

Promoting positive youth development and well-being: lesson learned from youth integrated health post in Indonesia

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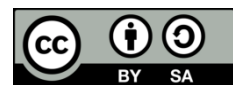
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ABSTRACT

Indonesia is a multicultural country with many indigenous people, including the Tengger tribe, who live in the mountainous area called Tosari. Limited access in rural areas and various risky behavior are the challenges for youth to develop optimally. To fill this gap, Tosari youth, together with midwives and the village office, initiated a youth-integrated health post called *posyandu* youth (PR), which was adapted to local culture. This study determined outcomes, program quality, and the possibility of PR program development using the positive youth development (PYD) framework. This study employed a qualitative design with a case study approach. From semi-structured interviews with various key stakeholders of PR, findings reveal a connection between the PR program quality and the positive health and well-being outcomes among participants. Based on these findings, several recommendations for maximizing PR as a youth development program to improve PYD and well-being among indigenous youth are provided.

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1. INTRODUCTION

In Indonesia, 28% of the population (more than 65 million) are youths aged 10-24 [1]. With this number, youth play a vital role in achieving sustainable development goals (SDGs). Thus, optimal well-being and development programs for youth will help achieve the SDGs [2]. However, risky behavior in Indonesian youth and adolescents was abundantly reported from many sources. For instance, For instance, 83% of pupils had their first sexual intercourse at the age of 14 years, and only 34% used a condom when they did it. In addition, it was reported that 18.8% Indonesian adolescents is an active smoker [3]. Furthermore, mental disorder cases among adolescents were quite concerning. The emotional disturbance prevalence in pupils aged 15 years or older is around 6% [4].

Indonesia is a multicultural country with many indigenous people from various ethnicities, including the Tengger/Tenggeresse tribe living in Tosari Bromo, the mountainous area in East Java Province. Geographical difficulties and limited access in rural areas of Indonesia are challenges for youth to have equal growth opportunities. Furthermore, youth problems are present in Tosari, such as 59% of the population being married at the age of 15-19 years, and 31% of Tosari's junior and senior high school students had ever smoked [5]. Research shows that youth living in rural areas were more prone to mental health problems than those living in urban areas [6]. Therefore, effective and culturally sensitive interventions are needed to overcome these various risks and maximize the potential of Tosari's youth as active agents in achieving the SDGs.

In response, the Tosari youth, together with stakeholders such as the Primary Health Center (Puskesmas), village midwives, and village officials, initiated the youth-integrated health post called *posyandu* youth (PR) in 2015. Since then, PR has become a community-based health service program and provides opportunities for youth involvement as cadres or members. PR aims to bring access closer to and increase the coverage of health services for adolescents. PR also increases the youth's role in planning, implementing and evaluating community-based activities. The involvement of cadres and members in PR can encourage self-actualization in community activities that benefit adolescent health in that area. Youth cadres are responsible for managing many programs and activities starting from preparation, implementation, and inviting other youth in their area to participate in PR activities. While puskesmas and village midwives supervise by providing health materials, the village authorities help legalize the activities and provide funding.

PR has several activities, the first one is skill development of cadres by village midwives, such as effective communication for peer educators and health assessment skills. PR also has regular monthly meetings. All members and cadres register at the beginning of the meeting, and then cadres will do health measurements covering anthropometry and blood pressure. After that, there is a health education session explained by the cadre and village midwife; the topics provided are adolescent reproductive health, mental health problems and prevention of drug abuse, nutrition, physical activity, prevention of non-communicable diseases, and prevention of violence in adolescents. At the end of the meetings, cadres will provide high-nutritional food, which they cook by themselves, and eat together with all of members. Besides regular meetings, PR also do other health-related programs like healthy and clean-living campaigns and supports the village waste bank management process. During PR activities, all members could benefit from health-related knowledge, health status assessment, and participation in health-related programs. This comprehensive PR activity in Tosari became one of the references for the Health Ministry of Indonesia to compile technical guidelines for PR Implementation published in the online catalog *kesga.go.id* [7], which has been implemented in several regions in Indonesia. In addition, PR in Tosari has won various national awards for their success in implementing health programs in their areas [8].

