

## *Crossing The Gap Between Stakeholders: Qualitative Study of Stakeholders' Perspective on Adolescent Health Program in Surabaya*

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### ABSTRACT

**Background:** Nearly 30% of Indonesian population is adolescent. Indonesia has various programs to improve the health status of adolescents from various sectors. However, the program intended for adolescent reproductive health has not been fully utilized, with one of the reasons being improper management by primary healthcare on cross-sector cooperation causing a knowledge gap among adolescents about the program. **Purpose:** This study aims to identify the perception of stakeholders from various sectors on adolescent health program in Surabaya, East Java. **Methods:** This study used a qualitative descriptive approach through interviews and FGDs to relevant stakeholders. Research subjects came from elements of government (health, education, religion, family planning, and social), NGOs, media (radio, newspaper media), teachers (representatives of 10 high schools in Surabaya), parents (Family Health Empowerment group). Data were analyzed by thematic analysis. **Results:** Every governmental office has a program for adolescents, but most are only providing information. Therefore, NGOs complete programs have not been implemented by the government such as a peer educator program for high-risk community. The media also has youth programs that are tailored to the needs or trends. Teachers and parents as having the closest control with adolescents, also play a role in providing information and accompanying adolescents. The various roles of the various stakeholder groups require synergy efforts to avoid overlapping. **Conclusion:** Adolescents in Surabaya are considered unhealthy and engage in risky behaviors by relevant stakeholders. Various programs have been implemented to support adolescent health. However, different perspectives on implementing adolescent health programs can cause conflict between stakeholders or confusion among adolescents. The diversity of stakeholders involved in adolescent health programs also needs to be encouraged.

**Keywords:** Adolescent Health, Good Health & Well-Being, Reproductive Health, Stakeholders, Synergy.

### INTRODUCTION

As many as 1.2 billion adolescents aged 10-19 years constitute 16% of the world's population. More than half of adolescents globally lived in Asia (UNICEF, 2019a). The number of adolescents in Indonesia reaches 44.25 million individuals (BPS, 2023). Throughout 2012-2023, 46.63% of suicide cases in Indonesia were adolescents (Wardhani, 2023). Smokers aged 13-15-year-old increased from 18.3% in 2014 to 18.8% in 2019 (UNICEF, 2021). The incidence of premarital sex, teenage

pregnancy and child marriage is still high in Indonesia (Ahiyanasari et al., 2020; Devi et al., 2022; Nurmala, Ahiyanasari et al., 2020; Click or tap here to enter text. Nurmala, Astutik et al., 2020), which resulted in an increase in Age Specific Fertility Rate (ASFR) in the adolescent age group. ASFR of women aged 15-19 years increased from 30 births per 1,000 women in the 2018 to 33 births per 1,000 in the 2019. Although ASFR in East Java decreased by 25.9%, 17.5% of the cases were unwanted pregnancies (BKKBN, 2019). Therefore, it is necessary to



prevent unwanted pregnancy in adolescents, because adolescents are an asset as well as an investment for future generations (Boru, 2019a).

Adolescents are defined as individuals, aged 10-19 years old (WHO, 2019), who are in the transition period from children to adulthood and are experiencing a phase of puberty which is marked by changes in physical, biological, mental, and maturation of sexual functions (Boru, 2019b) (Nurmala, Pertiwi, Devi et al., 2020). Adolescent risky behaviour is a behaviour that can endanger the health and well-being of adolescents such as risky sexual behavior, smoking, consuming alcohol, drugs, and engaging in multiple risk behaviors (Bella et al., 2019; Margaretha, 2012) Click or tap here to enter text.. These behaviors can be influenced by personality, family, environment, education, and social and community, and vulnerable population factors (Nurmala, Pertiwi, Devi, et al., 2020). Even some forms of risky behavior can cause harm to others. Therefore, adolescent health is very important to pay attention to. Because if adolescents cannot filter information appropriately it will allow adolescents to take the wrong actions. Given the increasingly sophisticated technological advances, makes it easier for adolescents to access various available information (Bella et al., 2019).

