ABSTRAK

MELDA YANTI, NPM : 2022192, Judul **"IMPLEMENTASI PROGRAM POSYANDU REMAJA DI DESA MURUNG SARI KECAMATAN AMUNTAI SELATAN KABUPATEN HULU SUNGAI UTARA"** dibawah bimbingan Bapak Arif Budiman, S.Sos, M.AP sebagai Pembimbing I dan Bapak M. Husaini, S.Sos, M.AP sebagai Pembimbing II.

Implementasi Program Posyandu Remaja merupakan salah satu bentuk pelaksanaan kebijakan kesehatan reproduksi remaja berdasarkan Peraturan Menteri Kesehatan Nomor 2 Tahun 2025. Di Desa Murung Sari Kecamatan Amuntai Selatan Kabupaten Hulu Sungai Utara, pelaksanaan program ini belum berjalan secara optimal. Permasalahan yang ditemukan antara lain rendahnya kehadiran remaja, ketidakakuratan data kependudukan, kesenjangan partisipasi berdasarkan usia dan jenis kelamin, minimnya sosialisasi kesehatan, benturan jadwal dengan kegiatan pramuka sekolah, keterbatasan kapasitas kader yang seluruhnya perempuan, makanan tambahan yang tidak sesuai standar gizi, serta fungsi meja lima yang tidak berjalan efektif sehingga posyandu hanya sebatas pemeriksaan fisik. Penelitian ini bertujuan untuk mengetahui implementasi Program Posyandu Remaja di Desa Murung Sari serta faktor-faktor yang memengaruhi jalannya program.

Penelitian ini menggunakan pendekatan kualitatif dengan tipe deskriptif. Teknik pengumpulan data yang digunakan adalah wawancara, observasi, dan dokumentasi. Informan ditentukan melalui purposive sampling sebanyak 13 orang. Analisis data dilakukan dengan reduksi, penyajian, dan penarikan kesimpulan.

Hasil penelitian menunjukkan bahwa implementasi Program Posyandu Remaja dikategorikan kurang baik berdasarkan analisis empat variabel teori George C. Edward III dengan 15 indikator. Tiga indikator sudah terimplementasi dengan baik (komitmen tenaga kesehatan dan kader, kehadiran tenaga kesehatan yang konsisten, serta koordinasi antar pihak). Sembilan indikator kurang terimplementasi (kejelasan informasi, komunikasi kader, kapasitas kader, fasilitas, ketersediaan tablet tambah darah dan makanan tambahan, motivasi, konsistensi pendekatan persuasif, mekanisme pelaporan, serta fleksibilitas SOP). Tiga indikator tidak terimplementasi (sosialisasi, jadwal kegiatan, dan media edukasi). Faktor penghambat meliputi informasi tidak merata, data sasaran tidak valid, sosialisasi tidak rutin, pengetahuan kader terbatas, tidak tersedia media edukasi, jadwal tidak sesuai, motivasi remaja laki-laki rendah, pengaruh tingkat pendidikan, kepatuhan rendah konsumsi tablet tambah darah, kualitas makanan tambahan belum efektif, keterbatasan dana dan fasilitas, serta SOP kurang fleksibel. Faktor pendukung meliputi komitmen dan semangat tenaga kesehatan serta kader, kehadiran tenaga kesehatan yang konsisten, dan koordinasi terstruktur antara desa, puskesmas, dan kader.

Disarankan kepada Bidan Desa Murung Sari agar mengajukan permohonan resmi kepada pemerintah desa untuk menyediakan ruangan khusus posyandu, memperbarui data kependudukan remaja, meningkatkan alokasi anggaran media edukasi dan kualitas makanan tambahan, serta mengevaluasi ulang jadwal kegiatan. Kader Posyandu Remaja disarankan aktif melakukan pendataan ulang, memanfaatkan fasilitas desa untuk mencetak media edukasi, meningkatkan pendekatan personal khususnya kepada remaja laki-laki usia 15–18 tahun, serta mengaktifkan kembali fungsi meja lima sebagai sarana edukasi kesehatan. Remaja Desa Murung Sari diharapkan lebih aktif mengikuti kegiatan posyandu setiap bulan serta disiplin mengonsumsi tablet tambah darah yang diberikan.

ABSTRACT

MELDA YANTI, NPM: 2022192 *Title**: "IMPLEMENTATION OF THE ADOLESCENT POSYANDU PROGRAM IN MURUNG SARI VILLAGE, SOUTH AMUNTAI SUBDISTRICT, HULU SUNGAI UTARA REGENCY"*** *Supervised by: Mr. Arif Budiman, S.Sos., M.AP (Advisor I) and Mr. M. Husaini, S.Sos., M.AP (Advisor II).*

The implementation of the Adolescent Posyandu Program is one form of adolescent reproductive health policy based on the Regulation of the Minister of Health Number 2 of 2025. In Murung Sari Village, South Amuntai Subdistrict, Hulu Sungai Utara Regency, the program has not been carried out optimally. Several problems were found, including low attendance of adolescents, inaccurate population data, participation gaps based on age and gender, limited health socialization, schedule conflicts with school scout activities, limited capacity of cadres who are all female, supplementary food that does not meet nutritional standards, and the ineffective function of the "five tables" so that the posyandu only runs as a physical examination. This study aims to determine the implementation of the Adolescent Posyandu Program in Murung Sari Village and the factors influencing its implementation.

This research uses a qualitative descriptive approach. Data collection techniques include interviews, observation, and documentation. Informants were selected through purposive sampling, totaling 13 people. Data analysis was carried out through reduction, presentation, and conclusion drawing.

The results show that the implementation of the Adolescent Posyandu Program is categorized as less well implemented based on the analysis of four variables of George C. Edward III's theory with 15 indicators. Three indicators are well implemented (commitment of health workers and cadres, consistent presence of health workers, and coordination among stakeholders). Nine indicators are less well implemented (clarity of information, cadre communication effectiveness, cadre capacity, facilities, availability of iron tablets and supplementary food, motivation, consistency of persuasive approaches, reporting mechanisms, and SOP flexibility). Three indicators are not well implemented (consistency of socialization, activity schedule, and educational media). Inhibiting factors include uneven information, invalid target data, irregular socialization, limited cadre knowledge, unavailability of educational media, unsuitable schedules, low motivation of male adolescents, influence of education level, low compliance in consuming iron tablets, ineffective supplementary food quality, limited funds and facilities, and inflexible SOP. Supporting factors include the commitment and enthusiasm of health workers and cadres, consistent presence of health workers, and structured coordination between the village, health center, and cadres.

It is recommended that the Midwife of Murung Sari Village submit an official request to the village government to provide a proper posyandu room, update adolescent population data, increase budget allocation for educational media and supplementary food quality, and reevaluate activity schedules. Adolescent Posyandu cadres are advised to actively re-register target adolescents, utilize village office facilities to produce educational media, strengthen personal approaches especially to male adolescents aged 15–18 years, and reactivate the function of the five tables as a health education tool. Adolescents in Murung Sari Village are expected to be more active in attending monthly posyandu activities and more disciplined in consuming iron tablets provided, as reminders have been routinely given by the village midwife and cadres during posyandu activities.