The youth in Tosari who has been involved in community activities and plays an active role as cadres in PR activities have the opportunity to develop skills such as communication and health-related knowledge. Several studies showed that youth participation in community activity is associated with positive youth development (PYD) and facilitating the transition to adulthood [9], [10], positive connections to adults, positive future expectations, and capabilities in decisions making [11], [12] and negatively associated with drugs abuse, juvenile delinquency, dropout rates, and risky sexual behavior [13], [14]. PYD framework can be explained by the 5C (competence, confidence, character, connection, and caring) model [15]. This model constructs 5C in PYD: competence, confidence, connection, character, and caring. Furthermore, a youth development program is required to encourage PYD. An effective program must have three components: a sustainable relationship between youth and adults, activities for life skills building, and opportunities for participating and becoming a leader [16]. In line with lerner's finding, PR showed that program components, such as the learning process for self-development and the opportunity for participating and organizing a PR program, and these could maximize the PYD outcomes.

Hence, PYD and environmental factors can be determinants of well-being in youth or adolescents [17], [18]. However, there is no study observing how PR can promote PYD and well-being in the context of rural Indonesia. Although youth development programs have been widely studied in various contexts, studies related to indigenous youth development in Indonesia are rarely found. Therefore, the present article aims to: i) determine how PYD outcomes and well-being in youth involved in PR, ii) identify the quality of PR programs based on the PYD framework, and iii) explore the possibility of developing PR as PYD programs. The study result is beneficial for PR implementation in Tosari and similar programs throughout Indonesia.

2. RESEARCH METHOD

2.1. Study design and setting

This was a qualitative study using a case study approach to understand the dynamics of an organization or community case [19]. An instrumental case study design was used to examine how the phenomenon occurs within a case [20]. Data were obtained from semi-structured interviews with cadres, members, midwives, and village chief to see outcomes, program quality, and possible program development.

PYD framework was used in the interview guidelines. The optimistic idea of human development is a fundamental hypothesis of the PYD framework. PYD sees youth as assets that can contribute because of their energy and creativity [15], [21]. A positive relationship between youth and their community is bi-directional. Youth benefit from their contribution to the community, and the community also develops because of the contribution of the youth [22]. One of the concepts that explain PYD is the 5C (competence, confidence, character, connection, and caring), which are characteristics that mark young people growing healthily. Well-

developed youth will have personal satisfaction, a sense of purpose, and contribute positively to their community [21].

This study was conducted in the Tosari sub-district, Pasuruan, East Java Province, Indonesia, where the Bromo mountain tourist attraction is. Tosari also inhabits an indigenous population, Tengger ethnicity. Tosari has a relatively large proportion (13.7%) of youth. The Tengger tribe has various traditional ceremonies routinely held every year. Its local culture is strong; thus, Tenggerese, including youth, actively participate in those activities and make the youth in Tosari get to know each other. Ethic approval was obtained from Nursing Faculty Universitas Airlangga Research Ethics Committee (No. 2533-KEPK).

2.2. Participants

Subjects were selected through purposive sampling with criteria aged 15-25 years old and were actively involved in PR activities. A total of 10 subjects, including cadres, members, and PR stakeholders (midwives and village chief) in Tosari, were asked to participate in this study and were given informed consent before. Midwives and village chief were chosen because they are adults that have important role in supporting youth cadre run PR. Participants will be coded to maintain anonymity. The distribution of qualitative participants can be seen in Table 1.

Table 1. Participants distribution across category and demographic information

Participant category	Number of participants
Cadre (CR)	5
Member (M)	3
Midwife (MW)	1
Village chief (VC)	1
Gender	
Female	8
Male	2

2.3. Data collection

Qualitative data were collected through semi-structured interviews. The interview protocol was prepared using the PYD framework, which consists of several parts: outcomes for youth involved in PR, identification of the PR program's quality, and the possibility of developing PR programs as PYD programs. Informed consent was obtained before face-to-face interviews, which lasted about 30-70 minutes. If the participant is less than 18 years old, parental consent will be asked. All interviews were conducted in Indonesian, recorded with the respondents' permission, and transcribed verbatim.

2.4. Data analysis

Qualitative data were analyzed using a framework analysis approach [22], [23] by following steps: i) familiarization: make an overview of the content from interview results related to research questions and identify the topics; ii) construct the initial thematic framework; iii) indexing and sorting; iv) summarizing and presenting data/data display; v) categorization and classification. All authors carried out the initial thematic framework development process and agreed upon it. After constructing the initial thematic framework, indexing was conducted using Nvivo 12, followed by discussing data analysis triangulation.

3. RESULTS AND DISCUSSION

Semi-structured interviews resulted in four themes: i) outcome and benefits involved in PR for youth, ii) PR program quality, iii) barriers and challenges of PR implementation, and iv) possible improvement of PR. These major themes consist of several subthemes with supporting quotes identified. Quotes were obtained from participants verbatim. Participants' characteristic is shown in Table 2, while triangulation participants' characteristic is depicted in Table 3.