Various adolescent health programs have been intensified by both the government, the private sector and the community as an effort to prevent and reduce adolescent risky behavior in Indonesia. Ministry of Health in Indonesia has developed the Adolescent Health Program using the Adolescent Care Health Services approach since 2003. The Youth Integrated Service (Posyandu Remaja/ Posrem) is a community forum that provides services to individuals aged 10-24 years with the main goal of providing health education to adolescents, monitoring and supporting the development of adolescent physical and mental health (Adawiah, 2023). This program is one of the government's strategies to solve problems related to adolescent reproductive health which focuses on activities in the form of outreach and counselling. The term "care for youth" here is intended so that adolescents do not think only about

reproductive health so that adolescents are open about their health problems (Ayu et al., 2020a).

So far, the Posrem program has not been fully utilized. The most dominant factor for the lack of use of Posrem as conveyed by the main informant was due to the adolescent's lack of knowledge about the program as a result of poor cross-sector management by the primary healthcare (Ayu et al., 2020b). Other factors such as adolescent attitudes, self-efficacy, the location of primary healthcare, sources of information and the role of officers' and cadres' support also played an important role (Rohana et al., 2023). However, the implementation of the Adolescent Care Health Services program is still low and uses less attractive methods (Muthmainnah et al., 2019). Conventional methods are still being used across the region, such as offline education and counseling and the number of primary healthcare centers which have Posrem is only 15 out of 62 healthcare centers in Surabaya (Ningsih, 2018), despite digitalization and today's adolescent's characteristics being close to technology (Muthmainnah, 2022).

The success of program implementation is greatly influenced by the involvement and role of all relevant stakeholders, starting from the government as policy-makers, program implementers, and the community to youth (Muthmainnah et al., 2022). In addition, the existence of government policies and the collaboration between stakeholders in providing assistance can encourage the optimal implementation of adolescent health programs (Ayu et al., 2020b). One of the major challenges in implementing these adolescent health policies according to the stakeholders was the lack of inter-sectoral coordination and fragmentation of governance (Roy et al., 2019). Synchronization and clear definitions of each stakeholders' roles must be encouraged to support the provision of adolescent reproductive health services in Indonesia (Siswantara et al., 2019a). Therefore, this study aims to identify the perception of stakeholders in the synergy efforts of adolescent reproductive health programs.

## METHODS

### Design and Informants

This research was a qualitative descriptive approach. Informants consist of elements of government (health, education, religion, family planning, social, youth and sports, NGOs, media (radio, newspaper), teachers (representatives of 10 high schools in Surabaya), and parents (Family Health Empowerment group). The informants were selected by purposive sampling with the criteria being informants who have adolescent health program and minimum two-year work period in the adolescent health program. A total of 20 informants were involved in the qualitative research, whose answers were deemed to be saturated and representative.

### Data Collection

Data were obtained through in-depth interviews and focus group discussions with the maximum duration of one hour. The interview discussed perceptions on adolescent health status, various programs in adolescents' health, different points of view of adolescent's health efforts among stakeholders, and perceptions about the leading sector in adolescent health programs. The sources were obtained by contacting the leading sector: the Surabaya City Health Office. Then, the Surabaya Health Office instructed to conduct in-depth interviews with related stakeholders: the Department of Religion, the Population and Family Planning Control Office (DP2KB), the National Population and Family Planning Board (BKKBN) in the region, the Education Office, and the Department of Social. The researcher also conducted in-depth interviews with several news outlets (radio and newspapers) as stakeholders related to the media and NGOs engaged in the field of adolescent health. Parent representatives were also interviewed. All the informants were interviewed twice. FGD was conducted with 10 representative teachers from 10 schools.

### Data Measures

Qualitative data obtained through informants, were recorded and processed to produce information which was then analyzed.

