities, coordinating with health officials regarding adolescent health issues, and following up on absenteeism.

These findings are consistent with Ruwayda & Izhar, who identified reinforcing factors influencing adolescent behavior toward youth Posyandu, including the roles of health workers, cadres, and family support(5). Their study demonstrated a significant relationship between adolescent behavior and cadre roles in Penyengat Rendah Village, Aurduri Health Center, Jambi City, in 2019, supported by a p-value of 0.000 ($p<0.05$). Notably, 96.4% of respondents evaluated cadre roles positively.

The responsibilities of cadres include conducting monthly Posyandu sessions, maintaining consistent activity and engagement, and ensuring service satisfaction. Active cadres must develop strategies and innovations to attract adolescents to monthly sessions, while possessing sufficient knowledge to ensure comfort and satisfaction during counseling.

Several factors influence adolescent participation in youth Posyandu activities in Pekenden RW.10, including proximity of residence to the Posyandu, adequacy of facilities, family support, quality of peer relationships, and cadre attitudes in providing health services (13). Cadres serve as key reinforcing agents influencing adolescent attendance, as their managerial role requires ensuring activity implementation and improving service quality, particularly through behavior, to encourage healthier lifestyles among adolescents. Moreover, the attitude of cadres significantly affects participation. A participant in the Youth Posyandu Pekenden RW.10 stated: “The cadres here are kind and patient in providing services. They explain clearly, using language that is easy to understand. If I don’t understand something, the cadres encourage questions, and they answer very clearly. That is why I enjoy participating in youth Posyandu activities”.

Furthermore, research highlights that peer support is a determining factor for adolescent participation in youth Posyandu in Pringsewu District (14). Peer encouragement provides motivation and positive reinforcement for adolescents to engage actively. Supportive peer interactions also reduce anxiety and uncertainty regarding Posyandu attendance.

Studies confirm a relationship between knowledge and adolescent participation in youth Posyandu (1,15,16). Cadre support significantly contributes to enhancing adolescent knowledge, particularly in areas such as nutrition, hygiene, and reproductive health. Sustained support enables adolescents to appreciate the importance of their role in Posyandu activities. Informed adolescents are more likely to participate actively, feeling responsible for maintaining personal and community health.

Extant literature indicates that cadre support can influence behavioral changes within social contexts. Continuous mentorship fosters trust, nurtures curiosity, and stimulates adolescent participation in youth Posyandu. Therefore, cadres must continuously innovate to attract adolescents, enhance service quality, and deliver effective, satisfying, and comfortable health counseling. Increased cadre support is directly proportional to improved adolescent participation.

CONCLUSION

This study found that cadre support in youth Posyandu activities in Petungsewu Village was predominantly adequate, while adolescent participation was mostly moderate. Statistical analysis confirmed a significant positive relationship between cadre support and adolescent participation, indicating that stronger cadre support is associated with higher levels of adolescent involvement in youth Posyandu activities.

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