Table 2. Characteristic of participants

Subject (gender)	Age (years)	Duration of joining PR (year/s)	Position and involvement in PR
CR1 (M)	23	3	Cadre
CR2 (M)	19	3	Cadre
CR3 (F)	16	2	Cadre (coordinator)
CR4 (F)	18	1	Cadre
CR5 (F)	17	2	Cadre
M1 (F)	20	<1	Member
M2 (F)	16	1	Member
M3 (F)	17	2	Member

Table 3. Triangulation participant's characteristic: other stakeholders

Subject (Gender)	Age when interviewed (years old)	Involvement with PR	Involved in PR since
VC (F)	40	The village head at Tosari	2017
MW (F)	39	A midwife from Tosari primary health care, PR supervisor, and mentor	2015

3.1. Theme 1: outcome and benefits involved in *posyandu* youth for youth

A recurring theme throughout the interviews emphasized various outcomes and benefits felt by youths when they were active in PR activities. These outcomes are categorized into six sub-themes, five of which are PYD outcome: i) competence, ii) confidence, iii) character, iv) connection, v) caring, and vi) well-being outcome. These themes explain the subject's experiences in accordance with the outcome, subjects identified several changes in their knowledge, skill, and also feel supported.

3.1.1. Competence

Several competencies emerged from cadres and members, such as having a career plan and future goals. In addition, some cadres get achievements because they participate in PR activities.

"I want to be a teacher because sharing knowledge with other people is very useful. I have experienced the feeling of a teacher explaining subjects, giving a lot of knowledge." (M2)

"I represent my school in the youth health cadre competition. Thank God, I could achieve in the best top 10, and ranked 7th in the district." (CR3)

Social and organizational competence emerged in youth participants who were involved in PR. Participants reported practicing teamwork with friends when preparing and conducting events or activities. The ability to communicate with various people is improved through interactions and discussions with friends and adults who are stakeholders.

"As Posyandu cadres, we often interact with other people, so we're not shy to share, give an opinion. Then, how can we discuss if there was different opinion." (CR5)

The midwife verified this and stated that youth who participated in PR had the opportunity to learn to communicate with many people and convey their ideas.

"They are also more mature psychologically. If they meet people like this, they will treat them like this. That can't be formed at school, and it can be formed from experience." (MW)

3.1.2. Confidence

The cadre stated that confidence develops through involvement in PR activities. They are now more confident when speaking in front of many people. Whereas, before participating in PR, they were not confident and did not dare to carry out their duties as cadres. Through managing activities and educating their peers, cadres become more courageous. In addition, participants showed confidence in themselves to achieve specific goals.

"Yes, I often feel inferior because there were seniors. Then I was asked to present a subject by the Midwife. I was reluctant, Sis. But I was determined to be brave (to present) the material. After that, it turns out this is how it feels. At first, I was nervous, but after a while, it didn't." (CR3)

3.1.3. Character

The characters shown by the participants are standards of good and bad behavior. The midwife and the village head confirmed that all cadres and members showed a personality change. They change in behavior and perspective related to healthy behaviors such as no more excessive alcohol and cigarette consumption, risky sexual activity, drugs, and delaying marriage until reaching the proper age. The midwife and village head saw the difference between youths who participated in PR and those who did not, especially regarding health-related perspectives.

"So we care more about our health. There was a material, what is it... Pregnant before marriage, young marriage turns out to be not good." (M2)

"Yes, there were changes. For example, if we hang out with friends, there was usually a drinking (alcohol) tradition, but now it has decreased. Thank God it was reduced." (CR1)

3.1.4. Connection

Participants experience a positive connection, support each other during PR activities, and are motivated and helped by friends and adults involved in PR (midwives and village head). Connection is a reciprocal relationship in forming a network. The village office and midwives need the help of PR members to become active agents of health in their environment. Meanwhile, they provide support in funding, meeting room, equipment, and supervision during the implementation of activities.

"It's convenient, because the midwife is easy to be asked to cooperate; it's delightful. Mrs. VC is very helpful when there is a posyandu (PR) activity; Mrs. VC is always present." (CR2)

3.1.5. Caring

Caring appears in the ability to see the phenomenon of youth around the participant's neighborhood and empathize. They are aware and concerned about risky behavior such as unwanted pregnancy, excessive alcohol, and smoking in their environment. In addition to their concern for surrounding youth conditions, they showed intention and action to change the existing conditions, either through PR or directly reminding other youths.