### Data Analysis

Data analysis was carried out with a thematic analysis: adolescent health

status, adolescent health program, misconception of adolescent health effort, and also leading sectors in adolescent health programs, that began with making a transcript of the results of the discussion, then checking the completeness of the data and analyzing the initial substantive, methodological, and analytic findings. The data obtained were then validated using peer debriefing techniques. Member checking technique was done by discussing the results of the discussion with experts or practitioners in their field (reconfirming the results with the source person).

### Ethical Approval

This study was approved by Health Ethics Research Committee from Faculty of Nursing, Universitas Airlangga, ref: 2052-KEPK (8 July 2020). All of the informants agreed to join this study and provided written informed consent; they were allowed to withdraw during this study and this study was also anonymous and voluntary.

## RESULTS AND DISCUSSION

**Table 1.** Characteristics of informants.

Characteristics	Number
Gender	
Man	8
Woman	12
Latest Education	
Bachelor	16
Master	4
Total	20

Table 1 shows the characteristics of informants in this study were mostly female and the education level was bachelor graduate. Stakeholders involved in adolescent health program in Surabaya, as many as 20 stakeholders include government stakeholder, media, parents, NGOs, and provider at school, which are described in Table 2 below.

**Table 2.** Affiliation of informants as the stakeholders in adolescent health program

Affiliation of Informants	Stakeholders
1 Health sector	Government

	Affiliation of Informants	Stakeholders
2	Religious Sector	
3	Education Sector	
4	Social Sector	
5	National Radio	Media
6	Private Radio	
7	Newspaper	
8	Family Empowerment Organization (FMO)	Parent Representative
9	Family Planning "X"	NGOs
10	Private "Y"	
11	10 teachers from 10 school representatives	Provider at school

### Stakeholders' Perceptions about Adolescent Health Status

The informants explained that the health conditions of adolescents in Indonesia today were unhealthy, adolescents do a lot of risky behavior and the number of adolescents who have STIs is higher than before, and the risky behavior get worse as technology develops.

*"Adolescents in Surabaya are not healthy, because they have busy lifestyle makes adolescents do not maintain their sports and eating patterns (tend to eat instant). Supported by the development of technology and information so that adolescents if they want to be naughty are more easily realized."* (Private Radio)

*"Based on data released by the health facilities, the list of Surabaya public health centers patient visits for their reproductive health, many adolescents experience STIs. Increasingly the risky behavior of adolescents is higher."* (Private NGO)

### Various Programs in Adolescents Health

There are many health problems in adolescents, so many stakeholders have programs to prevent adolescents from risky behavior and improve adolescent health such as mental training and mentoring for adolescent drug rehabilitation, Pokja Remaja, Aku Bangsa Aku Tahu-ABAT (I'm

Proud I Know) program, and peer educator.

*"Private NGO has a reproductive health promotion program for adolescents, Pokja Remaja to increase the number of adolescents who can access health facilities independently. There is the Aku Bangsa Aku Tahu-ABAT (I'm Proud I Know) program, a program from the Ministry of Health. With a national target of 95% of adolescents must have been exposed to HIV-AIDS information. High-risk adolescents (transsexuals, MSM, IDU) also have a national program, training peer educators who are trained by the health department. Peer educator is from a high-risk community that has the main duty of providing information, asking to check into a health facility, if you find an HIV positive task to assist and follow up."* (Private NGO)

### Difference in Perspective of Adolescents' Health Efforts in Stakeholders

The number of adolescent health programs in Indonesia is already large; however, the way stakeholders view some programs may result in confusion for adolescents, such as the purpose of implementing condom use, blocking pornographic sites, or the way to deliver adolescent health material.