"Here, there are many cases of young marriage, many of them are pregnant before marriage. Thus, makes me motivated to how to change that... so that it won't happen again." (CR1)

3.1.6. Well-being

Support for youth well-being is an outcome seen in participants. Through PR, youth can have positive relationships with friends and adults and contribute to their well-being.

"Friends in PR are supportive. If there is a task, we help each other, the midwife also supports it... so yes, it's been enjoyable participating in PR for two years." (CR5)

In addition, youth can increase motivation and self-esteem and encourage them to achieve goals through PR programs. However, this outcome can be seen in PR cadres only.

"A friend said: you can't do that. Then I thought, ouch, I don't think I can then I said to myself before going to sleep, I must be able to prove to you that I can speak in front of people, and I nailed it." (CR1)

3.2. Theme 2: posyandu youth program quality

A youth development program is required to encourage PYD, an effective program must have several qualities. During the interview, participants shared some program characteristics and qualities that contributed to the outcomes perceived by the youth. The program quality is categorized into three sub-themes: i) adult support and structure, ii) empowered skill building, and iii) expanding the horizon. These themes explain the forms of support provided by mentors and supervisors, types of skill developed, and new perspectives from PR activities.

3.2.1. Adult support and structure

PR in Tosari was initiated by local youth, who is currently a cadre, with the support of Primary Health Care, midwives, and the village head. In the first formation process, the village head coordinated with the midwife to help youth recruit cadres and train them in health-related skills such as measuring height and blood pressure. In addition, midwives from puskesmas teach cadres to present or educate their peers. Besides, the midwife gave emotional support, such as motivation to cadres and members to conduct PR activities consistently. The village office provides facilities such as meeting places, funding, and other things to manage PR. In addition, the village helps reach the youth by socializing PR in another village.

Furthermore, the village supports PR activities and missions by making regulations, for instance, regarding preventing early marriage. The village ratifies rules regarding the minimum age for marriage and implements them in the administration of marriage registration.

"There is a contribution from the village head... During PR activities, Mrs. VC explained if you want to get married, you need to possess... High school diploma, and reach a minimum age to get married." (MW)

In managing PR, cadres and members know the purpose and structure. This indicates that PR possesses a clear purpose and structure, which helps youth in task division between members.

3.2.2. Empowered skill building

PR provides opportunities for cadres to develop organizational skills such as teamwork, decision-making, and public speaking. The task division in managing activities, discussion between cadres, and collaboration while preparing PR activities are experiences that build these skill sets. Besides, cadres are required to educate their peers. At the same time, friends and midwives help each other develop public speaking skills by providing input and practicing together.

"First, I used to have stage fright, Sis, I can't do that (presenting education materials), then... Then my friend gave me this opportunity, I usually learn from it." (CR1)

The cadres learn to be responsible and disciplined through their involvement in PR. Each cadre has different tasks and knows to carry out their duties.

"Yes, we are encouraged to be responsible, because we all have different tasks, so we have to be responsible to do it." (CR4)

3.2.3. Expanding the horizon

Through PR activities, all cadres and members gain new knowledge and perspectives about health. They are motivated to behave more healthily. For example, a youth has a habit of drinking alcohol when hanging out with friends. However, after knowing the harmful effects of alcohol, they finally tried to avoid drinking and even dared to remind other friends.

"In the past, when youths gathered here, they would buy (alcohol). They could even spend two boxes (alcohol) for four people, which was dangerous. So, after attending PR, the youth start thinking and only a view who still drinking alcohol." (CR1)

Furthermore, youth can interact and deal with new people through PR. They meet peers from various regions in their location or work together with other stakeholders. Some cadres are also actively involved in other activities, such as assisting midwives in mass vaccination or stunting consultations. This opportunity can expand their network.

3.3. Theme 3: barriers and challenges of posyandu youth implementation

Barriers and challenges arose in PR meetings because cadres and members had other activities, making it difficult to divide their time and attend PR meetings on time. Almost all youth in Tengger is responsible for helping their parents cultivate the vegetable fields after school. This activity is quite time-consuming for the youth, so they have to make more effort to spare time for PR activities.

"Perhaps they are still helping parents in the fields and finish in the late afternoon, so it's hard to find the time." (M2)

Due to these busy schedules, it wasn't easy to conduct PR activities consistently according to the defined time frame. Midwives and particularly members said that PR activities did not have variation. Usually, the agenda consists of anthropometric measurements, giving vitamins, games, and health education.

"Yeah, the activities were only like that, so for me, it's not too developed." (M2)

3.4. Theme 4: posyandu youth possible improvement

Participants provided various inputs for the development of PR activities, including the possibility of expanding the program not only focusing on health but also preparing cadres and their members with skills to encourage PYD. From the previous themes of outcomes and challenges, we can see the differences in outcomes between cadres and members. Cadres have more opportunities to develop skills as they have to manage PR activities. While members feel that PR activities do not vary anyway. Hence, improvement is needed to vary materials and forms of PR activities. The proposed materials include communication, preparing future plans, knowing yourself, and being confident. Besides, increasing the frequency of PR activities appeared during interviews. Members and cadres hope they can do PR activities more often. For that, they need to learn time management.

However, to implement this suggestion, all participants stated they needed to learn from someone with expertise outside the health sector. After that, cadres can teach other PR members.

“What is needed is the person who provides different materials. The cadres can be taught first, then they can teach other friends.” (CR1)

The following input is performing joint activities and discussions with cadres or other PR members outside Tosari. Meeting and sharing experiences with PR cadres outside Tosari will enrich insight and open new perspectives for the program development and self-development of youth in Tosari.

3.5. Discussion

This study aimed to determine the outcomes and perceived benefits of youth involved in PR, identify the quality of PR programs based on the PYD framework, and the possibility of developing PR as a PYD program. The participant interviews resulted in four themes: PYD and well-being outcomes in youth, the quality of PR programs that encourage positive outcomes, obstacles and challenges in program implementation, and the development of PR as a PYD program. The emergence of positive outcomes in PR participants is in line with various studies showing that youth can experience positive developmental outcomes when participating in organized activities after school than passive leisure activities (such as watching TV, reading, and listening to music) [24], [25]. In addition, youth participation in community activities is also associated with PYD and well-being [26]–[28].

The results also revealed that PYD outcomes are related to well-being as several overlapping dimensions of PYD and well-being emerged in the participants. An empirical perspective provided by positive psychology regarding well-being is correlated to the concept of PYD [29]. An essential part of this concept is encouraging beneficial relationships between youth and their environment, which then increase the likelihood of healthy and positive change [17], [25]. At this age period, youth experiences various changes (physical, cognitive, emotional, behavioral, and social) or known as a plastic period of life. Therefore, interaction with family, peers, and society is essential to positive development resulting in well-being [30].

Regarding the program quality, we found that PR favored participants to develop themselves and get positive outcomes. Another study also showed that the quality of youth programs predicts positive developmental outcomes and risk prevention [16], [31]. The existence of adult support and a clear structure in the program allow youth to have positive relationships and well-being. Meanwhile, the opportunity to build skills supports participants in developing competence and confidence. This result is in line with several researches stating that the main component of creating a positive youth development program is a positive and sustainable relationship between youth and adults and activities that build youth capabilities [16], [32].

Subsequently, PR activities proved to help participants to broaden their horizons or perspectives, especially related to health issues. Through health education, participants can build character and raise awareness about youth issues around them. According to a study by Lin *et al.* [33] positive norms in the program encourage the formation of positive characters. Learning through various media and participating in social and educational activities are strategies for successful programs. The Tengger tribe is known to have a solid social bonding capital and has a habit of doing joint activities and gathering [34], [35]. At the same time, its youth are used to doing the same. Local community leaders, such as village heads and midwives, strongly influence local communities [36]. PR program has shown that youth can take advantage of solid social bonding capital to build a development program supported by community leaders, enabling program sustainability.

Participants acknowledged that PR has adult support and also clear structure. They also get a chance to build a skill and expand their knowledge. The quality of the program that appeared and recognized by the cadres and PR participants should be maintained and enhanced for program development. The opportunity to build capacity and active participation is one of the key components of the program, this capacity building will able to support PYD achievement [37]. Youth involvement in activities that contribute to their community can increase well-being [38], [39], therefore youth participation in PR activity is something that must be maintained. The possibility of program development was formulated by all participants based on program obstacles and challenges. Participants expressed that they wanted to develop PR as a program that not only focuses on health but also trains soft skills promoting PYD and well-being, such as communication training, future planning, knowing yourself, becoming confident, and other skills. This capacity building is a critical component of the program and needed to succeed in work, family, and community life [33], [40]. Furthermore, participants showed intention to gather with PR from other regions. Hence, it will create opportunities to interact with other organizations. These opportunities will lead to a new partnership and allow greater capacity-building support [41].