*"According to the government, condoms are for adolescents who are married, because the aim is to decrease the number children. But, our clinic does not, the condom can be used for some purposes, it can prevent pregnancy, prevent transmission of disease (STIs, HIV-AIDS). So, when Private NGO talks about condoms at school it's often not agreed...."* (Private NGO)

*"Government programs cannot be considered sufficient, because of some unnecessary acts, like blocking porn sites, it is important, but there is something more that needs to be done, namely socialization. Because it's useless, the site will*



*still be hacked even it's blocked. The advice is that the government does more counseling, makes people understand rather than struggling with technology."*  
(Private Radio)

Adolescents now have enough knowledge about health with the development of technology but adolescents still do not have a positive attitude to protect themselves from risky behavior.

*"The method of lecturing to adolescents is not interesting, it is even said that adolescents are now smart in theory, but there is no practice at all. Not about their knowledge, but other factors keep them doing it."*  
(Teacher)

#### **Perceptions about the Leading Sector in Adolescent Health Programs**

Adolescent health programs can take place continuously with the involvement and effective communication of stakeholders who have contributed to support and improve adolescent health.

*"Collaboration with public health center related to the promotion of reproductive health. Coordination with Babinsa and BNN regarding drug socialization."* (FMO)

Some stakeholders suggest that bridging the role of stakeholders can be initiated by the Education Office.

*"The person responsible for the health of Madrasah adolescents is the Ministry of Religion. However, due to limited human resources is not optimal. The leading sector is the education office."* (Ministry of Religion)

However, according to the Education Office, the sector most involved with adolescent health is the Health Office, because the Education Office takes care of student education, such as the curriculum and those related to school activities (educational scope). The Health Office had an judgement to synergize adolescent health programs from various cross sectors that need letters, MoUs, and hearings.

This study aims to identify the perception of stakeholders from various sectors in adolescent health efforts. A

good stakeholder identification and analysis, supported with ideal framework is crucial in determining the role of each stakeholder as an effort to make a program successful (Kivits & Sawang, 2021). Based on the results of the research, several informants stated that the health condition of adolescents in Indonesia is currently unhealthy, adolescents engage in a lot of risky behavior ranging from an unhealthy lifestyle to juvenile delinquency, and it is getting worse along with the development of technology. This is in line with research by UNICEF which found that adolescent health problems include smoking, malnutrition burden, unhealthy diet, lack of physical activity, and factors related to mental health (UNICEF, 2021). Therefore, the stakeholders developed the NGO Youth Working Group program, Aku Bangga Aku Tahu-ABAT (I'm Proud I Know) program from the Ministry of Health, a training peer educator program who are trained by the health department, and many more.

Educational materials and methods, as well as information providers, are things that need to be considered by stakeholders in making health programs (Bella et al., 2019). The results also showed that adolescents actually have sufficient knowledge about health with technological developments so that the lecture method alone to adolescents is considered unattractive, which is supported by research that states that the peer education method is more effective than the lecture method (Nurmala I et al., 2019a). Besides, it is important to make an adolescent health program with adolescent involvement (Muthmainnah et al., 2019). This is because the ideas and actions taken by adolescents as primary stakeholders will have more impact on program planning and implementation because they understand their own needs, and understand how to motivate and influence their peers (Nadia et al., 2022). In peer educator activities, adolescents have a role as the main driver but are only limited to being users of the program (Nurmala I et al., 2019b).

The Education Office should be involved in developing adolescent health programs. Teachers, as representatives of the education office who are close to adolescents at school, have roles in adolescent health programs in enabling, mediating, and advocating (Nurmala,

Muthmainnah et al., 2019b). Another role that can be carried out by the teacher is providing information, advising and providing supervision to adolescents while at school (Bella et al., 2019). In addition, teachers are also part of the monitoring and evaluation team in the success of the peer educator program (Nurmala I, Muthmainnah et al., 2019b). As a conveyor of correct information, the teacher should have sufficient knowledge about adolescent health (Nash et al., 2021). Wrong perceptions of adolescent will plunge them into wrong attitudes and behaviors, especially risky behavior (Bella et al., 2019).