This study has limitations as participants were selected based on recommendations from other participants, so there is a possibility of bias when contacting participants who were active in PR and agreed to be interviewed. Participants who consented to be interviewed may have more positive and memorable experiences and engage more actively in PR than other members. Data collection through individual interviews also has the potential for recall bias and social desirability bias. In addition, 75% of the participants in this study were women, this happened because the proportion of youth *posyandu* participants was indeed more

female. However, there is a gender imbalance in this study that might lead to gender bias. However, although this study has some limitations, it can provide an in-depth analysis of PR program quality, outcomes perceived by participants, barriers, and possibilities for program development. A more diverse and representative selection of participants can be chosen to overcome the existing bias.

4. CONCLUSION

This study identified a connection between PR program quality and positive outcomes among participants. The program quality appears with participants' explanations regarding the experience of being involved in PR, and consists of adult support and structure, empowered skill building, and expanding horizon. Providing experiences in managing youth activities, learning new health-related knowledge, and feeling positive relationships with friends and adults can encourage PYD and well-being outcomes.

However, participants also faced challenges and obstacles related to PR implementation, such as members who felt that PR activities were less varied. Our findings show suggestions to overcome the obstacles and develop PR programs. Adding a variety of materials besides health-related knowledge and modifying PR activities to be more interactive will give cadres and members the same opportunity for self-development. In addition, efforts to connect PR cadres and members between regions can create greater support and broaden perspectives in managing the program.

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REFERENCES

- [1] United Nations Population Fund (UNFPA) Indonesia, "Annual report 2013 : because everyone counts," *United Nations Population Fund*, 2013. https://indonesia.unfpa.org/sites/default/files/pub-pdf/1-Annual_Report_2013.pdf (accessed Jan. 02, 2023)
- [2] S. Bastien and H. B. Holmarsdottir, "The sustainable development goals and the role of youth-driven innovation for social change," in *Youth as Architects of Social Change: Global Efforts to Advance Youth-Driven Innovation*, Cham: Springer International Publishing, 2017, pp. 3–22. doi: 10.1007/978-3-319-66275-6_1.
- [3] World Health Organization (WHO), "Adolescent Health," 2019. World Health Organization. <https://www.who.int/southeastasia/health-topics/adolescent-health>. (accessed Jan. 13, 2023)
- [4] Agency of Health Research and Development, "Basic health research 2013 (in Indonesia: *Riset Kesehatan Dasar*)," *Laporan Nasional 2013*, 2013. <https://repository.badankebijakan.kemkes.go.id/id/eprint/4467> (accessed Apr. 05, 2023).
- [5] W. Nugroho, A. Bimoseno, and Tim Pencerah Nusantara, *A tale of the seven corners* (in Indonesian: *Kisah Tujuh Penjuru*). Jakarta: Buku Kompas, 2014.
- [6] L. Maharani and S. S. Turnip, "Prevalence of psychotic-like experiences and their correlations with internalizing problems: A study of early adolescents in rural area in Karawang, Indonesia," *Asia-Pacific Psychiatry*, vol. 10, no. 1, p. 1–6, Mar. 2018, doi: 10.1111/appy.12313.
- [7] Indonesian Ministry of Health, *Technical guidelines for organizing youth posyandu* (in Indonesian: *Petunjuk teknis penyelenggaraan posyandu remaja*). Jakarta: Indonesian Ministry of Health, 2018. [Online]. Available: <https://www.scribd.com/document/409907498/Petunjuk-Teknis-Penyelenggaraan-Posyandu-Remaja-pdf#> (accessed Jan. 14, 2023)
- [8] Bayu Satito, "Inspiration from youth posyandu activities in Indonesian," *tempo.co*, 2018. <https://nasional.tempo.co/read/1100384/inspirasi-dari-kegiatan-posyandu-remaja>. (accessed Jan. 20, 2023)
- [9] D. T. Shek, D. Dou, X. Zhu, and W. Chai, "Positive youth development: current perspectives," *Adolescent Health, Medicine and Therapeutics*, vol. 10, pp. 131–141, Sep. 2019, doi: 10.2147/ahmt.s179946.
- [10] J. Waid and M. Uhrich, "A scoping review of the theory and practice of positive youth development," *British Journal of Social Work*, vol. 50, no. 1, pp. 5–24, Jan. 2020, doi: 10.1093/bjsw/bcy130.
- [11] C. Trivelli and J. Morel, "Rural youth inclusion, empowerment, and participation," *Journal of Development Studies*, vol. 57, no. 4, pp. 635–649, Apr. 2021, doi: 10.1080/00220388.2020.1808194.
- [12] S. Grant *et al.*, "The impact of volunteering: A multi-state study of 4-H youth development volunteers," *Journal of Youth Development*, vol. 15, no. 4, pp. 32–50, Jul. 2020, doi: 10.5195/jyd.2020.870.
- [13] R. F. Catalano *et al.*, "Positive youth development programs in low- and middle-income countries: a conceptual framework and systematic review of efficacy," *Journal of Adolescent Health*, vol. 65, no. 1, pp. 15–31, Jul. 2019, doi: 10.1016/j.jadohealth.2019.01.024.
- [14] L. N. W. Harris and M. K. Cheney, "Positive youth development interventions impacting the sexual health of young minority adolescents: a systematic review," *Journal of Early Adolescence*, vol. 38, no. 1, pp. 74–117, Jan. 2018, doi: 10.1177/0272431615578693.
- [15] R. M. Lerner *et al.*, "Positive youth development in 2020: theory, research, programs, and the promotion of social justice," *Journal of Research on Adolescence*, vol. 31, no. 4, pp. 1114–1134, Dec. 2021, doi: 10.1111/jora.12609.
- [16] R. M. Lerner *et al.*, "Longitudinal research about, and program evaluations of, positive youth development in low- And middle-income countries: Methodological issues and options," *Journal of Youth Development*, vol. 16, no. 2–3, pp. 100–123, Jul. 2021, doi: 10.5195/JYD.2021.1040.
- [17] K. Sheehan *et al.*, "Long-term effects of a community-based positive youth development program for Black youth: health, education, and financial well-being in adulthood," *BMC Public Health*, vol. 22, no. 1, p. 1–17, Mar. 2022, doi: 10.1186/s12889-022-13016-z.
- [18] X. Zhu and D. T. L. Shek, "Impact of a positive youth development program on junior high school students in mainland China: A pioneer study," *Children and Youth Services Review*, vol. 114, p. 1–11, Jul. 2020, doi: 10.1016/j.childyouth.2020.105022.
- [19] B. L. B. Berg, *Qualitative Research Methods For Social Science*, 7th ed. Boston: Pearson, 2009.