Parents have a role as the closest control to adolescents and also play a role in providing information and accompanying adolescents. It is very important to provide understanding to parents who have at least basic knowledge and skills related to adolescent health so that they can impart knowledge to their children (Sunarsih et al., 2020). Parents also act as role models making the influence of parental behavior to be very strong on their children (Nash et al., 2021). The existence of family support will have a positive impact on knowledge and utilization of adolescent reproductive health services (Sunarsih et al., 2020).

The media as a supporting stakeholder also has a very important role as a facilitator in providing correct information related to adolescent health. Previous study has found that access to information directly influences adolescent reproductive health behavior, where the source of information obtained by adolescents will greatly determine their reproductive health behavior (Sunarsih et al., 2020). The accessibility of mass media that is very easy for adolescents to reach will be an opportunity in disseminating information about adolescent reproductive health quickly and accurately (Bramastya et al., 2022). The mass media is considered a more important source of information related to adolescent health than parents, because the mass media can provide a better picture of the wants and needs of adolescents (Sunarsih et al., 2020).

The results show that the leading sector that plays a strong role in adolescent health efforts is the Education Office or the Health Office. Previous research mentioned that the Health Office has a role as a 'savior' in implementing strategic steps for adolescent health

programs, including public policy advocacy, integration of collaboration and coordination, monitoring and evaluation, recording and reporting (Hermayanty & Yulianti, 2020). The Health Office is one of the stakeholders who have high authority and interest in adolescent health programs (Fitri Mutmainah & Katon Mahendra, 2019). Collaboration between local stakeholders and non-healthcare stakeholders have a strong influence on shaping better population health (Alderwick et al., 2021). Besides, stakeholders still have overlap in conducting their adolescent health programs (Muthmainnah et al., 2020). The school and teachers can improve the curriculum to promote students' health and prevent their risky behavior (Nash et al., 2021). Previous research showed that adolescent reproductive health promotion models were designed to enhance the role of stakeholders (Sunarsih et al., 2020).

The last stakeholder is NGOs, which act as supporting stakeholders or facilitators in the development of adolescent health programs. In this case, NGOs also have a role to complement programs that have not been implemented by the government as it creates harmony with other key health players (Sanadgol et al., 2021). The programs owned by NGOs include the adolescent reproductive health promotion program or Pokja Remaja which aims to increase the number of adolescents who can access health facilities independently. Then there is a peer educator training program that involves NGOs and various existing stakeholders. The role and involvement of stakeholders is needed to support the overall success of the adolescent health program.

The advantage of this study is that it can analyze the roles of various stakeholders so that it can optimize the responsibilities of each stakeholder. Meanwhile, the limitation of this study is that the variables studied are still limited, so that further research can furthermore develop toward the alignment of stakeholder's main duties in regard to adolescents' needs.

## CONCLUSIONS

Adolescents in Surabaya are considered unhealthy by relevant stakeholders because they do not move actively, eat unhealthy food, and engage in risky behavior which is supported by the

convenience of technology. Various programs have been implemented by various stakeholders in Surabaya to support adolescent health. However, stakeholders still have different perspectives on implementing adolescent health programs, which can cause conflict between stakeholders or confusion among adolescents. The stakeholders involved in adolescent health programs must also be diverse, not only from the government and private sector, but also schools.

Improving adolescent health status requires a lot of effort from various sectors. Optimizing roles through the synergy of various sectors can make adolescent health programs in Indonesia more effective. Schools, youth community groups, and parents as the main target groups need to be involved as well as to start the planning process so that the sustainability of adolescent health programs is guaranteed.

#### ACKNOWLEDGMENTS

We gratefully acknowledge the senior high school students in Surabaya, East Java Province, Indonesia for cooperating during survey. In addition, we would like to address special thanks to Universitas Airlangga, which has provided funding, and the Education Office that has granted the clearance for the research. No potential conflict of interest was reported by the authors. This study was conducted as a part of Health Educator Program in Surabaya, supported by the Institute for Research and Community Service, Universitas Airlangga.

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