- [20] C. Willig, *Introducing qualitative research in psychology*, 2nd ed. New York: Mc Graw Hill, 2008.
- [21] R. M. Lerner *et al.*, "The end of the beginning: evidence and absences studying positive youth development in a global context," *Adolescent Research Review*, vol. 4, no. 1, pp. 1–14, Mar. 2019, doi: 10.1007/s40894-018-0093-4.
- [22] R. M. Lerner, P. Jervis, and M. H. Bornstein, "Enhancing the international study of positive youth development: process, specificity, and the sample case of character virtues," *Journal of Youth Development*, vol. 16, no. 2–3, pp. 402–422, Jul. 2021, doi: 10.5195/jyd.2021.1042.
- [23] L. J. Goldsmith, "Using framework analysis in applied qualitative research," *Qualitative Report*, vol. 26, no. 6, pp. 2061–2076, Jun. 2021, doi: 10.46743/2160-3715/2021.5011.
- [24] S. N. C. Rushing, N. L. Hildebrandt, C. J. Grimes, A. J. Rowsell, B. C. Christensen, and W. E. Lambert, "Healthy & empowered youth: a positive youth development program for native youth," *American Journal of Preventive Medicine*, vol. 52, no. 3, pp. 263–267, Mar. 2017, doi: 10.1016/j.amepre.2016.10.024.
- [25] C. Viejo, M. Gomez-Lopez, and R. Ortega-Ruiz, "Adolescents' psychological well-being: a multidimensional measure," *International Journal of Environmental Research and Public Health*, vol. 15, no. 10, p. 1–22, Oct. 2018, doi: 10.3390/ijerph15102325.
- [26] J. Kim and K. Morgul, "Long-term consequences of youth volunteering: Voluntary versus involuntary service," *Social Science Research*, vol. 67, pp. 160–175, Sep. 2017, doi: 10.1016/j.ssresearch.2017.05.002.
- [27] K. O'Neil *et al.*, "How volunteering with extension 4-H youth development contributes to public value," *Community Development*, vol. 52, no. 4, pp. 505–521, Aug. 2021, doi: 10.1080/15575330.2021.1889630.
- [28] J. Malcol, M. Brennan, N. Webster, and P. Dolan, "Beyond participation: a case study of youth as researchers and community development in North Philadelphia," *Community Development*, vol. 51, no. 5, pp. 703–720, Oct. 2020, doi: 10.1080/15575330.2020.1826547.
- [29] S. Cloutier, M. M. Ehlenz, and R. Afinowich, "Cultivating community wellbeing: guiding principles for research and practice," *International Journal of Community Well-Being*, vol. 2, no. 3–4, pp. 277–299, Dec. 2019, doi: 10.1007/s42413-019-00033-x.
- [30] R. M. Lerner, J. V. Lerner, E. P. Bowers, and G. J. Geldhof, "Positive youth development: A relational developmental systems model," in *The handbook of child psychology and developmental science*. Vol. 1: Theory and method, P. C. Molenaar and R. M. Lerner, Eds., 7th ed. New Jersey: Wiley, 2015, pp. 607–651.
- [31] J. Acosta, M. Chinman, P. Ebener, P. S. Malone, A. Phillips, and A. Wilks, "Evaluation of a whole-school change intervention: findings from a two-year cluster-randomized trial of the restorative practices intervention," *Journal of Youth and Adolescence*, vol. 48, no. 5, pp. 876–890, May 2019, doi: 10.1007/s10964-019-01013-2.
- [32] G. Tidmarsh, J. L. Thompson, M. L. Quinton, and J. Cumming, "Process evaluations of positive youth development programmes for disadvantaged young people: a systematic review," *Journal of Youth Development*, vol. 17, no. 2, pp. 106–140, Jun. 2022, doi: 10.5195/jyd.2022.1156.
- [33] J. L. L. Lin, M. Chan, K. Kwong, and L. Au, "Promoting positive youth development for asian american youth in a teen resource center: key components, outcomes, and lessons learned," *Children and Youth Services Review*, vol. 91, pp. 413–423, Aug. 2018, doi: 10.1016/j.childyouth.2018.06.040.
- [34] O. H. Nurcahyono, "Social Capital of Indigenous Village Communities in maintaining social harmony (case study of the Tenggerese Indigenous community, Tosari, Pasuruan, East Java)," 2019. doi: 10.2991/icorsia-18.2019.38.
- [35] A. Chalim, S. Muslim, S. Al-Fatih, Fadloli, and A. I. Nur, "Social diversity model: inheritance of mutual collaboration in the Indonesian Hindu-Muslim society at Tengger, Lumajang," *AL-IHKAM: Jurnal Hukum & Pranata Sosial*, vol. 18, no. 1, pp. 125–151, Jun. 2023, doi: 10.19105/al-lhkam.v18i1.7318.
- [36] W. Majee and A. Anakwe, "Youth engagement: A mixed method investigation of adult and youth perceptions of community resources in rural America," *Community Development*, vol. 51, no. 2, pp. 140–156, Mar. 2020, doi: 10.1080/15575330.2019.1689517.
- [37] J. M. Tirrell *et al.*, "Toward a measure for assessing features of effective youth development programs: contextual safety and the 'Big Three' components of positive youth development programs in Rwanda," *Child and Youth Care Forum*, vol. 49, no. 2, pp. 201–222, Apr. 2020, doi: 10.1007/s10566-019-09524-6.
- [38] E. Coren, J. Phillips, J. Moore, T. Brownnett, and L. Whitfield, "An examination of the impacts of volunteering and community contribution at a community festival through the lens of the five ways to wellbeing," *International Journal of Community Well-Being*, vol. 5, no. 1, pp. 137–156, Mar. 2022, doi: 10.1007/s42413-021-00154-2.
- [39] N. Wium and R. Dimitrova, "Positive youth development across cultures: introduction to the special issue," *Child and Youth Care Forum*, vol. 48, no. 2, pp. 147–153, Apr. 2019, doi: 10.1007/s10566-019-09488-7.
- [40] D. M. Hull, S. L. Ferguson, M. A. Fagan, and E. A. Brown, "Positive Youth Development in Jamaica: Latent Growth of Self-Efficacy and Youth Assets," in *Handbook of Positive Youth Development*, 2021, pp. 299–313. doi: 10.1007/978-3-030-70262-5_20.
- [41] E. H. Telzer, J. van Hoorn, C. R. Rogers, and K. T. Do, "Social influence on positive youth development: a developmental neuroscience perspective," in *Advances in Child Development and Behavior*, vol. 54, 2018, pp. 215–258. doi: 10.1016/bs.acdb.2017.10.003.

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